There is much to celebrate regarding the improvements made to stroke care across the Southwestern Ontario Stroke Network over the past year! Ontario remains a leader in providing best practice stroke prevention and care and our 2016 (FY 2014/15) Provincial Report Card released in June 2016 confirmed this. Based on a majority of indicators, stroke care and outcomes continue to improve and we are making steady progress toward our vision of Fewer Strokes and Better Outcomes. The sixth annual Stroke Report Card is a tool that helps inform ongoing system change and Quality-Based Procedures (QBP) implementation. The 2016 Report Card provides an evaluation of stroke care and service in the Erie St. Clair and South West Local Health Integration Networks (LHINs), according to standards set out in the Canadian Best Practice Recommendations for Stroke Care.

2016 Stroke Care Performance Overview

- **Erie St. Clair LHIN**: Ten of 16 indicators with comparable data showed a trend toward progress. For three indicators, a county or facility in the Erie St. Clair LHIN was considered a provincial high performer. The Erie St. Clair LHIN had exemplary performance on two indicators including having the highest proportion of patients with stroke/TIA who arrived at an emergency department by ambulance and the highest proportion of stroke patients receiving inpatient rehabilitation.

- **South West LHIN**: Eleven of 16 indicators with comparable data showed progress with five of the 11 indicators showing statistically significant progress over the previous 3-year performance. The South West LHIN demonstrated exemplary performance on two indicators including the age/sex adjusted rates of people with stroke/TIA admitted to hospital per 1000 population and the proportion of ischemic stroke patients who received acute thrombolytic therapy (tPA).

On November 22, the Institute for Clinical and Evaluative Sciences released the report entitled **Ontario Stroke Evaluation Report 2016: A Focus on Stroke Rehabilitation**. This report documented improvements made in stroke rehabilitative care in Ontario from 2011/12 to 2014/15. It presents detailed information on stroke survivor outcomes and implementation of best practices in rehabilitation at multiple levels of analysis. The report also includes recommendations for
improving the province’s stroke rehabilitation care system. View the report at www.ices.on.ca/Newsroom/Announcements-and-Events/2016.

April 2016 saw the start of a new two-year Regional Stroke Work Plan for the Southwestern Ontario Stroke Network. Accomplishments achieved in partnership with our many stakeholders include the following:

- As of April 2017, the South West Stroke Project implemented the Phase I recommendations realigning stroke care from 28 hospitals in the South West LHIN to 7 Designated Stroke Centres improving access to best practice care for stroke survivors and their families! Opportunities exist in the sustainability phase of this transformation for ongoing evaluation and process improvements.

- Phase II of the South West Stroke Project developed recommendations for the future state of secondary stroke prevention, community stroke rehabilitation and recovery. Recommendations for a seamless system of care embodying stroke best practices and improving outcomes were created to meet post-hospital care needs in the South West LHIN. The recommendations were organized into four themes: Specialized Intensive Rehabilitation Teams, Rapid Specialized Medical Services, Community Hubs, and Ongoing Support & Recovery. The future will focus on prioritizing and implementing the recommendations.

- With the opening of an Acute Stroke Unit at Windsor Regional Hospital on April 3, 2017, the Erie St. Clair LHIN now has a stroke unit that meets the provincial definition for stroke unit care in each county. All seven stroke districts in the Southwestern Ontario Stroke Network now provide stroke unit care!

- Hotel Dieu Grace Healthcare implemented a community rehabilitation outreach team in 2016 and the SWOSN actively sought opportunities and grants (including being short listed for the Adopting Research to Improve Care grant) to expand rehabilitation services in the community. In addition, the Erie St. Clair CCAC is piloting eRehab for mild to moderate stroke patients being discharged from acute care in Windsor Essex.

- Endovascular Treatment (clot retrieval) was made a Canadian Best Practice Recommendation for Stroke Care in July 2015. We are part of a working group developing a provincial process to support regional access to EVT that builds on existing processes for accessing tPA (e.g. through EMS bypass and walk-in protocols) and considers time, distance, clinical presentation, imaging and use of CritiCall Ontario to facilitate referral and transfer. Currently, seven hospitals in the province provide EVT 24 hours a day/7 days a week/365 days per year. Our Regional Stroke Centre at London Health Sciences Centre (University Hospital) is one of those hospitals. Windsor Regional Hospital (Ouellette Campus) also provides EVT.
The 2016-17 Regional Stroke Education Work Plan supported the knowledge translation of stroke best practices and QBP across the continuum of care for health care providers. We developed and facilitated a Regional Acute Stroke Care Forum for 80 health care professionals on November 16. All seven Southwestern Ontario Regional and District Stroke Centres were represented with teams of front-line staff. The theme of the event was ‘Raising the Bar with Stroke Unit Care’. Sessions included a stroke survivor experience story, learning from a hospital that received Stroke Distinction, Stroke Benchmark presentations from four local District Stroke Centres, three presentations on Interprofessional Rounding from local Regional and District Stroke Centres, a knowledge exchange fair that included sharing resources/tools developed from all Designated Stroke Centres as well as specific booths on education resources, endovascular treatment, and stroke distinction. In addition, all seven stroke unit teams created action plans to improve acute stroke unit care in their stroke centres.

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• Our regional and district leaders presented nine presentations at the 2016 Canadian Stroke Congress on September 14-17 in Quebec City. On behalf of the Project’s Governance and partners, I presented a poster on the South West Stroke Project entitled “Leading Stroke System Transformation in Ontario’s South West Local Health Integration Network”.

The theme from World Stroke Day on October 29 was “Face the Facts: Stroke is Treatable. Lives can improve with better awareness, access and action.” As stroke continues to devastate lives around the world, we will continue to spread the message that the right care makes a difference!

• Specialized stroke unit care increases the chance of a good outcome by 14%
• Clot-busting drugs (tPA) increase the chance of a good outcome by 30%
• Clot retrieval treatment increases the chance of a good outcome by more than 50%

Let’s celebrate the many strides made in stroke care across Ontario and the SWOSN. We urge individuals, families, communities, health professionals and governments to join the fight against stroke. Let’s continue to take action to drive awareness and push better access to stroke best practices!

Together we can conquer stroke.

Paula Gilmore
Regional Director
2. Support the implementation of the Ministry of Health and Long-Term Care (MoHLTC)’s Quality-Based Procedures (QBP) for stroke & stroke best practices across the Erie St. Clair & South West LHINs
   a. Support revision & dissemination of QBP Clinical Handbook for Stroke
   b. Utilize relevant data to inform quality improvement
      » Analyze data to identify areas for progress, improvement, & collaboration
      » Disseminate interpretation of relevant data reports to stakeholders
      » Develop & implement standard Secondary Stroke Prevention Clinic (SSPC) data collection & act on significant findings
   c. Participate in Strategy for Patient Oriented Research analysis of the Provincial QBP implementation & dissemination of findings
   d. Promote & support achievement of the Stroke Distinction Award through Accreditation Canada
   e. Support implementation of the Provincial Endovascular Therapy recommendations

3. Support the change management process for QBP implementation across the Erie St. Clair & South West LHINs through the engagement of strategic partners including the patient experience
   a. Spearhead the South West LHIN Phase 1 Implementation & Evaluation of the Future State of Stroke Care Directional Recommendations Project
   b. Spearhead the South West LHIN Phase 2 Project to develop Directional Recommendations for Secondary Stroke Prevention & Community Rehabilitation for Stroke Survivors
   c. Support the Erie St. Clair LHIN towards realigning stroke care into designated centres with Stroke Units & improving access to inpatient & community rehabilitation

4. Support the knowledge translation of stroke best practices & QBP across the continuum of care
   Prevention
   » Implement screening tools in SSPC
   » Implement a standardized Transient Ischemic Attack (TIA) Triage Tool
   » Develop & promote TIA patient information resources
   Acute
   » Develop & implement in-hospital code stroke processes
   » Support development, implementation & sustainability of stroke units
   » Revise, continue to promote & evaluate the Acute Stroke Unit Orientation
   Rehabilitation
   » Implement Rehabilitation Intensity Action Plans in follow up to the 2015 Stroke Rehab Forum
   » Produce, promote & evaluate the Stroke Rehabilitation Unit Orientation
   Community & Long Term Care
   » Promote Heart & Stroke Foundation (HSF) Taking Action for optimal Community & Long Term Stroke Care (TACLS) resource
   » Facilitate, coordinate & promote the Regional Stroke Care Community of Practice
   » Promote Best Practice Care Plans in Long Term Care
   » Develop, produce, promote & evaluate the Community Stroke Rehabilitation/ Outpatient Orientation
   Professional Stroke Networks across the Continuum
   » Facilitate & coordinate professional stroke networks (Nursing, Occupational Therapy, Speech & Language Pathology, Recreation Therapy)

5. Engage & inform stakeholders to articulate the SWOSN impact
   a. Develop & distribute SWOSN Annual Report
   b. Maintain the SWOSN website as a place for health service providers to access the practical tools, professional networks & learning opportunities they need to implement & promote stroke best practices
   c. With Ontario Stroke Network, develop & execute communications strategy for Stroke Month
HYPERACUTE & ACUTE CARE
Celebrating the advancement of acute stroke imaging, endovascular treatment (EVT) & stroke unit care

CT Angiography (CTA) is an essential component of acute stroke imaging used to guide decision-making for acute care, and determine eligibility for EVT

21 EVTs performed at Windsor Regional Hospital
50 EVTs performed at UH in 2016-2017 – nearly double than the previous year!

+Developed an educational pamphlet to help patients and caregivers understand EVT

Stroke Imaging in the Endovascular Era – A Practical Approach CTA Education videoconference delivered for all Designated Stroke Centres in July and again in December

“I learned how important timing really is for stroke patients”

REHABILITATION
Celebrating improved inpatient outcomes and professional training opportunities

Across the 8 SWOSN inpatient rehab programs:

<table>
<thead>
<tr>
<th></th>
<th>2014/15</th>
<th>2016/17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patients discharged home</td>
<td>66%</td>
<td>73%</td>
</tr>
<tr>
<td>Active Length of Stay Efficiency</td>
<td>0.89</td>
<td>1.03</td>
</tr>
<tr>
<td>Median daily therapy minutes</td>
<td>67</td>
<td>83</td>
</tr>
</tbody>
</table>

700 stroke survivors received specialized, intensive in-home services from the Community Stroke Rehabilitation Teams (CSRTs)

Coordinated 3 workshops for physical and occupational therapists from across the region:

Function in the Upright Posture: NDT Intermediate Level (June)
NDT Intermediate Level Workshop on the Management of the Upper Extremity (February)
Chedoke McMaster Stroke Assessment One-Day Training (March)

1947 webpage visits
100% uptake in SWOSN Rehab Programs
261 staff completing the resource: 60% nursing / 9% PSWs / 31% allied health

The Stroke Rehabilitation Unit Orientation, launched in the summer, provides baseline knowledge of best practices amongst front line staff
COMMUNITY & LONG TERM CARE
Celebrating collaboration and community resource development

**Promoted** resources to 30+ Long Term Care homes at the South West LTC Forum

40+ Long Term Care staff participated in stroke education at homes in Windsor and London

**Presented** at the 3rd Annual Stroke Survivor Congress

15+ senior managers reached at the Ontario Association of Non-Profit Homes and Services to Seniors

**Created and distributed** 500+ Thames Valley Stroke Resources flyers

**Partnered** with Dale Brain Injury, March of Dimes Canada and CSRT to create Young Stroke Survivor group and Conversation/Aphasia Groups across the region

**Created** 6 Stroke Core Competencies on a Provincial Working Group

**Collaborated** on 3 posters that were submitted to 2016 Stroke Congress

**PREVENTION**
Celebrating public awareness and secondary stroke prevention

Hosted Sarnia Lambton Stroke & TIA Workshop

**Sixth** District to host the workshop

43 Providers

3 Presentations completed

3 Case studies presented

“This program should be offered every year!”

- Participant

**Headed** Secondary Stroke Prevention Project Team, Phase II South West Stroke Project

**EDUCATION**
Celebrating expanded online reach and special event success

900+ health care professionals participated in educational opportunities.

750+ subscriptions to the Regional Stroke Education Email list

Organized quarterly meetings for the 4 Professional Stroke Networks: Recreation Therapy, Occupational Therapy, Nursing, and Speech Language Pathology

39 343 views of swostroke.ca
(3500+ more than last year!)

**Most Visited Pages:**
Acute Stroke Unit Orientation
Resources page
Stroke Rehabilitation Unit Orientation
Return to Work toolkit
Hemi-Arm Protocol

**Supported** 8 Provincial Stroke Rounds sessions
Windsor-Essex Stroke District

As of April 3, 2017 all people affected by stroke in Windsor and Essex County will have access to the Acute Stroke Unit at Windsor Regional Hospital Ouellette Campus. That’s reason for celebration!

Previously a stroke/neurology unit, the new and improved 16 bed dedicated Unit now meets the OSN definition. The new model will allow us to build on our expertise and concentrate on meeting best practices and improving patient outcomes and experiences. Janice Dawson, Administrative Lead and Dr. Michael Winger, Medical Director, spent countless hours refining the policy and vetting through stakeholders. Kristin Kennedy, Manager of the ASU, Lynda Truong, Clinical Practice Manager, and Rachel Holmes Stroke Resource Nurse have updated the order set, and created a clinical pathway and patient experience pathway. As well, all nursing staff are completing the SWOSN Acute Stroke Unit Orientation as well as NIHSS certification.

The Hyper Acute Stroke Process improvement team has achieved a median door to needle time of <60 minutes! All patients in Windsor Essex are transported to the Ouellette Campus of Windsor Regional Hospital immediately upon recognition of hyper acute stoke signs and undergo a CTA for potential EVT. As well, all three acute sites now have In house CODE STROKE protocols.

Windsor Regional Hospital and the Erie St. Clair CCAC have partnered to pilot an E Rehab program that will support mild and moderate stroke patients to safely receive rehab in the home. The Pilot supports 100
patients who will receive therapy four times per week for up to eight weeks. The model places specialized therapy technicians in the home under the guidance of a regulated directing therapist from a remote location.

Hotel Dieu Grace Health Care launched their Rehab Outreach Team in the fall of 2016. The team (SLP, OT, PT, SW, Nursing and RA’s) is providing intense home based rehabilitation for stroke patients. Rachel Allchurch, Stroke Community Navigator, then links these patients to the appropriate community resources to assist with transitioning from the Outreach Team.

The Urgent TIA Clinic has partnered with a cardiac diagnostics company and we now have 14 day continuous Holter monitors available in the clinic. This patient centered approach ensures that clients no longer have to make another stop at an outside clinic to get their monitor applied.

_Celebrating stroke care success in Windsor Essex_,

Denise St. Louis,
District Stroke Coordinator
We work diligently with key stakeholders to support, sustain, and enhance hyper-acute stroke care with the intention of readying Blue Water Health to move to standard CT/CTA for stroke patients who arrive at the Emergency Department. Currently, Bluewater Health patients who are eligible for endovascular treatment have access to this procedure via Telestroke consultation and timely transport to London Health Sciences Centre. An updated protocol will align with a new state of the art CT scanner currently being introduced into service.

Since February 2011, acute stroke patients have received care on the Acute Stroke Unit within the Telemetry Unit at Bluewater Health. Bluewater Health aligned the stroke beds to the revised stroke unit definition June 1, 2015 and in May 2016 went live with new stroke QBP order sets, care pathways, documentation, and patient/family information. The Unit has also been involved in a BWH process improvement project. The Stroke Program worked with stakeholders to update the ASU Admission and Discharge Policy, Patient Care Standards, and flow processes.

November 30, the District Stroke Centre moved to a new location within Bluewater Health that enhances clinic services and enables expansion of the program. Processes have been refined to better align resources, access, and flow for patients, families and providers.

Until recently, Bluewater Health had an informal process for inpatients that experience a stroke. As of February 2017, we issued a temporary in-house Code Stroke protocol while the processes and policies related to formal Code Stroke protocol are finalized.
An outpatient cardiac clinic opened January 30 in the Stroke and Vascular Program at Bluewater Health. The clinic enables rapid follow up access for patients who have experienced chest pain, and after initial investigation in the Emergency Department were discharged. Patients requiring additional follow up are referred to the Cardiac Clinic. While the programs share some resources for efficiency, additional funding has been secured to support the services.

As demonstrated in the most recent Stroke Report Cards, we continue to exhibit enhanced outcomes and performance. Bluewater Health leads the province for the second consecutive year in the highest percentage of stroke patients receiving carotid imaging during their acute inpatient stay. The hospital is also the provincial high performer for stroke patients having the lowest percentage of alternate level of care (ALC) days to total length of stay in acute care.

_Celebrating stroke care success in Sarnia Lambton_,

Linda Dykes,
District Stroke Coordinator
Chatham-Kent Stroke District

I will start with a warm welcome to Dr. Awad Mortada, Neurologist, who located in Chatham-Kent in February 2017. He joined our stroke team, provides care in the CKHA outpatient stroke clinics, is a member of the Department of Internal Medicine, and provides general outpatient neurology clinics from his Chatham office.

At the Stroke Centre we are very proud of our daily Stroke Prevention Clinics and our partnership with the Coronary Artery Disease Clinics. Since January 2015, these clinics have operated daily. The cardiac aspect was again featured in our local Hospitalk newspaper February’s Heart Month. Referrals for both clinics have increased over the year and subsequently we refined our triaging to facilitate efficient scheduling.

Our Stroke Quality Based Procedures Implementation team continues diligent work with both our community partners and internal teams to assure we are doing our best for patients. Our local MPP, Rick Nichols, visited CKHA in early September to tour our stroke services. We proudly took him for a “patient journey” tour encompassing Emergency through to Diagnostic Imaging through to our Integrated Stroke Unit.

One thing we’re celebrating in Chatham-Kent is the passion our team has for stroke care excellence. In June, we hosted a presentation by Internal Medicine physician, Dr. Donald Brisbin, entitled “Simplifying Strokes at CKHA: Today’s Options.” We had an astounding 55 physicians and health care professionals in attendance! Great attendance equaled plenty of exciting stroke conversation following the formal remarks.

Chatham-Kent Health Alliance Stroke Services partnered with the New Beginnings Acquired Brain Injury Association and Stroke Recovery Association in hosting the 2016 Stroke Survivor Congress October 28 at the St. Clair College Health Plex, Chatham. To assist our 2016 congress planning committee, topics identified by members of the Friends of Stroke group were used to develop the “Creating

The Stroke Survivor Congress was an amazing day celebrating life after stroke for stroke survivors, their family members or caregivers and health service providers in our community.
a Super You!” theme. The road to continued recovery was demonstrated to more than 130 participants through the possibility of stretching your abilities to super hero strength. The congress provided an outstanding opportunity to learn, network, celebrate, and be entertained and energized.

Celebrating stroke care success in Chatham Kent,

Linda Butler,
District Stroke Coordinator

Dan Zimmerman from Phoenix, Arizona shared his inspiring stories about pedaling around the USA and launching his foundation, Spokes Fighting Strokes at our Stroke Survivor Congress. Dan is pictured here with his partner, Lise Neer, and Margo Collver, SWOSN Regional Community and Long Term Care Coordinator.
The South West Stroke Project has improved stroke care across the South West LHIN!

Led by the Southwestern Ontario Stroke Network and the South West Local Health Integration Network (LHIN), the South West Stroke Project has created a system for stroke care to improve outcomes for transient ischemic attack (TIA) and stroke survivors across the region.

PHASE I: Realigned In-Hospital Stroke Care

Inpatient hyperacute, acute, and rehabilitation stroke care has been realigned from 28 hospitals to 7 Designated Stroke Centres so that all residents who experience a stroke receive specialized care.

Stroke Districts have been established
- All have Stroke Units that meet the provincial stroke unit definition.
- All use a standardized stroke scale to assess patients.
- All can provide CT Angiography - essential in acute stroke imaging.
- All can provide access to new Endovascular Treatment (EVT).
- All have processes in place to complete AlphaFIM within 72 hours.

Regional and District Stroke Centres have stroke protocols for emergency and acute services, CT scanning 24/7, vascular imaging with expert interpretation, and a team of health professionals with stroke expertise. All patients are admitted to an acute stroke unit or integrated stroke unit that provides both acute and rehabilitation services.

**Stroke Districts**
- Grey Bruce
- London Middlesex Oxford
- Huron Perth
- Elgin Oxford Norfolk

**Designated Stroke Centres**
- Regional Stroke Centre
  - University Hospital (London Health Sciences Centre)
- District Stroke Centre
  - Stratford General Hospital (Huron Perth Healthcare Alliance)
  - Owen Sound Hospital (Grey Bruce Health Services)
  - St. Thomas Elgin General Hospital
- Standalone Telestroke Hospital
  - Alexandra Marine and General Hospital
- Standalone Inpatient Rehabilitation Program
  - Parkwood Institute (St. Joseph’s Health Care London)
  - Woodstock Hospital
- District Stroke Centre outside of the South West LHIN
- Non-Designated Hospital

A robust governance structure included leadership from 28 hospitals, CCAC, Voyageur and EMS

EMS/Voyageur transport services take residents with TIA/stroke to a Regional or District Stroke Centre so they can receive specialized care

All non-designated hospitals have walk-in stroke protocols in place

5/5 Inpatient Stroke Rehabilitation Programs admit patients 7 days/week and provide therapy 6-7 days per week

7/7 Designated Stroke Centres have stroke ordersets in place that incorporate stroke best practices
A **Phase I Education Plan** was implemented at local and regional levels to support the realignment. It was developed in consultation with 19 stakeholder groups in order to draw upon existing resources.

**Designated Stroke Centres**
- 267 stroke care Physicians
- 630 stroke care Nurses
- & allied health professionals

**Non-Designated Hospitals**
- 421 ED Physicians
- 427 ED Nurses

**EMS**
- 9 services
- 910 Paramedics

**Voyageur**
- 254 staff

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**PHASE II: Developed Directional Recommendations for Post-Hospital Stroke Care**

Recommendations have been developed to enhance secondary stroke prevention, community rehabilitation, and recovery services to improve outcomes for TIA and stroke survivors.

**Reach**
- 752 page views of South West Stroke Project website
- 216 views of archived recordings of presentations
- 635+ participants in formal, in-person training sessions
- 1100+ staff participated in online learning

**Resources**
1. [South West Stroke Project Education webpage](#)
2. 4 district-specific posters on quick identification and new processes for non-designated hospitals
3. 5 resources lists with existing education offerings
4. 1 online learning module
5. 1 Physician case-based education series offered by videoconference quarterly

Countless archived education sessions available online

**50+ Stakeholder Groups Consulted**

Over **55** stroke survivors and caregivers engaged through **22** interviews and **2** focus groups

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**18 RECOMMENDATIONS**
1. **1 Directional Recommendation Report**
2. **Future State Patient Journey Graphic**

**8 Current State Mapping Sessions**

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**2 Blue Sky Events**

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**2 Gap Analyses Events**

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**Four key components form the Directional Recommendations:**
- Specialized Intensive Rehabilitation
- Ongoing Support and Recovery
- Community Hub
- Rapid Specialized Medical Care
With the South West Stroke Project Phase I Implementation, the Thames Valley Stroke District has been divided into two. The northern part of what was the Thames Valley Stroke District has become the London-Middlesex-Oxford (north) Stroke District. The southern portion of Thames Valley is now the Elgin-Oxford-Norfolk (west) Stroke District, which includes the new district stroke centre at St. Thomas Elgin General Hospital. You can read the updates for these new stroke districts in this report.

The Thames Valley District Stroke Council agreed last year that the 2016-17 work plan would focus on the implementation of the South West Stroke Project. This included the folding of the Thames Valley District Stroke Council to allow for the creation of two new councils for the new Districts. I would like to thank the valued members of the Thames Valley District Stroke Council for their time, dedication, insight and guidance over the years. It has been invaluable and has helped the District successfully implement stroke best practices and cross-continuum collaboration, resulting in better patient care.

Celebrating years of stroke care success in Thames Valley,

Gwen Stevenson,
Regional Prevention & Thames Valley Coordinator
Elgin-Oxford-Norfolk (west) Stroke District

Our first annual report update as a newly formed stroke district!

In 2015/16 the South West LHIN sponsored a regional stroke project which amalgamated 28 hospitals providing stroke care down to seven centres of excellence. St. Thomas Elgin General Hospital became a District Stroke Centre at that time. Consistent with Health Quality Ontario’s Quality Based Procedures: Clinical Handbook for Stroke we opened a ten bed Integrated Stroke Unit (ISU) in April 2016. The ISU has three acute, five rehabilitation, and two flex beds. Our staff have diligently completed stroke education through the SWOSN Acute Stroke Unit Orientation, and NIHSS Certification via the Canadian Hemisphere Competency Series (Alex Innovations). Currently, staff members are working toward completing the SWOSN Rehabilitation Orientation. Staff are certified in Alpha FIM & FIM in order to support our patients through the acute and rehabilitative phases of their hospital stay. Our physicians have also completed ten education session with neurologists throughout the region.

In August 2016, we opened a Secondary Stroke Prevention Clinic using a “staged and gated” approach. Initially the clinic was located on our ISU, and focused on the patients discharged from the Unit. In January 2017, the STEGH Emergency Department began sending urgent TIA referrals, and a month later we began receiving referrals from the ED at Tillsonburg District Memorial Hospital. We are now ready to extend the Clinic services into the community and to facilitate that we’re organized a primary care physician workshop for May 31, 2017.

The Living with Stroke Program is just one of the resources we recommend to stroke survivors in our district following their discharge from hospital. The program, which reviews strategies to help survivors adapt to life after stroke, is overseen by the Heart and Stroke Foundation of Canada.

Our team uses the Huddle Board as a tool to provide strategies to meet patient goals and therapy intensity minutes. Our team meets to review the Huddle Board three mornings a week, which keeps us on track by measuring patient progress and stroke outcomes.

Living with Stroke is a six to eight week self management program for stroke survivor and caregivers. Contact Marlene at (519) 631-2030 x 2303

Celebrating stroke care success in Elgin, Oxford and Norfolk,

Sandra Pincombe,
District Stroke Coordinator
London-Middlesex-Oxford (north) Stroke District

Over the past year, hospital and community partners in London-Middlesex-Oxford (north) collaborated to implement the South West Stroke Projects Phase I (in-hospital care), to create directional recommendations for Phase II (secondary stroke prevention and community rehabilitation and recovery), and to implement best-practice care across the District.

Phase I implementation in acute care has built upon the earlier work of London Health Sciences Centre-University Hospital, which created both a hyperacute and acute stroke unit. Coordinated work with community and hospital partners resulted in the realignment of stroke care for district hospitals to the regional stroke centre at University Hospital (UH). The creation of walk-in stroke protocols, information sheets, and education for divesting hospital emergency departments were completed as part of this work. At UH, funding was approved for 10 additional stroke beds on the Clinical Neurosciences Unit, and processes were put in place to support timely and coordinated patient care from Emergency Department arrival to discharge. All changes are monitored to address challenges as they arise, including capacity issues. Emergency medical services policies and procedures are in development.

As part of the inpatient rehabilitation component of the South West Stroke Project, Woodstock Hospital and Parkwood Institute are working toward implementing the Quality Based Procedures (QBP) rehabilitation intensity target of 3.0 hours. A task group is addressing the processes to support timely transfer from UH to one of the two inpatient rehabilitation facilities. The operationalization of the work to support timely transitions is supported by a joint project between UH and Parkwood Institute, and a patient transfer process will be established for UH to Woodstock Hospital. These transitions are supported by the addition of a stroke navigator as part of a one year pilot project.

The creation of the directional recommendations for the South West Stroke Project Phase II work has drawn experts from across the South West LHIN to participate.
on two project teams. One team addressed secondary stroke prevention and the other community rehabilitation and recovery. London-Middlesex-Oxford (north) representation on these committees includes at least one participant from each of University Hospital, Parkwood Institute, Woodstock Hospital, Alexandra Hospital, Tillsonburg District Memorial Hospital, and multiple community service providers, such as CCAC, Dale Brain Injury Services, and Cheshire.

Elsewhere in the London-Middlesex-Oxford (north), organizations and health care providers continue to work toward stroke best practices. The Urgent TIA Clinic at UH completed an internal continuous quality improvement project to support the timely, best practice treatment of patients in the face of growing volumes.

Specialized Stroke Adult Day programs in Aylmer and Woodstock, which support the post-active rehabilitation and community integration of stroke survivors, are at or nearing full enrollment - demonstrating the need for community-based programming.

Celebrating stroke care success in London-Middlesex-Oxford (north),

Gwen Stevenson,
Regional Prevention & District Coordinator
Huron-Perth Stroke District

There was a lot to celebrate across Huron Perth in 2016/2017 as we finalized our stroke care realignment to the District Stroke Centre at Stratford General Hospital.

Our Local Stroke Working Group was comprised of representatives from across the continuum of stroke care and included patient partners. The working group successfully provided guidance and input into the realignment process and related work. This included the creation and implementation of TIA/stroke pathways and a process for transferring appropriate patients to the regional center for endovascular therapy (EVT). A partnership among the existing Telestroke site at Alexandra Marine and General Hospital and the District Stroke Centre at Stratford General Hospital resulted in the implementation of a “drip & ship” model of care for transferring patients given tPA in Goderich, to Stratford.

In order to accommodate stroke patient volumes from across Huron Perth, an additional two acute beds and three rehabilitation beds were opened on the Integrated Stroke Unit (ISU) on Dec 1, 2016. This resulted in an expanded Unit with five acute stroke and eight stroke rehabilitation beds. The opening of the expanded ISU was well attended and included representatives from the South West LHIN, Regional Stroke Network and Randy Pettapiece, MPP for Perth Wellington.

The monthly internal Huron Perth stroke report card includes provincial stroke report card indicators to provide timely results on progress and inform areas for process improvements.

To support the significant realignment of stroke care in the region, staff at Huron Perth Healthcare Alliance, Listowel Wingham Hospitals Alliance, South Huron Hospital Association and Alexandra Marine and General Hospital and the Huron and Perth EMS were engaged in multiple education opportunities. Thank you to everyone who committed so fully to best practice stroke care and making this realignment a success.

This success was further supported by our caring community donors who supported
us with equipment donations for the Integrated Stroke Unit.

Because this work is never done and we continue to strive for improvement and the implementation of best practices, we’re pleased to let you know about the recent creation of a Huron Perth District Stroke Council that will ensure ongoing collaboration for continuous quality improvement across all stroke care sectors.

**Celebrating stroke care success in Huron Perth,**

Bonita Thompson,
District Stroke Coordinator

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Stratford General proudly implemented Telestroke on November 1. Education and a mock Telestroke session (using a patient partner as a mock patient) in advance of going live provided a great opportunity for practice and learning for the team.
Grey-Bruce Stroke District

There are too many stroke care successes to celebrate within the confines of this space!

The South West Stroke Project, which consolidated stroke care from 28 hospitals to 7 designated stroke centres in the South West LHIN (phase 1) and developed directional recommendations for Community, Rehabilitation and Stroke Prevention Clinics for presentation to the LHIN Board of Directors (phase 2) certainly must be mentioned here. Both phases included collaboration among many partners throughout the Grey Bruce Stroke District and beyond.

The District Stroke Centre team was chosen for their ability to demonstrate how they have gone “above and beyond” to improve the quality of care and services that we provide to our patients and strongly reflect the Corporate Values (CARE and LEAD) and four Strategic Directions (Achieve the best outcomes, Create positive experiences, Secure our future and Inspire passion in our people).

Transformation of stroke care continued throughout 2016. Relationships among the three hospital organizations (11 hospitals in total) in Grey and Bruce are best practice driven, collaborative and patient focused. This project was no exception and in January 2017 the four hospitals comprising South Bruce Grey Health Centre and Hanover District Hospital fully divested stroke care to the District Stroke Network.

The Grey Bruce Stroke District Community of Practice

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Centre in Owen Sound. In addition, on April 1 2017, Grey and Bruce Paramedic services implemented a new destination policy ensuring patients with signs and symptoms of stroke are transported to the District Stroke Centre regardless of where they live in Grey Bruce. Collaboration throughout this time period resulted in extensive education to staff at all hospitals, paramedics, physicians, Voyageur staff, CCAC, and the public. Walk-in protocols were developed and quality improvement work took place to ensure timely flow of patients and improved access to all stroke services at the stroke centre. This resulted in increased volume in the Emergency Department, Acute Stroke Unit, Rehabilitation, Community Stroke Rehabilitation Team and the stroke prevention clinic.

Celebrating stroke care success in Grey Bruce,

Joan Ruston Berge,
District Stroke Coordinator
There’s a new group in town. They want you to know that they’re fun, vibrant and eager to show that there is life after stroke.

Three members of this group, Alphia, Martyn and David, spoke about their hopes for a group that was started jointly by March of Dimes Canada and Dale Brain Injury Services, with support from the Southwestern Ontario Stroke Network, in Fall 2016. They are at times playful in their conversation and at others, very solemn about the importance of a support group and mutual support in the post-stroke world.

After his stroke in 2015, David recalls, “It was just me, struggling on my own, without the hope, support and encouragement that comes from the time spent with other stroke survivors.” This is exactly the experience he wants other stroke survivors to avoid. He hopes that by joining and enjoying face to face interactions with peers that understand the residual effects of stroke – the fatigue, the sensitivity to the environment, the reduced mobility and the difficulty communicating that many experience.


They all note the benefits of meeting people who didn’t know them before their stroke, and who therefore don’t compare their pre and post stroke selves. Martyn was a writer and editor prior to her strokes, and was initially left without the ability to speak – and was told she’d never write again. “I lost everything. It took a long time to accept who I am now. But I’m fun and I want to spend time with people as the new me.”

The London Young Stroke Survivor Group meets at the Cornerstone Clubhouse, a facility operated by Dale Brain Injury Services, on the first Thursday of each month from 6:00 to 8:00 pm. New members are encouraged to contact David for more information: david.mann.it@gmail.com or 1-800-263-3463 ext 7778.
Celebrating Stroke Care -- In Their Words

“New Beginnings A.B.I. and Stroke Recovery Association is a social/recreational day program that supports and empowers its members as they discover their “post injury” selves after experiencing a life-changing event such as stroke or brain injury. New Beginnings is proud to be associated with the Southwestern Ontario Stroke Network. With the Network’s focus on the continuum of care, we can support survivors as they move from the hospital back into their home life and community. New Beginnings strives to support survivors in their social, physical and emotional journey by offering exercise classes, falls prevention, nutrition, social opportunities and for those who are interested, a chance to return to work. Because of the Southwestern Ontario Stroke Network, we celebrate helping survivors and their families realize their ability to recover and start their own new beginnings.”

Sheila LeNeve, Member Intake & Support Coordinator, New Beginnings A.B.I. & Stroke Recovery Association

“Since 2013, the ESC LHIN Rehabilitative Care Committee has focused efforts on improving access to outpatient and community-based rehabilitative care for patients post-stroke. This is recognized as the largest gap in the ESC LHIN Stroke Care Pathway developed in 2014. Across the region, individual organizations are creating plans for enhancing access to community-based rehabilitation. For example, Windsor’s Hotel-Dieu Grace Healthcare realigned some programs internally which freed up funding to implement a Rehabilitation Outreach Team. This multi-disciplinary team, launched in August 2016 and modeled after the Community Stroke Rehabilitation Teams in the SW LHIN, primarily serves patients with stroke leaving inpatient rehabilitation. Patient outcomes and program evaluation are ongoing.

The current work of our Rehabilitation Care Committee includes validating the data from our March 2017 survey of all inpatient rehabilitation programs providing care for patients with stroke to evaluate adherence to stroke rehabilitation recommended best practices. This data will be used to develop plans to address any identified gaps.”

Helen Johnson, BSc P.T., MSc
ESC LHIN Rehabilitative Care Lead

“Perth County Paramedic Services has partnered with the Southwestern Ontario Stroke Network in the development of strategies to bring excellent care for citizens experiencing strokes in our area. Early identification of possible stroke patients and transportation to the appropriate stroke centre is key to positive outcomes for our patients. We are proud to be part of bringing this improved care to our citizens in Perth County.”

Linda Rockwood, Director of Emergency Services/Chief, Paramedic Services, Corporation of the County of Perth
"As the physician lead for the Phase I implementation, I have partnered with the Southwestern Ontario Stroke Network and South West Stroke Project to support the consolidation of stroke care from 28 hospitals to 7 designated stroke centres. Patients receive more specialized care in these type of centres, leading to better outcomes. Through a collective effort, in the Grey Bruce area we have noted over the past 4 years a 36% increase in stroke and TIA referrals to our district stroke centre, a linear increase in tPA administration in our ER and a near doubling of stroke patients being discharged home from our stroke and rehabilitation units.”

Dr. Bryan Young, Neurology – Grey Bruce Health Services

To improve outcomes for patients we have worked with health system partners to implement stroke care best practices and realign stroke care services across the South West LHIN. We have also worked in partnership to develop recommendations for Post Hospital Care that provide a solid foundation for supporting improved secondary stroke prevention and integration of these services. These achievements have been a result of strong leadership from the Ontario Stroke Network, health service partners, and patients and caregivers. We are excited and proud to be a part of this important system improvement and to be taking a leadership role in the province to advance stroke care across our LHIN. Many thanks to all of our partners who have provided leadership and support to this work.

Kelly Gillis, Vice President, Strategy, System Design and Integration South West Local Health Integration Network

For 30+ years, Dale Brain Injury Services has offered a continuum of high quality, client-centred services to persons affected by an acquired brain injury. Individuals served have often experienced traumatic injuries caused by motor vehicle accidents, falls and sports injuries – but also tumours, cardiac arrest – and stroke.

A strong relationship with Parkwood’s Acquired Brain Injury Program lead to increased collaboration with the Stroke Rehabilitation Program at Parkwood, and eventually with the Southwestern Ontario Stroke Network. More recently, the relationship between the two organizations formalized through their work with the South West Stroke Project. As members of the Phase II Steering Committee and Project Teams, Dale Brain Injury Services shared the experiences of those who were struggling at home following a stroke, losing functional ability and ending up in hospital or long term care unnecessarily. The issues of younger stroke survivors, those wishing to return to work, and other ongoing support and recovery needs were discussed as part of the Phase II project.

The Stroke Network’s Regional Educator also plays a collaborative role with the Dale team: “The needs of a client who has experienced a stroke may be very similar to the needs of someone who has experienced a brain injury from an accident. However, there are stroke specific strategies that our staff can employ, and secondary prevention strategies that are very specific to stroke survivors. The Stroke Network has certainly provided training to our team that has increased our competency with our stroke clients.”

Sue Hillis, Executive Director Dale Brain Injury Services