AHRQ's Initiative To Increase Use of Cardiac Rehabilitation

Learning Community Affinity Group

Summary-at-a-Glance:

Operational Adjustments while Resuming In-Person Cardiac Rehabilitation Programs

July 2, 2020

Event Purpose and Overview

- **Purpose:** To share and acquire strategies for how to adjust operations while resuming in-person cardiac rehabilitation programs after onsite CR programs have been suspended or dramatically curtailed due to the pandemic
- **Format:** A moderated panel discussion with five peers and the 120 event participants
- **Moderator: Hicham Skali, MD, MSc**, TAKEheart's Principal Investigator and Director of the Cardiac Rehabilitation program at Brigham and Women's Hospital

Special Thanks

We greatly appreciate the insights and recommendations of the following hospital representatives which are further discussed in the summary below:

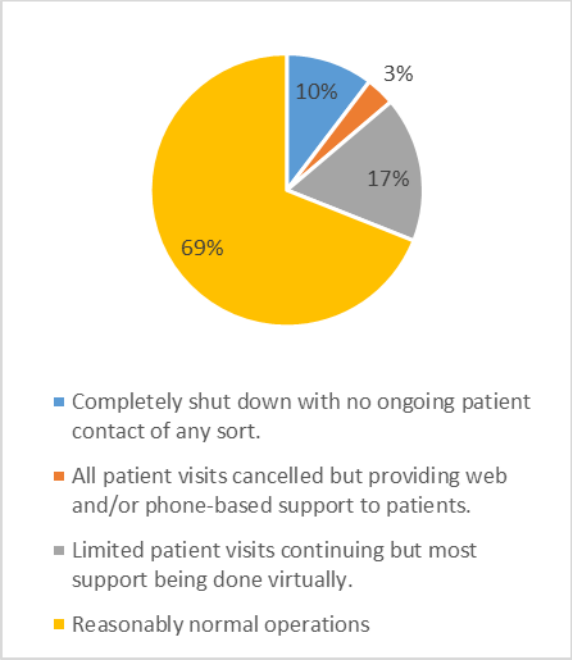
- **Anna Liza Esguerra,** OTR, RN, South Texas Health System Heart in McAllen, TX
- **Jeanmarie Gallagher**, MS, RCEP, Suburban Hospital, Johns Hopkins Medicine in Bethesda, MD
- **Heidi Haglin**, MS, CCRP, Essentia Health in Duluth, MN
- **Mary Ann Compton**, MA, ACSM-CEP, CCRP, UNC Health in Chapel Hill, NC
- **Nick Eimers-Mosier**, MPH, LPN, CCCC Comanche County Memorial Health in Lawton, OK

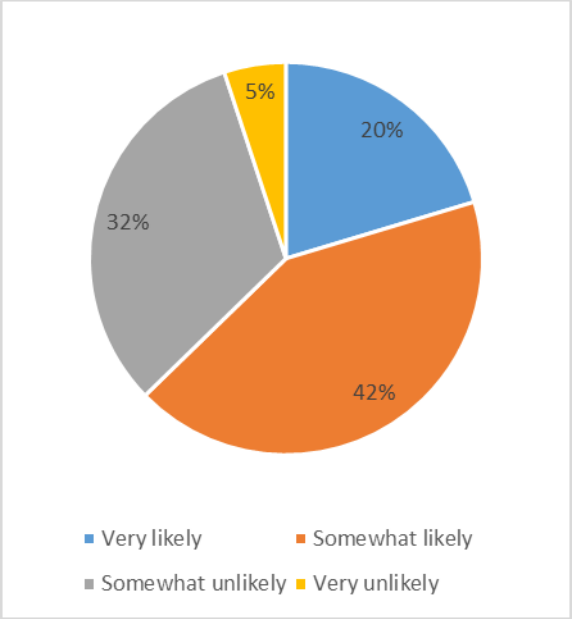
Slides and a **recording** of the event along with **links** to other relevant resources for addressing COVID-19 are available online at: https://takeheart.ahrq.gov.

Assessing the Current and Future Status of CR Program Operations

Status at a Glance

Present	***Likelihood of Future Reductions***
Participants of this event responding to a polling question about their CR program's status as of July 2, 2020. Results from the 58 responses are shown below.	Participants were asked the likelihood that their program may need to reduce future onsite operations before the end of 2020 in response to a COVID-19 resurgence. Sixty-two percent believed this was likely or very likely.





Overall Event Themes:

- **Capacity Reduction**: In general, cardiac rehabilitation programs have reduced patient capacity in response to the COVID-19 pandemic. With 69% of participants at this webinar reporting that their CR program has returned to reasonably normal operations, class sizes have been reduced to anywhere from 20-50% of their original size in order to maintain a safe physical distance among patients while exercising.
- **Patient Inclusion**: CR staff at each program are using criteria to prioritize certain groups of patients for in-person visits, such as those considered low-risk, those who would derive the most benefit from attending CR in-person, or those who had begun the program but had not been able to complete it.
- **COVID-19-Specific Adjustments**: CR programs continue with extra measures at intake including: screening questions over the phone 24 hours in advance of the appointment; conducting intake questions over the phone prior to the visit; scheduling of arrival times in a manner that allows for distancing, such as 2 patients every 10 minutes; screening for symptoms and temperature upon entry; ensure no physical exchange of materials (like clipboards) in the clinic; and providing masks to patients who don't already have one.

- **Adjusting Number and Frequency of Sessions**: Some programs are considering a more lenient policy around the 36-session threshold for completing CR – they are encouraging patients to complete as many sessions as they are able or are providing support to continue exercise independently.
- **Enhancing Social Support**: In an effort to provide support and foster community, CR programs can offer individual counseling, create a Facebook page for maintenance patients (following HIPAA privacy rules), and can consider scheduling patients who previously exercised together to be in the gym at the same time, even though they will stay physically distanced from one another.

Unit Capacity

How has your unit capacity changed and is the change affecting which patients you schedule?

Jeanmarie Gallagher explained the ways in which her program reduced patient capacity. Johns Hopkins Medicine used to have 25 patients in the exercise room at once and have now adjusted to classes with 5 patients each. The program is currently accepting patients they deem "low-risk," patients who have not had opportunity to do CR in the past twelve months, and patients who would "derive the most benefit from attending CR" (including those who had previously had heart attacks and open heart surgery). The program performs a temperature-check to screen patients for fever as they enter.

Question and Answer from the Chat:

Q: Anyone running into not having enough space for new referrals?

A: We have started a waiting list, something we didn't have in the past. We have started offering 1 session per week for patients who are getting close to completing the program and can begin to exercise independently.

Mary Ann Compton's practice at UNC supports a program that was closed for 11 weeks in the spring, during which staff maintained contact with select patients. The class sizes were generally around 16 patients per class prior to the pandemic, and now generally have 6 patients per class. When on-site operations resumed, the program prioritized those patients whom the "staff was already familiar with," as well as "patients who were already familiar with the program." Then, the program gradually added in patients whose appointments had been cancelled, followed by newly-referred patients. The program mandates social distancing, frequent screening, and masks.

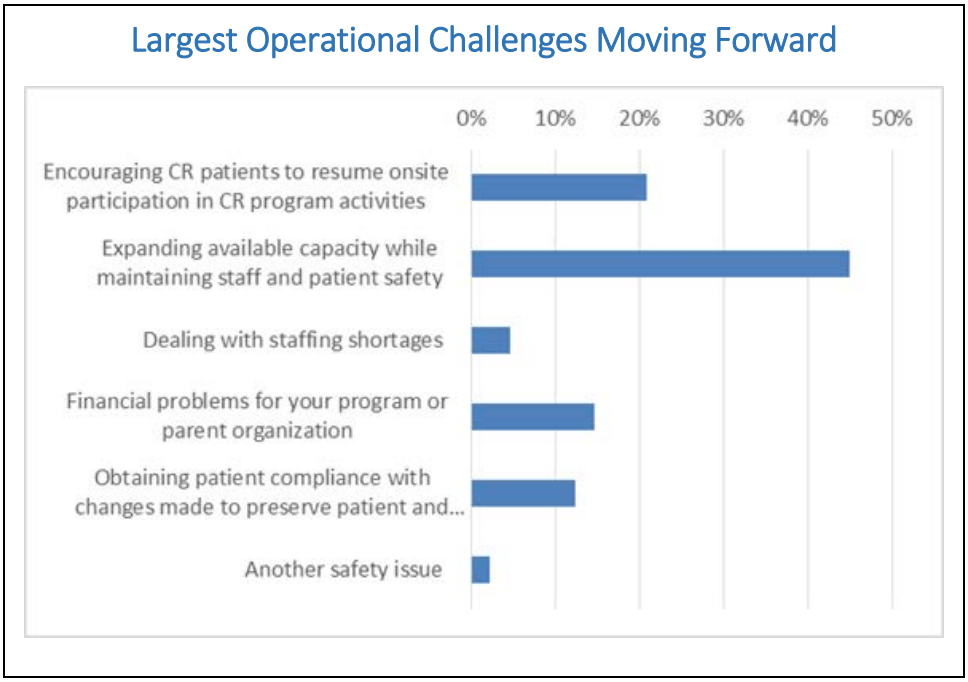
How are you adjusting the frequency of onsite CR visits or the hours that you are offering sessions?

Essentia Health's (Duluth, MN) program opened in stages, and the frequency of patients' appointments were based on their predicted complications if they were to contract COVID-19. As they expand capacity, low-risk patients are allowed to come twice a week, and those at higher risk may come once a week.

Nick Eimers-Mosier works at *Comanche County Memorial Health,* a semi-rural hospital based in Lawton, OK that was closed for 4 months in the spring. The hospital receives referrals from nearby critical access hospitals. On June 1st, the governor of Oklahoma relaxed stay-at-home orders for vulnerable populations and his hospital now holds 8 classes per day (which required adding 2 in the morning and 2 in the evening) in order to ensure social distancing. Under current conditions, the program sees fewer patients under supervised therapy.

Onsite Patient Experience Adjustments

What specific adjustments have you made to patient waiting, intake processes or patient screening?



Anna Esguerra reported that McAllen, Texas has seen a recent increase in COVID-19 cases. Currently, (add hospital name) staff are asking patients COVID-19-related questions (via phone call) at least 24 hours before they come to the clinic, as a form of health screening. For additional safety, staff also document the types of masks used by patients, provide surgical ones to those who don't already have one, and ensure that there is no physical exchange of materials (like clipboards) in the clinic.

UNC Health in Chapel Hill currently allows four patients to come in at a time, and does not feel pressure to increase patient volume at the moment. Prior to the pandemic, the program intentionally over-booked classes (to achieve 100 percent attendance); now, there are no efforts to overbook. To ensure even distribution of patients throughout the day, **Mary Ann Compton** noted that staff have been assigning appointment times to patients, rather than allowing patients to come and go freely. Meanwhile, the program is more lenient about the 36-session threshold for completing CR – they simply encourage patients to complete as many sessions as they are able.

How are you adjusting your classroom sessions or how you lead rehabilitation sessions?

To ensure social distancing, **Nick Eimers-Mosier** reports that their program divided its CR gym into 5 individual gyms. Staff bring patients in one at a time, and any exercise instruction happens in front of the patients on an individual basis, rather than the usual classroom setting. Originally, the governor of Oklahoma had required mask usage only when social distancing is not possible; now, however, masks must be worn at all times, even if social distancing.

Tip for Distancing in CR Class: Create a 'Patient Pod'

The program at Comanche County Memorial Health in Lawton, OK divided the CR gym into 5 individual gym units. Patients receive individual instruction and have several exercise modalities at their station. The area is deep cleaned before another patient uses the pod space. Suggestions to create physical separation between patients include using tape on the floor to indicate boundaries or utilizing clear vinyl as a divider, which may be more feasible that an option like plexiglass and can be sanitized with Virex.

Anna Esguerra explained that in their program, patients can request to lower their mask while exercising, as long as they are at least six feet away from other patients. (Dr. Skali noted that Massachusetts has a similar rule, but only regarding outdoor use. Indoors, everyone must wear masks.)

Prior to the pandemic, UNC Health's program taught stretching and strength-training in a group exercise classroom. **Mary Ann Compton** reports that they have since eliminated that group component, closed their wellness center and are now providing guidance for patients on how to do strength-training at home.

In terms of PPE requirements, panelists reported a range of requirements—from having all staff wear surgical masks and face shields or goggles (**Jeanmarie, Heidi**); to requiring surgical masks and disposable goggles (**Nick**); or just requiring surgical masks (**Anna**).

What are you doing to foster community and mutual support despite social distancing, masks and other challenges?

The CR program at Johns Hopkins Medicine has a counselor available to provide individual support to patients. Meanwhile, **Jeanmarie** oversees a Facebook support group for "maintenance patients" (those who are waiting to return to the program), which follows HIPPA regulations regarding the sharing of private medical information.

Essentia Health recently allowed the re-opening of Phase 3 CR. However, in an effort to control attendance, patients are only allowed to schedule 1 appointment at a time. **Heidi**' reports that their program strives to create a sense of comradery through scheduling: namely, when patients return, they are likely to see at least one familiar face from their previous group.

Adjusting Offsite Patient Support

How have you adjusted the support you are providing between onsite sessions to cope with fewer onsite sessions or added patient needs created by the pandemic?

Responses included cancelling resistance training and emphasizing the importance of home-based exercise (**Jeanmarie**) and resuming visits with Phase 2 patients (**Heidi**). Essentia Health conducts virtual sessions for patients who are seen less than once per week or for those who aren't comfortable coming in, but not for patients who come on-site regularly. **Nick**'s program is partnering with a home health program for guidance and assistance around home-based CR.

What's your plan for responding if a patient at one of your sessions later tests positive for COVID-19?

Most CR programs rely on their hospitals' policies for responding to cases in which an onsite patient subsequently tests positive. **Anna Liza Esguerra** said the program in McAllen, TX evaluates whether low risk or high risk exposure occurred. The level of risk is based on how close the contact was with other individuals and whether masks were consistently worn during the patient's visit. Suburban Hospital's program is prepared to use contact tracing to determine which patients and staff came into contact with the infected person. **Nick Eimers-Mosier**'s program reports the COVID-19 case to the state department, which then reaches out to people outside of the hospital who may have come into contact with the infected patient.

HIPAA Compliance and COVID-19 Contact Tracing

Office for Civil Rights. Guidance on releasing patient information to contact tracers. https://www.hhs.gov/sites/default/files/february-2020-hipaa-and-novel-coronavirus.pdf

Are you and your patients expecting a gradual return to "normal" or are you preparing for a "new normal" for your CR program? What will the "new normal" look like?

Anna noted that with COVID-19 cases currently rising in south Texas, they will continue their program at 50% capacity for the foreseeable future and maintain procedures that are now in place such as patient screening upon entry, hand washing, sanitizing, maintaining PPE supply for staff, and masks for patients as needed. **Jeanmarie** mentioned that in general they will now pay close attention to who needs to be physically in the space. She recounted the death of a maintenance patient she knew who passed away within 48 hours of contracting COVID-19. Unfortunately, this rapid and tragic fatality "is going to be the new normal."

Patient Reflections (from Event Chat)

Consider forming or using your patient advisory board to get patient input on what the 'new normal' could and should look like.

Be ready to support CR patients experiencing increased loneliness and fear. Some are probably thinking: "I haven't seen anyone in person and fear I can't do the treatment." Others may relate to a patient comment that 'Leaving cardiac rehab was really hard for me. And working out now brings with it an undercurrent of fear. My heart was cleared to go on with my life but my brain isn't so sure.'

Look at your program from the perspective of your patients. Try exercising with a mask so you know how it feels. Ask them what's hard or confusing or frightening and do what you can to respond to their emerging needs.

Especially in places where gyms remain closed, be prepared to discuss whether it's appropriate for them to attend CR sessions in your CR site in person while recovering from a heart condition.

Staffing Adjustments

How large an issue are staffing shortages or absences due to illness? And are you taking any steps to equip your staff to provide patient support virtually by phone?

Heidi's program at Essentia Health is currently receiving support from directors to continue with virtual visits. They are scanning materials that can be emailed, and a dietician has virtual materials provided through weekly

announcements. Some regions of the country, including Lawton, OK where Comanche Memorial Health is based, have not had as many cases of COVID-19 and don't have as strong of a need for virtual visits.

What are you doing to help your staff cope with the uncertainties or worries they may be feeling as they support your CR patients?

Anna Esguerra described steps taken following the COVID-19 spike in southern Texas, to emphasize open communication with staff; use of an employee assistance program that provides counseling for staff; and ensuring thorough sanitation of the facility at the beginning and end of each day.