

Stroke Stakeholder Forum #1

MEETING SUMMARY NOTES

DATE: MARCH 27, 2020 2:00-3:00 PM

GROUPS REPRESENTED: More than 100 people joined the call with representation from CorHealth Ontario, CorHealth Stroke Leadership Council, Regional Stroke Medical Directors, Regional and District Stroke Program Directors/Coordinators and Program Administrator at Stroke Centres across the province, Telestroke, Criticall, Paramedic Services, Ministry of Health (Provincial Programs Branch and Emergency Health Services Regulatory Branch), and colleagues from British Columbia.

DISCLAIMER: The information in this document represents a high-level summary to capture the discussion at the point of time of the meeting and is NOT general guidance.

HIGHLIGHTS

- CorHealth Ontario is providing stakeholders forums across its clinical domains to support its stakeholders in sharing strategies and tools for the management of stroke patients through the COVID-19 outbreak and to identify the need for developing guidance documents to support patient management.
- A CorHealth COVID-19 Resource Centre is now available on CorHealth's website at <https://www.corhealthontario.ca/resources-for-healthcare-planners-&-providers/covid19>
- There is recognition that this is a dynamic situation, and documents posted may be reviewed and revised on an ongoing basis, as needed.

Key Themes

- There is agreement and recognition that stroke is viewed as an essential service across sites.
- May need to be provincial guidance on stroke rehabilitation being seen as an essential service to promote flow through the system into the community.
- Maintaining stroke expert human resources in a time where resources are limited may be challenging and is constantly changing
 - May need to train individuals/ staff who have not treated stroke before to support this specialized population

Role of rapid ambulatory TIA and minor stroke and secondary prevention clinics

- Virtual care will be key to sustaining outpatient care for secondary prevention clinics; many hospitals have shifted their stroke prevention services to almost completely virtual
- Recognition that there is a need to coordinate with medical diagnostic departments and or cardiologists for access to imaging, cardiac investigations and prioritization of patients
- Group felt that there is a need for a provincial guidance statement around essential access to brain and vascular imaging and cardiac investigations.

Adaptations to Hyperacute Protocols

- Telestroke coverage is currently intact. Risk will be if on call neurologists fall ill to COVID 19
- Some sites noted confusion around current protocols and indications for donning full (droplet) PPE in the context of shortages.
- There was general agreement every hospital's infection control may have a different take on this and to follow local processes.
- Lack of consensus at some sites on where to transfer a potential COVID positive patient post tPA or EVT (open units, private rooms etc).
- Sites to share relevant protocols for the CorHealth resource centre.

Increasing Bed Capacity

- Several sites have developed local hospital recommendations or order sets around moving tPA patients to level 1 or step down beds as well as adjusting staffing ratios to increase bed capacity
 - Group requested that CorHealth post these documents for sharing
- Other strategies to move patients out of acute care inpatient units will be key (e.g. lean more on ambulatory TIA/minor stroke clinic – will need access to rehab assessments in addition to imaging)
- General sense that volume of people presenting with stroke is currently down as well as volume of TIA referrals.
 - May need to monitor changes over time to volumes

Flow to Rehab and Community

- Flow to rehab and community needs to be maintained to avoid unintended consequences including hospital readmission.
- There is inconsistency in messaging on essential services throughout province with respect to outpatient and home care services that facilitate flow back into the community (some sites have no access to outpatient services)
- Mitigation strategies suggested included:
 - Advocating for less strict considerations for who goes to inpatient rehab

- Using a risk management tool to score patients with respect to severity and likelihood of permanent disability (RVH)
 - Request for CorHealth to share this tool
- Transitioning COVID-19 positive patients to community remains unclear and may become a bigger concern in coming weeks.
- Acknowledgement that community supports are still very important and needed to decrease isolation and keep people well (including virtual platforms etc.).

Contingency Planning

- The group noted varying degrees of contingency planning at their hospitals.
- Many noted telestroke as back ups to their plans. Risk if lose telestroke coverage due to neurologist illness.
- Suggestions for contingency plans included:
 - Partnering between organizations (e.g. one person on call at 2 hospitals)
 - Using telemedicine (virtual platforms) back up instead of telestroke in the event of a disaster scenario
 - Using ENITS for imaging between hospitals and relying on other subspecialty colleagues to make decisions if stroke physician is only available to consult from home (development of educational materials may be required)
- Considerations were raised around deploying human resources as it may not be possible for teams to physically leave their region or travel.
- Furthermore, the need was expressed to preserve functions/roles while redeploying human resources (e.g. regional director, district stroke coordinator)
- Recognition that further planning is necessary to build a system with a few layers of safety net and enhance communication across province.

Evaluation of impact

- It was stated that an evaluation or measurement of the changes to stroke patient management during COVID-19 would be of interest.

NEXT STEPS

CorHealth to:

- Send out/post a summary of discussion
- Build a guidance memo around imaging for TIA/minor stroke
- Discuss rehab issues at CorHealth table forming around rehab (cardiac, stroke, vascular)
- Follow up with meeting members to gather specific documents to share and post on COVID-19 Resource Centre
- Set up next meeting
 - Include neurointerventionalists
 - Carry forward discussion around capacity planning