

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 hospitals sites to 7 Designated Stroke Centres. The Phase II goal is to create recommendations to address gaps in 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

Site visits

Beginning in May, there will be site visits to the Designated Stroke Centres to:

- build relationships and support the transformation of stroke care across the region
- review actual and estimated future stroke care volumes in acute, rehab and emergency
- assess readiness to accept stroke volumes
- evaluate implementation of stroke unit care
- determine next steps.

To gain an understanding of how the Designated Stroke Centres are progressing, they will complete a survey prior to the site visit to gauge their current best practice status and their assessment of their implementation readiness.

Staff survey

A brief survey will be circulated in June and again once the realignment is nearing completion to staff at all hospitals and EMSs in the South West LHIN. The information collected via the survey will help to evaluate the impact of the realignment of stroke care on staff and their ability to care for patients. It will also be an opportunity for staff to provide their suggestions for how to further improve the stroke care system. .

Stroke education

Based on input from survey responses, LSWGs, and sites visits, health care provider stroke educational needs will be finalized by the end of July. Training will start at St. Thomas Elgin General Hospital, the newly Designated Stroke Centre, in July and August. Based on the learning needs identified, in-person and web-based educational offerings are proposed to begin in October 2016 across the SW LHIN.

Local Stroke Working Groups (LSWGs)

The LSWGs will play a pivotal role in implementing the Phase I recommendations locally. LSWG membership will include representatives from Designated Stroke Centres, divesting hospitals, Emergency Management Services, Community Care Access Centre, secondary stroke prevention, and stroke survivors. The following District Stroke Coordinators or designate are launching the LSWGs in their respective stroke areas:

- Grey/Bruce: Joan Ruston-Berge
- Huron Perth: Kathie Cuerden
- Elgin/Oxford/Norfolk: Sandi Pincombe and Gwen Stevenson
- London/Middlesex/Oxford: Gina Tomaszewski and Deb Willems

Transportation

Discussions are underway with EMS and Voyageur regarding emergency and non-emergency transfers to ensure the right protocols are in place so that once realignment has taken place, regardless of how much time has passed since a person had a stroke, they are transported to the closest Designated Stroke Centre for treatment.



Next Phase I steps

Here are highlights of upcoming activities:

- conducting site visits to Designated Stroke Centres
- launching Local Stroke Working Groups
- holding inaugural Physician Advisory Group meeting
- finalizing approach to qualitative measurement outcomes
- receiving and reviewing quantitative performance data including updated capacity volumes.

Phase II update

Creating recommendations for the future of post-hospital stroke care

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

Both Phase II teams are working on the following:

- Current state mapping is occurring in April and May in the South West LHIN's four stroke regions (see process mapping article in this newsletter).
- Work is continuing on population-based scoping to identify the stroke survivors we serve, and the best practice care and services they need. This data will be categorized by the patient perspective and will align with Quality Based Procedures and best practices.
- Dr. Robert Teasell's research team at St. Joseph's Health Care London's Parkwood Institute, known as CORRE (Collaboration of Rehabilitation Research Evidence), will be contributing their expertise in stroke research and best-practices to inform the development of directional recommendations for community-based rehabilitation and secondary stroke prevention. Dr. Teasell's team will help to summarize and present current best-practice recommendations to the project team and address research questions that arise throughout the project. They will be working closely with Matthew Meyer, the project's Evaluation Lead.
- Planning is underway for the patient experience interviews and focus group sessions with TIA and stroke survivors and physicians.
- With the objective of determining what an ideal world of rehabilitation and recovery and secondary stroke prevention would look like, the Blue Sky events will occur on June 20 for the CRSS group, and June 22 for the SSP group. Information from the patient interviews, scoping exercise and best practices will help to inform this discussion.

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

- Both teams completed a health equity assessment to identify vulnerable or marginalized groups impacted by post-hospital stroke care. The focus for the CRSS team will be on rural/remote or inter-urban populations, disability, and age-related groups.

Work specific to the Secondary Stroke Prevention Project (SSP) Team

- For the health equity assessment the SSP Team's focus will be on rural/remote, low income, and age related groups impacted by secondary stroke prevention clinics and services.
- For the SSP team, a sub-group is working on physician engagement strategies such as conducting a focus group, and surveying primary care providers about topics such as the advantages of referring to a secondary stroke prevention clinic. These results will help to inform the Blue Sky event.

Next Phase II steps

Here are the highlights of activities in the coming months:

- completing high level current state mapping
- continuing population health based data collection and review
- implementing physician engagement activities
- preparing execution charter
- initiating risk analysis
- planning two "Blue Sky" events in June.

Implementing Phase I directional recommendations

In March 2015 the South West LHIN supported the recommendations to realign stroke care from 28 hospitals to 7 Designated Stroke Centres. Here is a summary of these recommendations.

- London Health Sciences Centre's University Hospital will continue to be the Regional Stroke Centre providing acute stroke care including tertiary care.
- St. Thomas Elgin General Hospital will become a District Stroke Centre, providing access to tPA (clot buster), inpatient acute and rehabilitation care for strokes on an integrated stroke unit, as well as secondary stroke prevention clinic services.
- For Grey and Bruce Counties, Grey Bruce Health Services' Owen Sound Hospital will continue to be the District Stroke Centre
- For Huron and Perth Counties, Huron Perth Healthcare Alliance's Stratford General Hospital will continue to be the District Stroke Centre
- Alexandra Marine and General Hospital, a Telestroke Hospital, will no longer admit stroke patients, but will stabilize patients and send them to the District Stroke Centre at Huron Perth Healthcare Alliance's Stratford General Hospital
- Woodstock Hospital and St. Joseph's Health Care London's Parkwood Institute will continue to provide inpatient rehabilitation for stroke survivors.
- Since receipt of the Business Case, detailed implementation planning will be done to ensure a staged and gated approach to regional realignment.

Project Teams at work

Each month we are featuring one aspect of the work underway by the project teams to bring Phases I and II to fruition.

Process mapping – Phase II

Process mapping is a tool used to conduct an in-depth review to fully understand all the steps involved in a process. All those impacted by the process gather for the mapping session and share their experience and opinions on how the process works. As they contribute their input, a quality improvement consultant creates a detailed representation of the step-by-step activities known as a map.

Not only does process mapping assist with identifying the current sequence of steps, but it also helps in understanding inner workings and relationships; detecting the differences between actual and expected processes; uncovering potential problems, gaps, and duplications; and clarifying responsibilities. The process map can be used as a tool for communication, training, and process improvement.



Emily Latourell, Quality Improvement Consultant, and Margo Collver, Regional Community and Long Term Care Coordinator, discussing the results of the Phase II current state mapping session presented to stakeholders in the Huron Perth area on April 27. Emily is facilitating eight current state mapping sessions for the Phase II work in each of the four stroke areas of the South West LHIN: four for the Community Rehabilitation for Stroke Survivors Project Team and four for the Secondary Stroke Prevention Team.

In 2014 process mapping was used in Phase I to determine the current state of in-hospital stroke care before creating the recommendations to realign care from 28 hospitals sites to 7 Designated Stroke Centres. In Phase II it is once again proving valuable in engaging stakeholders to help shed light on what's working well and where gaps may exist in the current post-hospital rehabilitation and secondary stroke prevention clinics and services in the South West LHIN. This work will help to lay the foundation for creating recommendations to help improve post-hospital stroke care in our region.

The TIA/stroke survivor journey

This is the first in a series of stories following TIA/stroke survivors through the continuum of care.

Calling 911 propels paramedics into action

6:04 pm: Duane and his wife Katherine are eating dinner and talking about their day on the farm when Duane suddenly drops his fork, his right arm falls to his side and the right side of his face droops. When Katherine asks him what's wrong he slurs his speech. She runs to the phone and dials 911.

6:07 pm: Nearing the end of her 12 hour shift, Julie's phone lights up at ambulance dispatch. "9-1-1 - what is your emergency?" she asks. Katherine sounds scared as she describes Duane's symptoms to Julie who reassures her and tells her the paramedics are on their way.

6:09 pm: At the ambulance station, Julie's voice comes over the speaker, "One-zero-zero-six, Code 4 – possible CVA." Paramedics Candace and Ben call in to get Duane's address and symptoms. Ambulance lights flashing and sirens wailing, they clear the traffic in front of them as they rush to the scene.

6:19 pm: Ben and Candace arrive at Duane's side. As Candace asks Duane questions, Ben takes his blood pressure, heart rate, oxygen levels and blood glucose, performs an electrocardiogram and collects Duane's medications.



Quickly recognizing Duane is exhibiting signs of stroke, Candace does a field test to be sure. She takes Duane's hands and holds them straight out, then asks him to hold his arms out on his own. When she lets go, Duane's right arm drops to his side while his left stays outstretched. When she asks him to smile his lips curl up on the left but there is no muscle tone on the right. When she asks him to repeat the phrase, "It is sunny today," he slurs his words. Candace has just performed a modified Cincinnati Stroke

Assessment, with the results indicating a greater than 85 per cent probability that Duane is likely having a stroke.

6:33 pm: With Candace in the back of the ambulance monitoring Duane, Ben drives with lights and sirens to the Stroke Centre. It's not the closest hospital, but with Duane's symptoms indicating an acute onset of stroke, they opt to make the 30 minute drive to the Stroke Centre in favour of definitive stroke care. Candace radios in to the hospital to let them know they are coming under the 'Acute Stroke Protocol', which tells the hospital to activate the stroke team.

7:07 pm: When Ben and Candace arrive at the Emergency Department with Duane, the triage nurse directs them to the resuscitation room where the stroke team is waiting and ready to send Duane directly to the CT scanner.

Katherine made the right choice by calling 911 right away. It is just over an hour since Duane's symptoms started, and he is now exactly where he needs to be to receive the care he needs. To illustrate the urgency of seeking immediate help when the signs of stroke emerge, an article in the American Heart Association publication [Stroke](#) notes that with a stroke "Time is Brain," and for every one minute delay in care approximately two million neurons are lost aging the brain about three weeks. Had Katherine waited to call 911, or decided to drive Duane to the hospital, his outcome could have been significantly different.

Did you know?

Within the South West LHIN each county is responsible for operating its own paramedic services, including:

- Middlesex-London EMS
- Elgin-St. Thomas EMS
- Huron County EMS
- Oxford County Paramedic Services
- Perth County Paramedic Services
- Bruce County EMS
- Grey County Paramedic Services
- Norfolk County EMS



Story and photos courtesy of:
*Stephen Turner, Deputy Chief / Supervisor of EMS Professional Standards
Oxford County Paramedic Services*

Stay tuned in June

In addition to her role as Regional Stroke Acute Coordinator with the Southwestern Ontario Stroke Network, Gina Tomaszewski has been working with a film production crew to produce three videos encouraging people to call 911 when they are experiencing the symptoms of stroke. The three videos feature EMS crews and clinical staff from the following three Designated Stroke Centres: Grey Bruce Health Service's Owen Sound Hospital; Huron Perth Healthcare Alliance's Stratford General Hospital; and London Health Sciences Centre's University Hospital. These videos will be unveiled in Stroke Month in June.



We welcome your feedback

As we continue to roll out Phases I and II of the South West Stroke Project, we want to be sure this newsletter is meeting your needs. If you have any comments or suggestions, please submit them by clicking [here](#).

South West Stroke Project

Partners in the South West Stroke Project include the South West LHIN hospitals, the Southwestern Ontario Stroke Network, EMS and paramedic services, the Community Care Access Centre and a host of community stroke clinics and services working together to create a system of stroke care that will improve outcomes.

South West LHIN Hospital Organizations:

Alexandra Hospital Ingersoll
 Alexandra Marine & General Hospital
 Grey Bruce Health Services
 Hanover & District Hospital
 Huron Perth Healthcare Alliance
 Listowel Wingham Hospitals Alliance
 London Health Sciences Centre

Middlesex Hospital Alliance
 South Bruce Grey Health Centre
 South Huron Hospital Association
 St. Joseph's Health Care London
 St. Thomas Elgin General Hospital
 Tillsonburg District Memorial Hospital
 Woodstock Hospital



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