

# Access to Thrombolysis Care Contingency Planning: Quick Reference Guide – COVID-19 Pandemic

Page 1

### **BACKGROUND**

In the Champlain region, thrombolysis treatment (tPA) and post-care are provided at four designated stroke centres, The Ottawa Hospital- Civic Campus as the Regional Stroke Centre, and Pembroke Regional Hospital, Cornwall Community Hospital and Hawkesbury General Hospital as Telestroke Centres. The following document is intended to support organizations to plan for thrombolysis care during the unprecedented possibility of limited capacity at one or all these designated tPA stroke centres 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

In planning for the unprecedented reality of capacity challenges in the ED and limited capacity in the Level 2 or Level 3 unit due to COVID, each designated stroke centres should develop a plan to support a transfer to another thrombolysis centre. Each organization will need to determine the process for transfer or redirection. Below are the possible paths and recommended actions to follow:

## Consideration 1: Drip and Ship Model of Care

Access to thrombolysis is available with no capacity in level 2 or level 3 units for post-procedure care. The objective is to provide treatment as close to stroke onset to optimize patient outcomes.

### **Recommended Action:**

- Develop a drip and ship protocol:
  - o Interhospital transfer after use of intravenous tissue-type plasminogen activator (tPA) in acute stroke
  - o Criticall to support transfer to closest designated stroke centre
  - o Transport patient with a Registered Nurse
  - o Patient transfers to a level 2 or level 3 unit for post thrombolysis care

# Consideration 2: Transfer to the Next Closest Designated Stroke Thrombolysis Centre

In the event, the emergency department is <u>NOT</u> available at one of the designated stroke centres paramedic services and emergency departments are to consider transporting the patient to the next closest thrombolysis centre.

# Access to Thrombolysis Care Contingency Planning: Quick Reference Guide – COVID-19 Pandemic

Page | 2

Table 1: Alternative options for thrombolysis care

| Unavailable Hospital               | Next Closest Hospital              | Second Closest Hospital          |
|------------------------------------|------------------------------------|----------------------------------|
| Cornwall Community Hospital        | Hawkesbury General Hospital        | The Ottawa Hospital-Civic Campus |
| Hawkesbury General Hospital        | Cornwall Community Hospital        | The Ottawa Hospital-Civic Campus |
| The Ottawa Hospital-Civic Campus — | The Ottawa Hospital-General Campus | Hawkesbury General Hospital      |
| Pembroke Regional Hospital         | The Ottawa Hospital-Civic Campus   | Hawkesbury General Hospital      |

## **Recommended Action:**

- Send memo to EMS and provide the primary and secondary options for stroke care (Table 1).
- In the event a patient arrives on his/her own, the hospital would arrange transportation through Criticall to the closest available designated stroke centre.

# Consideration 3: Provide Post Thrombolysis Care on a Regular Inpatient Unit

Access to the two secondary designated stroke centres are unavailable. Consider only if transfer to another thrombolysis centre is not possible.

### **Recommended Action:**

• Refer to Post tPA Direct Transfer to an Inpatient Ward Unit: Quick Reference Guide-COVID-19 Pandemic.



# **Access to Thrombolysis Care Contingency Planning: Quick Reference Guide - COVID-19 Pandemic**

Page | 3

### WHERE TO GET MORE INFORMATION

Canadian Stroke Best Practice- Emergency Medical Services Management of Acute Stroke Patients Canadian Stroke Best Practice- Acute Ischemic Stroke Treatment Canadian Stroke Best Practice Guidance During the COVID-19 Pandemic

Contact Beth Donnelly, Champlain Regional Stroke Network, Acute Care Coordinator for questions.

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