CorHealth Ontario

*Advancing cardiac, stroke and vascular care*

# CorHealth COVID-19 Cardiovascular Rehabilitation Stakeholder Forum #2

May 22, 2020 8:30-9:30 am

Toll-free number: 1 (844) 304-7743; Toll number: 1 (647) 951-8467

Conference ID: 374757732

CorHealth Ontario

*Advancing cardiac, stroke and vascular care*

# Welcome

**SHEILA JARVIS, CEO, CORHEALTH ONTARIO**

# Agenda

| Description | Lead | Time |
|---|---|---|
| 1. Welcome<br>• Meeting Objectives<br>• System Updates | Sheila Jarvis | 8:30am |
| 2. Progress Updates<br>• CR Memo & Resources<br>• CCS Statement<br>• CR Survey<br>• OHI Webinar | Karen Harkness/<br>Dr. Paul Oh/<br>Jennifer Harris | 8:40am |
| 3. New Topics<br>• Data on Cardiac Activity<br>• Wait list discussion<br>• Looking ahead: resumption of CR services<br>• Discussion | Garth Oakes<br><br>Dr. Paul Oh | 8:55am |
| 5. Next Steps | Karen Harkness | 9:25am |

CorHealth Ontario

CorHealth Ontario

*Advancing cardiac, stroke and vascular care*

# Welcome

**SHEILA JARVIS**

# Meeting Objectives

- To provide information on key system planning updates
- To provide progress updates on areas identified at our last forum meeting on May 8th
- To discuss opportunities for provincial guidance as planning for the resumption of CR services begins

CorHealth Ontario

# COVID-19 System Planning Updates

Ontario moved into Stage One of the gradual reopening of the Province

- Focus of Stage One is opening businesses that can immediately meet or modify operations to meet public health guidance and occupational health and safety requirements
- Specific for the health system:
  - Non-emergency diagnostic imaging and surgeries in public hospitals, private hospitals and independent health facilities, clinics, and private practices to resume based on ability to meet specified pre-conditions including the framework (developed by Ontario Health led by Dr. Chris Simpson): A Measured Approach to Planning for Surgeries and Procedures During the COVID-19 Pandemic, which contains clear criteria that must be met before hospitals can resume scheduled surgeries
  - Non-emergency in-person services can only resume once "Directive #2 for Health Care Providers (Regulated Health Professionals or Persons who operate a Group Practice of Regulated Health Professionals)" is amended or revoked.
  - Certain health and medical services to resume, such as in-person counselling and in-person services, in addition to ongoing virtual services, delivered by health professionals, all based on the ability to meet pre-specified conditions.

CorHealth Ontario

CorHealth Ontario
Advancing cardiac, stroke and vascular care

# Progress Updates

Karen Harkness/Dr. Paul Oh/Jennifer Harris

# Progress Updates: Provincial and National Guidance

- CorHealth Cardiovascular Rehabilitation Memo was released on May 12th on the CorHealth Website COVID-19 Resource Centre.
  - RECOMMENDATIONS FOR AN APPROACH TO THE PROVISION OF CARDIOVASCULAR REHABILITATION DURING COVID-19 IN ONTARIO

CorHealth Ontario

# CR Resources to support guidance memo

**Virtual Rehab Resources**

- AACVPR Coronavirus Resources
- BACPR Guidance - Regarding Provision of Cardiac Rehabilitation Services during the COVID-19 Pandemic
- UOHI Webinar - Best Practices on How to Provide Virtual Cardiac Rehabilitation to Your Patients During COVID-19 Pandemic (May 14, 2020)
- BACPR Resources - Cardiac Rehab Programmes During the COVID-19 Outbreak (April 3, 2020)
- CACPR Resources - Important Information Related to COVID-19
- CRNO Resources - Cardiovascular Rehab in COVID Times
- UHN Cardiac College Resources - Cardiovascular Prevention and Rehabilitation Program
- UOHI Resources - Patient Guides

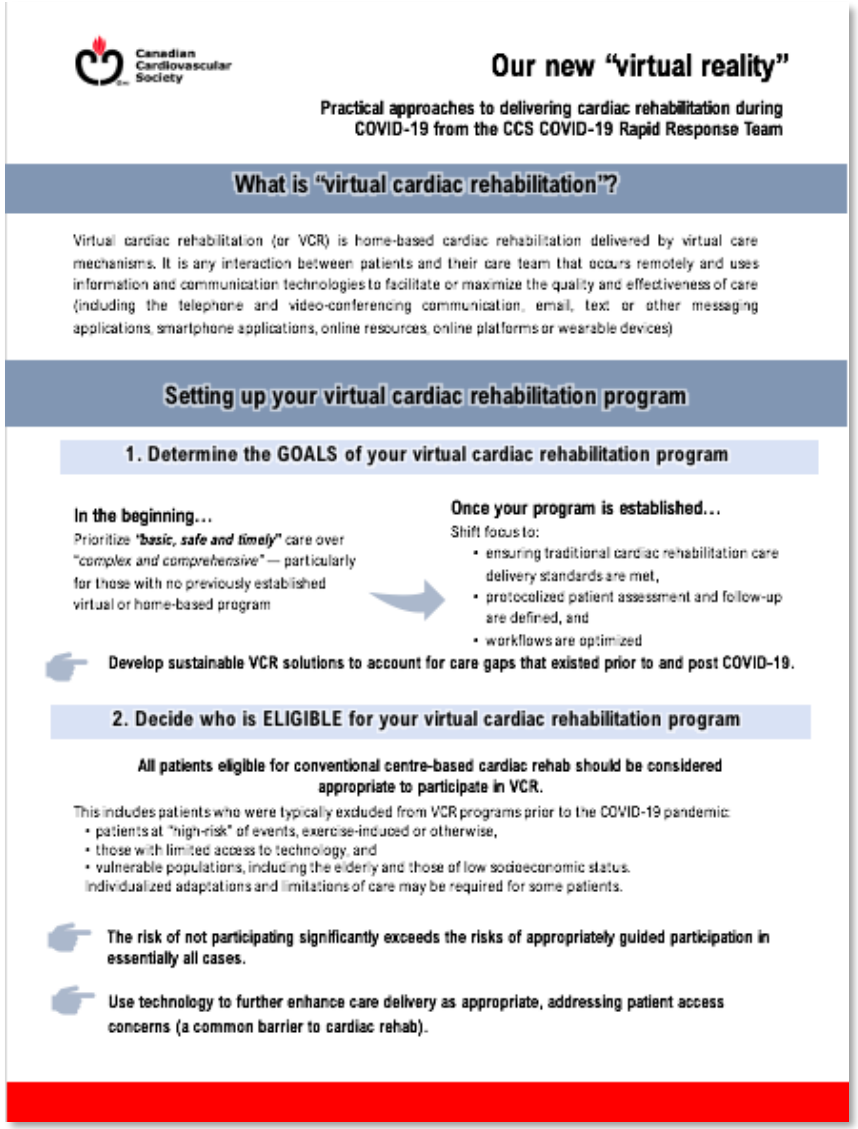
CorHealth COVID-19 Resource Centre

**Planned additional resources**:

- Document: Quality indicators for virtual Cardiovascular Rehabilitation during COVID-19 and beyond
- Hospital-based resources for sharing- Intake tool from UOHI, Ross Memorial. UHN pending

**Are there any other resources you have identified or are willing to share?**

# Progress Updates: National Guidance



Canadian Cardiovascular Society

## Our new "virtual reality"

**Practical approaches to delivering cardiac rehabilitation during COVID-19 from the CCS COVID-19 Rapid Response Team**

### What is "virtual cardiac rehabilitation"?

Virtual cardiac rehabilitation (or VCR) is home-based cardiac rehabilitation delivered by virtual care mechanisms. It is any interaction between patients and their care team that occurs remotely and uses information and communication technologies to facilitate or maximize the quality and effectiveness of care (including the telephone and video-conferencing communication, email, text or other messaging applications, smartphone applications, online resources, online platforms or wearable devices)

### Setting up your virtual cardiac rehabilitation program

**1. Determine the GOALS of your virtual cardiac rehabilitation program**

**In the beginning…**
Prioritize ***"basic, safe and timely"*** care over *"complex and comprehensive"* — particularly for those with no previously established virtual or home-based program

**Once your program is established…**
Shift focus to:
- ensuring traditional cardiac rehabilitation care delivery standards are met,
- protocolized patient assessment and follow-up are defined, and
- workflows are optimized

**Develop sustainable VCR solutions to account for care gaps that existed prior to and post COVID-19.**

**2. Decide who is ELIGIBLE for your virtual cardiac rehabilitation program**

**All patients eligible for conventional centre-based cardiac rehab should be considered appropriate to participate in VCR.**

This includes patients who were typically excluded from VCR programs prior to the COVID-19 pandemic:
- patients at "high-risk" of events, exercise-induced or otherwise,
- those with limited access to technology, and
- vulnerable populations, including the elderly and those of low socioeconomic status.

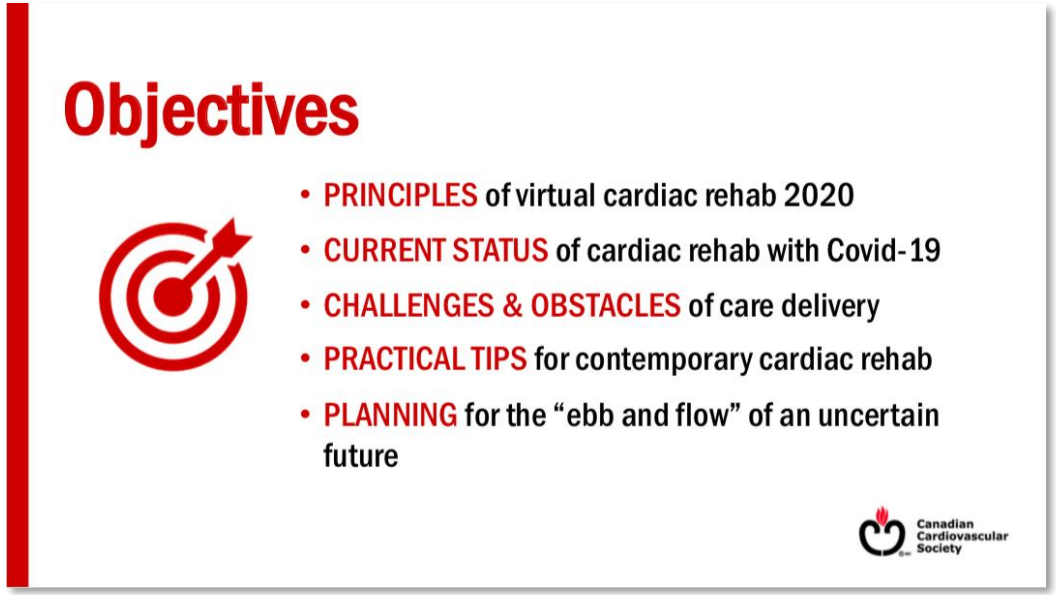
Individualized adaptations and limitations of care may be required for some patients.

**The risk of not participating significantly exceeds the risks of appropriately guided participation in essentially all cases.**

**Use technology to further enhance care delivery as appropriate, addressing patient access concerns (a common barrier to cardiac rehab).**

CCS Rapid Response Team Webinar:
Wed, 27 May 2020 from 8PM-9PM

**The new "Virtual Reality": Practical Approaches to the Delivery of Cardiac Rehabilitation Care during the COVID-19 Crisis**



## Objectives

- **PRINCIPLES** of virtual cardiac rehab 2020
- **CURRENT STATUS** of cardiac rehab with Covid-19
- **CHALLENGES & OBSTACLES** of care delivery
- **PRACTICAL TIPS** for contemporary cardiac rehab
- **PLANNING** for the "ebb and flow" of an uncertain future

Canadian Cardiovascular Society

https://twitter.com/scc_ccs/status/1241868150192381953

# National Cardiovascular Rehabilitation Survey

- 114 surveys out of 180 (63% response); English and French
- About 40% of the cardiac rehab programs have stopped programming entirely:
  - Closure of ambulatory exercise spaces at the hospital or in the community
  - Redeployment of rehab staff
  - Desire to keep patients at home in order to minimize exposure risks
  - CR deemed to not be an organizational priority
- Many programs expressed that they were very interested in delivering virtual cardiac rehab but some indicated that they did not have the prior experience or resources to do so
- Shared education resources valued!

**Thanks to Dr. Susan Marzolini!**

# National Cardiovascular Rehabilitation Survey

- Many programs are concerned about the growing waitlist for rehab
- Looking forward, programs are concerned about re-opening while still being mindful of the potential for circulating virus in the community and resulting risk for infection for patients and staff; thus planning will need to consider physical distancing, adequate availability of PPE and viral testing as well as overarching provincial, regional, hospital planning
- There is a strong ongoing desire for collaboration and sharing of resources (the efforts of working groups at CorHealth and CCS are much appreciated!)

# UOHI Virtual Cardiovascular Rehabilitation Webinar- Jennifer Harris


May 14, 2020

- 157 participants
- Provided an overview and Q&A period related to:
- Tips and tools for providing virtual CR, including use of tracking devices, apps and strategies
- UOHI Virtual CR program features
- For more information on becoming a host organization for UOHI's Virtual Care Program email ksavard@ottawaheart.ca
- To view the presentation, please visit the UOHI website (pwc.ottawaheart.ca/education/heartwise-webinars)

CorHealth Ontario

*Advancing cardiac, stroke and vascular care*

# New Topics

GARTH OAKES/ KAREN HARKNESS/ DR. PAUL OH

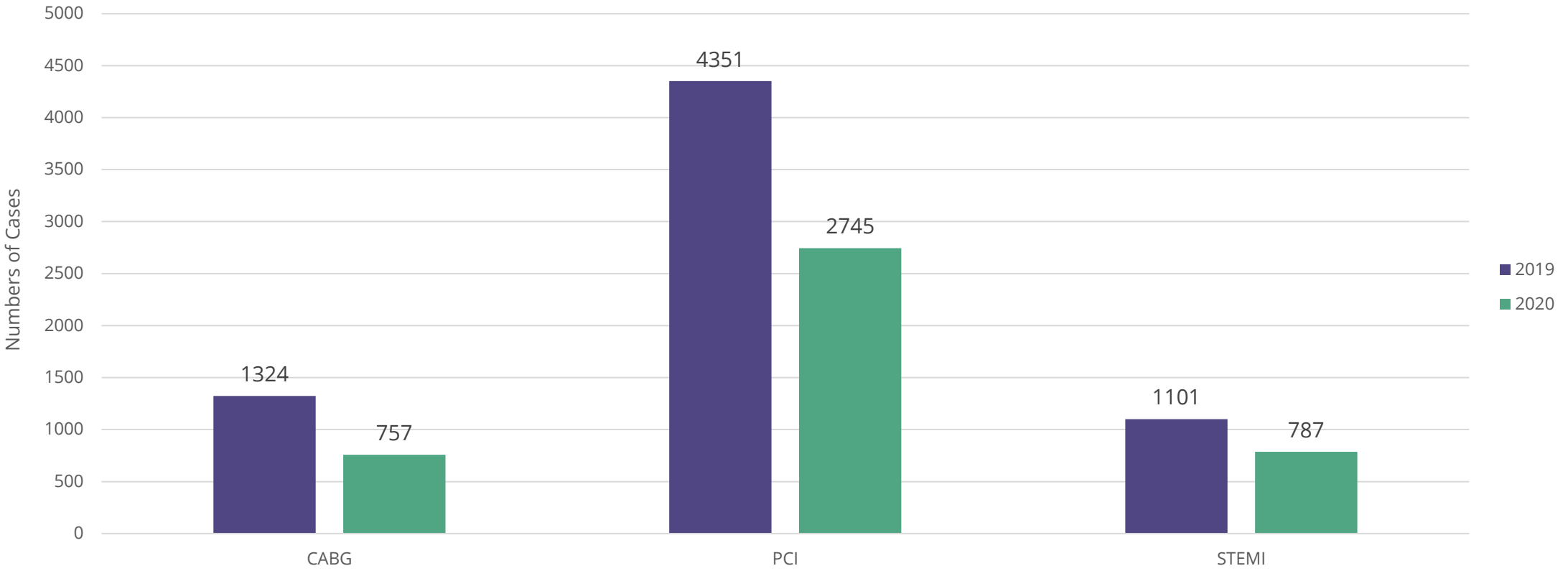
CorHealth Ontario

*Advancing cardiac, stroke and vascular care*

# Cardiac Activity Data

Garth Oakes

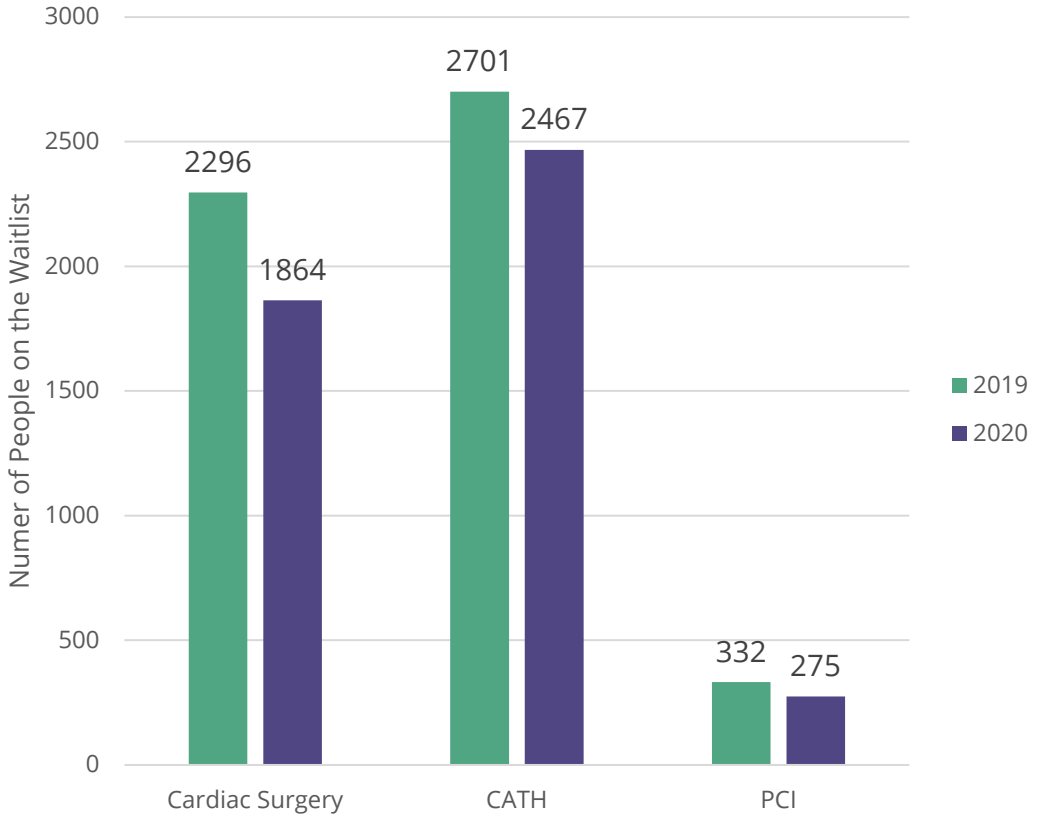
# Change in Volumes of Cardiac Activity from March 15 to May 10 – Comparison of 2019 to 2020




Data are from the CorHealth Cardiac Registry; CABG includes isolated CABG and Combined CABG + Valve Surgeries;
The 2019 STEMI volume bar covers the period of March 17 – May 12, 2019.

CorHealth Ontario

# Size of the Cardiac Waitlist as of May 11th, 2020 – Comparison of 2019 to 2020




Data are from the CorHealth Cardiac Registry; Data represent the number of people on the cardiac waitlist as of May 11th 2019 and 2020 respectively.

- The number of people on the cardiac wait list has decreased over the course of the pandemic
- What we're hearing from hospitals
  - Activity in the community has also decreased (testing, imaging, family physician and cardiology visits)
  - As a result referrals have decreased
  - Concern that there is a large unknown backlog in the community
  - As care for these patients is delayed there is also concern that these patients are becoming more acute

CorHealth Ontario

# Polling Question

**How many patients are currently waiting to start or resume cardiovascular rehab in your program?**

Response Options

a) 0-100
b) 101-200
c) 201-300
d) 301-400
e) >400
f) I don't know

CorHealth staff on the call- please do not respond to the poll or change any of the poll actions.

CorHealth Ontario

# Discussion

- How are you monitoring wait lists for rehabilitation?
- Are referrals being tracked?
- What are your plans for managing wait lists and new referrals?

CorHealth Ontario
Advancing cardiac, stroke and vascular care

# Looking Ahead: Resumption of CR Services

Dr. Paul Oh/ Karen Harkness

# UHN Example: Overview of Recovery Phases

| | Pandemic Period: as of Mar 13, 2020 | Recovery Phase 1 | Recovery Phase 2 | Recovery Phase 3 | Future State: "New Normal" |
|---|---|---|---|---|---|
| **Recovery Phase** | Essential Care Only | Time sensitive procedure if delayed more than 90 days; or priority program (e.g. UHN only provider in Ontario)[1] | Prioritize activity where UHN is one of a few providers of specialty care in Ontario[1] | Prioritize based on impact on quality of life and disease outcomes[1, 2] | New baseline activity level established |

[1] May also include procedures at low risk for admission to hospital (e.g. Endoscopy, Cystoscopy, Arthroscopy, Diagnostic Cardiac Cath, Ophthalmology).

[2] This may require adjudication of proposed increases in activity by the Clinical Activities Working Group in each program, as available Hospital resources may limit the ability for all increases in activity to proceed simultaneously.

# UHN Example: Resumption of care – summary

| Program | Baseline Weekly Activity | Recovery Phase 1 | Recovery Phase 2 | Recovery Phase 3 | Future State "New Normal" |
|---|---|---|---|---|---|
| Peter Munk Cardiac | 2,696 | 5% - 30% | 5% - 30% | 10% - 100%+ | 25% - 100%+ |
| Cardiology | 850 | 10% | 25% | 50% | 60-70 |
| Vascular Surgery | | 25 – 30% | 25 – 30% | > 100% | > 100% |
| Cardiovascular Surgery | | 5% | 5% | 30% | 30% |
| **Cardiac Rehab** | | **0%** | **0%** | **10 – 25%** | **25 – 50%** |

Ambulatory On-site visits

| Program | Baseline Weekly Activity | Recovery Phase 1 | Recovery Phase 2 | Recovery Phase 3 | Future State "New Normal" |
|---|---|---|---|---|---|
| Peter Munk Cardiac | | | | | |
| Cardiology | 33-37/day App. 170 per/wk | 40% | 60% | 100-120% | 100-120% till waitlist is appropriate |

Procedural

| Program | Recovery Phase 1 | Recovery Phase 2 | Recovery Phase 3 | Future State "New Normal" |
|---|---|---|---|---|
| Peter Munk Cardiac | 90 | 75 | 50 | 70 |
| Cardiology | 90% | 75% | 50% | 30-40% |
| Vascular Surgery | TBC | TBC | TBC | TBC |
| Cardiovascular Surgery | TBC | TBC | TBC | TBC |
| **Cardiac Rehab** | **100%** | **100%** | **≥ 75%** | **≥ 50%** |

Virtual Visits

# Summary of UHN IPAC Guidelines on Resuming Ambulatory Care

- Install Plexiglas barriers at reception area if possible; where not possible, PFC or receptionist to wear mask and face shield
- Use floor tape to clearly mark where patients should wait, should a queue develop
- Additional hand hygiene dispensers various clinics
- Shut down water coolers
- Move unnecessary equipment out of clinic rooms or bag/cover it so as to signify non-use
- Patients screened by phone prior to the appointment, upon arrival using the symptom screening tool. During the phone screening, patients will be directed to call ahead if they develop any symptoms

# Summary of UHN IPAC Guidelines on Resuming Ambulatory Care

- No accompanying persons are to be allowed to limit in-hospital traffic. The exceptions are:
  - The patient has a physical or cognitive impairment and needs support from a caregiver or caregivers
  - The test or procedure requires the patient to bring an escort
  - The patient needs interpretation (and interpretation services not available)
- Upon arrival, patients are given masks at entrance to building and asked to perform hand hygiene
- Patient waiting time **should be minimized** as much as possible if not eliminated.
- Patients in waiting area must socially distance by 2 metres minimum; managers must coordinate to determine schedule/number
- Have signage to close off washrooms if a symptomatic patient uses it. Signage something along the lines of *'do not use - needs terminal cleaning'*, while awaiting HK terminal cleaning
- Ensure diligent clinic room turnover/disinfection (BP cuffs, exam tables, etc.)

# Discussion

- What are your plans for resuming CR services and progressing to a ‘new normal’ in your region/program?
- What can we continue to do virtually? What is working well? What is not working?
- What considerations should be brought forward to optimally deliver CR while also building on innovation that has occurred in response to the pandemic? (e.g. patient populations for in-person, group sessions, hybrid models, human resource capacity etc.)
- Is there an opportunity to provide additional provincial guidance around the delivery of CR as we progress to the ‘new normal’?  (e.g. delivery models)

# Resuming Cardiovascular Rehabilitation **in person services** and patient populations

| Program services offered on-site or face-to face | Stage 1 | Stage 2 | Stage 3 | Future State |
|---|---|---|---|---|
| Intake | No | | | |
| GXT/CPET | | | | |
| Exercise supervision (1:1) | | | | |
| 1:1 counselling/appointment for risk factor management | | | | |
| Exercise supervision (Group) | | | | |
| Education (Group) | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

# Resuming Cardiovascular Rehabilitation **virtual services** and patient populations

| Program services that are offered through virtual methods | Stage 1 | Stage 2 | Stage 3 | Future State |
|---|---|---|---|---|
| Intake | | | | |
| GXT/CPET | | | | |
| Exercise supervision (1:1) | | | | |
| 1:1 counselling/appointment for risk factor management | | | | |
| Exercise supervision (Group) | | | | |
| Education (Group) | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

CorHealth Ontario

*Advancing cardiac, stroke and vascular care*

# Next Steps

**KAREN HARKNESS**

# Next steps

- Schedule another Cardiovascular Rehabilitation forum if required
- Other upcoming events:

CCS Rapid Response Team
Webinar: Wed, 27 May 2020, 8PM-9PM
Registration pending:
https://twitter.com/scc_ccs/status/1241868150192381953


CACPR 2020 Annual Meeting and Symposium
May 29th and June 5th, 2020
Registration- www.cacpr.ca


CorHealth Ontario

# Thank You!

CorHealth Ontario

*Advancing cardiac, stroke and vascular care*