



Affinity Group: Operational Adjustments while Resuming In-Person Cardiac Rehabilitation Programs

Hicham Skali, MD, MSc

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# Welcome and Background

### Welcome and greetings from TAKEheart, AHRQ and CDC

### Update on status of TAKEheart:

- Continuing to assess appropriate timing for resuming TAKEheart training and implementation.
- Ongoing offerings of affinity group sessions on priority topics for the learning community. Events are open to anyone but participants are encouraged to join the TAKEheart Learning Community at: <u>https://takeheart.ahrq.gov/join-takeheart</u>
- TAKEheart website remains available with added information and links to COVID-19 resources (<u>https://takeheart.ahrq.gov/coronavirus</u>)

# Today's Event

- Background: TAKEheart affinity groups (AG) provide forums for participants to learn from and share with each other on priority topics. Everyone LEARNS, everyone SHARES, everyone SUPPORTS.
- Purpose of Today's Call:
  - Continue process of learning and sharing with each other
  - Focus of today's conversation: share operational adjustments made in CR activities while reopening in-person CR programs
- Format: Moderated panel discussion using the chat and polling features to dialogue with participants and foster peer-to-peer sharing

# Today's Experts



### Hicham Skali, MD, MSc

TAKEheart Principal Investigator, Associate Director of the Cardiac Rehab Program at Brigham and Women's Hospital, Division of Cardiovascular Medicine

#### **TAKEheart Peers**

 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

### **Context of Today's TAKEheart Peers**

#### **Peers Represent:**

- **Diverse Locations** •
  - and semi-rural settings
  - Programs of • varying sizes

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Differing levels of • COVID-19 impact and on different trending curves



# Question 1: What best describes the current status of your hospital's CR program?

Please select your answer here



Question 2: Looking ahead, how likely is it that your program may need to reduce your level of onsite operations at some point before the end of the year due to a resurgence of COVID-19 in your area?

Please select your answer here

Question 3: Which options represent your TWO biggest operational challenge as you resume or expand onsite activities in your CR program?

Please select your answers here

### **Today's Discussion Categories**

### Operational adjustments across the CR patient visit cycle

#### **Unit Capacity**

How it has changed
Impacts on who you schedule
Impacts on how often pts visit
Impacts on when you schedule

#### **Onsite Patient Experience**

Patient waiting, intake & screening
Adjustments to classroom sessions
Adjustments to rehab sessions
Changes in fostering community

Offsite Patient Experience -Support for patients between sessions -Pandemic-related support -Planning for contact tracing -Planning for a return to normal or expecting a new normal?

#### **Staffing Adjustments**

-Staffing shortages or absences -Equipping staff to support patients virtually -Staffing schedules -Addressing staff concerns

AHRQ's Initiative To Increase Use of Cardiac Rehabilitation

### Unit Capacity Adjustments

How has your unit capacity changed and how is this affecting which patients you schedule?

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

# **Onsite Patient Experience Adjustments**

What specific adjustments have you made to patient waiting, intake processes or patient screening? And have you adjusted any of your adjustments to make them work better?

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

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

# 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?

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

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

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# Staffing Adjustments

How large an issue are staffing shortages or absences due to illness and how are you dealing with these issues?

What steps are you taking to equip your staff to provide more patient support virtually or by phone?

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

### Resources Mentioned in Today's Event

- For definitive guidance regarding what you can disclose to contract tracers while maintaining HIPAA compliance:
- February 2020, Office for Civil Rights, U.S. Department of Health and Human Services: BULLETIN: HIPAA Privacy and Novel Coronavirus
  - https://www.hhs.gov/sites/default/files/february-2020-hipaaand-novel-coronavirus.pdf



Question 5: Hybrid CR programs blend onsite CR with activities done at home. Some CR programs are considering long-term or permanent transitions to a hybrid CR model. How interested would you be in participating in future affinity group sessions that address using hybrid CR approaches most effectively?

Please select your answers here

# Affinity Group Wrap-Up

### ✤ Next call:

- Thursday, August 13<sup>th</sup> at 12:00pm EDT
- Topic: [TBD]
- Continue discussions of key topics with peers at: <u>https://takeheart.ahrq.gov/collaboration</u>
- Today's slides and an event summary will be emailed to event participants and posted online at: <u>https://takeheart.ahrq.gov</u>
- Please complete the popup feedback questions so we can see what worked well and where we can improve.