ENHANCING SERVICES

Timely, enhanced community and LTC rehabilitation services have been provided to stroke survivors in Southeastern Ontario since February 2009 with the launch of an innovative LHIN-funded project. In April, 2011, recognizing the critical role this enhanced service plays in both improving stroke survivors' functional outcomes and health system utilization as evidenced by reduced lengths of stay, the LHIN committed to ongoing funding for this regional standard of service in support of best practice in stroke care.

Eligible stroke survivors will continue to be considered for enhanced Physiotherapy (PT), Occupational Therapy (OT), Social Work (SW) and Speech Language Pathology (SLP) services through the CCAC for two months following discharge home. For stroke survivors discharged to Long Term Care (LTC), PT will be provided by the LTC Home with enhanced OT, SLP and SW being provided through the CCAC.

Enhanced Service Objectives:

For Stroke Survivors: to improve access to timely enhanced community and LTC rehab services for improved function, emotional support and satisfaction with transition to home.

For Healthcare Providers: to improve information flow and stroke care expertise.

For the Health Care System: to decrease length of stay, Emergency Room visits and hospital readmissions by supporting transition to home for those with new stroke, providing timely enhanced community and LTC rehabilitation support.

CONTACTS

Stroke Network of Southeastern Ontario:
Gwen Brown, Regional Stroke
Community and LTC Coordinator
(613) 549-6666 x 6867
browng2@kgh.kari.net

South East Community Care Access Centre:
Patti Dixon-Medora,
Client Services Manager
(613) 544-8200 x8210
patti.dixon-medora@se.ccac-ont.ca

ENHANCING COMMUNITY AND LONG TERM CARE STROKE REHABILITATION IN SOUTHEASTERN ONTARIO: DISCHARGE LINK

IMPROVING THE SYSTEM OF STROKE CARE

South East CCAC Community Care Access Centre
CASC Centre d'accès aux soins communautaires du Sud-Est

STROKE NETWORK of Southeastern Ontario

Ontario Stroke System
Fewer strokes. Better outcomes.

Funded by the South East LHIN

ABOUT THE SERVICE

Enhanced Community & LTC Rehabilitation has been shown, in a prior regional pilot project to improve outcomes by providing faster change in function on return to the community or on transition to LTC. This was also coupled with decreased health system costs such as reduced length of hospital stay and reduced hospital readmission rates. Implementation of this innovative model of care has two closely related components:

1. Enhanced Timely Community and LTC Rehabilitation Services

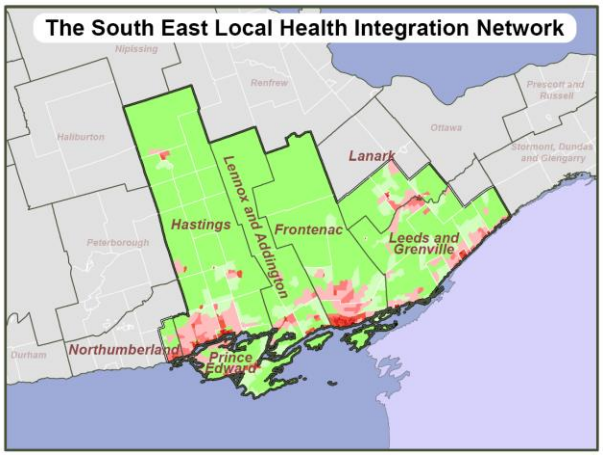
Timely intensive stroke rehabilitation services are delivered at home, in residential settings and LTC settings to meet both client and health system objectives.

To be eligible for enhanced services, clients must be over 16, have had a recent stroke, and be eligible for therapy from a Community Care Access Centre (CCAC). Care Coordinators determine eligibility for CCAC services. Therapists contracted by the CCAC provide an enhanced level of therapy for the first two months following clients' return to the community or LTC setting. (Residents in LTC Homes will continue to receive physiotherapy from their contracted providers.)

Whenever possible a "Discharge Link" meeting occurs between the hospital Occupational Therapist (OT) and the CCAC OT prior to discharge to communicate and coordinate treatment plans and objectives. For LTC residents, a collaborative care plan meeting is arranged by the CCAC OT, and may include the LTC Director of Care, or designate, LTC Physiotherapist, direct care providers, client and family whenever possible.

2. Community and LTC Stroke Expertise

Regional Stroke Education resources are made available and promoted for use in the community and LTC settings to assist in developing an interprofessional team approach to best practice stroke care.



PARTNERS

South East Community Care Access Centre

This includes the counties of Lanark, Leeds and Grenville (LLG), Kingston, Frontenac, Lennox & Addington (KFLA) and Hastings and Prince Edward (HPE), as well as the Brighton area. The CCAC will consider enhanced therapy for eligible stroke survivors which is provided through their contracted providers. Therapy providers include Occupational Therapists, Physiotherapists, Speech Language Pathologists and Social Workers. (contracted physiotherapy providers in LTC will continue to provide PT services.)

Stroke Network of Southeastern Ontario

The Stroke Network Regional Rehabilitation Coordinator and Regional Community & LTC Coordinator partners with the Client Services Manager of the SECCAC in supporting the implementation of enhanced rehabilitation services in SEO. Coordination includes overseeing process training and expert stroke education, coordination of enhanced services, program evaluation, outcome reporting, and ongoing communication between all regional partners.

Hospital and Inpatient Rehabilitation Facilities

Acute care hospitals, complex continuing care and rehabilitation facilities discharge clients to enhanced CCAC services in community and LTC settings. This includes Kingston General Hospital, Providence Care (St. Mary's site), Lennox and Addington County General Hospital, Brockville General Hospital (2 sites), Quinte Health Care (4 sites) and Perth and Smiths Falls District Hospital (2 sites). The hospital teams will identify potential clients, assist in the discharge process and host the Discharge Link meeting where applicable.

Clients and Families

To ensure a client focus, the rehabilitation goals of stroke survivors and their families help to drive the initial care planning process. The key roles played by the client and family continue throughout their stay on the Enhanced Rehab Program. This collaborative approach, based on best practice interprofessional care, supports improved functional outcomes, decreased lengths of stay in hospital and reduced Emergency Room visits.

The provision of timely intensive stroke rehabilitation services upon transition to the community has a positive impact on health system utilization and stroke survivor outcomes.