The Ontario Cardiac Rehabilitation Pilot Project  
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**History of the Ontario Cardiac Rehabilitation Pilot Project**

In 1996, the Cardiac Care Network of Ontario (CCN), a planning and advisory body to the Ontario Ministry of Health and Long-Term Care (MOHLTC), published a document titled “Planning for the Future of Cardiac Services in Ontario”[i]. The report outlined a vision for cardiac care in Ontario that encompassed an integrated patient-centered system, from disease prevention through to rehabilitation. Several recommendations were made in this report pertaining to cardiac rehabilitation (CR), including the adoption of guidelines as minimum standards for the delivery of CR in Ontario and that an expert advisory body “develop and recommend a specific provincial strategy for cardiac rehabilitation”. A subsequent report to the CCN and the MOHLTC in 1997 made 15 specific recommendations for cardiac rehabilitation services, including a regional model for service delivery.[ii]

The MOHLTC commissioned a consensus panel of experts in 1999 to evaluate the existing cardiac rehabilitation system and to make recommendations for future planning. The resulting CCN Consensus Panel Report on Cardiac Rehabilitation and Secondary Prevention identified gaps in the existing delivery system including lack of integration, coordination, comprehensiveness and limited patient access. [iii]

The Consensus Panel defined CR as: “…provided within the continuum of cardiac care and consists of integrated and multifactorial interventions which are intended to enhance and maintain the physical, psychosocial and vocational status of individuals with established heart disease or at high risk for the development of cardiac disease. Cardiac rehabilitation includes secondary prevention, which is the modification of cardiac risk factors in patients with established cardiac disease, in an effort to prevent disease progression and recurrence of cardiac events”.

Using this definition as a framework, the report endorsed the regional delivery model for integrated and coordinated patient care, and proposed four levels of services within a region: inpatient, outpatient, maintenance, and regional coordinating sites. Coordinating sites would be responsible for the integration and coordination of services between the various levels within a region. Recommendations were also made for minimum service guidelines and multidisciplinary care, and to evaluate the recommended model on a pilot project basis.

In response to the recommendations of the Consensus Panel, the MOHLTC made an announcement on February 7, 2001 to support a 15-month pilot project to implement and evaluate the proposed model of care.

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The Ontario Cardiac Rehabilitation Pilot Project (the Pilot) involves 17 organizations across Ontario, eight of which are new sites.[iv] Six centres are coordinating sites for their regions and are required to establish “satellite” centres and regional outreach activities. In addition to the minimum service requirements of all outpatient sites, coordinating centres are also required to provide high-risk patient management, regional quality assurance/research and educational activities, and integrated patient referral and care. All sites signed a participation agreement with the MOHLTC to follow the Pilot project model and provide the required minimum services and multidisciplinary care.

CCN is responsible for the evaluation of the Pilot and for submission of regular evaluation reports to the MOHLTC. The objectives of the Pilot are to improve access and coordination of cardiac rehabilitation services at the local and regional level; make a positive impact on health status; provide models for use in other parts of Ontario; and support the long-term rehabilitation system reform activities of the Ministry. In keeping with the above objectives, the evaluation themes for the project are patient access, quality of care, patient health and well being, resource utilization, and transference/generalizability of the proposed model.

Committees of experts from across the province and the Canadian Association of Cardiac
Rehabilitation have provided strategic direction for this project and oversee the information and evaluation requirements. The Pilot Project Steering Committee, (Chair, Dr. Neville Suskin, London Health Sciences Centre) reports directly to John King, Assistant Deputy Minister of Health, and provides overall strategic direction for the project. Two working groups report to the Steering Committee: 1. The Information and Evaluation Working Group, (Chair, Dr. Heather Arthur, McMaster University) is responsible for developing the computer-based data set as well as developing and overseeing the evaluation requirements of the project; and 2. The Pilot Site Working Group, (Chair, Terri Swabey, CCN Project Manager) provides a communication forum for the pilot sites during the implementation phase of the project.

Since the launch of the project in February, several key accomplishments have been achieved. The development of the Pilot Project database was an essential element of the evaluation component of the project. The database was developed through consensus by the Information Systems and Evaluation Working Group and consists of the minimum data elements required for project evaluation. The database was installed at all pilot sites effective June 1, 2001.

Several resources have been created to assist pilot site staff. A data dictionary of standardized data definitions was developed to support accurate and standard data collection. The dictionary defines each data element, source documentation, and data entry. Centralized database implementation training was provided to all sites at the CCN office on May 31 and June 1.

The Pilot Web Site (www.ccn.on.ca) is an important communication tool, providing a forum whereby project information can be communicated to pilot sites quickly and conveniently. Items such as project guidelines, resource documents, forms, project schedules, and submission deadlines are available for viewing or downloading in the password-protected section of the site by staff, Pilot Project committee members and pilot site staff. The public access section of the web site provides general project information.

To facilitate service implementation and ensure consistent and standard service delivery, a Pilot Project Guidelines document was developed in May which integrated the MOHLTC project requirements and the CACR Guidelines for Cardiac Rehabilitation. Dr. Jim Stone, President of the CACR and Chair of the Canadian Guidelines Committee, took an active role in the development of this document.

A centralized Pilot Project Training Workshop was attended by one hundred and thirty pilot site staff from across the province at the Toronto Rehabilitation Institute on June 22 and 23. The workshop provided practical sessions on the service elements of the model, oriented staff to the project and the evaluation requirements, and provided a networking opportunity for multidisciplinary staff.

Sites have been provided with data collection tools, regular project “Communiqués” and project guidelines during the development and implementation phase. The first phase of the evaluation of the project is now underway. All sites underwent the first of two visits by an evaluation team between August 9 and 23, 2001. The first interim evaluation report to the MOHLTC will be submitted September 30, 2001 and will be a composite of information derived from a baseline survey, the patient database, costing submissions and site visits. The second interim report will be submitted in January 2002 and the final, comprehensive report and recommendations is due March 31, 2002. The Pilot is funded by the MOHLTC. The MOHLTC will base their decision regarding future funding for CR on the outcomes and recommendations of the Pilot.


[iv] Participating organizations: Halton Health Care Services, Hamilton Health Sciences, London Health Sciences Centre, Ontario Aerobics Centre, Providence Continuing Care, Rouge Valley Health System, St. Mary's General Hospital, St. John's Rehabilitation Hospital, Hôpital régional de Sudbury Regional Hospital, Thunder Bay Regional Hospital, Toronto Rehabilitation Institute, Trillium Health Centre, University Health Network, University of Ottawa Heart Institute, West Park Hospital, Windsor Regional Hospital, York Central Hospital.