

# Case Study

## Implementing a high-quality menu-based virtual rehab platform for cardiac patients during the COVID-19 pandemic

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### BACKGROUND



Hassan Al-Kaabi is a Cardiac Exercise Specialist at Aneurin Bevan University Health Board. His background is in Sport and Exercise Science and in 2014 he completed a Master's degree in Cardiac Rehab. Hassan chairs the education group, a ten-strong team.

Hassan has been working in the Health Board for just under five years and currently works in cardiac rehabilitation which includes the treatment of patients who have had a cardiac event such as an MI, heart attack, surgery, stents, etc. After their event patients stay with the department for around 8 weeks and Hassan and his team facilitate their exercise, nutrition, occupational therapy, and nursing.

### CHALLENGES



When setting up Education Plus, the team were initially met with barriers, in particular related to the acceptance of their solution and approach within the hierarchy. Being relatively new to the department, Hassan was concerned with trying to obtain buy-in from senior staff without alienating those who may have been resistant to change; as he was quite new, he was afraid of "stepping on the toes" of seasoned professionals who were questioning the need to develop new resources when there were programmes such as those from the British Heart Foundation already in existence and with a website presence (as well as DVD resources).

Thanks to the dynamism of the education group, with their multidisciplinary background, forward-thinking mindset and substantial effort, Education Plus started to gain traction and more staff started to get involved. A virtuous circle ensued whereby increased involvement generated greater confidence in the programme, which promoted increased use by, and advocacy to, all parties involved (patients and staff).

### AIMS



Pre-COVID-19, the cardiac rehabilitation programme was delivered face-to-face. Generally, patients would be brought into the gym and be provided with educational activities in a group environment, however, when COVID-19 hit, these face-to-face services had to stop.

Hassan and his team were quickly forced to complete their services over the phone which was proving to be challenging, especially when providing advice to patients who had recently undergone surgery, due to issues such as the lack of monitoring capability for vitals (i.e., blood pressure, heart rate, etc.). The team also struggled with providing their patients with thorough education and so Hassan rallied the Education Group in their Health Board and Cardiac Rehab department to ensure they were able to successfully help their patients.

As a result, the Education Plus programme was started. Positioned as a menu-based virtual rehab programme, the programme allowed the team to get their services online and to give patients the option to use their online services via YouTube and/or Facebook. The programme included a closed Facebook group for patients who were part of the eight-week programme so patients could interact with one another and access education material such as PDF's, PowerPoints, and videos to help aid their recovery and build rapport.

"When the pandemic started, it could have been easy just to continue doing [our consultations] over the phone and just wait until coronavirus passed. I think it may be quite a while before everything does go back to normal or what normal is going to be, so I think that [implementing] an online service is something that should have been done quite a while ago."

*Hassan Al-Kaabi*

## OUTCOMES

The team's effort has provided patients with an enhanced ability to access their content online, while adhering to COVID-19 restrictions. Getting patients into the hospital for rehab can be difficult, whether it be due to travel restrictions, lockdown, etc., and combined with the fact that only 66% of patients were attending rehab, being able to provide a menu-based online rehabilitation resource has offered a powerful tool to increase uptake and scale up to many more patients. The feedback from patients has been very positive to date, in particular the ability to interact with other patients and with the team and they have noticed uptake from all age groups, including the elderly. All staff are now on board with the programme, allowing for regular interaction with patients online and the continued creation of educational resources ranging from resistance training, cardiovascular exercises, as well as online education such as those provided by dietetic services, occupational therapy etc.

This online educational programme – which originated from the willingness to safeguard the level of care and support pre-COVID-19 – albeit born out of necessity, has enabled the team to, going forward, provide patients with the choice of how their education can be carried out, without sacrificing on the quality, and to retain aspects such as patients' camaraderie, which are very important to the rehabilitation dynamic. Hassan acknowledges that online resources were, in hindsight, long overdue and by taking advantage of the opportunity COVID-19 presented, now the Health Board has a resilient and flexible mechanism for many patients to access cardiac rehabilitation in the future.

## NEXT STEPS

The next steps for Hassan and his team will be to review the progress of the programme and continue to obtain reviews and thoughts from patients. They have been tracking progress so far and will be regularly reviewing it to help bolster the patient experience as time goes on. Additionally, they created a satisfaction questionnaire to learn more about the patient experience.

At present roughly 50% of their patients are currently making use of their online resources and the team aims to increase this number by the end of the year. With constant feedback from their patients, they will continue to promote the programme, create engaging content, and improve their services. As technology develops and access improves, the number of patients benefiting from the service will likely go up.

"I love seeing patients face to face, and I think that's imperative, but, going forward, it's all about [the] patient being able to choose [whether] to come in face to face but also have the high standard, quality care with online accessibility."

*Hassan Al-Kaabi*

