CorHealth Ontario
Advancing cardiac, stroke and vascular care

Stroke Forum # 5

MEETING SUMMARY NOTES

DATE: JUNE 8, 2020, 9:00-10:00 AM

GROUPS REPRESENTED: Over 100 participants joined the call with representation from CorHealth Ontario, CorHealth Stroke Leadership Council, Regional Stroke Medical Directors, Stroke Interventionalists, Regional and District Stroke Program Directors/Coordinators and Program Administrators at Stroke Centres, Rehabilitation Programs, Telestroke, Criticall, Paramedic Services, and Ministry of Health (Provincial Programs Branch, Digital Health and Emergency Health Services Regulatory Branch), and Heart and Stroke Foundation

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.

KEY SYSTEM UPDATES

- CorHealth Ontario will be focusing June's stroke awareness efforts on acknowledging and thanking healthcare providers for their continued efforts during the pandemic; the flexibility that the stroke system has demonstrated; and the resources developed to support continued best practices during the COVID-19 pandemic.
- On May 7, 2020, Ontario Health released a memo titled A Measured Approach to Planning for Surgeries and Procedures During the COVID-19 Pandemic to all Hospital CEOs. The Memo provides guidance relating to the reintroduction of scheduled surgical and procedure-based services. A similar document is currently being developed to support planning and decision making with respect to the ramping of up ambulatory care services (i.e. outpatient care, primary care, and home and community care) – *Update since meeting: released on June 9th.*
- 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.
- The Value-for-Money Audit on Cardiovascular and Stroke care in Ontario has been put on hold considering COVID-19. There is no indication of when the Value-for-Money Audit on Cardiovascular and Stroke care in Ontario may be resumed.

PROGRESS UPDATES

- CorHealth COVID-19 Stroke Memo #3 - **RECOMMENDATIONS FOR AN ONTARIO APPROACH TO ENGAGE & SUPPORT CAREGIVERS FOR PERSONS WITH STROKE DURING COVID-19** is in the final stages of review and is anticipated to be distributed by end of week.
- Results of the COVID-19 Stakeholder Forum Survey distributed on May 19th was shared in the appendix of the "meeting presentation."

NEW BUSINESS ARISING: VIRTUAL CARE

- Dr. Leanne Casaubon (chair) shared insights gleaned from the Board's Clinical Advisory Committee meeting on June 5th. Virtual care was noted to be a key area of focus for CorHealth's three clinical domains.
- A new CorHealth initiative: Supporting Access to Virtual Care was introduced to forum participants. To support this project, two examples of the use of virtual care in stroke care were shared, and forum participants engaged in a facilitated discussion.

Examples of Virtual Care (Guest Speakers) (see "meeting presentation" for presenter slides)

- Lisa Fronzi RN, Clinical Nurse Specialist, shared experience of implementing virtual care in the Secondary Prevention Clinic at Hamilton Health Sciences. Key highlights from presentation:
    - Prior to the pandemic most patients were seen in-person. Today, most patients are being seen virtually. Select patients (e.g. patient requiring carotid intervention, English as a second language) continue to be seen in-person.
        - Patients who may not have been seen previously due to inability to attend in person are now receiving SPC services.
    - Patients continue to be seen in a timely manner with the initial appointment occurring same day or next day.
    - In-person tests are clustered on the same day to avoid the need for multiple in-person visits (e.g. blood work, imaging).
    - Noted increased time required to perform Nursing interventions virtually (e.g. medication reconciliation, risk factor assessment).
    - Noted several benefits to virtual visits such as the ability for multiple family members to participate in care despite different locations.
    - Noted several challenges related to virtual visits such as difficulty performing cognitive and neurological assessments, adhering to appointment schedules (late or early calls), privacy (e.g. email encryption), incorporating the training of residents and fellows.
- Manny Paiva, Coordinator for Inpatient Stroke/Neurological Services, Comprehensive Outpatient Rehabilitation Program & Community Stroke; and Rehabilitation Team Mireille Testa, Ambulatory Team Facilitator for Community

Stroke Rehabilitation Team & Comprehensive Outpatient Rehabilitation Program; shared their experience with virtual rehabilitation (outpatient and community-based rehab) at Parkwood Institute Key highlights from presentation:

- Prior to Covid-19 the Community Stroke Rehab team was already exploring the use virtual care to align with the organization's strategic priorities. This preliminary work, although not yet implemented, provided a foundation to support the rapid transition to virtual care in response to COVID-19 (e.g. staff already trained and set up with OTN). Note: the outpatient program did not have the same foundation.
- Overnight transformation from all in-person visits to no in-person visits, except for urgent or emergent cases, in both the community and outpatient setting.
- Also experienced significant staffing challenges due to 50% redeployment of outpatient rehabilitation team.
- Immediate actions taken to implement the program included the training of outpatient staff, developing consents, developing new tools for assessment/intervention, and determine logistical aspects of care delivery such as team rounds.
- Community Stroke Rehab Team able to maintain number of visits/week, but a slight decreased in the number of visits provided by the outpatient rehabilitation team was noted (largely due to decreased staffing).
- Noted several benefits to virtual visits such as the ability to build problem solving and self-management skills, the provision of more information to clients (e.g. emailed handouts, videos etc.), the ability to form groups with patients experiencing similar challenges/levels of recovery, ability to assess home environment.
- Noted several challenges related to virtual visits such as client comfort with technology, access to technology, performing certain assessment (e.g. swallowing, perception, safety), varying ability of clients (e.g. hearing), translation services, access to therapy equipment.

Facilitated Discussion

- The group participated in a facilitated discussion focusing on current use, needs, barriers and opportunities related to virtual care.
- Key highlights from discussion:
    - The use of virtual care extends beyond secondary prevention and rehabilitation. It is also being used to support patients and caregivers living in the community and/or long-term care and has been critical to addressing concerns related to social isolation.
    - Virtual care will be a required delivery mechanism to facilitate workflow and optimizing clinic space and IPAC requirements (preserving PPE, physical distancing)

- Barriers/Issues flagged by participants:
  - Billing issues and the temporary nature of the billing codes. This is particularly concerning given the strong preference of patients to use telephone vs. OTN. Also, providers are often forced to resort to telephone visits due to failing technology.
    - Several participants raised concerns regarding the removal of the temporary telemedicine/virtual care billing codes in July. The Ministry of Health clarified that no date has been shared with respect to the removal of the codes.
  - Inability of virtual platform to meet increasing demand resulting in technology failures (i.e. insufficient bandwidth)/lack of infrastructure.
  - Organizational readiness - Lack of tools/educational resources to support delivery of virtual care, platforms, private space.
  - Inequitable access to care for patients who are unable to use virtual modalities.
  - Lack of understanding regarding the type of patients that need in-person visits vs. those who can be supported virtually, and appropriate timeliness of the care intervention (e.g. wait listing rehab needs)
  - Insufficient bandwidth in Northern Communities.
  - Insufficient evaluation and lack of understanding with respect to the unintended consequences of virtual care.
- Dr. Leanne Casaubon (chair) reiterated that this dialogue was only the beginning of the discovery phase of this project and that further engagement can be expected. Participants interested in participating in this work and/or sitting on an advisory committee can contact Shelley Sharp at Shelley.Sharp@corhealthontario.ca.

FUTURE PLANNING

- Participants were provided with the opportunity to raise any other items that they would like to see addressed at future COVID-19 Stroke Forums.
  - Participant raised the need to address flow of patients who require access to long-term care and are currently unable to be transferred.

NEXT STEPS

- CorHealth to continue to engage stroke stakeholders to better understand needs, barriers, opportunities, and priorities related to virtual care.
- CorHealth to finalize Caregiver memo and distribute to stakeholders/post to resource centre.
- CorHealth to action guidance raised around resumption of in-person care.
  If group members have any questions or comments, please email Shelley.Sharp@corhealthontario.ca