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CorHealth COVID-19 Stroke Stakeholder Forum Meeting #8

August 27, 2020 | 11:30 am – 12:30 pm

Teleconference: (647) 951-8467 or Long Distance: 1 (844) 304 - 8099

Conference ID: 591413351#

Agenda

Time	Description	Purpose	Presenter / Facilitator
11:30	**1. Welcome** • Meeting Objectives • CorHealth System Updates	**Information**	**Sheila Jarvis**
11:40	**2. Update on ED Stroke Data** • Overview of ED data (eCTAS & IDS) • Stroke Symptom Onset • Arrival By Ambulance	**Information/ Discussion**	**Mirna Rahal**
11:55	**3. Program Sharing: Hybrid Models of Care** • *Karen Beekenkamp, Social worker, Outpatient Stroke Service at Toronto Rehab, UHN* • *Edith Ng, Advance Practice Leader, Brain Services, Toronto Rehab* • Q&A	**Information/ Discussion**	**Dr. Leanne Casaubon** **Edith Ng and Karen Beekenkamp**
12:10	**4. Lessons Learned: Preparation for Future Waves**	**Information/ Discussion**	**Dr. Leanne Casaubon**
12:25	**5. Next Steps and Wrap Up**		**Dr. Leanne Casaubon**

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Welcome

SHEILA JARVIS

Meeting Objectives

- To provide information on key CorHealth and System updates.
- To share an update on data related to emergency room presentation of stroke and stroke symptom onset.
- To facilitate dialogue and share experiences on the current activities and models of delivery for stroke outpatient rehabilitation (including virtual, in person and hybrid models)
- To reflect on the stroke system's response to the first wave of COVID-19 and considerations for addressing future waves

System/ CorHealth Updates

- Met with Dr. Chris Simpson in late July and mid August to discuss the **new report** he and his team are working on. It will focus on **maintaining care throughout the phases of COVID-19.**

- Subsequent meetings with Dr. Simpson will be scheduled in September to get an update and **provide support where possible. Dr. Leanne Casaubon will be invited to those meetings.**

- **CorHealth COVID-19 Stroke Memo #5 –** Recommendation for an Approach to Ramping Up In-Person Secondary Stroke Prevention Clinic Services in Ontario was posted to the CorHealth website on August 25th.

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Stroke Activity Report

MIRNA RAHAL

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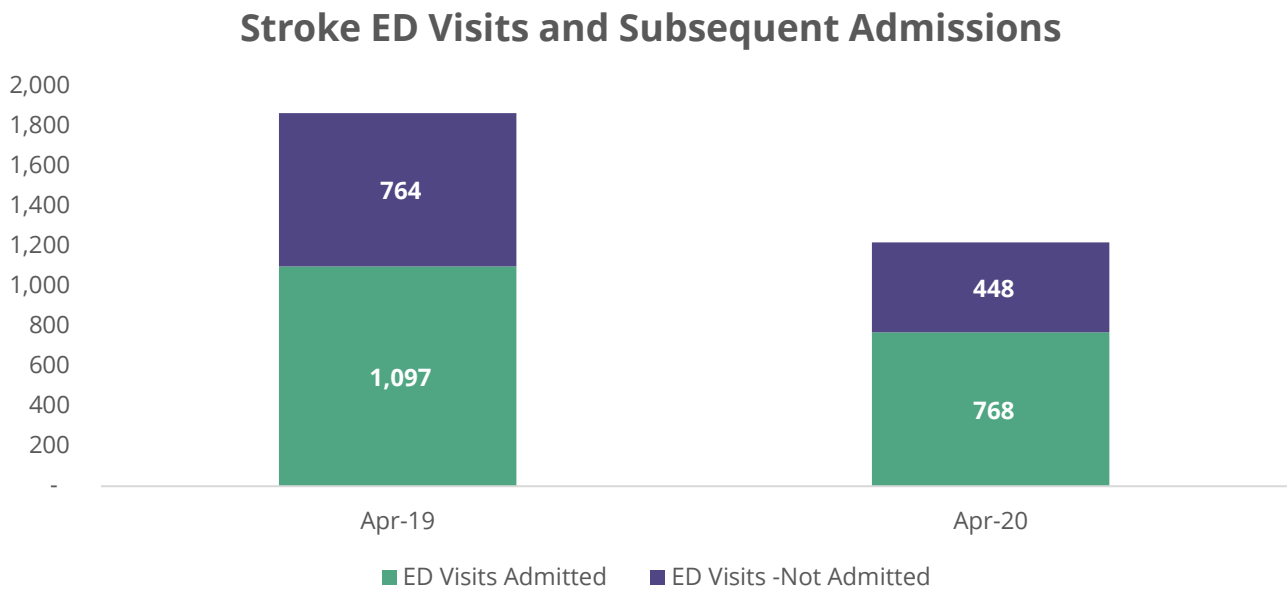
A. Stroke Activity

IDS Hamilton Data

MONTHLY NACRS AND DAD DATA, MARCH & APRIL 2020 COMPARED TO 2019

DATA EXTRACTION DATE: AUGUST 20TH , 2020

Change in ED Visits and Resulting Hospitalizations Stroke, (April 2019 and 2020)



Stroke activity for April 2020 compared to April 2019:
35% decline in Stroke related ED visits and 30% in in associated hospital admissions

Data Source: IDS Hamilton

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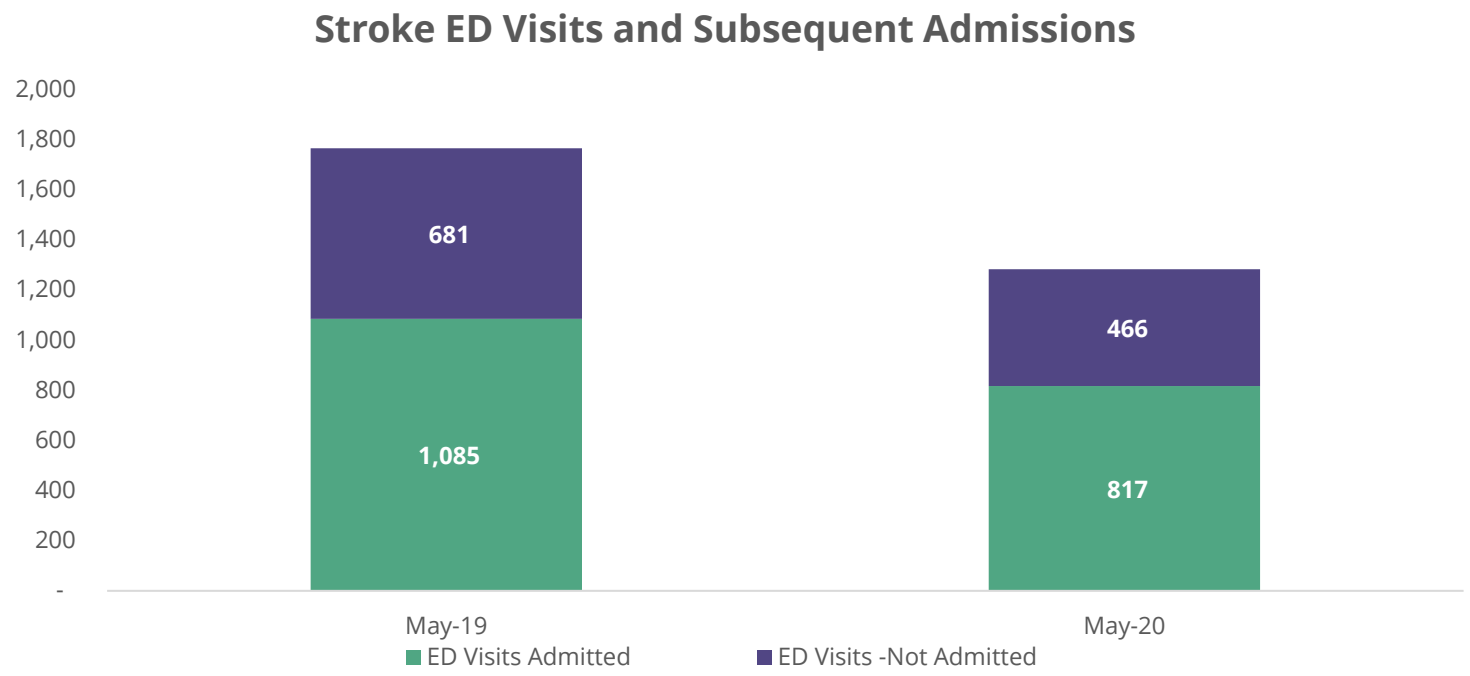
Note: Following HSP's excluded due to missing data for April 2020 (Halton Healthcare Services Corporation)

Change in ED Visits and Resulting Hospitalizations Stroke, (May 2019 and 2020)



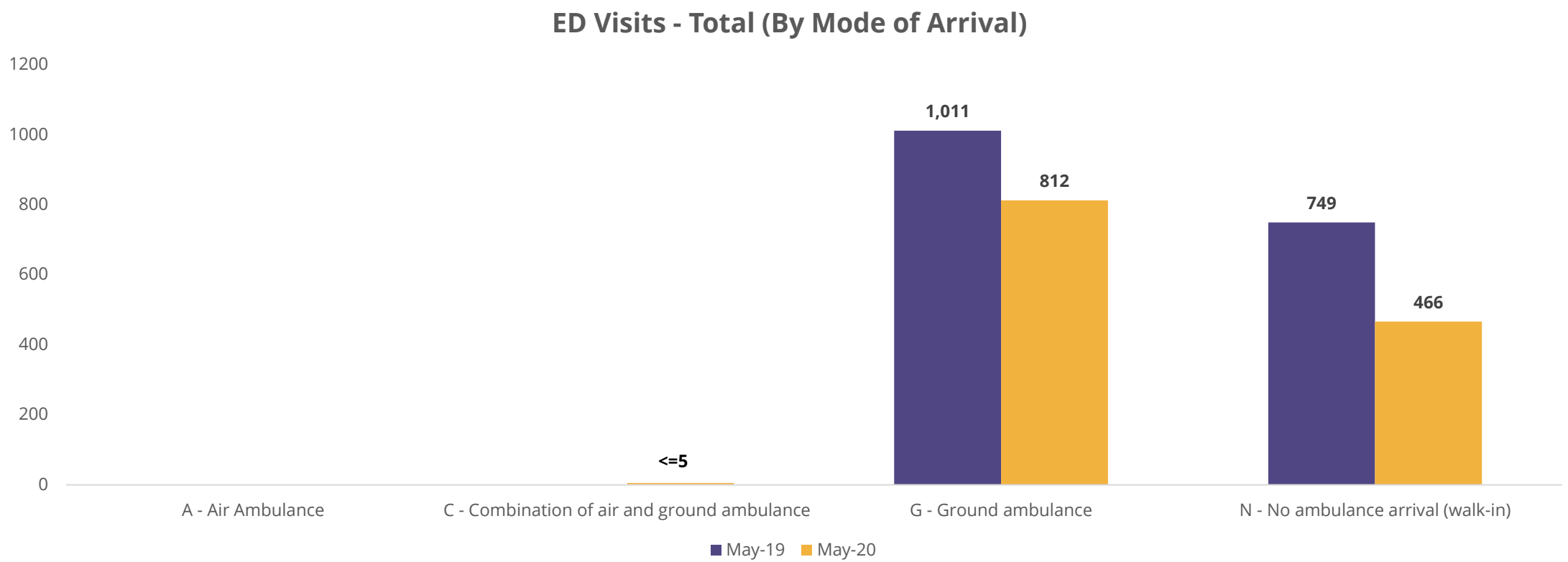
Stroke activity for May 2020 compared to May 2019:
27% decline in Stroke related ED visits and 25% in in associated hospital admissions

Data Source: IDS Hamilton

CorHealth Ontario

Note: Following HSP's excluded due to missing data for May 2020 (William Osler Health System, Halton Healthcare Services Corporation, Haldimand War Memorial Hosp, St Josephs Healthcare Sys-Hamilton, TEGH, Health Sciences North, Windsor Regional Hospital

Stroke ED Visits (By Mode of Arrival) - May 2019 and 2020



Data Source: IDS Hamilton

Stroke activity for May 2020 compared to May 2019:
20% decline in Ground ambulance related ED visits and 38% reduction in Walk-ins

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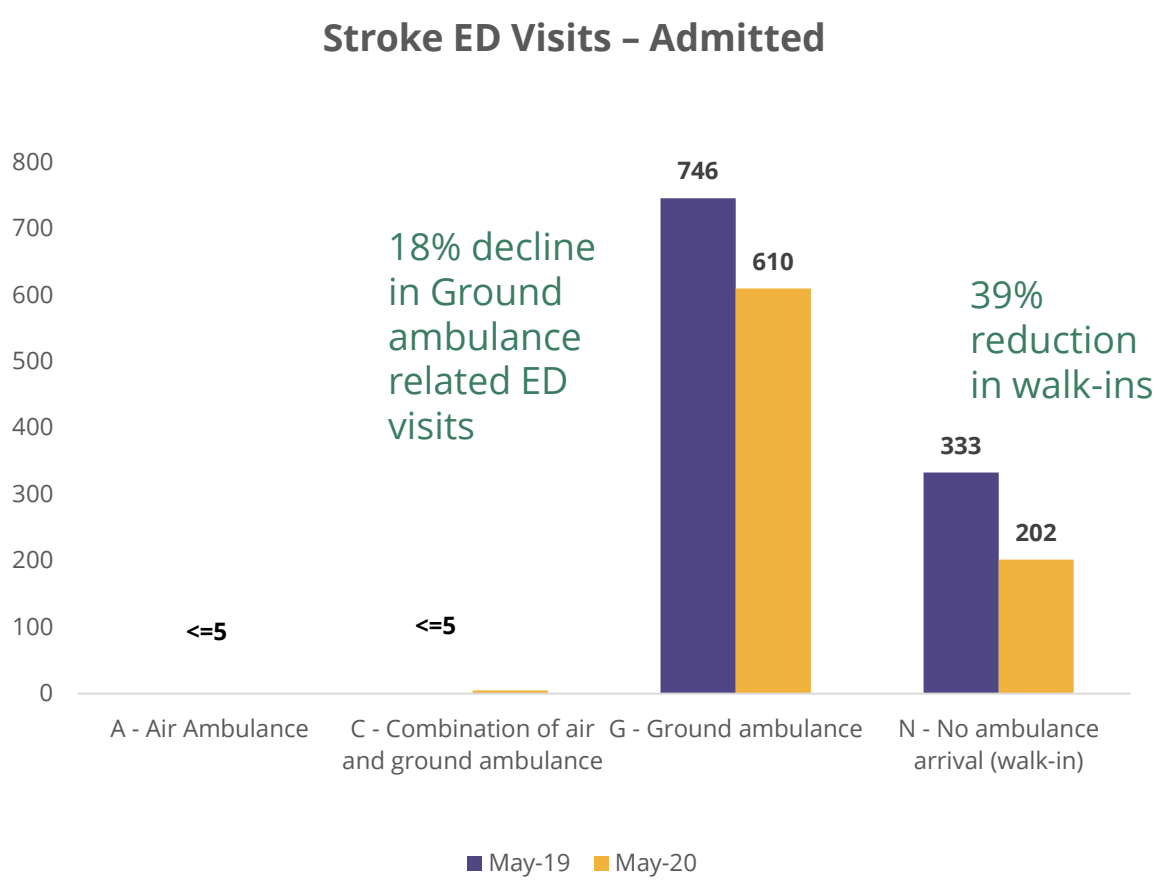
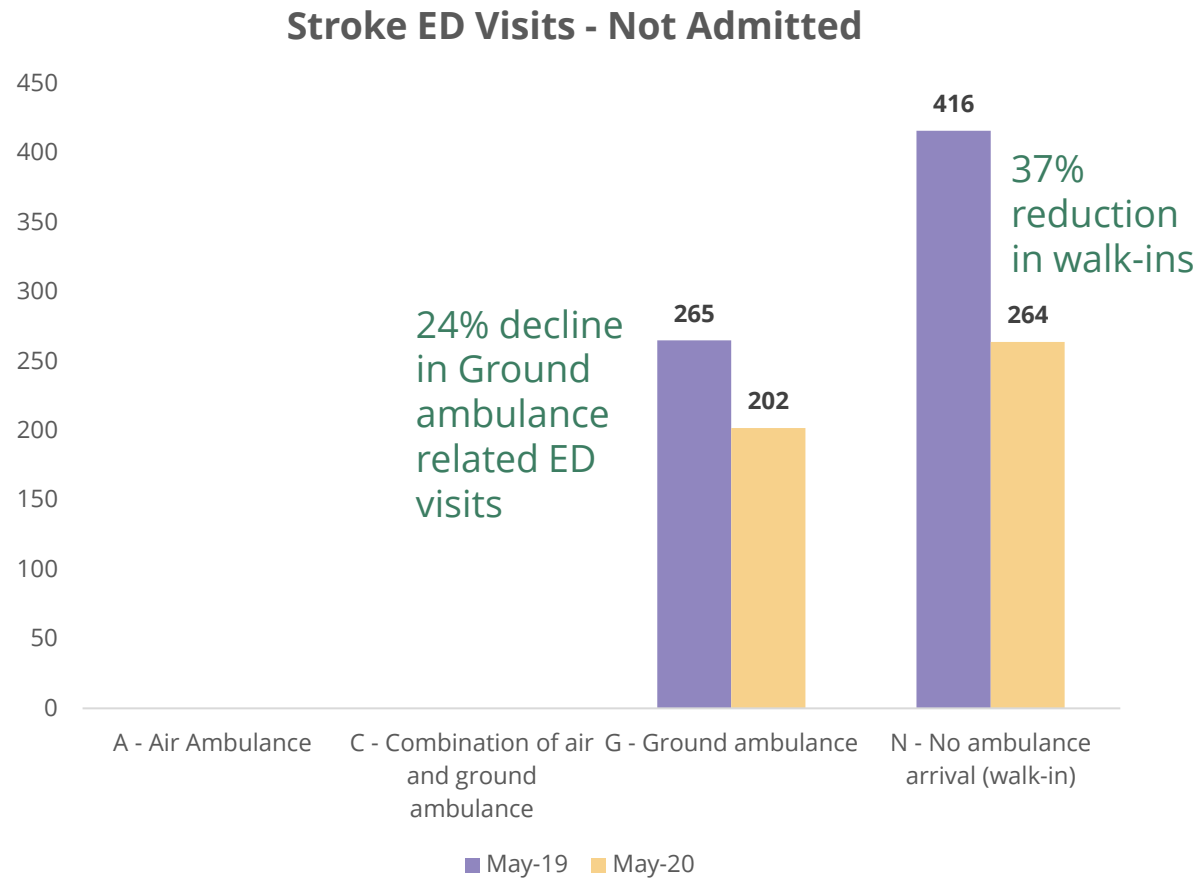
Note: Following HSP's excluded due to missing data for May 2020 (William Osler Health System, Halton Healthcare Services Corporation, Haldimand War Memorial Hosp, St Josephs Healthcare Sys-Hamilton, TEGH, Health Sciences North, Windsor Regional Hospital

Stroke ED Visits Admitted and Not - Admitted (By Mode of Arrival)- May 2019 and 2020





Data Source: IDS Hamilton

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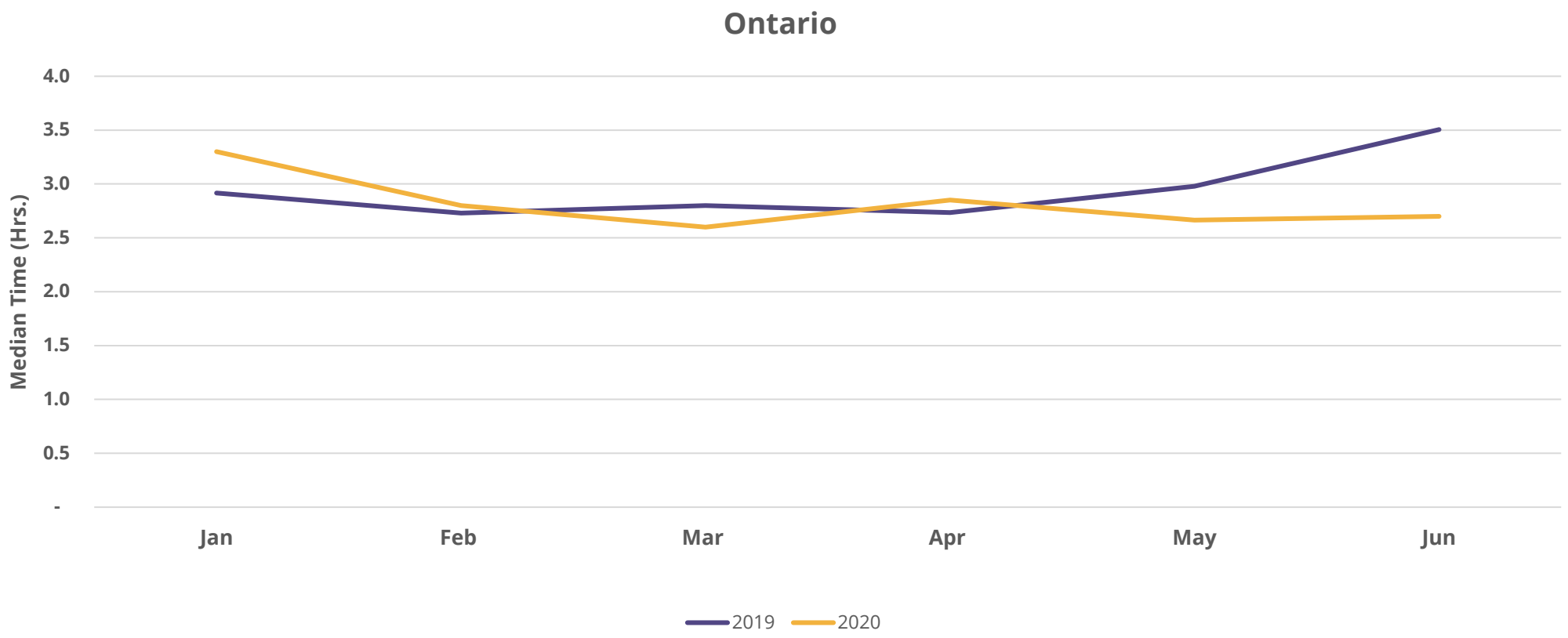
Note: Following HSP's excluded due to missing data for May 2020 (William Osler Health System, Halton Healthcare Services Corporation, Haldimand War Memorial Hosp, St Josephs Healthcare Sys-Hamilton, TEGH, Health Sciences North, Windsor Regional Hospital

Median Time from Stroke Onset to ED Registration – Province



Data Source: IDS Hamilton

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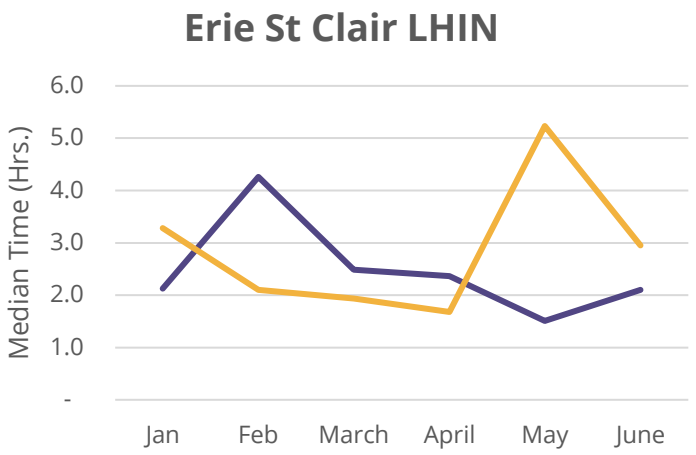
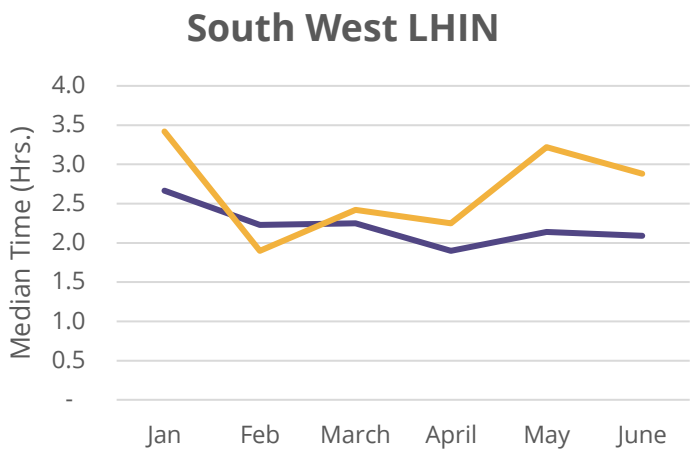
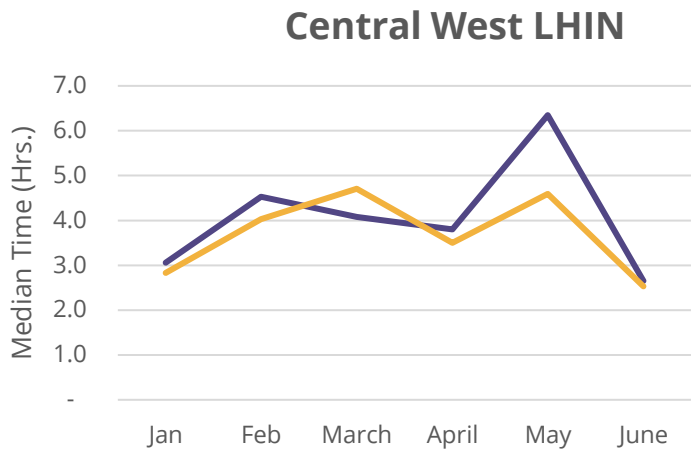
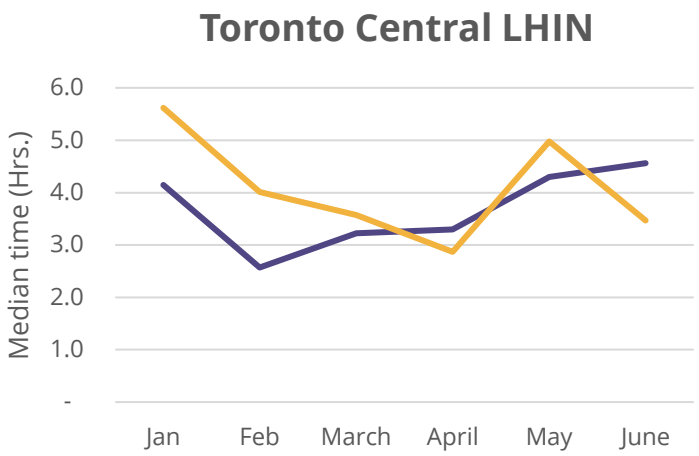
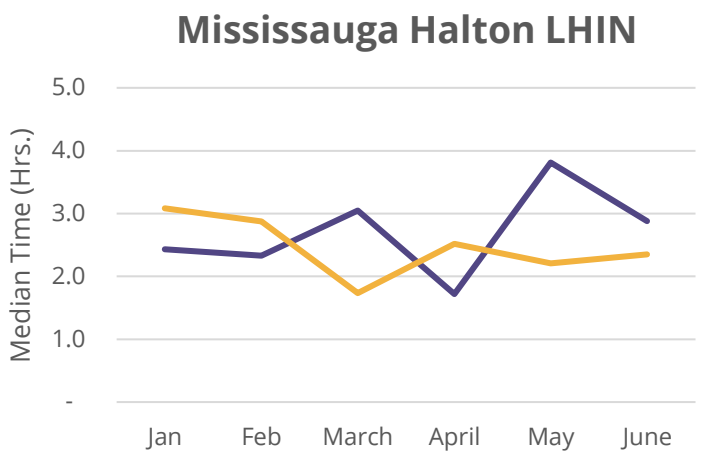
Median Time from Stroke Onset to ED Registration – By LHIN

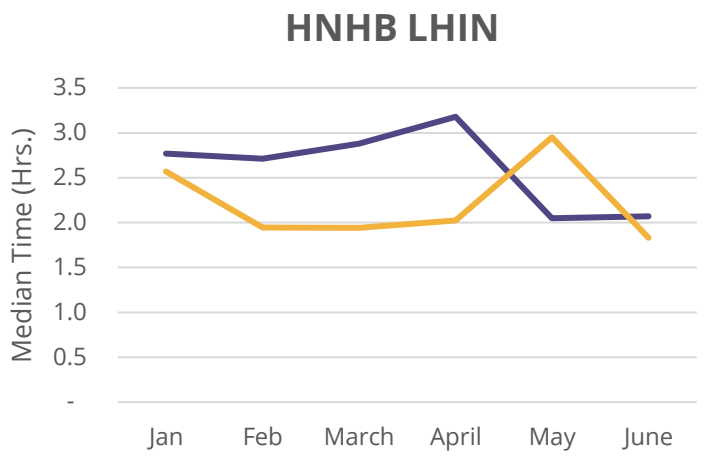












2019 2020

Data Source: IDS Hamilton

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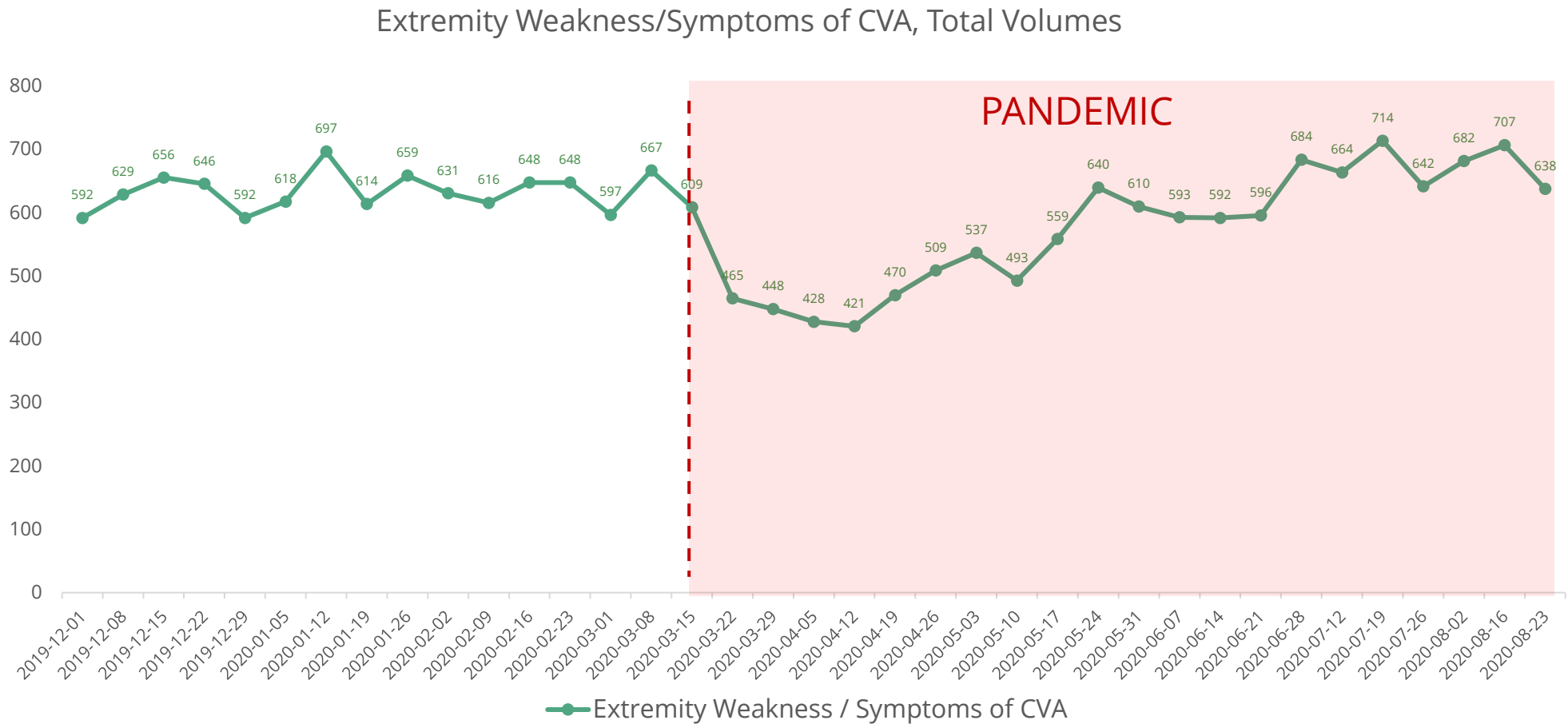
B. Stroke Activity

eCTAS Data

Dec 1st 2019 – August 23rd 2020

A GLIMPSE INTO THE EMERGENCY DEPARTMENTS FOR STROKE PRESENTATIONS

Stroke Related Presentations



Data Source: eCTAS

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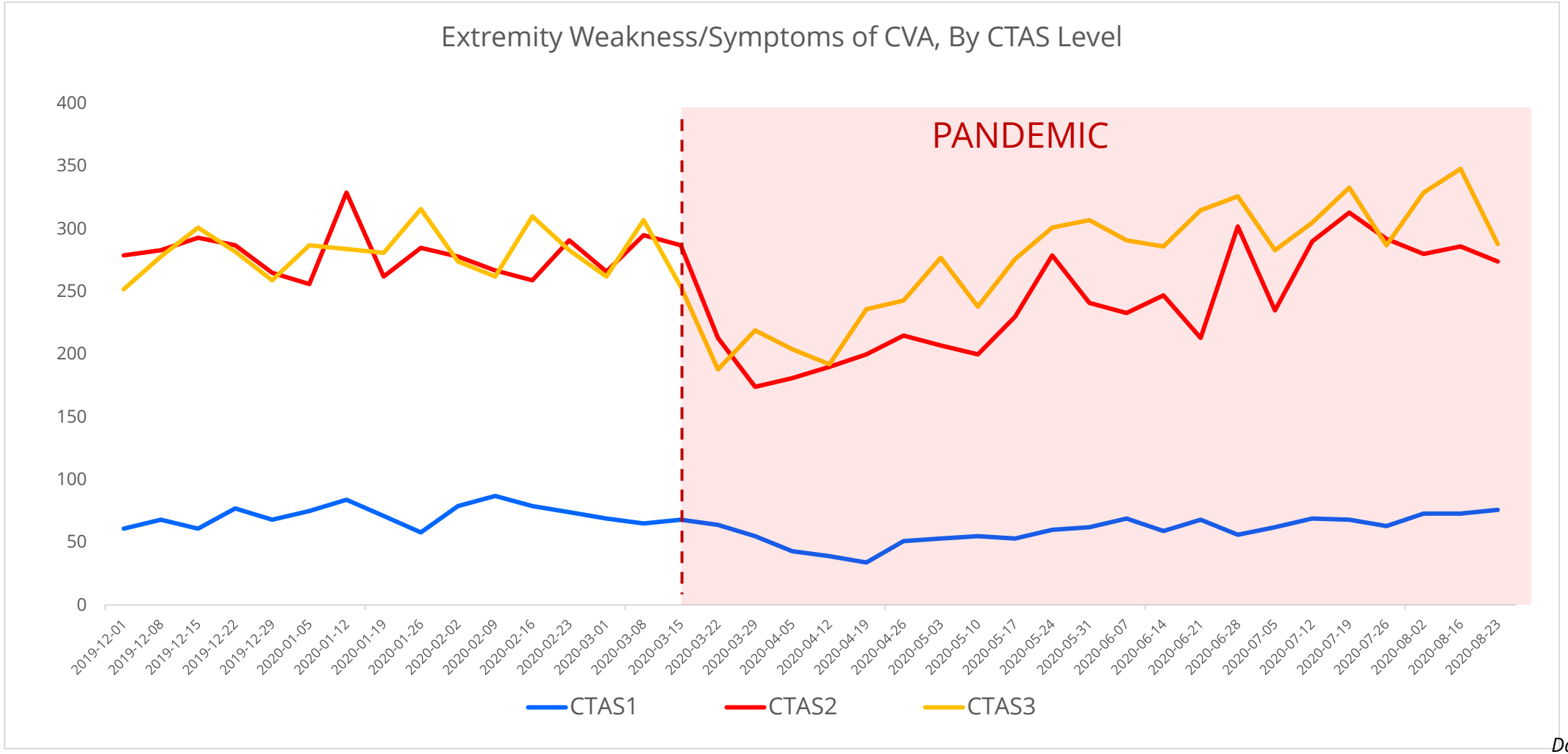
Note: The week of July 04th data is excluded from all the eCTAS stroke graphs. Due to a technical disruption on July 4th, a selection of Ontario Health products including eCTAS were unavailable for an extended period of time. As a result, daily triage volume is significantly understated (estimated ~40% lower) in all eCTAS reporting for July 4th. The week containing August 7th, data is excluded from all graphs, a portion of eCTAS hospitals were unavailable for an extended period of time. As a result, ~1000 records were not transmitted to eCTAS.

Stroke Related Presentations – By CTAS Level



Data Source: eCTAS

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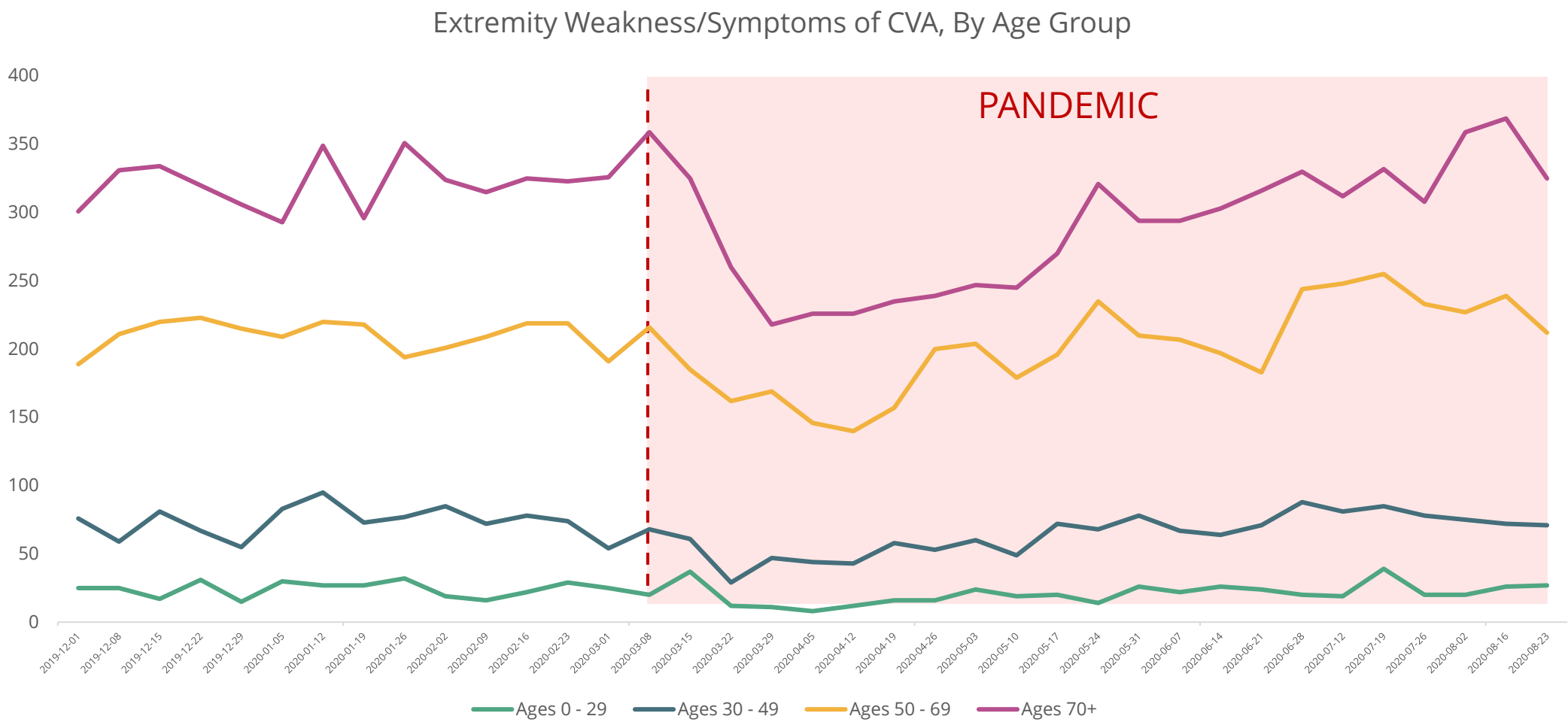
Stroke Related Presentations – By Age Group



Data Source: eCTAS

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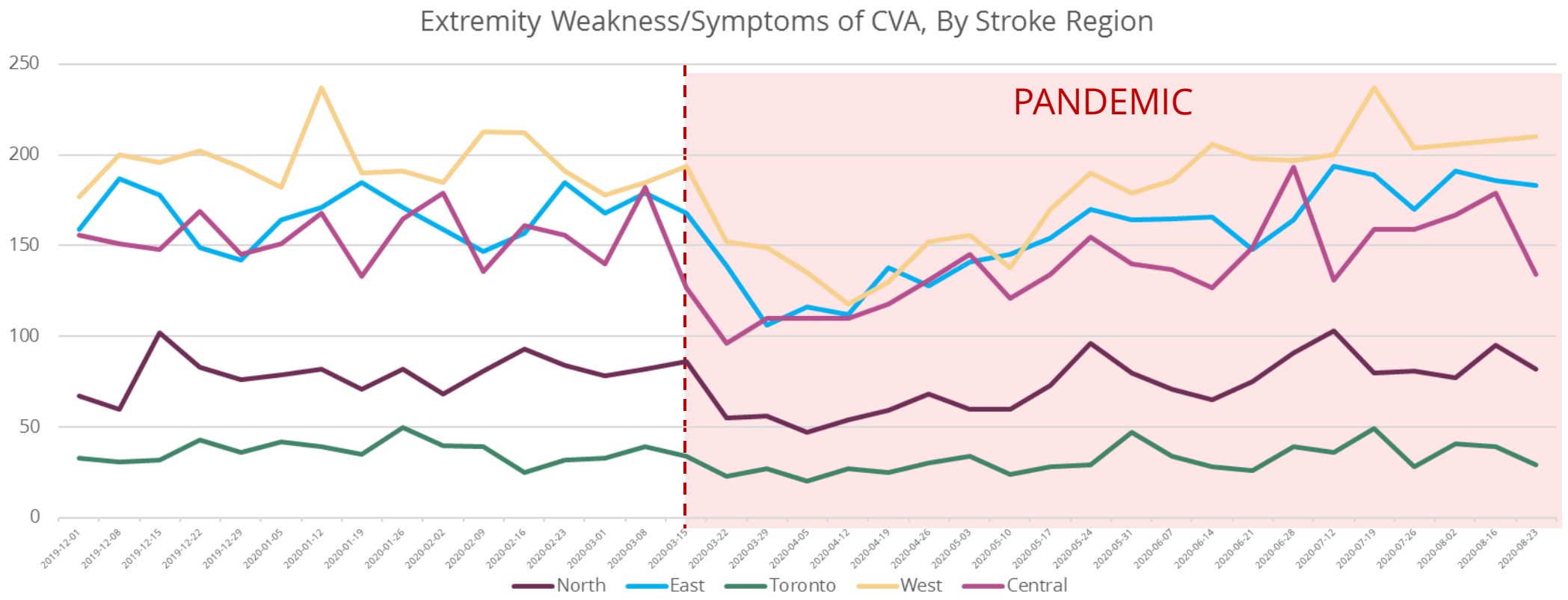
Stroke Related Presentations – By Stroke Region



Data Source: eCTAS

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Program Sharing: Hybrid and Virtual Models of Care

DR. LEANNE CASAUBON

GUEST SPEAKERS: KAREN BEEKENCAMP AND EDITH NG, TORONTO REHABILITATION INSTITUTE, UHN

Outpatient Stroke Rehab

August 27, 2020

Karen Beekenkamp
Social Worker

Edith Ng
Advanced Practice Leader

Who we are

- Urban, academic rehabilitation setting

Rumsey Centre Neuro

- **Outpatient Stroke Rehab**
  - *typically 2-3 times/week*

University Centre

- **Inpatient Stroke Rehab**
- **Fast Track**
  - *Early Supported Discharge (ESD) Outpatient Service*
  - *typically 4-5 times/week*
- **Stroke Day Hospital**
  - *typically 2-3 times/week*

March & April 2020

- Redeployment of most outpatient staff
- Closure of In-Person Outpatient Rehab
- **Virtual Outpatient Rehab Only**

UHN Toronto Rehabilitation Institute

Our Outpatient Services – Aug 2020

- Primarily providing virtual care for OT, PT, SLP & SW
- As of Aug 10th, a small number of in-person Stroke outpatient services began
  - Rumsey Centre (RC) for Day Hospital & Outpatient
  - University Centre (UC) for Fast Track
- Now increasing in-person therapy to 25% capacity
- Fledgling stages of hybrid care, as cases dictate
- Other in-person outpatient services re-started:
  - Neuropsychology
  - Physiatry

In-Person Outpatient Visit Planning

1. **Altered space allocations** to prepare for safe in-person care and to maximize virtual treatment space
   - Eliminate patients being seen in staff offices
   - Separate inpatient and outpatient treatment spaces
2. Developed **priority matrix** to prioritize wait list for in-person services across 2 sites, 2 current outpatient teams, and 3 Stroke outpatient services: *Fast Track, UC Day Hospital, & RC Outpatient*
3. **Initiated return of some redeployed outpatient staff** to maintain capacity to provide virtual care AND to increase in-person outpatient services

Optimizing Safe In-person Visits

- Phone call before in-person visits to:
  - Confirm need for service(s)
  - Clarify expectations
    - Masks
    - Screening
    - Essential visitors only
  - Answer questions
- Screening at the entrance
- Provide masks for all outpatients and visitors
- Designated in-person washrooms, treatment & waiting areas
- Sanitization of hands and treatment space before/after session
- Reduced session length to allow time for sanitization and transit for patient and staff
- PPE available as intervention dictates

Lessons Learned

- Creative patient scheduling to accommodate hospital guidelines/restrictions
  - Spread out sessions (no patient lunch area)
  - Juggling between virtual & in-person therapy sessions
  - Less able to accommodate patient & family needs
- Virtual sessions are more labour intensive
  - More preparation and after-session work, sending materials to patients in advance or after
- Virtual care is not always optimal and has limitations, especially for stroke population
- Just beginning to transition to hybrid model – *more learning to come!*

Evaluation

- **Outpatient experience survey** is now available in both paper & electronic format
  - Patients generally reported they were satisfied with the virtual format and found it beneficial
  - Many patients indicated they found in-person therapy more beneficial
- **Evaluation specific to virtual care**
- **Anecdotal feedback from clinicians**
  - Virtual care works well for some but not all patients
  - More intense preparation time
  - Greater fatigue from providing care virtually
- **Anecdotal feedback from clients and caregivers**
  - Mixed feedback regarding virtual care
  - Transitions between 2 outpatient teams is less welcomed (i.e., from Fast Track to Day Hospital/Rumsey Neuro)

From our Patients & Caregivers:

- I would definitely recommend it - if we couldn't see any one in person again (like covid-19) but it is better in person, where someone is able to see all of your reactions to things and use paper and pen for someone who has a high case of aphasia.

- We found the program very helpful and it certainly has helped *(patient)* in his recovery. Our *(Fast Track)* therapists were exceptional and we only wish we could continue with them into the outpatient level.

- Overall the experience was great. The only problem I experienced was with WiFi issues at the source, sometimes the video image of the therapist would freeze and there were times when audio was broken/ choppy making it difficult to understand the therapist. Otherwise, I'm glad for the technology we have to be able to achieve this level of care.

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Questions?

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Lessons Learned for Future Waves

DR. LEANNE CASAUBON

Context

- Several models have predicted a potential second wave this fall (flu season, increased social interactions etc.)
- Dr. Chris Simpson working to release an Ontario guidance document focused on maintaining care during future ebbs and flows with a greater focus on regional responses/ strategies
- This presents an opportunity for stroke stakeholders to help inform the guidance document as meetings continue over the next few weeks.

Discussion Questions

Looking back at Ontario's response to the first wave of COVID-19 and the care implications for stroke patients....

- What worked well?
- What could have been improved?
- What were the biggest obstacles facing providers and patients in the delivery/ receipt of high-quality stroke care?
- **What considerations / recommendations can be put forward to provincial tables for the management of stroke care delivery for future waves?**

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Discussion Questions

- Has there been uptake of the COVID-19 Stroke Guidance Memos?
- Are the recommendations being reflected in current practice or helping to inform changes to service delivery?

STROKE GUIDANCE DOCUMENTS

- CorHealth COVID-19 Stroke Memo #5 – Recommendations for an Approach to Ramping Up In-Person Secondary Stroke Prevention Clinic Services in Ontario (August 7, 2020)
- CorHealth COVID-19 Stroke Memo #4 – Recommendations for an Approach to Resuming Outpatient Stroke Rehabilitation Services in Ontario (July 7, 2020)
- CorHealth COVID-19 Stroke Memo #3 – Recommendations for an Ontario Approach to Engage & Support Caregivers for Persons with Stroke during COVID-19 (June 11, 2020)
- CorHealth COVID-19 Stroke Memo #2 – Recommendations for an Ontario Approach to the Provision of Stroke Rehabilitation During COVID-19 (April 20, 2020)
- CorHealth COVID-19 Stroke Memo #1 – Ambulatory Imaging & Cardiac Investigations for TIA and Minor Stroke During COVID-19 (March 31, 2020)

Next Steps and Wrap Up

- Next COVID-19 Stroke Forum Meeting: September (tbd)
  - Are there any other items that you would like to raise or see addressed at future COVID-19 Stroke Forums?
- Please email shelley.sharp@corhealthontario.ca if you are interested in sharing your experience implementing hybrid/virtual care models at our upcoming forums

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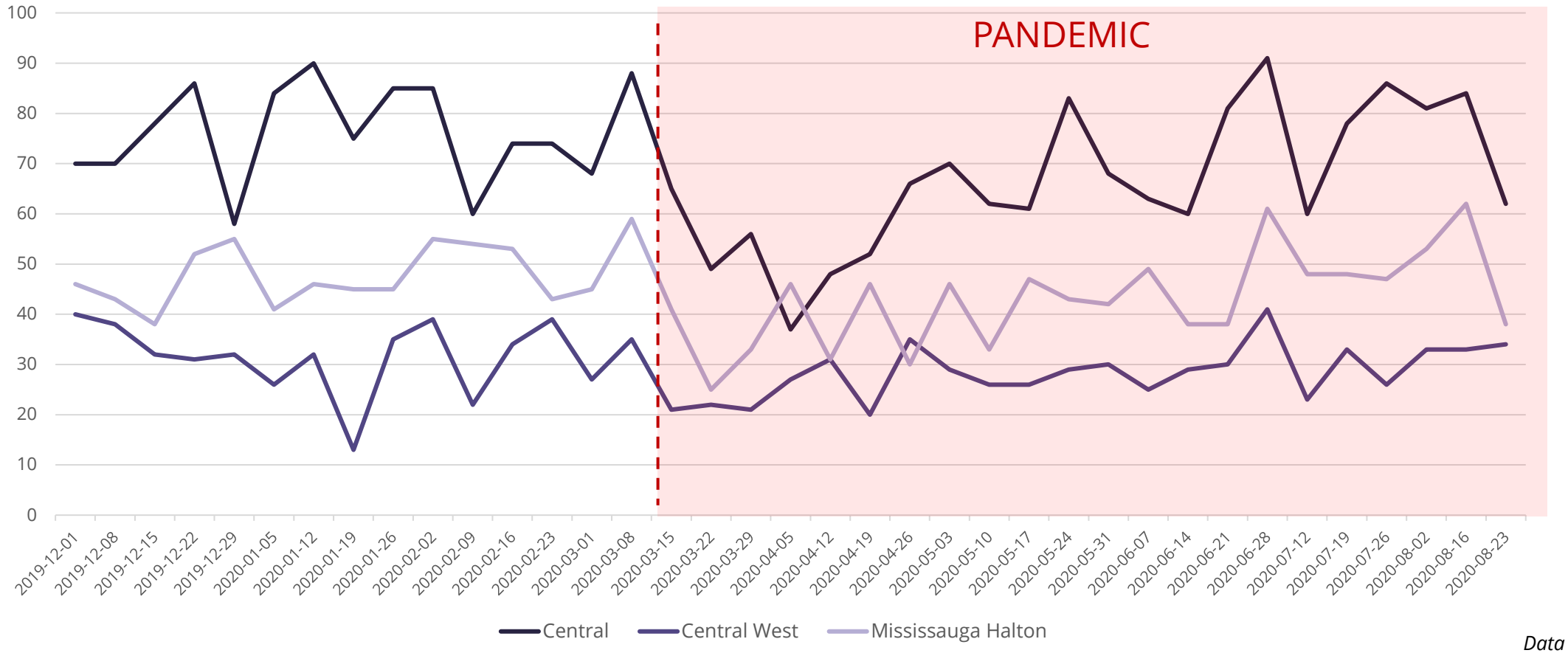
Appendix

Central Region



Data Source: eCTAS

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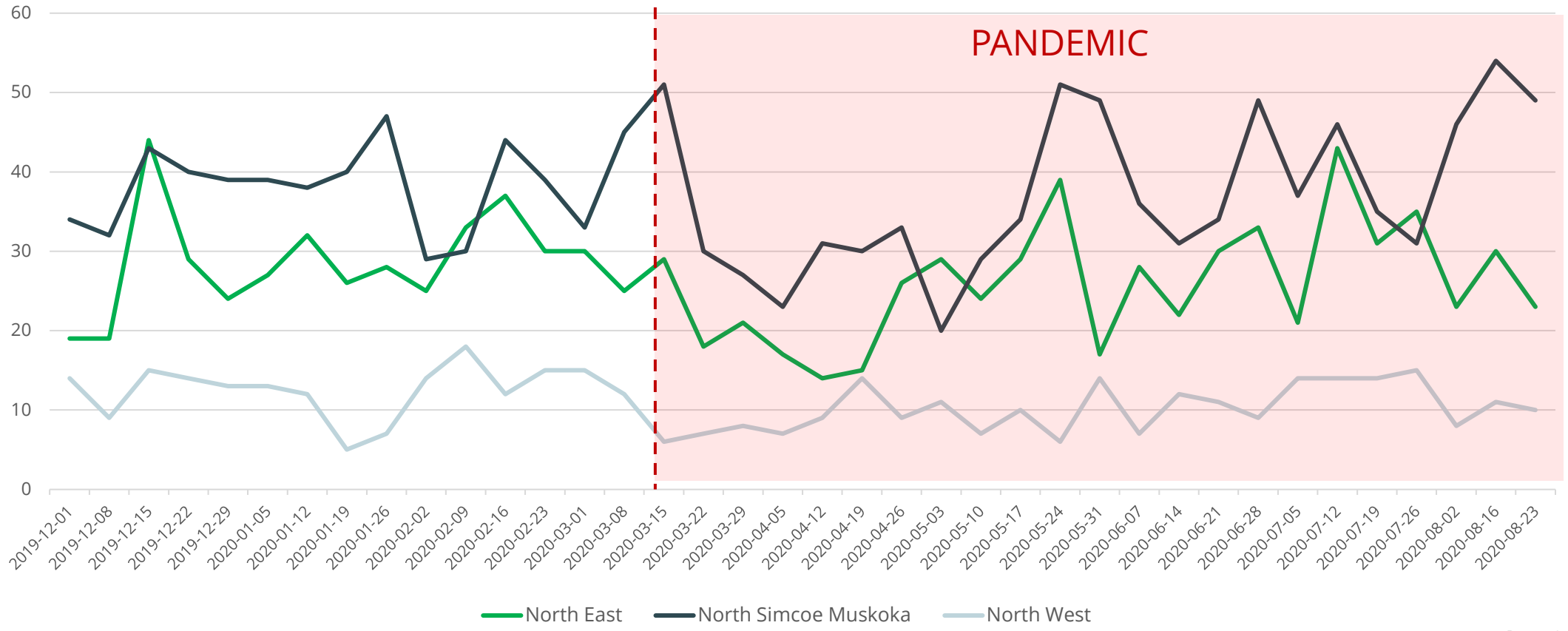
North Region



Data Source: eCTAS

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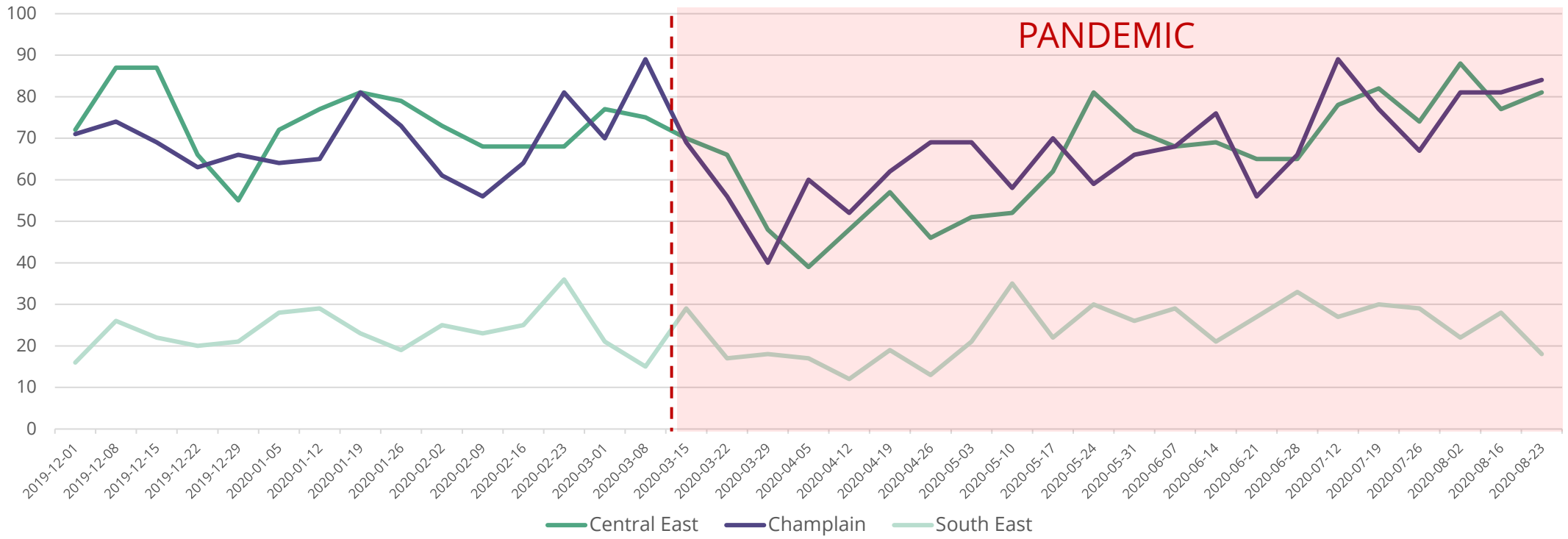
East Region



Data Source: eCTAS

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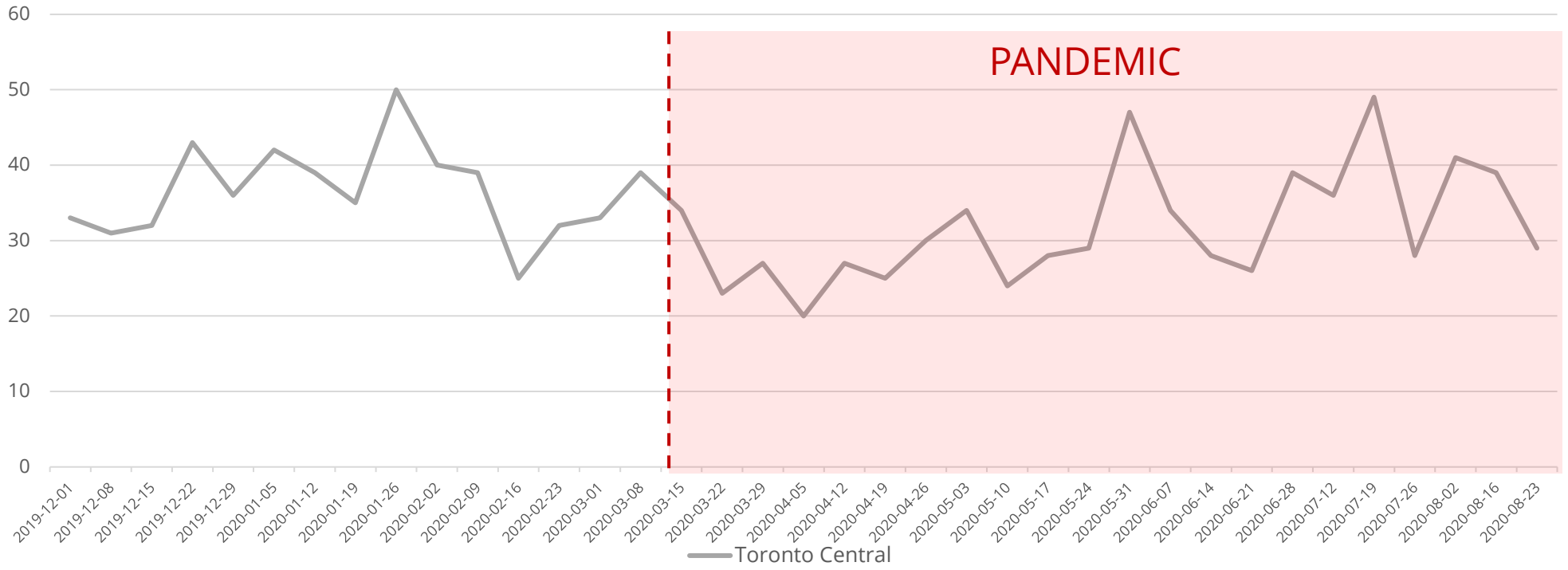
Toronto Region



Data Source: eCTAS

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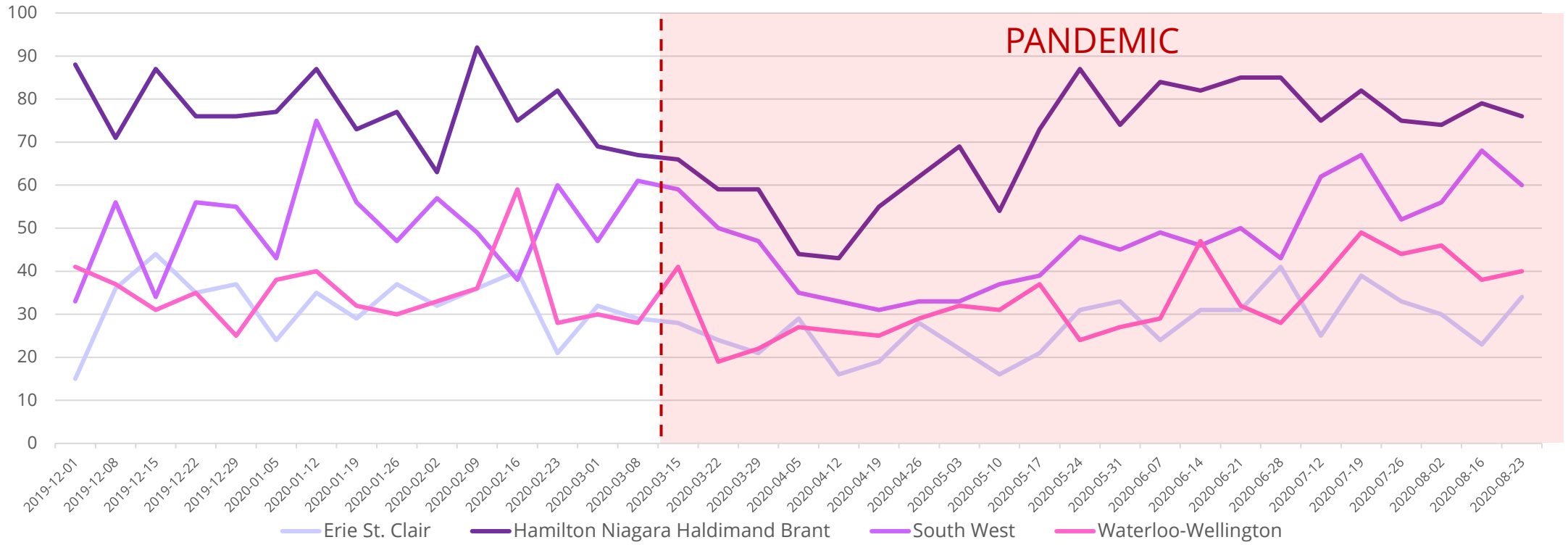
West Region



Data Source: eCTAS

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Technical Notes

Data Source: IDS, National Ambulatory Care Reporting System

Methodology Notes:

- Stroke ED visits are defined as those with a NACRS Main Diagnosis of stroke/TIA = I60 (excl. I608), I61, I63 (excl. I636), I64, H341, H340, G45 (excl. G454). .
- ED visits (ED Visit indicator=1) and hospital admissions through ED are reported by the month and year of ED registration.
- ED visits resulting in admission are defined as ED visits with a discharge disposition of:

06 - Admit to reporting facility as inpatient to special care unit or OR from ambulatory care, 07 - Admit to reporting facility as inpatient to another unit of reporting facility from ambulatory care, or 08 - Transfer to another acute care facility directly from ambulatory care.

Stroke Onset to ED Registration:

Data Source: IDS, Discharge Abstract Database (DAD)

The patient was admitted via the ED (Entry Code = E – Emergency)

Stroke symptom onset date and time is coded in the project 340 data on the DAD record

For cases from FY 2015 onward, this is coded as: Project 340, Fields 13-24: Fields 13-16 Year (YYYY), Fields 17-18 Month (MM), Fields 19-20 Day (DD), Fields 21-24 Hour (HH) and Minutes (MM) o Exclude cases where the onset date and time is unknown or invalid (i.e. exclude cases where each field is equal to 9, or 0, or the fields do not form a valid date) o

Exclude cases with an unknown stroke onset time (time recorded as 00:00) o Exclude cases where the stroke onset date/time is after the ED registration date/time o Exclude cases where the stroke onset date/time is more than 7 days prior from the ED registration date.

The inpatient acute discharge has a valid link to the prior unscheduled ED visit (NACRS): There is a prior NACRS record via the “Admitted from NACRS Visit to DAD” link in IDS, where the prior NACRS record is an: 1) Unscheduled Emergency Department (ED) visit (ED Visit Indicator = 1) 2) Valid Registration Date and Time 3) Exclude patients who were present in an acute care or ambulatory care facility prior to the ED visit: 4) If the Institution Type Description From = “Acute Care Treatment Hospital” or “Ambulatory Care” on the prior NACRS record, the case should be excluded.