

# Stroke Stakeholder Forum #2

## MEETING SUMMARY NOTES

**DATE:** APRIL 3, 2020 2:00-3:30 PM

**GROUPS REPRESENTED:** Over 95 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, Telestroke, Criticall, Paramedic Services, and Ministry of Health (Provincial Programs Branch and Emergency Health Services Regulatory Branch) Heart and Stroke Foundation 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.

---

### Follow up from Forum 1 HIGHLIGHTS

- CorHealth is establishing a stakeholder forum across the cardiac, stroke and vascular clinical domains to identify opportunities to deliver rehabilitative services to high risk populations during the COVID-19 crisis and to share resources with its broader stakeholder community. (April 9, 2020)
- Information was shared around virtual and remote monitoring tools, resources and major websites. This is available on the CorHealth COVID-19 Resource Page.
  - Action for All: If forum members are aware of other stroke specific resources/tools, please share with Shelley Sharp at CorHealth.
- Guidance memo on Ambulatory Imaging & Cardiac Investigations for TIA and Minor Stroke During COVID-19 was posted on the CorHealth COVID-19 Resource Centre on March 31, 2020.

### Key Themes

- Sites continue to experience challenges related to decision-making around preserving PPE while maintaining safe and effective workflows for CODE stroke.
- More clarity around the implementation/communication plan of the OH Triage Protocol will provide members with a better understanding of the implications of the protocol for the stroke population.
- Increased communication and awareness within the regions of COVID-19 affected sites would be desired, however existing referral pathways for EVT should remain in place with local decision-making if required.

### **CorHealth, System and Stroke Stakeholder Forum Updates**

- Ontario Health has released a document outlining a clinical triage protocol that briefly describes three surge levels to preserve finite resources of ICUs.
- Heart and Stroke Foundation is working with CorHealth, clinical stakeholders and CIHI and data partners to evaluate indicators to understand impact due to COVID-19 (e.g. reduction in stroke volumes)
  - Natalie requested if any sites want to contact her directly with their experiences to please do so.
  - There is also a need to keep getting the message out to the public to seek emergency services if they are experiencing signs and/or symptoms of a stroke (webinar available on HSF website)

### **Conserving PPE vs. Safe and Effective Work Flows**

- The group noted the challenges surrounding decision making and streamlining of processes in light of PPE requirements for CODE stroke.
- Although hospitals are currently following their local practices, provincial guidance would be helpful to navigate this issue.
- Some sites have implemented a protected code stroke (Kingston), some have developed alternate protocols (Hamilton) for patients transferred for EVT (e.g. bypassing emergency yet using full PPE), and some are limiting the number of staff going to a code stroke (Toronto Western)
- Adding a CT Thorax for patients going to EVT if suspicious of COVID-19 positive was also raised although it was noted that there is still some debate about the utility of additional imaging and this topic requires further discussion
- Communication will be key across the care team to ensure a safe and effective workflow
- Members at the meeting referenced Houman's recently published article on Protected Code Stroke  
<https://www.ahajournals.org/doi/pdf/10.1161/STROKEAHA.120.029838>

### **Contingency Planning**

#### **OH Clinical Triage Protocol**

- Members noted a lack of clarity in the OH Clinical Triage Protocol as it related to implications for stroke patients. Specifically, concerns were raised around:
  - The use of the NIHSS and whether it refers to 'on presentation' or post treatment
    - Members agreed that post treatment would be appropriate
  - Planning for EVT therapy and post treatment assessment (ventilator considerations)
- It was stated that further clarity is desired from the author of the document as well as further follow up with critical care colleagues to understand what environment could look like (e.g. nuances with ischemic stroke patients, level 2 beds, nursing care models etc.)
- Communication strategy/plan around operationalizing document

### **EVT Referral Process**

- Members discussed the need for making changes to the current EVT referral process in the event where R1 and/or R2 would be unavailable.
- Members felt that outside GTA, the R2 site is already a long transfer and so it may not be desirable for the patient to transfer further in terms of optimal outcomes.
- It was agreed to continue with the existing referral pathways, having the central point through CritiCall with local determinations being made as necessary.
- It was expressed that enhanced communication within regions to support awareness when COVID-19 related sites are unavailable would be desired.
- Sites should be enacting strategies to maintain/protect human resource capacity as much as possible to ensure continuity of hyperacute stroke services.

### **Meeting Considerations**

- Members desired meetings to be kept to 1 hour and to continue focusing on areas where provincial guidance can be developed.

### **NEXT STEPS**

#### **CorHealth to:**

- Send out/post a summary of discussion
- Develop provincial guidance to support protected code stroke scenario and follow up with ICU physician and interventionalists to determine need for provincial guidance for EVT population
- Follow up with Dr. James Downar to gain clarity on implications of OH Clinical Triage Protocol in the context of stroke patients (NIHSS)
- Provide further dialogue and communication to members on CT Thorax issue
- Work with Criticall/ Stroke stakeholders/ CorHealth to enhance communication and awareness of COVID-19 affected stroke centres as part of EVT Referral Process
- Invite Homecare representation to Rehab Stakeholder Forum
- Follow up with meeting members to gather specific documents to share and post on COVID-19 Resource Centre (e.g. rehab virtual care resources)
- Set up next meeting