

# Ontario Stroke Evaluation Report 2018: Stroke Care and Outcomes in Complex Continuing Care and Long-Term Care



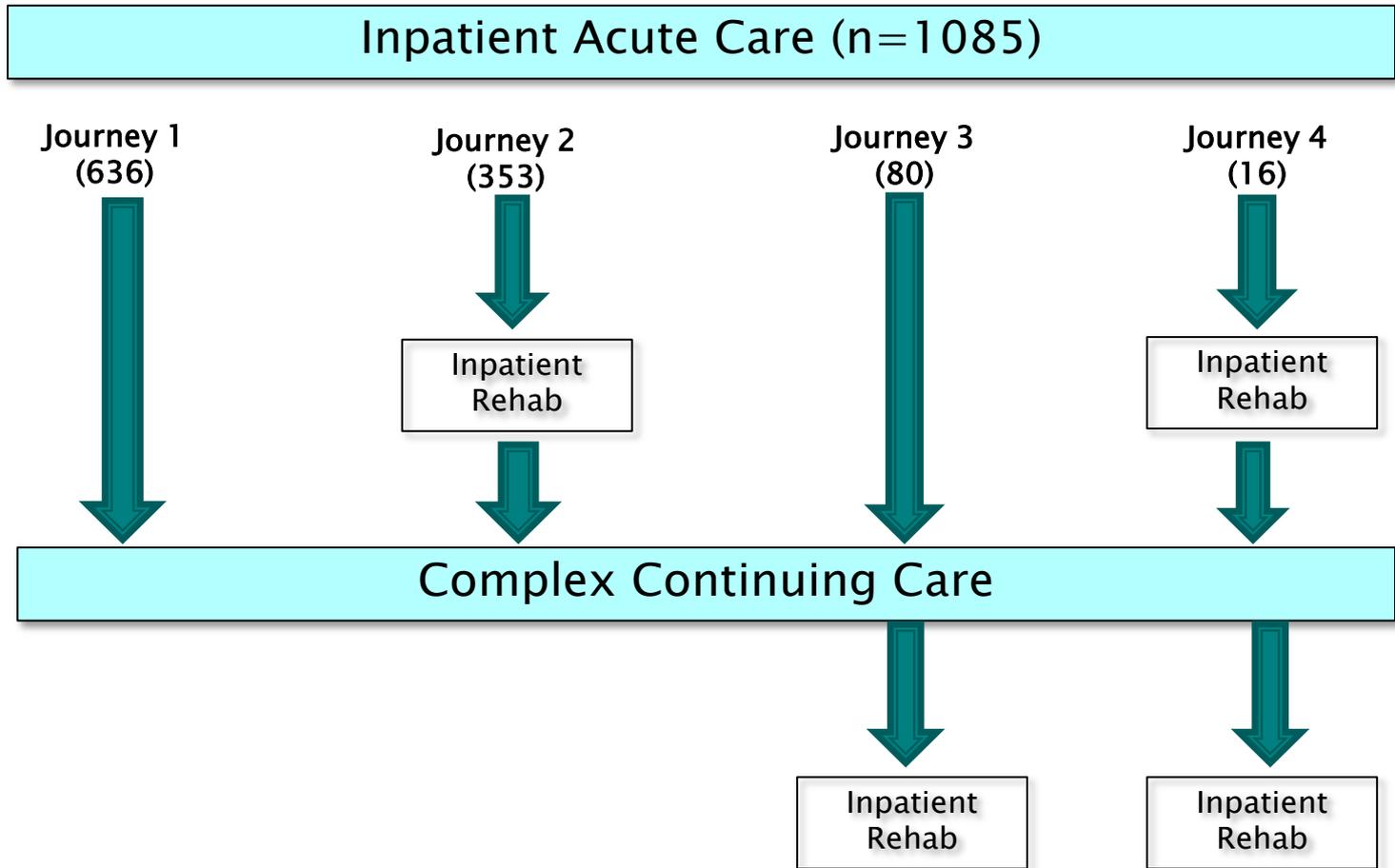
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Stroke Network of Southeastern Ontario

# BACKGROUND

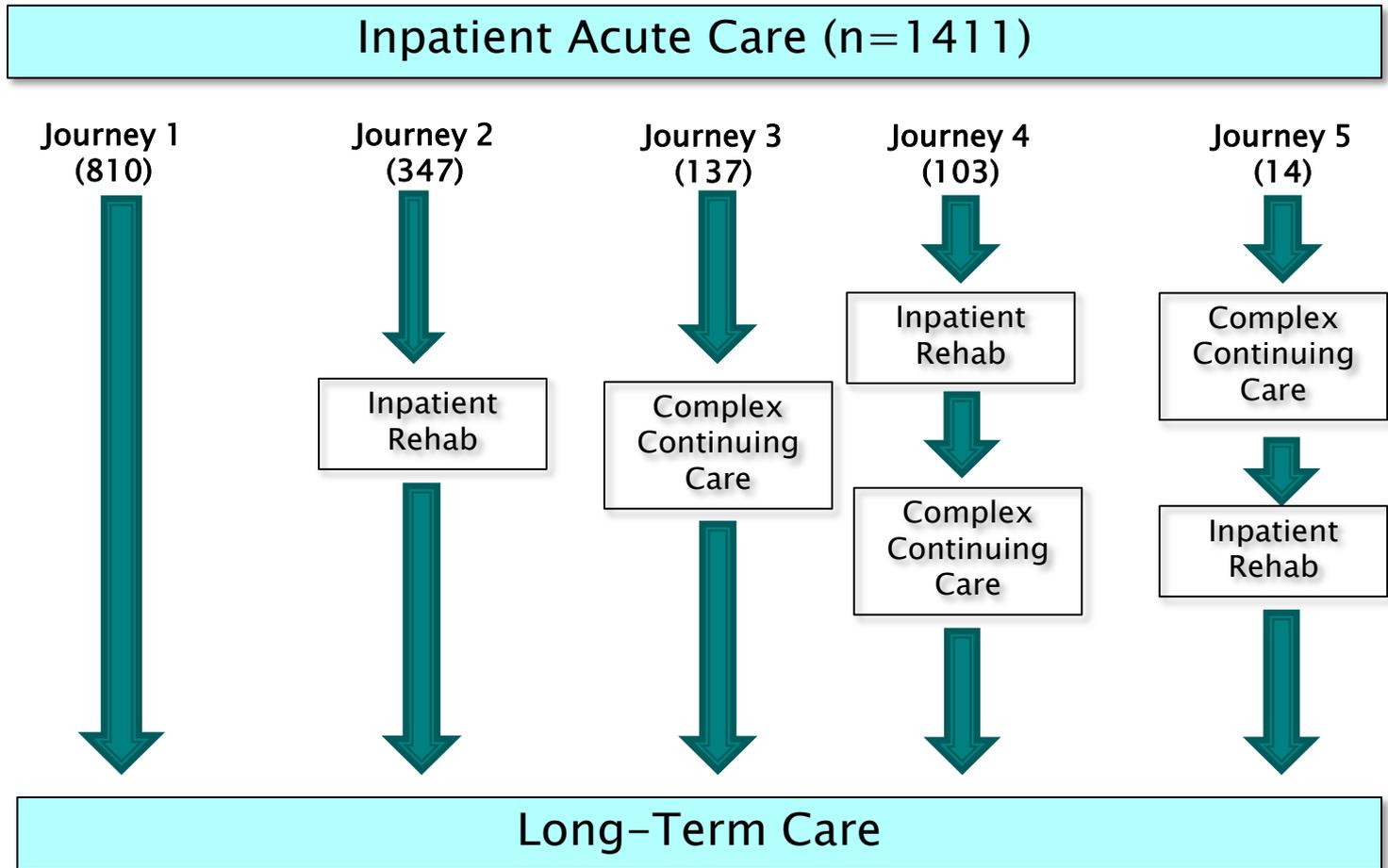
- ▶ In 2015 in Ontario 1,085 stroke survivors were admitted to complex continuing care (CCC) and 1,411 stroke survivors were admitted to long-term care (LTC)
- ▶ 21.3% of LTC residents have had a stroke (CIHI, 2014/15)
- ▶ Care provided to stroke survivors in these settings had been largely unexamined → genesis of report
- ▶ Report includes data from 2010/11 to 2014/15



# TRANSITIONS TO CCC



# TRANSITIONS TO LTC



# KEY FINDINGS - REHABILITATION

*"...rehabilitation' crosses all 'stages' and 'settings of care' and a broad range of clinical experts, care providers and caregivers are included as active members of the rehabilitation 'team', along with the patient."*

– Canadian Stroke Best Practice Recommendations, 2016

Proportion of stroke survivors receiving core therapies (PT, OT, SLP) in 2014/15.

	CCC	LTC
0 therapies	6.1%	35.4%
1 therapy	11%	61.3%
2 therapies	44.4%	3.3%
3 therapies	38%	0%



# KEY FINDINGS - REHABILITATION

*“A critical concept within stroke rehabilitation is that ‘rehabilitation’ does not refer to a specific place or time where care is received. Rather, stroke rehabilitation is a goal-oriented set of therapies and activities as part of patient care post-stroke”.*

–Canadian Stroke Best Practice Recommendations, 2016

Median minutes /day of therapy for those receiving therapy:

	CCC	LTC
Physiotherapy	20	6
Occupational Therapy	17	4
Speech Language Pathology	11	6
Recreation Therapy	9	6



# KEY FINDINGS – DEPRESSION

## Depression

*“Approximately one-third of all individuals who experience stroke will exhibit symptoms of depression at some time following the stroke event (acute, sub-acute and at long-term follow-up)... PSD is associated with poorer functional recovery, increased risk for dependence, poorer cognitive function and reduction in social participation. In addition, the presence of PSD has been associated with increased risk for mortality.”*

– Canadian Stroke Best Practice Recommendations, 2016

Approximately 20% of stroke survivors in CCC and 25% of stroke survivors in LTC had a diagnosis of depression.



# REHABILITATION & RESTORATIVE CARE

The time spent in rehabilitation therapy and recreation therapy per day is minimal, and access to physiotherapy and nursing restorative care in LTC has **declined over time**. Low health-related quality of life scores may be attributed to limited rehabilitation.

## Health-related Quality of Life

- Classified as low using Health Status Index for a mean score of 0.32 for CCC and 0.37 for LTC



# KEY FINDINGS - SOCIAL ENGAGEMENT

## Social Engagement

*“Stroke survivors often experience motor, cognitive and psychosocial changes that impact their ability to resume pre stroke pursuits...evidence indicates that the resumption of these activities are associated with increased quality of life”.*

– Canadian Stroke Best Practice Recommendations, 2016

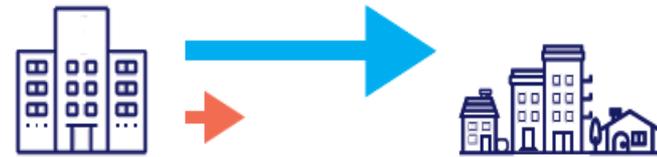
- ▶ In CCC and LTC, less than half of stroke survivors with mild to no cognitive impairment were considered to be socially engaged.



# CARE AND OUTCOMES OF STROKE SURVIVORS admitted to **complex continuing care** and **long-term care** in Ontario in 2015

About 1 in 5 stroke survivors are admitted to **complex continuing care (CCC)** or **long-term care (LTC)** after an acute stroke. Most don't return to the community. Access to more intensive rehabilitation might improve that outcome and optimize quality of life.

Of the 1,085 stroke survivors admitted to CCC, 45.7% were discharged to the community.



Of the 1,411 stroke survivors admitted to LTC, 10.8% were discharged to the community.

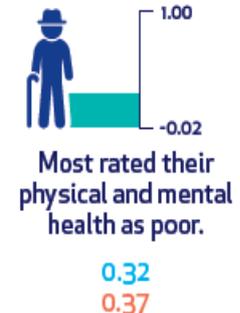
## Characteristics of these stroke survivors



## Their access to rehabilitation



## Their quality of life



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# Ontario Stroke Evaluation Report 2018: Stroke Care and Outcomes in Complex Continuing Care and Long-Term Care

April 2018



[Full Report](#)

# QUESTIONS



# Stroke Services Greater Kingston and Area





# Stroke Event



# Stroke Event



# Going Home



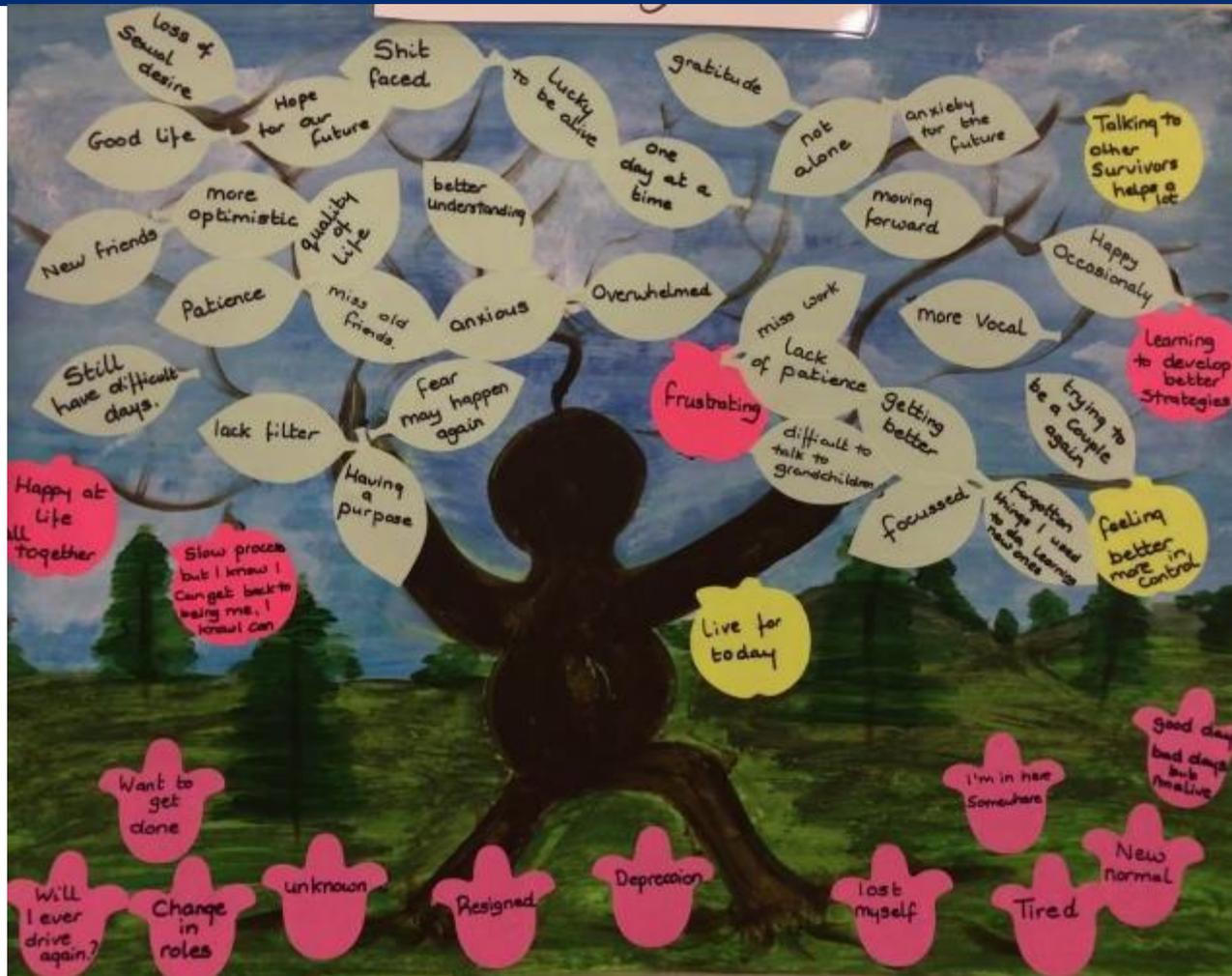
# Going Home



# Present Day



# Present Day





# In conclusion



- A stroke journey doesn't finish even at the end of rehabilitation.
- It is only beginning and continues on throughout the lives of those impacted by the stroke.
- It, impacts everyday life.
- Be patient don't rush.....
- The stroke recovery journey changes and moves in different directions, **just as a tree grows and changes.**

Thank you



# SOCIAL WORK IN STROKE CARE

Brockville  
General  
Hospital

# DEPRESSION AND STROKE

- The three important issues that can negatively impact the lives of people after stroke include Mood, Cognition, and Fatigue.
  - Overlap between depression and fatigue
- Depression is very common after stroke. It can be caused by injury to the areas of the brain that control emotions or as an understandable response to this difficult, life-changing event.
- Stroke survivors have reported that being able to deal with the physical consequences better than the psychological and emotional aspects.

Stroke Report 2017 (H&S) & Canadian Stroke Best  
Practice Recommendations 2019 (Journal of Stroke)

# WHAT CAN WE DO?

- Screen for it early and often\* (Validated Tool)
- Talk about it and provide knowledge to patients and family about the prevalence of post stroke depression.
- Provide treatment if present.
- Support the caregiver/family.

# TREATMENT

- **Cognitive-Behavioural Therapy vs. Supportive Counselling**
- **Medication**
- **Exercise\***

# WORDS MATTER

## Some things not to say

- It could be worse
- Try harder
- Everyone feels depressed sometime
- You are hurting yourself
- why are you so sad\*

If you don't know what to say, acknowledge that and provide empathy

## Some things to say/do

- Take time to listen
- Put yourself in their shoes
- Be supportive and give positive feedback
- Encourage the expression of emotions
- Identify and encourage activities that might be enjoyable or rewarding

# SW INVOLVEMENT IN THE ACUTE PHASE

- Focus on supporting patient and family during acute phase.
- Educate patients/families on the risk of developing depression after a vascular event. If time permits and patient appropriate perform screening tool.
- Explain acute stroke pathway and manage expectations throughout the patient journey in Acute Care.
- When patient is leaving Acute Care to Community discuss support services.

# SW INVOLVEMENT DURING REHAB STAY

- Patients mood screened using validated tool
- Peer Stroke Support visit offered
- Minimum 1x week contact for support.
- Begin to plan for discharge early eliciting pt.'s wishes and facilitating planning meetings
- Referrals to appropriate community supports

# REFERENCES

- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Washington, DC: Author.
- Gilchrist, E. (2016) Post-Stroke Depression Screening and Management: Turning Best Practice into the Practical.
- Lanctot et., al. (2019). Canadian Stroke Best Practice Recommendations: Mood, Cognition and Fatigue following Stroke, 6<sup>th</sup> edition update 2019. *International Journal of stroke*, 0(0) 1-21.
- [www.heartandstroke.com](http://www.heartandstroke.com)
- Stroke Best Practice Guide. September, 2017
- <http://www.strokebestpractices.ca/index.php/cognition-mood/post-stroke-fatigue/>



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# Recreation & Leisure Post-Stroke

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# Objectives:

- \* Define “meaningful leisure”
- \* Discover how you can help people articulate leisure interests
- \* The importance of Community Integration
- \* Identify common barriers to leisure participation
- \* Adapted equipment and community resources
- \* Stroke Best Practice Guidelines
- \* Recreation Therapy Interventions



*Tell me and I forget, teach me and I  
remember, involve me and I learn.*

*Benjamin Franklin*



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***“We are beginning to discover that the meaning of leisure is really the meaning of life, leisure is freedom and freedom is living”***

***-Douglas H. Sessoms***



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# Meaningful Leisure :

***“Gives people a positive sense of self, reaffirms their pleasure in living, and enhances their quality of life”***

- Taking Action for Optimal Community Long-Term Stroke Care (2015)



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\*What do you like to do for fun?

\*Do you like to do leisure activities by yourself or with others?

\*What activities help you to feel relaxed/energized?

\*What makes you smile 😊 ??



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# Community Reintegration Matters!

- “Community reintegration is one of the **most important and underrated** areas of stroke care. Failure to mobilize adequate community supports can negate the best efforts of stroke rehabilitation. Community supports have a profound impact on quality of life.”
- “Higher levels of social support are associated with greater functional gains, less depression and improved mood and social interaction”

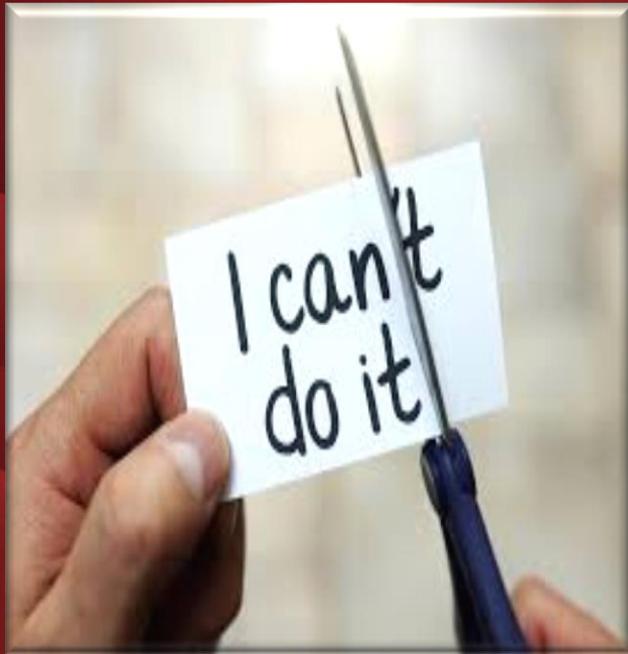
Resource: Stroke Rehabilitation Clinician Handbook 2016

Pgs 12-13 Post-Stroke Depression and Community Reintegration (pgs 12-13)

[www.ebrsr.com](http://www.ebrsr.com)

# Common Barriers to Leisure Participation

- \*Finances, Transportation
- \*Fatigue
- \*Mental Health (Depression, Anxiety)
- \*Lack of Knowledge of Community Resources
- \*Fear of the Unknown
- \*Perceived Inability
- \*Social Isolation
- \*Medical Complications
- \*Cognitive, Physical, and/or Communication Deficits



# Community Resources and Adapted Equipment (Links)

- a) [Stroke Network Resource Guide 2019](#)
- b) [Taking Action For Optimal Community and Long-Term Stroke Care PDF](#)
- c) [Assistive Devices Program- March of Dimes](#)
- d) [Southeast Healthline Resource Database](#)
- e) [ABI System Navigation SE Ontario Website](#)



# Stroke Best Practice Guidelines- Leisure



“Patients should be given the opportunity to discuss pre-stroke leisure pursuits and be assessed for rehabilitative needs to resume these activities”.

“Patients should be offered information regarding leisure activities in the community and/or be referred to relevant agencies. Use of peer support groups should be encouraged “



***“Participation in leisure activities should be encouraged”***

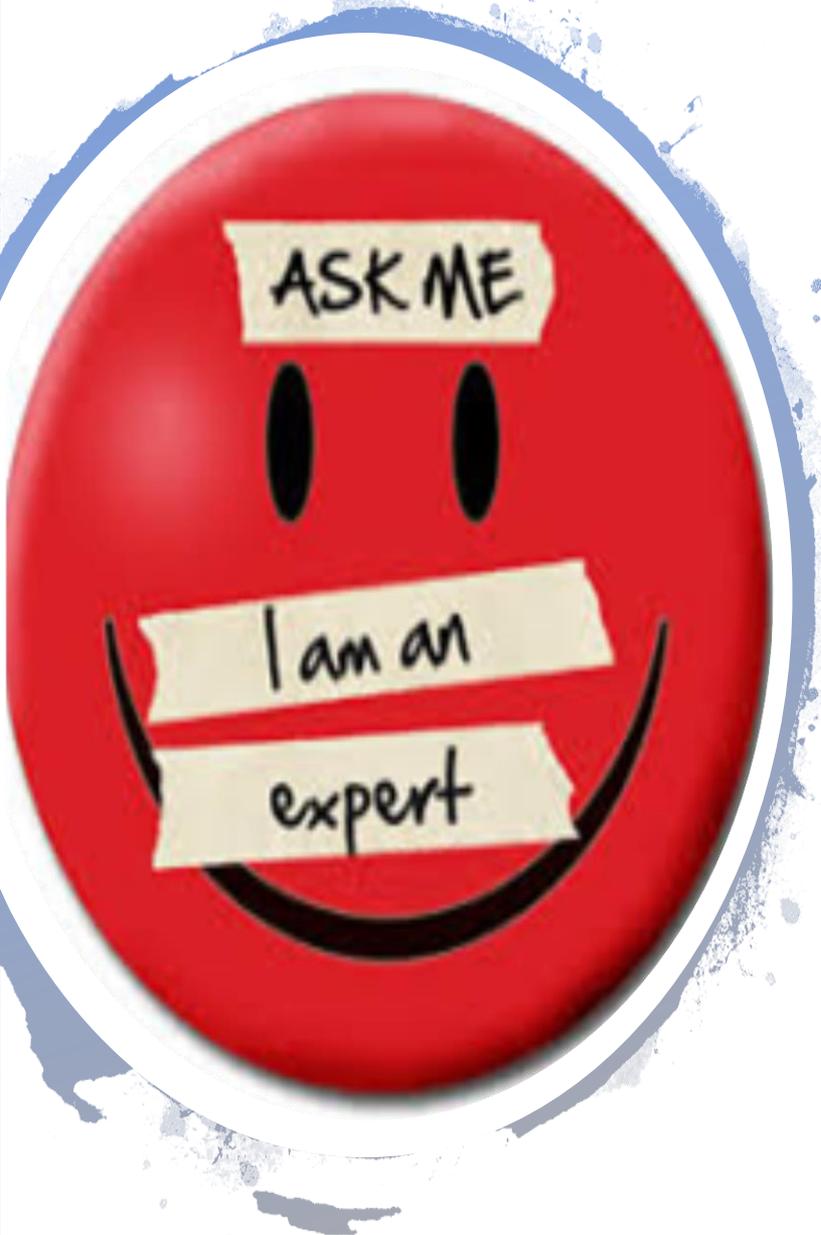
***“Patients who experience difficulty engaging in leisure activities should receive targeted therapeutic interventions”***

International Journal of Stroke 2016, Vol. 11(4) 459–484



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# Recreation Therapy Interventions



- Recreation Therapists use Standardized Assessments to build comprehensive treatment plans.
- Recreation Therapists focus on *strengths* as the foundation for planning interventions and overcoming barriers.
- Recreation Therapists always see the person as the expert on their own leisure interests and desires.

[www.trontario.org](http://www.trontario.org) for more info 😊

# #Collaboration



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**Thank  
You!**

**Therapeutic Recreation  
Program  
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