



CorHealth COVID-19 Stroke Stakeholder Forum #5

June 8th, 2020 – 9:00 – 10:00 am

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

Conference ID: 534720505#

Agenda

Description	Presenter	Time
1. Welcome & Key Updates <ul style="list-style-type: none"> • Meeting Objectives • CorHealth Updates <ul style="list-style-type: none"> • Stroke Awareness Month • COVID-19 Stakeholder Forum Survey • Caregiver MEMO • COVID-19 System Planning Updates • Progress Updates (appendix) 	Sheila Jarvis	9:00 – 9:10 am
3. Virtual Care <ul style="list-style-type: none"> • Introducing Virtual Care • Lived Experiences (Guest Speakers) <ul style="list-style-type: none"> a) Virtual Secondary Prevention b) Virtual Rehabilitation at Parkwood Institute • Discussion 	Dr. Leanne Casaubon Lisa Fronzi Manny Paiva & Mireille Testa Dr. Leanne Casaubon	9:10 – 9:15 am 9:15 – 9:25 am 9:25 – 9:35 am 9:35 – 9:55 am
4. Meeting Wrap-Up <ul style="list-style-type: none"> • Next Steps and Future Planning 	Dr. Leanne Casaubon	9:55 – 10:00 am



Welcome & Meeting Objectives

SHEILA JARVIS

Meeting Objectives

- To provide information on key system planning updates
- To stimulate a dialogue aimed at better understanding needs, priorities, opportunities and barriers related to virtual care
- To continue to serve as a space for sharing local and regional stroke system responses to COVID-19

CorHealth Updates

Stroke Awareness Month

- CorHealth Ontario will be focusing this month's stroke awareness efforts on acknowledging and thanking our healthcare providers for their continued efforts during the pandemic
- To show our appreciation, we will be highlighting creative strategies being used to continue the delivery of high-quality stroke care during the coronavirus (COVID-19) pandemic. Please Send in your highlights to: service@corhealthontario.ca

Progress Updates

- Thank you for participating in our COVID-19 Stakeholder Forum Survey. The results can be found in the appendix and we will discuss this more when we get to Next Steps
- CorHealth is finalizing the *COVID-19 Stroke Memo #3 - Recommendations for an Ontario Approach To engage & Support Caregivers for persons with stroke During COVID-19* and will post shortly to the CorHealth COVID-19 Resource Centre. More information can be found in the appendix.
- COVID-19 Stakeholder Forum Chairs will be attending the Board subcommittee meeting of Clinical Advisory Committee on June 5th to report on work underway at these Forums

COVID-19 System Planning Updates

- Continued alignment with Ontario Health COVID-19 Health System Response Oversight Table
 - On May 7th [*A Measured Approach to Planning for Surgeries and Procedures During the COVID-19 Pandemic*](#) was released
 - A document with guidance for supporting ambulatory care is currently underway and will be released soon (date unknown)
 - Dr. Leanne Casaubon participated in a discussion about the current needs for ambulatory stroke care
- On May 26, 2020, the Chief Medical Officer of Health issued an amendment to [*Directive #2 for Health Care Providers \(Regulated Health Professionals or Persons who operate a Group Practice of Regulated Health Professionals\)*](#)
 - All deferred and non-essential and elective services carried out by Health Care Providers may be gradually restarted subject to the requirements of this Directive
 - Subject to requirements, Health Care Providers are in the best position to determine which services should continue to be provided remotely vs. in person

COVID-19 System Planning Updates

- CorHealth has been informed that the Value-for-Money Audit on Cardiovascular and Stroke care in Ontario CorHealth had been participating in has been put on hold in light of COVID-19.
 - The Auditor General of Ontario (OAGO) is now focusing on auditing the long-term care situation in the province. There is no indication of when the Value-for-Money Audit on Cardiovascular and Stroke care in Ontario may be re-started.



Virtual Care

DR. LEANNE CASAUBON

Virtual Care in Stroke

Prior to COVID-19, virtual care was being used to support hyperacute (telestroke), secondary prevention and rehabilitation in varying degrees throughout the province

In response to the COVID-19 pandemic, we have begun to see:

- Accelerated adoption of virtual care to support the delivery of stroke care
- Development of national and provincial guidance supporting the use of virtual care in the ongoing delivery of quality stroke care
- Local planning and opportunities to continue the use of virtual care beyond COVID-19

Supporting Access to Virtual Care

- Across the three clinical domains, CorHealth stakeholders have identified virtual care as a key area of focus for the COVID-19 forums
- In response to this feedback, CorHealth is embarking on a new initiative to explore virtual care opportunities across its three clinical domains
- To support this work and the needs of our stakeholders, we would like to leverage today's forum to:
 - Better understand your needs and priorities related to virtual care
 - Identify barriers and opportunities related to virtual care
 - Share two examples of how virtual care is currently being leveraged to support secondary prevention and rehabilitation
 - Lisa Fronzi, Hamilton Health Sciences
 - Manny Paiva & Mireille Testa, Parkwood Institute – St. Joseph's Health Care, London
- For the purposes of this discussion, we will adopt a broad definition of virtual care, to allow for a comprehensive discussion

“The delivery of health care services, where patients and providers are separated by distance” – World Health Organization



Virtual Care: Experiences in Secondary Prevention and Rehabilitation

GUEST SPEAKERS: LISA FRONZI | MANNY PAIVA & MIREILLE TESTA |



Central South Regional
StrokeNetwork

Stroke Prevention Clinic @ Hamilton Health Sciences

Virtual Care in the SPC

- **Pre-COVID19** → no standard process for virtual care
- **Post-COVID19** → majority of care provided virtually (telephone or OTN)

Referrals: received & reviewed for appropriateness by clinic nurse

Initial SPC MD appointment: same day or next day via telephone or OTN

Tests: clustered on the same day (CT, MRI, carotid u/s, bloodwork)

Follow-up: separate nurse & MD visit via telephone or OTN

Improvements & Innovations

- **Nursing intervention** is conducted via telephone within 1 week of the scheduled follow-up appointment with the MD. Comprehensive assessment, health teaching and referrals.
- Launch of **Stroke Prevention email** for patients. This allows them to send us information and the nurse to email resources to patients.
- **New prescriptions:** phoning in prescriptions to pharmacy
- **Medication lists** sent to the SPC via email or obtained from the pharmacy in advance of appointment
- **Blood pressure readings** sent to the SPC via email or patient prepares log in advance of appointment
- Collab with pharmacy to mail patients **free NRT** (they cover \$10 Purolator fee)

Benefits

- Majority of patients prefer virtual care due to fear of exposure to COVID
- Patients who would otherwise not be able to attend their appointment in person are now able to access care
- OTN allows multiple family members/care providers to join visit from multiple locations
- Referrals where the suspicion for stroke is low are easily managed virtually

Challenges

- Not able to complete a comprehensive neuro assessment
- Not able to complete clinic BP assessment, cognitive assessment, etc.
- Physician appointment times: keeping to scheduled time
- Reviewing cases with trainees (multiple calls to pts, not able to observe trainee assessment/interaction)
- Required time for nursing intervention has doubled
- Email encryption

Evolving needs & future plans

- Cameras in all rooms to allow for OTN visits
- Patient friendly process for receiving encrypted emails
- Providing comprehensive, multi-modal patient education →
explore virtual Strokebusters class



Questions?

Transitioning to Virtual Care

An Outpatient and Community Service Delivery Model



Objectives

1. Virtual Care Pre/Post COVID-19
2. Applications of Virtual Care
3. What's working well?
4. Barriers to Overcome
5. Evolving Needs
6. Future State

Virtual Care Pre COVID-19

- Organizational push
- CSRT Pilot Project
 - Outpatient program not part of pilot
- Current and future state process mapping
- Development of implementation plan
- Staff training

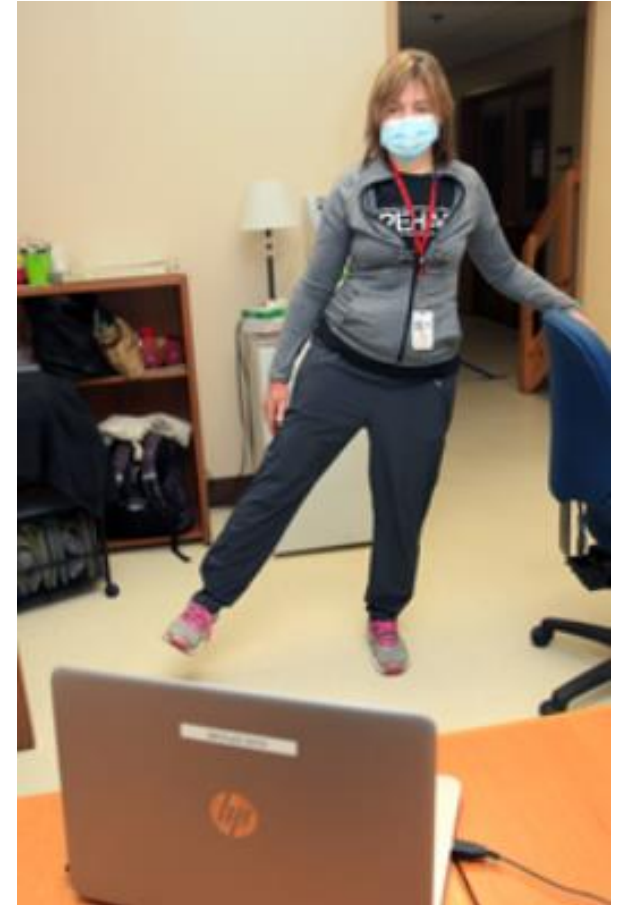


*Important to note: prior to COVID-19 CSRT had not successfully implemented Virtual Care into our model

Virtual Care Post-COVID 19

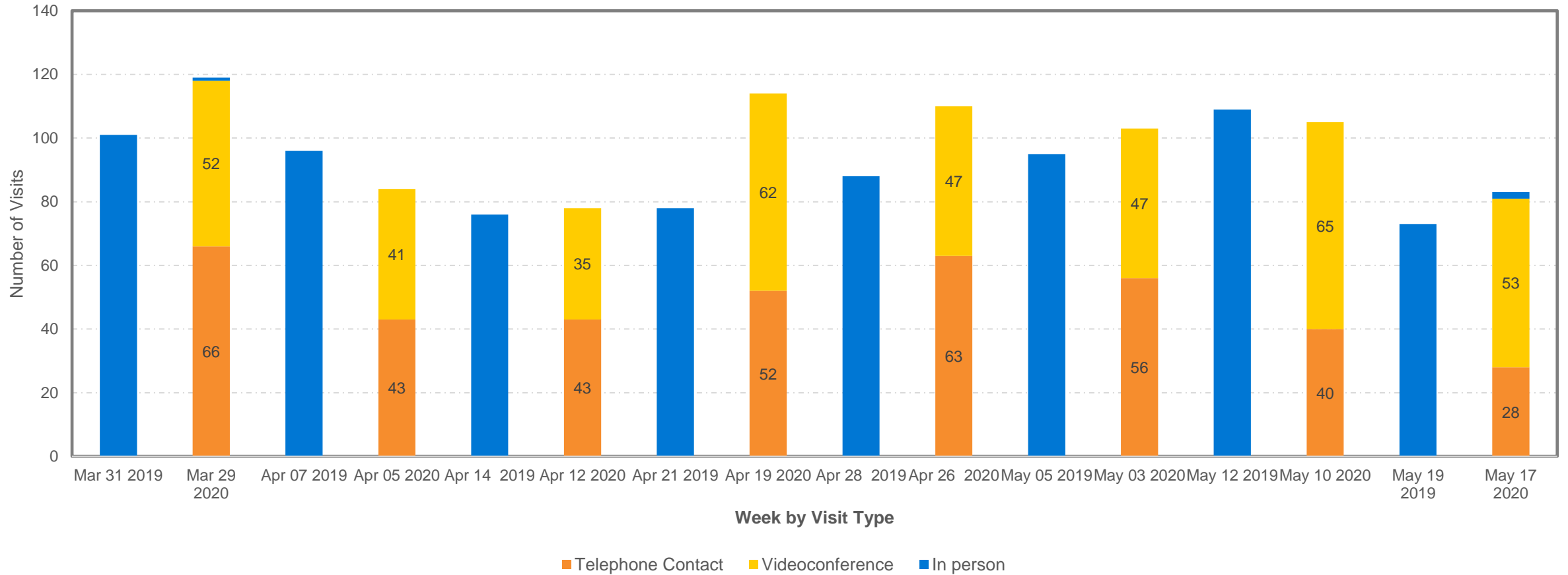
Overnight Transformation

- No in person outpatient/community visit within the organization
 - Except for urgent or emergent approved visits
- Needed a solution to serve clients in their prime recovery window while abiding by directives
- Notified clients and determined a plan of care within limits
 - Triaging technology: phone vs. virtual care
- Redeployment of staff
- Troubleshooting/orientation to technology
- Developing consents
- Developing new tools for assessment/intervention
- Determining team logistics

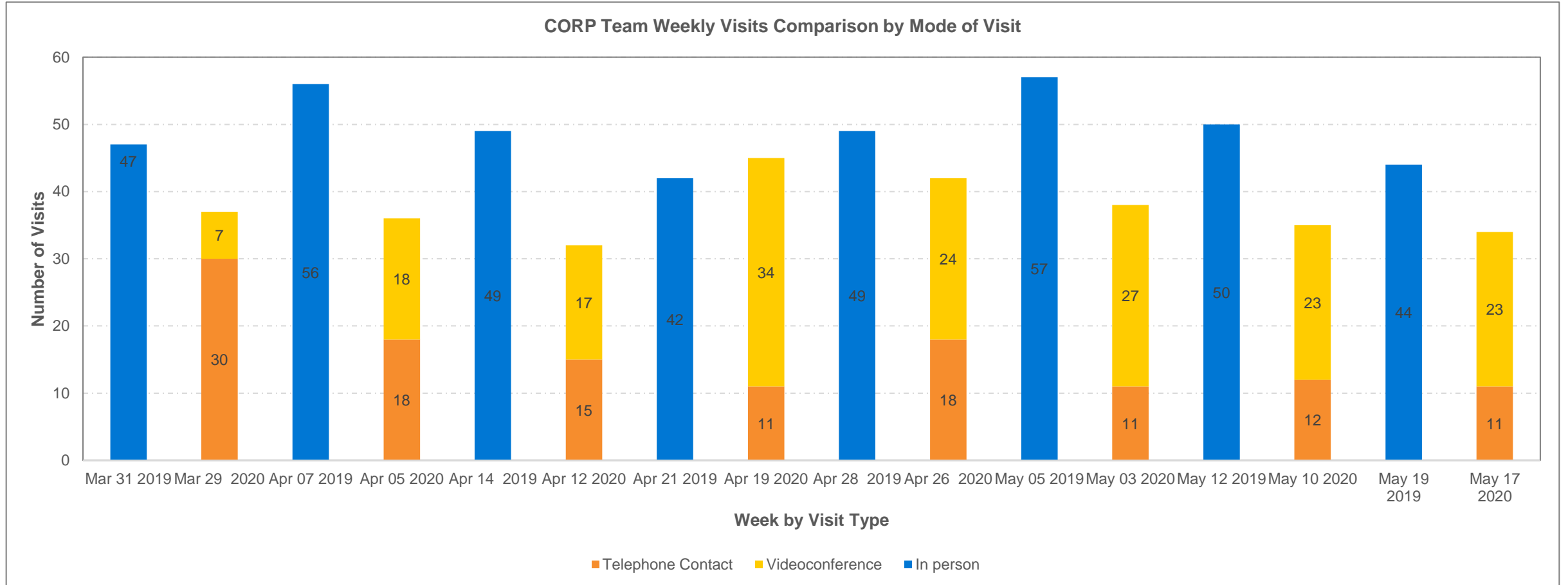


Visit Numbers Pre/Post COVID-19

Community Stroke Rehabilitation Team Weekly Visits Comparison by Mode of Visit



Visit Numbers Pre/Post COVID-19





Applications of Virtual Care

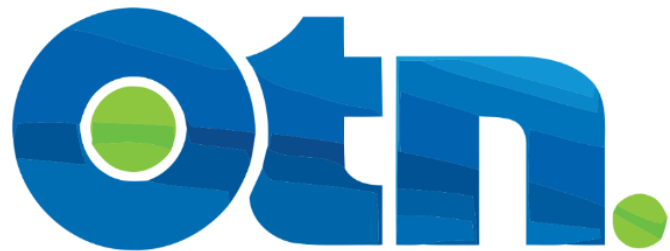
Lived experiences from the Community Stroke Rehab Team and Comprehensive Outpatient Rehabilitation Program

How Are We Using Virtual Care?

- One on one visits with clients and caregivers
- Family conferences
- Collaboration with community agencies
- Team planning
 - Rounds, client planning discussion, team meetings
- Groups:
 - Aphasia
 - Memory

Virtual Care Platforms

- Client Interventions: OTN or WebEx
- Team Functions: Microsoft Teams or WebEx



What's Working Well?

- Demonstrating actions through video
- Screen sharing for education and collaboration with client and caregivers
- Emailing handouts and session summaries to clients
- Providing links to videos for exercises and future reference
- Easy to include self-management approaches
- Client is task focused, less distracted
- Able to guide both client and caregiver together in their home environment
- Time

What's Working Well?

Groups

- Ability to reach client groups that were previously not possible
- Opportunity to build groups taking into consideration functional abilities, personalities, and group dynamics
 - Cohesiveness of group



Barriers to Overcome

- Client's comfort with technology or technology capabilities/access
 - Internet connection, printer, camera, speakers, caregiver support
- Assessments: physical, cognitive, swallowing, perception
- Safety: client's level of function or support in the home
- Translation services
- Varying client abilities
- Client's access to therapy equipment



Evolving needs

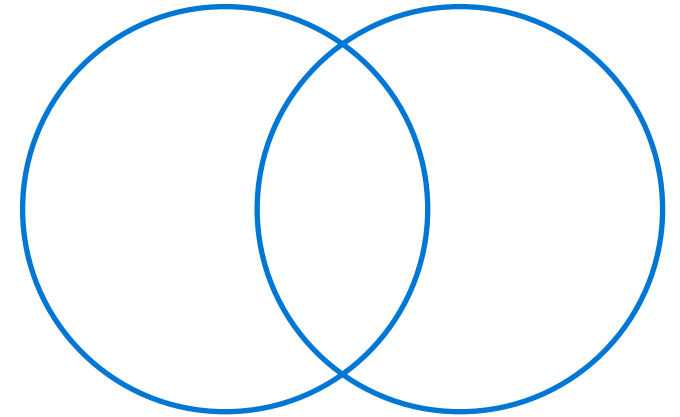
- Ongoing support from organizational leaders
- Access to resources and technology
 - Clinician and client
- Explore development exercise groups
- Explore assessment and intervention strategies to address driving, physical, cognitive/vision and swallowing concerns
- Maintain communication with similar programs and collaborate to share resources and ideas with regional teams



Future State

What the teams would like to continue to see

- Hybrid Model of Care
- Continue with group therapy virtually
- Tools to increase team efficiency
- Email communication with clients as appropriate
- Continue to monitor staff resiliency
- Private space for video calling



Client feedback



What have we heard from our clients?

- Surprised by the progress they have been able to achieve
- Appreciative that there is a service available
- More comfortable with virtual medicine with their doctors
- Enjoying emailed summaries of session to share with their caregivers
- Not for everyone

Thank you!

Manny Paiva

Coordinator

Inpatient Stroke/Neurological Services

Comprehensive Outpatient Rehabilitation Program

Community Stroke Rehabilitation Team

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Renowned for compassionate care, St. Joseph's is one of the best academic health care organizations in Canada dedicated to helping people live to their fullest by minimizing the effects of injury, disease and disability through excellence in care, teaching and research.



Discussion

DR. LEANNE CASAUBON

Discussion

1. How are you currently using and/or planning to use virtual care?
2. What are your current needs/priorities with respect to virtual care?
3. What barriers have you experienced with respect to the implementation and/or delivery of virtual care?
4. What has worked well with respect to the implementation and/or delivery of virtual care?
5. What opportunities exist with respect to virtual care?



Next Steps

DR. LEANNE CASAUBON

Meeting Wrap Up

Next Steps and Future Planning

- CorHealth will continue to engage stroke stakeholders to continue this dialogue and identify opportunities and priorities related to virtual care
- Are there any other items that you would like to raise or see addressed at future COVID-19 Stroke Forums?
 - Feedback from COVID-19 Stakeholder Forums Survey to be incorporated into future meetings to ensure ongoing value of meetings



Appendix

PROGRESS UPDATES AND SURVEY RESULTS

Caregiver Memo

Review Process

- The memo has been reviewed externally by Dr. Jill Cameron, The Change Foundation and the Ontario Caregiver Organization.
- The Ontario Caregiver Organization sought caregiver feedback through their virtual advisory panel to ensure content reflects caregiver needs. Additional caregiver feedback is being enabled by representatives from the Stroke Community and Long-Term Care Coordinators.

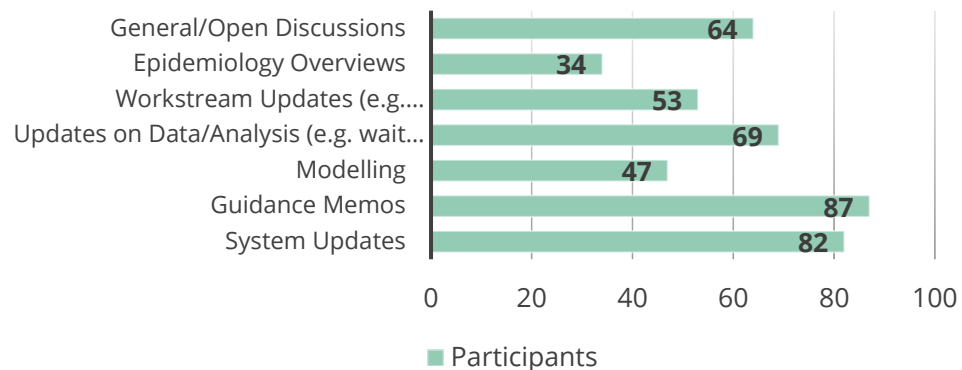
Distribution Plan

- To COVID-19 Stroke Forum Participants
- Posted on CorHealth COVID-19 Resource Centre
- Highlight in Weekly Stroke Month Awareness Poster

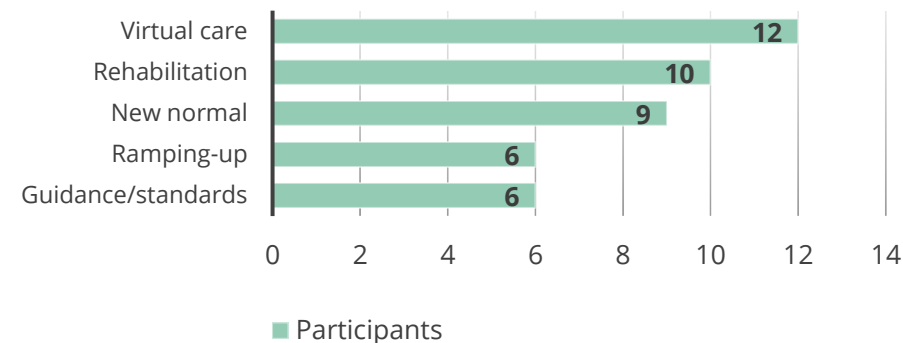
COVID-19 Stroke Stakeholder Forum Survey Results

RESPONDENTS: 104 | **Q1: Forum Participation Breakdown: Cardiac - 45, Heart Failure - 27, Stroke - 30, Vascular - 19, Rehabilitation (C/S/V) - 30**

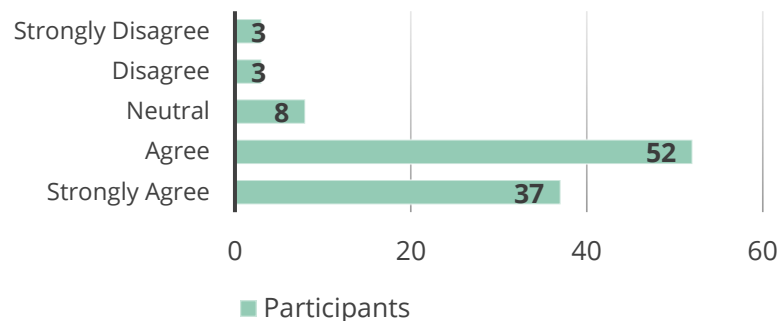
Q2: Beneficial Forum Components to Support Cardiac, Stroke, and Vascular Care in Ontario during COVID-19



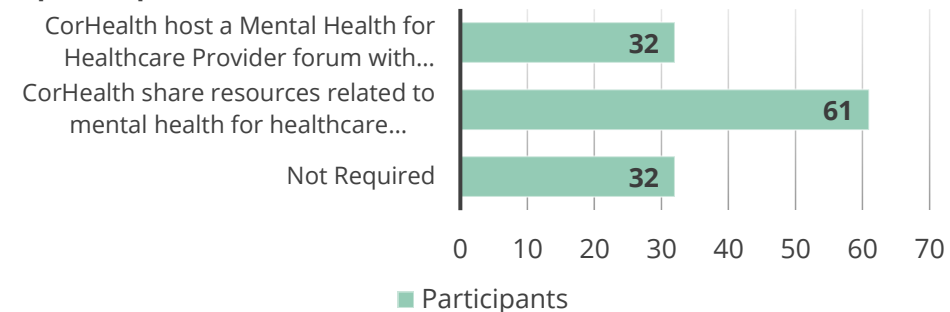
Q3: Top 5 Areas of Focus that Would Like to be Seen Included in Future Forums



Q4: The topics discussed at the Forum(s) are timely:



Q5: At Several CorHealth COVID-19 Stakeholder Forums, we have heard a number of providers raise concerns about mental health. Of the following options, please indicate what would be beneficial:



Survey was open from May 19 – 29, 2020

COVID-19 Stroke Stakeholder Forum Survey Results

HIGH-LEVEL STROKE SUMMARY | 30 of THE 104 SURVEY RESPONDENTS PARTICIPATED IN THE STROKE FORUM

Stroke-specific responses to Q3: What areas of focus would you like to see included in future Forums?

1. Community and In-Home stroke rehab services - the differences in the models and who provides the stroke care- stroke specific experts or general providers?
2. System guidance on how to prioritize stroke patients for various services as hospitals try to reestablish services such as outpatient rehabilitation with physician distancing and other infection, prevention and control requirements. Is there a standardized approach that could be used, who should be seen in person versus virtual considerations etc.
3. Maybe have an expert to advise on best practices for online education and training - how to adapt content to be suitable for virtual delivery - curriculum design strategies and tips. Facilitate collection of stroke patient stories from across province into some type of poster.
4. Regional updates, resource allocation and any funding changes to stroke.
5. Advocacy for stroke rehabilitation to remain a focus with "opening up". Status of all the "nontraditional beds" that were established to make room for COVID units - impact to entire system and patient flow, rehabilitation, etc. - in some cases rehab was decanted or relocated to accommodate acute or ALC patients - need to carefully watch ALL parts of the system capacity - not just acute capacity. Role for virtual care going forward - processes and structures to consider all aspects not just infection control, convenience and cost savings etc. - what about the patients who are not appropriate to access care in this way - how do we ensure they still receive it.
6. Continued focus on strategies to deal with Access to Stroke Rehab in this environment given the outpatient rehab is still closed. (Please do not mix stroke and cardiac rehab forums - they are completely different and cannot be dealt with together.) Need to ensure the stroke report gets finalized despite COVID and that it is well explained to us - need the webinar archived. Am concerned about the document introduced at last stroke forum on "contingency planning" for stroke care - this seemed to come out of nowhere, not clear why it was needed, no references, no authors, inconsistent info, needs more work. Not clear if it is worth our time to discuss this further as not sure how it came up or why it is needed, given we had already agreed in the first forum that we would cover hyperacute and acute work at regional level. If there was a change to this approach, it needed to be explained with more context.
7. How/when to ramp up stroke services in current environment i.e. bundled care
8. Stroke rehab recovery plan
9. Endovascular Stroke Treatment

COVID-19 Stroke Stakeholder Forum Survey Results

HIGH-LEVEL STROKE SUMMARY | 30 of THE 104 SURVEY RESPONDENTS PARTICIPATED IN THE STROKE FORUM

Additional stroke-specific comment responses:

- **Q2** - The opportunity to discuss system wide stroke issues with stakeholders was very helpful and the guidance memos help support work within the region.
- **Q4** - The stroke rehab guidance memo was timely and needed. Although still helpful, generally, the other topics have been discussed later than would have been most useful to the care system. By the time the forums started for stroke care, most of us had already had to develop our own regional and local processes so the forum was backtracking (e.g. TIA guidance memo). An earlier start to address the issues would be best next time we face this.
- **Q5** - While this is a valid concern, I think there are a lot of resources being shared and provided locally and provincially and it is not necessarily a stroke, cardiac, vascular issue - Unless there is something unique that we are not aware of. CorHealth would not be the go-to spot I would look for these resources.
- **Q5** - There are already a multitude of these sessions - many webinars on this topic already. We have enough to do with out adding more webinars. My preference would be to use our time to ensure our stroke report gets finalized and is well explained to us - need that webinar archived or held more than once.
- **Q6** - As re-opening occurs - need to ensure the stroke system is following suit as well - i.e. outpatient therapy not just open for hip/knee surgeries or if it is -- what impact does that have on stroke etc.? Is home care continuing to cover gaps for hospitals - - what supports for ensuring stroke expertise for longer term service provision - i.e. rehabilitation and community navigation - supports for more robust virtual care - mentoring etc.