

“And Hope Kicked In.”



Herman and Geraldine Pomajba visit while Geraldine arranges flowers as part of the Stroke Unit's Therapeutic Recreation program.

Herman Vellinga walks around the Integrated Stroke Unit at Chatham Kent Health Alliance as comfortably as if he is in his own home.

It certainly wasn't always that way. When he first arrived on November 8, 2003 after a paralyzing stroke, he was devastated. "I thought, wow, I'm 62 years old and this is the way I'll live the rest of my life. It was a terrible shock," he recalls today.

The next morning, however, his perspective changed. He felt a muscle move in his right leg. In retrospect, he says, it was "just a twinge" but at the time he thought he was already regaining the function in his affected leg. "I felt hope. I felt a muscle twinge and hope kicked in."

A ten-week hospital stay was followed by six months of therapy as an out-patient. During his out-patient visits to the hospital, he stopped by the stroke unit and visited some of the people he'd met during his lengthy stay. "Some of the friends I met asked me to keep coming back to visit them. So I promised I would come in once a week."

Herman Vellinga keeps his promises. For the past four and a half years, Herman has returned to the 3rd Floor Stroke Unit as one of the hospital's "friendly visitors". For a man who spent his career in people focused fields like the travel business, it's a natural extension of his personality. "I'm a people person – I enjoy spending time with people."

It's a role that requires on-the-spot learning – and no two volunteers have the same technique for engagement. After several hundred visits, however, Herman has honed his approach. "With women I usually look around for photographs and then inquire about their families. With men I usually ask about their career – what they were doing before the stroke. That first question can really break the ice," he explains.

In addition to offering a listening ear and being available for those who just need a good cry, Herman delivers his message of hope. "I do try to give inspiration because I've been there and I know how it feels. I really believe that patients benefit from a positive attitude. A positive attitude and hope – we can't do without it."

While showing his guest around the Stroke Unit, Herman stops to point out the word "hope" written over the doorway to the therapy rooms. He shows me the wall where he one day hopes to have a garden themed mural painted – accompanied by the words, "Hope Grows Here."

I'm introduced to Geraldine, who arrived at CKHA following her own stroke on December 13. They talk about her discharge anticipated for the following day. "I'm using Herm as a model – if he can do it, I can do it," she declares. As they discuss the importance of continuing therapy and having realistic expectations once at home, one thing is clear... hope lives here.

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Health Promotion and Prevention with Sharon Mytka



There is some great stuff happening online! The Canadian Stroke Network has launched a terrific public education website about sodium. Visit www.sodium101.ca for a wealth of information and resources. The Public Health Agency of Canada updated its portal for best practices in Health Promotion and Chronic Disease Prevention. Visit <http://cbpp-pcpe.phac-aspc.gc.ca/>.

The Ontario Stroke System will focus some of its health promotion and primary prevention efforts on supporting and promoting policy efforts both to reduce and manage salt intake and to prevent, reduce and manage hypertension. Watch for more news as the action plan unfolds over the next year.

In January, the Southwestern Ontario Stroke Strategy began a three month pilot project to test the potential of lapel buttons to stimulate dialogue between health professionals and clients about blood pressure. Heart-shaped buttons ask one of two questions: "Is your Blood Pressure on target? Ask me!" or "Do you know your Blood Pressure? Ask me!" Approximately seventy staff across seventeen separate programs in nine geographic regions are testing them. The evaluation will measure if the buttons prompted dialogue, the quality of the dialogue, and if blood pressure was measured.

Acute Care with Janet Liefso

The December release of the new CSS 2008 Best Practice Guidelines has generated much excitement for practitioners in the acute care of stroke patients. New evidence supports extending the window for treating acute disabling ischemic stroke with thrombolytics up to 4.5 hours from the onset of symptoms, thus increasing the availability of clot busting medication for those patients who previously were ineligible. This is wonderful news. Health care professionals, patients and families must remain vigilant to identify the signs and symptoms of stroke, call 911 and get to hospital as soon as possible. "Time is brain." 6 million brain cells are lost each minute during a stroke and early treatment improves outcomes. Support for this early treatment is further demonstrated in the Best Practice guidelines with the addition of the emergency medical management recommendation directed at the "first responders" including paramedics, communications officers and dispatchers. The Guideline supports utilization of a standardized stroke diagnostic screening tool for paramedic use, thus optimizing out-of-hospital management of suspected stroke patients before and during transport to hospital. Stroke is a medical emergency and the new research supported by Best Practice Guidelines brings us all closer to the Ontario Stroke System's vision of, "Fewer Strokes. Better Outcomes."

It's Our Pleasure...

... to announce an exciting new program in Chatham Kent. Called **Transitional Stroke Program** or **TSP**, it is assisting stroke survivors, caregivers and those who have experienced a minor stroke to meet with an interprofessional team that provides an opportunity for them to talk and learn about stroke, what can be done to avoid having another stroke, adjusting to having a stroke and how survivors can be active in their homes and community. To date there have been approximately 40 stroke survivors and caregivers attend. Congratulations to the TSP Leads, Kim de Haan and Maureen Mckerral for their dedication to those living with stroke.

... to welcome a new permanent staff member to the Windsor Essex District Stroke program. **Sandy Rebner** has joined the team as a stroke prevention nurse in the TIA Clinic. Sandy brings 27 years of acute care experience to her new role, many of them being on the Neurology Unit at Hotel Dieu Grace Hospital. The team looks forward to

Sandy's enthusiasm, and the new ideas that she brings to the program.

... to congratulate **Delynne Felder**, Administrative Assistant to the Stroke Strategy on the birth of her first child! Delynne had a beautiful baby boy, Blake Joseph, on Monday March 9. While Delynne is away enjoying her sweet bundle, **Amanda Williams** will be supporting the Southwest Regional Team from University Hospital.

... to wish our best to **Frances Simone** who is retiring from London Health Sciences Centre.

... to welcome **Lori Flowerday** as the new Chair of the Oxford Stroke Strategy Working Group. Lori is taking over from **Mike Bragg** who has assumed additional responsibilities with the municipality.

... congratulate **Catherine Sellery**, recently appointed Director of Clinical Neurosciences and Medicine Business at London Health Sciences Centre. Catherine's portfolio includes the Regional Stroke Program.

Rehabilitation with Deb Willems

There are so many updates to share!

The SWO Stroke Strategy's proposal to the South West LHIN's Aging at Home initiative was successful! We have been extremely busy setting up the Community Stroke Rehabilitation Teams who will provide specialized expertise, coordinated teamwork and a personalized approach to supporting stroke survivors in their community. The Thames Valley team is fully up and running and all three teams (the other two are in Huron-Perth and Grey-Bruce) will be taking referrals by the end of March.

Implementation of the AlphaFIM, a tool that provides a measure of functional status and disability in acute care, has been successfully implemented in almost every facility across the region. This tool helps identify the rehabilitation needs of stroke survivors and improves communication and transition to rehabilitation.

The task team for Standardizing Admission Criteria for Rehabilitation created a Stroke Rehabilitation Candidacy Screening Tool which was funded by the South West LHIN and piloted by the University Hospital Stroke Interdisciplinary Team and evaluated for Inter-rater Reliability. The report is available at www.swostroke.ca. We were very excited to have the results accepted for presentation at the International Stroke Conference in San Diego!

Recently the South West LHIN approved further work to move this project forward by funding a study to determine the need for rehabilitation services post stroke. This will involve conducting an audit of the data collected in facilities using the Stroke Rehabilitation Candidacy Screening Tool.



Deb Willems, Rehabilitation Coordinator presenting the Candidacy Screening Tool at the International Stroke Conference in San Diego

Community and Long Term Care with Paula Gilmore

The **Transition Information Plan (TIP)** is being evaluated in a sample of long term care homes (LTC) to which Parkwood Hospital discharges stroke survivors to. Developed by the Ontario Stroke System in response to the need for more detailed patient information for LTC homes accepting residents with stroke, the TIP tool accompanies residents as they are discharged from hospital and admitted to LTC. Completed at the hospital, the TIP tool includes information needed by LTC care providers to immediately develop stroke-focused care plans. The research will determine whether the information provided on the TIP tool continues to be useful to, and used by, LTC staff.

Living with Stroke (LWS) was developed by the Heart and Stroke Foundation and piloted for stroke survivors and their caregivers.

The eight week interactive program includes discussion, videos and activities to help participants learn more about coping with stroke in the community. A regional database monitors programs and facilitators across SWO. Since LWS's release, there have been programs run in St. Thomas, West Lorne, Sarnia, Chatham, Owen Sound and Stratford.

"**A Guide for Persons with Stroke about Long Term Care Homes,**" was designed by a sub-committee of the Oxford Stroke Community Navigation Group and is intended to help persons living with stroke, and their loved ones, make decisions about choosing, moving into and living in LTC. Presently being piloted at Woodstock General Hospital, Alexandra Hospital in Ingersoll, and Tillsonburg General Hospital, the Guide is used by hospital discharge planners.



Participants in the Community Engagement forum held in Grey Bruce. This forum supported the Pathways Report – see page six for more details.

SOUTHWESTERN ONTARIO STROKE CENTRE UPDATE



Participants at the February Best Practices Day in Chatham.

Chatham-Kent

We continue to work collaboratively with many agencies across the continuum to implement strategies for improving stroke care. To date we have provided acute stroke management treatment with tPA to 15 stroke patients within Chatham-Kent and have serviced more than 430 patients in the Secondary Prevention Clinic. Our integrated stroke unit continues to provide an interprofessional approach to stroke care and management with earlier access to rehabilitation services upon admission. Its goals are to reduce mortality, shorten length of stay, improve functional ability by 25% and reduce institutionalization independent of age, gender or stroke severity.

We recently participated in a RNAO Best Practice Highlight for the **Stroke Assessment Across the Continuum Final Report** to support best practice activities within the RNAO guideline and the Chatham-Kent Health Alliance. We're also moving forward with SPIRIT, a web-based data system for monitoring stroke care delivery in Canada. SPIRIT's objective is to enable clinicians and administrators to access informative data on the quality of stroke care at any point in time.

Finally, we're holding two sessions of a two-day best practices workshop – April 28 & May 8 and May 27 and June 3.

Grey-Bruce

Team! Team! Team!

We have been concentrating over the past few months on the implementation of our Community Stroke Rehabilitation Team. The Grey Bruce Team should be operational by April 2009. It is an exciting time contributing to enhanced rehabilitation and community re-engagement for our stroke survivors.

Button! Button!

Who is wearing a button?

An unique awareness campaign has been conducted through the month of February in Grey Bruce. The Public Health Unit Chronic Disease Team, the Regional Diabetes Educators, the District Stroke Centre and the Brockton Family Health Team have been wearing two buttons each asking about blood pressure target numbers in different way. The wearers are recording reactions and the effectiveness of the campaign and the button messages will be analyzed.

Best Practices! Practices Pearls!

KT Adventures!

We are issuing a series of ALERTs highlighting the new Canadian Best Practice Recommendations for Stroke Care. **Practice Pearls** is a new tool to help clinicians share how they have moved evidence into their stroke care practice. Currently the tool is a newsletter but we would like to use a 'twitter' to allow discussion. KT adventures are a growing number of initiatives to support and celebrate knowledge translation. The Dysphagia Cup recognizes best practice in dysphagia management. The ER

Department Celebration for Best Practices Contest will recognize ERs who are incorporating best practice care for individuals with TIA. The Heart and Stroke Month stroke quizzes have been popular.

We are looking forward to spring and further adventures in supporting best practice stroke care.

Huron-Perth

Much of the past three months was focused on the recruitment and hiring of the Community Stroke Rehab Team for Huron and Perth. We are very excited to welcome the following team members: Physiotherapist, Ryan Hengeveld; Occupational Therapist, Sandra Connolly; Speech Therapist, Pat Knutson; Registered Nurse, Grace Benedict; Therapeutic Recreation Specialist, Shannon O'Shea-Ross; Social Worker, Erin Maloney; and Rehab Therapists, Steph Kuntz and Suzette Lemieux.



Meet the members of the Huron Perth Community Stroke Rehab Team.

Recently, the Heart to Heart program was redeveloped to include TIA patients from the Stroke Prevention Clinic. It also got a new name – **"Heart and Mind."** Our stroke prevention nurse continues to triage in-patients with the Stroke Rehabilitation Candidacy Screening Tool. In conjunction with OTN and Alexander Marine & General Hospital, we plan to pilot this Tool via video-



Southwestern Ontario Stroke Strategy Steering Committee, October 2008

conference with stroke survivors in Goderich. Finally, the workplace wellness program "imatter" was handed over to our partners at HPHA, the Public Health Unit in Stratford and the Huron County Public Health Unit who will incorporate it into a comprehensive healthy workplace initiative.

Sarnia-Lambton

We're establishing a **Specialized Acute Care Stroke Unit** at Bluewater Health! While the present physical space at the Mitton Site does not permit for a separate unit, the new unit will be incorporated into the space the Medicine programs will occupy when the Sarnia hospital sites come together in 2010. We're working to identify interested staff and establish an "acute care stroke team". The interdisciplinary members meet regularly to review existing care and initiate processes that move delivery towards best practice as recommended in the 2008 Guidelines.

In December 2008 Bluewater Health implemented the Inpatient Stroke Rehabilitation Candidacy Screening Tool with new stroke admissions. The allied health staff on the acute medical unit received training and certification to score the Alpha-FIM component of the tool. The screening tool is documented in Meditech and is part of the patient's electronic record. The District Stroke Centre is tracking

utilization of the tool for process evaluation and improvement.

Finally, the HSF **Living with Stroke** program was offered for the first time in the fall. Two facilitators received training in

June 2008. Maria Joiner, a retired nurse, and Dana Winegard, a physiotherapist from Bluewater Health, facilitated the 8-week program – to great reviews! This success was made possible through the support of the Sarnia-Lambton Stroke Recovery Association and VON Sarnia-Lambton.

Thames Valley

The VON Middlesex-Elgin, Senior Support Services has started a **Support Group for Caregivers of Stroke Survivors** at the VON Community Health Centre in Dorchester, Ontario. The group meets the 3rd Thursday of each month from 1:30PM-3:00PM. Please call 519-268-7028 for more information or to register.

VON Oxford's recently launched "**Life after Stroke Program**" assists stroke survivors' transition from hospital to home. Services provided through the program include linking stroke survivors with community support services as well as matching stroke survivors with trained volunteers. To learn more contact 1-888-641-5197 ext. 241 or lifeafterstroke@von.ca

Staff from both the St. Thomas



Meet the members of the Thames Valley Community Stroke Rehab Team.

Elgin General Hospital and the West Elgin Community Health Centre completed facilitators training offered by the Heart and Stroke Foundation of Ontario and are offering the **Living With Stroke** series of classes for stroke survivors and their families.

Windsor-Essex

We continue to grow, implement new initiatives, and evolve our work in stroke prevention and care in Windsor Essex.

With the support of our partners, successful implementation of the Alpha FIM has been achieved at both the Hotel Dieu Grace and the Windsor Regional Hospitals. Both hospitals now include this assessment as a permanent part of the medical record and have demonstrated commitment to this initiative. Also Hotel Dieu Grace Hospital is now implementing **Open Source Order Sets** and the District Stroke Centre is in the process of ensuring that the new Canadian Stroke Network Best Practice Guidelines' recommendations are reflected in the stroke and TIA Clinic order sets.

Our work in stroke prevention also continues to develop. We now perform monthly blood pressure screening at HDGH for staff, visitors, volunteers and physicians. Since implementation of the monthly screens in August, there have been 662 participants, with 21% of those individuals identified as having blood pressures of >140/90. Also, the number of referrals to our TIA Clinic rose to 783 in 2008. In February we were pleased to present, "**The Impact of Culture on the Healthcare Needs of the Aboriginal Community**," a full day workshop by Guy Hagar of the Ontario Aboriginal Health Advocacy Initiative. The workshop was so popular that we are going to repeat it in April 2009.

Education Update

with Gina Tomaszewski

In 2008/09 we provided **Motivational Interviewing Workshops** to SWO health care providers in Stratford, Chatham and Grey Bruce. Motivational Interviewing is a directive, client-centred counseling style that enhances the client's ability to change behavior by identifying and resolving ambivalence (Miller, W.R. & Rollnick, S, 2002). Numerous articles document its use and success in the area of addiction and substance abuse. Motivational Interviewing is a particularly useful skill for providers working with stroke survivors attempting behavior changes such as weight loss, increased activity or smoking cessation.

The workshops gave providers an understanding of the foundations and theoretical underpinnings of Motivational Interviewing and Stages of Change – as well as the opportunity to practice the communication techniques through the use of case scenarios and role plays. During the workshop we also introduce the Pfizer/Dr. Jacques Bedard 3 Minute Empowerment.

Due to popular demand we will offer these workshops again in fall 2009. The smaller "class" size of 30 participants makes it more feasible to practice some of the communication skills emphasized in Motivational Interviewing. Cheryl Mayer, Clinical Nurse Specialist in the Urgent TIA Clinic/Stroke Prevention Program at LHSC's University Hospital, will facilitate these sessions.

The SWO Stroke Strategy Education Committee has produced the Education proposal for 09/10 stroke education programming. For all upcoming workshops, we plan to highlight the 2008 CSS Guidelines as a means of ensuring health care providers are familiar with the recommendations, and the impact of changes to their practice and ultimately to the care of the stroke survivor.

For any information on our programming please contact the Education Coordinator, or visit the Education Calendar on our website at www.swostroke.ca.

Resources

In addition to the Canadian Best Practice Guidelines highlighted on page 7, we're pleased to introduce two locally developed resources.

Management of the Hemiplegic Arm

This resource was developed to assist health care providers with the implementation of best practice management of the hemiplegic arm in a clinical setting. The package includes the hemi-arm protocol, sample audit tool, educational PowerPoint presentations, and sample photos that can be used at the bedside. Interested in implementing this best practice in your care setting? Email gina.tomaszewski@lhsc.on.ca. Contents of the package can also be viewed on our website (search for "hemi").

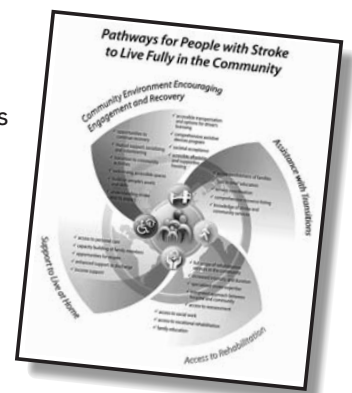
Pathways for People with Stroke to Live Fully in the Community

Released in Fall 2008, this Report captures the Southwestern Ontario Stroke Strategy's effort to garner a detailed understanding of the barriers to inclusion and participation that people with stroke and their families experience – and then identify possibilities for action. Six community engagement forums were held across the region. In the sessions, people with stroke, their family

members and community providers identified what was needed to enable successful community reengagement. Four common themes or "pathways" developed:

- Proactive support and follow-up to transition to the community
- Enabling the person to live at home
- Access to rehabilitation services
- A community environment that supports active engagement and continued recovery

Significant capacity exists within the region – many organizations are offering services and working toward changes that will benefit people with stroke and their families. The stage has been set to advance more change. The SWO Stroke Strategy has defined regional action priorities and provincial action priorities from the Report and has formed working groups to move these actions forward. Read the full report at www.swostroke.ca or contact Paula Gilmore at paula.gilmore@lhsc.on.ca for more information.



Ontario Stroke Network Update

with Chris O'Callaghan



Ontario
Stroke
System

In spring 2008 the Ontario Stroke Network (OSN) was incorporated, the Provincial Coordinating Council (PCC) established and, effective October 2008, the first Executive Director (Chris O'Callaghan) was hired. There are four additional staff positions, an Evaluation Coordinator (Ruth Hall), a Best Practices Leader (Linda Kelloway), an Administrative Assistant (Krista Tanner), and a Health Promotion and Primary Prevention Coordinator (Agnes O'Donohue).

The Heart and Stroke Foundation of Ontario (HSF) continues to be a significant resource and partner for the OSS/OSN. Relationships between the OSS/OSN and HSFO support a systems perspective to disease prevention, health promotion, advocacy, and research. Current priorities include:

- Develop and implement a framework that reflects the priorities of the Local Health Integration Networks (LHINs) and that links and harmonizes provincial and regional work plans and the work of the OSN Sub-committees
- Collaborate with the LHINs to develop an accountability mechanism for stroke centre funding
- Review regional steering committee terms of reference and the reporting relationships for the RPMs
- Establish a communications and marketing plan

Highlights of progress as of February 20, 2009 include:

- Values for the PCC have been established and shared with the OSS
- The pre-hospital Medical Advisory Committee has agreed to work with the OSN to discuss changes to the stroke paramedic prompt card including the expanded treatment window
- Recommendations for the harmonized provincial telestroke on-call project/on-call service remuneration model have been finalized
- The regional reviews project has started.

Finally, significant progress has been made on the research evaluation project with the objective of developing and implementing an analytical tool to evaluate the impact of OSS-funded research.

The OSN will continue to work "hand in glove" with the Ontario Stroke Regions and our health care system partners to advance the strategic directions and make measureable progress on our vision and mission. You can contact the Ontario Stroke Network at: ontariostrokenetwork@hsf.on.ca

The Canadian Stroke Strategy Releases New and Revised Best Practice Recommendations

The Ontario Stroke Network enthusiastically endorses the **Canadian Best Practice Recommendations for Stroke Care**, released December 2, 2008 in the Canadian Medical Association Journal.

"In endorsing the 2008 Canadian stroke Guidelines, the Ontario Stroke Network is saying it is going to continue to lead the provision of optimal stroke care," says Dr. Bayley, MD, Medical Director of the Neurorehabilitation Program at the Toronto Rehabilitation Institute, key contributor to the Canadian Best Practice Recommendations for Stroke Care and Evaluation Champion for the Ontario Stroke Network.

These guidelines will be of interest to front-line staff caring for stroke patients, program leaders, administrators, planners and funders.

To complement and support the use of the **Canadian Best Practice Recommendations for Stroke Care**, the Canadian Stroke Strategy developed a Performance Measurement Manual which is available at www.canadianstrokestrategy.ca. Related professional development tools and educational materials to support the implementation of the **Canadian Best Practice Recommendations for Stroke Care** are available at <http://profed.heartandstroke.ca>.

In addition, the new **Patient's Guide to Canadian Best Practice Recommendations for Stroke Care** is now available online at www.canadianstrokestrategy.ca. Click on the document title on the home page. The Guide has been designed for stroke patients, their caregivers, and members of the general public who want to know more about care for stroke. We encourage you to refer others to it.

Sustaining Our Success in the Southwest



Cheryl Curtis, Chair, SWO Stroke Strategy Steering Committee

SPRING has finally arrived and it is the perfect time to share the exceptional work of all those involved with stroke prevention and care in this region through this newsletter. Together we have changed our communities and you should be very proud of your continued commitment to excellence.

The future is beckoning to us with even more opportunities to enhance best practices and work toward a thriving system – and much is happening at the provincial level to ensure this happens!

Congratulations to Chris O’Callaghan, former Regional Program Manager for the Southwest. Chris is the first

Executive Director of the new Ontario Stroke Network, the new coordinating body for the provincial stroke system. Chris began her new role in October 2008 and as she shared in her update it has been a productive six months for the team.

One of the OSN’s current initiatives is to review the role of the stroke regions, and regional steering committees and program managers. A final report, intended to guide the regions’ work and their relationship with the OSN, is expected in early summer.

Sustainability of the regional and district Stroke Centres in these difficult financial times is an important conversation to have. In January, the Stroke Centres and the LHINs held a videoconference to discuss the issue of sustainability. The key messages are:

- It is a priority for the LHINs to ensure the sustainability and evolution of the OSS.
- Phase 2 of the HSAA commencing in FY 10/11 will be used as the vehicle for Stroke Centre accountabilities. Performance metrics will be included in schedule B and E of the HSAA.
- A joint LHIN/Stroke Centre working group will be established to develop the metrics.
- Chris O’Callaghan will coordinate the membership from the Stroke Centres and Sandra Hanmer from the LHINs.

The arrival of the Canadian Stroke Strategy’s 2008 Best Practices Recommendations forecasts even more improvements in stroke prevention, care, recovery and re-integration. We know that Stroke Centre staff from across the region are developing strategies to support our stakeholders in implementing the needed changes. And we are confident that 2009/10 will be another year of tremendous growth and improvement in stroke prevention and care in Southwestern Ontario.

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