

# Stroke Stakeholder Forum #4

## MEETING SUMMARY NOTES

**DATE:** MAY 14, 2020, 1:30-2:30 PM

**GROUPS REPRESENTED:** Over 85 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, Critical, Paramedic Services, and Ministry of Health (Provincial Programs Branch and Emergency Health Services Regulatory Branch), Heart and Stroke Foundation and colleagues from British Columbia

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.

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## HIGHLIGHTS

### Key System Updates

- On May 7, 2020, Ontario Health released a memo titled [\*A Measured Approach to Planning for Surgeries and Procedures During the COVID-19 Pandemic\*](#) to all Hospital CEOs. The Memo provides guidance relating to the reintroduction of scheduled surgical and procedure-based services and includes expectations, feasibility assessments and key considerations for both hospitals and regional/sub-regional tables.
- Graham Woodward provided an update on the COVID-19 epidemiological data for Ontario.
  - The data suggests that we have likely passed the peak of COVID-19 in the province; however, it was noted that regional variation exists, and small outbreaks continue to be experienced across the province.
  - With respect to the hospital system, bed use has plateaued and ICU bed use (vented and non-vented) is declining since peak in early April.

### Progress Updates: Public Awareness

- At the last forum, concerns regarding decreased stroke volumes and/or patients presenting to hospital late (outside of hyperacute stroke treatment window) were raised. In response to these observations, CorHealth Ontario reached out to

colleagues at Ontario Health (OH)/ Cancer Care Ontario (CCO) to determine if eCTAS data could support these observations. Joy McCarron and Tamer Ahmed from OH, CCO provided an overview of the eCTAS initiative and shared their findings related to stroke:

- eCTAS is an electronic decision support tool used in Emergency departments across Ontario to support nurses to triage patients according to acuity.
- With respect to stroke presentation (i.e. extremity weakness/symptoms of CVA), key observations include:
  - A decline since pandemic started (March),
  - An increase in CTAS 3 over the past few weeks; CTAS 3 would be those stroke patients presenting outside of the treatment window
  - Decrease in geriatric cohort presenting since the pandemic started
- Presenters noted that although trends are beginning to become apparent in the data it is still too early to draw bold conclusions. The information could be used to highlight the need for public awareness campaigns/strategies.
- The group noted that the data validated current experiences/what we have been hearing anecdotally.
  - Ongoing review of this data was recommended to keep track of changes over time.
  - ACTION: Request for data to be broken down by hospital/stroke region and for a list of hospitals participating in the eCTAS initiative.
- In addition to the eCTAS data, CorHealth Ontario leveraged data captured in Integrated Decision Support Business Intelligence Solutions, Hamilton Health Sciences (IDS Hamilton) to gain early insight into what is being captured in Discharge Abstract Databases and National Ambulatory Care Reporting System. It was noted that this analysis included only Hospital ED visits and resulting admissions based on NACRS and DAD data from a subset of Ontario Hospitals across 4 LHINs: Erie St Clair, HNHB, South West and Waterloo Wellington LHIN<sup>1</sup>.  
Key findings:
  - 27% decline in Stroke related ED visits in March 2020 compared to March 2019, consistent with reductions in total ED visits (25%). Reduction is greater among patients aged 60 years or less (34%) compared to patients older than 60 years (26%).

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<sup>1</sup> Data will be updated by end of May to include remaining hospitals in these four LHINs as well as all hospitals in the TC & MH LHINs, covering up to ~50% of provincial volumes

- 22% decline in stroke related hospital admissions in March 2020 compared to March 2019. Reduction is greater among patients aged 60 years or less (38%) compared to patients older than 60 years (18%).
- A group member noted that these findings have not been observed in the EMS Transport Data and wondered if the data could be stratified by Walk-ins/ambulance arrivals.
  - ACTION: CorHealth to explore the possibility of stratifying the data by mode of arrival.
- Heart and Stroke Foundation (HSF) updates regarding potential strategies to increase public awareness:
  - HSF will be launching a Television and Radio Public Service Announcement/Campaign this week. The campaign will continue to the end of June.
  - CorHealth Ontario and HSF have worked collaboratively to build a poster to highlight the importance of continuing to call 911 for stroke related systems during COVID-19. The poster can be downloaded from the CorHealth Resource Centre and used by hospitals and other organizations.
    - The Regional Stroke Network Community and Long-Term Care Coordinators have worked with [thehealthline.ca](https://thehealthline.ca) to incorporate the poster onto each region's Stroke Resource section.

### **Progress Updates: Rehabilitation During COVID-19**

- The Regional Stroke Network Rehab Coordinators have continued their work to support implementation of the Stroke Rehabilitation Memo. Strategies and challenges garnered through their engagement processes have been summarized into a Summary document for sharing (to be uploaded to the CorHealth Ontario COVID-19 Resource Centre).
- Group member noted that a key challenge is the robust process and prioritization matrix that rehabilitation centres are using to support the resumption of services. In particular, the prioritization of post-surgical interventions.
  - Concern was expressed that provincial messaging is too surgical/procedure focused and that messaging needs to include populations beyond surgical and/or procedure-based care

### **Progress Updates: Caregiver Engagement During COVID-19**

- CorHealth Ontario has been working with the Regional Stroke Network Community and Long-Term Care Coordinators to develop a guidance document aimed at supporting healthcare professionals to engage and support caregivers for persons with stroke during COVID-19.
  - The document was reviewed and validated externally through the Change Foundation and Dr. Jill Cameron. CorHealth is finalizing the document based on feedback and will be posting it on the CorHealth Ontario COVID-19 Resources Centre soon.
  - In the meantime, a draft document was distributed to the group as the key messages will remain the same.

### **New Business Arising: Contingency and Future Planning**

- Dr. Stotts shared a draft guidance document developed by a few of the stroke neurologists intended to outline stroke acute care measures that may be considered on a regional bases for a worst-case scenario of reduced resources.
- Group members expressed concerns regarding level 3 contingency planning which involves the delivery of hyperacute and acute stroke care in non-stroke centres.
- It was acknowledged that stage 3 is a last resort however more layers could be added into the document for clarity.

### **New Business Arising: Virtual Care- Current and Future Planning**

- Due to time, this agenda item was deferred to the next Forum.

### **NEXT STEPS**

- CorHealth to explore the possibility of stratifying IDS Hamilton data by mode of arrival to better understand decrease in stroke volumes.
- CorHealth to finalize Caregiver memo and distribute to stakeholders/post to resource centre.
- Contingency Planning writing group to incorporate feedback and finalize document
- CorHealth Ontario to explore opportunities to expand provincial messages relating to resumption of services to support non-surgical/procedure-based patient groups.