

Guide for Referring Physicians

The Cardiac Rehabilitation and Secondary Prevention Program (CRSP) is an out-patient, multidisciplinary program for cardiac surgical and medical patients. Physician referral is required with no fee for service.

During the six-month program, patients receive medical management, an exercise program and cardiac risk factor counselling services and education sessions. All therapeutic regimens embrace a gender-specific approach. With an emphasis on comprehensive behavioural modification therapy, CRSP is dedicated to helping patients manage their cardiovascular risk factors in order to resume a productive, active and satisfying lifestyle. The program is a coordinating site (designated by the MoHLTC) for cardiac rehabilitation programs in Ingersoll, Owen Sound, Sarnia and Chatham. To refer a patient, [please fax a referral form](#) to 519-667-6532.

Facilities

In-hospital stress lab, clinic, education space, and exercise equipment for assessment and teaching purposes. Treadmills, bicycles, arm ergometer, walking track and complete weight training area is provided through a community partnership with the London YMCA.

Program Highlights

- Medical assessment (including exercise stress testing)
- Exercise program
- Nutrition counselling
- Weight intervention program
- Psychological services:
 - Smoking cessation therapy
 - Women's support group
 - Individual counselling
 - Group stress management program

Admission Criteria

Diagnosis of:

- Myocardial infarction
- Coronary artery bypass surgery
- Angioplasty
- Stable angina pectoris
- Heart transplantation
- Valvular heart disease
- Cardiomyopathy

Satellite Programs

LHSC's Cardiac Rehabilitation and Secondary Prevention Program has been designated by the Ministry of Health and Long-term Care as a Coordinating site for cardiac rehabilitation programs in Ingersoll, Owen Sound, Sarnia and Chatham.

If you require more information about these programs, please feel free to contact the program directly. To facilitate a referral to any of these sites, [fax a referral form](#) to the program using the fax number listed on the form.

Owen Sound - Grey-Bruce Health Services

Grey Bruce Health Services Cardiac Rehabilitation Program
640- 2nd Ave. East,
Owen Sound, ON N4K 2G8
Fax referrals to: 519-376-2063
Contact: Frieda Braeker
e-mail: cardiacrehab@ymcaowensound.on.ca

Ingersoll - Alexandra Hospital

Oxford County Cardiac Rehabilitation and Secondary Prevention Program
Alexandra Hospital, 29 Noxon St.
Ingersoll, ON N5C 3V6
Fax referrals to: 519-485-9615
Contact: Judy Winter, 519-485-1732 Ext.298
e-mail: judy.winter@ah.tvh.ca

Sarnia - Bluewater Health

Vascular Protection Cardiac Rehabilitation Program
Mackenzie Clinic, 168 Essex Street
Sarnia, ON N7T 4R9
Fax referrals to: 519-337-7536
Contact: Jennifer LeBlanc, 519-337-7535
e-mail: jennifer@activeheart.ca

Chatham - Chatham-Kent Health Alliance

Chatham-Kent Cardiac Rehabilitation and Secondary Prevention Program
P.O. Box 2030
Chatham, ON N7M 5L9
Fax referrals to: 519-436-2554
Contact: Carol Hunter, 519-352-6400 Ext. 6653
e-mail: chunter@ckha.on.ca

Research in Progress

Comprehensive Cardiac Rehabilitation Programming for Patients Following Transient Ischemic Attack

(Funded by the Heart & Stroke Foundation of Ontario)

Comprehensive cardiac rehabilitation (CCR), integrating lifestyle interventions and medications, reduces morbidity and mortality among heart patients. Integrated multifactorial approaches comparable to CCR have not typically been used with cerebrovascular populations, despite commonalities with coronary heart disease patients. The purpose of this randomized controlled trial is to determine in patients following a transient ischemic attack or mild non-disabling stroke, whether a 6-month case managed cardiac rehabilitation program, can significantly improve key variables related to the vascular risk of recurrent cerebral or cardiac events, depression and cognition.

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Peter Prior, BSc, MA, PhD, Psychologist, Cardiac Rehabilitation & Secondary Prevention Program; & Adjunct Clinical Professor, Dept. of Psychology, UWO

Richard Chan, MBBS, Neurologist, Associate Professor, Neurology, UWO

Vladimir Hachinsky, MD, FRCPC, MSc, DSc, Neurologist, Distinguished University Professor, Dept. of Epidemiology and BioStatistics, UWO

J. David Spence, MD, FRCPC, FAHA, Neurologist, Professor, Dept. of Clinical Neurological Sciences

Grace Parraga, PhD, Scientist, Assistant Professor, Dept. of Diagnostic Radiology & Nuclear Medicine, UWO

Amit Garg, MD, FRCPC, FACP, MA, PhD, Nephrologist, Scientist, Assistant Professor, Dept. of Epidemiology and BioStatistics

Reliable Change in Cardiac Rehabilitation

(Funded by the Lawson Health Research Institute)

This research is planned in two phases. The first, “reliability” phase aims to establish test-retest reliability, or stability estimates for key cardiac rehabilitation (CR) outcome measures, including aerobic capacity measured by exercise stress testing; and symptoms of depression and anxiety, and health-related quality of life, measured by standardized psychological questionnaires. The stability estimates will be used to calculate Reliable Change Indices (RCIs), to reduce the proportion of measurement error and effects of practice in change scores based on pre-post-CR comparisons. A second “validation” phase is planned to test the ability of RCIs to improve cardiovascular risk prediction, compared to simple pre-post-treatment difference scores.

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Karen Unsworth, BPE., M.Sc., Program Coordinator, Cardiac Rehabilitation & Secondary Prevention Program

Using Automated Telephone Calls to Improve Disease Management and Compliance with Acute Coronary Syndrome Best Practice Guidelines

(Funded by Bristol Myers Squibb, University of Ottawa Heart Institute)

The purpose of this project is to test a new approach to improving compliance with best practice guidelines by using Interactive Voice Response (IVR) follow-up with acute coronary syndrome patients. IVR is an automated calling system that delivers predetermined questions assessing the patient’s level of compliance while incorporating patient education into the messaging. This initiative will place patients at the center of care, increasing awareness of their treatment needs and providing feedback on care management. It has the potential to increase medication compliance and decrease adverse events while providing educational support.

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Grace-Ann Kooops Huygen, BScN, Cardiac Care, LHSC

Rosanna Turner, BA, Cardiac Care, LHSC

The CR2Doc Study: Cardiac Rehabilitation eDischarge Continuity

(Funded by the Canadian Institute for Health Information)

Primary care providers (PCPs) need to receive summaries regarding care provided in cardiac rehabilitation (CR) to ensure appropriate long-term management and follow-up. There are two primary objectives of this study: 1) to determine (a) the proportion of CR intake and discharge summaries received by primary care physicians and (b) whether the discharge summary is utilized in patient care when sent via regular mail or fax versus e-mail; 2) to (a) qualitatively explore PCP perception of the intake and discharge eSummaries, and (b) quantitatively compare PCP perceptions of the paper and electronic discharge summaries 3 months post-CR for patient care.

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Heather Arthur, PhD, McMaster University

Robert Reid, PhD, University of Ottawa Heart Institute

Donna Stewart, MD, Toronto General Hospital

Feasibility of a Community-based Exercise Promotion Program for Oncology Patients suffering from Fatigue : A Pilot Study

The role of functional rehabilitation including regular exercise is a key component of cardiovascular disease care. In oncology, however, the role of exercise is just beginning to be understood. Fatigue is the most common symptom experienced by cancer patients, both during and after treatment. This pilot project aims to determine the feasibility and acceptance of a community-based intervention through enrollment of cancer patients in the cardiac rehabilitation exercise program. Other outcomes assessed will be body composition and exercise tolerance, quality of life, symptom improvement including fatigue, and satisfaction with the setting and structure of the exercise program. Additional test outcome measures include actigraphy to measure longer-term physical activity changes.

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Plasticity of Cortical-Cardiovascular Interactions in Vascular Disease

(Funded by the Heart & Stroke Foundation of Ontario)

The VASCULAR Study is an assessment of the impact of usual care (UC) or usual care plus six months of a cardiac rehabilitation program (CR) on the health of the brain, heart and blood vessels in patients with coronary artery disease. The study includes a non-patient control group (CON) and two patient groups (UC or CR). Testing evaluates patient health at the beginning and end of a six-month period of UC or CR.

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Online Resources for Professionals

- [Canadian Association of Cardiac Rehabilitation](#)
- [Cardiac Care Network of Ontario \(CCN\)](#)
- [Journal of Cardiopulmonary Rehabilitation](#)
- [Canadian Journal of Cardiology](#)

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