

Grey -Bruce District Stroke Centre

Annual Report 2011 - 2012



I'll start with a somewhat belated public welcome to Judith Cooper, RN, who joined the Grey-Bruce in 2011/2012 to focus on education and the promotion of stroke services throughout the district. Judith's promotion efforts are complimented by Grey Bruce Health Services' recent use of the social media tool, Twitter, which our team regularly supplies with stroke specific tweets. We have also initiated a newsletter entitled, "*Stroke News You Can Use,*" for quarterly distribution across the District.

In 2011/2012, a needs assessment survey was distributed to all nursing and allied health care professionals across the organization to determine their current level of knowledge and their desired level of knowledge related to stroke care and best practices. Education sessions in Hanover and Markdale followed in the areas of dysphagia screening, medications, acute care best practices, secondary prevention and transitions. More than 40 staff members participated and Hanover now has a group of dysphagia trained nurses. Also in education, we offered a number of drop-in sessions for nurses in acute care and the Emergency Department related to best practices, services of the District Stroke Centre and available resources. Finally, ten health care providers from across the District participated in November's Acute Care Forum.



Community Stroke Rehabilitation Team Members: Stephanie Hughes OT, Kim Dutfield RN, Alison Farrar PT, Lynn Curley TRS, Jennifer Beaney RF, Kelly Miller RF, Natasha Buchanan RF, Sharon Gray SW, Caris Bailey SLP

At the Acute Care end of the continuum of care, our Acute Stroke Team is receiving positive feedback on their Patient Safety Checklist and it is seen to be influencing best practice stroke care.

The Acute Stroke Team continues to see stroke clients clustered on medicine and in step-down, Monday through Friday.

At the other end of the continuum, our Living with Stroke Program was offered in spring and in fall and twenty-five stroke survivors and family members participated. Our Community Stroke Rehabilitation received LHIN funding in November 2011 to enhance services with a goal of assisting in the reduction of ALC, improve access to rehabilitation by reducing LOS and improve the time from referral to CSRT service. This increased the Speech Language Pathology and the Therapeutic Recreation Specialist to full-time hours and created additional Rehabilitation Facilitator hours as needed. New marketing strategies are being employed to increase awareness of the CSRT and their specialization and expertise in stroke care. Finally, we have been collaborating with the rehabilitation team to implement new recommendations for increased therapy time for stroke survivors.

Joan Ruston-Berge, District Stroke Coordinator