

# Stroke Forum #6

## MEETING SUMMARY NOTES

**DATE:** JUNE 29, 2020, 12:00-1:00 PM

**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, CitiCall Ontario, 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.

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## HIGHLIGHTS

### **Ontario Health Memo; Recommendations for Regional Health Care Delivery During the COVID-19 Pandemic: Outpatient Care, Primary Care, and Home & Community Care (Dr. Chris Simpson)**

- Dr. Chris Simpson, clinical science lead on *Ontario Health's COVID-19 Health System Response Oversight Table*, provided an overview of the recommendations put forward by Ontario Health (OH) in the document titled: [OH Recommendations - Regional Health Care Delivery During the COVID-19 Pandemic: Outpatient Care, Primary Care, and Home and Community Care \(June 8, 2020\)](#).
- 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).
- The recommendations outlined within this document, include: maximizing virtual care; comprehensive infection prevention & control; PPE availability; health human resources assessed; delivery of services supporting the full continuum of care; regular communication; monitoring of COVID-19 levels; and ethical prioritization strategies.
- Dr. Simpson noted the following opportunities highlighted in the report:
  - Virtual care and the need to “bake high value virtual care into the post-pandemic world”; and
  - Moving the integration dial by encouraging collaboration and partnerships across the system, and considering the downstream impacts of our actions

- Dr. Simpson acknowledged that, while the underlying principles outlined in the document are intended for multiple venues, sector specific guidance to support operationalization of the recommendations will be required due to differences in oversight, accountability, and clinical environments.

### **Questions and Feedback**

- Participants agreed that system integration and collaboration are critical to ensuring patients receive optimal care. It was noted that this interconnectedness, especially with respect to primary care, has often been ignored in the past. Participant asked if there were any recommendations on how to build these partnerships without formal accountabilities and funding agreements.
  - Dr. Simpson noted that the Ontario Health Teams were perceived as a mechanism for building this integration. However, he noted that integration requires a certain level of risk. The pandemic has created an environment where organizations and people are willing to take more risks, so we are beginning to see what might be possible out of pure necessity. Integration will still require significant financial and governance reforms.
- Participants noted that prior to covid-19 significant strides were being made with respect to system integration through the stroke bundled care work. Concerns regarding the current status of the work were raised.
  - Other participant noted challenges being faced in other sectors with integrated funding models due to the tendency for organizations to turn their focus internally during times of crisis.
  - Dr. Simpson noted that the summer reprieve may allow for bundled care conversations to resume.
- Participant from the homecare sector noted challenges with respect to human resource capacity and raised the need for ongoing support from the Ministry and/or OH (e.g. pandemic pay).
  - Dr. Simpson acknowledge theses challenge and stressed the importance of strategic planning to ensure that we have the right resources in the right places at the right time when the second wave hits.

### **CorHealth COVID-19 Stroke Memo #4 - RECOMMENDATIONS FOR AN APPROACH TO RESUMING OUTPATIENT STROKE REHABILITATION SERVICES IN ONTARIO**

- Shelley Huffman, Rehabilitation Coordinator for Southeastern Ontario Stroke Network, provided an overview of the draft recommendations put forward by CorHealth Ontario for resuming outpatient stroke rehabilitation services in Ontario. This document was developed through the collaborative efforts of the Ontario Regional Stroke Network's Rehabilitation Coordinators and CorHealth Ontario.

- The document acknowledges the fact that, across the province, outpatient rehabilitation programs will be at a different stage of service resumption depending on their ability to sustain essential visits and/or transition to virtual options during the pandemic. The document is meant to provide guidance for all stages of readiness.
- Each section includes tips and considerations that reflect the experiences and strategies being used by different programs across the province

### **Questions/feedback**

- Participants echoed the importance of transition planning and the added value of having the outpatient/community team meet with the patient prior to discharge to assess needs, appropriateness for virtual care and to prepare them for their outpatient rehab experience. The importance of trialing technology and teaching patients the skills required to use technology prior to discharged were highlighted by participants as an essential component of the inpatient stay (“we need to start thinking about technology as an activity of daily living”)
- Participant noted the need for a more comprehensive approach to disseminating the memos to ensure target audience is reached.
  - Shelley Huffman acknowledged the need for local champions to share information with partners (e.g. Regional Rehabilitation Coordinator)
- Participant noted the importance of sharing other documents which are being produced locally/regionally.
- The document is to be finalized, posted on the CorHealth website and distributed next week. If you have any further comments, please send to [Shelley.Sharp@corhealthontario.ca](mailto:Shelley.Sharp@corhealthontario.ca)

### **Emergency Department Stroke Data Updates**

- Mirna Rahal, provided an overview of trends in stroke related presentations as captured in the e-CTAS database. Data includes aggregated weekly e-CTAS reports for stroke presentations from December 1st, 2019 to June 28th. Key findings:
  - When looking at stroke related presentation to the Emergency Department, a tremendous decrease is noted during the first five weeks of the pandemic followed by a gradual climb back to baseline. This past week (June 21st -28th) marks the most significant increase, even to slightly above pre-covid levels.
  - When looking at stroke related presentations by CTAS level, we see a steeper decrease in CTAS 2 and 3 during the first five weeks followed by gradual recovery to baseline. CTAS 1 experienced a more gradual decrease/recovery.

- A similar pattern (i.e. sharp decreased followed by gradual recovery) is noted when looking at stroke related presentation by age.
- CorHealth is in the process of updating the regional data to include the week of June 21-28. However, based on the previous week's data, it appears that most regions are performing within 3% of their pre-covid levels. Some variation does exist at the LHIN level. In particular, the South West and Waterloo Wellington LHIN continue to experience an 8-10% decrease in stroke presentations, while the South East LHIN is experiencing a 15% increase in stroke related presentations.
- Data will be provided to forum participants on a biweekly basis going forward.

#### **Questions and Comments**

- Concerns regarding the increase above baseline level were raised as this may reflect decreased secondary prevention services.
- Participant asked if time between Stroke Symptom Onset and ED presentation could be reported.
  - Mirna noted that this information is captured in CIHI data and through IDS for 50% of the hospitals (i.e. those who participate in IDS), but there is a 60-day time lag. When April data is available, CorHealth will explore the feasibility of bringing this data back to the group.
- It was noted that not all hospitals participate in e-CTAS. In particular, two of the Reginal Stroke Centre in Toronto are not included in this data set.

#### **Upcoming Activities and Next Steps**

- Dr. Casaubon noted that this week marks the end of Stroke Awareness Month and thanked participants for their continued efforts to raise public awareness regarding to importance of calling 911 for the signs and symptoms of stroke even during a pandemic.
- CorHealth Ontario continues to embark on stakeholder consultations for its Virtual Care initiative. Findings from these consultations will be brought forward to future forums.
- If group members have any questions or comments, please email [Shelley.Sharp@corhealthontario.ca](mailto:Shelley.Sharp@corhealthontario.ca), and they will be included for discussion at future meeting.