

Hyperacute Stroke Care in Toronto: Pandemic Plan

Tier 1 – Modified Walk-In Code Stroke Protocol

Trigger:

Two or more regional stroke centres (RSCs) unable to maintain hyperacute stroke services and/or significant risks identified at multiple RSCs (e.g. ED, neuro-intervention, stroke team, medical imaging)

Process:

Change to the standard **walk-in code stroke protocol** to require the following steps at community hospital emergency departments for **ALL** walk-in code stroke protocol patients:

1. CT/CTA initiated (using provincial protocol*) **prior to** activating walk-in code stroke protocol for all time ranges from presentation (both less than 6 hours and 6 to 24 hours from last known well)
2. Call the Regional Stroke Centre stroke neurologist/stroke team** on call **prior to** initiating EMS transfer, to determine transfer decision

Transfer protocols will need to reflect by-pass of RSCs off-line (e.g. via EMS, via Walk-In Code Stroke Protocols, via CritiCall)

CritiCall process to remain the same, with back-up rotation for sites who are not accepting potential EVT patients.

Tier 2 – No Stroke Transfers between Hospitals (Walk-In, In-Hospital, and CritiCall)

Trigger:

Ministry decision to cease inter-hospital transfers; Paramedic services or Toronto hospitals decision to cease inter-hospital transfers; 3 or more RSCs are unable to maintain hyperacute stroke services.

Process:

Implement a *supported model for delivery of thrombolysis* at non-hyperacute hospitals (or RSCs off-line), including thrombolysis delivery protocol and post-thrombolysis care recommendations.