

Stroke Forum #3

MEETING SUMMARY NOTES

DATE: APRIL 23, 2020, 12:00-1:00 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

GUEST SPEAKER: Dr. Beate Sander

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.

HIGHLIGHTS

Key Updates:

- CorHealth Ontario continues to participate at a number of Pandemic Advisory Tables relevant to work across the clinical domains (e.g. Surgical Services Pandemic Advisory Panel, Surgical/Procedural Ramp Up Committee).
- After Stroke Forum #2, clarification was obtained regarding the use of the NIH Stroke Scale in the OH Triage Protocol; the NIHSS triage score should pertain to the patient's post-treatment status (tPA and/or EVT) and should not be used to determine or exclude patients from hyperacute stroke treatment options.
 - This point of clarification aligns with key messages from the Heart and Stroke Foundation publication on Stroke Best Practices During COVID-19; that is, that patients should continue to have access to hyperacute stroke care.
- CorHealth Ontario led a stakeholder forum on April 9, 2020, to discuss opportunities and share resources for the delivery of cardiac, stroke and vascular rehabilitation during the COVID-19 outbreak. Several opportunities to support the delivery of stroke rehabilitation were identified. As such, CorHealth led a targeted discussion with our stroke rehabilitation stakeholders on April 16th, to further discuss and develop guidance around the delivery of rehabilitation for stroke patients during COVID-19. On April 20th, [CorHealth COVID-19 Stroke Memo #2- RECOMMENDATIONS FOR AN ONTARIO APPROACH TO THE PROVISION OF](#)

[STROKE REHABILITATION DURING COVID-19](#) was finalized and posted to the CorHealth COVID-19 Resource Centre.

- CorHealth Ontario continues to share the most recent update on COVID-19 as well as relevant resources for our stakeholders on the [CorHealth COVID-19 Resource Centre](#)

Contingency Planning- Key Notes from Presentations

- Dr. Beate Sander presented the CORE (**C**oVID-19 **R**esource **E**stimator) model used to forecast the impact of different epidemic trajectories on healthcare capacity; specifically focused on the “expected scenario.”
 - Acknowledged that this model considers capacity in relation to bed availability only and that there are other factors that contribute to capacity such as health human resources and availability of personal protective equipment.
 - Based on the “expected scenario,” no capacity shortages are anticipated; however, this resource capacity may be challenged as we begin to loosen physical distancing measures/restrictions.
 - Going forward, system planners will need to consider what level of surge capacity is sustainable over the long-term (i.e. ICU/ward occupancy levels that can be maintained for an extended period of time) and the resulting health impact that suspending non-urgent procedures will have on the population.
 - Caution is recommended as we begin to lift social distancing/public health measures aimed at stopping the spread.
- CorHealth Ontario shared data on current volume of COVID-19 patients by stroke hospitals/ regions.
 - Based on historical data, ~880 ward beds and ~158 ICU beds (4% of ward beds and 4% of ICU beds) would be occupied by stroke patients. These beds represent the capacity that needs to be maintained for stroke care in Ontario.
 - COVID-19 patients currently occupy 9% and 13% of ward and ICU beds.
 - Currently, 37% and 57% of ward and ICU beds in Ontario remain vacant.
 - The current COVID-19 hospitalization and bed vacancy data do not suggest that ward and ICU beds are crowded out by COVID-19 patients although there have been pockets across the province that have been hit harder than others. Data displayed graphically at stroke hospital level.

Contingency Planning- Key Notes from Presentations

- The group noted that the data provided is helpful and reassuring. A potential second wave was discussed and the key factors influencing its impact such as weather and approaches used to lift social distancing restrictions.

- The group recognized the importance of staying vigilant especially as services ramp up, public health measures are lifted, and new directives are introduced (e.g. discharge to long-term care).

Facilitated Discussion: Stroke System Pressures

Participants invited to share stroke system pressures that they are currently experiencing. Key pressures/concerns noted:

- Impact of COVID-19 on caregivers and the need for resources to support caregivers during this time (i.e. how can we support caregivers that are usually at the bedside?)
- The need for Crisis Care Planning to identify what care is absolutely required when resources are constrained.
- The observation of decreased stroke volumes and/or patients presenting to hospital late (outside of hyperacute stroke treatment window).
 - Group discussed the unintended consequence of “stay home” messaging and the potential impact that this may have on the stroke population.
 - CorHealth noted that this concern has been raised in other stakeholder forums (e.g. cardiac).

NEXT STEPS

CorHealth to:

- Send out/post a summary of discussion.
- Explore opportunities related to caregiver support during COVID-19.
- Explore opportunities to escalate issue of raising public awareness regarding the urgency of stroke care.