

## Regional Stroke Prevention Clinic Contingency Planning: Quick Reference Guide – COVID-19 Pandemic

### BACKGROUND

In the Champlain region, TIA and Minor non-disabling Stroke (MNDS) patients that have not been admitted are seen and assessed in 1 of 4 regional Stroke Prevention Clinics (SPC). These clinics operate in the following hospitals: The Ottawa Hospital – Civic Campus, The Queensway Carleton Hospital, The Pembroke Regional Hospital and the Cornwall Community Hospital. It is the mandate of each SPC to provide SPC services to residents of their surrounding areas.

The following document is intended to support Champlain SPC's to plan for maintenance of operations during the unprecedented possibility of SPC closure or SPC staff (MD/RN) absence due to the COVID-19 pandemic. This information is intended to be “guidance rather than directive” and is not meant to replace clinical judgment.

### IMPLEMENTATION CONSIDERATIONS

#### Consideration 1:

In planning for the unprecedented reality of SPC closure or SPC MD absence due to COVID, each SPC site should develop a plan supporting the management of patients referred for TIA or MNDS evaluation, preferably within local and internal resources. Each organization should evaluate individual access to internal resources such as alternate physician support and diagnostic imaging and develop a plan accordingly.

#### Consideration 2:

This document assumes that access to diagnostic testing such as brain and vascular imaging as well as cardiac testing continues to be available to SPC patients in an urgent manner as recommended by the Cor-Health Recommendations for an Ontario Approach for Ambulatory Imaging and Cardiac Investigations for Patients presenting with TIA and Minor Stroke during COVID-19: Memorandum #1. This includes CT/CTA, Carotid doppler, ECG and prolonged ECG monitoring (minimum of 24 hours)

#### Consideration 3:

It is assumed that each SPC has a pre-developed contingency plan in place to enable the operations of the SPC in times of expected and unexpected SPC physician absence as per the pre-established Champlain SPC Regional Coverage Algorithm. This is especially important in centers where only one physician supports the operations of the SPC.

#### Consideration 4:

It is assumed that each SPC has a pre-developed contingency plan in place to enable the operations of the SPC in times of expected and unexpected SPC RN absence as per the pre-established Champlain SPC Regional Coverage Algorithm. This is especially important in centers where only one RN supports the operations of the SPC.

*This document is meant to support Champlain SPC staff should the clinic be forced to close to physical visits or should the physician/nurse(s) supporting the SPC be unable to support SPC operations due to COVID-19.*

### ACTIVATION RECOMMENDATIONS

Prior to this allowance, the impacted organization must obtain approval from the Champlain Regional Stroke Network Medical Director and the Champlain Regional Stroke Network Director before any activation plan commences.

Here are the recommended levels of action should the regional SPC be forced to close to in-person patient visits and/or there is loss of dedicated SPC physician support:

#### Level 1 – SPC CLOSURE WITH SPC MD AVAILABILITY

- A. Patients referred to the SPC should continue to be processed as usual. This includes triage, ordering and completion of brain and vascular imaging if not already complete and management of findings when appropriate.
  - I. Should the SPC RN be unable to support the operations of the SPC due to illness or redeployment, the SPC MD and administrative team will support management of SPC referrals (including triage, ordering and completion of brain and vascular imaging if not already complete and management of findings when appropriate).
- B. Patients who are referred within 48 hours of symptoms who have not been evaluated in ED should be immediately re-directed to the nearest ED with CT capability as per Canadian Best Practice recommendation for Stroke – 1.0 Initial Risk Stratification and Management of Nondisabling Stroke and TIA
- C. Implementation of virtual/e-visit consults for referred SPC patients with SPC physician. This should be conducted in a format that is supported by the organization, College of Physicians and Surgeon of Ontario and the Ontario Medical Association.
- D. Implementation of virtual/e-visit consultation with SPC RN for risk factor counselling where applicable. This is meant to replace the in-person counselling that is offered to each patient in SPC by the SPC RN/Nurse Specialist. This should be conducted in a format that is supported by the organization and the College of Nurses of Ontario
  - I. Should the SPC RN be unable to support virtual/e-visit consultation for risk factor counselling due to absence, it is recommended that this service be postponed to a later date when staffing is at full capacity. The SPC administrative team will maintain a list of patients requiring this service and will support scheduling once services resume.

#### Level 2 – SPC CLOSURE WITH LOSS OF DEDICATED SPC MD

- A. Includes components A, B and D of Level 1 activation plan

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- B. Activation of on-site contingency plan for internal SPC coverage. Under this plan, a non-SPC physician from the affected organization should be assigned to support and cover the needs of the SPC clinic. Depending on the need, this can include ordering of tests, review and management of results and consultation with referred patients.
- C. Implementation of virtual/e-visit consults for referred SPC patients with covering SPC physician. This should be conducted in a format that is supported by the organization, College of Physicians and Surgeon of Ontario and the Ontario Medical Association.

### Level 3 – SPC CLOSURE WITH COMPLETE ABSENCE OF INTERNAL MD COVERAGE

- A. Should there be complete loss of internal MD coverage to support the operations of the affected SPC clinic, and no mechanism to maintain access to Stroke Prevention medical care to patients, all referrals to said clinic are to be directed by fax to the Regional SPC (Ottawa Hospital – Civic Campus) for management and scheduling.
- B. Whenever possible, it is recommended that all required tests as per Consideration 2 are to be completed at the affected organization as per usual process. This is to enable care closer to home for referred patients. The scheduling of these tests is to be ordered by the regional center with scheduling support from the affected SPC admin team. Tests results are to be forwarded to the regional center once available for chart completion and physician access.
- C. Implementation of virtual/e-visit consults for referred SPC patients with Regional SPC physician. This should be conducted in a format that is supported by the organization, College of Physicians and Surgeon of Ontario and the Ontario Medical Association.
- D. Implementation of virtual/e-visit consultation with Regional SPC RN for risk factor counselling where applicable. This is meant to replace the in-person counselling that is offered to each patient in SPC by the SPC RN/Nurse Specialist. This should be conducted in a format that is supported by the organization and the College of Nurses of Ontario

OF NOTE: It is recommended that complete redirection of patient care to the regional SPC Centre (The Ottawa Hospital – Civic Campus) be done as a last resort only and when Phase 1 and 2 of the activation plan be no longer possible.

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### DEACTIVATION RECOMMENDATIONS

Here are the recommended levels of deactivation once the COVID-19 pandemic state has terminated or should the affected SPC be able to resume return to usual SPC services:

#### Level 1 – SPC CLOSURE WITH RETURN OF INTERNAL SPC MD COVERAGE

This is to be enacted when the affected SPC has been able to secure the support of an internal MD to support coverage of the SPC operations should the dedicated SPC MD remain unavailable.

- A. Regional SPC to be notified that affected SPC has secured MD coverage and is able to return to operations.
- B. All referred patients from the affected SPC area which had been re-directed to the regional center and have not been scheduled are to be re-patriated to the affected SPC for management and scheduling. Any supporting documentation completed at the regional center (such as nursing triage) is to be included with the re-patriated documents.
- C. Any new referrals to the affected area are to be processed as usual. This includes triage, ordering and completion of brain and vascular imaging if not already complete and management of findings when appropriate.
- D. Patients who are referred within 48 hours of symptoms who have not been evaluated in ED should be immediately re-directed to the nearest ED with CT capability as per Canadian Best Practice recommendation for Stroke – 1.0 Initial Risk Stratification and Management of Nondisabling Stroke and TIA
- E. Implementation of virtual/e-visit consults for referred SPC patients with covering SPC physician. This should be conducted in a format that is supported by the organization, College of Physicians and Surgeon of Ontario and the Ontario Medical Association.
- F. Implementation of virtual/e-visit consultation with SPC RN for risk factor counselling where applicable. This is meant to replace the in-person counselling that is offered to each patient in SPC by the SPC RN/Nurse Specialist. This should be conducted in a format that is supported by the organization and the College of Nurses of Ontario
  - I. Should the SPC RN be unable to support virtual/e-visit consultation for risk factor counselling due to absence, it is recommended that this service be postponed to a later date when staffing is at full capacity. The SPC administrative team will maintain a list of patients requiring this service and will support scheduling once services resume

#### Level 2 – SPC CLOSURE WITH RETURN OF DEDICATED SPC MD

This is to be enacted when the affected SPC has been able to secure the support of the dedicated SPC MD for resumption of the SPC operations.

- A. Includes components A, B, C, D and F of Level 1 Deactivation plan if not already implemented

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- B. Implementation of virtual/e-visit consults for referred SPC patients with dedicated SPC physician. This should be conducted in a format that is supported by the organization, College of Physicians and Surgeon of Ontario and the Ontario Medical Association.

### Level 3 – PANDEMIC STATE TERMINATED

- A. Includes components A, B, C and D of level 1 Deactivation Plan if not already implemented  
B. Resumption of in-person SPC visits for referred SPC patients with dedicated SPC physician and SPC RN as per usual operations.

### WHERE TO GET MORE INFORMATION

- [Stroke Best Practice Guidelines – Secondary Prevention of Stroke](#)
- [Stroke Best Practice Guidelines – Guidance on Stroke Best Practices during the COVID-19 Pandemic](#)
- [CNO – Telepractice guidelines](#)
- [CPSO – COVID 19 FAQs for Physicians](#)
- [CPSO – Telemedicine Policy](#)
- [Ontario Health Quality – Adopting and Integrating Virtual visits into Care](#)

### APPENDICES

- CorHealth Recommendations for an Ontario Approach for Ambulatory Imaging and Cardiac Investigations for Patients presenting with TIA and Minor Stroke during COVID-19; Memorandum #1
- Champlain SPC Regional Coverage Algorithm

Contact Aline Bourgoin, Champlain Regional Stroke Network Stroke Prevention Coordinator/Nurse Specialist for questions.

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