

*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 enhance secondary stroke prevention, outpatient and community rehabilitation and stroke support services.*

### Newsletter survey

If you didn't have a chance to do so in September, please take **1 minute** to complete a [brief survey](#) about this newsletter to ensure we're meeting your needs. Please complete this survey by **October 21**.

### New!! South West Stroke Project web pages

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

### Phase I update

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

#### Local Stroke Working Group (LSWG) Updates

##### Elgin Oxford Norfolk LSWG

St. Thomas Elgin General Hospital (STEGH) is now accepting repatriations from London Health Sciences Centre (LHSC) for patients who reside in the Tillsonburg and St. Thomas area. These patients are receiving their post-acute care at STEGH's Integrated Stroke Unit. To date three repatriations from LHSC to STEGH have taken place, and three patient walk-ins from Tillsonburg District Memorial Hospital have been treated at STEGH. Work is underway to develop walk-in protocols, align order sets up to best practices, and streamline diagnostic imaging for those with stroke and TIA. The new Secondary Stroke Prevention Clinic at St. Thomas Elgin General Hospital (STEGH) is being introduced in a staged rollout which will be fully operational by February, 2017.

##### Grey Bruce LSWG

The Grey Bruce patient advisor attended her first LSWG meeting on Sept. 26. A meeting is being scheduled to discuss the Memorandum of Understanding with Grey and Bruce Emergency Medical Services (EMS). In addition to renovations to the stroke unit, an additional 1.0 physiotherapist, .5 occupational therapist, and .4 speech language pathologist are in place to support the coming increase in stroke therapy volumes. The 120-day readiness report will be reviewed with partners and brought back to the next Grey Bruce LSWG meeting in preparation for their staged and gated implementation scheduled to start in mid-January and be complete by early March, 2017.

##### Huron Perth LSWG

The final readiness assessment was completed the week of Oct. 4, and walk-in protocols will be finalized Oct. 21. Dr. Bryan Young is providing divesting education on Oct. 21 to Alexandra Marine and General Hospital (AMGH), Listowel Wingham Hospitals Alliance, and South Huron Hospital Association. The protocol for AMGH to transfer stroke patients to the District Stroke Centre within 24 hours post tPA (tissue plasminogen activator) is finalized. This protocol, as well as the telestroke quality improvement initiative

within Stratford General Hospital, will go live Nov. 1, with a mock telestroke session scheduled for Oct. 31. The Integrated Stroke Unit is now wired for cardiac monitoring. Supporting education is in place for the protocol and process changes, telestroke and cardiac monitoring. As well, a surge plan has been updated and is part of the Access and Flow Policy.

Huron Perth Healthcare Alliance – Stratford General Hospital is evaluating a new grassroots ED stroke protocol dashboard called Stroke Protocol Target Form that is built into MEDITECH—their electronic health information system. Completed on the electronic bedside chart, this tool captures indicators such as times for door to needle, door to doctor, and CT scan. It also has a feature which allows staff to see how they're meeting targets, and promotes in the moment process improvement conversations in huddles.

### **London Middlesex Oxford LSWG**

Walk-in protocols are being established for Alexandra Hospital (Ingersoll), Woodstock Hospital, and Middlesex Hospital Alliance's Four Counties Health Services and Strathroy Middlesex General Hospital in preparation for their staged and gated implementation scheduled to start in November and be complete by March 31, 2017. Work with the District Stroke Coordinators from Erie St. Clair hospitals at Sarnia Bluewater Health and Chatham-Kent Health Alliance to address cross-LHIN border realignment has also commenced. A task team is developing an algorithm that uses patient needs and geography to stratify which patients from Oxford should be cared for at the Woodstock General Hospital, and which should be cared for at St Joseph's Parkwood Institute. Both Woodstock Hospital and Parkwood Institute will be providing inpatient rehabilitation for London Middlesex Oxford.

### **Patient flow update**

An analysis was completed of the southern section of the South West LHIN to determine if changes were needed to the project's implementation plans to ensure alignment with best practices in stroke care. This analysis, endorsed by the Physician Advisory Committee, explored the emerging evidence supporting screening for endovascular treatment (EVT). With the principle that "time is brain", the analysis took into consideration door to needle times for tissue plasminogen activator (tPA) for future state sites administering tPA. Based on this analysis, in September the Phase I Steering Committee approved the following recommendations:

- St. Thomas Elgin General Hospital will remain a District Stroke Centre, but will not provide tPA at the time of realignment. A Sustainability Committee will conduct a reassessment of system capacity and need for tPA administration at STEGH at 6 and 12 month post-implementation intervals.
- Patients eligible for tPA/EVT in Elgin, Oxford and Middlesex counties will be assessed for both tPA and EVT at the Regional Stroke Centre at London Health Sciences Centre – University Hospital.

The project team is working with stakeholders to adjust processes and resources to reflect this change.

### **Phase I funding update**

In September, the South West LHIN Board of Directors approved an additional \$241,476 in 16/17 one-time funding to support the Stroke Phase I realignment work. This is in addition to \$300,000 already approved in 16/17 one-time funding. The Board of Directors also approved \$247,288 in 17/18 one-time funding to support Stroke Phase I project sustainability planning, evaluation and close out.

### **Staff survey results**

The Stroke Project received 349 responses to the Staff Survey that was distributed to all hospital partners and a variety of key stakeholder groups from across the continuum of care. The survey's questions

focused on stroke system perspectives, communication, organizational readiness for change, educational needs and resources. Each hospital and partner has received a one-page summary of their survey results that are being used to inform many facets of the project including communication and education. To gauge the project's progress, the survey will be administered again following the realignment of acute stroke care services.

### **Patient engagement**

The stroke survivor interview videos from earlier in Phase I are being reviewed to establish baseline data. The next step is focus groups in early 2017 with stroke survivors treated at a hospital where realignment has taken place to gather feedback on their stroke care journeys. In addition to patient advisors participating on each Local Stroke Working Group, patient outcome measures will be piloted in the Grey Bruce District.

### **Execution planning**

Local Stroke Working Groups are ensuring adequate surge and disaster recovery plans are in place at the future state hospitals to support the realignment of stroke services in the event of fluctuating patient volume or the malfunction of equipment such as a CT scanner. Guiding principles are being created for divesting hospitals, to define their important role in the event of bad weather or in supporting various care scenarios such as patients who are palliative.

### **Phase I next steps**

- The project governing groups will receive the individual staff survey results to further support employee and district readiness.
- The impacted Local Stroke Working Groups will ensure the recent patient flow decision relative to the EVT Analysis is reflected in their planning activities.
- The Project Team will focus on updating risk management and execution planning for the realignment of services

## **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.

### **Phase II funding update**

In September the South West LHIN Board of Directors approved \$84,659 in 16/17 one-time funding to support the ongoing Stroke Phase II planning work. This is in addition to \$300,000 already approved for 16/17 one-time project funding. A funding decision to support the project as it moves from its current planning phase to implementation has been deferred until the South West LHIN's next Priorities for Investment funding cycle in July 2017. The LHIN remains committed to the project, and strongly believes in the promise it holds for the future of post-hospital stroke care. "I look forward to continuing to work with you in the coming months as the final Phase II directional recommendations emerge, and in the coming years as we work together to implement those recommendations," says Doug Bickford, Program Lead – Rehabilitation, South West LHIN.

### **Both Phase II Project Teams**

The teams are fine-tuning the proposed components for the future of post-hospital stroke care, and sharing them with stakeholders (health care providers, physicians and patient advisors) for further feedback. The proposed directional recommendations will be crafted by November, followed by

presentations to the Steering Committee, key supporters and consultation tables for review, feedback, and ultimately endorsement of the recommendations.

The Health Equity Impact Assessments for both Phase II teams are regularly revisited, to ensure the components are taken into consideration during the creation of the directional recommendations, and to mitigate unintended consequences.

A new visual is being created to envision how components of stroke care will work together in the proposed future state. Not only will this diagram help to visualize how the proposed stroke care components will flow through the continuum of care, it will also help the evaluation team led by Matthew Meyers assign volumes to the various care services, and identify the needs for data collection to support the proposed care model.

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

To gather feedback on the proposed components for the future of SSP, 4 stakeholder engagement sessions took place across the LHIN in addition to 3 sessions targeting physicians. “We had broad representation at these sessions, including public health and family health teams, which generated excellent discussions and wonderful feedback,” says Gwen Stevenson, Chair of the SSP Project Team.

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

A number of stakeholder and patient engagement sessions were led by Margo Collver and Deb Willems, Co-Chairs of the CRSS Project Team, to review the proposed components for community rehabilitation. Webinars are being planned for November to provide stakeholders an opportunity to review the draft recommendations and provide further feedback..

### Phase II next steps

- In October, the focus of the CRR and SSP teams will turn to a gap analysis on the difference between the current state and the proposed components that will help shape the draft recommendations.
- The proposed recommendations will be revisited in the coming months to ensure they reflect the new best practices which will soon be released.

## Education

### Phase I Education Update

The Education Plan, outlining priority education requirements for realignment of stroke care in the South West LHIN was approved by the Steering Committee on September 21, 2016.

This Plan will be promoted through Project Team meetings, as a standing item on the Local Stroke Working Group agendas, and through a webpage developed on the Southwestern Ontario Stroke Network’s website, located here (<http://swostroke.ca/swsp-phase1->

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### Phase 1 Implementation Education

An education plan has been developed to deliver necessary education to support the realignment in stroke care in the South West LHIN from 28 hospitals to 7 designated stroke centres. It is based on three themes that have been identified through stakeholder engagement: best practice, process, and realignment. Education will be provided at both a regional and local level. The education strategy also draws upon existing resources. Target audiences include:

- future state designated stroke centres
- divesting hospital emergency departments
- Paramedic Services
- Voyageur Transportation Services
- Community Care Access Centre
- Primary Care

Upcoming Education Events

EVENTS CALENDAR

OCTOBER 2016						
MON	TUE	WED	THU	FRI	SAT	SUN
26	27	28	29	30	1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31	1	2	3	4	5	6

WED 19 SLP Stroke Network Meeting  
October 19 @ 12:00 pm - 1:00 pm

Visit the South West Stroke Project Phase I education web pages at <http://swostroke.ca/swsp-phase1-education/>

[education/](#)). The purpose of the webpage is to highlight and promote upcoming education events and existing resources, such as: archived recordings, self-directed learning resources, and relevant tools and websites.

Currently, planning is underway for education to divesting emergency departments during October and November.

### **Southwestern Ontario Stroke Network (SWOSN) Education Work Plan**

The education related to Phase 1 of the South West Stroke Project is part of the larger SWOSN Education Workplan. To check out upcoming events, please visit the Education & Events section on the SWOSN website <http://swostroke.ca/>. If you would like to be included on the stroke education distribution list, or for more information, please contact [Lyndsey Butler](#) the Regional Stroke Education Coordinator with the Southwestern Ontario Stroke Network.

### **Vascular Health – Focus on the Patient**

Registration is now open for the Heart and Stroke Foundation’s Clinical Update 2016: Vascular Health – Focus on the Patient. Click [here](#) for more information.

## **Words of thanks from stroke survivors**

*If your stroke team has received a note of thanks, please [contact us](#) so we can share it with others to illustrate the fine stroke care taking place throughout the continuum.*

### **Praise for new St. Thomas stroke rehab unit**

*Times Journal – St. Thomas; Gary and Linda Kalita; 16/09/16*

My husband and I have recently been involved with the new stroke rehab unit at St. Thomas Elgin General Hospital. It was amazing how the entire unit worked as one, not as individuals at their job. The compassion, caring and understanding for the patient and family was inspirational. We would like to thank everyone there for helping us through a very difficult time in our life. We also hope the hospital administration puts the family room back in use. It was a quiet, private haven for family and friends. ([Full Story](#)).

## Stroke survivor story

### What are the chances?

Melody and Jeremy Penner were both young, healthy and fit—and they both had a stroke in their 30s.

In 2010, when kindergarten teacher Melody was 36, she awoke one morning and couldn't see right. "I was stumbling around and banging into things," she recalls. "It didn't occur to me I was having a stroke. I just thought, 'I'll go back to sleep and when I wake up this will be gone.'"

The next time Melody woke up she knew for sure the symptoms weren't going away. When her husband Jeremy rushed home from his work as a teacher he saw Melody's face drooping and heard her slurred speech and took her immediately to South Bruce Grey Health Centre's Durham Memorial Hospital. From there she went to Grey Bruce Health Services' Owen Sound Hospital (which is the District Stroke Centre for Grey and Bruce) for care.

"It took about a week after the stroke before I could connect what was in my mind with what came out of my mouth," says Melody about the condition she was experiencing known as aphasia.

After discharge, Melody had several sessions with therapists from the Grey Bruce Community Stroke Rehabilitation Team. With age and motivation on her side, it wasn't long before she was pushing herself to do many things, including re-learning how to play soccer and volleyball.

"Having a stroke is scary when you don't know what's going on or how to deal with it," she says. "I wanted to understand why I felt like a different person, and whether it was normal to feel that way. I felt so alone because most people our age have not had a stroke. For advice, I was going to email a friend who had a stroke, but then I realized I couldn't type anymore."

Jeremy asks, "What are the chances of two young people who are active and don't smoke both having a stroke?" In 2014 when he was 41, he was coming home with groceries one day and saw, but could not feel, his left arm floating up. "I knew something was really wrong with me," he says, recalling his speech was slow and blurred. First he went to emergency at Durham Memorial Hospital, then to Walkerton Hospital for a CT scan where he learned he'd had a stroke.

"In March of this year I had another stroke," says Jeremy. "I was driving when suddenly I felt a little zap right down my face and left arm. I quickly pulled over and said, 'Stroke.'" My passengers called 911, and the paramedics arrived in about three minutes and took me to Huron Perth Healthcare Alliance – Stratford General Hospital. My care there was excellent. They gave me tissue plasminogen activator (tPA) to break down the blood clot in my brain."

"I was in the hospital three days, recovered quickly at home, and returned to teaching in a few weeks," says Jeremy. "I worked hard at getting my strength back by being active and participating in sports."

Melody and Jeremy credit their strong family support network and many people in the community with making their lives easier so they could focus on recovering from their strokes. Some improvements they would like to see to stroke care include:

- an awareness campaign for younger people so they recognize stroke signs and symptoms
- support networks for young people who have a stroke
- more information provided to patients about the nature of their stroke
- an opportunity to ask questions at follow-up appointments.



Jeremy and Melody Penner

## Canadian Stroke Congress

Co-hosted by the Heart and Stroke Foundation and the Canadian Stroke Consortium, the Canadian Stroke Congress is a uniquely Canadian forum for experts to share the latest research findings, exchange ideas, and make connections which will change the future of stroke care. It brings together researchers, neurologists, nurses, rehabilitation specialists, therapists, policy makers, and health system decision makers across the continuum of stroke care in an unprecedented opportunity to improve upon the prevention and management of stroke and its consequences, thereby improving the brain health of Canadians. The 2016 Canadian Stroke Congress was held Sept. 14 - 17 in Quebec City.

### Dr. Teasell keynote speaker

At this year's Canadian Stroke Congress Dr. Robert Teasell, the Medical Director of the Stroke Rehabilitation Unit at St. Joseph's Health Care London's Parkwood Institute, and Professor of Physical Medicine and Rehabilitation, delivered the Hnatyshyn lecture—the keynote address named after one of Canada's governor generals. During the lecture, entitled *Stroke Rehabilitation at a Crossroads*, Dr. Teasell noted over the past decade stroke rehabilitation has significantly advanced in Canada through a greater emphasis on earlier, more intensive and task-focused



Dr. Robert Teasell

interdisciplinary rehabilitation, helped by an impressive volume of new research. While rehabilitation has improved, changing demographics and advances in acute care have led to a greater demand for rehabilitation. This, in turn, has increased the need for innovative new models of care to maximize the use of limited resources, including a greater shift to community-based rehabilitation and greater use of new technologies to maximize stroke patients' recovery. In stroke rehabilitation research, despite a large number of randomized controlled trials, there is a need for large multi-centered clinical trials to better establish evidence-based practice.

### Southwestern Ontario Stroke Network (SWOSN) presentations

On behalf of the South West Stroke Project's (SWSP) Governance and partners, Paula Gilmore, Southwestern Ontario Stroke Network Regional Program Director and Project Lead, presented a poster on the SWSP entitled *Leading Stroke System Transformation in Ontario's South West Local Health Integration Network*. In addition, the Southwestern Ontario Stroke Network, including the Regional Stroke Team and District Stroke Centre Coordinators, presented and/or were authors on eight posters at the Congress:



Paula Gilmore

- Implementing Quality: Targeting Best Practice for Stroke Rehabilitation Therapy Intensity
- Building a Stroke Unit Toolkit...A Phased-in Approach
- How Knowledge Translation Expertise Can Inform Development of a Provincial Stroke Core Competency Framework
- Tackling Best Practice in Community and Long Term Stroke Care
- Post Stroke Community-Based Exercise Guidelines
- Community Daily Clinic Success: Combining Stroke/TIA with Cardiac to Meet Best Practice
- Stroke Prevention Model of Care
- Door to Needle Time Improved by Refining the Code Stroke Process in an Enhanced District Stroke Centre

At the Congress, Dr. Teasell and the CORRE Research Team at Parkwood Institute presented three other talks and five posters on:

- [Stroke Rehabilitation Involving a Videoconferencing Element at Home \(STRIVE-Home\)](#).
- The Importance of Triage to Optimize the Choice of Trajectory.
- Technological Trends in Stroke Rehabilitation for Motor Function Recovery.
- Global Trends in Published Randomized Controlled Trials Examining Motor-Based Interventions in Stroke Rehabilitation.
- Rhythmic Auditory Stimulation in Stroke Rehabilitation.
- What Evidence is There for Rehabilitation of Motor Function Post-Stroke in the Chronic Phase?
- The Impact of Home-Based Videoconferencing Technology for Speech Language Pathology Rehabilitation After Stroke.
- The Effect of Intensity of Top-Down and Bottom-Up Cognitive Rehabilitation on Unilateral Neglect Among Stroke Patients: A Systematic Review.

## In the news

### Video promotion

In August, three 30-second [videos](#) were rolled out to encourage people to call 911 if they experience the signs of stroke. **Please continue sharing these videos to help spread this important message.**

### South West LHIN *Exchange* newsletter

[Click here](#) to view an update on the South West Stroke Project in the September issue of the South West LHIN newsletter *Exchange*.

### Ontario man ramping up battle against age-discrimination in post-stroke recovery

- [Global news coverage](#)
- **Note:** Bill 9, the *End Age Discrimination Against Stroke Recovery Patients Act, 2016* has passed second reading but it has not yet received Royal Assent. For details [click here](#).

## Survey

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