

*Effective this issue, the South West Stroke Project is no longer separated into Phase I and Phase II, but rather combined into the Sustainability Phase to better reflect the continuum of stroke care.*

## Sustainability Phase

### South West LHIN update

Although Project funding from the South West LHIN is scheduled to end on September 30, the LHIN continues to identify this work as a priority within the Integrated Health Service Plan (IHSP). “The LHIN’s annual priorities for investment (PFI) planning is currently underway, and this year’s PFI plan will be influenced by our IHSP 2016-19, Ministry LHIN Accountability Agreements and Patients First: Action Plan for Health Care,” explains Andrea McNerney, Manager, Planning & Integration. “The LHIN’s goal this year is to invest in a few key strategies that will position system partners to be most successful in advancing the objectives of the IHSP and Patients First.”

LHIN staff are currently reviewing a number of funding applications to support ongoing stroke planning and quality improvement using the pan-LHIN Decision-Making Framework parameters and criteria established for this year’s process. LHIN staff will follow-up with teams in the coming weeks to further refine proposals that have advanced to the second and third phase of the process.

The LHIN is also working with partners to identify funding challenges for stroke care. An ad-hoc sub-group has been formed and will meet again in September at which time the DSCs will discuss the outcomes of a standard review that was completed at each site to identify gaps and challenges. The sub-group will prepare a briefing for the LHIN CEOs summarizing the situation and recommendations.

Finally, the LHIN continues to consider how the new Sustainability framework aligns with Sub-Region Planning tables.

### Oversight Committee Launches

The inaugural meeting of the Oversight Committee took place June 21. This committee will meet quarterly and review the areas the stroke regions are working on, their priorities, successes and challenges. Members of the Oversight Committee currently include Steering Committee members, executives from hospitals in the South West LHIN, and the Southwestern Ontario Stroke Network (SWOSN) Co-Medical Director Dr. Khaw. As the new regional system of stroke care evolves to an operational focus, new members will join the Oversight Committee



#### Everyone has the right to communicate

Bob Tyndall works on exercises to improve his reading and writing skills during a verbal Aphasia Group session with his wife Coy and Speech Language Pathologist Crystal Branco. For more on this story see page 5.

Each stroke district is documenting issues, and how they’re being addressed and resolved. The District Stroke Coordinators present these issues to the Oversight Committee to foster awareness, and to seek support as needed for resolution. The Oversight Committee prioritized the following as the top three issues across the South West LHIN: query strokes (people with symptoms mimicking stroke) being transported to emergency departments via EMS, system surge protocol planning, and the increasing number of alternate level of care days.

## Updates: Local Stroke Working Groups (LSWGs) and District Stroke Councils

LSWGs were established in each district during the planning and implementation of the realignment of stroke services. In Grey Bruce and Huron Perth districts, the implementation is complete, including bypass of local hospitals when the onset of patients presenting with stroke symptoms is outside of the window for tPA treatment. These two LSWGs have now evolved into District Stroke Councils and will be reviewing their membership to include representatives from the full continuum of stroke care, i.e. post-hospital and community care partners. The Elgin Oxford Norfolk and London Middlesex Oxford stroke districts will evolve from LSWGs to District Stroke Councils once their EMS destination policies are in place.

### Elgin Oxford Norfolk (EON)

In July, the Secondary Stroke Prevention (SSP) Clinic at St. Thomas Elgin General Hospital (STEGH) expanded its service to five mornings a week. Orientation is underway for the SSP nurse, and education is continuing with physician orientation, staff workshops and case-based reviews. EON is also moving forward with patient outcome measures, and working with Matthew Meyer, Population Health Strategist, to create a follow-up phone call process for patients discharged from STEGH's Integrated Stroke Unit.

### Grey Bruce

The Grey Bruce District Stroke Council is continuing to work with many partners on their sustainability plan. While they are hearing positive comments anecdotally about their successes, when first quarter data is received it will help to inform and verify the processes they have put in place. To reduce the number of walk-in patients, they are continuing to take every opportunity to educate the public on FAST and calling 911. Educating locum physicians about the District Stroke Centre, EMS stroke bypass and walk-in protocols is ongoing. The volumes of strokes patients at each point of entry into the stroke continuum are being monitored and preliminary data is similar to projected volumes; however, this will be verified once coded data is available. The working group is meeting to review internal processes and to ensure efficiencies in door to needle time, tPA, and transfers from acute to rehab.

### Huron Perth

As part of sustaining stroke realignment, Huron Perth will adapt a standardized approach to problem solving that aligns with the other stroke districts. The Huron Perth District Stroke Council is responding to local issues as they arise and communicating any needed adjustments to processes across their teams. Representation on the Council is expanding to include partners from across the continuum of care. Post-discharge follow-up phone calls have a 95% contact rate, with 90% of stroke survivors contacted within 48 hours of discharge.

### London Middlesex Oxford (LMO)

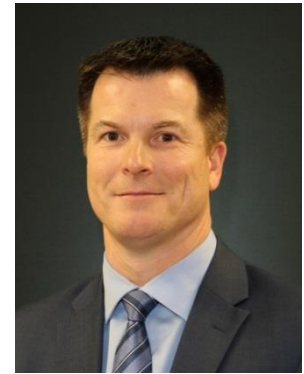
Volumes in neurology and neurosurgery at London Health Sciences Centre – University Hospital (LHSC – UH) continue to be unusually high. It is important to note these high volumes are not solely related to the regional stroke realignment. LHSC remains committed to the full implementation of the Phase I directional recommendations, including EMS bypassing local hospitals in the LMO district. They are actively working on a number of initiatives to support access and flow. The Stroke Project Team has created a Task Group to develop a Regional Stroke Surge Protocol that will support best practice care throughout the region when access and flow challenges necessitate changes to the normal flow of stroke care.

## New SWOSN Regional Program Director

On July 24, the Southwestern Ontario Stroke Network (SWOSN) welcomed Doug Bickford as its new Regional Program Director. Doug comes to this position from the South West LHIN where, as the Program Lead for Rehabilitation within System Design and Integration, he was responsible for a number of projects including Senior Friendly Hospitals, **South West LHIN Stroke Services Realignment**, Assess and Restore, Rehabilitative Capacity Planning / Bedded Definitions and Publicly Funded Access to Rehabilitation Services.

“Over the past two years I have had the privilege of working closely with many stakeholders involved with stroke care from across the South West LHIN and provincially,” says Doug. “It has been exciting and rewarding work and I look forward to working with a great team and being more involved with stroke system planning and improvement.”

Doug has been employed as a physiotherapist, and a health care researcher and leader—experiences that provided him with a unique understanding of the health care system. Prior to joining the South West LHIN in 2015, Doug was with the Canadian Armed Forces in various health services leadership positions.



Doug Bickford, SWOSN  
Regional Program  
Director

## Reporting

Discussions regarding the transfer of the Regional Stroke Dashboard to Integrated Delivery System (IDS) at Hamilton Health Sciences are in progress. IDS links patient data across multiple LHINs, enabling organizations to make evidence-based planning and operational decisions using data that is less than three months old. IDS will also make it possible to pull data by facility, stroke district or LHIN Sub Region. Testing and education will be provided to the users in each District in September.

## Ontario Stroke Network now CorHealth Ontario

CorHealth Ontario was formed on June 22 through the merger of the Cardiac Care Network of Ontario and the Ontario Stroke Network. Their website notes they have an expanded mandate spanning cardiac, stroke and vascular services through the entire course of care. For more information:

<http://www.corhealthontario.ca/>

## OHA Presentation

On May 25 Doug Bickford and Paula Gilmore, current and former SWOSN Regional Program Directors respectively, presented a high level overview of the South West Stroke Project work at the Ontario Hospital Association’s Emergency Department Management Conference.

## Education Update

### Case-Based Stroke Education Series (CME-Accredited)

In this ongoing education series three “grey” (neither black or white) stroke cases are presented and a stroke expert is on hand to provide additional insight and learnings on the cases.

**Target audience:** Physicians working in Designated Stroke Centers

*Session #2* - hosted by Grey Bruce Health Services – Owen Sound Hospital (May 19)

[Summary Sheet](#) (includes archived video, key points, relevant readings)

*Session #3* - will be hosted by Dr. Gill at Alexandra Marine and General Hospital (Goderich) October 18, 2017, at 16:30 via OTN (details to come)

### Online Learning (CME-Accredited)

This modular [online learning opportunity](#) provides education on new stroke processes in the South West LHIN, stroke assessment and stroke mimics (case study format).

**Target audience:** Health care professionals in Non-Designated Hospital Emergency Rooms

## Stroke Education Resource Lists

These district-specific resource lists contain links to archived video education sessions, slide decks, and relevant readings, many of which are CME accredited.

**Target audience:** Physicians and nurses in Non-Designated Hospitals in the South West LHIN  
[Elgin Oxford Norfolk – \(Tillsonburg\)](#)  
[Grey & Bruce](#)  
[London Middlesex Oxford \(North of 401\)](#)  
[Huron & Perth](#)

For additional information contact Jean Morrow - Regional Stroke Education Coordinator – at (519) 685-8500 x 34899, [jean.morrow@lhsc.on.ca](mailto:jean.morrow@lhsc.on.ca). Visit the South West Stroke Project Phase 1 Education web page for more information at [www.swostroke.ca](http://www.swostroke.ca)

## Next Steps

- London Middlesex Oxford and Elgin Oxford Norfolk Stroke Districts finalize the EMS bypass agreements for local hospitals regardless of the time of patients' stroke symptom onset.
- Develop and implement sustainability governance models that include organization structure, terms of reference and an evaluation review schedule for each District.
- Complete and analyze post-implementation patient focus groups/surveys and employee surveys.
- Complete the transition of the Regional Stroke Dashboard to IDS and enable access to standardized reporting in each district and regional oversight.
- Continue stroke education for physicians and new staff.
- Design and implement a Sustainability evaluation framework that provides timely access to data to monitor performance, and respond to unintended consequences in a timely manner. Develop system-wide surge protocol planning (i.e., regional bed mapping) to enable all stroke patients to have access to best practice stroke care in a Designated Stroke Centre

## Canadian Stroke Congress Abstracts

Congratulations to the following whose abstracts were accepted for the Canadian Stroke Congress:

### **Realigning in-hospital stroke care in Ontario's South West LHIN**

Presenting author: Gina Tomaszewski; Co-authors: Paula Gilmore, Doug Bickford, Lyndsey Butler, Florence Cassar, Margo Collver, Kelly Gillis, Anne Kay, Alexander Khaw, Laurie Gould, Emily Latourell, Jennifer Mandzia, Matthew Meyer, Sandra Pincombe, Joan Ruston Berge, Gwen Stevenson, Bonnie Thompson, Cathy Vandersluis, Carol Walters, Deb Willems, Bryan Young

### **Two sites - one team, improving transitions from acute to rehabilitation**

Presenting author: Eileen Britt; Co-authors: Tami Turner, Gina Tomaszewski, Deb Willems, Robin Patterson

### **Outcomes from an integrated stroke unit on rehabilitation of moderate stroke**

Presenting author: Dr. Martin Cieslak; Co-authors: Sandra Pincombe, Christine Thompson

### **A model to develop physician expertise at a new district stroke centre in Ontario's South West LHIN**

Presenting author: Gwen Stevenson; Co-authors: Lyndsey Butler, Martin Cieslak, Sandra Pincombe, Jennifer Beal, Bryan Young

### **Development of a discrete event simulation for system design and capacity planning in Ontario's South West LHIN**

Submitted by Matthew Meyer, Felipe Rodrigues, Shannon Janzen, Kaitlin Saxton, Robert Teasell, David Barrett, Laurie Gould

## **Health system structural assessment: application of a novel system-design framework to community-based stroke care in Ontario's South West LHIN**

Submitted by Matthew Meyer, Paula Gilmore, Doug Bickford, Deb Willems, Margo Collver, Gwennyth Stevenson, Shannon Janzen, Robert Teasell, Laurie Gould

## **From vision to journey: paving the road to best practice secondary stroke prevention and community rehabilitation & recovery in Ontario's South West LHIN**

Presenting author: Margo Collver; Co-authors: Doug Bickford, Lyndsey Butler, Roy Butler, Anne Campbell, Paula Gilmore, Shannon Janzen, Anne Kay, Alexander Khaw, Emily Latourell, Matthew Meyer, Sandra Pincombe, Joan Ruston Berge, Gwen Stevenson, Robert Teasell, Gina Tomaszewski, Bonnie Thompson, Carol Walters, Deb Willems, Bonnie Wooten

## **Implementation of regional education to support realignment of in-hospital stroke care in Ontario's South West LHIN**

Presenting author: Lyndsey Butler; Co-authors: Bryan Young, Gina Tomaszewski, Deb Willems, Gwen Stevenson, Sandra Pincombe, Joan Ruston Berge, Bonnie Thompson, Margo Collver, Paula Meunier, Mark Beselaere, Jennifer Beal, Paula Gilmore

### **Our patients – Everyone has the right to communicate**

Imagine waking up after a stroke to find your ability to communicate is gone. Perhaps you can no longer speak, understand the words others are saying to you, or read or write. This condition is known as aphasia and it affects one in three stroke survivors.

In the past, aphasia therapy ended once patients were discharged from their individual rehabilitation; however, evidence shows that with group therapy patients' communication skills can continue to improve. Knowing this, speech language pathologists (SLPs) Crystal Branco and Sarah McSheffrey from the Thames Valley Community Stroke Rehabilitation Team (CSRT) launched two, eight-week Aphasia Groups in the London area: one for people who can speak, and one for people who are non-verbal.

When Bob Tyndall awoke from his stroke he couldn't speak a word, but he could understand what others were saying. After Bob completed rehabilitation at Parkwood Institute, and in-home therapy from the CSRT, he joined one of the new Aphasia Groups. "Participating in the Aphasia group has given me the confidence to speak in front of others," says Bob. If someone has trouble understanding him, he simply hands them a card that says:

I had a stroke.  
I have difficulty speaking.  
You can help by giving me more time.

In addition to improving speech and understanding, the groups also help participants learn to advocate for themselves and teach others how to communicate with them. People with aphasia are often mistakenly considered incompetent because they have trouble expressing what they know. As well, social isolation, decreased life participation and depression may result because most people do not know how to communicate effectively with people with aphasia.

In addition to activities like warm-up exercises and group discussions, supported conversation is used during the Aphasia Group sessions, which involves therapists and volunteers using cues like pictures and pre-printed answers to facilitate communication.

The CSRT is partnering with Dale Brain Injury Services (DBIS) in providing these Aphasia Groups, with rehabilitation facilitators from DBIS working side-by-side with the CSRT SLPs, rehabilitation therapists

and volunteers to support stroke survivors. “By working together we are benefiting from one another’s expertise, maximizing our resources, and reaching more stroke survivors,” says Sue Hillis, Executive Director of Dale Brain Injury Services.

“Aphasia Groups are so much more than communication therapy; they are a means of successful participation and human connections not obtained in other areas of their lives,” says Crystal.

For more information on aphasia: [www.aphasia.ca](http://www.aphasia.ca)



“Everyone has the right to communicate; it’s what makes us human,” says Speech Language Pathologist Sarah McSheffrey, right, during one-on-one non-verbal therapy with participant Lynn Brush and his wife Linda. While Lynn can understand what’s being said to him, he has trouble speaking.



A verbal Aphasia Group in progress.

### **F.A.S.T video promotion**

Please continue sharing the 30-second F.A.S.T. [video](#) specific to your stroke district to encourage people to call 911 if they experience the signs of stroke.

### **South West Stroke Project web pages**

[Click here](#) to view the South West Stroke Project web pages—a central resource for upcoming education opportunities and tools to help you communicate about the South West Stroke Project work.