

Stroke Forum # 9

MEETING SUMMARY NOTES

DATE: October 1, 2020, 12:00-1:00 PM

GROUPS REPRESENTED: Over 75 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

CorHealth and Other Updates

Heart and Stroke COVID-19 Impact Survey

- Patrice Lindsay from the Heart and Stroke Foundation (HSF) provided a high-level overview of the COVID-19 impact survey. The survey received 1600 responses from patients with lived experience and included virtual care as a key topic of interest. Results will be shared in more detail at our next forum meeting.
- In addition to the survey, HSF is also conducting an environmental scan and literature review. This work will be combined with the findings from the survey.
- Other activities underway include:
 - Integrating virtual care into all best practice guideline updates going forward
 - Working on a guidance document / framework as requested by providers to support decision-making with respect to the appropriate use of virtual care.

CorHealth Virtual Care Initiative

- Alex Iverson gave a brief update on the deliverables from the CorHealth Virtual Care initiative.
 - The first stream of work features a report summarizing the learnings, opportunities, strategies, and resources from engagements with cardiac, stroke

and vascular stakeholders. It will be available next month. Key areas of focus in the report for stroke include stroke rehabilitation and secondary prevention.

- The second stream of work will be supporting HSF in their work to develop a framework around appropriateness of virtual care and tools to support providers.
- The third stream of work will focus on measurement of Virtual Care. CorHealth has partnered with Dr. Sacha Bhatia, who is leading a ministry sponsored evaluation of virtual care, to determine opportunities to contribute to the measurement activities underway.

Program Sharing: Community Stroke Rehabilitation

Theresa Grant and Jeanne Bonnell, Champlain LHIN

Highlights from the Presentation

- Pre-pandemic program involved a hybrid home model consisting of home and clinic visits depending on what setting was most appropriate
- During the pandemic clinic visits have stopped, but home and virtual visits continue (phone and videoconferencing)
- Because the program covered an expansive geographic area- tools for virtual care were already being used (e.g. I-Pads) and could continue to be leveraged when pandemic emerged. Examples highlighted:
 - iPad for SLP speech practice using Apps
 - Telephone virtual visit with OT and SW
 - Virtual reality tools that gamify therapeutic exercises and allow therapists to monitor engagement remotely
- Therapists worked together to troubleshoot challenges and support rapid uptake of the resources, however the learning curve toward adoption was fatiguing. There is also administrative burden associated with learning the skills for virtual care.
- Data examining how the pandemic impacted visits was presented and demonstrated that despite an initial dip in visits in March and April, the program was able to maintain a certain level of service come May/ June by utilizing several options of care delivery.
- Anecdotally patients were initially grateful for virtual option but now therapists see a growing demand and pressure from patients and families for in-person visits.
- Technological issues remain and take up therapy time to solve; therapists are trying to find ways to make virtual care easier and more efficient (e.g. obtaining consent)
- Therapists also experienced hypervigilance fatigue (e.g. concerns about donning/doffing PPE safely, touching objects in the home) and efficiency challenges (e.g. PPE, clean equipment) with in-person visits.

- Currently, the program is continuing home and virtual visits and have initiated a virtual exercise group because community programs in regions served had closed.
- Champlain Regional Stroke Network launched a telephone peer support service that has been well received by patients.
- Working with partners to further expand the program's geography because of the growing need for services as hospital programs closed. A growing list of patients are waiting for a limited service.
- Outcome measures used by the program include: COPM, RNLI, Depression screening, Satisfaction survey. Once lengths of stay on the program are complete, the outcome measures will inform the impact of the pandemic

Optimizing Care through COVID-19 Pandemic Transmission Scenarios

Sudha Kutty, Ontario Health

- Sudha Kutty presented the latest recommendations from Dr. Chris Simpson's committee that will help guide the province on future phases of the pandemic.
- The purpose and impetus for this document was to address the continuation of care for all patients in future waves and ensure care partner participation.
- The recommendations are geared to all sectors and focus on 5 scenarios (Adapted from WHO) which can be seen on a placemat that was provided in the document. For each scenario there is a goal, impact, and recommendations.
- The goals change with language around reducing and deferring care with recognition that we are trying to avoid where the province was in phase one where there were complete closures that resulted in backlog and issues for both COVID and non-COVID-19 patients.
- It was also noted that the number of cases across the province is asymmetrical so care will need to ramp up in parts of the province and in others it will need to ramp down.
- The report is expected to go out imminently.

Discussion

- Leanne noted that she has had the opportunity over the last few months to relay advice regarding the stroke population to Dr. Simpson's committee.
- A member from the forum noted that the document seems focused on procedures and surgeries and wondered about other aspects which are essential to stroke (i.e. Rehabilitation services)
- Sudha noted that time sensitive care should be preserved during this time and that the overall message is to continue to provide services virtually or in-person where possible.

- Sudha also addressed a question regarding paramedic services and movement of patients between hospitals. She noted that discussions did take place around that issue and hopes conversations will take place at a regional/ subregional level to ensure that the interconnectedness amongst regional parts will continue.
- Forum participants shared the following feedback with Sudha.
 - Flow of patients to long-term care and the need to improve engagement with long-term care was identified as a mechanism to improve these processes in the future.
 - Ensuring document captures the voices of patients and families and that these should inform our actions in future waves.
 - Ongoing advocacy for specialized care including rehabilitation post-stroke.
 - The need to better understand virtual care and hybrid models and how-to deliver it effectively/appropriately was highlighted
- 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

- CorHealth Memo on Contingency Planning for Designated Stroke Hospitals was circulated. If there are any comments please share with Shelley Sharp.
- Next meeting of the group will be held in November (date TBD).
- If group members have any questions or comments for future agenda item suggestions, please email to Shelley.Sharp@corhealthontario.ca.