

2018/2019 Regional Work Plan Update

Last year, the Southwestern Ontario Stroke Network committed to a number of regional work plan priorities.

- **Acute Care: 10 Minute Reductions in Door-to-Needle Time!**



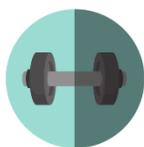
Current Canadian Stroke Best Practice Recommendations target a 30-minute door-to-needle (DTN) time for tPA administration. Within the Southwestern Ontario Stroke Network (SWOSN) fiscal year 2016-17, DTN times range from 38-80 minutes at six district stroke centres (DSC's) and one Telestroke site. Given this performance, SWOSN identified reduction of DTN time as a 2018/19 regional work plan priority that leveraged partnerships and quality improvement initiatives across all sites. A Hyperacute Stroke Forum in March 2018 coordinated exposure to multiple strategies proven to decrease DTN times. Multidisciplinary teams from each District Stroke Centre completed a pre-forum assessment to highlight awareness of current processes. The forum was intentionally designed to provide a successful framework for team engagement and knowledge transfer. During the event, teams created action plans to operationalize their chosen initiatives. District Stroke Managers (DSM's) led ongoing work by means of their working groups, change champions, staff education and new resources. SWOSN supported each team through ongoing contact and follow up. DSM's executed action plans comprised of improvement initiatives that fit their organization's readiness and needs. Support from SWOSN enabled collaboration between centers and the collective impact of these changes resulted in improved DTN times in the range of 32-70 minutes. Each site continues to support quality improvement in support of reduced DTN times and the hyper-acute journey.

- **Community & Long-Term Care: Stroke System Awareness & FAST/911**

Since December 2018, SWOSN has reached over 500 citizens, community partners, family physicians and long term care staff, to promote awareness of the realignment of the stroke system in the South West and the importance of calling 911. Speaking engagements and/or display booths were held at events such as the Best U Health Expo in Woodstock, the Clinical Family Medicine Day in London, and the Community Stroke Forums in Blenheim and St Mary's. More formalized methods of advertising and promotion are being discussed with EMS and other partners in the districts across the region. Stay tuned!



- **Rehabilitation: Successful Piloting of Early Supported Discharge at Stratford General Hospital that Reduced Inpatient Rehab Length of Stay by ~10 Days**



Early Supported Discharge (ESD) is a time-limited rehabilitative care, designed to accelerate the transition from hospital to home. This is done through the provision of rehabilitation therapies in the community by a well-resourced, specialized inter-professional teams at the same level of intensity as the inpatient setting. ESD has been endorsed as best practice by the Canadian Best Practice Recommendations for Stroke Care and Health Quality Ontario's "Quality Based Procedures: Clinical Handbook for Stroke". The academic literature has demonstrated these programs reduce adverse events, improve patients' activities of daily living and

satisfaction scores, in addition to reducing hospital length of stay and costs. In June 2018, the South West LHIN funded a 9-month pilot of Early Supported Discharge at Huron Perth Healthcare Alliance (HPHA) that created and evaluated an ESD model that could be spread throughout the South West LHIN. The evaluation demonstrated significant reductions to inpatient rehabilitation length of stay, hospital cost avoidance, achievement of best practices, equivalent patient outcomes, and positive patient and caregiver experience results. We are hoping that the upcoming Bundled Funding for Stroke will be an opportunity to invest in ESD programs throughout the region.



- **Education: Supporting System Improvement & Best Practice Skills for Frontline Clinicians**

Education work plan highlights include supporting work in:

-  **Hyper-Acute & Acute Care:** to improve door-to-needle times; which were completed through a variety of initiatives with our regional partners
-  **Rehabilitation:** including development, delivery and evaluation of a Stroke Best Practice Knowledge Translation plan for providers working in the Erie St. Clair e-Rehab program
-  **Prevention:** engagement and education with primary care practitioners at workshops and conferences
-  **Community & Long-Term Care:** through work to increase awareness of FAST & calling 911 instead of driving or being driven to the hospital.

In addition, the following initiatives were completed:



- Two new patient centered guides for return to driving following a stroke or TIA
- Post-Rehab Exercise for Stroke (PRES) training for the “Life After Stroke” staff
- Neuro-Developmental Training (NDT) for nurses and inter-professional teams
- Supported Conversations for Aphasia (SCA) training for three new trainers
- Updates to the Acute Stroke Unit (ASU) orientation manual