

The South West Stroke Project is developing and implementing initiatives to improve outcomes for people with stroke and transient ischemic attack (TIA). Phase I of the project is focusing on implementing recommendations to realign inpatient acute and rehabilitative stroke care from 28 hospital sites to 7 Designated Stroke Centres. The Phase II goal is to create recommendations to enhance secondary stroke prevention, outpatient and community rehabilitation and stroke support services.

Phase I Update

Implementing and evaluating the recommendations for the future of in-hospital stroke care

Cross-LHIN Engagement

In July, two meetings were held with the Erie St. Clair (ESC) LHIN, District Stroke Centres, CCAC and EMS partners to bring them up-to-date on the South West Stroke Project, and its implications for their LHIN. Services will be realigned for ESC patients currently treated at Middlesex Hospital Alliance's Strathroy Middlesex General Hospital and Four Counties Health Services in Newbury, because MHA's hospitals will be non-designated hospitals in the future state.

Physician Advisory Group

This group has reviewed the Readiness Assessment document and determined weightings. They also identified the need for a provincial definition of stroke expertise to provide competency parameters. As well, they are analyzing the implications for this project regarding endovascular treatment (EVT) as it is now a best practice. LHSC is one of five hospitals across the province that can provide this treatment 24/7.

Telestroke Applications

Huron Perth Healthcare Alliance (HPHA) has submitted an application to become a Telestroke hospital. This is a quality improvement initiative as they have administered tPA for years.

Quality Award for GBHS Stroke Team

Congratulations to the stroke program at GBHS for winning a GBHS Quality Award for outstanding team achievement. This award recognizes teams or groups of staff, physicians and associates who have made a significant contribution to GBHS's strategic goals – Goals for Our People, Goals for Our Patients, and Partnership Goals. Winners of this award create a video about their work. "Our team chose to incorporate education about stroke care at GBHS so we could promote the video for educational purposes," says Joan Ruston Berge, District Stroke Coordinator for Grey Bruce Health Services. [Click here](#) to view the video



Phase I Update (continued)

St. Thomas Elgin General Hospital (STEGH) is now accepting walk-ins from Tillsonburg District Memorial Hospital (TDMH). They are finalizing plans to repatriate both TDMH and STEGH patients who receive hyperacute care at LHSC, to STEGH for acute and rehabilitation (if required) on their Integrated Stroke Unit.

Preliminary Staff Survey Results

At the end of June, staff surveys were distributed (>2,700) to all hospitals, EMS and CCAC in the South West LHIN. Preliminary results (138 responses) indicate a 62% awareness of this initiative and 'slightly positive' results in understanding of benefits. Very positive results were received from hospitals relative to their hospitals' commitment to the implementation.. Input relative to learning needs will be incorporated in the Education Plan

Patient-Centred Activities

HPHA has two patient advisors on their Local Stroke Working Group (LSWG), and STEGH is finalizing plans for patient advisors on the Elgin/Oxford/Norfolk LSWG as well.

In February 2017 patient focus groups will be held to garner feedback on the implementation of the directional recommendations.

Patient outcome measures will be gathered via patient follow-up calls. This is being piloted in Grey Bruce. As social workers at St. Joseph's Health Care London's Parkwood Institute currently

conduct phone interviews, opportunities will be explored to include Parkwood in this project.

Education Plan

Lyndsey Butler is working closely with Dr. Young and members of the Project Team on the Education Plan that will extend from September 2016 to February 2017. Over the summer, Dr. Young, Dr. Khaw and Dr. Teasell are providing education sessions to STEGH.

Phase I next steps

- share staff survey results
- finalize Readiness Assessment
- gain Steering Committee approval on Education plan
- develop execution plan for realignment of services with each district
- hold cross-LHIN meeting with Hamilton Niagara Haldimand Brant to discuss the impact of the realignment of stroke services on Brantford General Hospital and surrounding areas in West Norfolk
- updated EMS agreements
- complete realignment work by the following dates:
 - Alexandra Marine and General Hospital drip 'n ship model: Nov. 2016
 - Huron Perth realignment: Dec. 2016
 - Elgin/Oxford Norfolk: Feb. 2017
 - Grey Bruce realignment: November 2016 - March 2017
 - London/Middlesex/Oxford: March 2017
- receive Huron Perth's first Readiness Assessment

Phase II update

Creating recommendations for the future of post-hospital stroke care

Here's an update on the initiatives underway for the two project teams: the Community Rehabilitation for Stroke Survivors (CRSS) Project Team and the Secondary Stroke Prevention (SSP) Project Team:

Both Phase II Project Teams are Working On:

Physician survey results

98 survey responses were received from across the South West LHIN. Of those who responded, 18 agreed to participate in a focus group. The reviews were divided into specialist and family physician categories, and between the north, central and south areas of the South West LHIN. Watch this newsletter for more information on survey results in the coming months.

2017/18 Implementation Budget

To ensure there is no gap between the planning and implementation for Phase II, a 2017/18 one-

time implementation budget is being submitted to the South West LHIN for review and approval this fall.

Work Specific to the Secondary Stroke Prevention (SSP) Team

Blue Sky Event Follow-up

Feedback from this Event revealed the following key areas of focus: primary care, discharge post-acute, emergency department, Secondary Stroke Prevention Clinics, and risk factor management community support.

SSP-Specific Work (cont'd)

For each of these areas of focus, education, action, documentation, and checkpoint/quality assurance plans were created and validated with the project team.

Here's an example of this work using the primary care area of focus for secondary stroke prevention:

- **Education:** patient given verbal and written secondary stroke prevention instructions
- **Action:** send patient to most appropriate location: ED, SSP Clinic, community stroke rehabilitation team, and/or community prevention resources
- **Documentation:** Create decision support tool; use electronic referral form; send electronic EMR to ED to prepare them for patient arrival; central system monitors and check patient's navigation to verify care
- **Checkpoint/Quality Assurance:** Record diagnosis, education, ED or SSP Clinic referral in system; one person responsible for signing off at the end of each stage; central system monitors and checks navigation of patient to verify care that has taken place.

Work Specific to the Community Rehabilitation for Stroke Survivors (CRSS) Project Team

Blue Sky Event Follow-up

Deb Willems and Margo Colver, Co-Chairs of the CRSS Project Team, prepared a draft Blue Sky Model for the future of community rehabilitation and recovery services in the South West LHIN. The proposed components for this model are illustrated on the **diagram on the next page**.

In addition to the Blue Sky Event, other sources of input for the CRSS proposed components include:

- provider comments at current state mapping sessions
- Quality Based Procedures review,
- patient experience interviews,
- comments from project team meetings

- recommendations from the *Pathways for People with Stroke to Live Fully in the Community* [report](#)
- Ontario Stroke Network review of community stroke rehabilitation models
- South West LHIN Rehabilitation Care Committee

Work is underway to engage broader stakeholder groups from stroke recovery associations to provide feedback on the proposed components for the future of community stroke rehabilitation that emerged from the Blue Sky events. Groups that don't meet regularly will receive an email with the Blue Sky ideas, while other groups such as the Community Stroke Rehabilitation Teams and Aboriginal teams will participate in face-to-face meetings.

Health Equity Impact Assessment (HEIA)

The four key areas of focus for the CRSS's HEIA assessment are:

- Aboriginal people
- age-related (seniors and youth)
- rural remote
- disability

Phase II Next Steps

- in-depth review of physician survey with each Secondary Stroke Prevention Clinic provided with their respective results
- develop strategy for physician focus groups
- vet Blue Sky Event proposed components with additional stakeholders for both the CRSS and SSP teams
- conduct a gap analysis based on all feedback to create a future state
- begin populating directional recommendations document
- confirm time lines of consultation and approval tables for presentation of directional recommendations



South West Stroke Project

Proposed Components Emerging from the Community Rehabilitation for Stroke Survivors Blue Sky event



In the news

[Stroke Report Card](#) – coverage in *London Free Press*

FAST Videos – please help promote

Three 30-second [videos](#) are ready to be shared with your patients, residents, clients, stroke survivors, colleagues and families – in fact everyone you know – to encourage them to call 911 when they experience the signs of stroke. The more you share the more you will help to get the word out.

These videos were filmed in the following stroke districts:

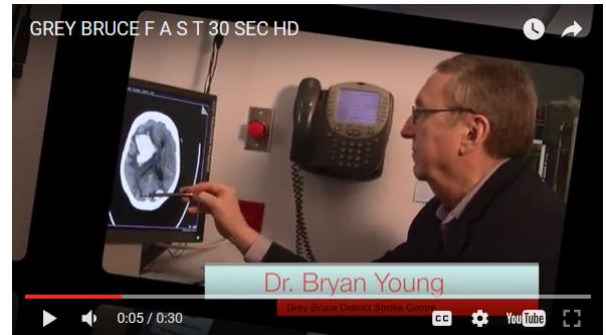
- Grey Bruce
- Huron Perth
- Middlesex-London/Oxford/Elgin/Norfolk (west)

The production of the FAST* videos was a collaborative effort with EMS, the Southwestern Ontario Stroke Network, and the respective Regional and District Stroke Centres in the South West LHIN. They were made possible through funding from the South West LHIN.

Under the lead of Gina Tomaszewski, the videos were planned by Joan Ruston Berge, Kathie Cuerden, Anne Kay, Jay Loosely, Gwen Stevenson, and Bonnie Thompson. They are being promoted throughout the South West LHIN with help from communication contacts Mary Margaret Crapper, Amanda Dobson, Michele Martin, Tara Patterson, and Nicole Schmidt and EMS contacts throughout the region.

The launch of the videos was covered by many media outlets—this coverage will be outlined in the next newsletter.

* The Heart and Stroke Foundation of Canada adopted the international FAST campaign in December 2014.



LEARN THE SIGNS OF STROKE

FACE is it drooping?
ARM**S** can you raise both?
SPEECH is it slurred or jumbled?
TIME to call 9-1-1 right away.

ACT **FAST** BECAUSE THE QUICKER YOU ACT,
THE MORE OF THE PERSON YOU SAVE.

© Heart and Stroke Foundation of Canada, 2014