



CorHealth COVID-19 Stroke Stakeholder Forum Meeting #6

June 29, 2020 | 12:00-1:00 pm

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

Conference ID: 537237523

Agenda

Time	Description	Presenter / Facilitator
12:00	1. Welcome <ul style="list-style-type: none"> Meeting Objectives 	Sheila Jarvis
12:05	2. Ontario Health Memo: Recommendations for Regional Health Care Delivery During the COVID-19 Pandemic: Outpatient Care, Primary Care, and Home and Community Care <ul style="list-style-type: none"> Information Sharing and Q & A 	Dr. Chris Simpson <i>Vice-Dean (Clinical) in the Faculty of Health Sciences at Queens University and Chair, Ontario Health COVID-19 Health System Response Oversight Table</i>
12:25	3. Stroke Memo #4: Recommendations for an Approach to Resuming Outpatient Stroke Rehabilitation Services in Ontario <ul style="list-style-type: none"> Information Sharing and Discussion 	Shelley Huffman <i>Regional Stroke Rehabilitation Coordinator Stroke Network of South Eastern Ontario Regional Stroke Centre - Kingston General Hospital</i> Dr. Leanne Casaubon
12:45	4. ED Stroke Data Updates <ul style="list-style-type: none"> eCTAS Data 	Mirna Rahal
12:55	5. Other Activities and Next Steps	Shelley Sharp/ Dr. Leanne Casaubon



Welcome

SHEILA JARVIS

Meeting Objectives

- Review and discuss the Ontario Health recommendations for regional health care delivery during COVID-19 for outpatient care, primary care, and home and community care
- Share and discuss the final draft of a stroke rehabilitation guidance memo for the resumption of outpatient stroke rehabilitation services in Ontario
- Provide an update on emergency department data presented at previous forums. (eCTAS and NACRS)

Recommendations for Regional Health Care Delivery During the COVID-19 Pandemic: Outpatient Care, Primary Care, and Home and Community Care

DR. CHRIS SIMPSON | JUNE 2020

Context

- A follow up document to '**A Measured Approach to Planning for Surgeries and Procedures During the COVID-19 Pandemic**' (released May 7th)
- This document outlines high-level principles that should underpin decision-making, regardless of setting, during the COVID-19 pandemic (focus on outpatient care, primary care, and home and community care)
- Recognizes that these settings differ in their oversight and accountabilities, and in the ways in which they provide care to patients/clients
- Aimed to support resumption of services following the amendment of **Directive #2**
- Aligned with the guidance provided in the Ministry of Health
 - '*COVID-19 Operational Requirements: Health Sector Restart*'
 - '*COVID-19 Guidance: Primary Care Providers in a Community Setting*' and '*COVID-19 Guidance: Home and Community Care Providers*'

Overview

- Developed by the *COVID-19 Response: Outpatient, Primary Care, and Home and Community Care Planning Committee*, chaired by Dr. Chris Simpson (see Appendix for committee membership)
- It includes:
 - High-level, principles-based recommendations to support the gradual increase, of services offered through outpatient clinics, primary care, and home and community care during the COVID-19 pandemic
 - Also applicable to independent health facilities, out of hospital premises, optometry, and rehabilitation services (this list is not exhaustive)
- Sector-specific plans to operationalize these recommendations should be developed by the regions or other groups (e.g, the Provincial Primary Care Advisory Table, the Mental Health and Addictions Centre of Excellence)

Planning Assumptions

- The pandemic and its impacts in Ontario may last many months to years
- Emergent care has been continuing during the pandemic; urgent care has been continuing at reduced volumes; in some settings, routine care has been continuing virtually
- The health care system is interdependent, and a change in one part of the care continuum may affect delivery of care in others
- Some regions will be better positioned to resume activity than others due to differences in capacity and/or rates of COVID-19 cases (e.g., outbreaks)
- Provision of services will follow an equitable and patient-centred approach, ensuring patients/clients and caregivers are supported across the full continuum of care
- Health care providers and organizations will consider evidence-based recommendations on which services to resume and when, as applicable
- A heightened level of oversight and flexibility will be needed in our system for some time as we move through the full course of COVID-19, as there is uncertainty about the duration and volume of the pandemic waves
- Health care organizations and providers will act as good stewards of available resources, including PPE

Recommendations

1. **Maximize virtual care** services that appropriately reduce in-person visits
2. Conduct an organizational risk assessment and take a **comprehensive approach to infection prevention and control** where care is provided in-person
3. Ensure appropriate **personal protective equipment is available** to all staff wherever there is risk of exposure to an infection
4. Assess the **health human resources** required to increase care activity
5. Work with organizations in the community to **ensure delivery of services that support patient/clients' full continuum of care**, and work to avoid unintended community-wide consequences of resuming care
6. **Communicate regularly** with patients/clients and caregivers
7. **Monitor the level of COVID-19** disease burden in your community
8. Apply an **ethical strategy to the prioritization** of patient/client care activities

A Long-Term Strategy for Virtual Care

- Whenever possible and appropriate, visits should be conducted virtually
- Advantages to using virtual care include:
 - Avoiding unnecessary in-person visits resulting in reduced risk of infection
 - Reduces challenges with travel
 - Expands patients' access to providers
- Services should be expanded beyond telephone and video consultations (e.g., pre- and post-operative surgical care, virtual emergency solutions, remote monitoring for patients with COVID-19)
- A long-term strategy should support high-value virtual care beyond the pandemic

Collaborative Relationships With Local Health Service Organizations, Providers, Other Community Supports, and Patients/Clients

- Ensure delivery of services that support patients' full continuum of care
- Aim to avoid unintended community-wide consequences of resuming care, and to improve the integration of care between sectors and across regions
- Identify partners upstream and downstream of you and the impact that increasing your services may have on their resources (if applicable work with your Ontario health team partners)
- Confirm that partners are available and, when required, care can be coordinated in a timely manner (e.g., assessment centers, community laboratory, pharmacy, home and community care, primary care, rehabilitation services, specialists)
- Consider working with patients/clients and caregivers to codesign any new processes
- Where barriers exist, work with your region to mitigate these

Infection Prevention and Control, Personal Protective Equipment, Health Human Resources, and Ongoing Risk Assessment and Monitoring

- A comprehensive approach to IPAC should be taken where care is provided in-person
 - Application of the hierarchy of hazard controls
- Ensure appropriate PPE is available and properly used during each patient/client interaction
 - Health care workers should complete a point of care risk assessment before every patient/client interaction
- Confirm availability of health human resources required and make sure appropriate supports are in place to maintain their well-being
- Monitor the rate of COVID-19 cases in your community to determine if adjustments in your service delivery are necessary
 - Refer to data from the [Ministry of Health](#), [Public Health Ontario](#), or local data shared in by your region

A Strategy For Ethical Prioritization of Patient/Client Care Activities

- Resumption of services should be guided by the following ethical principles: **proportionality, non-maleficence, equity and reciprocity**
- To determine which services should be prioritized, these ethical principles need to be applied using a fair process to ensure legitimacy and accountability in their application
- Conditions to guide a fair process include **relevance, transparency, revision, engagement and enforcement**
- Prompts to support the application of these principles are included in the document

Summary

- These recommendations support key planning criteria for increasing care delivery during the pandemic
- They are guided by ethical principles and planning assumptions that should be considered when using these recommendations to direct planning and decision-making
- As regions actively plan for the resumption of health care services, organizations and providers are encouraged to collaborate with them and participate in this planning
- Ensure patients/clients and caregivers are actively engaged and aware of new processes
- Where care is delivered in-person ensure the appropriate precautions are being taken to keep everyone safe
- Optimize opportunities to transform care delivery



Thank You

Appendix: Committee

Member	Role/Organization
Chris Simpson (Chair)	Vice-Dean (Clinical), School of Medicine, Queen's University
Aaron Pollett	Provincial Head, Pathology and Laboratory Medicine Program, Ontario Health (Cancer Care Ontario)
Anthony Stone	Chief of Staff, Lakeridge Health; Lead Physician, Clarington Family Health Organization
Carrie Bernard	Assistant Professor, Department of Family and Community Medicine, University of Toronto; Assistant Clinical Professor, Department of Family Medicine, McMaster University
David Pichora	President and CEO, Kingston Health Sciences Centre
Danielle Martin	Executive Vice President and Chief Medical Executive, Women's College Hospital
Derek McNally	Executive Vice President Clinical Services and Chief Nursing Executive, Niagara Health
Edward Brown	Chief Executive Officer, Ontario Health (Ontario Telemedicine Network)
Garth Matheson	Interim President and CEO, Ontario Health (Cancer Care Ontario)
Howard Ovens	Chief Medical Strategy Officer, Sinai Health System; Ontario Provincial Lead, Emergency Medicine
Jason Bartell	Interim Executive Director/Nurse Practitioner, Chatham-Kent Family Health Team
Jennifer Everson	Vice-President, Clinical, Ontario Health (West)
Julian Dobranowski	Chief of Diagnostic Imaging, Niagara Health; Provincial Lead, Cancer Imaging, Ontario Health (Cancer Care Ontario)
Kimberly Wintemute	Family Physician, Primary Care Lead, Choosing Wisely Canada; Assistant Professor, University of Toronto
Linda Rabeneck	Vice President of Prevention and Cancer Control, Ontario Health (Cancer Care Ontario)
Mary Burnett	CEO, Alzheimer Society Brant, Haldimand Norfolk, Hamilton Halton
Paul Preston	Vice-President, Clinical, Ontario Health (North)
Robert Sibbald	Director, Ethics, Patient Experience/Relations, and Indigenous Liaison, London Health Sciences Centre
Sue Tobin	Clinic Director and Nurse Practitioner, Ingersoll Nurse Practitioner-Led Clinic
Wendy Hansson	President and CEO, Sault Area Hospital



Discussion/ Questions?



Stroke Memo #4:

Recommendations for an Approach to Resuming Outpatient Stroke Rehabilitation Services in Ontario

SHELLEY HUFFMAN

Stroke Memo #4

Background

- Recognizing the importance of providing stroke rehabilitation services during COVID-19, CorHealth together with the Stroke Network Rehabilitation Coordinators and stakeholders have developed guidance to support the broader stroke community.
 - April 20, 2020, a guidance [memo](#) with recommendations supporting the ongoing provision of stroke rehabilitation during the COVID-19 pandemic
 - June 29, 2020, a final draft memo to support an approach to resuming outpatient stroke rehabilitation services

Recommendations for an Approach to Resuming Outpatient Stroke Rehabilitation Services in Ontario

MAJOR SECTIONS

- Background and assumptions relevant to stroke rehabilitation
- Determining client prioritization for wait list management
- Considerations to determine stroke rehabilitation programming (in-person, virtually or hybrid models)
 - List of clinical needs or interventions requiring in-person assessment and/ or stroke rehabilitation
 - List of interventions and clinical activities to consider delivering in a virtual capacity.
- Preparing patients from the inpatient setting to transition to outpatient rehabilitation
- Additional considerations (e.g. tips to consider when promoting distancing for in-person stroke rehabilitation services.)

Discussion

- Does the approach and considerations in the memo resonate?
- Does anyone have additional feedback on the memo?



eCTAS Stroke Data

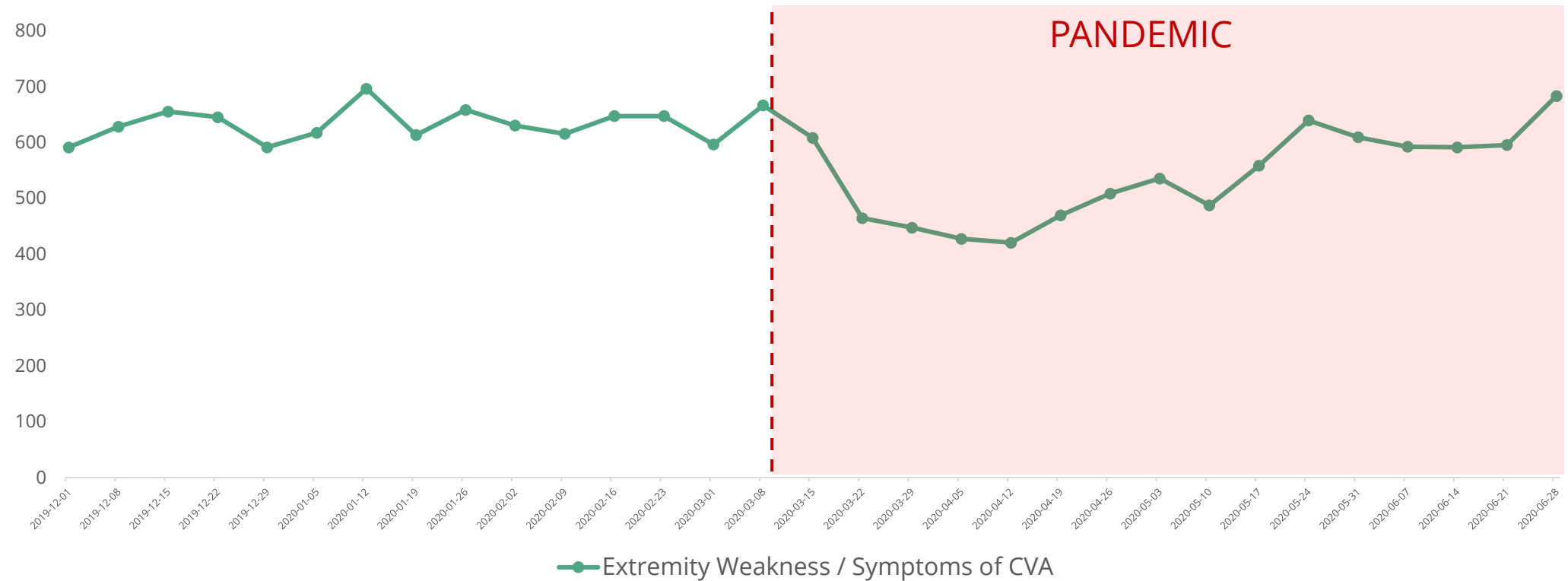
Dec 1st 2019 – June 28st 2020

A Glimpse into the Emergency Departments for Stroke Presentations

Mirna Rahal

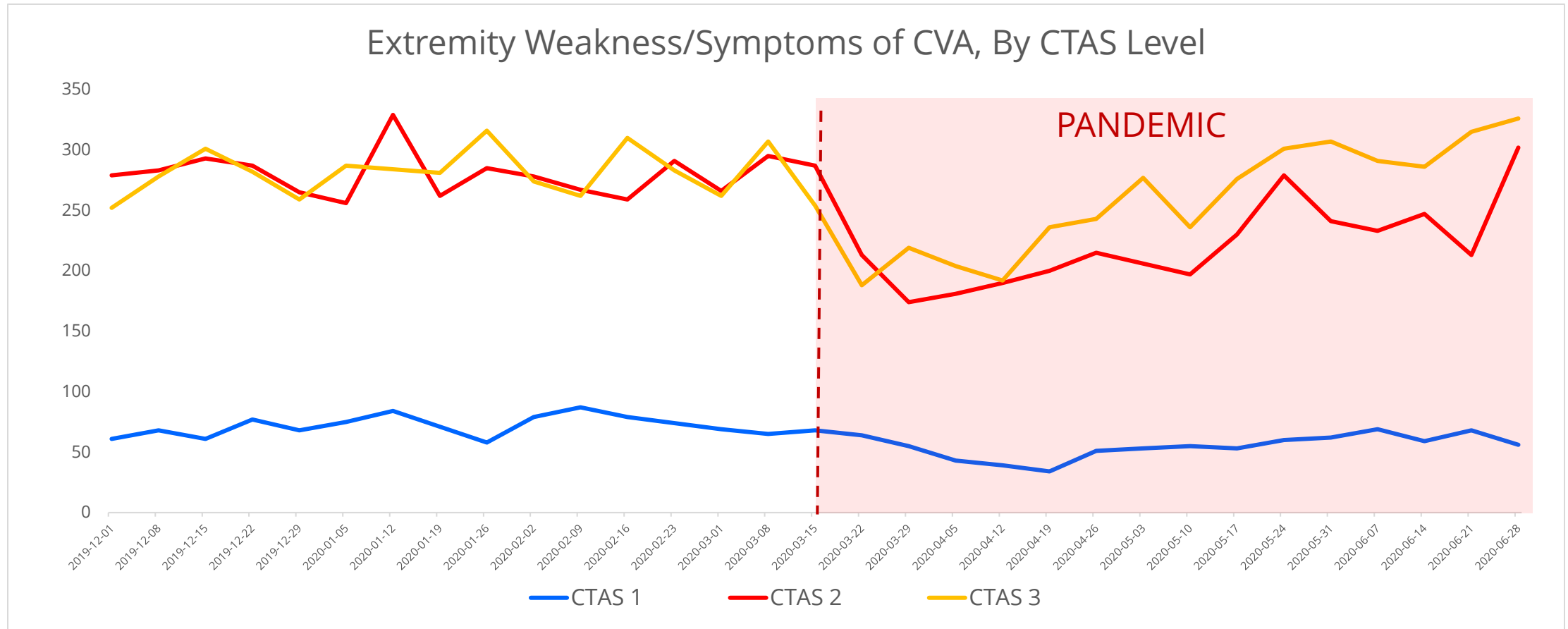
Stroke Related Presentations

Extremity Weakness/Symptoms of CVA, Total Volumes



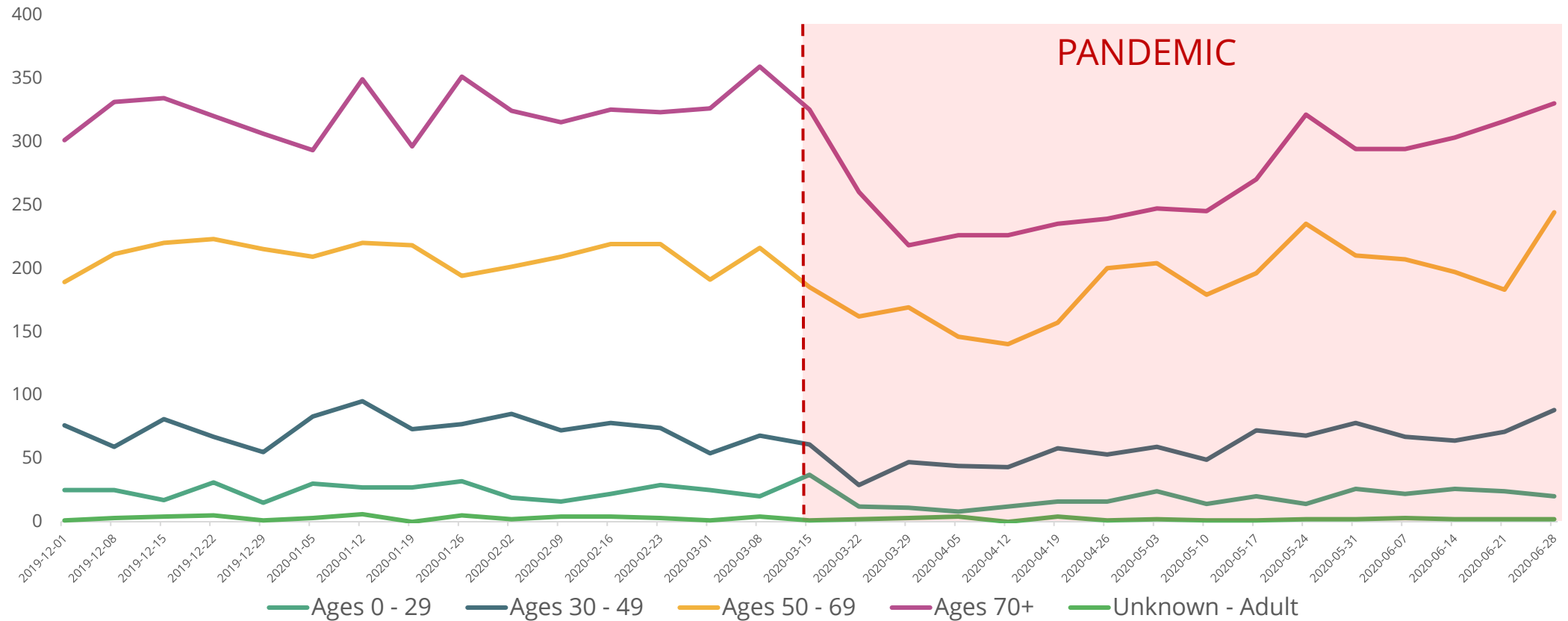
Data Source: eCTAS

Stroke Related Presentations – By CTAS Level

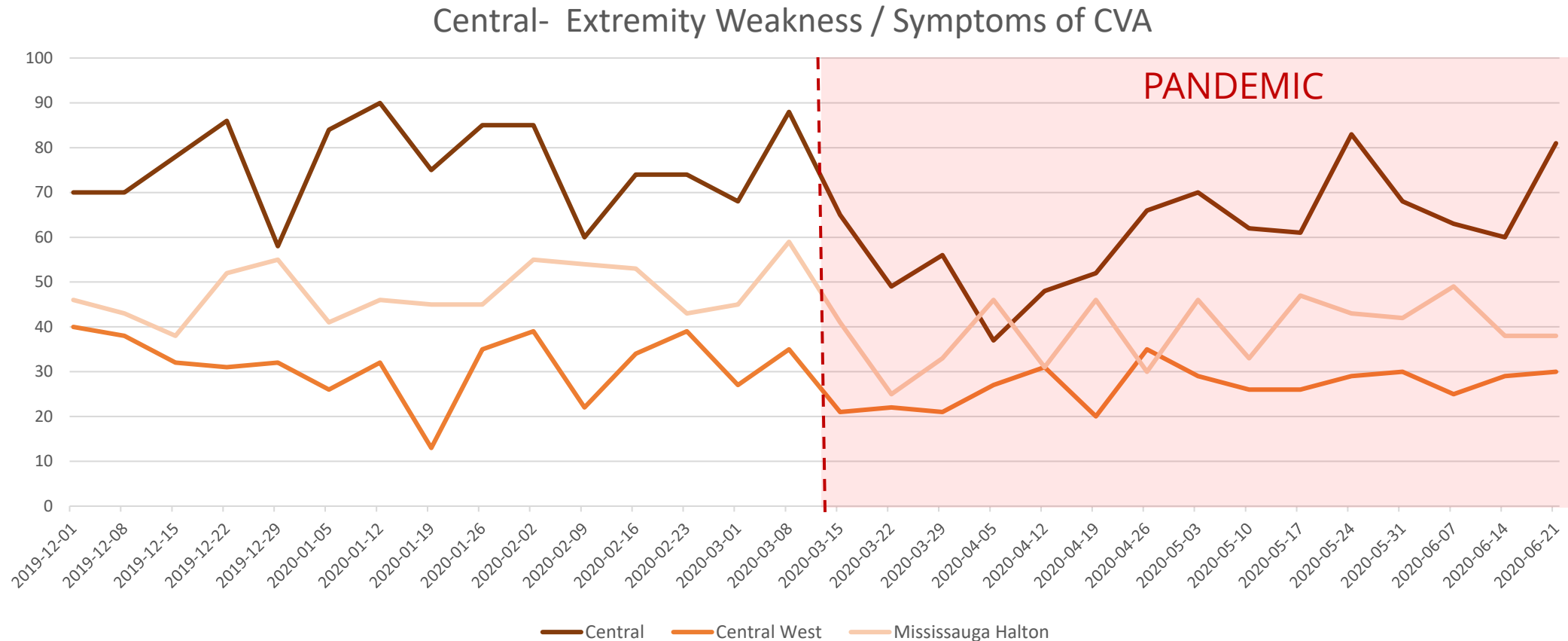


Stroke Related Presentations – By Age Group

Extremity Weakness/Symptoms of CVA, By Age Group



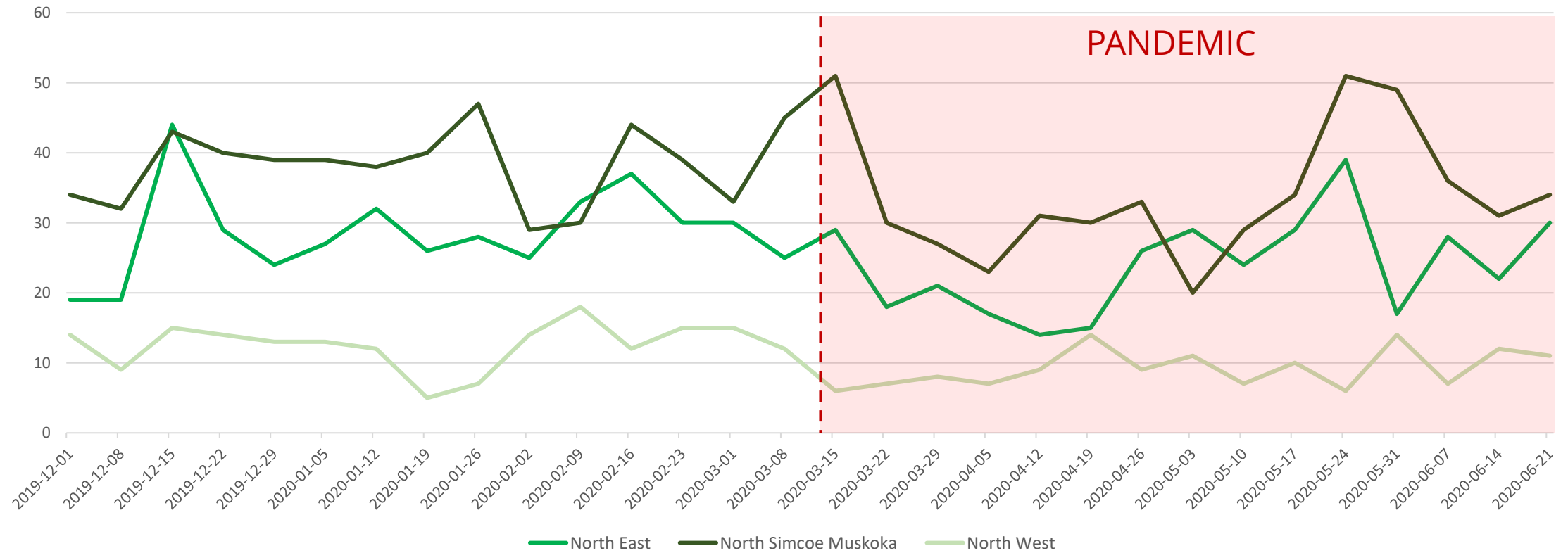
Central Region



Data Source: eCTAS

North Region

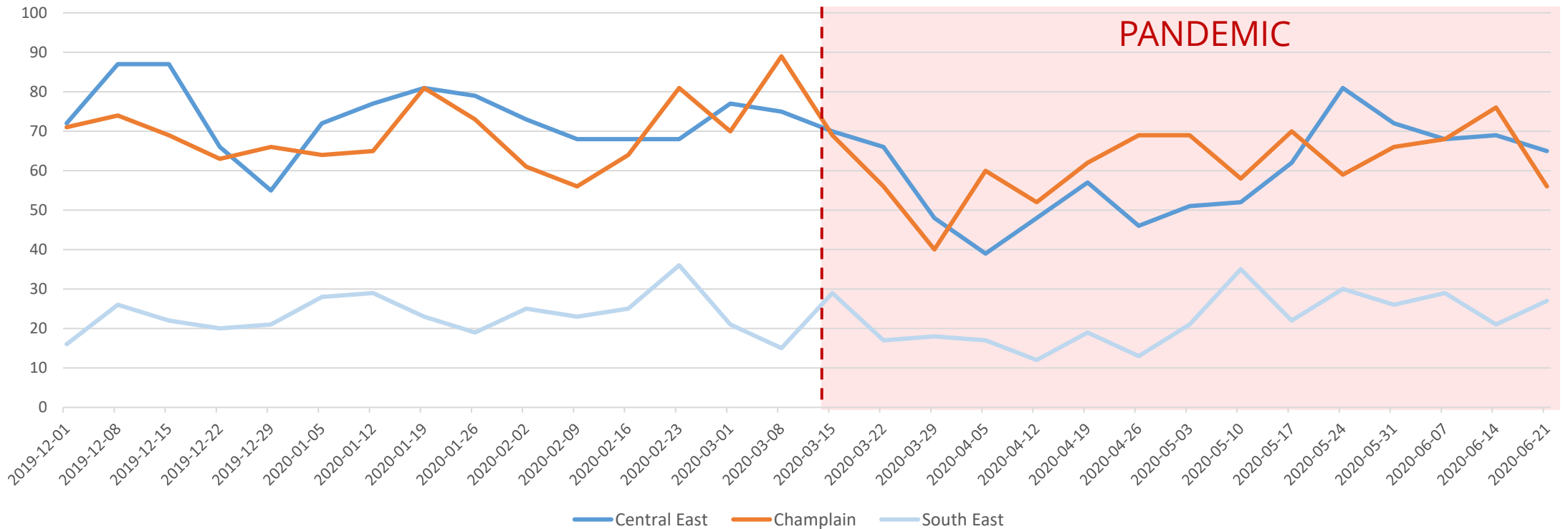
North - Extremity Weakness / Symptoms of CVA



Data Source: eCTAS

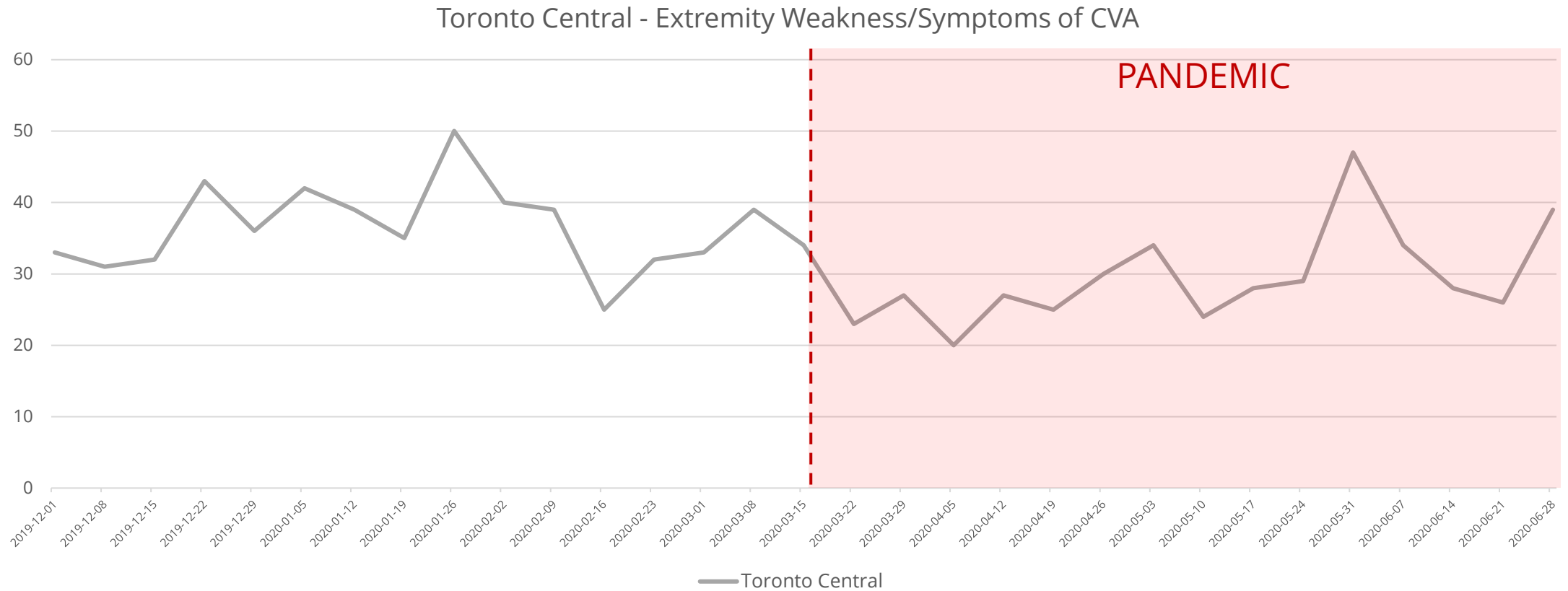
East Region

East - Extremity Weakness / Symptoms of CVA



Data Source: eCTAS

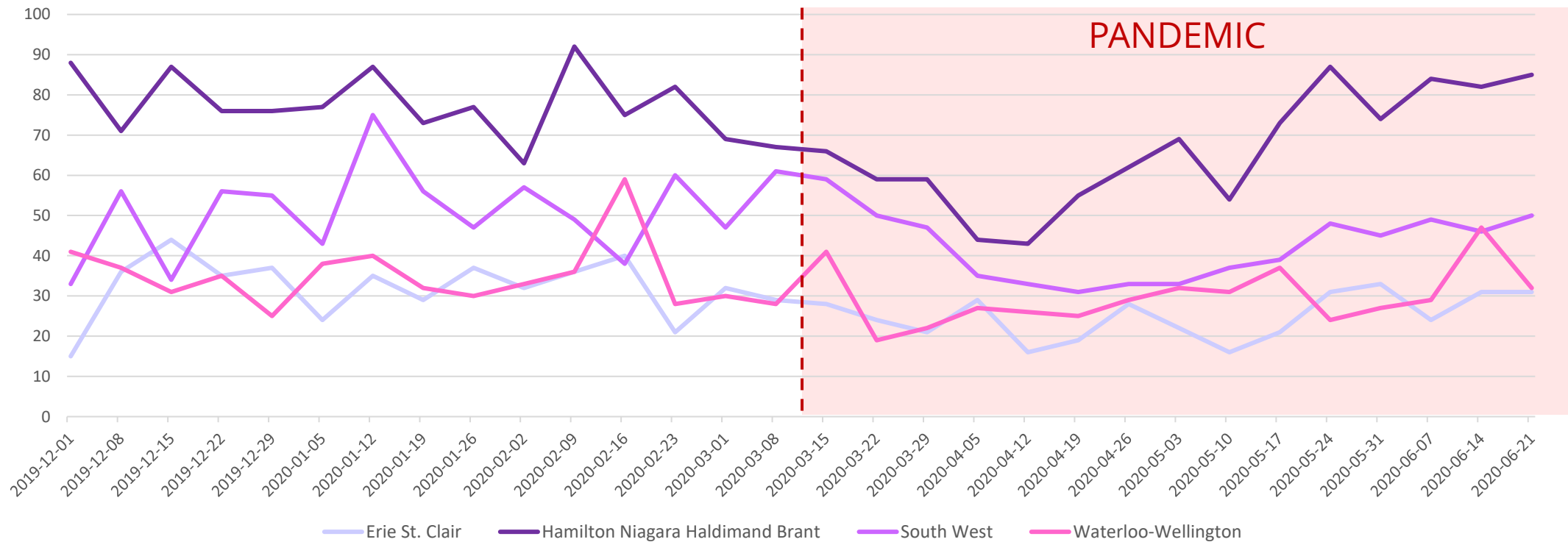
Toronto Central Region



Data Source: eCTAS

West Region

West Region - Extremity Weakness / Symptoms of CVA



Data Source: eCTAS

Discussion

- Does anyone have any questions about this data?



Upcoming Activities & Next Steps

Shelley Sharp/ Dr. Leanne Casaubon

Other Updates and Next Steps

- Stroke Awareness Month
- Virtual Care consultations ongoing
- Virtual Care Advisory Panel development ongoing
- Stroke Memo #4: Recommendations for an Approach to Resuming Outpatient Stroke Rehabilitation Services in Ontario
 - Submit any additional feedback to Shelley.Sharp@corhealthontario.ca
 - Distribute week of July 6th to forum participants and post on CorHealth's COVID-19 Resource Centre
- Next COVID-19 Stroke Forum Meeting: tbd
 - Are there any other items that you would like to raise or see addressed at future COVID-19 Stroke Forums?



Appendix