CorHealth Ontario
Advancing cardiac, stroke and vascular care

Stroke Forum # 10

MEETING SUMMARY NOTES

DATE: JANUARY 15, 2:00-3:00 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, CritiCall 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.

HIGHLIGHTS

System Updates

- Ontario Health (OH) released a memo on December 15th urging hospitals to create capacity of staffed adult inpatient beds for COVID-19. A follow up memo was released on January 7th: Further Actions for Optimizing Care for All Patients. Both memos can be accessed on the CorHealth's Covid-19 Resource Centre.
- Sheila Jarvis provided an overview of the key points contained in the January 7th memo: Further Actions for Optimizing Care for All Patients.

Data Presentation: Trends in Stroke Activity and Outcomes

- Mirna Rahal reviewed the most recent stroke activity, access, and outcome trends from eCTAS and IDS data. It was noted that IDS Hamilton data only captures approximately 50% of the acute stroke hospitals and has a data lag of about 3 months.

Activity Trends

- Using eCTAS data, stroke related ED presentations were observed from December 1, 2019 to January 10, 2020. A decrease of about 30% stroke activity was noted in the first 5 weeks of the pandemic. This decrease tapered off in April and May to

approximately 15% below pre-covid conditions and then returned to pre-pandemic levels from June onward.

- eCTAS Stroke Related ED Presentations was also shown by OH region. Consistent trends were noted.
- Mirna noted that this recovery trend differs from what was seen with respect to cardiac presentations. Although a similar dip was noted at the beginning, the recovery phase plateaued at 15% below pre-pandemic levels and has remained consistent through the second wave and up to January 10, 2020.
- Using IDS Hamilton data, stroke ED visits by stroke type for 2020 (March to October) were compared to 2019 data (March to October). No significant changes in stroke mix were noted within and across each year. From this data, it can be inferred that, to date, there has been no effect of Covid-19 on the type or mix of stroke patients presenting to the Emergency Departments.
- Using IDS Hamilton Data, trends in stroke admissions (March to September) were observed and compared to 2019 data (March to October). A dip in admissions was observed during wave one of the pandemics (April to June); however, activity resumed to prior years level in July and August. A 7% reduction was noted in September; however, we are unable to determine at this point if this reflects normal fluctuations in activity or the impact of the pandemic. CorHealth Ontario will continue to monitor as more recent data becomes available. Using IDS Hamilton data, CorHealth looked to see if an increase in stroke severity occurred during wave one of the pandemic due to delays in accessing treatment. The data does not show any consistent changes in the proportion of mild, moderate, or severe strokes.
    - Mirna noted that, in this analysis, the AlphaFIM is used to determine severity. As such, this data reflects severity on day 3 after admission.
- Using IDS Hamilton Data, median time from stroke onset to ED registration was observed from January 2020 to September 2020 and compared to previous years data (2019). Month to month variation was noted, but no systematic change that can be attributed to the pandemic. Mirna noted that an increase was noted in the last two months of data; ongoing monitoring will be required to determine if this change is normal variation or a reflection of the pandemic.
- Using IDS Hamilton Data, Mirna explored treatment rates during and prior to the pandemic. With respect to tPA, a dip was observed in May and April; however, a similar dip was also observed in January and February (pre-pandemic), so we are unable to determine if this is normal variation or an impact of the pandemic. Again, addition data will enable a better understanding. Regarding EVT, no systematic change in the proportion of ischemic stroke patients receiving EVT was noted. Mirna

did note that the overall number of EVT procedures performed decreased (i.e., the denominator), the percentage of ischemic stroke patients that received EVT did not.

- Lastly, Mirna explored mortality (ED mortality and inpatient mortality). No systematic changes noted when comparing pandemic to pre-pandemic rates.

Discussion

- Participant asked how many hospitals are currently participating in eCTAS. Mirna noted that as of June 2020, 115 hospitals submit data to eCTAS.
- Participant questioned whether it would be possible to compare sites most impacted by COVID-19 to those less impacted.
    - Mirna noted that additional analysis by LHIN was available in the appendix. Where this additional analysis was completed, no significant variation was noted between LHINs.
    - CorHealth to further explore variation with LHINs/across sites.
- Participant noted that, during the pandemic, there seems to have been an increase in the number of complex stroke patients presenting to hospital (i.e., patients with multiple comorbidities). Participant wondered if this may reflect decreased access to primary prevention activities (e.g. diabetes and hypertension management) and whether CorHealth would be able to explore this further in the data. Mirna requested a follow up call with participant to better understand data request.
- Dr. Casaubon (chair) noted that, although activity decreased slightly during the first wave, similar dips are not being observed in the second wave (referencing eCTAS data). As such, the strain on the stroke system may be more significant in the second wave as capacity becomes more challenging.
    - Participant agreed that up until January the hospitals were coping with the fluctuations, but that there seems to be more of a strain in recent weeks. Concerns raised that this strain poses a threat to stroke unit care as capacity becomes limited and finding beds for other patient populations becomes challenging.
    - Another participant echoed these concerns and flagged the movement of stroke unit nurses to ICU to support increasing demands. This movement may impact access to specialized stroke teams.
    - In response to these concerns, participants requested that CorHealth re-circulate the guidance documents developed during wave one of the pandemics. These documents can be accessed on CorHealth's COVID-10 Resource Centre (CorHealth Memos and Documents).

Community Rehab Survey Findings Overview- Rehabilitative Care Alliance

- Charissa Levy, Executive Director, and Rebecca Ho, Project Manager, from the Rehabilitative Care Alliance (RCA) provided an overview of the key findings from the RCA survey distributed to publicly funded rehabilitation services in the Fall of 2020 (mid-September to mid-October).

Key Findings- Ambulatory

- In total 161 ambulatory rehab clinics responded to the survey
- 94% of survey respondents indicated that they were operating at reduced capacity. The average operating capacity was 57% at the time of the survey.
- Respondents indicated that they were not expecting to return to 100% capacity this fiscal. On average, ambulatory rehab respondents indicated that clinics are expecting to operate at 81% capacity by end of year.
    - The two most frequently cited factors that have had the largest impact on overall capacity are: full or partial clinic closures and patients declining services.
- 55% of responding organizations indicated implementing a waitlist strategy. The two most used waitlist management strategies were moving toward virtual care and triaging patients for care.

Key Findings- Ambulatory

- 24 in-home service delivery organizations responded to the survey.
- 48% of responding organizations delivering in-home rehab services indicated that they were operating at reduced capacity. Of those who reported operating at reduced capacity, the average operating capacity reported for physiotherapy and occupational therapy services was 73%
    - Clients declining in-person rehab' and 'Limiting in-person in-home visits to only urgent or emergent cases' were the two most commonly cited factors impacting capacity.

Key Findings- Stroke and Cardiovascular

- 29% of all responding ambulatory rehab organizations indicated that they provide rehab services for stroke patients with 18% of responding organizations reporting providing cardiovascular rehab services.
- At the time of the survey, 85% of clinics providing stroke rehab and 69% of clinics providing cardiovascular rehab reported operating at reduced capacity, with both types of clinics reporting an average of 59% capacity at the time of the survey.

- By population, 'other', stroke and cardiovascular rehab patients have moved toward virtual visits at a higher rate than other populations.

Discussion

- Participant noted that they will be hosting a regional forum to enable a deeper dive into community stroke rehab capacity during the pandemic. Participant noted that, in addition to access, it is important to look at intensity levels (i.e., frequency and duration of visits).
- Participant noted that it is also important to consider the quality of care being received.

- Due to time, participants were encouraged to share any questions through Shelley Sharp who will make the connections to ensure the dialogue continues. Additionally, this item will be brought forward to future forums as access to Community Stroke Rehab will continue to be of utmost importance during the second wave.

Upcoming Activities and Next Steps

- Next meeting for this group is planned for March (date TBD); however, if there is a need for a forum prior to March accommodations will be made.
- If group members have any questions or comments, please email Shelley.Sharp@corhealthontario.ca, and they will be included for discussion at future meetings.