SUPPLEMENTAL MATERIAL

Adaptations of rapid transient ischaemic attack (TIA) pathways during the COVID-19 pandemic: An international survey

Supplemental methods

We performed a literature review of rapid TIA pathways in PubMed. The comprehensive search strategy included terms such as 'transient ischaemic attack', 'TIA', 'ambulatory care facilities', 'clinic', 'pathway', 'outpatient' or 'triage'. Studies were limited to 'human studies' during the years 2000-2020. The actual PubMed search code was as follows:("transient ischaemic attack"[All Fields] OR "transient ischemic attack"[All Fields] OR TIA[All Fields])AND ("ambulatory care facilities"[MeSH Terms] OR ("ambulatory"[All Fields] AND "care"[All Fields] AND "facilities"[All Fields]) OR "ambulatory care facilities"[All Fields] OR "clinic"[All Fields] OR pathway[All Fields] OR "outpatients"[MeSH Terms] OR "outpatients"[MeSH Terms] OR "triage"[MeSH Terms] OR "triage"[All Fields]) AND ("2000/01/01"[PDAT] : "2020/12/31"[PDAT] AND "humans"[MeSH Terms]).Additional records not captured by the search strategy were found by searching reference lists of published papers.

Inclusion criteria

Choice of publication was based on the description of a structured pathway from primary care and/or the emergency department to a dedicated TIA clinic that was aimed at expediting the evaluation and initial management of TIA.

Exclusion criteria

Review papers, surveys of practice, and tests of diagnostic accuracy were excluded. Audits of existing services against national targets, and models that introduced more aggressive secondary prevention strategies but did not include a rapid pathway were excluded.

Two independent researchers (A.L and T.P) reviewed all articles meeting inclusion criteria. Final choice of included centres was by consensus. Abstracts or completed manuscripts were reviewed and the pathway name, corresponding author contact, and the city and country of the investigation were extracted into an Excel worksheet. For non-responders, last authors were identified and attempts were made to obtain email addresses from their publications as corresponding author. Attempts were also made to locate alternative email addresses. Professional profiles posted by hospital services and private practice websites were visited in an attempt to contact an investigator who had moved to a different hospital.

Survey method

This was a pragmatic survey of existing rapid TIA pathways around the world. Principal investigators from each site were invited to complete a short survey form that included nine data points: pathway setting, pre- and post-COVID assessment method (in-person, telephone, video), pre- and post- COVID brain and arterial imaging strategy, personal protective equipment (PPE) use in the TIA clinic, region lockdown status, TIA clinic status (active or inactive), and date of survey completion. Additional qualitative data was also provided at the respondent's own choice. Non-responder data were extracted from the published article and included pathway setting, assessment method (in-person or telemedicine), and imaging choice. Clinic status (active versus non-active) was inferred by visiting the institution's website, and the date of the internet search was recorded. The study was approved as a Quality Assurance activity (reference number: QA/63676/MonH-2020-209422) by the Monash Health Human Research Ethics Committee. Informed consent was not required.

Included studies

This is a list of included studies and corresponding references.

M3T¹, SOS-TIA², Oxford Vascular Study³, Ottawa⁴, TWO-ACES⁵, Rochester⁶, Welllington⁷, Edinburgh⁸, Tauranga⁹, Adelaide¹⁰, Royal North Shore Hospital¹¹, Glasgow¹², BEATS¹³, Rapid Access Vascular Evaluation¹⁴, Bologna¹⁵, Foothills Medical Centre, Grand Rapids¹⁶, Boston¹⁷, Nantes¹⁸, FAST TIA¹⁹, Brechin²⁰, Gosford/Wyong²¹, Halifax²², Munich²³, Glouscestershire²⁴, RASP²⁵, Rapid Access TIA²⁶, Beijing²⁷

Supplemental tables

| | City | Country | Setting | Pre-COVID | Pre-COVID Imaging | Clinic Status | Date of |
|--------------------------------|-----------------|-----------|-----------|------------|--------------------|---------------|-----------------|
| | | | | Assessment | | on website | internet search |
| Nantes ¹⁸ | Nantes | France | ED* | In-person* | CT in ED/US* | Does not | 28/4/2020 |
| | | | | | | specify | |
| FAST TIA ¹⁹ | London | UK | Hospital* | In-person* | CT/US/TTE* | Active | 28/4/2020 |
| Brechin ²⁰ | Brechin | Scotland | GP- | In-person* | CT/US* | Does not | 28/4/2020 |
| | | | Hospital* | | | specify | |
| Gosford/Wyong ²¹ | Gosford/Wyong | Australia | Hospital* | In-person* | CT/US/CTA* | Active | 28/4/2020 |
| Halifax ²² | Halifax | Canada | Hospital* | In-person* | CT/US/CTA/MRI/A* | Active | 28/4/2020 |
| Munich ²³ | Munich | Germany | Hospital* | In-person* | MRI/US* | Does not | 28/4/2020 |
| | | | | | | specify | |
| Glouscestershire ²⁴ | Gloucestershire | UK | Hospital* | In-person* | CT/US* | Active | 28/4/2020 |
| RASP ²⁵ | Dublin | Ireland | Hospital* | In-person* | CT/CTA/MRI/MRA/US* | Active | 28/4/2020 |
| Rapid Access | London | UK | Hospital* | In-person* | Unknown | Active | 28/4/2020 |
| TIA ²⁶ | | | _ | | | | |
| Beijing ²⁷ | Beijing | China | Unknown | Unknown | Unknown | Does not | 28/4/2020 |
| | | | | | | specify | |

Table 1: Additional data from published article and internet search.

* From published article.

CT=computed tomography, CTA=computed tomography angiography, US=carotid ultrasonography, MRI=magnetic resonance imaging, MRA=magnetic resonance angiography, TTE=transthoracic echocardiography, RASP=Rapid Access Stroke Prevention

Supplemental references

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