

Fewer Strokes. Better Outcomes.



ANNUAL REPORT 2011-2012

Individual, Team and System Successes Celebrated.

We are very proud of the individual, team and stroke system accomplishments that were recognized locally and provincially in 2011/12.

Gina Tomaszewski, Acute Care Coordinator for the Southwestern Ontario Stroke Network, received the Martha Curgin Inspiration Award which recognizes "ordinary people who do extraordinary things" within London Health Sciences Centre. Anyone who has worked with Gina in her previous role of Regional Education Coordinator will agree immediately that she is most deserving of this award. Congratulations Gina!

We're also pleased to share that Lynn Curley, Therapeutic Recreation Specialist with the Community Stroke Rehabilitation Team of Grey-Bruce was recently awarded the Brian Bennison Practitioner Award. The honour is given to a practitioner who demonstrates excellence in relation to the Core Values and Standards of Practice outlined in the "Standards of Practice for Therapeutic Recreation". Lynn was nominated and chosen by her peers across the province.

In late 2011, Accreditation Canada recognized the collaborative work of the regional stroke team and LHSC clinical neurosciences staff on a Protocol for Management of the Hemiplegic Arm for persons living with stroke.

Early in 2012, we received our annual stroke report cards (based on 2010-2011 data) from the Ontario Stroke Network in conjunction with the Institute for Clinical Evaluative Studies. Compared with the previous year, the Southwestern Ontario Stroke



Sharon Mytka, Regional Director (left) and Ferne Woolcott, Steering Committee Chair, congratulate the individuals and teams who have made great strides in improving stroke prevention and care in 2011/2012.

Network demonstrated gains in more than half the key system indicators. Stroke patients are receiving better care through the collaborative efforts of the Ontario Stroke Network, Regional and District Stroke Centres, Regional Steering Committee, District Stroke Councils and our stakeholders. There is still room for more improvement, evidenced by substantial variation in performance across and within our two LHINs. The system solutions seem obvious yet are challenging to implement. They include:

- Improve public awareness of stroke risk factors, warning signs and the urgency of calling 911.
- Admit acute stroke patients to a stroke unit.
- Improve access and appropriateness of rehabilitation following a stroke.

As the year ahead unfolds, we remain committed to bridging identified system gaps and to our vision of **Fewer Strokes. Better Outcomes.**

Regards,

Ferne Woolcott, Chair

Sharon Mytka, Regional Director

Accomplishments Across the Continuum of Care

EDUCATION

Canadian Best Practice Recommendations for Stroke Care (2010) - Videoconferences in the areas of prevention, rehabilitation, and managing stroke care transitions were delivered in the fall of 2011. Following the release of the 2012 guidelines, education will follow in the areas of acute and hyper-acute care.

Paramedic Prompt Card Education - Education sessions were provided in Windsor, London, and Clinton in the Winter/Spring of 2011. We continue to follow up with the District Stroke Coordinators in regard to the status of implementation with local paramedic emergency services.

Across Southwestern Ontario, educational programming was offered in the areas of Community Re-engagement, Restorative Care, Motivational Interviewing, and Inter-professional Collaboration. More than 725 providers participated in the approximately 26 workshops.

The Community Stroke Rehabilitation Teams and the Transitional Stroke Program at Chatham Kent Health Alliance were offered a variety of learning opportunities including aphasia training and a Community Re-engagement workshop.

What's Next in Education?

- Stroke Care Education for Physicians; physician workshop scheduled for September 19, 2012 (London)
- Development of a Regional Acute Stroke Unit Orientation
- Follow-up education related to the release of the rehabilitation recommendations from the stroke reference group for the provincial expert panel on rehab and complex continuing care (June 2012) and SWO Stroke Rehabilitation Forum (April 26, 2012).

PREVENTION

Regional stakeholder feedback suggested the need for resources to support front-line workers in stroke prevention management. Much of our prevention work this year has focused on filling this knowledge gap.

A Quick Reference Guide for Health Care Providers was created based on the 2010 Stroke Best Practice Guidelines and in consultation with regional physician and nurse experts. This tool outlines targets for stroke prevention and referral destination for outpatients who report recent stroke/TIA symptoms. The Guide was disseminated to physicians and nurse practitioners within the South West Region to positive reviews.

Two large, provincial-level initiatives are being prepared for regional and district roll-out. These will dominate the Prevention work plan for the next two years. The first is the Ontario Integrated Vascular Health Strategy which promotes collaboration between major disease networks to prevent vascular-related chronic conditions. The second is the development of the paediatric stroke strategy, which will undoubtedly include paediatric stroke prevention.



Across the region, a number of Blood Pressure Screening events were held, like this one in Windsor.

ACUTE CARE

In 2011-2012, Gina Tomaszewski transitioned from the role of Regional Educational Coordinator to that of Acute Stroke Coordinator. "I thoroughly enjoyed the role of Education Coordinator, yet welcome this new role and it's opportunity to work more closely with staff on acute stroke best practices." The SWO Stroke Network welcomes Jennifer Beal as the new Education Coordinator.

More than 70 health care administrators and providers attended the November 2nd Acute Care Stroke Forum. It successfully emphasized acute stroke unit care provided by interprofessional teams, access to timely and appropriate diagnostic tools and equipment, and enablers such as a critical volume of patients to justify acute stroke care and maintain staff expertise.

The forum featured presentations by local and provincial stroke champions and provided a great foundation for understanding acute care models in SWO and the province, as well as discussion of how to overcome common barriers to best practice care. These learnings are informing our work in SWO, and have been captured on regional and district work plans.

We also want to recognize the CNS team at the Regional Stroke Centre at LHSC for initiating several stroke related CQI projects: Oral Care Guideline, the development of a Transition Resource for stroke survivors leaving acute care, and a refresh of the hemi-arm resource. Each are available across the region.

*Did you know?
The London Health Sciences
Centre neuro team created a
Patient/Family handout regarding
use of a hemi arm sling.*



*Participants listening intently at the
November 2011 Acute Care Forum.*

REHABILITATION

"Determining the Need for Inpatient Rehabilitation Services Post Stroke: Results from Eight Ontario Hospitals," was published in the Longwoods Health Care Policy journal in February 2012, outlining the results obtained from completion of the Stroke Rehabilitation Candidacy Screening Tool. This study showed that one in four persons identified as rehabilitation candidates was not accessing inpatient rehabilitation.

The Erie St Clair LHIN undertook a Rehabilitation System Strategic Planning Project to review the current state of rehabilitation services in the ESC LHIN, host a LHIN-wide visioning exercise and create a future state plan. The South West Rehabilitation Coordinator was seconded to support this project 2 days/week; and completed the following: inventory of services, focus groups, background literature review, and best practices inventory. Deb Willems also helped to coordinate and host the three day strategic planning events.

A research project entitled "Assessing the Impact of the South West LHIN's Community Stroke Rehabilitation Teams: An Economic Analysis," received funding in October 2011 from the Ontario Stroke Network. Ethics approval and training for all participating sites has been completed and data collection is now underway.

The Community Stroke Rehabilitation Teams were expanded this fiscal year, though increased funding from the SW LHIN. The intention is to reduce wait times, and impact ALC and hospital LOS. Additional team members have been recruited and the LHIN receives monthly reports on their progress and outcomes.

A provincial Stroke Reference Group was created to provide input to the MOH ER/ALC Expert Panel on Rehab/CCC, with representation from SWOSN. Also, in support of that work, Deb Willems completed a provincial Gap Analysis, Ontario Inventory of Best Practices, and the framework for an Implementation Toolkit. These resources are now available on the OSN website – www.ontariostrokenetwork.ca.

COMMUNITY AND LONG-TERM CARE

In 2008, the Southwestern Ontario Stroke Network developed, "Pathways for People with Stroke to Live Fully in the Community" which articulated the voices of stroke survivors on the barriers they experienced to living fully in the community and made recommendations for action.

One recommendation was to provide education to health care providers on how to assist stroke survivors with the process of community re-engagement post-stroke. This year, we expanded upon health care provider education developed by the Toronto West and South East Stroke Networks: two-day workshop entitled "Collaborative Interprofessional Stroke Care in Community Re-engagement" were delivered in Huron-Perth and Chatham-Kent. These workshops brought together health care providers from across the continuum to learn about community re-engagement, interprofessional collaboration and care transitions. Participants also developed actions plans for improving care for stroke survivors in their communities.



Some of the 45 participants in the Tips and Tools to Assist with Restorative Care Post Stroke Workshop held in Chatham.

In partnership with the South West and Erie St. Clair RAO LTC Best Practice Coordinators, we developed a workshop focusing on how to provide restorative care to stroke survivors in LTC. More than 45 people took part in the workshop, entitled "Tips and Tools to Assist with Restorative Care Post Stroke," which provided participants with information on relevant resources, the restorative care philosophy, stroke best practices, and interprofessional collaboration.

A third BP (Best Practice) Blogger newsletter on stroke has been created with a focus on exercise in LTC highlighting the Guidelines for Community Based Exercise Programs for People with Stroke.

Finally, the Return to Work after Stroke Working Group has developed a toolkit of resources to assist stroke survivors to navigate the complex process of return to work. The resources include:

- A return to work self assessment guide
- Inventories of helpful community services across SWO
- Government financial support resource
- Job benefit resource
- Information on volunteering
- Literature review

The toolkit can be found at www.swostroke.ca/return-to-work. Stay tuned in the fall of 2012 as we launch the interactive return to work website for stroke survivors as well as the health / social service providers supporting them along the "return to work" journey. This website will guide the user through the toolkit resources based on their individual needs.

www.swostroke.ca

Featuring information for health care professionals dedicated to stroke prevention and the enhancement of stroke care.

- Professional Education Calendar
- Best Practices Across the Continuum
- Southwestern Ontario Stroke Regions
- New Resources
- Useful Links

Refreshed website for 2012!

Are YOU Ready To Return To Work?

Stroke Network
Southwestern Ontario
Stronger. Smarter. Care and Support. Always.

A SELF ASSESSMENT GUIDE FOR PEOPLE WITH STROKE.

This Guide was developed for people recovering from stroke who are considering part-time, full-time, self-employment or volunteer opportunities. It is designed to support you as you consider all the important parts of a successful return to work plan.

The Guide is to be completed by you, with input from family members, physicians, health care providers and your employer, as needed.

Use this Guide as many times as you need to. What you learn along the way will help you focus your rehabilitation / recovery efforts and make the most of your current abilities for a safe return to work. Remember, use of compensatory strategies and aids/devices may increase your success for an earlier return to work.

With this Guide, you will assess five critical areas to returning to work. Completing this guide requires self-awareness of your current abilities. You need to consider your abilities and compare them against the demands of the job you hope to return to or begin. An understanding of your current abilities, in relation to what is expected of you on the job, is critical to having a successful return to work.

THE FIVE CRITICAL AREAS TO RETURNING TO WORK ARE:

- **PHYSICAL ABILITY**
- **COMMUNICATION**
- **COGNITIVE OR THINKING SKILLS**
- **EMOTIONAL ISSUES**
- **DRIVING/TRANSPORTATION**

Good luck and continued success with your recovery and return to work.
Remember: The highest reward for good work is the ability to do better!

One Day at a Time:

With Support from the Grey Bruce Community Stroke Rehabilitation Team



Shirley McCracken

Shirley McCracken, then 76, didn't lose consciousness or experience a sudden inability to speak, blurry vision, or paralysis. But something wasn't right one morning in November 2011 and both she and her son Chris knew it.

"I had uncontrollable movement in my left arm and my left leg," Shirley recalls. "Chris quickly took me to the hospital (in Markdale). They said my symptoms were very unusual for a stroke."

When the twitching continued, Shirley was referred to a neurologist at the Grey Bruce Health Services Owen Sound location. After further testing he diagnosed her with a stroke – in her case a type of "brain attack" so unusual he sees only one or two each year. Recovery could take several months to a year or more.

And this is where Shirley's story diverges from those of many other stroke survivors. There was no admission to hospital, no talk of long-term care, no respite care, no tiring visits to various rehabilitation services. Shirley instead received comprehensive rehabilitation in her own home by the Community Stroke Rehabilitation Team (CSRT) from her area.

"I had visits from a nurse, social worker, recreation specialist, rehabilitation therapist, occupational therapist and physiotherapist."

Regular visits from the OT and PT allowed Shirley support as she worked on a series of exercises intended to build strength in her affected hand or walk around her house and neighbourhood to work on her balance and stamina. Once per week they guided her activity at a therapeutic pool where she, "really noticed a difference in my muscle and in my balance." She was also later given walking poles which helped her regain her balance and coordination.

Today Shirley has advice for new stroke survivors. "I'd recommend the Team to anyone. Do as the therapists advise you, and rest – it is essential." She also appreciated a book recommended to her by the Social Worker, "Life After Loss," that addresses the different types of loss an individual might experience.

Chris McCracken is equally enthusiastic about the CSRT. "With the Team coming to the house we could coordinate the many appointments so they were well spaced and fairly short," he recalls. "And they started immediately with telling mom what she could do to start getting better, which was really positive." While he feels fortunate that he's been around full-time to care for his mom, he has appreciated the team's support of his learning what he could about stroke and how to care for a new stroke survivor. They helped him decide on equipment for the bathroom and purchasing a "rollator" (or walker with wheels) and how to ensure the household environment was optimal for helping Shirley get around.

Both Chris and his mom also benefitted from participation in the series of "Living with Stroke" classes as well. Today, Shirley is pragmatic about her recovery and her ongoing rehabilitation. "Just take it one day at a time," she advises.

Click the links below to read annual highlights from across the region:

[Chatham Kent](#) | [Grey Bruce](#) | [Huron Perth](#) | [Sarnia Lambton](#) | [Thames Valley](#) | [Windsor Essex](#)

2012-2013 Priorities Across the Region

1. Improve access to best practice acute stroke care across the region. (i.e., more acute stroke units.)
2. Promote the uptake of the stroke rehabilitation recommendations to the Ontario Expert Panel on Rehabilitation and Complex Continuing Care.
3. Define and begin to put into practice the regional stroke role in implementing the recommendations of the Ontario Integrated Vascular Health Strategy.

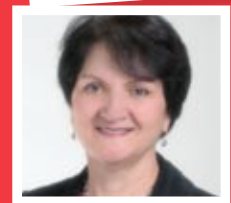
SUMMARY OF ACCOMPLISHMENTS

- District Stroke Councils established in Huron-Perth, Sarnia-Lambton, Thames Valley, Windsor-Essex and Chatham-Kent.
- Regional staff were represented on a wide range of committees including: SW CCAC patient self-management, LHSC/SJHC regional services group, Erie St. Clair rehabilitation network, LHSC Stroke Interdisciplinary Team, Provincial Sodium Working Group, and the Ontario Vascular Health Initiative Advisory Committee.
- Research in progress includes an evaluation of the Chatham Transitional Stroke Program and the LTC Navigation Tool, Falls Research, an economic model of Best Practices in Rehab and an economic analysis of the Community Stroke Rehab Teams.
- SWOSN staff participated on numerous OSN committees: Stroke Reference Group for the Expert Panel on Rehab and CCC, OSN Forum, OSS Regional Program Manager/District Stroke Committee, Provincial Acute Care Task Team, and SEQC Task Team on LTC Indicators
- Regional and District staff met with the SW LHIN to discuss results, implications and plans for quality improvement of LHIN-wide stroke care based on the first annual LHIN level stroke report card developed by ICES and based on the larger Ontario Stroke Evaluation report.
- Poster entitled, "Are Stroke Survivors Getting the Rehabilitation Services They Need?" accepted at the International Stroke Congress (Feb 2011, Los Angeles)
- Two posters, "Laying the Foundation for Knowledge Translation in Ontario," and "Motivational Interviewing, Effectiveness of a Three Day Workshop," presented at the Canadian Stroke Congress (October 2011)
- Stroke Prevention Brochures were developed in 9 priority languages for the South West region: Vietnamese, Chinese, Arabic, Somali, Italian, Polish, Portuguese, Spanish, French.
- 40 SWO health care providers certified in the AlphaFIM in 2011-12.
- A redeveloped website for Southwestern Ontario was launched at www.swostroke.ca. The new site will feature a Return to Work self-assessment tool and resources.



Paula Gilmore, Community and Long Term Care Coordinator presents "Toolkit for Returning to Work After Stroke" at the international Stroke Conference (February 2012, New Orleans.)

- In 2011, the MoHLTC amended regulations under the Ambulance Act and issued a new paramedic prompt card in recognition of the extended window of time for administering stroke thrombolysis. The Regional and District Stroke Centres worked with the base hospital and EMS services to deliver educational updates to EMS workers through in-person sessions, webcasts, newsletters, and bulletins. Hospital protocols and pre-printed orders were revised to reflect the changes.
- A quick reference Stroke Risk Reduction Guide was developed and distributed to family physicians. The Guide provides targets for management of lifestyle factors, blood pressure, lipids, diabetes, and atrial fibrillation. It also recommends key screening tools and time-sensitive actions for suspected TIA and stroke and provides contact information for stroke secondary prevention clinics in the region.
- Congratulations are in order for Terrace Lodge, a 100 bed Long Term Care Home in Aylmer. Terrace Lodge received a Health Achieve People's Choice Award for the development and implementation of a mentoring approach to enable self-directed teams for quality improvement, especially in the area of restorative and rehabilitative care. In October, staff from the Lodge presented their progressive work on Interprofessional Collaboration at the Ontario Stroke Collaborative.
- "Sadness & Stroke: A Summary of the Literature Linking Depression and the Risk of Stroke," presented at the 2011 Ontario Stroke Collaborative in Toronto.
- Planning completed for a Regional Stroke Rehabilitation Forum with 80 participants for April 26, 2012, focused on increasing therapy intensity in in-patient rehabilitation.
- Presented the Language Screening Tool and the Mini Nutritional Assessment to the Nurses Network.
- A comparison of the 2010-2011 provincial stroke report card to that of the previous year shows marked regional improvements for most indicators. Exemplary performance improvement was demonstrated by a number of facilities and communities in the Southwestern Ontario Stroke Region in areas such as public recognition and rapid action in responding to the warning signs of stroke, reduction in the proportion of days spent in alternative level of care, proportion of stroke patients admitted to in-patient rehabilitation, shorter wait times to access in-patient rehabilitation. Work remains to be done in system transformation so that we can deliver optimal care - prevent strokes through better risk management, improve access to secondary prevention clinics, establish more acute stroke units, and continue to improve access to appropriate rehabilitation. To view regional and district 2012-14 work plan priorities visit www.swostroke.ca.



Lyn Curley (top) and Gina Tomaszewski were two Stroke Network team members that were recognized for their contributions to stroke care in 2011/2012.



Meet the Southwestern Ontario Stroke Network's regional staff: (Back, l to r) Paula Gilmore (Community and Long Term Care), Sharon Mytka (Regional Program Director), Deb Willems (Rehabilitation), Jennifer Beal (Education), Cathy Vandersluis, (Director LHSC- CNS) (Front, l to r) Gina Tomaszewski (Acute Care) and Renay Ross (Team Assistant). Missing is Gwendyth Stevenson (Prevention) and Dr. Mike Nicolle (Medical Director).



Our District Stroke Coordinators: (l to r) Linda Butler (Chatham-Kent), Linda Dykes (Sarnia-Lambton), Joan Ruston-Berge (Grey-Bruce), Andrea Drummond (Windsor-Essex), Doris Noble (Huron-Perth) and Gwendyth Stevenson (Thames-Valley).



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