

2021-22



StrokeUnderstood

# Community Stroke Support Services: Southeastern Ontario Annual Report

*“Extraordinary Services for Extraordinary People”*

[www.strokenetworkseo.ca](http://www.strokenetworkseo.ca)



# Summary

This **annual report** provides an overview of Stroke Support Services in the Community and reflects the most recent fiscal year (FY) data (**April 1, 2021 – March 31, 2022**).

The Stroke Network of Southeastern Ontario partners with **Community Support Agencies** to monitor and evaluate **Community Stroke Support Services**. This report reviews the **outstanding and innovative work** demonstrated by these agencies over the past year.



StrokeUnderstood



## Key Findings in 2021-22

- Gradual return to in-person groups
- Innovative collaboration between the community and hospital setting
- Recruitment of SLP to resume Aphasia Supportive Conversation Groups in Lanark, Leeds & Grenville
- Regional support and connections

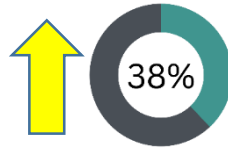
Need additional information? Please contact:  
**Kayla Purdon**, Community and Long-Term Care  
Coordinator (Stroke Network of Southeastern  
Ontario) at 613-549-6666 ext. 6867 or  
[kayla.purdon@kingstonhsc.ca](mailto:kayla.purdon@kingstonhsc.ca)



# SOUTHEASTERN ONTARIO COMMUNITY STROKE SERVICES


## ANNUAL EVALUATION REPORT 2021-22

**131** *New referrals to Stroke Support Services*




**175** *Participants in Stroke Support Groups*

**Getting back on track**



**“These introductions help our patients feel more comfortable transitioning back to the community”**

- Warm hand offs and innovative collaboration with hospital setting
- Regional Referral Form to simplify referral process
- Connections with local Colleges and Universities



**“Extraordinary Services for Extraordinary People”**


- Stroke support and caregiver groups, introductory, social/recreational, young caregiver, and educational groups
- In-person groups resume and virtual options continue
- Regional support and connections

### Key Highlights and Innovations

- ❖ Hospital and Community Collaboration
- ❖ Advocacy efforts to raise awareness of stroke and aphasia in the community
- ❖ Regional initiatives to connect to peers across Southeastern Ontario (Regional Meet and Greet)
- ❖ Stroke-specific day at Adult Day Program in Brockville
- ❖ Combination of virtual and in-person supports

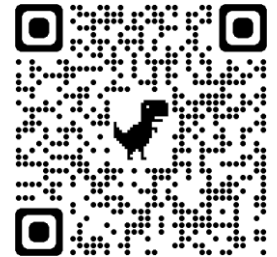
**64** *Participants in Aphasia Conversation Groups*

**Numbers Doubled**



**“You gave them a VOICE!”**

- Aphasia Supportive Conversation Groups resume in LLG and continue in KFLA and HPE
- Aphasia Peer Group and Aphasia Buddies Program in KFLA
- Aphasia Advocacy work across the region

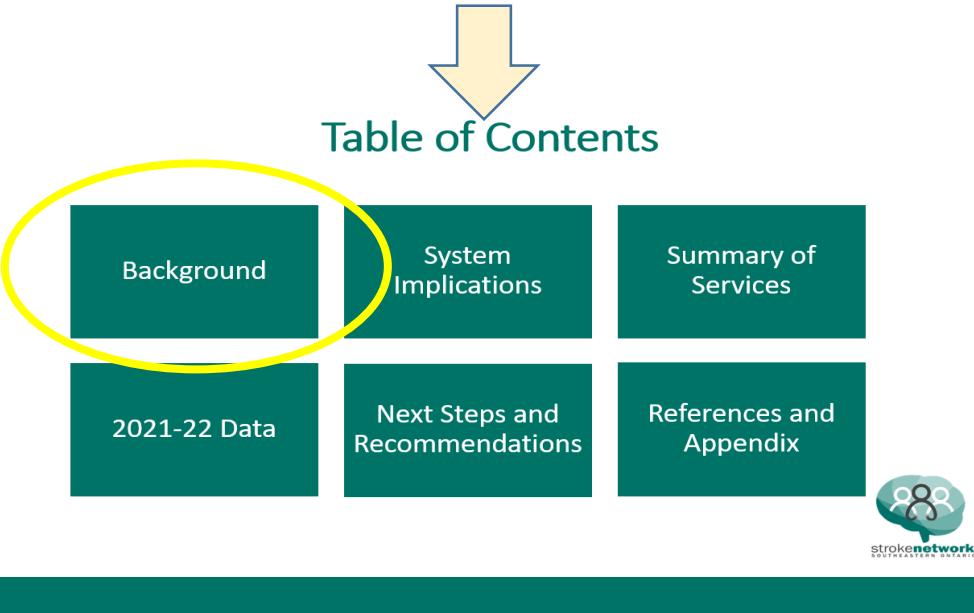


**\*\*The pandemic has impacted the ability to collect data\*\***

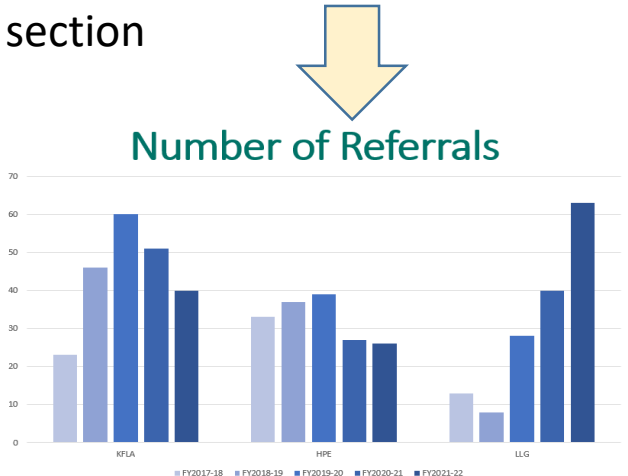
# Navigating the Report

- Navigating this report can be done through the use of **buttons** on each page, allowing the reader to choose the content they would like to review

**Home page:** Allows reader to choose topic (section) of interest; includes 6 sections related to Community Stroke Services in Southeastern Ontario

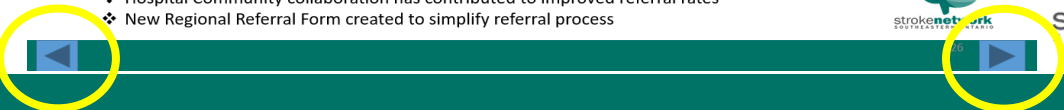


**Individual pages:** Utilize the “forward” and “back” buttons to advance through the selected section. You will return to the home page when you have completed the section



*This graph demonstrates the number of referrals by area annually over the past 5 fiscal years*

- ❖ Hospital Community collaboration has contributed to improved referral rates
- ❖ New Regional Referral Form created to simplify referral process



# Table of Contents

Background

System  
Implications

Summary of  
Services

2021-22 Data

Recommendations  
And Next Steps

References and  
Appendix



# Background



Base Funding provided in 2014-15 for community stroke support services in Southeastern Ontario



Evaluation reports submitted annually to outline demographics, services offered, and participant satisfaction



This report provides data on stroke support groups in Southeastern Ontario for 2021-22

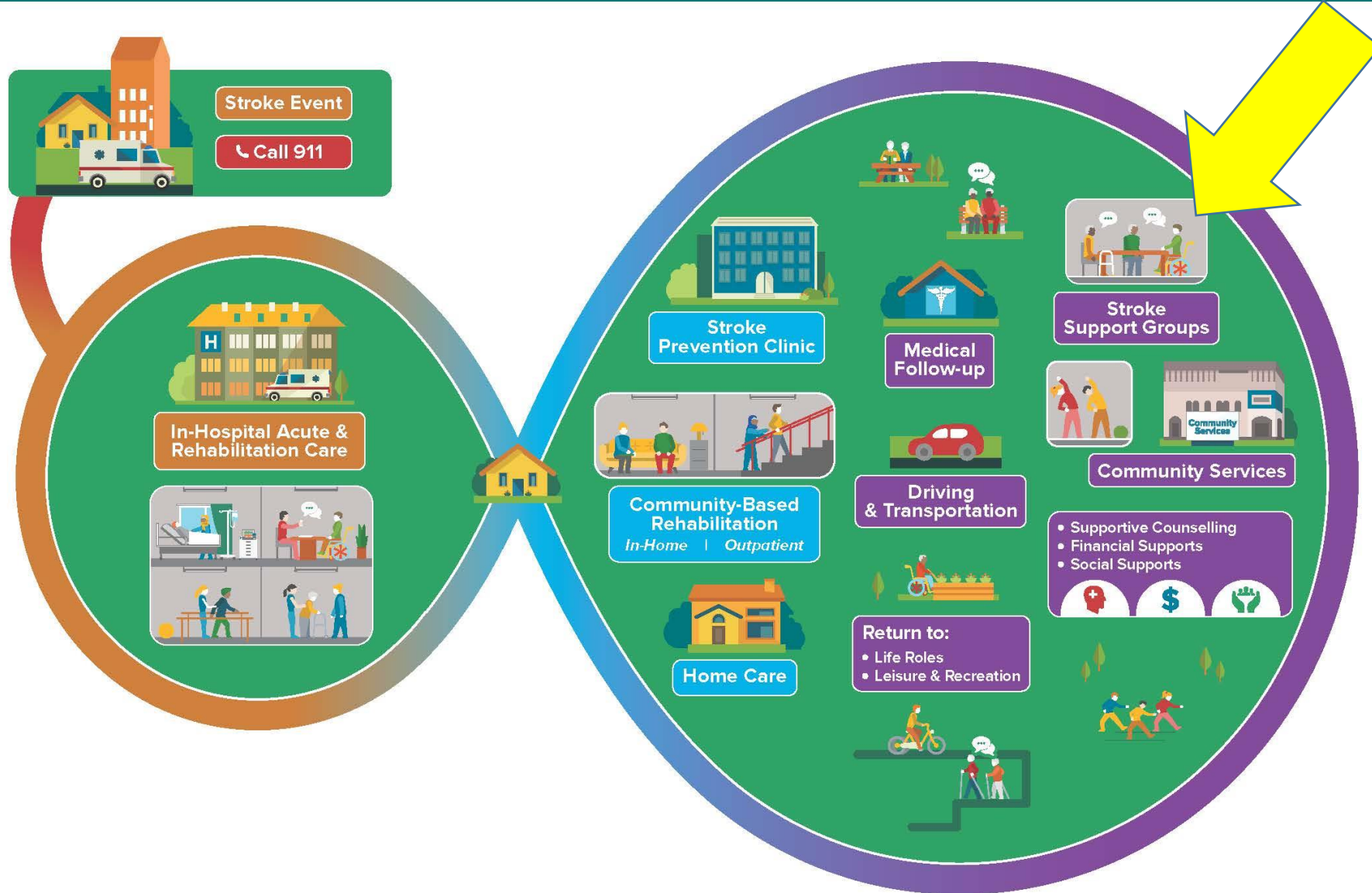
***\*\*The pandemic has impacted the ability to collect data\*\****



# Southeastern Ontario



# YOUR RECOVERY JOURNEY AFTER STROKE





# Community Stroke Support Services

## ***Stroke Support Groups:***

- ➔ Allow participants to gain knowledge, skills, and psychosocial support from a skilled facilitator
- ➔ Enable connections with peers in the community on a similar recovery journey to expand knowledge, support, and self-efficacy
- ➔ Help gain skills necessary to become a successful peer mentor and community advocate

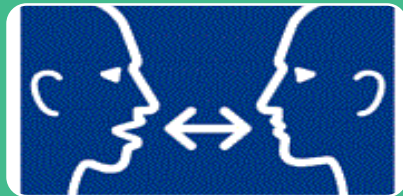
***Stroke support groups provide ongoing support and assistance with self-management, linkages to community resources/services, and social support for persons with stroke and their caregivers.***

# Stroke in Canada



## *Approximately 878,500 Canadians have experienced a Stroke*

- Prevalence continues to rise due to aging and population growth
- Over 2000 people have a stroke annually in Southeastern Ontario
- Volumes increasing at a rate of over 20%



## *Stroke is a leading cause of disability*

- Stroke can lead to social, physical, and psychological changes
- An estimated 36% of stroke survivors are left with significant disabilities



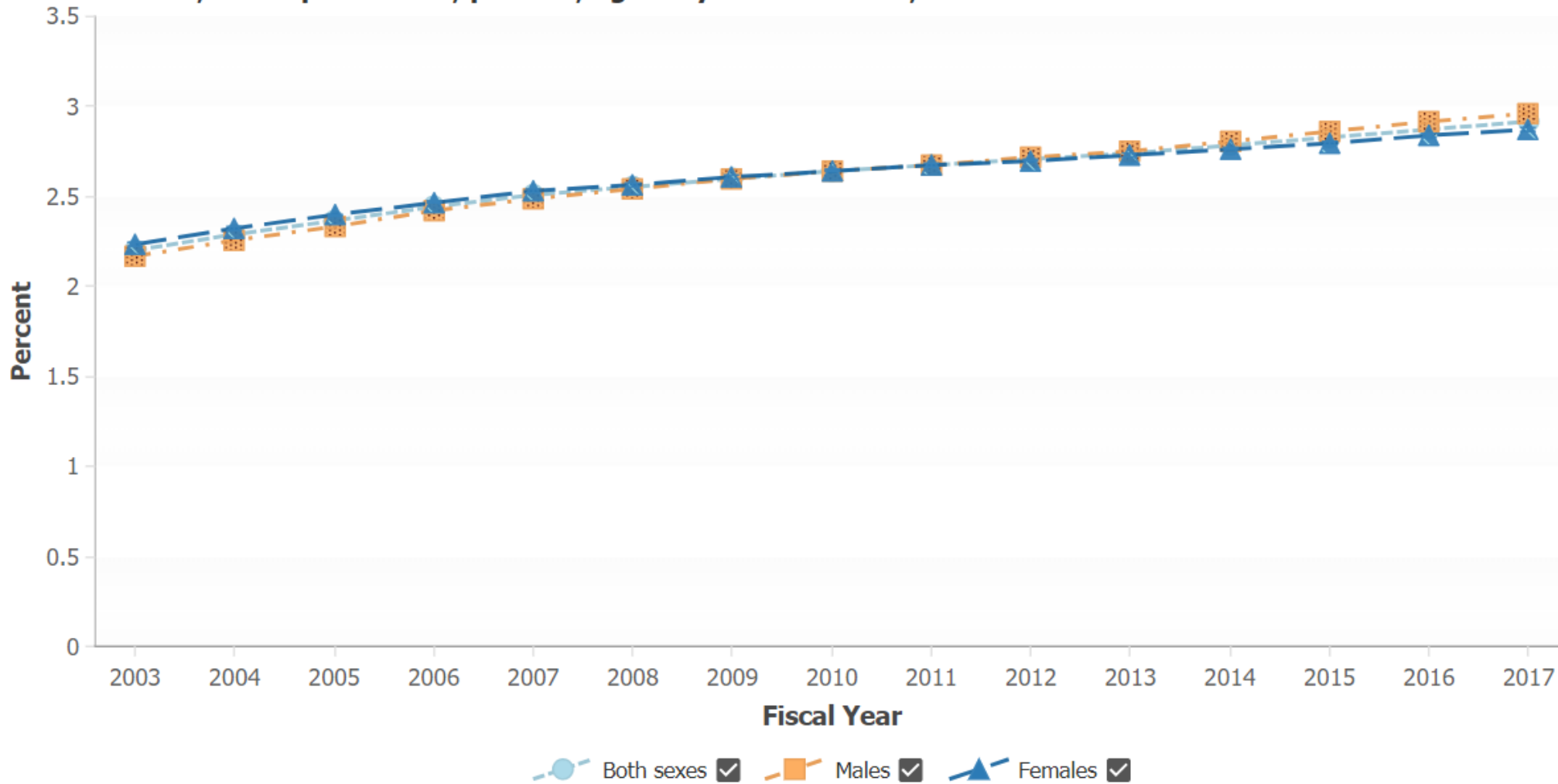
## *Community Reintegration*

- Approximately 70% of stroke survivors are discharged home
- Limited support in the community leaves people feeling lost and abandoned

***Community Support and Reintegration needs to be a priority!***



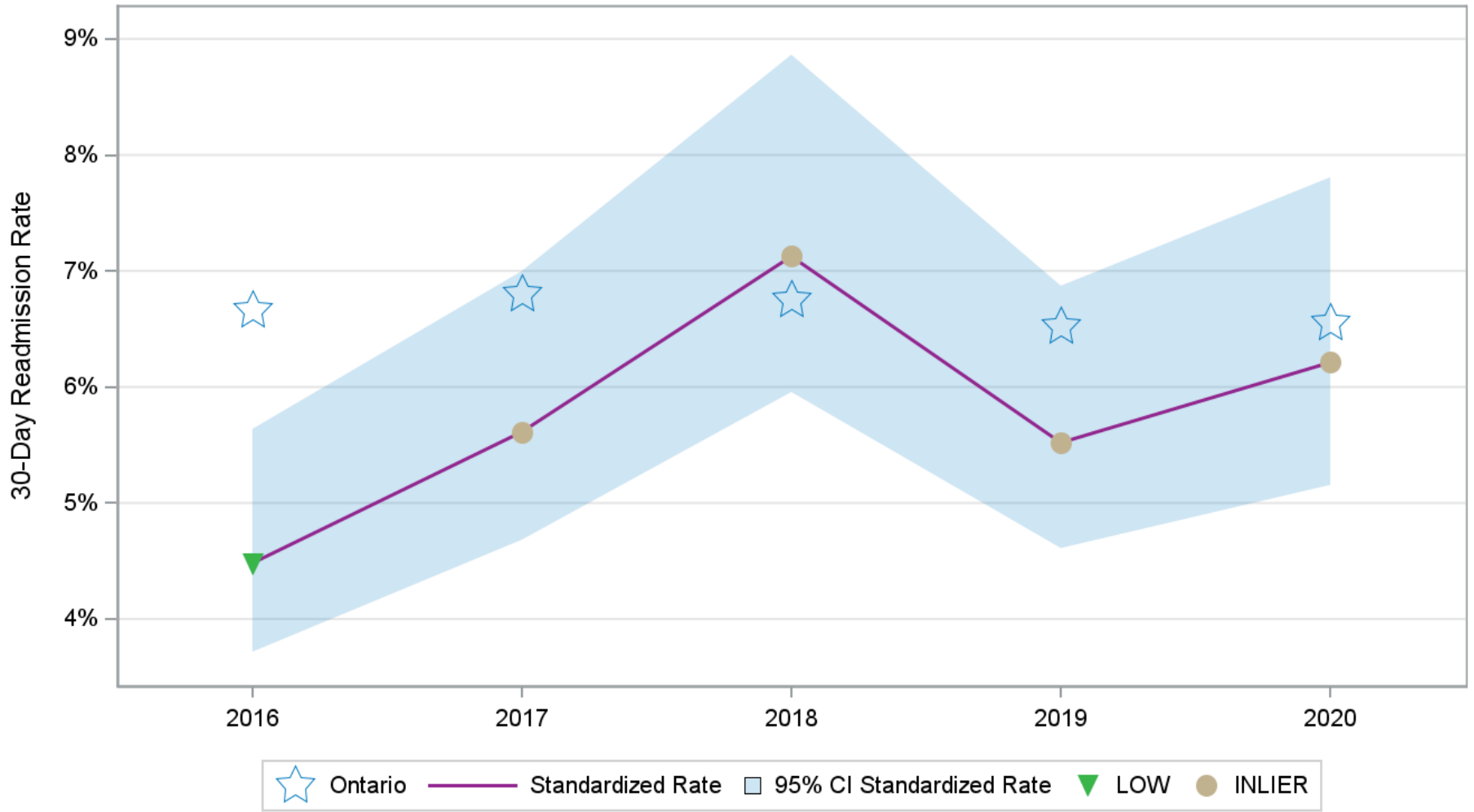
### Stroke, crude prevalence, percent, age 20 years and older, Canada\*




**★ \*\*Community Stroke Support Services need to keep pace with growing volumes of stroke\*\***



### Facility LHIN Rates of 30-Day Readmission Facility LHIN=10 - South East



Performance relative to Ontario in the fiscal  
 Sites/regions with Cohort N<30 or small-cell data suppression in any year are excluded from trending graphs  
 Sites/regions with complementary or supplementary data suppression, plotted values are the minimum value



**Readmission rates in Southeastern Ontario remain below provincial average**

***\*Community Support Services help decrease readmission rates\****



# Implications of COVID-19

- COVID-19 has impacted the model of service delivery
- The Stroke Support Group Facilitators established **\*key strategies\*** to continue to support persons with stroke and their caregivers in the community

## Virtual/hybrid models of care

- Virtual groups
- Phone check-ins
- Virtual BINGO
- Regional virtual connections

## Peer Visiting

- Unable to support in hospital
- Virtual peer groups
- Connecting hospital to community virtually

## Case Management

- Feelings of isolation increased
- Increased need for individual case management/connection
- Phone check-ins



# Lessons Learned

- **Survey** completed on virtual groups to meet the needs of participants
- **Virtual connections** may be preferred for some; many value in-person connections
- Virtual connectivity revealed many challenges:
  - Rural residents not having the ability to participate (e.g. financial, internet access, lack of equipment)
  - Impacts of stroke making it difficult to participate (e.g. challenges with communication, fine motor skills, hearing, cognition)
  - Difficulty accessing the technology (e.g. not knowing how)
  - Safety considerations for exercise groups
- Virtual BINGO is here to stay in HPE
- LLG now offers a **hybrid model of care**
- KFLA offers **options** for both in-person and virtual

*The virtual groups revealed the “importance of staying connected to the group for support and a positive mental attitude”*



# Summary of Services

- Current stroke Support Groups include stroke survivor, caregiver, introductory, young survivor, social/recreational, educational, aphasia conversation and aphasia peer support
- ***These groups are delivered in the three areas through Community Support Services Agencies:***



***Kingston, Frontenac Lennox and Addington Counties (KFLA):***  
Victorian Order of Nurses (VON) - Greater Kingston area



***Hastings and Prince Edwards Counties (HPE):*** Community Care for South Hastings (CCSH)



***Lanark, Leeds and Grenville Counties (LLG):*** Community Primary Health Care (CPHC)



# Stroke Support Group Facilitator



## ***The Role of the Stroke Support Group Facilitator:***

- ✓ Conduct intake assessments
- ✓ Provide one-on-one support as needed
- ✓ Coordinate and facilitate group sessions; adapt to local needs
- ✓ Offer education; self-management sessions
- ✓ Collaborate with the hospital and other community agencies
- ✓ System navigation/case management/advocacy
- ✓ Trained in Supported Conversation for Adults with Aphasia™

Stroke survivors are to be referred to community-resources for ***“engagement and self-management for ongoing physical, social, emotional, intellectual and spiritual activities and participation in the community”*** Canadian Stroke Best Practices, 2019





# Kingston, Frontenac, Lennox and Addington



## Stroke Support Groups

- Stroke support and caregiver groups; Virtual and in-person

Educational Virtual Speaker Series



## Aphasia Supportive Conversation Groups

- 8 week sessions
- Peer Support and Aphasia Buddies Program



## Stroke-specific Exercise

- Virtual weekly program
- In-person groups on hold



## Hospital Community Connection

- Community group connects to group in hospital bi-weekly



## Self-Management / Education

- Educational Self-Management Program
- Offered twice/year

### **Positive Impacts**

- \*\*Strong connections to hospital setting and community exercise groups\*\*
- \*\*Stroke Support Group Facilitator advocates for communicative access at local medical laboratories\*\*

# Hastings Prince Edward



## Stroke Support Groups

- Stroke support, information, caregiver, social recreation and young caregiver



## Aphasia Supportive Conversation Groups

- 8 week sessions
- Offered twice/year

Social/recreational events; art/fitness; "Find Your Voice"



## Stroke-specific Exercise

- Virtual weekly program
- In-person groups on hold



## Hospital Community Connection

- Continuing to establish connection with Quinte Health



## Self-Management / Education

- Educational Self-Management Program
- Offered twice/year

### Positive Impacts

- \*\*Person with aphasia expresses self through whistling song at annual BBQ\*\*
- \*\*Warm hand off helps establish community connection for person with aphasia\*\*

# Lanark, Leeds and Grenville



## Stroke Support Groups

- Stroke support groups in Smiths Falls and Brockville; hybrid model



## Aphasia Supportive Conversation Groups

- 8 week sessions
- Offered twice/year

Aphasia Supportive  
Conversation  
Group resuming!



## Stroke-specific Exercise

- In-person groups in Smiths Falls
- Incorporated into Adult Day Program



## Hospital Community Connection

- Warm hand-offs with Brockville General Hospital Social Worker



## Self-Management / Education

- Educational Self-Management Program
- Offered twice/year

### **Positive Impacts**

- \*\*Strong connection with Brockville General Hospital\*\*
- \*\*Aphasia Conversation Groups resume and stroke-specific adult day program starts\*\*



# Innovative Projects in Southeastern Ontario

**\*\*The Stroke Support Group Facilitators continue to develop innovative ways to connect and support persons with stroke and their caregivers\*\***

- Regional Meet and Greet (held quarterly)
- Regional ***Living with Stroke Program*** (virtual)
- Simplified **Regional Referral Form**
- Stroke-Specific Adult Day Program
- ***Aphasia Advocacy Letter/Communicative Access Awareness***
- Connections with local Colleges and Universities
- ***Stroke and Aphasia Awareness Month*** Activities:
  - ***“Invisible Impacts of Stroke”*** Event
  - Local news interviews (paper/TV)
  - City of Kingston illumination/proclamation
  - City of Belleville proclamation
  - T-shirts/FAST cards



***“You gave them a Voice!”***

***Regional events allow stroke survivors and caregivers to connect and learn from peers throughout Southeastern Ontario***





# Hospital and Community Collaborations

## Stroke Support Groups

- Community groups are connected to hospital groups
- Support begins prior to leaving hospital

## Warm Hand-offs

- Allows Stroke Support Group Facilitator to get to know patient prior to leaving hospital

## Virtual Connections

- Virtual connections have strengthened relationships and the ability to connect with hospital

## Regional Meetings

- Representatives from hospital and community meet quarterly to work to improve transitions

## These Collaborations Improve...

- Patient Satisfaction
- Transition from Hospital to Community
- Community Support



*" It helps to introduce patients and families to our partners in the community prior to discharge. Whether it be an in person meeting with a home and community care OT or a virtual visit with the stroke service coordinator with community care, these introductions help our patients feel more comfortable transitioning back to the community"*

**~Melissa Roblin, Stroke Resource Nurse, Quinte Health**



# 2021-22 Data

- Quarterly data is collected from Community Stroke Support Agencies
- ***Data collected:***

Number of Referrals

Number of Stroke Support Group Participants

Number of Aphasia Supportive Conversation Group Participants



# 2021-22 Data

**131** New Referrals

↑ 38%

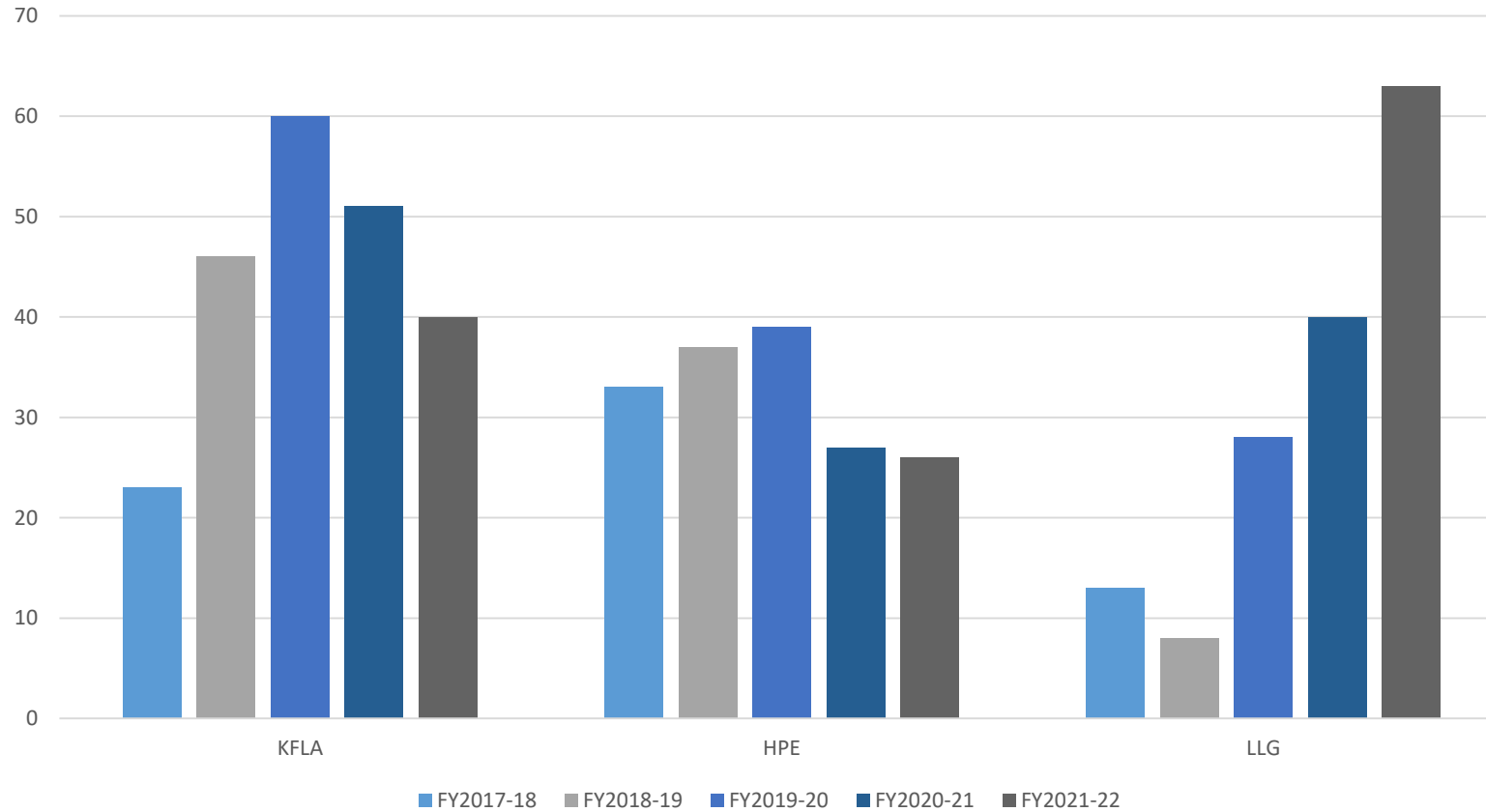
**175** Stroke Support Group Participants

**64** Aphasia Supportive Conversation Group Participants

Numbers more than doubled from last year



# Number of Referrals



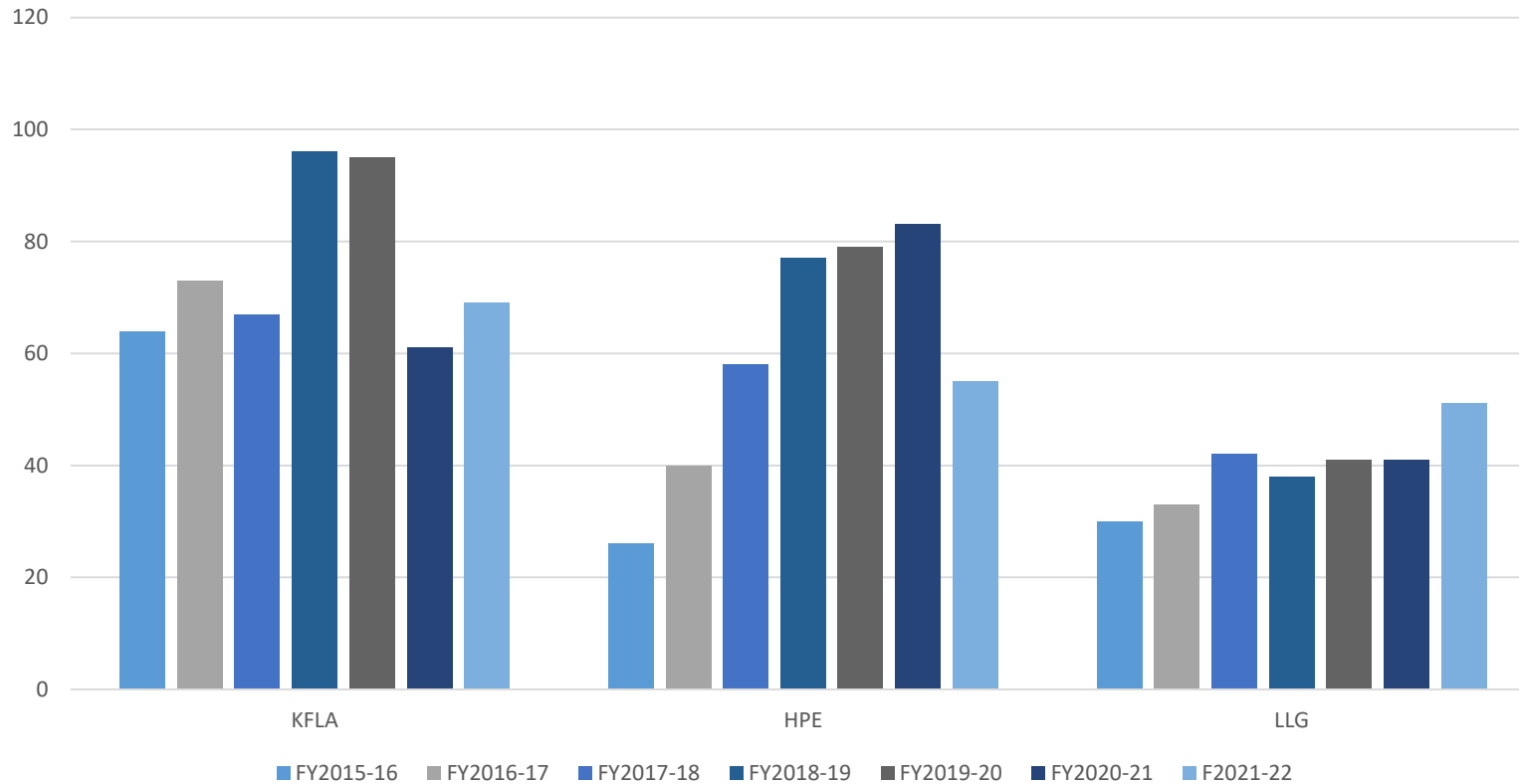
***This graph demonstrates the number of referrals by area annually over the past 5 fiscal years***

- ❖ Hospital Community collaboration has contributed to improved referral rates
- ❖ New Regional Referral Form created to simplify referral process





# Number of Participants in Stroke Support Services



## ***Interpretation Considerations:***

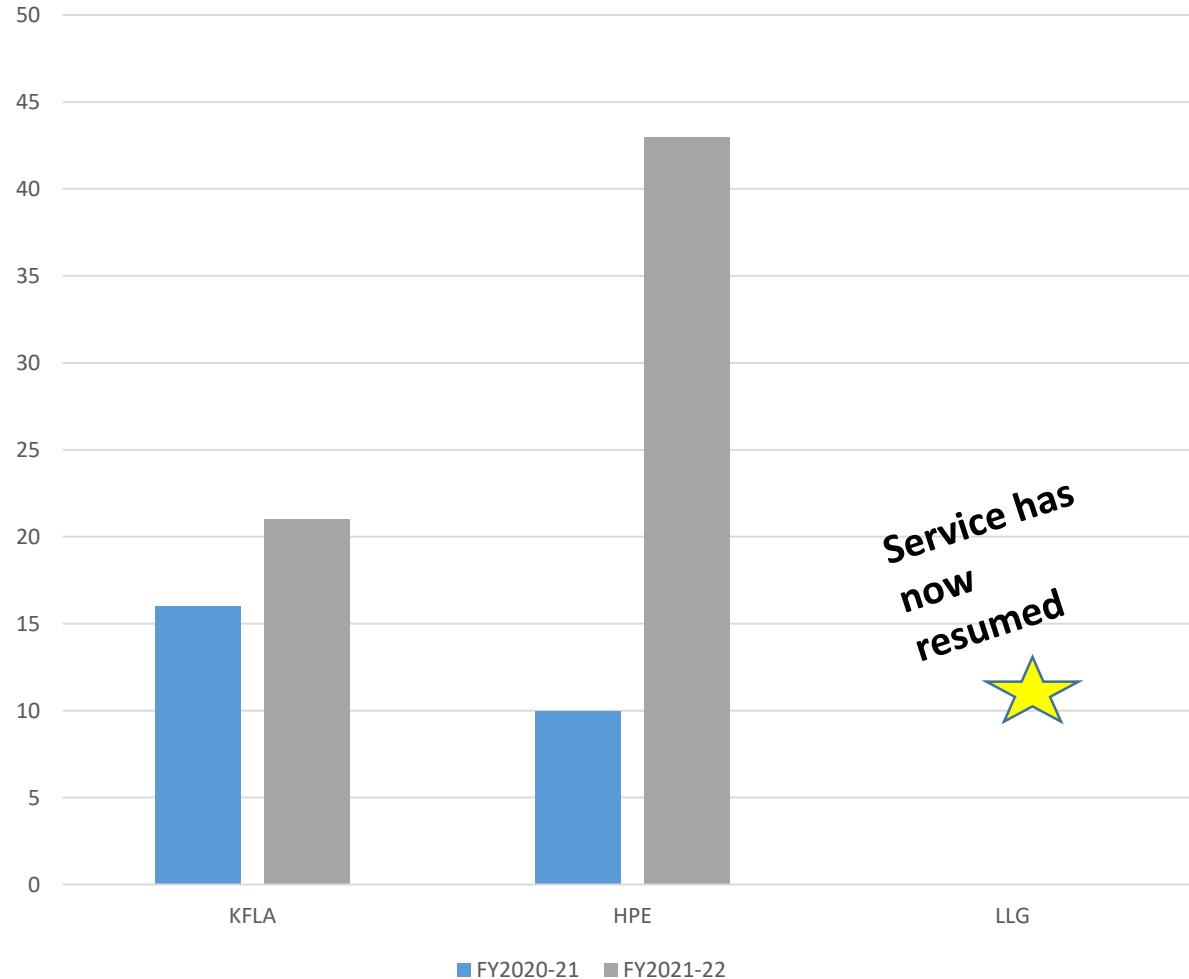
- ❖ Participant volumes impacted by pandemic; starting to get back on track
- ❖ Gradual resumption of in-person groups



# Number of Participants in Aphasia Supportive Conversation Groups

## *Interpretation Considerations:*

- ❖ Data collection only goes back to 2020-21
- ❖ Notable increase in participation
- ❖ Difficulty recruiting SLP in LLG to offer this program
- ❖ Service in LLG has now resumed



# 2021-22 Key Achievements



## Comments:

- ❖ Aphasia Advocacy Letter to ***promote community awareness***
- ❖ In-person groups resuming resulting in **increased participation**
- ❖ Successful recruitment of SLP in LLG to assist with ***Aphasia Supportive Conversation Groups***
- ❖ **Stroke-specific Day** added to Adult Program in Brockville

***Stroke Awareness and Aphasia Advocacy Work***



***Hospital and Community Collaboration***



***Aphasia Supportive Conversation Groups***



***\*NEW\* Adult Day Program***



***Regional Initiatives***



strokenetwork  
SOUTHEASTERN ONTARIO



StrokeUnderstood

# Recommendations

## Recommendation 1

Obtain added funding for Stroke Support Groups and Aphasia Supportive Conversation Groups to support the growing volumes and expansion of services.

- Base funding has not changed since it was initially provided in 2014-2015
- The services, participant numbers, and complexity have expanded quickly
- Increased funding would allow for the expansion of services to reach vulnerable and rural populations
- Expansion of the support groups is also needed to meet diversifying needs (i.e. Indigenous peoples and communities, rural residents, young stroke survivors/caregivers, adults with aphasia)
- Added funding would help support transportation needs for in-person meetings
- Essential to maintain therapeutic group size so participants receive adequate and individualized support



strokenetwork  
SOUTHEASTERN ONTARIO



StrokeUnderstood

# Recommendations

## Recommendation 2

Provide adequate compensation and full-time positions for Stroke Support Group Facilitators in all areas of the region to support recruitment and retention efforts.

- Not all Stroke Support Group Facilitator positions across the region are currently funded as full-time
- Recommend that all Stroke Support Group Facilitators are funded as full-time positions
- Retention has been a challenge in areas where this position is not full-time
- Compensation should reflect the required skills and knowledge for this position
- Stroke Support Group Facilitators need adequate time to plan, facilitate and monitor Stroke Support Services in their area
- The complexity of services has expanded requiring more time (e.g. virtual/hybrid models, individualized supports, regional opportunities, advocacy work, care navigation, hospital and community collaboration)





StrokeUnderstood

# Recommendations

## Recommendation 3

Continue to provide virtual and in-person options for persons with stroke and their caregivers to connect with others.

- Virtual and in-person groups should be offered or hybrid models
- Ensure that technology is available to support virtual connections
- This requires extra planning and facilitation for the Stroke Support Group Facilitators related to organizing technology, planning additional groups and technical support
- Recognize that virtual connections may be preferred for some (e.g. reduce travel time) and not for others (e.g. adults with aphasia, rural residents, technological challenges)





StrokeUnderstood

# Next Steps

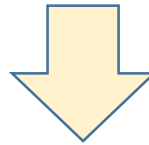
1



***Complete Community Consultation***

- Determine current gaps in stroke care in community and identify priorities for future
- Collaborate with stroke survivors/caregivers

2



***Ensure inclusiveness in stroke support groups***

- Ensure inclusiveness (e.g. consider groups for young caregivers, Indigenous populations, rural populations, etc.)

3



***Support Lanark, Leeds and Grenville to establish Aphasia Supportive Conversation Groups***

- Support connection with SLP at PSFDH
- Ensure adequate training/resources to run group in Perth/Brockville



strokenetwork  
SOUTHEASTERN ONTARIO



StrokeUnderstood

# Next Steps

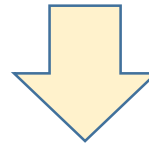
4



## *Consider/Expand Interest Groups*

- Support the development of interest groups across the region
- Examples include music, art, photography, etc.

5



## *Continue to assess and evaluate virtual connections*

- Continue to monitor and adapt to local needs
- Consider hybrid models of service
- Offer in-person groups in all areas

6



## *Support Lanark, Leeds and Grenville to establish stroke-specific day within their Adult Day Program*

- Support LLG region in their new Stroke Specific Adult Day Program
- Adequate training, support and resources for staff members



strokenetwork  
SOUTHEASTERN ONTARIO





StrokeUnderstood

# Next Steps

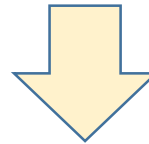
7



## *Enhance Evaluation Process*

- Incorporate patient satisfaction and outcomes into evaluation process
- Regional evaluations for Aphasia and Exercise Groups

8



## *Consider community collaboration to enhance community reintegration*

- Consider collaboration with community organizations to enhance services (e.g. YMCA)
- Build connections with local Ontario Health Teams

9



## *Continue to establish and maintain connections between community and hospital setting*

- Strengthen/sustain connections between:
  - CSH and Quinte Health
  - CPHC and PSFDH/BGH
  - PC and VON



strokenetwork  
SOUTHEASTERN ONTARIO

# References

- Canadian Stroke Best Practices. (2019). *Recommendations: Transitions and Community Participation Following Stroke, 6<sup>th</sup> Edition – 2019 Updated*. <https://www.strokebestpractices.ca/recommendations/managing-stroke-transitions-of-care>
- Christensen, E. R., Golden, S. L., & Gesell, S. B. (2019). Perceived Benefits of Peer Support Groups for Stroke Survivors and Caregivers in Rural North Carolina. *North Carolina medical journal*, 80(3), 143–148. <https://doi.org/10.18043/ncm.80.3.143>
- CorHealth Ontario. (2021). *Ontario Stroke Report FY 2019-20*. <https://www.corhealthontario.ca/data-&-reporting/ontario-stroke-reports>
- Government of Canada (2021). *Canadian Chronic Disease Surveillance System (CCDSS)*. <https://health-infobase.canada.ca/ccdss/data-tool>
- Government of Canada (2022). *Stroke in Canada*. <https://www.canada.ca/en/public-health/services/publications/diseases-conditions/stroke-in-canada.html>
- Government of Canada. (2016). *Stroke in Canada*. <https://www.canada.ca/en/public-health/services/publications/diseases-conditions/stroke-in-canada.html>
- Hartford, W., Lear, S., & Nimmon, L. (2019). Stroke survivors' experiences of team support along their recovery continuum. *BMC health services research*. 19(1), 723. <https://doi.org/10.1186/s12913-019-4533-z>
- Krueger, H., Koot, J., Hall, R.E., O'Callaghan, C., Bayley, M. & Corbett, D. (2015). Prevalence of individuals experiencing the effects of stroke in Canada: Trends and projections. *Stroke*, 46(8), 2226-31.
- Magwood, G. S., Nichols, M., Jenkins, C., Logan, A., Qanungo, S., Zigbuo-Wenzler, E., & Ellis, C., Jr (2020). Community-Based Interventions for Stroke Provided by Nurses and Community Health Workers: A Review of the Literature. *The Journal of neuroscience nursing : journal of the American Association of Neuroscience Nurses*, 52(4), 152–159. <https://doi.org/10.1097/JNN.0000000000000512>



# Appendix A: Canadian Stroke Best Practice Recommendations

## Canada Stroke Best Practice Recommendations: Transitions and Community Participation Following Stroke

- Persons with stroke, their families and caregivers, should be assessed and prepared for transitions between care stages and settings through information sharing, provision of education, skills training, psychosocial support, awareness of and assistance in accessing community services and resources [Evidence Level B]. Interventions must be person- and family-centered and tailored to their individual values and needs [Evidence Level C].
- People with stroke, their families and caregivers should be provided with information about peer support groups in their community where available, descriptions of the services and benefits they offer, and be encouraged to consider participation [Evidence Level C].
- Education for people with stroke, their families and caregivers, is an integral part of stroke care that should be included as part of all healthcare encounters, and during transitions [Evidence Level A]. Individualized educational needs change over time and may need reassessment and updating on an ongoing basis [Evidence Level B].
- People with stroke, their families, and caregivers should be provided with information, education, training, support and access to services throughout transitions to the community to optimize the return to life roles, activities and social participation [Evidence Level B].
- People with stroke may ideally be provided with information and/or referral to community-based resources for engagement and self-management for ongoing physical, social, emotional, intellectual and spiritual activities and participation in the community [Evidence Level C].



# Appendix B: Abbreviations

Abbreviation	Meaning
BGH	Brockville General Hospital
CCSH	Community Care for South Hastings
CPHC	Community Primary Health Care, Senior Support Services
HPE	Hastings Prince Edward
KFLA	Kingston, Frontenac, Lennox and Addington
LLG	Lanark, Leeds and Grenville
PC	Providence Care
PSFDH	Perth and Smiths Falls District Hospital
OHT	Ontario Health Team
OT	Occupational Therapist
SLP	Speech Language Pathologist
VON	Victorian Order of Nurses

