



CorHealth COVID-19 Stroke Stakeholder Forum

March 27, 2020 - 2:00-3:00 pm

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

Conference ID: 621117334

[Skype meeting](#)

Agenda

Description	Presenter	Time
1. Welcome & Meeting Objectives	Sheila Jarvis	2:00 pm
2. MOH Directives & Updates	Dr. Leanne Casaubon/Shelley Sharp	2:05
3. Planning Discussion Topics <ul style="list-style-type: none">Increasing bed capacity while optimizing best practice care<ul style="list-style-type: none">ICU/ Level 2 beds post tpa/EVTAmbulatory TIA/ Minor Stroke careAccess and flow through to rehab and communityContingency Planning<ul style="list-style-type: none">Loss of hyperacute services at one or more of our stroke hospitals (impact to pre-hospital protocols and/or interfacility transfers)Reduced human resources (e.g. telestroke, stroke unit staff)Awareness & communication across stroke system	Dr. Leanne Casaubon/Shelley Sharp	2:35
4. Next Steps	All	2:55



Welcome & Meeting Objectives

SHEILA JARVIS

Meeting Objectives

1. To understand whether programs have already begun to develop guidance documents and/or strategies for the management of stroke care and prevention during the COVID-19 outbreak.
2. To identify the need for provincial guidance documents to monitor and manage stroke patients during the COVID-19 outbreak.

System Planning Principles: Important to Acknowledge

- COVID-19 landscape is rapidly evolving.
- Keeping front line health care providers healthy is vital as we manage the COVID-19 pandemic.
- Minimizing the impact of COVID-19 on the mortality and morbidity of patients with stroke is a priority.
- Province and hospital specific infection prevention and control policies and protocols exist.
- Promoting clinical activities aimed at preserving hospital resources (i.e. health care human resources, PPE, ICU's, ER's) is also a priority.



MOH Memos/ Directives /Orders

DR. LEANNE CASAUBON & SHELLEY SHARP

Consistent Patient Management

Changes to Schedule of Benefits for Physician Services ([MOH order March 14th 2020](#)) of Health Insurance Act

“to temporarily list as insured services the provision of assessments of, or counselling to, insured persons by telephone or video, or advice and information to patient representatives by telephone or video, as well as a temporary sessional fee code.

Ramp Down Elective Surgeries and other non emergent activities ([Ontario Health Memo March 16 2020](#))

“Non-emergent activity should be reduced in a step-wise manner in order to preserve, to the greatest degree possible, access for time-sensitive care. This would include, but is not limited to:

- Time-related disease like certain cancers, particularly if the outcome is treatment-related;
- Cardiac procedures for which there is risk of significant morbidity or mortality if delayed; and,
- Non-emergent activity that will or may convert to emergent.”

Redeployment of Health Human Resources ([Government Order under EMCPA March 21st 2020](#))

“ ...give hospitals the ability to cancel and postpone services to free-up space and valuable staff, identify staffing priorities, and develop, modify and implement redeployment plans.

these redeployment plans would supersede certain provisions of a collective agreement, including lay-off, seniority/service or bumping provisions. ”

Consistent Stroke Patient Management Across Stroke System

- Have any Stroke Centres developed stroke-related COVID-19 Pandemic Planning Initiatives or guidance documents?
- Are you willing to share these with other centres?
- Are you willing to have your document integrated into a provincial summary document or posted in our CorHealth Ontario COVID-19 Resource Centre on the CorHealth Ontario Website?



Increasing Bed Capacity While Optimizing Stroke Care

DR. LEANNE CASAUBON & SHELLEY SHARP

Considerations for Increasing Bed Capacity

- Are hospitals currently making any adjustments to hyperacute patient care pathways to reduce admission to ICU/ Level 2 beds?
 - What additional mechanisms or protocols could we have in place if ICU/Level 2 beds are overwhelmed/unavailable?
- How can we avoid admissions for TIA and minor stroke and move toward more ambulatory services for these patients?
 - Have any centres already started doing this?
 - Are centres looking at virtual options for care delivery?
- Is there opportunity for optimizing flow through to rehab and on to community?



Contingency Planning

DR. LEANNE CASAUBON & SHELLEY SHARP

Contingency Planning

- What are sites contingency plans for a potential loss of access to hyperacute treatment services at one or more stroke hospitals? (impact on pre-hospital protocols and/or interfacility transfers)
- How are hospitals planning back up for individuals and stroke teams to ensure continuity of care? (e.g. Telestroke, Stroke Unit Staff)
- How can we ensure greater awareness of individual stroke hospital challenges to coordinate, staff, and increase support across system?



Next Steps

Summary and Further Considerations

- Additional dialogue related to today's conversation?
- Are there other issues we should be considering/discussing?
- How should we compile and address this list?

Wrap Up

- CorHealth activities
- Future meetings