CARDIAC HEALTH
FOUNDATION OF CANADA

Report on the Challenges and Operational Issues of Cardiac Rehabilitation Programs across Canada

Prepared: November 2019
John A Sawdon, MSc.
Public Education & Special Projects Director
Cardiac Health Foundation of Canada

Acknowledgements:

We wish to acknowledge and thank Amgen Canada for funding to create and distribute this survey. We also wish to extend our thanks to Sanofi-Pasteur Canada and especially Johanne Pepin who rewrote the introduction and questionnaire including translating from English to French.

Special thanks to Remya Pushparan Subha who was instrumental in reaching out to programs in updating the Directory of Cardiac Rehabilitation Programs across Canada and to Christina Mellos, Cardiac Health Foundation of Canada Operations Manager, who set up the final report for distribution.

Table of Contents:

Introduction **4**

What we discovered:
- i) Presenting Risk factors of Patients being served **5**
- ii) The type of Patient who presents the greatest challenge **6**

Length of Cardiac Rehab Programs across Canada **6**

Participant Completion of the program **7**

Operating Challenges facing Cardiac Rehab Programs across Canada **8**

What assistance if any might the Cardiac Health Foundation of Canada provide in assisting you to meet these challenges? **8**

What services do Patients need that Patient Advocacy efforts might assist with? **8**

Would you be interested in partnering with Pharmaceutical Companies to put on an in-service education for staff and patient and caregiver information sessions? **9**

Conclusion **9**

References **11**

Appendix 12
Appendix A English Questionnaire 13
Appendix B French Questionnaire 16
Appendix C
Cardiac Rehab Programs Survey, Presenting Risk Factors of Patients 20
What type of Patients present the greatest challenge and are the most difficult to serve 20
Program sessions, program length and Components 21
What is your Discharge process? 29
Operating Challenges facing your Cardiac Rehab Program 33
What assistance if any, might the Cardiac Health Foundation of Canada provide to assist you to meet the challenges identified: 36
What services do Patients/Caregivers need that Patient Advocacy efforts might assist with access to or in creating media awareness 38
If you could have additional support from the Cardiac Health Foundation of Canada, what support would you like to see? 40
Would you be interested in partnering with pharmaceutical companies for patients and caregiver information sessions and for staff development in-service? 42

Introduction:

The Cardiac Health Foundation of Canada (CHFC) attempts to offer an updated Directory of Cardiovascular Rehabilitation Programs on its website www.cardiachealth.ca in assisting patients/caregivers to contact a cardiac rehab program within their locality. In doing so, this National charitable organization either relies on volunteers or interns from the Kinesiology program at Guelph-Humber to reach out to programs in identifying contact persons and whether the program was still operating.

During the 2018 calendar year, CHFC received financial support from Amgen Canada for a number of public education initiatives. One of these included a portion of funds be committed to both updating the Directory and to check in with cardiac rehabilitation programs across Canada to identify challenges they were experiencing and to assess interest in potential education seminars to patients and staff on heart health issues on an in-service basis.

In undertaking to do this, a list of programs was created and a questionnaire that might assist in answering these questions among others was created. The English questionnaire attached as Appendix a, had 17 questions aimed at identifying the name of the program, the Program Director, the operating standards guiding the program, the presenting risk factors of a typical patient, the patients who present the greatest challenge in the provision of the program, the program itself including number of sessions, components and length of program. We also asked the percentage of patients who completed their program based on five categories from: completion of full program; to registered, but did not show.

Additional questions included: does physician coordinate treatment for patients, do you have standard discharge procedures and if yes describe; what operating challenges are you encountering, what type of assistance might the CHFC provide that might assist you to address these identified challenges, what services do patient/caregivers need that patient advocacy services might assist in getting access to (medications, treatment, Program access) or creating media awareness; do you participate in the Walk of Life, if you could have additional support from CHFC-what support would you like to see; would you be open to partnering with pharmaceutical companies for patient education days, for staff development. The last question asked for other challenges that are impacting your program or you would like to tell us about.

In compiling this questionnaire, the intent was to identify the challenges faced by cardiovascular rehabilitation programs across Canada and to see if the operational procedures were consistent across Canada.

This Report is written to also inform the CHFC Board of Directors on the kinds of challenges programs are facing including the value of the disbursement grants that the Foundation provided to programs who organized Walk of Life events across Canada. As a result of gathering comments through this survey, a revised Directory of Cardiovascular Rehabilitation Programs across Canada will be posted on the CHFC website.

The Report which follows provides the survey findings. In beginning this survey we distributed the English version to all provinces with the exception of Quebec in November and December of 2018 and is attached as Appendix A.

In creating a French questionnaire, we approached Sanofi-Pasteur in Montreal who agreed to provide access to their translation department to both assist in composition, and the translation of the questionnaire. We are deeply indebted to Sanofi Canada for this assistance and wish to personally thank Johanne Pepin who undertook the task of modifying the English script and translation into French. This questionnaire was distributed in May/June 2019 and is attached as Appendix B.

We distributed a total of 308 English and French questionnaires. The number presented beside each province identifies the number distributed with numbers contained in the italics ( ) being those questionnaires that were completed and returned as follows:

British Columbia 46 (9)
Alberta 29 (5)
Saskatchewan 8(1)
Manitoba 10(0)
Ontario 138(18)
Quebec 28(3)
New Brunswick 21(2)
Nova Scotia 24(6)
Prince Edward Island 3(0)
Newfoundland/Labrador 1(1)
We did not mail to the Yukon, Northwest Territories, Nunivut and Nunivik
We received representations from 45 programs, or just over 11 % return rate.

During December and January, we also initiated follow up prompts to encourage programs to complete the questionnaire. The delay in compiling the data arose due to the difficulty in getting an accurate list of cardiac rehabilitation programs in Quebec. We initially took the "Prevention secondaire et readaptation cardiaque" ISBN: 978-2-550-59025-5 a report published in 2009 by the Government of Quebec in 2010. This was supplemented with and updated by Andree-Anne Hebert who is the Kineisiologists with Programme Prev, Secteur Alphonse-Desjardins in Levis. The detailed responses to the questionnaire have been attached as Appendix C to this summary report. See table of contents for source details.

What we discovered

i) Presenting Risk factors of Patients being served:

The presenting risk factors of patients attending cardiovascular rehabilitation programs across Canada range from Diabetes, hypertension, obesity, inactivity, hyperlipidemia, increased stress, anxiety, depression, tobacco use, family history of heart disease, arrhythmia, metabolic syndrome, multiple co-morbidities, waist circumference is high, nutrition, sedentary lifestyle, ethnicity, male, obstructive sleep apnea, musculoskeletal issues, over age 65, South East Asian Descent, Women-post pregnancy, obstetrical history, autoimmune diseases-lupus/inflammatory diseases, COPD, Cancer, Psycho-social factors. Patients often attend because of cardiovascular disease, post CABG, post

PCI, angina, valve replacement, arrhythmia, heart failure, cardio-toxicology, adult congenital issues, Tavi, pre-rehabilitation, and peripheral artery disease.

ii) The type of patient who presents the greatest challenge:

The patients who are the most difficult to serve include those who are in denial about their diseases and lack motivation to do anything. Others include those with COPD due to shortness of breath and the requirement of specialized equipment such as recumbent bikes and the increased demand on nurse's time for entire sessions. Patients with extremely high blood pressure create cautions and concern for staff about exercising. Patients who have small vessel disease have frequent chest pain and aortic dissections, which increases caution and supervision time. Patients with chronic heart failure (ejection fraction below 40) coupled with physical deconditioning are also a challenge.

Individuals with multiple musculoskeletal issues and those with cognitive functioning difficulties present unique challenges. Others who present challenges include those living with diabetes and other chronic diseases who cannot afford their medication, those who cannot afford travel and transportation to program, and those who live in rural areas and cannot afford exercise equipment to do a home based program. Individuals with Familial Hypercholesterolemia who cannot afford or get access to needed medications and or cannot tolerate their medications are also challenging.

Northern patients who have to travel south to programs limit both involvement in the program and supports for at home in remote communities. Women are difficult to serve due to external demands that interfere with attendance. Younger patients who need to return to work due to economic pressures at home those with extreme anxiety and a feeling that others were blaming them for their attack present challenges. Individuals with multiple comorbidities including dialysis, cancer, diabetes with tendency towards hypoglycemia, and very high blood pressure rates require additional staffing supervision.

The frail elderly including those with severe arthritis who have trouble with the 6 minute walk test, low functioning patients not independent enough to participate in group exercise and patients with postural orthostatic tachycardia syndrome are also difficult to serve. One program is located on a second floor without elevator access which excludes individuals with mobility problems. Language was also identified as a barrier or challenge for programs in providing cardiac rehabilitation services.

Length of Cardiac Rehab Programs across Canada

The intent behind this question was to discover the diversity of programs being delivered across Canada and to assess whether there was sufficient consistency to determine whether outcomes might be compared across Canada.

Programs across Canada range from 8 weeks to 6 months with many having follow up in-home programs and or stand-alone home based cardiac rehab programs supported through tele-health. The average program length across Canada is twelve weeks with an intake stress test, educational components on cardiovascular disease, nutrition, pharmacist-medication, managing risk factors, stress management, along with between 60 and 90 minutes of exercise and resistance training and a discharge component.

Many programs offer maintenance programs in which alumni can pay a fee and continue to exercise at the Cardio-vascular Rehabilitation Program. It appears that much of what is offered is conditional on the availability of staffing which is dependent on budget support either from the Hospital or in raising funds plus a fee for service fee for non-profit programs. We only found one program that indicated they did not have a formal discharge component. All programs indicated they repeat the intake assessment process at discharge and then provide copies of this information to the patient's primary physician.

We also asked program operators what operating standards guide the delivery of their Cardiac Rehabilitation and the majority of operators indicated that they follow The Canadian Guidelines for Cardiac Rehabilitation and Cardiovascular Disease Prevention, their own Regional Policy, the Canadian Society for Exercise Physiology and the American College of Sports Medicine. Most Provinces have provincial guidelines that are both enforced and followed. The Second Edition (ISBN 0-0685851-2-4) of the Canadian Guidelines for Cardiac Rehabilitation and Cardiovascular Disease Prevention published through the Canadian Association of Cardiac Rehabilitation identifies the core elements that should be included in all cardiac rehabilitation programs as follows:

- Patient referral process
- Patient Assessment: Risk Stratification; Exercise Stress Testing; Risk Factor Assessment
- Lifestyle and risk factor modification
- Nutritional Counseling
- Risk factor counseling and management: Lipids; Hypertension; Smoking Cessation; Diabetes; Psychosocial management; Physical Activity Counseling and Exercise Training and Activity Counseling
- Patient education programs: Lifestyle adherence strategies and Medication adherence strategies
- Outcome assessment programs: Health Outcomes; Educational Outcomes; Behavioural Outcomes and Service Outcomes
- Continuous Quality Improvement Programs
- Continuous Professional Development Programs

While we cannot in fact assess compliance with these guidelines, we would suggest that programs which are not adequately funded do not meet the last two guidelines and may have trouble meeting the Outcome assessment programs. We did ask programs to identify challenges they are facing with a major challenge being lack of support for staff development opportunities. In the sections which follow we will report on the challenges that programs are confronted with.

Participant Completion of the Program
The program completion rates were not uniformly filled in by participants across Canada. Within this section, Provincial completion ranges are provided for most programs as follows:

- British Columbia: full program completion ranges for 3 programs reporting range from 85% to 92%. The no shows ranged from 1 to 5%
- Alberta: full program completion ranges from 27% to 85% for 3 programs reporting. The program reporting 27% however indicated the majority of their clients completed 75% of the program. The no show rate is 2% to a high of 10%.
- Saskatchewan: One program reported with an 80% completion rate and 10% no shows.
- Ontario: Thirteen programs reported with a range of 56% full program completion to a high of 90%. The no shows ranged from 1% to 15.4%
- Quebec: Only one program reported showing 53% completion rate and another 35% completed 75% of the program with 0% no shows.
- Nova Scotia: only two programs reported with the range being 73% to 75% full program completion and no shows ranged from 4.2% to 14%
- New Brunswick: only two programs reported full completion for one program was 93.1 % and the other program reported that 72% completed 75% of the program. Neither program reported on no shows.

Operating Challenges Facing Cardiac Rehabilitations across Canada
The universal problem among programs across Canada is adequate funding which plays out in lack of equipment, a program being located on second floor without elevator access, lack of administrative support and increasingly longer wait times. Other issues include lack of referrals and even when referrals are made lack of capacity to actually serve the population of individuals who meet the criteria for acceptance into a cardiac rehabilitation program.

In Newfoundland and Labrador only one cardiac rehabilitation program exists to serve the entire province.

What assistance if any might the Cardiac Health Foundation of Canada provide in assisting you to meet these challenges?
The overwhelming need identified included funding to support equipment needs, additional staffing, and interim home based programs for participants on a waiting list so they do not get lost in the shuffle. Other needs include public education posters on managing risk factors, advocacy assistance on the benefits of Cardiac Rehabilitation and video's on managing risk factors for cardiovascular disease that patients could utilize at home. Programs wanted reassurance that the Cardiac Health Foundation of Canada would continue to support Walk of Life campaigns across Canada with at least three cardiac rehabilitation programs wanted assistance to start a Walk of Life event in their areas. Many programs wanted funding to assist clients to offset transportation costs to attend their cardiac rehab programs while one program wanted a bursary fund to cover the $400 required to participate within their program.

What Services do Patients need that Patient Advocacy Efforts might assist with?
Transportation to programs is a universal challenge across Canada with patients quitting programs due to costs and difficulty in accessing transportation. Greater public awareness of the benefits of Cardiac Rehabilitation needs to be a priority including efforts with media along with a focus on primary prevention. Some tax breaks or actual bursary funds for individuals to continue to do exercise maintenance after cardiac rehabilitation. Cardiac

patients need access to smoking cessation programs and products along with a way to deal with copay costs for medication in Nova Scotia. Costs have become prohibitive with patients stopping medications due to costs.

Would you be interested in partnering with Pharmaceutical Companies to put on in service education for staff and patient and caregiver information sessions?
Overwhelmingly the programs from coast-to-coast were supportive of utilizing Pharmaceutical companies assisting with in service staff development education and patient education with some proviso. The proviso was the cost of this arrangement or as one program put it, the quid pro quo. Agencies universally indicated that pharmaceutical companies could not have direct access to patients but could contribute to public education materials and research reports. They also could not push their individual medications but could provide supporting materials around treatment approaches. Similar provisions would apply to staff development. Agencies just wanted reassurances that they would not be pushing medications on behalf of the pharmaceutical companies.

Conclusion
This survey clearly demonstrates the continued benefit of the Walk of Life events across Canada and the continued need for financial assistance by Cardiac Rehabilitation Programs across Canada. This survey also reveals that health care workers, administrators and the general public do not understand cardiac rehabilitation programs and that renewed public education efforts are needed to inform Canadians and the media on the benefits of these programs. This survey reinforced Grace et al 2016 (1) findings that most programs even though they have waiting lists are under-utilized across Canada. The Barriers to participation in Cardiac Rehabilitation (2) are similar to the report of the American Heart Association's fact sheet on cardiac rehabilitation with the exception of being chronically underfunded as follows:

- Lack of referral or strong encouragement to participate by physician
- Limited follow-up or facilitation of enrollment after referral
- Limited or no health care coverage or In Canada program costs because services are not universally covered
- Work or home responsibilities
- Hours of operation that conflict with work demands
- Scarcity of programs in rural areas, low income areas and in Canada northern and remote communities
- Distance to facility from patient's home
- Access to public transportation or parking issues
- Lack of perceived need for rehabilitation
- Gender dominated program with little racial diversity among staff
- Language problems and cultural beliefs. (3)

We know that the benefits to cardiac rehabilitation are clear; with 26% reduction in cardiovascular mortality and 18% reduced hospitalizations. In Ontario, another study showed that Cardiac Rehabilitation participation showed a 50% mortality reduction when compared to population matched controls. In Canada, we have only seen one region where funding levels were increased to support increased local access to cardiac rehabilitation programs.

The Regional Cardiovascular Rehabilitation Service across the Central East Local Health Integration Network (LHIN) in Ontario led by Rouge Valley Health System has now expanded to include 14 hospital and community based facilities in Scarborough, Pickering, Ajax, Whitby, Bowmansville, Cobourg, Port Perry, Lindsay, Peterborough and Cambellford serving over 3000 patients annually. (4) A one year hospital utilization study was also completed for patients referred to Cardiac Rehabilitation Programs versus a matched control cohort of patients not referred to cardiac rehabilitation programs. The findings showed that hospital utilization is reduced for patients completing regionally delivered cardiac rehabilitation programs. For patients who did not complete or participate in cardiac rehabilitation programs hospitalization utilization was increased.

This demonstrates both the value and the cost effectiveness of cardiac rehabilitation programs. It also calls into question why these programs have not received increased funding levels across Canada and the need for some group or body to advocate on behalf of Cardiac Rehabilitation Programs across Canada. The newly created centre of excellence for Value Based Health Care being operated by the Conference Board of Canada could also be approached to potentially launch or support a pilot based cardiovascular disease value based healthcare project which incorporates cardiac rehabilitation in the quality of life components of care.

CHFC wishes to thank all of the Cardiac Rehabilitation Programs across Canada who participated in this survey. Without your support, we could not have gathered some insight into the state of affairs for Cardiac Rehabilitation Programs across Canada. Public awareness and health professionals' awareness of the role and value of cardiac rehabilitation needs to be highlighted across Canada.

The Toronto Rehab Foundation recently had September 17th declared as Rehabilitation Day. A respondent from Quebec suggested we need to create kiosks once or twice a year within hospitals to publicize the work and effectiveness of cardiac rehabilitation in raising awareness about who should be referred to programs. In Canada, we need to broaden this to include kiosks in shopping malls that discuss cardiac rehabilitation among other chronic diseases in raising public awareness and potential increases in lifestyle change.We shall table this Report with the Board of Directors for further review and potential action and shall send a copy of this report to all respondents. Finally we want to thank Amgen Canada for their financial contribution as a National Educational Sponsor for the Cardiac Health Foundation of Canada.

References:

1) Grace Sherry L. PhD, Turk-Adawi Karam PhD, Santiago de Araujo Carolina PT, MSC and Alter David L, MD, PhD " Ensuring Cardiac Rehabilitation Access for the Majority of those in Need: A call to action for Canada; Canadian Journal of Cardiology 32 (2016) S358-S364 http://dx.doi.org/10.1016/j.cjca.2016.07.001
2) American Heart Association, Facts Cardiac Rehabilitation: Putting more patients on the road to recovery, www.heart.org/policyfactsheets AHA/HPFS/03/2013
3) Grace Sherry L. PhD, Abbey Susan E. M.D., Shnek Zachary M. PhD. IrvineJane PhD, Franche Renee-Louise PhD, Stewart Donna E. M.D. "Cardiac Rehabilitation ll: Referral and Particpation https://www.researchgate.net/publication/11312558
4) Ricci Joe, Suskin Neville, Stranges Saverio, Pierce Adam, Fair Terry, Appasamy Thiru, Frisbee Stephanie "Impact on Hospital utilization after a Health Region in Ontario Implements an integrated Cardiovascular Rehabilitation and Secondary Prevention System.

APPENDIX

CARDIAC HEALTH
FOUNDATION OF CANADA

Appendix A

Cardiac Rehabilitation Program Survey:
Introduction:
I am writing to request your assistance in helping us to better serve the Cardiac Rehabilitation Community in areas of program assistance, advocacy, patient access to medications/treatments and website update. Your assistance in completing and returning this survey to John Sawdon Public Education, Special Projects & Patient Advocacy at jsawdon@cardiachealth.ca is appreciated.

1. Name of Cardiac Rehab Program:____
2. Director of Program:______________________________________
   Profession:____
3. What operating standards guide the delivery of your Cardiac Rehab Program:
   ____
   ____
   ____
4. Please identify the presenting risk factors of your typical patient:
   ____
   ____
   ____
   ____
   ____
   ____
5. Can you describe the type of patient whom presents the greatest challenge for your cardiac rehab program and staff:____
   ____
   ____
   ____
   ____
   ____
   ____
   ____
6. Please identify the number of program sessions, length, and the components:____
   ____
   ____
   ____
   ____
7. What percentage of Participant's:
   a. Complete full program_______________

b. Complete 75% of program____________
c. Complete 50% of program____________
d. Complete 25% of program____________
e. Register but either do not attend or attend once____________

8. Does the Physician "coordinate" cardiovascular disease treatment for patients attending the cardiac rehab program: ___________If not, who does :(Position only not names)____

9. Do you have standard discharge procedures?______________________
If yes, can you describe what happens:____________________________
____
____
____
____
____
____

10. What operating challenges is your cardiac rehab program facing:_______
____
____
____
____
____
____
____
____
____
____

11. What assistance if any, might the Cardiac Health Foundation of Canada provide that might assist you with the Challenges identified above?____________
____
____
____
____
____
____
____
____
____

12. The Cardiac Health Foundation of Canada provides patient advocacy services in accessing medications, treatment and programs. What services do patients/caregivers need that patient advocacy efforts might assist in getting access to or in creating media awareness?_________________________

____
____
____
____
____
____
____
____

13. The Cardiac Health Foundation of Canada has partnered with many Cardiac Rehabilitation Programs across Canada in assisting with the Walk of Life as a fund raiser, Do you participate in organizing a Walk of Life_______________

14. If you could have additional support from the Cardiac Health Foundation of Canada, what support would you like to see:___________________________
____
____
____
____
____
____

15. We have partnered with a number of pharmaceutical companies who could work with you to provide patient & caregiver cardiovascular information/education on such topics as dyslipidemia, hypertension, diabetes & the cardiovascular link. Would you be open to partnering with some of these pharma companies for patient education days?____
____
____

16. Would you also be open to working with these pharma companies mentioned above in creating in-service training sessions for your staff/volunteers?___
____
____
____

17. Are there other challenges impacting your program we should be aware of or you would like us to know?____
____
____
____

Thank you for your assistance, send to jsawdon@cardiachealth.ca

CARDIAC HEALTH
FOUNDATION OF CANADA

Appendix B

Sondage sur les programmes de réadaptation cardiaque
Introduction :
Je m'appelle John A. Sawdon. Je suis directeur du service Éducation du public, projets spéciaux de la Fondation canadienne de la santé cardiaque. Je viens solliciter votre aide dans le but de mieux servir la communauté de la réadaptation cardiaque, notamment en matière d'aide aux programmes de réadaptation cardiaque, de revendications, d'accès des patients aux médications et aux traitements et de mise à jour des sites Web. Je vous serais très reconnaissant de répondre à ce sondage et de me le retourner, à l'adresse courriel suivante : jsawdon@cardiachealth.ca

1. Nom de votre programme de réadaptation cardiaque :
   ____

2. Nom du directeur du programme : ______________________
   Profession : ______________________________________

3. Quelles normes d'exploitation guident la prestation de votre programme de réadaptation cardiaque ?
   ____
   ____
   ____

4. Veuillez énumérer les facteurs de risque de votre patient type :
   ____
   ____
   ____
   ____
   ____

5. Décrivez le type de patient qui représente la plus grande difficulté pour votre programme de réadaptation cardiaque et votre personnel :
   ____
   ____
   ____
   ____
   ____
   ____

6. Précisez le nombre de séances qu'offre votre programme, leur durée et leurs composantes :
   ____
   ____
   ____
   ____

____
____
____

7. Quel pourcentage de participants :
   a. achèvent le programme ? _______________
   b. participent à 75 % du programme ? _______________
   c. participent à 50 % du programme ? _______________
   d. participent à 25 % du programme ? _______________
   e. s'inscrivent, mais n'y participent pas ou n'y participent qu'une seule fois ? _______________

8. Le médecin traitant coordonne-t-il le traitement cardiovasculaire de ses patients qui participent au programme de réadaptation cardiaque ? ___________
   Sinon, qui s'en charge ? (titre du poste seulement et non le nom de la personne)
   ____

9. Avez-vous une procédure normalisée d'attestation d'achèvement du programme ?
   Si oui, décrivez en quoi elle consiste :
   ____
   ____
   ____
   ____
   ____
   ____

10. Quels sont les défis opérationnels auxquels est confronté votre programme de réadaptation cardiaque ?
   ____
   ____
   ____
   ____
   ____
   ____
   ____
   ____
   ____
   ____

11. Quelle aide, le cas échéant, la Fondation canadienne de la santé cardiaque peut-elle vous fournir afin de vous aider à surmonter les défis décrits précédemment ?
   ____
   ____
   ____
   ____
   ____
   ____

12. La Fondation canadienne de la santé cardiaque offre des services de défense des droits des patients en ce qui concerne l'accès aux médicaments, aux traitements et aux programmes. Parmi les services dont les patients ou les soignants ont besoin, quels sont ceux auxquels nos services de défense des droits des patients pourraient donner accès ou sensibiliser les médias ?

____
____
____
____
____
____
____
____
____

13. La Fondation canadienne de la santé cardiaque s'est associée à plusieurs programmes de réadaptation cardiaque d'un bout à l'autre du Canada dans le but de les aider à utiliser la Marche pour la Vie pour recueillir des fonds. Participez-vous à l'organisation d'une Marche pour la Vie ? ______________

14. Si vous pouviez obtenir un soutien supplémentaire de la part de la Fondation canadienne de la santé cardiaque, quel serait-il ?

____
____
____
____
____
____

15. Nous sommes associés à un certain nombre de sociétés pharmaceutiques qui peuvent travailler avec vous à offrir aux patients et aux aidants des informations et de l'éducation sur des sujets, comme la dyslipidémie, l'hypertension, le diabète et leur lien avec la maladie cardiovasculaire. Seriez-vous ouvert à l'idée de vous associer à certaines de ces sociétés pharmaceutiques pour offrir des journées éducatives aux patients et aux aidants ?

____
____

16. Seriez-vous ouvert à l'idée de travailler avec ces sociétés pharmaceutiques pour créer des ateliers de formation en cours d'emploi à l'intention de vos employés ou vos de bénévoles ?

____
____

17. Votre programme a-t-il à surmonter d'autres défis que nous devrions connaître ou dont vous aimeriez nous faire part ?

____
____
____
____

Merci de votre aide !
Prière de retourner votre sondage dûment rempli à jsawdon@cardiachealth.ca

Appendix C

Cardiac Rehab Programs Survey, Presenting Risk Factors of Patients

- CVD
- Post CABG
- Post PCI
- Angina
- Valve Replacement
- Arrhythmia
- Heart Failure
- Cardio-Oncology
- Adult Congenital heart issues
- Tavi
- Pre-habilitation
- peripheral artery disease
- Common Risk factors: Diabetes
  -age; Hypertension; Obesity; Inactivity; Hyperlipidemia; Increased stress; anxiety; depression; Tobacco; Family History; Arrhythmia; Metabolic Syndrome; Multiple morbidities; Waist Circumference; Nutrition; sedentary lifestyle; ethnicity; Male; obstructive sleep apnea; musculoskeletal issues; over age 65; South East Asian Descent; Women-post pregnancy, obstetrical history, autoimmune diseases-lupus/inflammatory diseases; COPD; Cancer; psycho-social factors

What Type of patients present the greatest challenge and are the most difficult to serve?

- **A patient in denial about the disease or risk factors**
- **Total lack of motivation**
- **COPD patients due to shortness of breath, we need recumbent bikes and only have three. This also requires the nurses attention for entire time period**
- **Patients with extremely high blood pressure prior to exercising. This creates caution amongst staff about exercising who become concerned**
- **Candidates with small vessel disease have frequent chest pain and aortic dissections**
- **Patients with Chronic Heart Failure and physical deconditioning**
- **Patients with (multiple) musculoskeletal issues**
- **Individuals who cannot afford medications i.e.: diabetes supplies**
- **Individuals who live in rural areas and cannot attend nor do they have access to exercise equipment**
- **Inability to afford transportation to attend**
- **Patients who cannot tolerate statins, no other alternatives approved provincially for them**
- **Heart Failure patients with an ejection fraction of less than 40**
- **Patients with ventricular assist devices**
- **Individuals with cognitive functioning difficulties**

- **Northern patients who have to travel south to attend programs, this limits time and involvement with-out supports available in remote communities**
- **Patients who are totally non-compliant ie: medications, attendance, continuation of smoking**
- **Women are difficult to serve due to external demands that interfere with attendance**
- **Younger patients with economic pressures to return to work**
- **Patients with lots of comorbidities including dialysis and cancer**
- **Patients with high stress, resistant to lifestyle changes, diabetics with tendency for hypoglycemia, non-compliant for meds and exceeds daily target heart rates**
- **High anxiety and feeling of persecution over heart event**
- **Low level functioning patients not independent enough to participate in group exercise. Poor predicted distance on 6 min walk test with frailty & severe arthritis. Patients with POTS (postural orthostatic tachycardia syndrome)**
- **Multiple comorbidities and large distance to program**
- **Heart Failure with Multiple Co-morbidities**
- **Patients who have no interest in attending**
- **Patients who are working and have pressure to return to work, transportation barriers**
- **Ventricular assistive device patients and frail elderly, they require additional resources**
- **Language barriers create problems**
- **Individuals who additional staff resources including those with multiple comorbidities and severe anxiety and depression issues**
- **No space for primary prevention**
- **We are on the second floor with no elevator access**
- **High risk multiple comorbidities**

Program sessions, program length and components:

Newfoundland/Labrador:

St. John's Eastern Health Cardiac Rehabilitation program:

-Patients can attend 60 sessions. First three months 3 times a week. Classes supervised by Nurse, Doctor, physio assistant and take place 8:00am to 9:30am.
-Second three months they attend 2 times a week from 10:00am until 12:00noon
-All classes provide for pre-assessment (BP, symptoms, pulse etc). All classes have 10 minute warm up, 30 minutes of track walking or running depending on individual capacity. Then shift into resistance training with hand weights, thera-bands and cool down

Nova Scotia:

a)One Door Chronic Disease, New Glasgow

-Program is 12 weeks long running on Tuesday & Thursday afternoons for approximately two hours. We exercise for 45 mins to 60 mins on both days. On

Tuesday we do an hour of education component (CVD & risk factors, cholesterol, sodium, stress, medication review, benefits of physical activity)
-The program runs three times a year, January, April & September

b) Cape Breton Heart & Lung Wellness Centre Sydney

-We have 3 classes a week for 12 weeks. Twelve people for each class, we include both pulmonary and cardiovascular exercise, dietary planning, nutrition, physiotherapy, nursing, psychology, cardiology, pharmacy, occupational therapist as well

c) Hearts & Health in Motion, QE ll Health Sciences Centre, Halifax

-The Hearts & Health in Motion program is 12 weeks, once or twice a week for exercise plus one hour education sessions on health behaviours and cardiovascular risk management. This program is delivered in three sites in Halifax, Dartmouth and surrounding areas of NSHA central Zone. It is also delivered through a mobile program in Guysborough, Antigonish and Richmond Centre. All on site programs include: Assessment, by Nurse, Physiotherapist and Dietition. With access to social worker, psychologist etc. and Medical Director who is Cardiologist, Supervised Group exercise program, nutrition assessment & individualized nutrition plan, goal setting, strategies and guidelines for home exercising, motivational educational sessions. Educational sessions focus on Understanding your heart and risk factors for heart disease, heart healthy eating, exercise, medications, managing stress and mindful eating.

d) South Shore Cardiac Rehab-Lunenberg County YMCA

-The program is 10 weeks in length, two days per week and 2 hours per session. There are two groups a day with one hour of exercise and one hour of an educational component for each group. The education session consists of dietitian for 3 sessions including a grocery store visit, label reading, recipe modifications & heart healthy choices.
- The program is overseen by an RN with physiotherapist attending each group once a week. Volunteers from the YMCA assist with proper use of weights and gym equipment.
- No charge for cardiac rehab program.

New Brunswick:

a) **Upper River Valley Cardiac Rehab Program, Waterville NB**

-The program is 12 weeks and is offered three times a year for 11 or 12 participants per group. Intake is conducted by Nursing and Physio including lab work, measurements, vital signs and 6 minute walk test. Exercise sessions are offered once a week onsite with a home exercise log book and home exercise component. Education sessions include Dietitian, Occupational therapist, Nursing, Social Work and Medication with a Pharmacist. Upon completion Intake tests repeated in comparing movement and change. We also follow up in 6 months to again redo the intake and program completion tests.

We also have a case managed program for those who are unable to attend the program and are at low risk. This is offered 3 times year involving 4 to 6 participants per session. Intake is completed by Nursing and Physiotherapist including 6 minute walk test, lab work and measurements. Individuals come to an onsite exercise program every other week, they also do home based exercise

and keep an exercise log. We offer 4 one hour educational sessions for this group including Dietitian, Occupational therapist, Physiotherapy, Nursing, Social Work and Medication Management by a Pharmacist. With this group we also repeat the Intake tests on program completion and again at 6 months follow up from program completion.

b) **Saint John Regional Hospital NB Heart Centre Cardiovascular Health and Wellness program Saint John NB**
-We offer 4 programs a year that run one day week for 12 weeks at four different community sites. We also offer two types of a hospital based program. One is one day a week for 12 weeks and 4 are for two days a week for 12 weeks. This latter program is offered to higher risk patients. Patients with ejection fraction less than 40 attend the Hospital based program. The program consists of one hour education and one hour of supervised exercise. The education sessions include Heart Healthy eating, how you're Heart Works, How to exercise safely, Stress & Depression, High Blood Pressure, Cholesterol management, Diabetes Management, Congestive Heart Failure.
-We also offer a tele-health video conferencing program 2 days a week for 12 weeks that includes one hour of education and one hour of supervised exercise per day.

Quebec:

a) **Program of Rehabilitation Pavillion du Coeur Beauce-Etchemin Saint Georges Quebec**
-Program involves supervision and input from a group of professionals including Kineisiologists, Medical & Clinical Staff ie Cardiologist, Nurses, Psycho-social support, Respiratory therapist, Nutritionist. Intake assessments are completed then individuals are supervised in exercise sessions an hour per day three times a week. Participants also receive educational session one hour a day which focuses on Healthy Heart maintenance that includes symptom management, nutrition, pharmacology, stress and depression, and goal setting. Participants also are reassessed upon program completion.
Our program is offered 3 times a week over 10 weeks three times a year.

b) **CardioPulmonary Rehabilitation Program of Integrated Health & Social Services Centre of Abitibi-Temiscamingue Hospital Sector of La Sarre Quebec**
-We conduct 4 groups annually of between 10 to 14 participants. We conduct 3 sessions of an hour and fifteen minutes each day. This is divided up between an hour on exercise and 15 minutes on managing risk factors of heart disease. The program is from 3 to 6 months depending on the need of the individual. High risk individuals have an individualized approach.

c) **Programme PREV secteur Alphonse-Desjardins CISSS Chaudiere-Appalaches Levis, Quebec**
-Our program is offered twice a week for 12 weeks each session is one hour and fifteen minutes, The exercise portion is 45 minutes and the educational sessional is 30 minutes a session for the full 12 weeks. An intake is conducted upon beginning and reassessed at the completion of the program. Individuals completing the program receive a certificate of completion upon graduation.

Ontario:

a) **Thunder Bay Health Sciences Centre Cardiovascular & Stroke Program, Ontario**
-Our program is 2 sessions a week for 6 months. Each session is an hour. Upon completion of the program participants are referred to Canada Games Complex community program. There is a cost for the community program of $50 a month. Intake assessments are completed and reassessed upon program completion.

b) **Sioux Lookout Meno Ya Win Health Centre Sioux Lookout, Ontario**
-This program serves Indigenous peoples from remote First Nation communities in Northern Ontario. It is delivered in the language of the participant based on aboriginal culture. A 60 minute interview with lab work, measurements along with a stress test is completed in creating a risk profile. There are three programs offered, an in-clinic program, a home based program and a Northern Program. In clinic program is 3 months that includes supervised exercise. Participants choose to attend either two times a week in the afternoons or three mornings a week. Others services include Dietitian, Social Worker, Smoking cessation Program Nurse. Individuals can take two, 30 minute educational sessions, one on Thursday from 2:00 to 2:30pm and another on Friday's from 9:00 to 9:30 am. Because Thunder Bay Health Sciences offers additional sessions via telemedicine, participants can also take advantage of these.
-The home based program is three months in which the Kineisiologists provide ongoing communication to monitor and support exercise while facilitating risk factor modification. Individuals are provided with a cardiac rehab workbook that includes information, instructions and tools to complete the cardiac rehab program at home with external supports. Kineisiologists conduct four 20 minute calls in supporting motivation and continued program participation. Patients completing the home based program still have access to Dietitians, Social Workers, Smoking Cessation Nurse along with access to Thunder Bay seminars and telehealth sessions.
-Northern Program participants have an option of completing a one week condensed version of the program. Although the actual program is six months, participants are offered one week accommodation's in Sioux Lookout. The one week includes: Day 1, Intake and orientation with Kineisiologists, stress test and vitals with physician. Day 2, Meet with Dietitian, Social Worker and smoking cessation Nurse. Days 3, 4, 5: 60 minute exercise sessions and home exercise plans with Kineisiologists. Appointments with Dietitian, Social Worker and, others are also facilitated if needed. Weeks 2, 3, 4: one 20 minute follow up with Kin via telephone is conducted. Weeks 6, 8, 10 12, 14, 16 sees one 20 minute telephone follow up with Kineisiologists. Week 19 or 20 in-person follow up at Sioux Lookout along with program completion stress test conducted. In Week 23 or 24 the final 20 minutes follow up with Kineisiologist to review program and go over future plans occurs. Additional follow up appointments may continue to be arranged with other clinicians as required.

c) GHC Cardiac Rehab Program, Sault Ste Marie, Ontario

-The program is 10 weeks with the first six weeks being three times a week; the last four weeks are for once a week while working on a transition to home based program.

d) Kirkland Lake & District Cardiac rehab program & Secondary Prevention, Kirkland Lake, Ontario

- The program includes 16 exercise session delivered twice a week, with each session being 60 minutes. The education component of the program is provided through OTN with HSN. This telemedicine network helps to reduce costs for this program which exists through departmental budgets.

e) Hawkesbury & District General Hospital Hawkesbury, Ontario

- The program consists of 12 one hour exercise sessions delivered twice a week. This is supplemented with 4 two hour educational sessions that covers heart disease, stroke, diet, exercise, risk factors, stress and medications.

- At Intake the RN conducts stress test, organizes lab work and measurements. This is done in consultation with the Doctor who meets with the Patient for an hour as part of intake and exercise prescription. The Doctor also meets with patient at conclusion of program and in follow-up.

f) West Parry Sound Health Centre Cardiac Rehabilitation Program, Parry Sound, Ontario

-The program varies between 8 & 9 weeks in length. It is for 24 sessions for between 2 and two and a half-hour per meeting. Thirty minutes is spent on education and the remaining time on exercise.

g) Orillia Soldiers Memorial Hospital Cardiac Rehabilitation Program, Orillia, Ontario

- Patients attend two one hour exercise sessions per week for 12 weeks; they also complete 8 one hour group education classes as well. We also offer a home based option. Patients complete an assessment and are then prescribed a home based exercise program. Telephone follow up is provided every few weeks for three months as encouragement, problem solving and a motivational technique.

h) Owen Sound Cardiac Rehab Program, Owen Sound, Ontario

-Participants sign up for twelve weeks and attend one of three exercise sessions that are offered on Tuesday and Thursdays as follows: 8:00am to 9:15am; 9:30 am to 10:45am; 1:00pm to 2:15pm.

- Prior to this all participants attend a one and half hour orientation about safe exercise, in addition to an intake assessment with an RN. They also complete a stress test and if risk stratified as high risk are assesses by the Medical Director. Over the 12 week period they are offered 3 education sessions: Nutrition, Stress and Medications.

i) Headwaters Cardiac Care program, Orangeville, Ontario

-The program includes telehealth offered through SouthLake Hospital in New Market and on site exercise component with an intake assessment. Patient completes a stress test and is then scheduled once a week for 12 weeks to complete an exercise program. Educational components are offered monthly. Patients completing the program also complete a stress test, if it's found they could benefit from further participation they are invited to complete half the program again for another six weeks.

j) Cambridge Cardiac Rehab Program, Cambridge, Ontario

-Our program runs over 4 months for 40 sessions that includes both exercise and educational components. We also have an extension program that runs for 8 months at one session a month which is free. We also have an Alumni group which can continue twice a week at $30 per month.

k) Windsor Essex Cardiac Wellness Program, Hotel Dieu Grace Health Care Centre Windsor, Ontario

-Our educational and exercise program is 6 months which is offered twice a week. Exercise sessions run for 75 minutes each. We also offer a maintenance program after completion of the cardiac rehab program. This program meets twice a week at a cost of $6.00 per session. We used to do telephone follow ups with participants but had to stop due to lack of capacity.

l) Halton HealthCare Cardiac Rehab, Trafalgar Memorial Hospital Oakville, Ontario

Oakville program is six months; participants attend twice a week for three months, then once a week for remaining three months. Oakville can accommodate 24 participants. Classes are one hour duration Group education offered for nutrition, stress management, risk factors/medications, cardiac tests/procedures, resistance training, yoga, and meditation. An intake assessment is conducted with all participants and each participant can meet individually with social worker or dietitian. A discharge process that includes replication of the intake assessment is conducted in assessing for changes or movement during the program. Family members are invited to educational sessions.

m) Milton District Hospital Cardiac Rehab program, Milton Ontario

Milton program is six months; participants attend twice a week for three months, then once a week for remaining three months. Milton can only accommodate 10 participants. Classes are one hour duration Group education offered for nutrition, stress management, risk factors/medications, cardiac tests/procedures, resistance training, yoga, and meditation. An intake assessment is conducted with all participants and each participant can meet individually with social worker or dietitian. A discharge process also repeats the intake process in assessing changes and movement through the program. Family members are invited to educational sessions.

n) Women's Cardio-Vascular Health Initiative at Women's College Hospital, Toronto, Ontario

-All individuals go through an intake with an advanced practise nurse, an exercise consult with Reg Physio or R Kin, and will meet individually with social work, dietitian, pharmacy, respiratory therapist as appropriate.

-The Cardiac Rehab Program is twice a week for up to 6 months with 90 minute supervised exercise sessions. We also provide 12 heart health topics for 90 minutes as well.

-We have a primary prevention program for women with three risk factors for heart disease. This is once a week for 3 months of supervised exercise (90 minutes) along with the 12 ninety minute sessions on Heart health topics.

-We also have a Home Based Program where appropriate for up to 6 months. These are delivered via telephone or OTN sessions weekly/monthly

o) **CareFirst Community Cardiovascular Prevention & Rehabilitation Program, Scarborough, Ontario**
-Our program is 90 minutes a week for 6 months. Our program is not covered by OHIP and costs $75 for the entire program.
-There is a follow up or maintenance program for individuals following the six months which is once a week. Individuals take out a membership of $25 and also pay $3 a week.

p) **Health First Cardio-Vascular Rehabilitation, Ross Memorial Hospital, Lindsay Ontario**
- Our program is six months in length once a week. We have an exercise session along with educational sessions. We conduct an intake with assessments and do individual goal setting sessions. We focus on managing risk factors that are individually based.

q) **Cardiac Rehab Program- Pembroke Regional Hospital, Pembroke Ontario**
-Participants attend once a week for six months for 24 sessions. The sessions are led by Reg Nurse and Physiotherapist. Additionally we offer 5 Vascular Education Sessions for patients and their families to attend. These focus on Medication Counseling by a Pharmacist, Physical activity by Physiotherapist, Stress Management by Social Worker, Heart & Heart Disease by RN, and Nutrition by Dietitian.

Saskatchewan:

a) **Saskatchewan Health Authority Regina & Dr. Paul Schwann Centre, Regina Saskatchewan**
-This is an education program only; the Centre is located at the University with access to physical activity within the University sports centre. The educational program is offered continuously for 10 months a year. There are six sessions, twice a week over 3 weeks lasting for ninety minutes each session. Topics include: Heart Disease and how it develops; Risk Factors, Treatment strategies and how to manage them; Nutrition; Exercise- why it is important; Cardiac Medications, Stress management and goal setting; Living with a chronic disease.

Alberta:

a) **Alberta Health Living Program Cardiac Rehab Program, Lethbridge, Alberta**
-We contact people within 3 to 5 days discharge from hospital and offer them a menu of options. Typically the individual comes to two part educational class called Heart CHEC. They then undergo an Intake assessment including a six minute walk test. Once completed, they are enrolled for the 12 week supervised exercise program which is twice a week. Because we are a largely rural service we also offer a home based exercise program. The Heart CHEC classes are offered twice a month. After discharge or program completion we also do a follow up group that includes an individual risk assessment worksheet along with goal setting in managing risks.

We also ask patients to do a three month follow up in seeing if they are continuing with their plans.

b) **Alberta Heartland Primary Care Network Cardiac Rehab Program, Fort Saskatchewan, Alberta**
-An Intake including blood work, a six minute walk test is completed. The actual program is 12 weeks of supervised exercise for an hour. Weekly sessions are partnered with 7 education and risk management workshops one hour each on Heart Basics; Heart Medications; Fit for Life; Stronger for Longer; Eating for Healthy Heart; Stress Busters; Energy Conservation. We also do an exit process that replicates the Intake assessments.

c) **Northern Alberta Cardiac Rehab Program, Glen Rose Rehab Center, Mazankowski Alberta Heart Institute, Edmonton, Alberta**
-The program beings with an intake assessment including a stress test or a graded stress test. This is followed by an 8 week program. The patient will attend once a week for the exercise component and the education sessions. Patients can also see individually Physiotherapist, Occupational therapist, Social Worker, Psychologist, Pharmacist, Dietitian and exercise specialists. For patients who live far away we offer a condensed program along with a tele-health program. We also have a community program for patients who wish to attend a community program.

d) **Wood Buffalo Primary Care Network Cardiac Rehabilitation Program Fort McMurray, Alberta**
-An intake assessment with a Nurse and an exercise specialist including a stress test is undertaken. Assessments also occur with Pharmacist, Respiratory Therapist, Dietitian, Mental Health Specialist. Our program runs 12 weeks with onsite exercise one day a week and home based exercise 3 or 4 days a week. Our program includes 10 minutes mini education session, group strength training, individual aerobic training, and individual cool down and stretching. We have a twelve month follow up with patients and also do an exit or discharge process.

British Columbia:

a) **Take Heart & Breathe Well Saanich Commonwealth Place Program, Victoria, British Columbia**
-the patient needs a referral from their Doctor; we then do an intake and a private orientation to exercise. There are 23 group sessions that range from one hour to two hours. We do aerobic training, strength/resistance and stretching. We send progress reports to referring physicians and also do an exit process and assessment.

b) **Take Heart & Breathe Well, Oak Bay Parks Recreation & Culture Victoria, BC**
-We offer a 12 week 24 session cardiopulmonary Rehabilitation Program. Each class is an hour and a half twice a week. When this program is over we also offer a maintenance program which is also for 90 minutes. Each participant does an hour aerobics and 30 minutes of resistance training and stretching. Upon program completion we do an exit assessment, send reports to cardiologist and physician. The person is invited to consider participating in the maintenance program going forward.

c) Cardiac Risk Reduction Rehabilitation Program, Royal Jubilee Hospital, Victoria BC

-Our program consists of Cardiaction which occurs on Monday, Wednesday and Friday for 90 minutes. We do group warm up, individual exercise, group strength, balance, stretching and relaxation. We also have heart to heart classes that are offered over six sessions ranging from 2 to 3 hours long.

d) Vancouver General Hospital Gordon & Leslie Diamond Health Care Centre, Vancouver British Columbia

-Our program is six months long with 24 sessions that combine supervised exercise and education services, dietitian counselling, psychosocial services (psychiatrist & social worker)

e) WC Blair Recreation Centre Langley British Columbia

-Our program runs twice a week for a one hour and half or 90 minutes. Our program includes warm up, cardio exercises, strength training, and core work, cool down and stretching. We coordinate services with Jim Pattison Centre. We also have a maintenance program. This is the same for Willowby Community Centre and Willowbrook Recreation Centre in Langley British Columbia

f) Central Okanagan Association for Cardiac Health, Kelowna British Columbia

-We offer 3 eight week programs. They all include five core education sessions, clinically monitored exercise sessions. The exercise sessions vary from twice a week to once a week and home support.

g) Prince George Cardiac and Pulmonary Rehabilitation Programs

-Our program is 3 sessions a week for 10 weeks. We check vitals at the beginning of the session and upon completion. We have supervised exercise, resistance exercise, flexibility/balance exercises; education sessions are twice a week. We also do pre-program intake assessment and post program assessment. We create a risk profile for every participant.

What is your Discharge process?

British Columbia

- We do an exit assessment that includes submaximal fitness test, review of goals, plans for the future which is sent to GP and Cardiologist. We then do telephone follow-ups at 3, 6 and 12months.
- Yes, our discharge is a reassessment of the intake process vitals in comparing change, we do a fitness assessment, meds review, FITT & assessment of stress management plans. A report is sent to the GP
- Jim Pattison Centre completes all intake assessments and coordinate exit assessments. They also refer to our maintenance program
- Yes we do, we complete blood work, coordinate final assessments with dietitian, psychiatrist and create a post plan with participants, exit reports are sent to Physicians
- Yes we do a six minute walk test, take vitals-BP, Cholesterol, waist circumference, P, if patient completes all Heart to Heart sessions then a

home based exercise program is created for them and a summary letter is sent to their physician

- Yes, our discharge plan occurs once client finishes 12 weeks, 24 session program. We create a progress report comparing blood pressure, heart rate, aerobic time, METS, and strength from entry to exit of their program. This report is faxed to the cardiologist and general practitioner and a copy is also given to the participant. Once completed the client has the option to join our maintenance program or to continue exercising on their own
- Yes we do, progress reports written on their improvements & future exercise plans. Explanations given to clients on our maintenance program with final reports going to MD's and entered in our client progress records
- Yes, we do a submaximal fitness assessment including risk profile. Discharge consultation includes progress review, goals and plans for the future. Discharge report given to GP and Cardiac Specialist and do telephone follow-ups at 3, 6 and 12 months post discharge.
- Yes, pre and post assessment is completed in comparing movement through the program. A report is then prepared and given to patient and referring physician. We do a stress test, medication review anthropometrics, FITT and coping with stress.
- No
- Yes, we do an assessment including blood work, ECG, Dietary review, psychiatry, post program planning. A full report is created and sent to physician and patient

Alberta

- Yes we do, we have a transfer letter of care which is sent to physicians. This letter includes the CACPR follow-up recommendations. We also send this letter to physicians if a client does not come to the program and also when they finish the 12 week program. After the group program we ask patients if they would like us to follow them for three months, if yes we also send a letter after this 3 month follow up.
- Yes we do an interview including blood work and identify outstanding risk factors, a six minute walk test, and then create an exercise prescription. Ongoing support is also offered at this time. This information is sent to the GP and Cardiologist
- Our patients are discharged at six months unless requiring follow up. At 5months the client receives an exit call. If the patient has done well, and does not need any additional support the chart is closed in the electronic medical record
- The patient is offered appointments with the RN at baseline, 1 month, 6 months and 12 months. Patients are not discharged from the program however at 12 months the patient is encouraged to follow up as needed. Patient is offered the 12 full weeks of supervised exercise, can continue access to exercise specialist for support in office consultation however patient is discharged from 12 week supervised exercise program after completing a reassessment stress test.

Saskatchewan

- No this is an educational program only

Ontario

- Yes we have standard discharge procedures. Once we have assessed the person in understanding changes since admission we prepare a report which is sent to patients physician
- Yes, our discharge for local Sioux lookout patients is week 12 and, weeks 19/20 for Northern patients. A stress test along with summary assessment by physician occurs. This includes vitals and if interested appointments with dietitian, social worker, smoking cessation with Nurse also occurs. Patient is provided with a current exercise prescription. Prior to departure the patient receives a graduation certificate, a gift bag and are also asked to provide feedback on their experience
- Yes, a satisfaction survey occurs, assistance is provided in developing an ongoing plan from home to maintain gains from the program.
- Yes, patients are referred to local gyms in the area and are encouraged to visit these programs before discharge. We send a final report on progress to physician along with identification of issues and recommendations
- Yes a full assessment is completed along with a summary report which is discussed with patient before program is over
- Yes a reassessment of physical occurs along with a discussion of goals and risk factor challenges. A plan for addressing some of the challenges is created and shared
- Yes, patient arrives early for final supervised exercise class and meets with Kineisiologists. Patient completes PHQ-9, GAD-7 and Satisfaction survey. Reassessment of girth, waist and weight occurs. An exercise prescription for home is created along with a discharge report which is submitted to physician.
- Yes after three months of exercise twice a week, along with educational talks a participant has a stress test. They then have an exit interview with medical advisor physician or nurse. If patient did not show for two weeks or is non-compliant they are discharged from the program. Phone call are initiated with patient however if we do not reach them, we then let their physician know they have been discharged.
- Yes, summary exam with physio/exercise coordinator occurs discharge summary is created. Patient meets with MD for discussion of risk factors and an exercise prescription is created. A self-directed plan is then created with the patient post program.
- Yes, 4 months of acute care provided along with an 8 month extension. Patients are discharged with an invitation to join the Alumni program. A letter is sent to the family physician. Discharge and exercise plan is created with patient. Patient given a report card and the centre creates a follow up schedule with the patient.
- Yes, primary physician does report which is shared with family Doctor. Staffs work with patient to identify plans for addressing outstanding risk factors including a prescription for exercise. If we have no shows we try to

telephone to encourage attendance, if we cannot reach person we stop due to limited staffing.

- Yes, patient gets notified of repeat stress test booking, blood-work requisition to reassess fasting glucose, dyslipidemia and repeat health questionnaires for the last class, this usually occurs in month 5 of a 6 month program
- Yes a brief summary is then sent back to the referring physician and the Cardiologist.
- Yes our exit process includes blood work, stress test, risk management profile, certificates for completing program, and an exercise prescription is created.
- Yes a reassessment with an advanced practise Nurse includes some outcomes as an initial assessment: complete cardiac exam, medication reconciliation/best possible medication history, blood work, stress test or 6 minute walk test, ECG, body composition measurements, validated quality of life questionnaires, review of home maintenance exercise program, plus goal setting with R Kin. Formal communication via letter to GP/specialists occur with discharge results and home based plans
- Yes, we do discharge assessment with copies sent to referring physicians
- Yes we do, 6 min walk test, lipids review, A1C blood glucose readings, Blood Pressure, Waist circumference and weight, aerobic exercise time, medical assessment and medication review, PHO -4 questionnaire, a review of discharge plans goals and a Framingham risk profile is completed
- Yes, discharge summary is created based on repeat lab work, BP, weight, waist, along with the preparation of an exercise prescription.

Quebec

- Yes we do, when we accept someone a notice of participation is sent to the referring physician. Upon completion a summary report is prepared and given to both referring physician and the participant.
- Yes we have a discharge procedure, once objectives have been met we reassess for a plan after discharge and to see what progress was made since coming to program, a record of participation is sent to the referring physician
- Yes at the end of twelve weeks a full assessment along with a questionnaire, is administered. The person also gets a certificate upon completion.

New Brunswick

- Yes at the end of twelve weeks a reassessment of Blood Lab work is undertaken. Also a 6 minute walk test is completed. Patients have a Potluck, engage in games and receive certificates along with a report card. They return after 6 months for follow up, lab work, weight and a six minute walk test again. A discharge summary is then created with the physiotherapist with copies being forwarded to the family physician
- Yes a discharge letter is made up by the cardiac rehab instructors and sent to attending cardiologists as well as Family Doctors. Patients receive post

program testing blood work, six minute walk test and risk profile report cards at the end of the six month follow up.

Nova Scotia

- Yes, after completion of the program, participants are encouraged to continue with physical activity 150 minutes a week independently. They are invited to exercise at the YMCA for $2.00 on Tuesdays and Thursday’s .The walking track there is free as well. There is a three month follow up visit for people who complete the program. They are also welcome to use services offered at One Door Centre should they request it and this could include access to RN, NP, Dietitian, Social Worker, Pharmacist and RT.
- Yes all patients have a discharge assessment with discharge planning including how to manage their risk factors going forward. Medical recommendations from the Medical Director are part of this process.
- Yes, Patients who finish the program are followed up for three months with repeat blood work, a stress test and clinic visit with the RN. This is followed up with Nurse Practitioner for risk factor modification and then passed to Family practise for follow-up. Typical patients are stabilized before discharge and referred back to their clinics or family practitioners

Newfoundland/Labrador

- Yes we do, Most receive a GXT pre-discharge including appropriate blood work (lipids, BP, glucose) we hold discharge clinics once a month and review test results, exercise prescriptions and future plans for continued exercise.

Operating Challenges Facing Your Cardiac Rehabilitation Program

British Columbia

- Wait list: it varies from 3 weeks to one month; it has been as high as three months. Getting equipment fixed; Wi-Fi problems with off-site locations. Classes that are too large, we have a small space with insufficient exercise equipment. We only have two part-time staff our hours are limited.
- Finding Volunteers in the community for community programs
- Funding is our Number 1 problem. Our program is Fee for Service, we have minimal subsidy available for low income and do receive a small grant for this purpose annually from the Heart Society. Staffing: because the qualifications are high and we can only offer part time work we lose staff. Space: we operate in a busy recreation centre, crowding becomes an issue.
- Staff shortages, referral system, Equipment shortage (telemetry)
- Funding we are a non-profit program who has to raise funds to pay for this program.
- Space to share with community users. Finding staff with the appropriate training to instruct the programs
- Funding and Advocacy for Cardiac Rehab Programs/ Promotion and education to the Public, health professionals and governments

Alberta

- Funding, we are part of Alberta Healthy Living Program, meaning we have RN's, Dietitians, Mental Health Specialists, Diabetes Educators, Exercise Specialists
- Limited referrals of High risk patients, Funding only have one FTE, Funding model is based on triaging model.
- Patient Access is our major problem

Saskatchewan

- Limited funding thus we only have educational component of the program

Ontario

- We often see musculoskeletal issues with our Northern Population, this means person cannot do tread mill stress test. This affects quality of cardiac rehab program. These individuals are exercised conservatively. Patients have to travel to Thunder Bay for diagnostic tests (time and money) we could benefit from a cycle ergometer. Our workbook is in English, many individuals speak ojibway, cree and ojicree. We need interpreters for intake or need assistance in translating to these languages. We need more heart monitors. Most northern communities have limited exercise equipment when people return to home communities. Nutrious food availability is difficult to get. We need running shoes and exercise clothing for our patients when they return home. While we have 69 referrals we are only able to serve 23. We only have one physician to do intake assessments once a month, we additional personal or assistance in doing intake assessments. We could also use one additional Kineisiologists
- Financial support to sustain and grow capacity with increasing rates of CVD in the North. Funding support for smoking cessation including NRT and counselling
- Sustainability of program, we do not have additional funding for the program, it is run out of our operating budget leaving subject to cuts.
- Staff Management, we have limited resources, current staff have to multitask and if someone is sick the program suffers
- Funding is critical since our program is and always was funded through the Hospital global budget. Currently there is doubt whether this funding will continue to be available
- Limited stress test availability for certain months; lack of attendance; lack of transportation; lack of transportation for participants living far from facility(Grey County is spread out and public transportation is not always available); Limited operational times (Tuesdays and Thursdays only)
- Not enough hours for entry and exit clinics
- Finances and automatic referrals of heart patients
- Budget pressures of course, high volumes but fixed staff and full gym on most days. Outside referrals all need to be screened by our Medical Director and that drives up wait times by 2 weeks on average. Overall wait times are above target at both sites

- Manpower, equipment, longer travelling for patients especially those living in Markham and Stouffville; perhaps the greatest challenge is personalizing the program to meet unique needs of each client; we also do not have a single resource for our cardiovascular rehab program whereas COPD has Quality Based Procedures from Health Quality Ontario and the Ministry of Health and Long Term Care.
- This is a community program, manpower, equipment is a challenge. Patients find travelling time is longer in the Markham area. Patients do not seem to know about cardiac rehab nor the benefits offered.
- No budget to increase staff in responding to increased numbers of patients and more complex patient needs
- Wait time to enter program due to wait list and no Cardiac Rehab Icon in the Hospital website

Quebec

- Financial support for additional staff, resources to serve clients on waiting list, funding and fixed dates for program, only three times a year. Patients often on waiting list which leads to no shows. We try to initiate rehab right away which is more beneficial
- Difficulty having stress tests, program is closed for stat holidays and staff vacations; difficulty with getting multidisciplinary team together to teach clients, lack of continuing education for staff
- Lack of Automatic referrals, lack of awareness of cardiac rehab program by other health care professionals, many patients do not understand program and therefore do not show, No doctor on site to order blood work for lipids, HbA1C among other tests

New Brunswick

- Our program was developed without additional funding, thus Space (we use a small room on an IP floor for our gym, can only accommodate 5 or 6 patients at a time); Human resources, want to run one more 12 week program(only have one RN and PT one day a week); this results in a wait list as can only accommodate 12 participants every three months. With funding we could run four 12 week programs a year. We do not have admin support, or an operating budget, we rely on donations for equipment.
- Limited space, inadequate staffing, operating budget does not cover equipment replacement, nor cost of leasing community gym space, nor professional development for staff.

Nova Scotia

- We are trying to use the local YMCA for our program, this means we cannot reserve gym equipment (no bikes not enough treadmills for 12 people); gym is on 2nd floor and not very accessible. Patients with respiratory issues struggle to get to gym, do not have consistent space for the educational components, no designated time for staff to prepare for each group or session. No designated admin thus nurses do letters, get booklets ready etc.

- No dedicated funding for admin. We have an NP who staffs the Heart Function Clinic and who occasionally helps to prioritize risk factors and plans to address these. We are busy enough to warrant a Fulltime RN and have more cardiac rehab sessions. Patients now wait 4 to 5months to get into a cardiac rehab program. Our NP tries to be available for the cardiac rehab program but really has very little time to devote to this. If a patient cannot attend, we have no way to do a home based or telehealth based educational session.

Newfoundland/Labrador

- We are the only program in Newfoundland and only have one RN who runs the program. This forces patients on a waiting list leading to no shows

What Assistance if any, might the Cardiac Health Foundation of Canada provide to assist you to meet the challenges identified:

British Columbia

- Financial support
- Help with recruiting and training staff
- The Provincial Health Authority allocates funds to Regional Health Authority. Our Regional Health Authority does not offer support for community programs. Financial support to attend our programs for low income patients, new equipment and administrative support. Any support at all would help, we have closed down three programs in the last year
- Funding, Marketing and Advocacy and help with staff recruitment
- Continue to support the Walk of Life and facilitate increased participation. Also please create Posters on the benefits of cardiac rehabilitation along with heart health information
- More training for non ACSM trainers
- Funding, Advocacy for Cardiac Rehabilitation. Promotion and education to Public, Government and healthcare professionals

Alberta

- Education opportunities for staff, or funding for education
- Funding and promote screening for risk of Heart Disease, provide give-aways i.e. t-shirts, wrist bands etc., provide equipment including resistance bands; education conference attendance, portable single lead ECG monitor for early A-Fib detection, low mobility equipment i.e.: scifit, arm bike

Saskatchewan

- Nothing

Ontario

- Funding, we would like to learn more about the Walk of Life and become involved. We could reach out to previous grads and the community here in Sioux Lookout

- Lobby government to distribute monies to communities based on health needs not population; our recent Algoma Public Health indicated the leading causes of death in our area are Heart and Lung Disease. We do not get funds for prevention nor education in relation to these issues. Educational materials for patient handouts regarding BP, Diabetes, cardiac risk, smoking and education to staff on motivational counseling
- Capital funding of staff to ensure continuity of program, Funding for services to assist with transportation and parking
- Time management with limited staff resource. Provide assistance between cardiac rehab and post cardiac rehab care. Teaching tools that are not drug company specific
- We need the MOHLTC/North Simcoe Muskoka LHIN to step up with funding to support cardiac rehabilitation- lobbying for this kind of support would be helpful.
- Lobby for funding, our program has not received a funding increase in 15 years and thus have a deficit. Support for staff education, networking and input to local LHIN's in advocating for Cardiac rehab
- Resources including funding to support providing access to cardiac rehab to reduce our six week waiting list. We lose clients due to the waiting list and our lack of program supports. We also would like a patient satisfaction survey to improve our quality assurance.
- If the team from Cambridge Cardiac rehab Centre came to the GTA Walk of Life, can funds go back to the Cambridge Centre minus the Walk of Life expenses? Staffing, participating in registries and costs for space to accommodate more clients for cardiac rehab
- We have limited capacity for a maintenance program, some funding or assistance would be helpful
- Funding and ways to address wait times for outside referrals. All outside referrals must be seen by medical staff which delays by two weeks, the patient start times. Educational grants and resources for staff and patients. Increased reference to cardiac rehab programs and their successes in media and with political campaigns
- Promoting the program to public, hospitals and primary care practitioners. The program would be beneficial to those who have risk factors but have not had a heart attack. The most valuable assistance is establishing guidelines for programs like ours that promotes consistency across Canada. Maybe helping to build a community of practise for Cardiac Rehab Participants who could meet in person or electronically to share insights, suggestion on programming
- Funding, advertising locally and coordination of local events with your event planner.
- Increase hours for RN currently now 23 hours per week for program

Quebec

- Financial support to assist personalized rehabilitation for those on the waiting list so we don't lose them. Financial aid for the development of the program

- Every patient with a cardiac event should be eligible and enrolled in cardiac rehabilitation. Must still focus on public awareness of cardiac rehab and its benefits for patients, healthcare professionals and primary physicians
- We need Public Awareness and Public education campaign on Cardiac Rehabilitation and the outcomes achieved. Assistance within Hospitals for referral of cardiac patients to cardiac rehab programs

New Brunswick

- More awareness and access to patient /staff education opportunities. More public awareness of cardiac rehab programs along with benefits from attending
- Grant money will allow us to address access by remote and rural patients to our services. We have 18 cardiac rehab centres in New Brunswick; our population base is 80% rural and 20% urban. Some funds to enhance community programs.

Nova Scotia

- We need better space, ability to book machines, we could use support for RN and Dietitian along with designated admin person. We could use someone to record our program statistics, gas cards/taxis for clients and financial support for a gym or gym equipment
- Want to learn more about supports that are available
- Education Videos that could be utilized for generic risk factor modification, this would help for a home based program. Funding towards fulltime RN, and PT support for our program. Without adequate staffing we cannot achieve the National guidelines

Newfoundland/Labrador

- More staff and a centralized location for staff. I want learn more about you can offer.

What Services do Patients/Caregivers need that Patient Advocacy Efforts Might Assist with access to or in creating Media Awareness?

British Columbia

- There is no Bus Service to YARA- some patients do not drive thus this prevents attendance to the program
- Our clients struggle to access cardiac rehab services because they cannot afford the $400 program fee and the province offers no support. We cannot afford a website. Patients are ashamed they cannot afford the program and then don’t ask for help
- Recruiting staff particularly a physiotherapist
- Media awareness of life after a cardiac event. Plus the benefits derived from participating in a cardiac rehab program
- Knowledge that we have programs available

Alberta

- Primary prevention plus patient support including peer support groups
- Program access, accessing medications and transportation
- Some of our patients have trouble accessing medication they need. Please tell us what advocacy services you are engaged in
- Access to cardiologists and intervention including PCI, CABG in Fort McMurray to eliminate the 5 hour trip to Edmonton

Saskatchewan

- There needs to be more focus on prevention beginning from elementary through to senior years. More support toward basic cardiac health education. People live in denial about life and lifestyles

Ontario

- Provision of information, educational materials etc. in all languages and dialects for catchment area, ojibway, cree, ojicree
- Smoking cessation-nicotine replacement treatment funding for patients without means to quit, funding for maintenance programs to maintain commitment to exercise
- Providing patients and caregivers with more information about what a cardiac rehab program is the benefits of such programs and awareness of heart disease and prevention
- There is inequality of access to cardiovascular rehabilitation around Ontario. Programs based on the LHIN you are in either receive support and adequately serve constituent patient groups or struggle for survival
- Media Attention to Primary Prevention, Secondary Prevention and Cardiac Rehabilitation
- Access to a graduate program with skilled exercise staff, more ongoing dietary and stress management programs. Maybe some kind of tax credit to both promote health and cardiac rehab programs
- Access to service in various languages, free or reduced costs/funding for community resources like fitness centres. Great to advocate for mental health /wellness resources in general and in relation to cardiovascular disease
- Advocate for Cardiovascular Rehab programs in the north
- Extend the cardiac rehab exercise program, many patients imply cannot afford to attend fitness programs nor community centre programs

Quebec

- Did not know your services existed what advocacy do you currently do?
- All patients need access to services, greater emphasis on Public education and media access
- Access to external cardiac rehab programs. Many patients are simply not referred to cardiac rehab and thus have no access

New Brunswick

- Transportation is one of the biggest challenges. Many patients cannot afford parking or don't have access to a vehicle, this limit their participation in the program. Partnerships with local community centres increases access and reduced hospitalization

Nova Scotia

- Patients cannot afford their medications. Copays with province are too high. Patients have quit the program because they could not afford the transportation to get to the program twice weekly. Transportation to appointments in New Glasgow are an issue which are compounded when they have to see a cardiologist in Halifax
- Transportation is a major issue for access, clients cannot afford it. We also do not have bus service to our centre. Provide transportation funds to attend program
- Cr program require full time staff, EMR and admin support

Newfoundland/Labrador

- Unsure

If you could have additional support from the Cardiac Health Foundation of Canada, what support would you like to see?

British Columbia

- We participated one year in the Walk of Life. Nothing
- More opportunities to train current and future staff
- Anything at all, we are stretched to the limit, need a new business model
- Funding, Resources for patients, Help with recruitment of staff
- Posters identifying the benefits of cardiac rehab, including the fact that it is for more than the elderly
- More training for staff
- Nothing

Alberta

- Staff education and or funding for education
- Options-give a ways, equipment-resistance bands, education/conference attendance, equipment-portable single lead ECG and low mobility equipment
- Would love to discuss options
- Nothing

Saskatchewan

- Nothing

Ontario

- We are open to organizing a Walk of Life in Sioux Lookout for current citizens and previous participants
- Educational materials for patient handouts, regarding BP, Diabetes and Cardiac risk, smoking and exercise, education to staff regarding motivational counseling
- Funding for services and funding to assist with transportation/parking
- Nothing
- More assistance between cardiac rehab and post rehab in the community. Teaching tools that are not drug company specific
- Not certain
- Lobbying with our funding sources for financial resources, lobbying for dollars and wages, ensuring that LHIN supports cardiac rehab
- Patient satisfaction survey
- The team from Cambridge would like to come to your Walk of Life and receive funds back from our participation or organize our own walk
- Educational grants and resources for staff and patients. Increased media profile of cardiac rehab programs
- Promotion of the Cardiac rehab program and the Walk of Life event locally. . Perhaps building a community of practice forum can share best practise or emerging evidence
- Advertising locally for our Walk of Life event, and coordination with our event planner
- Nothing

Quebec

- Financial aid for development of program
- More financing and assistance to participants for travel
- Funding of a kiosk in Hospital to educate other healthcare professionals on the benefits of cardiac rehabilitation, including referral processes

New Brunswick

- More public awareness and education
- Additional grant monies for enhancement of community programs

Nova Scotia

- Financial assistance of patients for gas cards, taxis, support for gym equipment and or a gym
- What do you offer?
- Finances for fulltime RN, Funded clerical support, EMR, funded PT support

Newfoundland/Labrador

- More staff and a centralized location for program

Would you be interested in partnering with pharmaceutical companies for patient and caregiver information sessions and for staff development in-service?

British Columbia

- Yes and yes
- Yes coordinate with Island Health Authority and not be product specific or branded drug products but disease and recovery relation information
- Yes and yes
- Yes and yes
- We have an education day and partner with pharma locally. We do lunch and learn with pharma four times a year
- Potentially and potentially
- Yes and yes

Alberta

- Yes and yes
- Need to discuss with program Director Savannah Melnyk and yes for staff
- Potentially but would not want Pharma to have direct access to patients
- No thank you

Saskatchewan

- Perhaps

Ontario

- Need additional information on what that partnership would look like
- Not at this time
- Yes and yes
- No ANSWER
- No answer
- Possibly if our program is still funded
- Yes and yes
- Yes and yes
- Absolutely yes
- Potentially yes as long as no marketing of products
- As long as no conflict of interest
- Yes we are open to hearing more about this
- Need to ask my manager
- Possibly and possibly
- Yes and yes

Quebec

- Yes and yes very interested
- In terms of patient education we cannot allow pharma's to market to patients, in terms of staff training very interested
- Yes and yes

New Brunswick

- I do not know if this is possible for us
- Yes and yes

Nova Scotia

- As long as information is not biased yes, and yes for staff
- We would be interested in hearing more about what could be available
- This could be very beneficial, we want to be certain information was not biased

Newfoundland

- Depends on the quid pro quo and for staff yes.