

Accessibility to Essential Cardiac Rehabilitation using Telehealth during the COVID-19 Pandemic

Telecommunication Resource Options for Cardiac Rehab Staff *and* Patients:

- Landline telephone
- Non-smart cellular phone
- Smart phone
 - Telephone
 - Video conferencing
- Electronic medical record
 - Direct messaging
 - Video conferencing
- Heart health online information resources
 - [Clevelandclinic.org/healthyheart](https://www.clevelandclinic.org/healthyheart)
 - [Clevelandclinic.org/exercisecalculator](https://www.clevelandclinic.org/exercisecalculator)

Closed access to onsite card rehab: March 19 – May 17

Patient engagement and key points for continuity of cardiac rehab care:

- Ongoing 1x weekly 30 min. one-to-one CR staff telehealth communication with already enrolled patients.
 - Discuss progress being made with established ITP.
- Rolling one-to-one CR staff telehealth communication with newly eligible patients.
 - Introduce and explain benefits of CR.
 - Outline a general home-based plan documented in EMR.
- Track newly eligible patients to be contacted for onsite CR enrollment after removal of restrictions on non-essential care.

Reduced capacity access to onsite card rehab: May 18 - present

Patient engagement and key points for continuity of cardiac rehab care:

- Ongoing 1x weekly 30 min. one-to-one CR staff telehealth communication with already enrolled patients declining onsite care.
 - Discuss progress being made with established ITP.
- Rolling one-to-one CR staff telehealth communication with new CR eligible patients declining onsite care.
 - Introduce and explain benefits of CR.
 - Outline a general home-based plan documented in EMR.
- Ongoing 1x weekly 30 min. one-to-one CR staff telehealth communication with eligible patient who is low risk where access to onsite care is delayed due to physical space limitations of CR center.

Stages of outpatient cardiac rehab during the COVID-19 Pandemic

