

Stroke Care in South East 2020/21

NOTE: Arrow indicates how SE is trending from last FY report – improvement indicated by upward green arrow; worsening by downward red arrow



STROKE IS A MEDICAL EMERGENCY



68.6% ↑ (ON 66.2%)

of stroke/TIA patients arrived at the emergency department by ambulance

84.0% ↑ (ON 81.4%) of patients were referred to secondary prevention services after discharge from the emergency department*

TIME IS BRAIN



19.9% ↑ (ON 14.1%)

of ischemic stroke patients received hyperacute therapy

14.8% tPA (tissue plasminogen activator) (Target: >12%) (ON 10.5%)

31 minutes median door-to-needle (ON 44.0) (Target: <30 minutes)

6.9% EVT (Endovascular therapy) (ON 5.8%)

STROKE UNIT CARE IMPROVES OUTCOMES



1.81 ↑ per 1000 population (ON 1.46)

are admitted for acute stroke/TIA

41 hospitals in Ontario have a stroke unit

79.1% ↑ (ON 56.1%) of stroke patients treated on a stroke unit (Target: >75%)

SECONDARY PREVENTION OF STROKE OCCURS ACROSS THE CARE CONTINUUM



REHABILITATION OPTIMIZES RECOVERY



26.2% ↑** (ON 31.4%)

of patients accessed inpatient rehabilitation

75 minutes per day of inpatient therapy was received per patient (ON 68.9%) (Target: 180 minutes)

STROKE JOURNEY CONTINUES AFTER DISCHARGE



57.2 days ↑** (ON 56.4)

Average number of days spent at home in the first 90 days after stroke

66.4%** received home-based rehabilitation* (ON 38.6%)

12** median number of visits (ON 9.0)

76.6% ↑ (ON 74.9%) of patients aged 65 and older with atrial fibrillation filled a prescription for anticoagulant therapy within 90 days of acute care discharge*

PATIENT OUTCOMES – SE rates each similar or improved from last FY

6.2% of stroke/TIA patients were readmitted within 30 days (ON 6.6%)

11.3% of stroke/TIA patients died within 30 days (ON 12.1%)

8.2%** of stroke patients were admitted to long-term care within 1-year post discharge (ON 6.3%)

*There is currently no data available for outpatient rehabilitation and secondary prevention clinic.
** 2020/21 Q2 (YTD)

