

Stroke Forum # 8

MEETING SUMMARY NOTES

DATE: AUGUST 27, 2020, 11:30-12:30 PM

GROUPS REPRESENTED: Over 70 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, Teletstroke, CitiCall 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

CorHealth System Updates

- CorHealth met with Dr. Chris Simpson in late July and mid-August to discuss the new report he and his team are working on. The report will focus on maintaining care throughout the phases of COVID-19.
 - CorHealth will continue to meet with Dr. Simpson and his team regularly to get updates and provide support where possible. Dr. Casaubon will be an active participant in these meetings.
- [CorHealth COVID-19 Stroke Memo #5 – Recommendations for an Approach to Ramping Up In-Person Secondary Stroke Prevention Clinic Services in Ontario \(August 7, 2020\)](#) was posted to the CorHealth website on August 25, 2020.

Update on ED Stroke Data

- Mirna Rahal reviewed the most recent stroke activity updates on ED presentation from IDS and eCTAS data. General trends occurring over the past few months were discussed.
 - **IDS Hamilton**
 - Mirna noted that only 50% of the hospitals participate in *IDS Hamilton* and that there is a 60-day time lag in the data (currently reporting up to May 2020).

- As captured in *IDS Hamilton*, a 35% decline in stroke related ED visits, and a 30% decline in associated admissions was observed when comparing April 2020 to April 2019. A similar decline was noted in the month of May (i.e. 27% and 25% respectively).
- In response to a question raised at a previous Stroke Forum, an analysis was performed to compare how patients arrived at hospital (e.g. by ambulance, walk-in) in May 2019 versus May 2020.
 - A more significant decline in walk-ins was noted in comparison to ambulance arrivals; however, a decline was noted in both modes of arrival. A similar trend was noted when comparing ED visits that resulted in admission to those that did not result in admission (i.e. decline in both ground ambulance and walk-ins, but a larger decline in walk-ins); however, the decrease was more significant in those that did not require admission.
- In response to a question raised at a previous Stroke Forum, an analysis was performed to compare median time from stroke onset to ED registration in 2019 and 2020 (January to June).
 - Provincially, median time from stroke onset to ED registration was similar for both years up to April, but in May and June there was shorter median time in 2020 as compared to 2019. It is unclear at this time what may be influencing presentation times, but CorHealth is committed to exploring further.
 - This analysis was also presented by region. Large variability noted across the province.
 - Forum participant questioned whether virtual ED triaging processes may be influencing the data. CorHealth to follow up with IDS to determine if there has been any reporting of virtual visits in NACRS.

eCTAS

- Mirna Rahal noted that the eCTAS data is more recent than IDS (i.e. captures up to August 23, 2020)
- Overall, the eCTAS data shows a significant decline in patients presenting with extremity weakness/symptoms of CVA in the first five weeks of the pandemic (i.e. 29%). After this initial decline, we see a gradual increase in activity. In more recent weeks, we see activity returning to pre-covid levels.
 - This analysis was further broken down by CTAS level, age and region of which all are returning to pre-pandemic levels.
 - With respect to age, the biggest decline was noted in the 70+ and 50-69 age groups (23% and 14% respectively). This suggests that older patients were more reluctant to go to hospital during the height of the pandemic.
 - With respect to the regions, Toronto experienced the greatest decrease in activity in the first 10 weeks.

Discussion

- Participants affirmed that the data is reflective of what they have been experiencing and hearing anecdotally
- It was noted that it would be difficult to tease out the exact cause of the trends
- Participants requested further analysis to better understand if the pandemic resulted in any changes with respect to:
 - Access to treatment
 - Stroke related mortality rates
 - Stroke severity; and
 - Types of stroke presenting to ED/admitted to hospital
- CorHealth will explore these requests and bring findings back to a future forum.

Program Sharing: Hybrid Models of Care

- Dr. Causobon (chair) introduced the concept of program sharing into the forums. Specifically, the forums will be leveraged as a space for program to share their experiences with implementing virtual and/or hybrid models of stroke care delivery
- To kick off Program Sharing, Karen Beekenkamp, Social worker, Outpatient Stroke Service and Edith Ng, Advanced Practice Leaders, Brain Services from Toronto Rehab, UHN shared their experience delivering virtual outpatient stroke rehab.

Highlights from the Presentation

- The Outpatient Stroke Rehab Team continues to deliver most care virtually; however, on August 10th they did start to see a small number of patients in person. Anticipate that, as in-person therapy increases, a hybrid model will be utilized. It was noted that the clients coming in-person really need the in-person visit (i.e. not appropriate for virtual care)
- For in person-visits, strategies have been put in place to optimize patient/provider safety (e.g. pre-visit touch point to review protocols and screen patients, on-site screening, mandatory face masks, designated washrooms, increased hand sanitization). It was noted that, due to increased safety/infection control measures (e.g. disinfecting treatment area post therapy), visits are shorter in length (approximately 45 minutes).
- For virtual sessions, it was noted that additional time was required to prepare for and follow up with patients (i.e. send out materials before and after). Therapist fatigue, due to increased workload/troubleshooting/shift in communication style, was also noted as a challenge.
- The importance of ongoing program evaluation to allow for rapid responses/improvements was noted. To obtain feedback, the outpatient patient experience survey was updated to allow for electronic administration. Increased touchpoints and staff surveys have also been implemented.
- Due to time, forum participants were encouraged to send any questions relating to the presentation to Shelley.Sharp@corhealthontario.ca

Lessons Learned for Future Waves

- Dr. Casaubon (chair) facilitated a dialogue about key lessons learned from the stroke system with respect to Ontario's response to the first wave of COVID-19 and the care implications for stroke patients.
 - The COVID-19 Stroke Forums were noted as being a helpful mechanism to bring stakeholders together to identify, discuss and address key pressure points within the system. A critical success factor for these forums was its cross-continuum focus and ability to be nimble/responsive to system needs.
 - Forum participants stressed the importance of sustaining services during future waves. It was noted that the impact of closures is long-lasting and that programs are still trying to recover from first wave closures. The negative impact of these closures on patients and families was also noted.
 - The need to focus on maintaining patient flow during future waves was highlighted as critical to preventing backlog/managing capacity. Specifically, flow of patients to long-term care was noted as requiring ongoing attention. The need to improve engagement with long-term care was identified as a mechanism to improve these processes in the future.
 - Forum participants noted that the document needs to capture the voices of patients and families and that these should inform our actions in future waves. Participants also noted that the needs of families should be better met in future waves.
 - Forum participants stressed the importance of ongoing advocacy for specialized care including rehabilitation post-stroke. COVID-19 has created a significant backlog in the system.
 - The need to better understand virtual care and hybrid models and how-to delivery it effectively/appropriately was highlighted with note to demonstrating that virtual care does not lead to more in person care
- Dr. Casaubon and CorHealth to share this feedback from the forum with Dr. Chris Simpson as his team develops guidance for managing future waves.

Next Steps and Wrap Up

- Participants encouraged to discuss memos with colleagues and share progress on uptake as service delivery progresses.
- Next meeting of the group will be held in late September/early October (date TBD).
- If group members have any questions or comments, please email to Shelley.Sharp@corhealthontario.ca, and they will be included for discussion at future meeting.