

COVID-19 Cardiovascular Rehabilitation Stakeholder Forum #2

MEETING SUMMARY NOTES

DATE: May 22, 2020 | 8:30 – 9:30 AM

DISCLAIMER: The information in this document represents a high-level summary to capture the discussion at the point of time of the meeting and is NOT general guidance.

GROUPS REPRESENTED: More than 75 stakeholders joined the call with representation from the CorHealth Cardiac Leadership Council, CorHealth Vascular Leadership Council, Cardiovascular Rehabilitation Programs, the Rehabilitative Care Alliance, Ministry of Health Partners, Heart and Stroke Foundation Leadership and colleagues from Manitoba.

Progress Updates

- The CorHealth Cardiovascular Rehabilitation Guidance Memo [RECOMMENDATIONS FOR AN APPROACH TO THE PROVISION OF CARDIOVASCULAR REHABILITATION DURING COVID-19 IN ONTARIO](#) was released on May 12th on the CorHealth COVID-19 Resource Centre.
- Resources and links to support the memo have been posted on the [CorHealth COVID-19 Resource Centre](#) including a document outlining [Quality Indicators for Virtual Cardiovascular Rehabilitation during COVID-19 and Beyond](#)
- An intake template for virtual CR is currently under development by a team of providers and will be shared provincially when available.

National Guidance and Activities

- CCS is holding a Rapid Response Team Webinar on Wednesday May 27, 2020 from 8 PM - 9 PM.
- Work of CCS is complimentary to provincial work underway (e.g., The new “Virtual Reality”: Practical Approaches to the Delivery of Cardiac Rehabilitation Care during the COVID-19 Crisis document)
- Dr. Paul Oh presented high level observations from data collected from a national survey on cardiovascular rehabilitation. These included:
 - About 40% of CR programs have stopped programming entirely

- There are many closures of exercise spaces at hospitals or in the community
- Many programs are experiencing redeployment of CR staff
- There is a desire to keep patients at home to minimize exposure risks
- In some cases CR deemed to not be an organizational priority
- Many programs expressed that they were very interested in delivering virtual CR but some indicated that they did not have the prior experience or resources to do so
- Many programs are concerned about the growing CR waitlist
- Looking forward, programs are concerned about re-opening and planning measures to control infection (e.g., PPE, physical distancing, etc.)
- Strong desire to collaborate and shared education resources were extremely valued
- Jennifer Harris provided a follow up to the University of Ottawa Heart Institute (UOHI) webinar that was held on the accumulated experience of their virtual rehab program, using internet-based programming, that has been running for about 4-5 years.
 - She noted that the webinar can still be viewed and that the platform that is leveraged for the CR program allows full delivery from intake, to risk factor profile to engagement of patient and after programming is complete.
 - 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)

New Topics

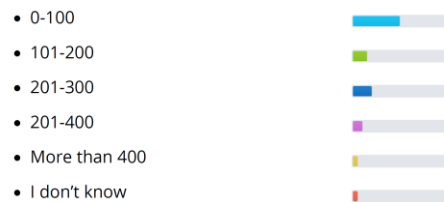
Cardiac Activity Data

- Garth Oakes presented data on the changes in volumes of cardiac activity from March 15 – May 10, 2020 as compared to 2019 as well as a comparison of the wait list for select cardiac procedures from 2020 to 2019.
- CABG and PCI procedures as well as STEMIs presenting to the catheterization labs have been significantly lower since the course of the pandemic. Weekly decreases have been even more pronounced.
- Wait lists appear to have decreased from the same period last year; however, it was noted from discussions with the 20 advanced cardiac hospitals that there seems to be consensus that there is a potential unknown backlog in the community. This backlog is due to reduced activity in testing, imaging, family physician and cardiology visits. The backlog is also potentially more complex and acute because of deferred treatment.

- It was noted that these changes have been observed uniformly across the province.
- A poll during the webinar regarding current CR wait list volumes was completed by 21 participants. Please see the results below.

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

Total responses: 21



- Several members of the forum highlighted their current wait list situation.
 - London - Dr. Neville Suskin remarked there are close to 400 patients on the wait list at his site in London. They are just launching virtual intakes of approximately 20/week and are developing a process for in-person intakes when safe to do so.
 - Brampton – Dr. Mark Davis noted that William Osler has a staged process to transition to a virtual program for patients that were initially enrolled prior to COVID-19. The second stage addresses patients who were referred post-COVID and on the wait list for CR (178 patients). With the help of several staff returning from redeployment they are now providing CR to 24 patients/week using a virtual platform and plan to continue. It was noted that patients are very appreciative of the virtual programming.
 - Ottawa –Montfort- Dr. Bruce Moran noted that their program which sees 300 patients/year (with 60 active patients pre-COVID) is completely shut down and staff are redeployed. The exercise area has been converted to a bed ward. He remarked that they will start with a virtual program when they resume services and are in the planning stages.
 - Dr. Paul Oh noted approximately 5-10 patients are referred daily to the UHN CR program and plans for ramping up are required to address the growing wait list.

Looking Ahead: Resumption of CR Services

- Dr. Paul Oh presented an example from UHN of a plan for resumption of services which outlined phases of recovery with % of ambulatory on-site visits and virtual visits for acute and ambulatory cardiac services, including cardiac rehab CR. The planning document suggests that the new-normal might see 50% of CR

programming provided virtually for the foreseeable future suggesting that we may need to get more adept at offering programs in different ways.

- Principles regarding infection control and strategies were shared from UHN as well although it was noted that everyone has local infection control policies.
- The group agreed that a guidance memo would be useful to assist programs as in resuming CR services and could address strategies for triaging patients for return to on-site programming.
- Other members noted promoting collaboration with regional partners / satellite sites as well as approaching organizations with experience in delivery of virtual programs.
- Gord Fogg from Manitoba echoed that any guidance that can be offered would be useful and that maintaining relationships with regional partners/satellite sites is key as there is a need for ongoing collaboration in a time where things are constantly changing (ebb and flow to public health orders)

NEXT STEPS

- CorHealth to organize a small working group to begin to draft a second guidance memo. Email Karen in the next few days at karen.harkness@corhealthontario.ca if you have an interest in working on the guidance memo.
- Please feel welcome to email Karen Harkness at karen.harkness@corhealthontario.ca with any questions, comments or suggestions for discussion at future forums. CorHealth to schedule another COVID-19 CR Stakeholder Forum when appropriate.