



News Release

For Immediate Release

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Stroke and Cardiac Emergency Treatment in Ontario Should be Faster and Better: Auditor General

(TORONTO) Ontario is not doing enough to make sure people know where they should seek treatment for a stroke. In 2019/20, about 30% of patients—almost 12,000 people—who arrived at an emergency department with stroke symptoms did not go to the type of site, such as a stroke centre, best suited for stroke treatment and care. That is a finding in the *2021 Annual Report* of Auditor General Bonnie Lysyk.

If paramedics determine a stroke has likely occurred, instead of taking the person to the nearest hospital, they generally go to a hospital specialized in stroke care. However, patients who go to a hospital on their own may unknowingly go to a hospital that is not as well-suited to treat a stroke. There are 28 stroke centres in Ontario. Research suggests that patients treated on a dedicated stroke unit have lower mortality and better stroke recovery than those who are not. In 2020/21 the Ministry stopped funding a public campaign that had positive, measured results in improving public knowledge about strokes.

“Just telling people to call 9-1-1 instead of being driven to a hospital would be valuable information,” said Lysyk.

The audit also found that Ontarians who suffer a stroke are not being treated within the time limits set by the province. CorHealth, the provincial agency responsible for providing evidence-based guidance for cardiac, stroke and vascular services, has adopted a treatment-time target of 60 minutes to initiate an important stroke procedure that removes blood clots in the brain. But in 2017/18, it took 81 minutes; by mid-2020, it took 75 minutes.

CorHealth has also set treatment-time targets for an important cardiac procedure that reopens the artery and restores blood flow for patients who have had heart attacks. The target is within 90 minutes of arriving at hospital if the hospital is able to deliver this service, and 120 minutes if the patient has to be transferred to another hospital. The report found that between the second quarter of 2017/18 and 2020/21, fewer than 60% of heart attack patients received the procedure within the target times. There are 20 cardiac centres in Ontario.

“When someone suffers a heart attack or stroke, timely treatment is critical to restore proper blood flow and prevent permanent heart or brain damage,” said Lysyk. “Research has shown that meeting these targets results in better outcomes for patients, including reducing the number of deaths.”

The audit also found that Ontario is almost entirely ignoring what experts in the US and UK recommend as the most accurate, non-invasive, and cost-effective diagnostic test for certain patients to diagnose coronary artery disease. Starting in 2016, those experts have said the first diagnostic test used for certain patients with non-urgent chest pain should be CT-Angiograms (computerized tomography coronary angiograms). They say it is more accurate than other types of tests commonly used. Yet only one hospital in Ontario, the University of Ottawa Heart Institute, regularly uses CT-Angiograms to diagnose coronary artery disease, even though many hospitals have a CT scanner.

“Our audit highlights a number of strategies, treatments and practices recommended by experts that could shorten hospital stays and, in some cases reduce hospitalizations for patients who suffer strokes or heart attacks,” said Lysyk. “If implemented, these changes would not only reduce the cost of providing care, but could provide improvements in quality of life for patients and recovery.”

The audit report contains 15 recommendations for improvement.

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