

Fact Sheet

A project in the South West LHIN is improving outcomes for people who have a stroke or TIA (transient ischemic attack). The two phases in this project will be completed by March 31, 2017.

Phase I – improving inpatient stroke care

Research shows people with stroke or TIA achieve the best outcomes when they are treated in a system that provides coordinated care, delivered by practitioners with recognized stroke expertise, in a facility with a stroke unit where a critical mass of patients are cared for each year.

To achieve the goal of optimum stroke care, after consultation with many stakeholders, the decision was reached to realign stroke care in the South West LHIN from 28 hospitals to 7 Designated Stroke Centres. This realignment started in 2015 and will be completed in 2017.

Once this realignment is complete, all residents in the South West LHIN who experience a stroke will be admitted to a Designated Stroke Centre so they can receive specialized stroke care that meets best practice guidelines.

Inpatient hyperacute, acute and rehabilitative stroke will be realigned to the following 7 Designated Stroke Centres:

- London Health Sciences Centre's University Hospital – hyperacute and acute
- Huron Perth Healthcare Alliance's Stratford General Hospital – hyperacute, acute and inpatient rehabilitation
- Grey Bruce Health Services' Owen Sound Hospital - hyperacute, acute and inpatient rehabilitation
- St. Thomas Elgin General Hospital - acute and inpatient rehabilitation
- St. Joseph's Health Care London's Parkwood Institute – inpatient rehabilitation
- Woodstock Hospital – inpatient rehabilitation
- Alexandra Marine and General Hospital – telestroke (provides tPA, the clot-busting drug) assessment and treatment via the Ontario Telestroke Program, then patients transferred to Huron Perth Healthcare Alliance – Stratford General Hospital for the remainder of their acute care and, if required, rehabilitation on an integrated stroke unit.

Phase II – recommendations for improving stroke care after discharge

Phase II is creating recommendations to further enhance secondary stroke prevention and community rehabilitation and recovery for TIA and stroke survivors after they leave the hospital. To design a seamless system of care, TIA and stroke survivors, families and many other stakeholders are engaged in this process. The current post-hospital stroke clinics and services include: Urgent TIA/Secondary Stroke Prevention Clinics, Community Stroke Rehabilitation Teams, specialized outpatient stroke rehabilitation, and community support services such as adult day programs and exercise groups.

The following pages are supplementary information to use/include as needed:

Definitions

Here's a summary that briefly explains some terms and acronyms related to this project. Please click [here](#) to request a more detailed description.

A **Regional Stroke Centre (RSC)** is a facility with all the requirements of a district stroke centre (see below), as well as neurosurgical facilities and interventional radiology. An RSC provides ongoing education/training in stroke best practices across the continuum throughout Southwestern Ontario including the LHIN 1 and 2 regions.

A **District Stroke Centre** has stroke protocols for emergency services, emergency department and acute care. It has computed tomography (CT) scanning 24/7, vascular imaging with expert interpretation, and clinicians with stroke expertise across the continuum of care including medicine, nursing, occupational therapy, physiotherapy, speech-language pathology, social work and clinical nutrition. At a District Stroke Centre all patients are admitted to an acute stroke unit or an integrated stroke unit that provides both acute and rehabilitation services.

A **telestroke hospital** uses a telemedicine application to provide local physicians with immediate access to stroke neurologists who can support the assessment and treatment of patients experiencing acute ischemic stroke. A Telestroke Hospital has a CT scanner and onsite laboratory services.

A **non-designated hospital** is a hospital that does not meet the definition of a Regional, District or telestroke hospital. If a person experiencing a TIA or stroke walks in to the emergency department of an acute care hospital for care, he or she will be transferred to a Regional or District Stroke Centre. An exception is when patients arrive at emergency at a non-designated hospital in a rapidly deteriorating condition and/or who are deemed palliative. In these cases, consideration is given to admitting them.

Secondary Stroke Prevention Clinics (SSPCs) offer rapid access to physicians with stroke expertise and to specialized medical diagnostics for patients who are at high risk for stroke, have had a TIA and/or who have had a stroke. The many services they provide include updating patients' medications, providing timely communication with patients' primary care providers, referrals to community-based services, and providing patients with education and lifestyle counseling. SSPCs are housed in centres with physicians with stroke expertise and with rapid, consistent access to diagnostics. Most SSPCs are located in Designated Stroke Centres because the specialized services are already on site.

Rehabilitation programs provide stroke survivors who have a moderate to severe stroke, and selected people who have a mild stroke, with access to an inpatient rehabilitation stroke unit that provides best practice rehabilitation services. Once rehabilitation treatment is complete, stroke patients who can be discharged to their homes are referred to the Community Stroke Rehabilitation Team (CSRT), a specialized stroke outpatient therapy program, or to other community services as appropriate such as the Community Care Access Centre (CCAC). Rehabilitation programs have partnerships with stakeholders across the continuum of care, including public health, primary care, CCAC, community support services, and long term care.

The stroke rehabilitation program provides leadership, development, implementation, coordination and monitoring of the rehabilitation component of stroke care throughout the local area/district.

Community Stroke Rehabilitation Team/specialized stroke rehabilitation outpatient programs ensure timely access to services provided in the community by a specialized rehabilitation team. They

have partnerships with stakeholders across the continuum of care, including public health, primary care, Community Care Access Centre, and community support services..

A **Stroke Unit** has a core team of health care professionals with stroke expertise. This team has additional expertise in the management of complications, the complexity of stroke conditions, and skills to initiate rehabilitative care early to optimize recovery.

Questions and Answers

What organizations are involved in the South West Stroke Project?

In addition to the [South West LHIN](#) and the [Southwestern Ontario Stroke Network](#), here are the other stakeholders:

- **For Phase I**
 - 28 hospitals sites in the South West LHIN, together with Emergency Medical Services and the Community Care Access Centre provided input.
- **For Phase II Community Rehabilitation for Stroke Survivors (CRSS):**
 - Consultation is underway with 28 stakeholder groups to arrive at recommendations to enhance community rehabilitation. These groups include outpatient and in-home Community Stroke Rehabilitation Services, hospital teams and physicians, community support service agencies such as VON and ONECARE, transportation services, physicians, and Community Care Access Centre provider agencies.
- **For Phase II, Secondary Stroke Prevention**
 - 24 stakeholder groups are contributing their expertise to create the secondary stroke prevention recommendations ranging from hospital sites with Secondary Stroke Prevention clinics, to family health teams, to cardiac rehab groups, to Dale Brain Injury Services, to Cheshire Homes to VON.

Who is leading the Local Stroke Working Groups in each of the four stroke areas?

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

What difference will the realignment make to patients?

Patients who receive care in an integrated system have better outcomes. In fact, an integrated system of stroke care has been associated with reductions in mortality after stroke.

What changes will this bring to hospitals that are not Designated Stroke Centres?

Patients who arrived at the hospital with symptoms of stroke or TIA (transient ischemic attack) within a 3.5 hour window after their symptoms began, have always been transferred to a Designated Stroke Centre that provides acute stroke care to determine whether they were eligible to receive tissue plasminogen activator (tPA) - a protein that helps break down blood clots.

However, in the past those who could **not** receive tPA because their symptoms started **more** than 3.5 hours before they arrived at the hospital remained at their local hospital for treatment.

Once realignment is complete, even if it's more than 3.5 hours since symptoms started, stroke and TIA patients will be taken to a Designated Stroke Centre that provides acute stroke care. This ensures they can be cared for on a stroke unit to be sure they achieve the best possible outcomes.

Please remember it is always important to call 911 when you or someone with you is experiencing the signs of stroke.

How will the patient's voice be heard?

For both Phases I and II, extensive interviews and focus groups with TIA and stroke survivors and their families took place to ensure their feedback was incorporated into the recommendations. As well, some stroke survivors are participating in Local Stroke Working Groups in their region, and others will be participating in a telephone survey.

How will patients know what hospital to go to?

When patients experience the signs of stroke, it is essential for them to call 911 immediately – that's all they have to worry about because EMS will ensure they get to the right hospital to receive the best possible care. See videos about calling 911: <http://swostroke.ca/fast-videos/>

LEARN THE SIGNS OF STROKE

FACE is it drooping?
A RMS can you raise both?
S PEECH is it slurred or jumbled?
T I ME to call 9-1-1 right away.

ACT **F A S T** BECAUSE THE QUICKER YOU ACT,
THE MORE OF THE PERSON YOU SAVE.

© Heart and Stroke Foundation of Canada, 2014

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.



WOODSTOCK HOSPITAL

