

## Leading the Way – A Message from Our Chair



“It was an exciting and challenging year of learning as Chair of the Southwestern Ontario Stroke Strategy. Our region continues

to show great progress and leadership as together we create a stroke system that is caring, efficient and effective in reducing strokes and ensuring patients already dealing with the effects of stroke receive the right information and rehabilitation efforts! It is not a surprise to see these successes accumulating – we have an incredibly talented and dedicated team.”

Cheryl Curtis became Chair of the SWO Stroke Strategy Steering Committee in May 2007. She is the Senior Area Manager for the Heart and Stroke Foundation of Ontario serving London Middlesex and St. Thomas Elgin. Cheryl has worked in not for profit for 16 years, consults for a private company and is certified in volunteer management. Known for her infectious enthusiasm, Cheryl has a personal passion for improving the stroke care system. Cheryl can be contacted at (519) 679-0641 x 225 or at ccurtis@hsf.on.ca

## Reflection. Vision. Action. A SWO Stroke System for the Future

by Chris O’Callaghan and Cheryl Curtis

The Ontario Stroke System (OSS) Provincial Steering Committee has approved a five-year Strategic Plan for the Ontario Stroke System. The plan includes a new vision – **Fewer Strokes. Better Outcomes.** – and a new mission – **to continuously improve stroke prevention, care, recovery and re-integration.** Five strategic directions will ensure that the OSS fulfills this mission:

1. Credible Advisor to Improve Stroke Prevention and Care Delivery
2. Leadership and Coordination
3. Evaluation to Support Continuous Improvement
4. Innovation and Knowledge
5. Best Practices Across the Continuum of Stroke Care

In concert with the release of the OSS Strategic Plan was the publication of the Provincial Stroke Evaluation Report. This three-year trended analysis completed by the Stroke Evaluation Advisory Committee (SEAC) and the Canadian Stroke Network allows us to identify both successes and areas for improvement within the provincial stroke care system and our own region.

Regional work plans for 2008/09 will align with provincial priorities and address areas for improvement. Congratulations to the committed team of health providers implementing best practice stroke care across the Southwest! Take time to acknowledge these successes and glean inspiration from them as you forge new paths in 2008.

### Success Highlights:

- Provincially, the volume of patients admitted with stroke has remained stable or improved despite the projected rise of stroke due to the aging population. In both Erie St. Clair and Southwest LHINS, there is a more notable decrease compared to the rest of the province.
- Overall average length of stay in acute care has remained stable or declined, particularly in Erie St. Clair and Southwest LHINS.
- Provincially, in-hospital mortality rates have declined.
- There is a statistically significant improvement in re-admission rates for all stroke. This improvement is associated with Secondary Prevention Clinics and overall efforts across the continuum to improve risk factor management.

### Some Areas for Improvement:

- There was an increase in ED admissions for 19-55 year old women. Our action plan – target prevention efforts at younger age groups.
- 60% of patients at Regional Stroke Centres are NOT arriving in time to be

*Continues on page 6*

## Health Promotion and Prevention with Sharon Mytka

The Ontario College of Family Physicians (OCFP) initiated a **Saving the Brain** stroke care network early in 2007. In each of the eleven stroke regions a stroke specialist partners with a family physician and together they serve as mentors in stroke prevention and care for family physicians. OCFP has launched the **Saving the Brain** website at [www.machealth.ca/topics/stroke/](http://www.machealth.ca/topics/stroke/) to provide family physicians with a case-based, evidence-based, interactive, accredited learning experience, supplemented by forums and downloadable resources.

Throughout 2007, the Provincial Secondary Prevention Task Group focused on developing a professional education website geared to family physicians and focused on the medical management of TIAs. Hosted by the Heart and Stroke Foundation, the website, launching in late January 2008, will include information on secondary prevention clinics across the province and how to access them.

In November 2007, the SWO Stroke Strategy Prevention Committee hosted an action-oriented regional workshop: **Reducing Hypertension: Building a Sustainable System for the Future**. After learning about successful initiatives, participants broke into groups delineated by geographic stroke region and developed initial actions for implementing hypertension prevention, identification and reduction strategies in their respective communities.

What's next? The Ontario Stroke System will begin implementing measurement of some of the indicators for health promotion and primary prevention of stroke as recommended by the Canadian Stroke Network in its report to the Ontario Ministry of Health Promotion.



Above: Lois Beamish-Taylor Closing the Gap provides health care services to more than 25,000 individuals in hospitals, clinics, long-term care homes and the community. For years, Closing the Gap has partnered with stroke care agencies such as the Southwestern Ontario Stroke Strategy to promote best practice stroke care and spread the word about health promotion and stroke prevention. Heart and Stroke Foundation "signs and symptoms" magnets are distributed to all clients and stroke survivors receive the "Let's Talk About Stroke" booklet. Most recently, health care providers began distributing the SWO Stroke Strategy's prompt card, "Life after Stroke."

***"We want to partner with stroke agencies to ensure that our staff make use of the tools that are available," says Lois Beamish-Taylor, Regional Director, Closing the Gap Healthcare Group in St. Thomas.***

## Acute Care & Best Practice Implementation with Janet Liefso



Janet Liefso – Stroke Best Practice Coordinator for SWO

My first few months in the role of Stroke Best Practice Coordinator have been both challenging and exciting! It is a privilege to work with individuals so committed to improving stroke care for patients across the continuum. Over the coming months, I will be supporting, promoting and providing leadership for best practice stroke care to practitioners in pre-hospital, emergency and acute care settings within the Southwest region as well as making linkages provincially.

The CNS Interdisciplinary Stroke Team at University Hospital continues to promote stroke best practices within the acute care setting. Through project-based work the ID committee provides leadership in the development, implementation and evaluation of quality improvement projects that promote evidence-based practice in stroke care. The programs and tools developed are shared locally, regionally and provincially with the

vision of consistency in best practice. An example of this work was the hemiplegic arm protocol presented at the **Interurban Stroke Conference** in April /07.

The Emergency Department and Acute Neurology programs at LHSC have collaboratively developed an acute ischemic stroke medical directive, revised the admission preprinted ischemic order sheet, and developed a self-learning package to reinforce the learning for Registered Nurses. The objective of this package is to provide staff with the tools to follow best practice for stroke care while striving to access time dependent interventions. Implementation is scheduled for early 2008.

Finally, we are revamping the **Best Practice Stroke Education Workshop** for frontline staff. The new workshop – which promises to be interactive in nature with a theme of inter-collaborative professional practice – will be presented in Windsor this February. Watch our online education calendar for details!

## Rehabilitation with Deb Willems

Good things are happening in Stroke Rehabilitation!

The summary report of the **Stroke Rehabilitation Action Planning Day**, released in February, was distributed to attendees and provincial stakeholders and has since generated great interest! A number of working groups were formed as a result of the Action Planning Day and most recently they met in September to share progress and plan next steps. The implementation of standardized admission criteria for stroke rehabilitation was selected as the next strategic priority by this group.

The South West LHIN has invested in moving this priority forward by funding an inter-rater reliability study of the **Stroke Rehabilitation Candidacy Screening Tool**.

Other regional activity saw SWO rehabilitation leaders reach agreement that, “each district of the SWO Stroke Strategy will have at least one specialized stroke rehabilitation unit accessible by stroke survivors from that district.” As a result, Thames Valley has agreed to send all stroke rehabilitation candidates to Parkwood’s Stroke Unit and work is underway to create integrated stroke units in Owen Sound and Stratford.

Data released by the Stroke Evaluation Advisory Committee Report confirms that stroke rehabilitation gets good results, yet only 21% of all strokes access inpatient rehabilitation services. The data also identified significant gaps in access to rehabilitation in the community and for those experiencing more severe stroke.

We also continue to work with our LHIN partners. The South West LHIN Priority Action Team on Rehabilitation is working to, “enhance rehabilitation services for seniors and adults with complex needs by examining and improving what rehabilitation services we deliver and how we deliver them by 2009/10.” A high level model has been created.



Anna Bluvol presents her team's rehabilitation vision for survivors of severe stroke at the September Joint Meeting of the Stroke Rehab Advisory Group and the Action Planning Day Working Groups.

## Community and Long Term Care with Paula Gilmore

London’s Canadian Centre for Activity and Aging (CCAA) is piloting a 12 week group exercise program called **FaME (Fitness and Mobility Exercise)** for people who have experienced a stroke. FaME is designed to maintain and improve cardiovascular fitness, muscle strength, balance and flexibility after the stroke survivor has returned home from the hospital. The goal is to create a process for integrating stroke survivors into community-based exercise programs and to share lessons learned to encourage and support implementation of the program in various Ontario communities. For more information visit [www.icord.org/fame.html](http://www.icord.org/fame.html)

**Living with Stroke**, an eight week interactive program, was revised and piloted with stroke survivors and their caregivers. The sessions include discussion, videos and activities to help participants learn more about coping with stroke in the community. Communities will have an opportunity to send local facilitators to the **LWS** training workshops in Toronto in January and April 2008.

The **Brain Injury Association of Chatham-Kent (BIACK)** and the New Beginnings Clubhouse recently received an Ontario Trillium Foundation grant to integrate the stroke population of Chatham-Kent into the pre-existing social/recreational activity programs available through the New Beginnings Clubhouse and to evaluate the effectiveness of the program on the quality of life of stroke survivors and their caregivers.

Finally, **A Guide for Persons with Stroke about Long Term Care Homes**, a new information guide designed by the subcommittee of the Oxford Stroke Community Navigation Group is being piloted at Woodstock General Hospital, Alexandra Hospital in Ingersoll and Tillsonburg General Hospital. This Guide may help persons living with stroke and their loved ones, make decisions about choosing, moving into and living in a Long Term Care home.



John Grava does some stretching while instructor and Western PhD student Melanie Stuckey joins in the FaME program at the Canadian Centre for Activity and Aging. Photo courtesy of Bob Klanac/Western News.

# SOUTHWESTERN ONTARIO STROKE CENTRE UPDATE

## Chatham-Kent

The Neurosurgical Telestroke *BRAINSAVE* initiative between Chatham Kent Health Alliance and London Health Sciences Centre came to life in July 2007. Implemented for patients arriving in the Emergency Department with intra-cerebral bleeds, *BRAINSAVE* runs Monday to Friday, 8am to 5pm, and allows LHSC specialists to provide second opinions and support for CKHA Emergency physicians, patients and their families using videoconferencing technologies.

In June we hosted our annual Stroke Garden Party. We provided a blood pressure clinic during the party and educational information on stroke signs and symptoms for patients, their family and staff. An educational evening was provided for Kiwanis members on stroke prevention, signs and symptoms of stroke, and the *BRAINSAVE* initiative. Ongoing Tips and Tools workshops have been provided to LTC health care providers.

The Stroke Prevention Clinic continues to work collaboratively with other vascular health models to provide prevention leadership within our community, district and region. The Integrated Stroke Unit within the Rehabilitation/CCC program continues to provide interdisciplinary approach to patient care within our region.

## Grey-Bruce

As we're pausing to reflect on the year that has just wrapped up, I thought I'd take the opportunity to share a "top ten" list of stroke related successes we enjoyed in Grey Bruce in 2007. In no particular order:

1. Integrated Stroke Unit – this goal for Grey Bruce Health Services was supported by all corporate partners. Implementation anticipated for

2009-2010

2. Stroke Clinical Pathways were adopted by all hospitals in the region.
3. Susan Wentworth completed her Nurse Practitioner studies and began charting the NP role in stroke and rehabilitation.
4. Numerous resources were distributed to partners across the continuum including *Communikits*, ABCD Modules to ERs, Stroke and Nutrition to LTC homes, Pathways Modules to hospitals.
5. A variety of workshops were held in partnership with organizations across the continuum including, "Childhood Obesity – From Knowledge to Action", "Communication ...It is More than Words", "The Emotional Journey: Individual and Families Living with Dementia," and "Working Together: Chronic Disease Prevention and Management Workshop."



Living with Stroke

6. *Living with Stroke* was piloted.
7. Rogers TV Health Link featured a series on stroke.
8. The Alpha FIM, a shortened version of the Functional Independence Measure assessing burden of care, was introduced.
9. A coalition of health agencies interested in providing driving assessment for "at risk" drivers proposed the *DrivABLE* Assessment and Intervention Program and liaison with Therapy Skill Builders for assessment of physically disabled drivers.

10. Work continued on the Towards Evidence Informed Practice (TEIP) project – Grey Bruce Rural. Community Partnership in Resource Exchange for Healthy Living  
Congratulations to everyone who was a part of these varied and important projects.

## Huron-Perth

This spring, the emergency nurses were provided with an education program about the administration of tPA. This education supported a recent policy change aiming to reduce "door to needle" time for the administration of tPA in the ER. Already there has been an increase in the number of patients receiving tPA over previous years (11 patients over the past 9 months). Door to needle time has fallen from an average of 100 minutes to an average of 60 minutes during that same time frame.

The number of tPA admissions wasn't our only area of growth last year – the number of referrals to the Stroke Prevention Clinic grew from 114 referrals in 05-06 to 204 referrals in 06/07.

Doris Noble is a member of the Steering Committee for the Heart and Stroke Foundation of Ontario Community Mission Specialist – London-Middlesex. Strategic planning addressed two key priorities: healthy weights and Automated External Defibrillation (AED) promotion and placement. The goal of the committee is to create community awareness for the need and value of AEDs. Key priorities for healthy weights include a knowledge exchange workshop on obesity and children that targets diverse communities such as the First Nations, Black, Arabic and Latino communities.

The *Workplace Lifestyle Intervention Program*, a result of the TEIP project,

has been renamed "iMatter." This new initiative,



launching in June, brings together the workplace wellness coordinators and healthy living coordinators at the Health Units in Perth and Huron Counties, and HPHA occupational and health coordinators and secondary prevention nurses.

Finally, we partnered with HPHA stakeholders in the "Game of Life" on January 15 2008. There were approximately 100 participants from the Stratford Chamber of Commerce. Our Centre highlighted the importance of high blood pressure and the risk factors for stroke and heart disease. Blood pressures were taken and information on risk factor reduction was provided to the participants.

### Sarnia-Lambton

Sarnia-Lambton continues to place a strong emphasis on stroke prevention through public education about healthy living, risk management, and recognition and appropriate response to stroke



Stroke Awareness Day, Lambton Mall

warning signs. Education events included, Stroke Awareness Day at Lambton Mall, the Grand Bend Area Community Health Centre's "Your Passport to Healthy Living" Health Fair, the Lambton Seniors' Information Fair, the Diabetes Support Group at Walpole Island Health Centre, "Know Your Numbers," at Bluewater Health, and the MacKenzie Clinic's educational evening, "Traveling the Cardiac Road."

The Secondary Stroke Prevention Clinic continues to service the

community through timely assessment, investigation, and intervention of persons exhibiting symptoms of a possible TIA or mild stroke.

In November, Linda Dykes, along with Carol Mason and Angela Small Sekeris presented at Lambton College at the Base Hospital CME event. "Time is Brain" was presented to paramedics and paramedic students in the community.

The District Stroke Centre and the Stroke Recovery Association recently held "Supported Conversations for Adults with Aphasia" for family and friends of clients with aphasia. Jodie Bore, a Speech Language Pathologist, shared her knowledge and enthusiasm for engaging conversation with the workshop participants.

### Thames Valley

The Middlesex, Oxford and Elgin Stroke Strategy Working Groups have drafted preliminary work plans for 2008-9. Planning will be furthered by the incorporation of county-specific data from the Stroke Evaluation Advisory Committee (SEAC) Report when it is available.

Congratulations to the Oxford Blood Pressure Education Program on being awarded Ontario Stroke System research funding to evaluate changes aimed at improving accessibility and quality! The education and lifestyle modification program is now rotating its sessions across Ingersoll, Tillsonburg and Woodstock communities – a different location each month – and is collaborating with the VON blood pressure clinics. Dr. Peter Prior shared evaluation findings of the demonstration project through videocast Stroke Rounds in May 2007. Dr. Prior's presentation and the full evaluation report are available by contacting Sharon.mytka@lhsc.on.ca

The Elgin County Stroke Working Group delivered a multi-pronged stroke prevention media campaign during stroke month in June with newspaper articles and ads, newsletter articles,

poster distribution to physician and health services offices, distribution of stroke warning signs and symptoms magnets, heart and stroke displays, a web-based stroke awareness contest and staff lunch and learns. Lead agencies for the campaign were the Elgin-St. Thomas Health Unit and the West Elgin CHC.

Central Park Lodges (CPL) is working with the regional stroke team to educate their residential staff about hypertension and warning signs of stroke. In 2008, CPL intends to run public blood pressure clinics and education sessions at three of their residences in London.

### Windsor-Essex

This past year has been an eventful one for the Windsor Essex District Stroke Centre. It has included new program development, new partnerships, and both professional and public education.

One notable stroke prevention initiative saw us partner with FOCUS, Public Health and the Cancer Care Network to present a very well attended workshop on Alcohol and Chronic Disease.

Our TIA Clinic, which enrolled as a participant in the national SPIRIT database project, saw approximately 600 patients in 2007. We have also recently partnered with Central Park Lodges to provide blood pressure and stroke prevention education sessions to both their residents and the public.

The work we have done in acute care includes the implementation of a dysphagia screening tool and protocol at Leamington District Memorial Hospital. This initiative assists with the care gap at that hospital as there are no Speech Language Pathologists on their staff. Further, Leamington will soon implement the Canadian Neurologic Scale as part of their routine stroke care.

Andrea Drummond was recently elected as co-chair of the Erie-St. Clair Local Health Integration Network's Chronic Disease Prevention and Management Leadership Team.

## It's our pleasure...

... to congratulate **Alison Greenhill**, Community and Long-Term Care Coordinator, on her retirement from the Southwestern Ontario Stroke Strategy and to welcome **Paula Gilmore** into this role. Paula was previously the Sarnia-Lambton District Stroke Centre Coordinator. Paula is now situated at the Sarnia Lambton CCAC and can be reached at 519-337-1000 x245 or paula.gilmore@lhsc.on.ca.

... to welcome **Krystal Choptovy** to the role of Administrative Assistant for the Sarnia-Lambton District Stroke Centre and Secondary Stroke Prevention Clinic.

... to congratulate **Paula Gilmore**, Community and Long Term Care Coordinator, and **Sandra Spaulding**, Associate Professor, UWO, on the publication of the article, "Motor Learning and the Use of Video Feedback after Stroke," in *Top Stroke Rehab* [2007;14 (5):28-36].

.... to congratulate **Maureen Leyser** NP for the Stratford Secondary Prevention Clinic on her new role with the Regional Cardiac Program at St. Mary's in Kitchener and to welcome **Louise Flanagan** as her replacement. Louise's role involves working in secondary prevention at the clinic and case management of in-patient stroke survivors in the acute and rehab setting at Stratford General Hospital. Louise completed her BScN degree this past winter. She has extensive experience in ICU and some background nursing experience in rehabilitation.

...to welcome **Kate Kent** into her new role as Education Coordinator with the Alzheimer Society of Elgin-St. Thomas. Kate is sitting on the Elgin Stroke Strategy Working Group and can be reached at (519) 633-4396.

...to announce that **Bernie McCall**, public health nurse with the Middlesex-London Health Unit, is the new Chair of the Middlesex Stroke Strategy Working Group. **Erica Arnett**, recently returned from maternity leave, is the Chair of the Elgin Stroke Strategy Working Group. Our thanks to **Jessica Lang** from the Elgin St. Thomas Health Unit who very capably filled in as Chair during Erica's leave.

... to share that **Patrycja Birbaum** is the new social worker for the Stroke Neurology Program at London Health Sciences Centre – University Hospital. Patrycja started January 7 and will replace **Veda Goodwin** who has now retired.

... to recognize **Susan Wentworth** on the successful completion of her post-graduate studies and the examination that qualifies her for the position of RN (EC). Susan can now use the title of Nurse Practitioner. She has worked hard over the past two years to obtain the clinical knowledge and skills that are required to perform her enhanced duties. Susan will be working as the Acute Care Nurse Practitioner for Stroke at Grey Bruce Health Services.

... to congratulate **Mary Solomon**, Coordinator of the Grey Bruce District Stroke Centre, on being one of the first graduates from the UBC interdisciplinary online Master of Rehabilitation Science (MRSc) Program (affiliated with McMaster University). Mary began with a Graduate Certificate of Rehabilitation in 2002, and continued on to complete the Master's program which she graduated from on November 21, 2007.



From left to right: Mary Solomon with graduate Sue Stewart (Ladner, BC), program coordinator Sue Stanton and graduate Dianne Cameron (Burnaby, BC).

## Two More New Faces!

In February 2007, **Eve Rice** became the District Stroke Coordinator for Chatham Kent.

Over the years, Eve has worked as a Registered Nurse in the Intensive Care, Emergency, and the Dialysis Departments within the hospital sector, as a Case Manager with the CCAC and as a clinical instructor for an RPN program. In 2006, Eve was a Research Coordinator with the Canadian Heart Research Centre. For two years, she has been involved with the Chatham Kent Stroke Working Group. Eve is passionate about improving stroke care across the continuum and is looking forward to working with the regional and provincial OSS teams.



Eve Rice



Linda Dykes

In August, **Linda Dykes** joined the Stroke Strategy as the District Stroke Coordinator for Sarnia Lambton.

Linda is a registered physiotherapist and has worked at the Sarnia hospitals for more than 20 years. She has assessed and treated stroke patients across much of the continuum of care. Since Bluewater Health received its designation as a District Stroke Centre, Linda has been an active supporter and participant in Lambton County stroke initiatives.

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eligible for tPA. Our action plan – continue education around "recognize and react."

- Patients with more severe stroke may not access rehabilitation and the overall percentage of stroke patients accessing rehabilitation is lower than expected. Our action plan – continue efforts to improve access to rehabilitation services and address system capacity issues.

# Revisiting Stroke Education Initiatives in Southwestern Ontario with Gina Tomaszewski

Educational opportunities were abundant in 2007. The Social Worker, Recreation Therapy, and newly formed Speech Language Pathology Networks each held workshops. The inaugural Speech Language Pathology event, attended by 26 SLPs, featured Dr. Rosemary Martino from University of Toronto who shared results of the Tor-BSST (Toronto Bedside Swallowing Screening Test).

SWO Occupational Therapists and Physiotherapists attended the workshop, **Time is Function: Updating our Knowledge and Skills in Stroke Rehabilitation** on October 26. Presenters included Dr. Steve Page from the University of Cincinnati and Dr. Nicol Korner-Bitensky of McGill University. The program featured pragmatic breakout sessions such as “How to Develop and Progress Task-Specific Exercises” delivered by Dr. Janice Eng, Dept of Physical Therapy, University of BC.

In 2007 we launched a **SWO Rehab Nurses Prep Course** for RNs and RPNs working in stroke rehabilitation. The prep course is designed to support nurses writing the new Canadian Nurses Association (CNA) Rehab Certification Exam in April of 2008. The program is being led by Anna Bluvol, CNS at Parkwood hospital and features a series of two, 2-hour monthly teleconferences on a variety of topics.

I would like to take this opportunity to thank Veda Goodwin, social worker at LHSC, for her contribution to the Stroke Social Worker Network – she really paved the way for all the other Networks! Veda showed great leadership and commitment as a Co-chair. Veda retired this month and we wish her all the best.

Spring 2008 will feature new educational programs such as Inter-professional education for health care professionals. This is a joint effort between UWO, Dr. Carole Orchard and the SWO Regional Stroke Strategy. To learn more about these programs please check out our **new online education calendar**.

## Visit [www.swostroke.ca](http://www.swostroke.ca) for news, information and resources from the Southwestern Ontario Stroke Strategy.

In November, the SWO Stroke Strategy launched a new website, complete with a new professional education calendar featuring regional and provincial opportunities for health care professionals and providers. Visit the calendar in the Professionals section of [www.swostroke.ca](http://www.swostroke.ca).



Start Date	Time	Topic	Presenter	Location
Wed, Oct 22, 2008	10:00 AM - 12:00 PM	Best Practices: Stroke Rehabilitation	Dr. Richard Chan, London Health Sciences Centre	London, ON
Wed, Oct 22, 2008	1:00 PM - 3:00 PM	Best Practices: Stroke Rehabilitation	Dr. Richard Chan, London Health Sciences Centre	London, ON
Wed, Oct 22, 2008	3:30 PM - 5:30 PM	Best Practices: Stroke Rehabilitation	Dr. Richard Chan, London Health Sciences Centre	London, ON
Wed, Oct 22, 2008	10:00 AM - 12:00 PM	Best Practices: Stroke Rehabilitation	Dr. Richard Chan, London Health Sciences Centre	London, ON
Wed, Oct 22, 2008	1:00 PM - 3:00 PM	Best Practices: Stroke Rehabilitation	Dr. Richard Chan, London Health Sciences Centre	London, ON
Wed, Oct 22, 2008	3:30 PM - 5:30 PM	Best Practices: Stroke Rehabilitation	Dr. Richard Chan, London Health Sciences Centre	London, ON



## FAQ's

**Q:** Has Factor VII (rFVIIa) proven beneficial for patients with intracerebral stroke?

**A:** Intracerebral hemorrhage (ICH) is a devastating condition associated with very high mortality and morbidity. Although ischemia is the most common stroke type, ICH is the least treatable form of stroke, carrying 40% mortality rate in the first 30 days, with a 50% mortality rate at 1 year (Nadeau, Phillips, Shi, Kapral, Gladstone, Silver and Hill, 2006). Hematoma enlargement occurs several hours after the onset of ICH. Factor VII (rFVIIa), a hemostatic agent, which has shown favour in the treatment of hemophilia was tested in a large, phase II, “dose-finding, multi-center, randomized, clinical trial”. The phase II trial suggested that patients with ICH may benefit from recombinant Factor VII (rFVIIa) if administered within 4 hrs of ICH onset. The 24-hour CT scan demonstrated a resulting decrease in hematoma growth (Subramaniam & Hill, 2006).

The recent, initial results of phase 3 clinical trial has shown that Factor VII (rFVIIa) significantly reduced hematoma expansion compared to placebo treatment. However, although improvement in clinical outcomes in terms of functional independence and neurological impairment was observed on day 15 after bleeding, mortality and severe disability was not improved at day 90, the end of the study period. Activated Factor VII is therefore not warranted in patients with intracerebral hemorrhage.

Dr. Richard Chan, Stroke Neurologist, London Health Sciences Centre



# News from the Heart and Stroke Foundation!

## National

Healthcare executive Elizabeth Woodbury has been named Executive Director of the Canadian Stroke Strategy, a joint initiative of the Canadian Stroke Network and Heart and Stroke Foundation of Canada. Ms. Woodbury, who has been CEO of two community hospitals and vice-president of Women's College Hospital in Toronto, most recently worked in management with the Ontario Ministry of Health and Long-term Care. Ms. Woodbury replaces Debra Lynkowski, who left the position in September to become CEO of the Canadian Public Health Association.

## Provincial

*Living With Stroke (LWS)*, a community-based support and educational program for stroke survivors and their caregivers has been revised and will be launched nationally in January 2008. In Ontario, four Facilitator Training workshops are planned for January 17 and 18, January 24 and 25, April 17 and 18, and April 24 and 25.

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## Resources for Health Care Professionals

- The Ontario Chronic Disease Prevention Alliance website and chronic disease prevention initiatives directory are now live! Visit them at [www.ocdpa.on.ca](http://www.ocdpa.on.ca).
- The Canadian Cochrane Network and Centre has released their new website. Visit [www.ccn.cochrane.org](http://www.ccn.cochrane.org).
- The **AlphaFIM (Functional Independence Measure)** licensing for acute stroke services is being supported provincially for 2008/09. This tool provides a measure of functional status and disability in acute care that aligns with the FIM measure used in rehabilitation. For more information: [deb.willems@lhsc.on.ca](mailto:deb.willems@lhsc.on.ca).
- In May 2008, the Ontario College of Family Physicians and Centre for Effective Practice's **Saving the Brain** project will launch an online education module about secondary prevention of stroke for physicians, internists and NPs. Pre-register at <http://stroke.medportal.ca> and receive electronic notification when it is available.
- A guide of available education opportunities for LTC homes has been distributed to all LTC homes in London-Middlesex and Sarnia- Lambton. Educational opportunities from the Alzheimer Society, Best Practice Guidelines in LTC MoHLTC Initiative, Palliative Pain and Symptom Management/Consultation Program, Stroke Strategy and Psycho-geriatric program are covered. Plans are underway to develop this resource in Chatham-Kent.
- The **Transition Information Plan (TIP)** CD is now available for use from the Heart and Stroke Foundation of Ontario. The TIP is a communication document for stroke survivors who are being transferred from acute care or rehabilitation hospitals to (LTC) homes, and is completed by an interdisciplinary team. Hospital staff records the most critical information on the TIP that the LTC providers need immediately to develop a care plan within the first 24-72 hours of the stroke survivor's arrival.

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