



CorHealth COVID-19 Stroke Stakeholder Forum Meeting #7

July 20, 2020 | 10:00 – 11:00 am

Teleconference: (647) 951-8467 or Long Distance: 1 (844) 304 - 8099

Conference ID:992878790#

Agenda

Time	Description	Presenter / Facilitator
10:00	1. Welcome <ul style="list-style-type: none"> Meeting Objectives 	Sheila Jarvis
10:05	2. Virtual Care Supports: Heart and Stroke Foundation <ul style="list-style-type: none"> Patient checklist Health Care Provider checklist for Virtual Care implementation Preliminary Results from Person With Lived Experience satisfaction survey 	Natalie Gierman , <i>Senior Manager, Health Systems, Research & Strategic Initiatives/Heart and Stroke Foundation</i>
10:15	3. CorHealth Ontario Virtual Care Initiative <ul style="list-style-type: none"> Overview and key deliverables and products 	Alex Iverson and Ireena Soleas
10:20	4. Virtual Care Needs in the Stroke System - <ul style="list-style-type: none"> Key findings from virtual care interviews Validation discussion 	Kathryn Yearwood Dr. Leanne Casaubon/Alex Iverson
10:50	5. Memo #5: Recommendations for an Approach to Resuming In Person Stroke Prevention Clinic Services in Ontario	Sandy Steinwender , <i>Regional Prevention Coordinator, Southwestern Ontario Stroke Network</i>
10:58	6. Next Steps and Wrap Up	Dr. Leanne Casaubon



Welcome

SHEILA JARVIS

Meeting Objectives

Virtual Care

- To provide an overview of CorHealth Ontario's virtual care initiative and describe key deliverables/products.
- To provide overview of the virtual care products developed by the Heart and Stroke Foundation and summarize the key findings from the Persons with Lived Experience Satisfaction Survey.
- To provide a summary of the needs, barriers, and opportunities related to the delivery of virtual stroke care from key stakeholder interviews, validate key findings and identify areas of that require further guidance.

Ramping up In Person Secondary Stroke Prevention Clinic (SPC) Services

- Introduce a guidance document to support the ramping up of in person SPC services.



Virtual Care Supports: Heart and Stroke Foundation

Natalie Gierman



Overview of CorHealth Ontario's Virtual Care Initiative

Alex Iverson and Ireena Soleas

Supporting Access to Virtual Care

In response to this feedback, CorHealth embarked on a new initiative to explore virtual care opportunities across its three clinical domains.

DESCRIPTION:

A provincial approach supporting high-quality virtual care for cardiac, stroke, and vascular providers and patients across the care continuum, including establishment of standards/guidance, recommendations, and measurement of impact, developed in collaboration with our stakeholders and partners

BENEFITS / OUTCOMES

- Standards and guidance on virtual care in cardiac, stroke and vascular will support equitable access to patients and providers across the province
- Provincial summary of needs and priorities, as well as leading practices and innovations associated with the use of virtual care in cardiac, stroke and vascular will help promote knowledge sharing, spread and uptake across clinical programs and providers (e.g., via CorHealth Provincial Forums)
- Identified priorities can help inform targeted recommendations to support provincial partners address virtual care needs (e.g., Ontario Health, Ministry, Heart and Stroke)
- Measurement and reporting will enable assessment of the impacts of virtual care on quality and outcomes in cardiac, stroke and vascular care

Supporting Access to Virtual Care

Updated Key Deliverables & Products

Virtual Care Measurement & Reporting Framework Drafted

General Virtual Care Repository

- A dynamic, central repository of the latest updated & relevant virtual care resources for the enablement of virtual care
- Ongoing environmental scan to serve as a critical input to this repository

★ ONGOING

Virtual Care Stock Take Synthesis

- A succinct & use-oriented summary of cardiac, stroke & vascular stock take engagement; including, a provincial summary of needs, priorities, barriers, gaps & opportunities to promote knowledge sharing, spread & uptake across clinical programs & providers
- Collaboration & alignment with HSF, key partners & stakeholders will be critical

★ JULY / AUG 2020

Validation of findings at Cardiac, Stroke & Vascular Forums

Clinical Practice Guidance for Virtual Care

- Clinical practice considerations around appropriate use / appropriate patient populations for virtual care, to support equitable access to patients & providers across the province, and beyond COVID-19

★ FALL 2020

Clinical practice guidance/ considerations to be vetted through key experts/ stakeholders



Virtual Care: Stroke Stakeholder Engagement Results

Kathryn Yearwood

Virtual Care Stroke Stakeholder Engagement

CorHealth Ontario undertook a series of stroke stakeholder consultations aimed at better understanding:

- **How virtual care is currently being leveraged** across the continuum of stroke care
- The unique **barriers** specific to the delivery of virtual stroke care
- Key priorities and **opportunities** related to virtual care within each clinical domain across the continuum
- Stakeholder views on **CorHealth's role** in addressing needs and opportunities identified

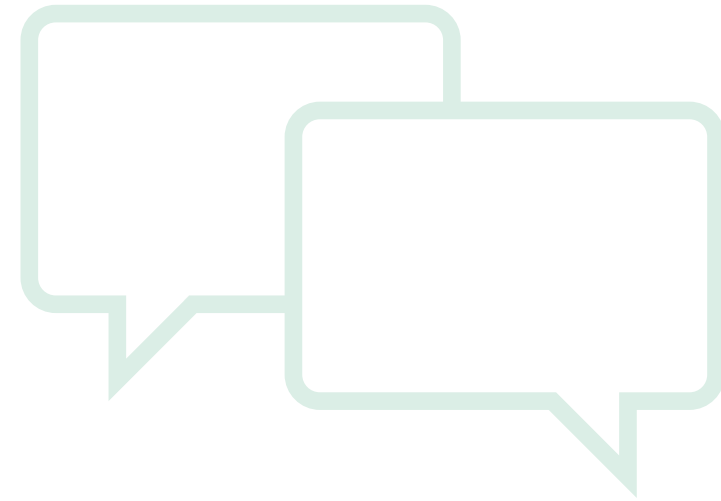
21 interviews conducted with a diverse group of stakeholders, including:

- Frontline Clinicians (e.g. physiotherapists, occupational therapist, speech and language pathologist)
- Stroke Neurologists
- Regional Directors, District Stroke Coordinators, Community and Long-term Care Coordinators
- Program Administrators, administrative support
- Researchers

*Representation from **across the continuum of care** (secondary prevention, acute, rehabilitation, community re-engagement) **and across diverse geographies** (i.e. representation from all eleven stroke regions). ,,,*

Key Messages from Stakeholder Engagement

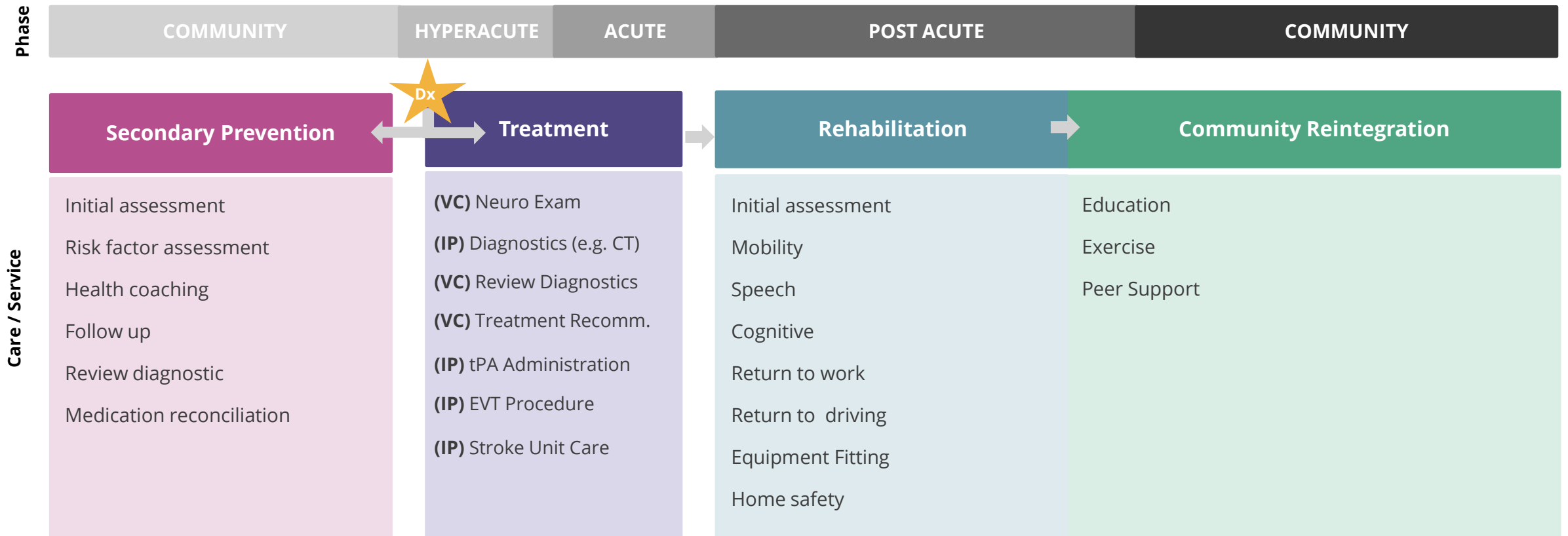
- Virtual Care is in **different stages of adoption** across the province
- Virtual care is **not a replacement for in-person** care and is best utilized through a **hybrid model**
- **Access to technology tools and infrastructure** is fundamental to the delivery of virtual care
- Virtual care is a privilege, **disparities exist** with respect to **socioeconomic status**;
- Virtual care is a tool that **requires training and competency** to be used effectively
- **Sometimes virtual care is not appropriate...**



Virtual Care Stroke Interviews: Summary of Barriers, Opportunities and Needs

BARRIERS	OPPORTUNITIES	NEEDS
<ul style="list-style-type: none"> • Access to technology • Stability/reliability of platforms • Lack of Data Collection Infrastructure • Lack of Private Space • Resistance to adoption (patient and provider) • Regulations (e.g. privacy) • Funding of infrastructure • Remuneration and Sustainability of billing codes/payment models • Lack of human resource support • Education/training • Time commitment 	<ul style="list-style-type: none"> • Virtual Consultations • Remote monitoring • Integrated care • Access to rural and remote areas of the province • Hybrid models of care • Partnerships to address socioeconomic gaps (private-public) • Adoption of Patient Reported Outcome Measures 	<ul style="list-style-type: none"> • Community of Practice (i.e. sharing strategies, templates) • Guidance/Standards (e.g. appropriateness, training requirements) • Measurement and Evaluation • Resources/Tools (e.g. education tools, work-flow, decision aids) • Advocacy (e.g. funding, social inequities) • Economic evaluation

Virtual Care Across the Continuum



LEGEND:

Virtual Telephone Visit (TV) Virtual Video Visit (VV) Provider to Provider Video Consult (VC) Provider to Provider Telephone Consult (TC) Hybrid (H) In-person (IP)

Appropriate Virtual Care: What We Heard

Certain conditions and/or patient characteristics:

A. Inhibit the use of virtual care, such as:

- Moderate to severe cognitive impairment
- Sensory impairment (significant visual loss, hearing, vestibular)
- Global/Receptive Aphasia
- Language barriers

B. Require considerable reliance on caregivers/support persons to enable the use of virtual care:

- Mild cognitive impairment (e.g. memory, problem solving)
- Risk of falls
- Unfamiliar with technology and equipment set-up
- Expressive aphasia
- Language barriers

- **Does this resonate with your experience/practice?**
- **Are there other patient characteristics that should be taken into consideration when providing virtual care?**

Virtual Care in Secondary Prevention

Secondary Prevention

Current State

- High utilization of virtual care for low and moderate risk patients and those requiring long-term follow up
- Used for initial and follow up visits, but is more frequently used to support follow up visits

“Works Well”

- Medication reconciliation*
- Review of diagnostics/test results
- Education/counseling*
- Risk factor assessment

“Doesn’t Really Work”

- Neurological exams (visual, neglect)*
- Multidisciplinary approach to care*
- Complex patients requiring multiple referrals (endarterectomy, rehab referrals)

- Does this resonate with your experience/practice?
- Have we missed any SPC services that work/do not work well with virtual care?
- In addition to this list, what other guidance is required to determine virtual care appropriateness?

* Lack of consensus (i.e. conflicting messages)

Virtual Care in Rehabilitation

Rehab

Current State

- Moderate utilization of virtual care by outpatient/home based rehabilitation programs

“Works Well”

- Speech and language therapy,
- Social work,
- Management of upper extremity,
- Return to work
- home assessment*
- ADP/Equipment Rx*
- Group interventions (e.g. communication groups),
- Education classes,
- lower extremity exercises,
- PROMs

“Doesn’t Really Work”

- Assessment including ambulation/gait, swallowing, IADLs
- Spasticity treatment
- IADL progression
- Balance and mobility progression*
- Return to driving
- Swallowing Therapy

- Does this resonate with your experience/practice?
- Have we missed any Rehabilitation services that work/do not work well with virtual care?
- In addition to this list, what other guidance is required to determine virtual care appropriateness?

* Lack of consensus (i.e. conflicting messages)

Virtual Care Discussion Wrap-up Questions

- What other clinical guidance/considerations around appropriate use / appropriate patient populations for virtual stroke care across the continuum is required?



Stroke Memo #5: Recommendations for an Approach to Ramping Up In Person Stroke Prevention Clinic Services in Ontario

SANDY STEINWENDER

Stroke Memo #5

Background

- Recognizing the importance of providing secondary stroke prevention services during COVID-19, CorHealth together with the Stroke Networks' Secondary Stroke Prevention Working Group and prevention stakeholders have developed guidance to support secondary stroke prevention clinics and services:
 - March 31st, 2020, a guidance [memo](#) with recommendations supporting the ongoing provision of ambulatory imaging and cardiac investigations for TIA and minor stroke during the COVID-19 pandemic.
 - July 20th, 2020, a draft memo to support an approach to ramping up in person stroke secondary prevention clinic services.

Recommendations for an Approach to Ramping Up In Person Secondary Stroke Prevention Clinic Services in Ontario

MAJOR SECTIONS

- Background and assumptions relevant to secondary stroke prevention including continued access to diagnostic testing.
- Determining client prioritization to support reduced wait times
- Continuing to leverage technology and considerations for a hybrid model of care.
 - List of clinical needs or interventions to consider requiring in-person visits.
 - List of interventions and clinical activities to consider delivering in a virtual capacity.
- Coordination and planning with Primary Care Services and Emergency Departments
- Additional considerations (e.g. human resource capacity, promoting physical distancing, etc.)

Discussion

- Does the approach and considerations in the memo resonate?
- Does anyone have additional feedback on the memo?
 - Post forum - please feel free to provide feedback to Shelley Sharp at shelley.sharp@corhealthontario.ca until Thursday July 23rd, 2020.

Next Steps and Wrap Up

- Virtual Care – incorporate feedback from today’s forum in the development of the clinical considerations and engage subject matter experts as required to further define appropriateness
- Stroke Memo #5: Recommendations for an Approach to Ramping up and Ramping down In Person Secondary Stroke Prevention Clinic Services in Ontario
 - Obtain further feedback and distribute Memo the week of July 27th to forum participants and post on CorHealth’s COVID-19 Resource Centre
- Next COVID-19 Stroke Forum Meeting: August (tbd)
 - Are there any other items that you would like to raise or see addressed at future COVID-19 Stroke Forums?



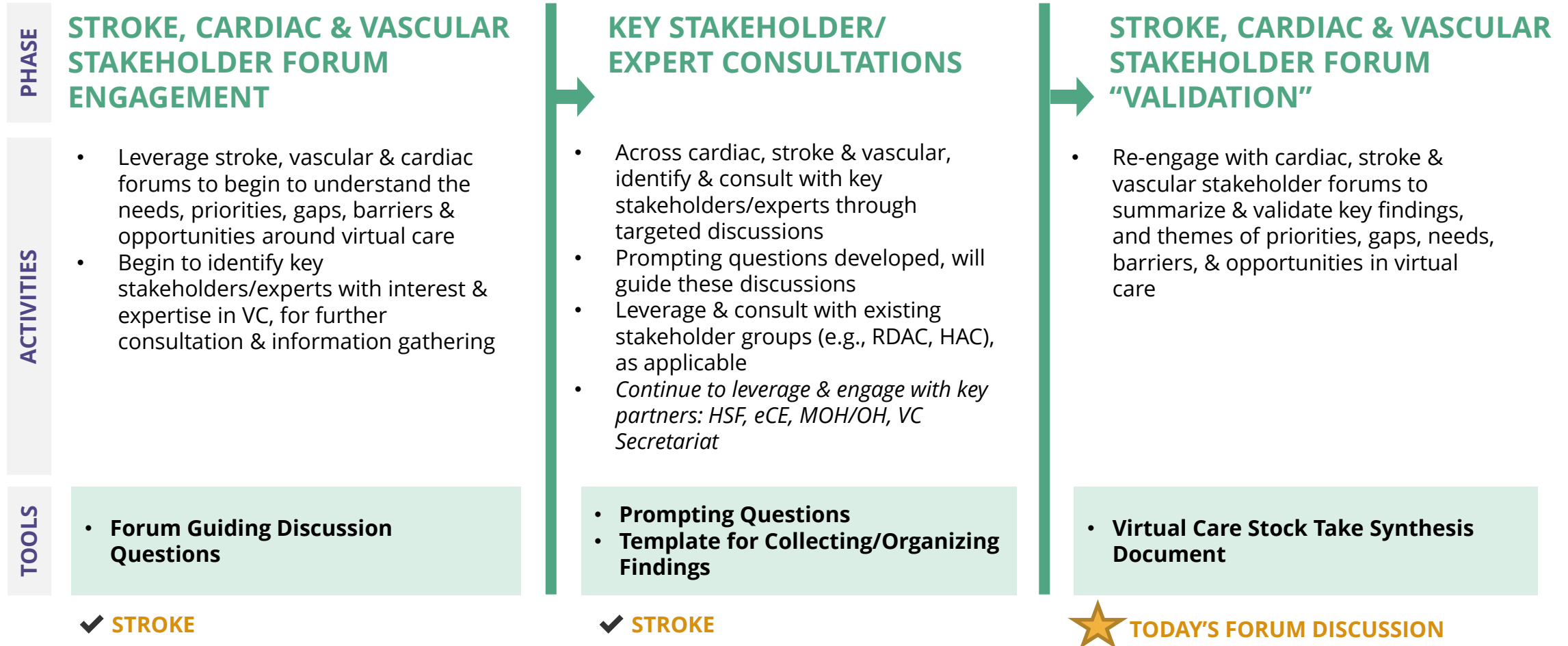
Appendix

Supporting Access to Virtual Care

Guiding Principles

- **Experience-centered:** Ensure that we incorporate the needs and experiences of persons with lived experience, caregivers, and frontline providers into our work
- **Equitable:** Ensure that our work supports and prioritizes equitable access to virtual care across the continuum of care and across diverse geographies
- **Flexible & Nimble:** Ensure that we are flexible, nimble, and responsive to the external environment given the novelty of virtual care and the evolving landscape
- **Action Oriented:** Ensure that our recommendations are feasible, actionable, and easy to use and apply
- **Future-oriented:** Ensure that we focus on sustainable, long-term solutions vs. quick fixes
- **Collaboration and Engagement:** Ensure that we leverage the expertise and knowledge of our partners/stakeholders to ensure that our efforts are aligned, comprehensive and meaningful
- **Resourceful:** Ensure that we build on the creativity and innovation that has already occurred and that we do not reinvent the wheel
- **Iterative and Transparent:** Ensure that we continually validate our findings and/or recommendations with key stakeholders and that we use the feedback to progressively build upon what we know
- **Continual Evaluation:** Ensure that we continually seek opportunities to evaluate the impact of virtual care through the 4 dimensions outlined by the Quadruple Aim (continual improvement)

Virtual Care Stock-Take Engagement Approach





Updates for CorHealth Provincial Stroke Forum

Natalie Gierman July 20, 2020

Key milestones illustrating our response to COVID-19

By March 18, 2020, five provinces had declared states of emergency

March 16: **Heart & Stroke** employees are required to work from home

April 2: MLT meets to **define new Mission priorities** for April/May

April 8: New priorities' **project plans** are developed, with employee **reassignments**

March 19: **Q&A article** on COVID-19 and heart disease and stroke **posted on our website** including CCS and ESC recommendations

March 26: **News release** – Addressing medical emergencies for stroke and heart conditions during COVID

April 3: Heart & Stroke's **landing page** is **updated** with a variety of coronavirus articles & health information resources

April 6: Key **data** on COVID-19 and our conditions validated. Fact articles created and PSA initiated.

April 8: New printable version of **HeartSmart Kids at Home** is available for educators and parents who want to continue to learn at home during COVID-19

April 25: **First article** on COVID-19 impact on heart and stroke populations are care **submitted for publication** in the Canadian Journal of Cardiology

March 16: Initial **COVID-19 outreach post on our online communities** to acknowledge the challenge brought by the pandemic and check-in with members

March 19: **Letter to PM** to request financial support to health charities given COVID-19, in partnership with Health Charities Coalition of Canada

March 31: **First webinar for PWLE and care-givers** on COVID-19 its impact on our conditions, medical appointments, medications, and procedures, and mental health

April 6: Release on our website of **new guidance on Public Hands-Only CPR** during the COVID-19 pandemic to reduce the risk of virus transmission

April 8: The first **case for support** (COVID-19 appeal), developed in collaboration with Development, is ready to engage donors on our COVID-19 Mission priorities

April 19: Statement and key messages on **Canadian Stroke Best Practices guidance** during COVID pandemic are published, along with web resources and toolkits

April 29: First **podcast on Healthcare insights** during COVID-19 related to stroke, cardiac and VCI

Stroke Best Practices

COMMENTARY

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Canadian Stroke Best Practice Guidance During the COVID-19 Pandemic

Eric E. Smith, Anita Mountain, Michael D. Hill, Theodore H. Wein, Dylan Blacquiere, Leanne K. Casaubon, Elizabeth Linkewich, Norine Foley, Gord Gubitz, Anne Simard, M. Patrice Lindsay on behalf of the Canadian Stroke Best Practices Advisory Council

Keywords: Stroke, Coronavirus 2019, COVID-19, Clinical practice guidelines, Telestroke, Rehabilitation, Prevention, Knowledge translation
doi:10.1017/cjn.2020.74 Can J Neurol Sci. 2020; 00: 1-5

STROKE BEST PRACTICE GUIDANCE DURING THE COVID-19 PANDEMIC

Guidance from the Heart and Stroke Foundation of Canada
Canadian Stroke Best Practices Advisory Council

pandemic. Such decreases may raise new concerns, as individuals reluctant to seek medical care may be at a higher risk of a recurrent event with more severe and lasting physical, cognitive, and emotional impacts without timely assessment and treatment.



2020 Virtual Healthcare Toolkit

[Download PDF](#)

[Next Section >](#)

[About us](#)

Stroke Best Practices During the COVID-19 Pandemic

Guidance on Stroke Best Practices During the COVID-19 Pandemic

The COVID-19 pandemic has emerged as one of the biggest public health crises of our time. Health systems are responding – and shifting their approaches to stroke care in light of personal precaution, physical isolation and other community measures.

[Stroke Best Practice Guidance During the COVID-19 Pandemic](#) +

[Key Messages on Stroke Best Practice Guidance During the COVID-19 Pandemic](#) +

[Patient Resources](#) +

[Professional Resources](#) +

[TACLS Acute](#) +

[TACLS Community](#) +

Education, Training, Outreach and Support

www.strokebestpractices.ca

TACLS Acute

Information to support healthcare providers as they work with people who have had a stroke within the acute care setting

[Learn more](#)

TACLS Community

Information to support healthcare providers as they work with people who have had a stroke, within community and rehabilitation settings

[Learn more](#)

TACLS Acute Quick Reference Guides

[Learn more](#)

COVID-19 Webinar Series

Heart and Stroke webinars and key messages to support patients and caregivers

[Learn more](#)

19 webinars
6000 live views
13,896 views



Self care during COVID-19 for People with Lived Experience

[View video](#)

Heart & Stroke Presents... Webinar Key Messages



Title: Sex & Gender Differences in the Risk Management of COVID-19

Webinar date: April 16, 2020

Webinar Overview

Information on sex and gender differences regarding the risk of developing, and the severity of COVID-19 is emerging. This information is generating questions and concerns about disease prevention and management. This webinar offered a timely overview on COVID-19 and how it is impacting men and women differently, while hearing from lived experience, research and health professional perspectives.

View sex and gender differences during COVID-19 [webinar here](#). Please also refer to www.heartandstroke.ca/women

Nicole Nickerson, Middle LaHave, NS

Perspectives from a woman with lived heart disease experience

Nicole shared the following ways she manages her heart disease and well-being during COVID-19:

- Stay in contact with your healthcare team and peers going through similar experiences; Heart & Stroke's Community of Survivors is a helpful peer support resource. [Click here](#).
- Do not stop taking your medications unless you have spoken with your Doctor.
- Try to maintain healthy eating habits and stay active—but it's ok if you have an off day.
- Take time and rest for yourself, especially for the women who are mothers and working in essential services. We are trying to manage so much so we need to take care of ourselves too.
- Don't believe everything you read on the internet. [Heart & Stroke](#) and the [Ottawa Heart Institute](#) are two reliable sources where I get my information.
- **Listen to your body, go get checked out if you think something is wrong; call 9-1-1 if you are having a heart attack or stroke—do not delay.**



Rehabilitation and self-management techniques during COVID-19 for people living with stroke

[View video](#)

Systems Change



Data Analysis & Scientific Publications on COVID-19, stroke and heart disease

'Synthesis of Emerging Data on the COVID-19 Pandemic: Global Impact and Potential Implications for Cardiovascular Disease in Canada.' Submitted to the Canadian Journal of Cardiology



1627

Impact of COVID-19 Survey completed

1051
576

People with lived experience
Caregivers



3

System podcasts

**Provincial
Resources**

Surveys for 1) Patients and 2) Caregivers

Purpose:

To explore the impacts of COVID-19 and public health measures on people with lived experience (PWLE) and their caregivers in order to:

1. Gain broad understanding of needs, challenges and realities facing PWLE and their caregivers
2. Inform reports and publications developed by Heart & Stroke including media and public service messaging
3. Inform future knowledge translation, public information, advocacy, support and outreach activity

Target audience for survey completion:

- People living with heart conditions, stroke and vascular cognitive impairment
- Caregivers of people living with heart conditions, stroke and vascular cognitive impairment

Surveys cont...

Content:

- co-developed with patients and caregivers
- approximately 20 questions in length and includes multiple choice and binary questions, a few demographic section and opportunity for open-ended qualitative comments
- Content focus on experiences and behaviours during first few months of COVID19 (access to providers, access to community supports, using virtual care and tech, behaviors related to self care and self management)

Next steps

- Deployed on May 8th - closed May 29th
- Data analysis nearly complete!
- High level – we heard a lot about mental health and experiences of isolation, changes to behaviours and adherence to exercise and other self management issues, benefits and challenges to using virtual care (when it is necessary for in-person, privacy)

Virtual Care Toolkit and Checklists

Heart and Stroke Foundation Canadian Stroke Best Practice Recommendations
Telestroke Implementation Toolkit 2020

Figure 1: Virtual Healthcare (Telestroke) Program Roadmap (CTAC, 2020)

Virtual Stroke Care Service Identified	Governance	Technology	Clinical Readiness	Care Delivery	EVALUATION: Structure, process, and outcome indicators on Impact of Virtual Stroke Care
Hyperacute (Emergency) Stroke Care (Save lives)					
Emergency Telestroke	<ul style="list-style-type: none"> Integrated Stroke Strategy with coordination of EMS, referring sites and consultants Clinician buy-in at referring and consulting sites Coordinated and sustainable on-call schedule and reimbursement for consultants 	<ul style="list-style-type: none"> Point to point networking connectivity Diagnostic quality and physician tested equipment On-demand service support solution Data security and privacy Diagnostic images sharing solution 	<ul style="list-style-type: none"> Training of all clinical and technical staff across disciplines (EMS, ED, DI, Lab) On-call schedule Protocols in place for rapid launch of a Telestroke session, including priority access to CT scanner Transfer and repatriation MOUs 	<ul style="list-style-type: none"> Agreement on patient consent Rapid assessment of patient, including LSN time CT scan without delay upon arrival to ED Process for rapid decision-making with consulting site re: treatment and transfer Documentation and follow-up if needed 	
Ambulatory Care (Stroke Prevention, Monitoring and Follow-up) (Promote health)					
Secondary Prevention & Ambulatory	<ul style="list-style-type: none"> Integrated Stroke Strategy with access to stroke prevention services Clinician buy-in across disciplines Coordinated and sustainable funding and reimbursement 	<ul style="list-style-type: none"> Network service management model for multidisciplinary clinicians. Security and privacy Diagnostic images, testing and lab results sharing solution Data from wearables and therapeutic devices 	<ul style="list-style-type: none"> Provincial, regional & local process for referral, triage, and scheduling Consider goals of interactions and appropriateness of virtual vs in-person Access to relevant medical records, test results 	<ul style="list-style-type: none"> Consent obtained Validated tools for remote clinical assessments Address elements of Post Stroke Checklist Documentation of session accessible Follow-up plans booked and communicated 	
Rehabilitation, participation, support, and independence (Enhance Recovery)					
Rehabilitation Homecare Community	<ul style="list-style-type: none"> Integrated Stroke Strategy with access to stroke prevention services Clinician buy-in across disciplines Coordinated and sustainable funding and reimbursement 	<ul style="list-style-type: none"> Network service management model for multidisciplinary clinicians. Data security and privacy Data from wearables and therapeutic devices Tele-homecare technologies accessible 	<ul style="list-style-type: none"> Processes for referral, triage, and scheduling Goals of interactions and appropriateness of virtual vs in-person Access to medical records, test results Equipment and resources required in advance of session Choice of therapies and protocols 	<ul style="list-style-type: none"> Safety and tolerance for active participation Presence of family or caregiver Online assessment tools and outcome measurement tools Demonstration and observation Follow-up and documentation 	
Education, Outreach and Support- An integral part of stroke care (virtual and in-person)					
Virtual Stroke Education	<ul style="list-style-type: none"> Evidence-based content aligned to program delivery Assessment of individual needs General vs targeted 	<ul style="list-style-type: none"> Secured portals for engagement Digital-first strategy Accessibility for communication and cognitive challenges 	<ul style="list-style-type: none"> Virtual support, self-management, skills training Training clinicians Promotion, communication, distribution 	<ul style="list-style-type: none"> Include education in all sessions Learning goals Adequate time for review and discussion 	

<https://www.heartandstroke.ca/-/media/1-stroke-best-practices/csbpr7-virtualcaretools-13may2020.ashx?rev=-1>

VC Checklist : co-created with & for patients and caregivers



2020 Virtual healthcare checklist

Your guide to efficient and effective virtual healthcare sessions

Important

A heart attack, stroke or cardiac arrest is an emergency that requires immediate medical attention. **Call 9-1-1** if you or someone with you experiences **signs** of a heart attack, stroke or cardiac arrest.

There may be some situations where an in-person session is required to provide the care you need. Discuss your care with your healthcare provider.

Continue to follow public health measures to support physical distancing, as required.

For additional information:

Detailed virtual care information: [2020 Virtual Healthcare Implementation Toolkit](#).

[Canadian Stroke Best Practices website](#) to manage your stroke.

Definition: What is virtual care?

Virtual care is a healthcare session between a healthcare provider and a person with a health issue, which takes place with each person in a different location, like a home or clinic. It uses technology to connect them – such as by phone or computer with or without video-conferencing.

Goal

This checklist provides you, your family and caregivers tips and steps to optimize your virtual sessions with a healthcare provider. People with lived experience of stroke, heart conditions and vascular cognitive impairment are experiencing an increase in virtual healthcare sessions. Use this checklist for an initial assessment, ongoing monitoring and rehabilitation therapy.

General tips: Preparing for a virtual healthcare session

- Ask your healthcare provider about your rights, privacy, and any confidentiality concerns.
- Consider your ability to participate in virtual healthcare sessions, such as physical abilities, technical abilities, communication challenges, language barriers, cognitive capacity.
- Ask your healthcare provider how much space you will need for your session.
- Plan your meeting space. Consider privacy and confidentiality, good lighting, minimal background noise and distractions (such as televisions, radio, pets). Ensure that the space is clear for you to safely move around for assessments and rehabilitation (e.g. remove tripping hazards such as loose rugs or cords).
- Have glasses, hearing aids, communication devices, or other accessibility devices with you.
- Have someone else available to participate in the session with you if possible (e.g., family member, caregiver, trusted friend), following safe physical distancing and public health measures (such as frequent handwashing).
- Gather information you will need for every session: health card, current medication list, pharmacy name, location and phone number, and health data such as recent blood pressure readings or glucose levels.
- Write down your list of concerns and questions, and have a pen and paper to make notes.
- Ask about reliable online resources and applications to help you manage your recovery and your daily activities.
- Have a plan in place for transport to an in-person appointment if it becomes necessary. Ask about clinic protocols for safe access to the care you need.

Getting connected: Technology tips for a virtual healthcare session

- At time of booking, ask which applications or programs your healthcare provider will use and download them before your session.
- Ask if there is someone that you can contact for technical support, if needed.
- Know how to connect with your healthcare provider to cancel or reschedule the session or if the internet goes down.
- Test your microphones, speakers and webcam ahead of time. Request a test call, if available, to be sure everything is working.
- Ensure that your phone or computer is charged and that you have access to a reliable internet connection throughout your session.
- Be aware of your camera range. The healthcare provider can only see what your camera sees.



Tips for a successful virtual ambulatory care session (such as stroke prevention or heart failure clinic)

Before the session:

- Identify others who need or want to participate (e.g., family members, family physician, nurse) and determine whether it is appropriate and technically possible.
- Ask your healthcare provider if any bloodwork, imaging, or testing is required before the session, when it needs to be completed and where to get it done. Ask how to get the test requisitions.
- Book your appointment for your test when possible to avoid waiting in a public area. Follow safety precautions, such as physical distancing and hand washing, when accessing testing services.
- Ask your healthcare provider if you need any items or equipment during the session like a blood pressure device. If planning a neurological exam, you may be asked to have a toothpick and ice cube ready.

During the session:

- Participate in the virtual session to the best of your ability.
- During the session let the healthcare provider know if you feel unsafe, uncomfortable, unwell, or have any concerns with how the session is going. You can request to terminate the session at any time.
- Ask questions to make sure you understand all information, instructions, and any changes to your medications that you are given. Don't be afraid to repeat back and test your understanding.
- Speak to changes in your mood, energy levels, feelings of fatigue, or sleep patterns with your healthcare provider.
- Note follow-up appointments, new referrals, and tests, where they will take place (virtual or in-person), and how they will be arranged.
- Request a follow-up session to receive education to help you manage on your own, if needed.

For additional information:

[Heart & Stroke Community of Survivors and Care Supporters](#) for online and peer support. [Heart & Stroke website](#) for more information.



Tips for a successful virtual rehabilitation session

Before the session:

- Consider your ability to safely participate in a virtual rehabilitation session, such as physical abilities and cognitive capacity.
- Organize your space so you can safely participate in a rehabilitation session virtually.
- Ask what to expect during your session (e.g., assessments, what types of activities will you be doing, how much space you will need, length of the session).
- Ask what information and equipment you will need during your session, and where to obtain these items. Have these items ready.
- Have someone join you, such as a family member or caregiver. They can help with assessments and treatments, ensure safety, help support your affected limb for stroke rehabilitation, and take notes.
- Record details of your progress and changes (good and bad) in aspects of your recovery between sessions.

During the session:

It is important to let your healthcare provider know if you are feeling unwell, unsafe, or have new or worsening symptoms (such as shortness of breath, weakness, dizziness). Stop the activity right away, sit down, and discuss with them what you should do. You may be asked to visit the hospital or healthcare provider for further assessment and care.

- Wear comfortable clothes and non-slip footwear to walk or perform specific movements.
- Have a chair or table available for support during the session.
- Ask questions and concerns regarding your recovery, activities and therapies recommended for you, your daily routine or to monitor your progress. Don't be afraid to repeat back and test your understanding.
- Speak to changes in your mood, energy levels, feelings of fatigue, or sleep patterns with your healthcare provider.
- Note follow-up appointments, referrals, and tests, where they will take place (virtual or in-person), and how they will be arranged.
- Ask and record how to contact rehabilitation team members or community support teams as needed for your care.



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<https://www.heartandstroke.ca/-/media/1-stroke-best-practices/resources/patient-resources/csbp-infographic-virtual-healthcare-checklist.ashx?rev=52fc18b0280c4b3d88c27b7ca497d3d2&hash=4C0B0FAE6D09D61B2579DB103E67AC68>

Virtual Care – system change advocacy priority

Virtual care will be a key advocacy priority for H&S across the country. Our focus will be on sustainability and quality of virtual care, and access and equity across the continuum

Next steps:

- Working with CCS, CHFS, CACPR as well as others to develop cardiac version of VC implementation toolkit
- Consulted with stroke system leads across Canada via our PTAG to provide input to and validate our key system priorities. Virtual care emerged as # 1.
- Currently undergoing an environmental analysis of VC including policy review.
- Develop position statement and advocacy plan,
- Develop supportive tools for providers and patients
- Continue to engage PWLE to guide our work including the digitization of **Living with Stroke**

Online peer support for people with lived experience

**Patient Community of
Survivors**

Caregiver Community

Top 10 cities of our members

- | | | | |
|----|----------|-----|-----------|
| 1. | Toronto | 6. | Halifax |
| 2. | Montreal | 7. | Winnipeg |
| 3. | Edmonton | 8. | Vancouver |
| 4. | Calgary | 9. | Quebec |
| 5. | Ottawa | 10. | Hamilton |



“Wow! What a welcome to the community! These are difficult times, glad to know you are all out there!”

Any tips for keeping motivated to exercise right now fellow survivors?”

<https://www.heartandstroke.ca/heart/recovery-and-support/the-power-of-community>