Rapid Podium- Highlights, Innovations and Successes

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Critical Care Outreach Team (CCOT) Response Code Stroke

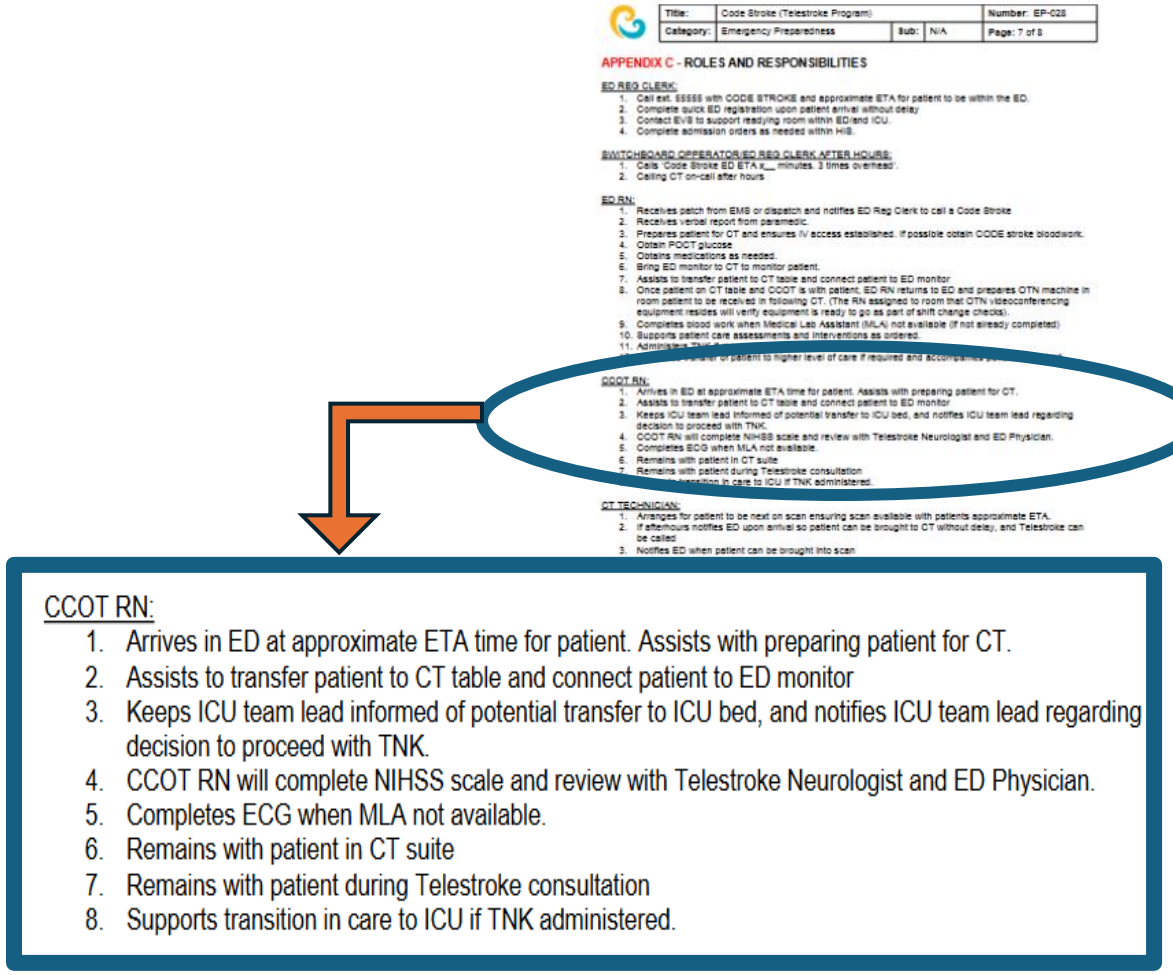
Stroke Symposium June 2026

Presented by: Deanne Henson

Description

The Critical Care Outreach Team (CCOT) is a team made up of specially trained Critical Care Registered Nurses (RNs) and Registered Respiratory Therapists (RRTs), who support adult in patients showing physiological signs of deterioration.

With the implementation of Telestroke at Brockville General, we implemented CCOT into the Code Stroke team response.



Title:	Code Stroke (Telestroke Program)			Number: EP-028
Category:	Emergency Preparedness	Sub:	N/A	Page: 7 of 8

APPENDIX C - ROLES AND RESPONSIBILITIES

ED REG CLERK:
1. Call ext. 55555 with CODE STROKE and approximate ETA for patient to be within the ED.
2. Complete quick ED registration upon patient arrival without delay
3. Contact EVS to support readying room within ED and ICU.
4. Complete admission orders as needed within HIS.

SWITCHBOARD OPPERATOR/ED REG CLERK AFTER HOURS:
1. Calls 'Code Stroke ED ETA x__ minutes. 3 times overhead'.
2. Calling CT on-call after hours

ED RN:
1. Receives patch from EMS or dispatch and notifies ED Reg Clerk to call a Code Stroke
2. Receives verbal report from paramedic.
3. Prepares patient for CT and ensures IV access established. If possible obtain CODE stroke bloodwork.
4. Obtain POCT glucose
5. Obtains medications as needed.
6. Bring ED monitor to CT to monitor patient.
7. Assists to transfer patient to CT table and connect patient to ED monitor
8. Once patient on CT table and CCOT is with patient, ED RN returns to ED and prepares OTN machine in room patient to be received in following CT. (The RN assigned to room that OTN videoconferencing equipment resides will verify equipment is ready to go as part of shift change checks).
9. Completes blood work when Medical Lab Assistant (MLA) not available (if not already completed)
10. Supports patient care assessments and interventions as ordered.
11. Administers TNK if
- Transfer of patient to higher level of care if required and accompanies

CCOT RN:
1. Arrives in ED at approximate ETA time for patient. Assists with preparing patient for CT.
2. Assists to transfer patient to CT table and connect patient to ED monitor
3. Keeps ICU team lead informed of potential transfer to ICU bed, and notifies ICU team lead regarding decision to proceed with TNK.
4. CCOT RN will complete NIHSS scale and review with Telestroke Neurologist and ED Physician.
5. Completes ECG when MLA not available.
6. Remains with patient in CT suite
7. Remains with patient during Telestroke consultation
- Supports transition in care to ICU if TNK administered.

CT TECHNICIAN:
1. Arranges for patient to be next on scan ensuring scan available with patients approximate ETA.
2. If afterhours notifies ED upon arrival so patient can be brought to CT without delay, and Telestroke can be called
3. Notifies ED when patient can be brought into scan

CCOT RN:
1. Arrives in ED at approximate ETA time for patient. Assists with preparing patient for CT.
2. Assists to transfer patient to CT table and connect patient to ED monitor
3. Keeps ICU team lead informed of potential transfer to ICU bed, and notifies ICU team lead regarding decision to proceed with TNK.
4. CCOT RN will complete NIHSS scale and review with Telestroke Neurologist and ED Physician.
5. Completes ECG when MLA not available.
6. Remains with patient in CT suite
7. Remains with patient during Telestroke consultation
8. Supports transition in care to ICU if TNK administered.

What Need Does This Fill?

- We needed to build capacity to respond to patients experiencing a stroke and support for their families. Having CCOT within this response;
    - Provides increased support for both the patient and family
    - Increases the critical care knowledge and expertise in responding to a Code Stroke.
    - Improves the transfer of care from ED to Critical Care
    - Increases interprofessional collaboration across teams
    - Supports the communication between the patient, their family, and the Telestroke Neurologist.

Contact Information

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Thank you!

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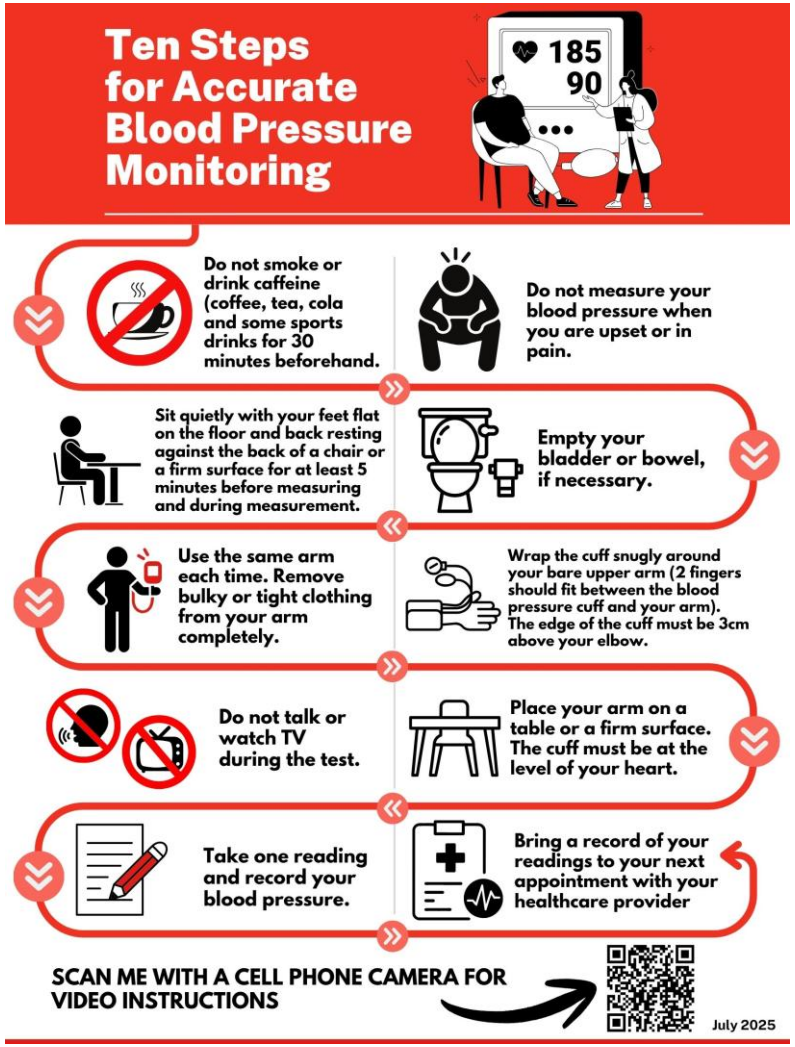
SPC Patient Education Package – Feedback Survey

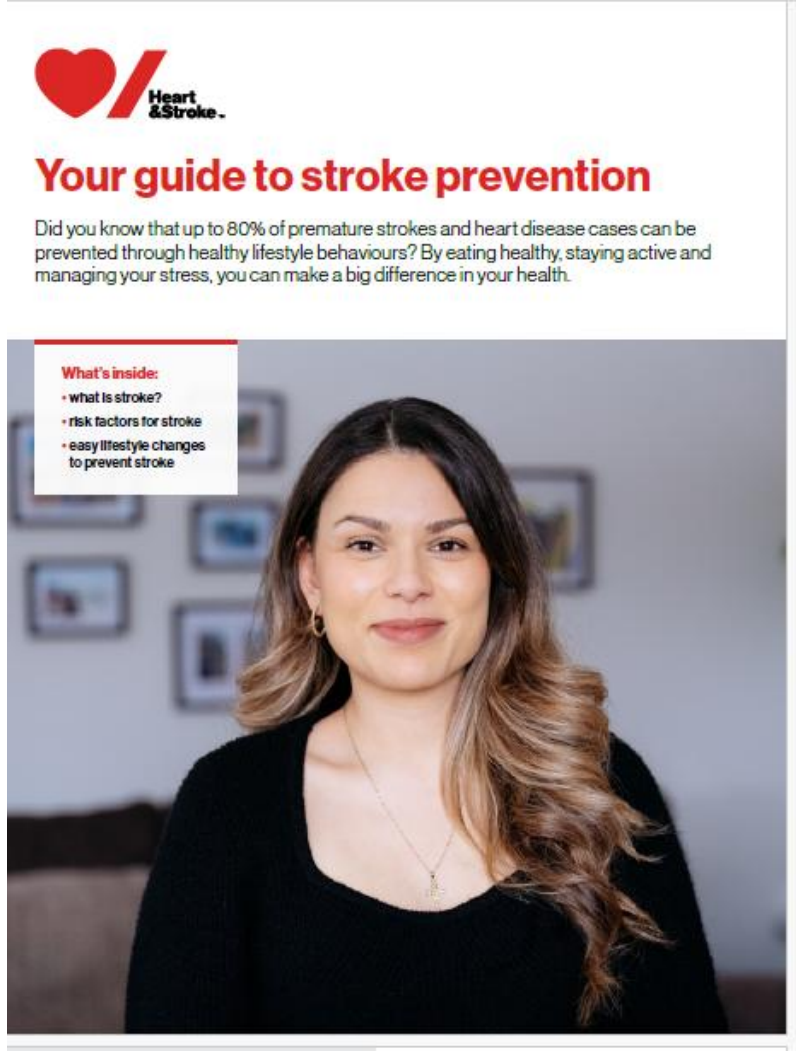
Meaghan Burgess

(on behalf of KHSC SPC)

Description

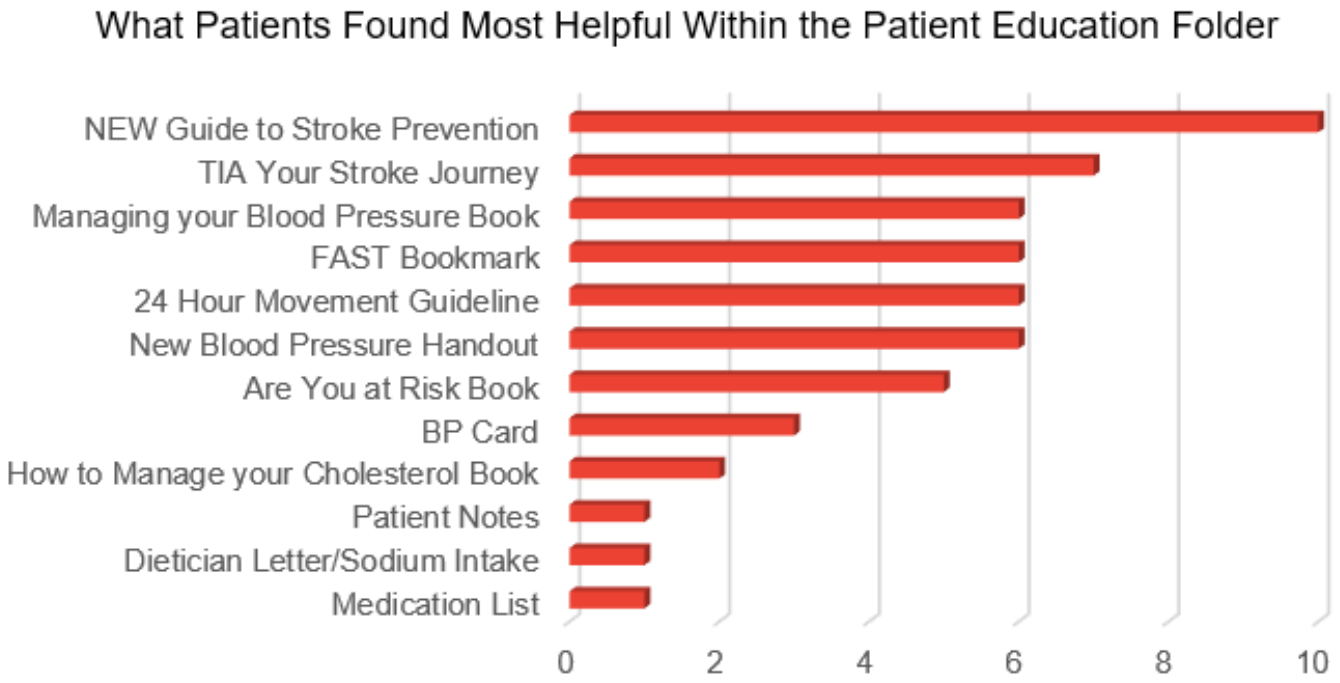
- Goal: Measure effectiveness of new educational material provided (NEW - Your Guide to Stroke Prevention and a NEW Blood Pressure Handout)
- How: Follow up phone survey of 20 patients in March 2026 to gather feedback on Patient Education materials provided
- Why: Support future changes and confirm value of materials provided for SPC patients





Results

- 75% of patients reviewed the education after SPC appointment
- Top Resource Result was the New Guide to Stroke Prevention (10/15)
- Overall Feedback advising information was found to be well organized and to the point



Next Steps

Interesting Patient Feedback:

- More education regarding Aphasia and ways to better communicate with friends and family
- Local resources for food delivery or recipes
- More information to Dietitian and Nutrition Support
- Information surrounding specific warning signs and treatment for women
- Information surrounding neuro ophthalmology and the connection between your eyes and stroke

Contact info

If anyone is interested in the materials used in the Kington SPC, survey questions/tool – contact:

KHSC SPC

613-549-6666 x66320

or any member of the Regional Stroke Team to get connected!

Balance and Recovery Stroke Aquafit Program

Quinte Sports and Wellness Centre

About Me

Sumbul Zafar

Aquatic Programmer – City of Belleville

Aquafit Instructor Certified - WaterArt

Stroke Survivor

My Inspiration

To inspire fellow stroke survivors to strive towards a best version of their recovery and wellness path by sharing my own journey and relationship with water and mindfulness.

The Seed

- Community Connection and Pathways to Independence

- The Seed
  - Supportive environment for stroke survivors
  - Reduces isolation by encouraging social interactions with fellow survivors
  - Promote continued healing process through physical exercise and mindfulness
  - Provide coping strategies, practical tools which can be implemented during daily living

- Getting Started

The Outcome

Balance + Recovery - Introductory (Thursday 1:15pm to 1:45pm)

- A good starting point for those newer to water-based fitness or need additional supports when in the water
- Focusing on slow, mindful movements
- Use of equipment to facilitate and encourage balance training and functional movement
- You are encouraged to bring a family member or friend for support

Balance + Recovery - Advanced (Tuesday 1:00pm - 1:45pm)

- For individuals are comfortable in the water
- Are independently walking or with a supportive device (e.g., cane)
- Ready for group based aquafit training at a lower to moderate rate, including more cardio and strength activities

The Celebration

- The Success Stories
  - Karen: Rediscovering her smile
  - Anthony: Redefining his acceptance
  - Patti: Discovering a person who shares the same diagnosis of dystonia
  - Charlie: Stepping into his courage
  - James: Rediscovering his movement
  - Darcy: Redefining her steps
  - Sonya: Finding a community
  - Terry: Graduating to a full Therapy Fitness class
  - Ray & Thomas: Finding their balance

The Journey Continues

- Promote
  - Relatable community connection
  - Quality programming which supports survivor's goals in a holistic way
  - Safe, non-judgmental environment where survivors learn acceptance in their new abilities and finding the small wins to celebrate
  - Continued development of coping strategies, tips and tools following stroke
  - Continued collaboration with Pathways to Independence and other services

- Gratitude

Inpatient Stroke Rehab Education Olympics

Quinte Health

Background

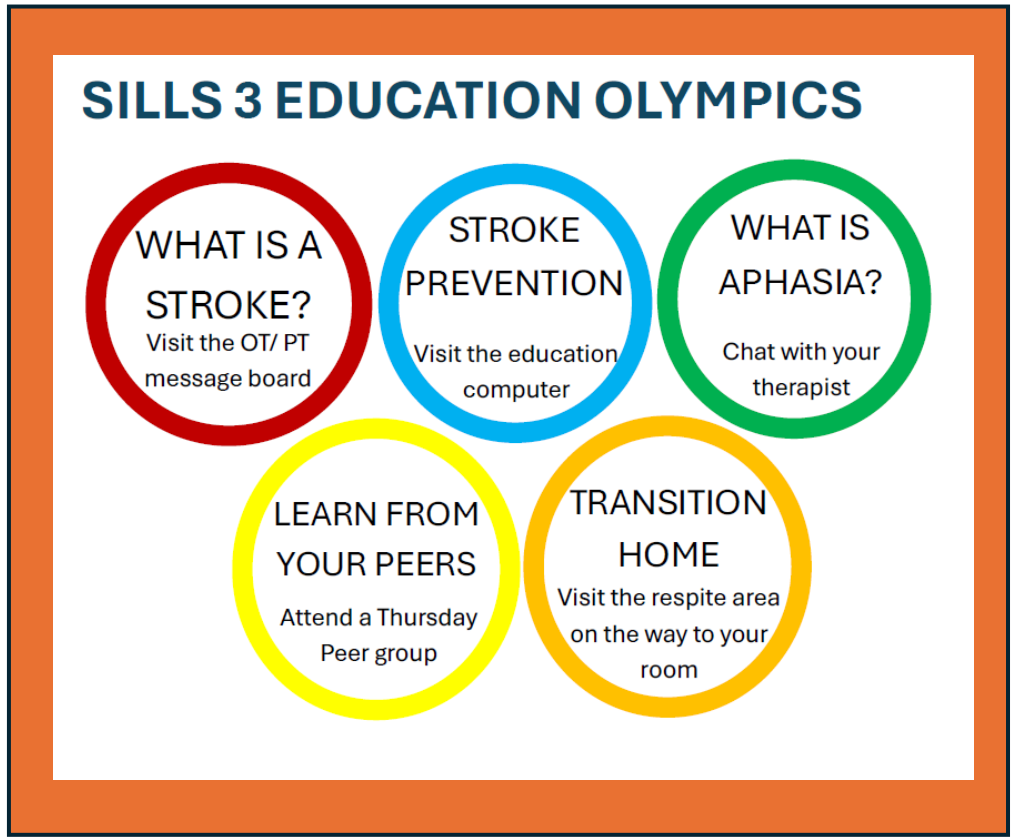
Patient and Caregiver Experience Surveys Showed:

- Uncertainty about receiving education on diagnosis
- A lack of information on community stroke resources
- Feeling more information would be helpful to plan for discharge

"Visual learning regarding my brain injury/ stroke instead of wordy info packets, especially for neurodivergent people"

Description

- Inpatient Rehab “Education Olympics” to align with 2026 Winter Olympics
- 5 interactive education “events” using various modalities
    - Stations aligned with “Your Stroke Journey” Resource
- Passport style learning, small prizes for completion
- Encouraged self-management



Successes and Learning

- Short time frame was challenging, pilot event offers opportunity for more permanent interactive education

- Self-directed; promoted self-management
- Patient as active participant in learning
- Directed learning when ready throughout their journey
- Robust team (volunteers, allied health, nursing)
- Enhanced engagement
- Offered learning in off-hours

Contact Info:

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Quinte Health

Why 911 Ontario

Preliminary Regional Results

Leading Stroke Care from the Patient Voice

Kayla Purdon, Regional Best Practice Coordinator, Stroke Network of Southeastern Ontario

Why 911 Ontario: Assessing factors that enable or inhibit accessing Emergency services when experiencing a stroke in Ontario

Research Team

Principal Investigator

Dr. Ayman Hassan

Co-Investigators

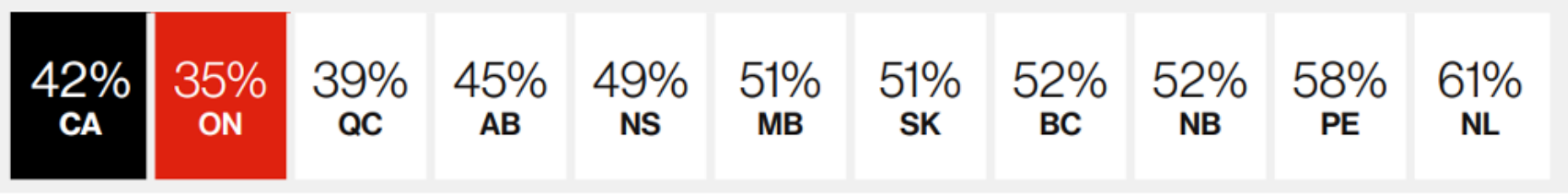
Keli Cristofaro, Kristina Moro (Visser), Dr. Lesley James

Collaborators

Dariya Gusovsky, Bethany Rankin, Rabail Siddiqui, Dr. Brianne Wood

Background

- Stroke is **leading cause of death**, severe disability, and hospitalization across Canada
- Rapid emergency medical response is **essential**
- Ontario has **world class stroke system**
- Depends on calling 911, transport to right centre
- **Lack of awareness and understanding** to call 911

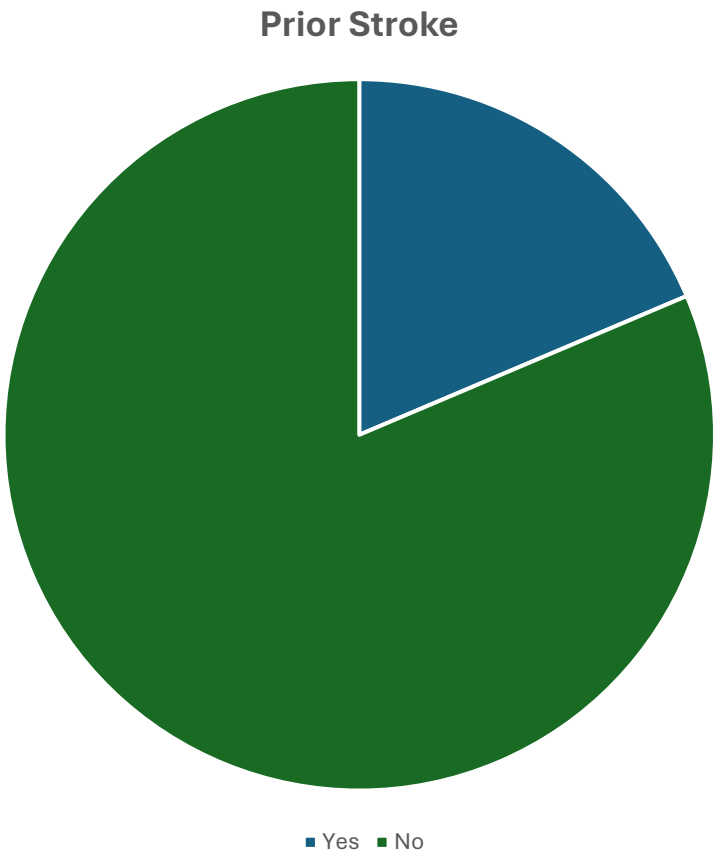


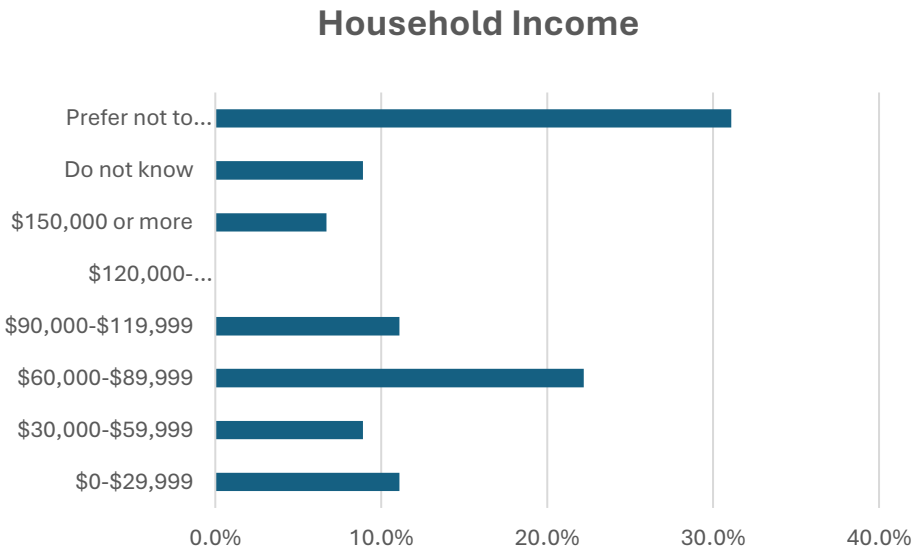
Study Demographics

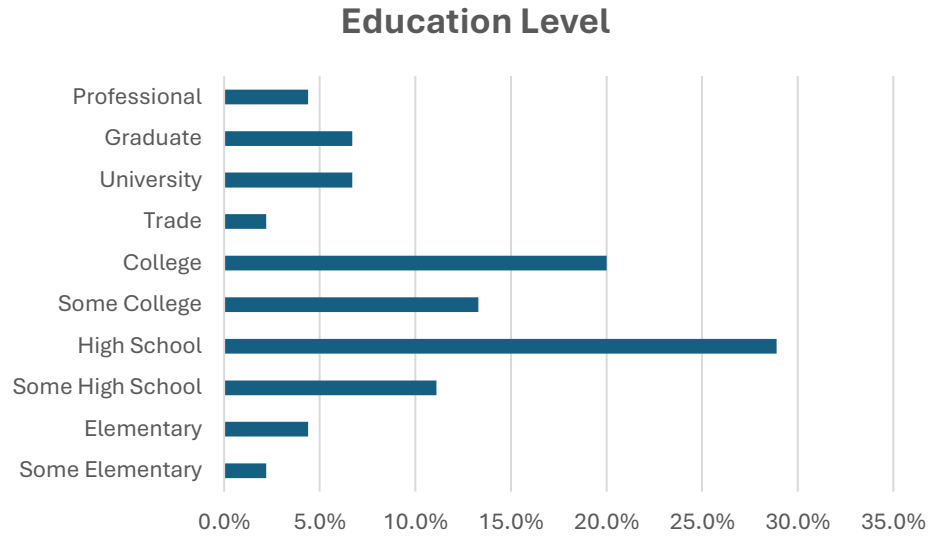
WHY 911 ONTARIO
Leading Stroke Care from the Patient Voice

- **Participants:** 45 total
  - 36 patients, 9 family members
- **Gender:** 21 female, 24 male
- **Preferred Language:** 100% English
- **Born in Canada:** 76%
- **Indigenous Identity:** 98% No
- **Race:** 100% White

Study Demographics





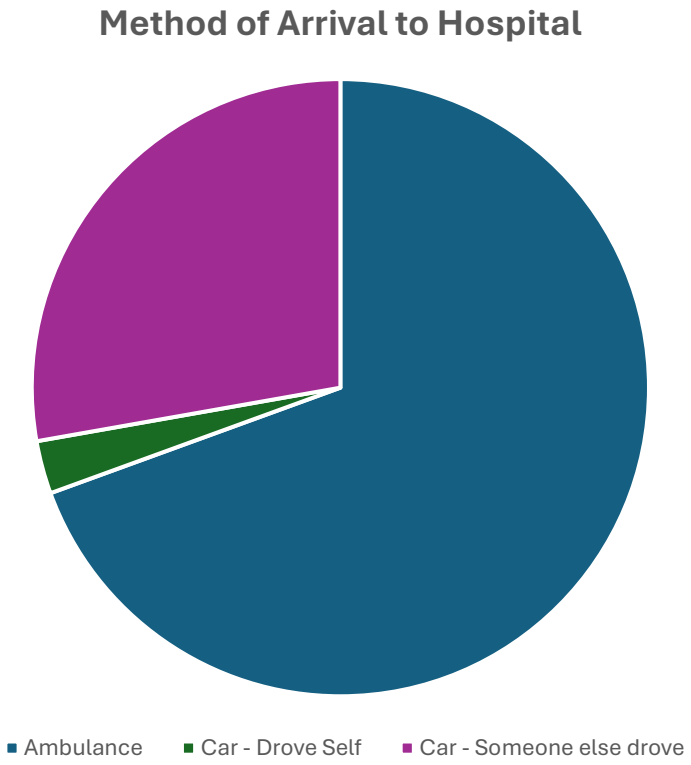


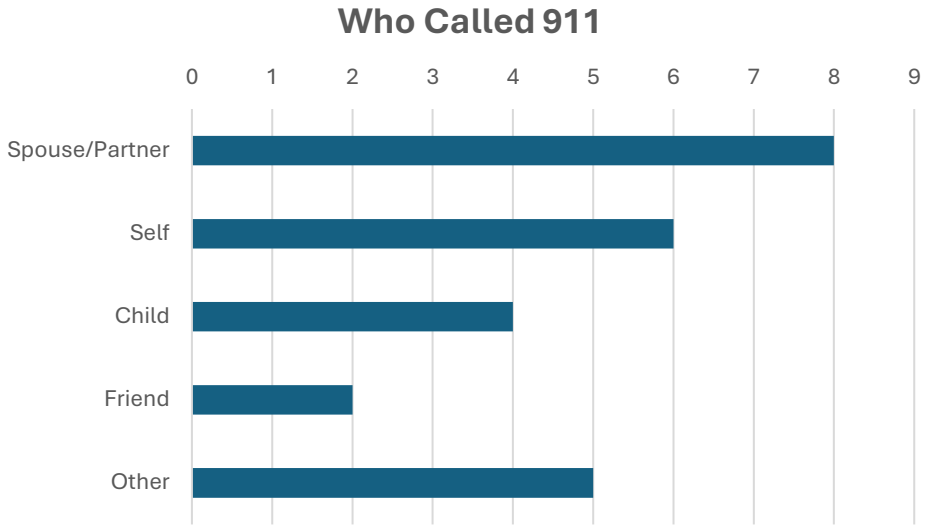
Study Results: Kingston (Preliminary)

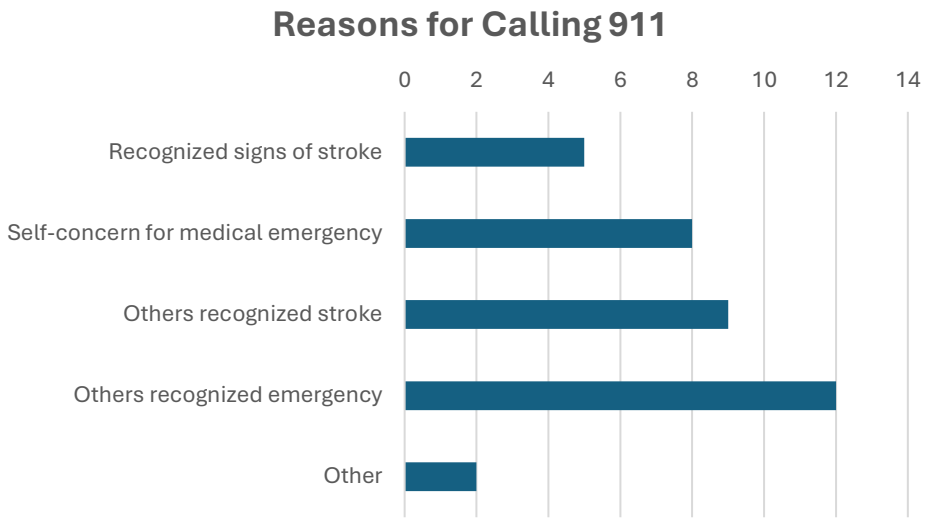
- **Location of Stroke:** Home (32), Public Space (2), Work (1), Other peoples home (1)
- **Method of arrival:** Ambulance (25), Car (11) – 1 drove self
  - 69% called 911

- **Received prior information on Stroke:** 53%
- **Heard FAST before:** 39% (yes)

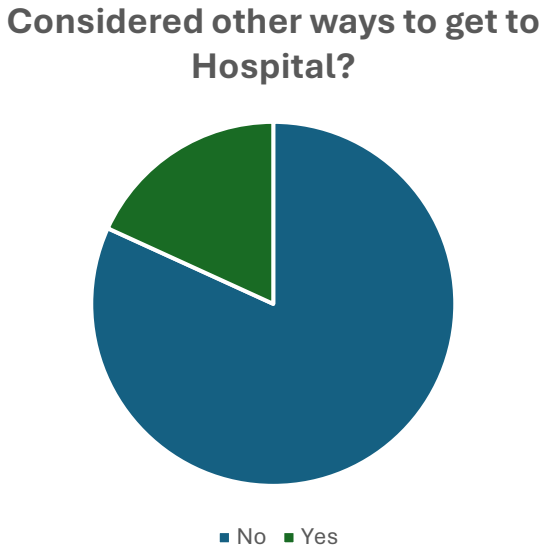
Results: Called 911

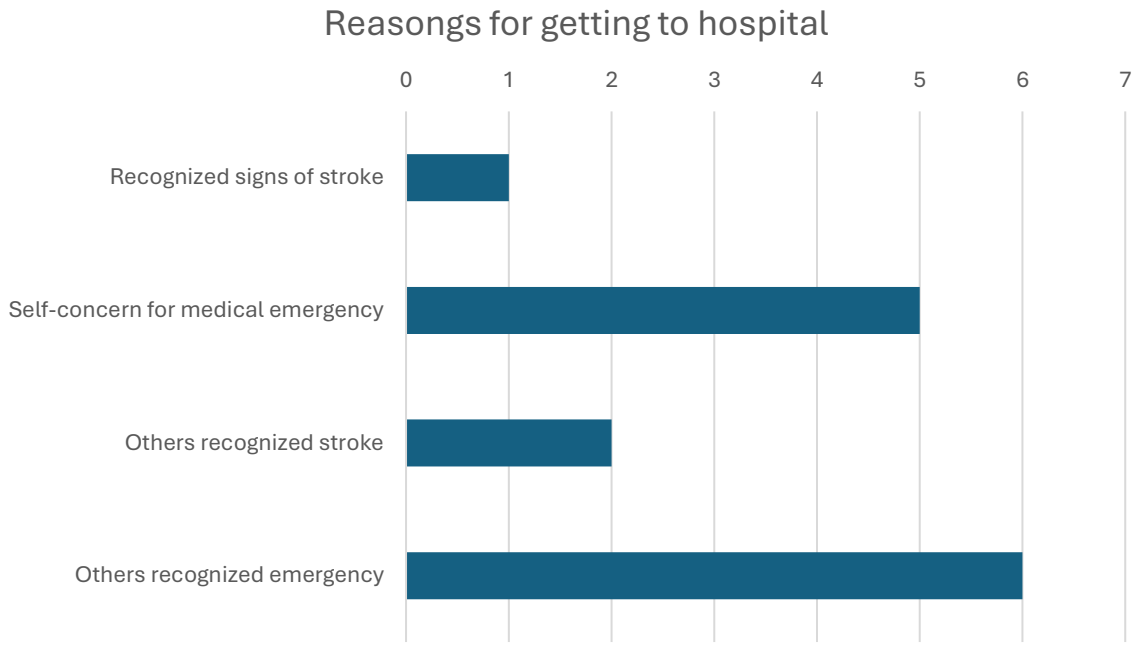






Results: Did not Call





Factors that led them to drive to the hospital

- 54.5% had someone drive them
- 45.5% did not think it was an emergency
- 27.3% concerned about wait time

Participant Quotes

“It scared me the night that it happened, it, it, it was an awful, awful feeling”

“I was really scared.”

“It was the next day actually. 'cause I slept and then trying to figure out it might just go away.”

“The tingling and the numbness in the arm is something, but I didn't pay attention to it.”

“The special unit in Kingston at KGH is amazing. We were from deck to surgery in under three hours and the travel distance is an hour and a half.”

FAST! HEROES 911

Natalie Aitken

MSW/RSW SNSEO

FAST Hero Ambassador

strokenetwork
SOUTHEASTERN ONTARIO

FAST HEROES

Is an Award-Winning Educational program

Designed to raise awareness of stroke symptoms and the need to

call an ambulance

It leverages children's fantastic enthusiasm for learning and sharing, to help them pass on the knowledge to the rest of their family, particularly their grandparents–who we call

Grandheroes!

Fun, Engaging & Interactive program

FREE

Ready-To-Teach resources

Designed for elementary educators, this hero-themed animated program teaches

life-saving skills!

Meet the FAST Heroes

FAST Heroes centers around animated characters with a Superhero theme!

Each character has a superpower, which is disrupted when the Evil Clot strikes!

FRANK THE FACE

Frank's superpower is his face. If he's not making Timmy laugh by making funny faces, he's using it to disguise himself while fighting the evil Clot.

But when the evil Clot strikes, Frank loses his superpowers and the ability to control his face, with one side suddenly drooping.

ARMANDO THE ARMS

Armando's superpower is his incredible strength. He can lift an entire car with one hand.

But when the evil Clot strikes, Armando suddenly becomes weak, losing power in one of his arms.

SOPHIA THE SINGER

Sophia's superpower is her amazing voice.

Nobody can tell a bedtime story like her or sing as loud!

But when the evil Clot strikes, Sophia's words can suddenly become slurred or make no sense at all.

TIMMY ON TIME

Timmy's superpower is his lightning speed.

He has learned all the stroke symptoms caused by the evil Clot and is brave enough to call the ambulance immediately at 911.

TANYA THE TEACHER

Tanya's superpower is her ability to teach and spread knowledge.

She has learned all about stroke symptoms and more importantly what to do if the evil Clot strikes.

Her mission is to teach everyone including her grandparents.

THE EVIL CLOT

The evil Clot is our villain in the FAST Heroes story.

The evil Clot attacks quietly and without warning.

It strikes by blocking the flow of blood to the brain, starving it of oxygen and nutrients.

This causes a person to suddenly have one or more of the symptoms.

This is known as a **STROKE!**

FAST Heroes incorporates

Tangible activities and many animations that motivate the students to become a

FAST HERO!

Together we can save world, one grandparent at a time!

KIDS TEACHING THEIR FAMILIES ABOUT STROKE

SoutheasternOntario

542,215 Thousand

WSO:100,000 people= 200 strokes

= 1,192 stroke incidence

Goal:

ChildrenNeededto educate to make an impact on stroke incidences

-597 kids-

Opportunity...

3 SchoolBoards

134 Elementary Schools

Imagine the impact?

YOUR MISSION!

Join our team!

Southeast FAST

Hero

Ambassadors!

Now Recruiting

natalie.aitken@
kingstonhsc.ca

FAST! HEROES 911

Know a Teacher?

Connect for
Teacher Info
Booklet!

Email today

canadaheroes@
fastheroes.org