



Brockville General Hospital

A Review of our Organizational
Status with Stroke Care

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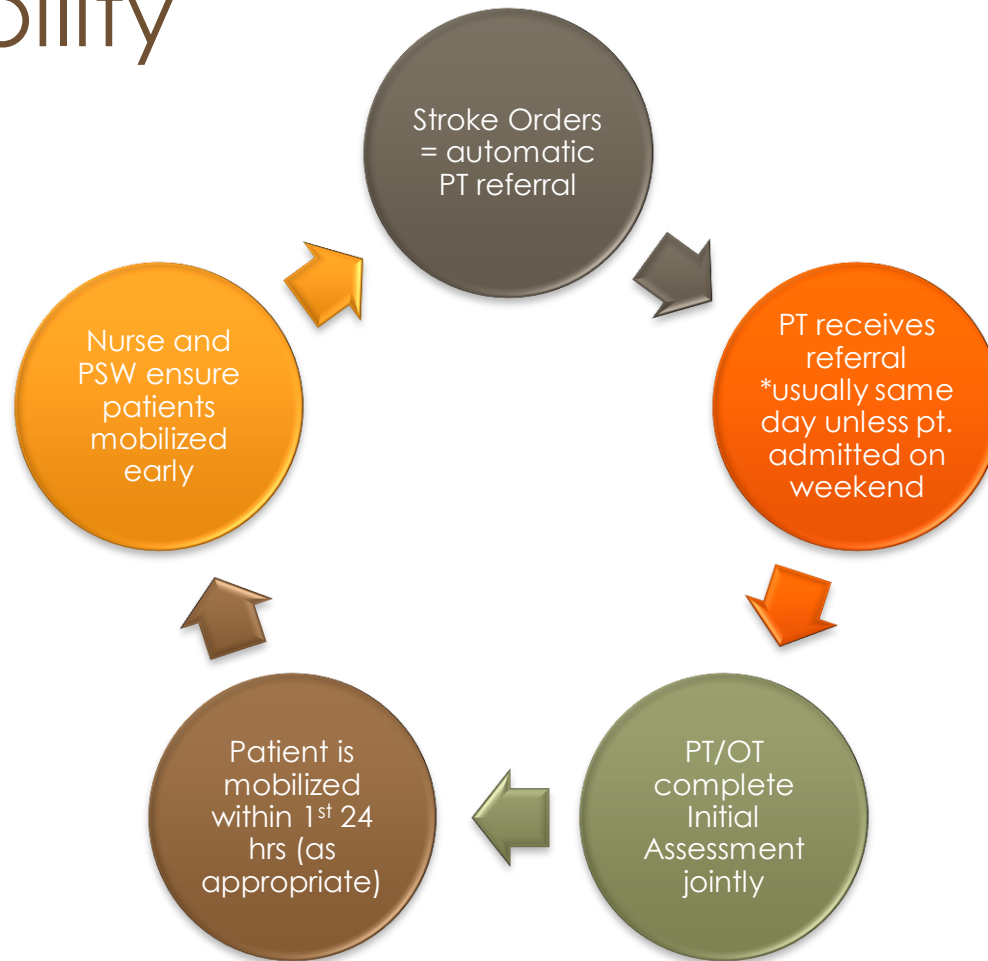
Our Team

- Natalie Aiken, SW
- Elizabeth Gibson, RN
- Mackenzie Haskell, OT
- Deanne Henson, Manager
- Adonica Keddy, RD
- Jennifer MacDonald, Interprofessional Educator
- Jane Mitton, RN Resource Nurse
- Jackie Peters, PT
- Lynn Varma, SLP

- (Dedicated nurses, physicians, PSW's, and support staff)



What is our Usual Process: Mobility



What is Working Well: Mobility

- Communication and commitment of team to ensure patients are being mobilized early and often
- Equipment being assigned by our allied health team and labeled for specific patient use
- Areas to improve quality include improved use of bedside communication and change increased hours of coverage to ensure no gap in time from admission to initial assessment (to take place early 2018)

How We Know This Practice is Working Well: Mobility

PT does on going assessment



Identification behind head of bed



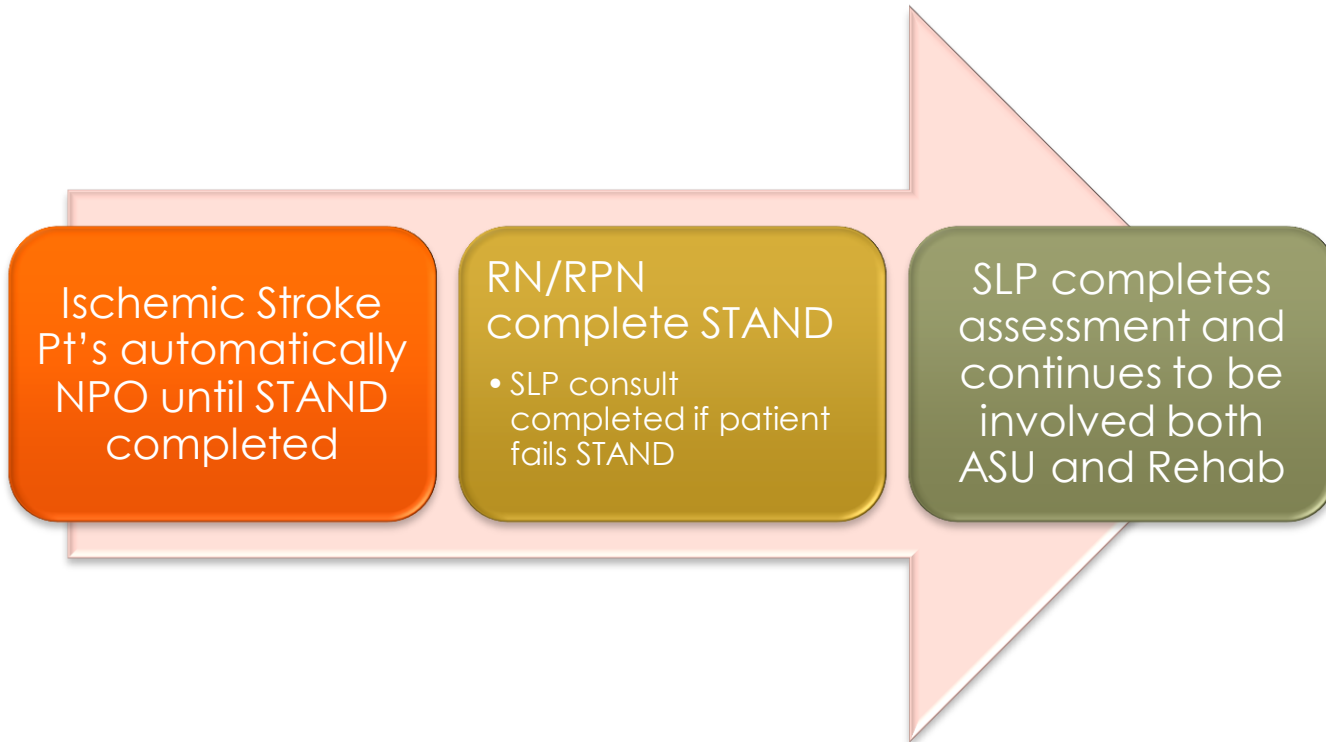
Communication @ daily stroke rounds

2
PERSON
TRANSFER

Patient Experience Survey



What is our Usual Process: Dysphagia Screening & Management



Dysphagia Screening & Management: Areas for Improvement

- Ensuring patient remains NPO in ER until STAND completed
- Ensuring patient is monitored for 3 meals following successful completion of STAND



How We Know This Practice is Working Well: Dysphagia Screening & Management

- Monitoring of Stroke Resource nurse to ensure STAND is completed
- Chart review of complications to identify gaps/areas for improvements
- Routine follow ups and review by our SLP

What is Working Well: Dysphagia Screening & Management



What is our Usual Process: Aphasia & Communication

SLP consulted when patient has aphasia



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graph TD; A[SLP consulted when patient has aphasia] --> B[SLP consult is prioritized when communication is concern]; B --> C[SLP uses WAB and Boston Naming Tool for assessment];
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SLP consult is prioritized when communication is concern

- Multidisciplinary team looks to SLP to help guide communication with patient

SLP uses WAB and Boston Naming Tool for assessment

How We Know This Practice is Working Well: Aphasia & Communication

- Allied health collaboration with SLP/ having SLP assess first is helpful to establish how to best communicate with patient.
- Education continues to be provided regarding how to communicate with patients experiencing aphasia.
- No formal review currently taking place to identify areas for improvement.

What is Working Well: Aphasia & Communication



Communication
between the team
members at Stroke
Rounds



Use of BASDEC cards
for depression
assessment

What is our Usual Process: Transitions

Goals of care are discussed early and often
with pt/family

BGH Pt's are discharged from
ASU to; home, GSS (CCC, RC,
or Rehab)

PSFDH Pt's are discharged
from ASU to; home, Rehab or
inpatient medical at PSFDH



Utilize patient transfer of care and detailed
consult form for transfers between sites at BGH

Patients going to PSFDH have verbal physician to physician &
nurse to nurse handoff as well as package

How We Know This Practice is Working Well: Transitions

SLP & SW follow the patient during their transition to Rehab/RC

- Pt's families find this continuity helpful

A culture of reporting concerns regarding patient safety has been est.

- Unusual occurrence reports are filed when needed and reviewed/ followed up on

LLG Integrated Stroke Planning Project Advisory Group provides feedback

- This feedback has helped guide improvements for transitions between PSFDH and BGH

What is Working Well: Transitions

What is working

- Having continuity of SLP and SW between Acute and Rehab
- Thorough package is being provided for patients going back to PSFDH

Areas for improvement

- Ensuring consistent messaging re. goals/LOS
- While SLP and SW are consistent their presence at GSS is limited due to physical distance

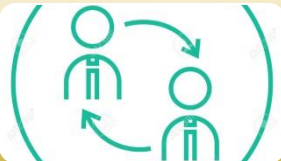
Challenges



Continuity with transferring patients between sites. Future state will have Rehab at CSS



Patients receiving timely therapy when admitted on a Friday. OT, PT moving to 7 days a week coverage winter 2018



High volume of staff turnover in acute care (ER, ICU, Med Surg)



Resources to ensure documentation available via QuadraMed due to demand of IT resources

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