ACCREDITATION AGRÉMENT CANADA Distinction

Stroke Distinction Report

Kingston Health Sciences Centre

Kingston, ON

On-site Survey Dates:

November 21, 2018 - November 23, 2018

Report Issued: January 21, 2019

About the Distinction Report

Kingston Health Sciences Centre (referred to in this report as “the organization”) is participating in the Accreditation Canada Distinction program. As part of this ongoing process of quality improvement, an on-site survey was conducted. Information from the on-site survey as well as other data obtained from the organization was used to produce this Distinction Report.

On-site survey results are based on information provided by the organization. Accreditation Canada relies on the accuracy of this information to plan and conduct the on-site survey and produce the Distinction Report.

Confidentiality

This report is confidential and is provided by Accreditation Canada to the organization only. Accreditation Canada does not release the report to any other parties.

In the interests of transparency and accountability, Accreditation Canada encourages the organization to disseminate its Distinction Report to staff, board members, clients, the community, and other stakeholders.

Any alteration of this Distinction Report compromises the integrity of the process and is strictly prohibited.

A Message from Accreditation Canada

On behalf of Accreditation Canada, I extend my congratulations to Kingston Health Sciences Centre on your participation in a program that recognizes organizations that demonstrate clinical excellence and an outstanding commitment to leadership. I hope you find the Distinction process to be an interesting and informative experience, and that it is providing valuable information that you are using to plan your quality and safety initiatives.

This Distinction Report shows your decision, as well as final results from your recent on-site survey. I encourage you to use the information in this report to guide your ongoing quality improvement activities.

Your Accreditation Specialist is available if you have questions or need guidance.

Thank you for your leadership and for demonstrating your ongoing commitment to quality by integrating Distinction into your quality improvement program. We welcome your feedback about how we can continue to strengthen the program to ensure it remains relevant to you and your services.

Sincerely,

Leslee Thompson
Chief Executive Officer

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Introduction

The Accreditation Canada Distinction program recognizes organizations that demonstrate clinical excellence and an outstanding commitment to leadership in a specific field of expertise. The program is developed in close consultation with key stakeholders and content experts to reflect detailed practices and the most up-to-date evidence. It offers rigorous and highly specialized standards of excellence, in-depth performance indicators and protocols, and an on-site survey by expert evaluators with extensive practical experience in the field. The program includes an on-site survey every four years.

The Distinction program includes the following key components:

- **Standards:** Distinction standards are based on the latest research and evidence related to excellence in the field.
- **Protocols:** Distinction requires the use of evidence-based protocols to promote a consistent approach to care and increase effectiveness and efficiency.
- **Indicators:** A key component of the Distinction program is the requirement to submit data on a regular basis and meet performance thresholds on a core set of performance indicators.
- **Client and Family Education:** Client, family and caregiver education and self-management support are integral parts of stroke care that should be addressed at all stages across the continuum of stroke care for both adult and pediatric clients. Education is an ongoing and vital part of the recovery process for stroke, which must reach the survivor, family members, and caregivers.
- **Excellence and Innovation:** Distinction clients must demonstrate implementation of a project or initiative that aligns with best practice guidelines, utilizes the latest knowledge, and integrates evidence to enhance the quality of care.

Executive Summary

Kingston Health Sciences Centre (referred to in this report as “the organization”) is participating in the Accreditation Canada Distinction program. Accreditation Canada is an independent, not-for-profit organization that sets standards for quality and safety in health care and accredits health organizations across Canada.

As part of the Distinction program, the Kingston Health Sciences Centre has undergone a rigorous evaluation process. External peer evaluators conducted an on-site survey during which they assessed the organization's programs and services. Results are included in this report and were considered in the Distinction decision. Please see Appendix A for a copy of the Decision Guidelines.

This report shows the results to date and is provided to guide the organization as it continues to incorporate the principles of Distinction and quality improvement into its programs and services.

The Kingston Health Sciences Centre is commended on its commitment to using Distinction to improve the quality and safety of the services it offers to its clients and its community.

Distinction Decision

Accreditation Canada is very pleased to recognize Kingston Health Sciences Centre for earning Distinction in Stroke Services for the following locations and services:

Kingston General Hospital

Acute Stroke Services
Protocols for Acute Stroke Services

On-Site Survey Information

On-Site Survey Dates

November 21, 2018, to November 23, 2018

Location

The following location was assessed during the on-site survey.

Kingston General Hospital

Overview of Results

The following is an overview of the organization's results for each component of the Distinction program.

Component	Achievement	Met	Unmet	Total	%
Standards					
Acute Stroke Services					
Kingston General Hospital	✔	98	5	103	95.1
Distinction Protocol					
Kingston General Hospital	✔	14	0	14	100.0
Distinction Education					
Kingston General Hospital	✔	7	1	8	87.5
Distinction Excellence and Innovation					
Endovascular Thrombectomy in HyerAcute Stroke Care	✔	5	0	5	100.0

Summary of Evaluator Team Observations

The evaluator team made the following observations about the organization's overall strengths, opportunities for improvement and challenges.

Acute stroke services at the Kingston Health Sciences Centre (KHSC) are overseen by the Stroke Network of Southeastern Ontario. There is a regional steering community, including Patient Experience Advisors (PEAs) and community partners who plan and oversee the delivery of stroke services in this region. KHSC is a regional stroke centre providing tertiary stroke services to the SE Local Health Integration Network (LHIN), including Hastings, Frontenac, Lanark, Leeds and Grenville Counties. This region is the most rural region of Ontario by residency, and its residents have significantly higher risk factors for stroke, including obesity, hypertension, and smoking than in Ontario generally.

Thrombolysis and endovascular thrombectomy (EVT) are provided at this regional centre. Indicators measuring the timeliness of delivery and effectiveness of these critical steps in hyper-acute stroke care indicate that the services provided at the KHSC lead the province. Within the region, thrombolysis is also provided at the Belleville District Health Centre. Acute care has been centralized in 3 acute stroke units, doubling the percentage of patients benefiting from this best practice in stroke care. There are 4 Stroke Prevention Clinics (SPCs) in the region, to help stroke or TIA patients and families deal with risk factor modification and stroke education. SPCs are best practice and ensure that all stroke survivors are followed as appropriate by the team. Stroke prevention is a strength of this program. There are 4 rehabilitation units providing stroke rehabilitation within the region.

There is considerable pride in, and support for this program, by the Board of Directors and senior leadership team.

KHSC has an ever-increasing volume of stroke patients, providing services to 800 patients in the last year. Funding has not followed this increase in volume and is a challenge for the organization to provide the infrastructure and human resources necessary to meet this increased need. Another area for improvement is in patient flow through the inpatient journey. This is of most concern in access to inpatient rehabilitation for stroke survivors. This need to better streamline the flow of patients to inpatient rehabilitation should be a priority for the stroke program and will need collaboration at the senior leadership levels of both organizations.

The regional stroke program is led by a dedicated group of health care professionals, passionate about, and well educated in stroke care. Physician engagement is strong, and a strength of this program. Staff and professional education in stroke is a priority of this program and is well supported by the organization. Research is another important element of stroke care and is a priority for physicians, organization, and university. The clinical load has made devoting time to research a challenge, but this is improving with continued recruitment of stroke neurologists.

The team has engaged with the indigenous population of this region, meeting and planning services with elders in a culturally appropriate way.

The stroke program at both the regional and KHSC level enjoys many community partners, providing care for stroke survivors and their families after discharge. The partners are complimentary of their links with the team, and its excellent communication with them, and feel very much involved in the planning of services throughout the region. Gaps in community care, such as in the area of resources for aphasic stroke survivors and their families are improving as a result of advocacy to the LHIN and province by these families and the regional program.

KHSC is a Canada wide leader in patient involvement in planning and service delivery. Patient experience advisors (PEAs) have been valued members of the stroke team and have been involved in projects such as the Communication after Intracerebral Haemorrhage in the ICU project. Many other examples of how PEAs have positively affected changes in stroke care delivery show how integral they are to stroke care delivery excellence at the KHSC.

The team measures patient and family satisfaction through hospital-wide initiatives, such as NRC, and surveys such as recently completed by the KHSC stroke prevention clinic. Overall, patient and family satisfaction with the care received from the stroke team is very high, a finding heard clearly by the evaluators.

KHSC and the Stroke Network of Southeastern Ontario provide excellent acute stroke services to the patients and families of the region they serve, with a culture of continuous improvement using evidence-based interventions. The evaluators are pleased to have been invited to share the successes and challenges experienced by this network and the KHSC.

Distinction Standards

The Distinction standards identify policies and practices that contribute to high quality, safe, and effectively managed care in a specific area of expertise. Each standard is followed by a number of criteria that are statements about the activities required to achieve the standard. High priority criteria are foundational requirements for delivering safe and quality services and are identified by a red exclamation mark in the standards.

During the on-site survey, the evaluators assessed the organization's compliance with each section of the standards and provided the following results. The following tables indicate the criteria in the standards that were rated "unmet" during the on-site survey. As part of ongoing quality improvement, the organization is encouraged to address these criteria.

Standards Set	High Priority Criteria			Other Criteria			All Criteria		
	Met	Unmet	N/A	Met	Unmet	N/A	Met	Unmet	N/A
Acute Stroke Services									
Kingston General Hospital	26 (100.0%)	0 (0.0%)	0	72 (93.5%)	5 (6.5%)	0	98 (95.1%)	5 (4.9%)	0
Total	**26 (100.0%)**	0 (0.0%)	0	72 (93.5%)	5 (6.5%)	0	98 (95.1%)	5 (4.9%)	0

Standards Set: Acute Stroke Services

Kingston General Hospital

Clinical Leadership for Stroke

Providing leadership and overall goals and direction to the team providing stroke services.

The organization has met all criteria for this priority process.

The evaluators provided the following overall comments for this section:

As the Regional Stroke Centre, Kingston General Hospital has a good awareness of the population it serves with 45% of the population living in rural areas which present significant challenges to gaining access to best practice stroke care. The hospital is commended for reorganizing stroke care to 3 acute stroke units, 4 rehab units and 4 prevention clinics along with the regional Community Stroke Rehabilitation Program in the region improving overall access to best practice care. Ongoing monitoring and regional planning are recommended to continue to meet the needs of stroke survivors and those threatened with stroke as patient volumes and complexity continue to rise.

The Secondary Stroke Prevention Clinic is congratulated on their e-visit platform initiative to improve access to stroke specialist for those threatened with stroke. The spread of this program should be considered as a strategy to handle the growing rise in referral volumes and access for the population that lives in rural areas. In addition, consideration for the spread of the innovative use of telementorship and telefluroscopy in the training of EVT should be considered through publications and formal presentations.

Competency for Stroke

Developing a highly competent interdisciplinary stroke team with the knowledge, skill, and ability to develop, manage, and deliver effective and efficient stroke services.

Criteria (Unmet)		High Priority Criteria
11.0	**The stroke team establishes and uses a stroke clinical information system to monitor client care and management, and plan acute stroke services.**	
11.5	The team uses information from the clinical information system to create reports about stroke system performance and use of decision support tools. **Evaluator Comments:** The team has limited ability to create reports from the clinical information system about stroke system performance and use of decision support tools due to the use of a hybrid electronic and paper-based clinical information system.	

The evaluators provided the following overall comments for this section:

The team consists of a robust interprofessional team who are dedicated to the stroke care who receive orientation and ongoing education in stroke and neurology. While nursing staff working on the neuroscience unit have a robust 2-day orientation program the focus of the education includes other areas of neurology as well as stroke. The Learning Management System (LMS) is used by Professional Practice Clinical Learning Specialists to track learning activity in an automated manner. In addition, clinical teaching unit orientation for new nursing staff. The Neurosciences Clinical Learning Specialist provides ongoing education support through the use of monthly education newsletters focusing on specific topics as well as she provides an annual needs assessment with staff to determine topics for an annual educational workshop to better meet individual needs. While some staff are also supported to attend stroke specific conference/workshops such as the Canadian Stroke Conference it is recommended that other stroke-specific education options continue to be offered to staff such as Apex Hemispheres or embedding additional stroke specific education into the LMS system such as the Southwestern Ontario Stroke Network's Acute Stroke Unit Orientation.

Episode of Care: Acute Stroke Services

Acute stroke services provided for hyperacute and acute phases, from the onset of signs and symptoms to completion of initial assessment and management in the Emergency Department (ED), until the client is stable and able to begin participation in rehabilitation and proceeding to an alternate level of care.

Criteria (Unmet)	High Priority Criteria
5.0 The stroke team coordinates stroke services with Emergency Medical Services and the Emergency Department.	
5.1 The team contributes to ongoing education for EMS providers about assessment and management of suspected stroke clients at the pick-up site and during transport. **Evaluator Comments:** Education for Emergency Medical Services is mandated provincially and delivered by individual EMS programs and includes education on the Stroke Prompt Card. The Stroke Network of Southeastern Ontario reports that they would provide support and education if requested. Strong partnerships exist with this organization and EMS as demonstrated in EMS sitting on the Regional Stroke Steering Committee.	
7.0 The stroke team provides comprehensive inpatient acute stroke services.	
7.2 When clients are not managed on a dedicated stroke unit, there is a process for clustering stroke clients. **Evaluator Comments:** In discussion with the leadership clinical team, they do not cluster stroke patients as the priority is that patients go to the Acute Stroke Unit. However, given the volumes of stroke patients in the organization may want to consider revaluating this approach in the future.	
7.17 The team screens clients with stroke for depression using a validated screening tool during an inpatient stay, at all transition points and whenever clinical presentation indicates. **Evaluator Comments:** In discussion with the stroke team they do not use a validated screening tool for depression, however, depression following stroke remains something the team monitors and discusses with patients.	

The evaluators provided the following overall comments for this section:

The addition of the Patient-Oriented Discharge Summary (PODS) - My Discharge Plan enhances the patient and family information and the likelihood that patients and families feel they have received enough information on discharge from the hospital. However, the implementation of PODS is recent and it is recommended that the document and process be formally evaluated and refined regarding how it is used. In addition, there is an opportunity to improve the overall documentation of the education provided to patients and families across the continuum of care.

Stroke volumes appear to exceed the designated acute stroke unit capacity and it is recommended that the organization consider reviewing stroke volumes to determine whether or not the stroke unit needs to be expanded to accommodate the growing volumes of patients requiring access to this specialized care in order to ensure quality outcomes.

There is an opportunity for the organization to consider weekend coverage for allied health services such as OT, SLP etc. Without dedicated weekend allied health resources, there is a risk that criteria such as patients receiving assessment for their stroke rehabilitation needs within the first 48 hours after admission would not be met. In addition, the allied health staff play a vital role in early mobilization and discharge planning and there could be delays to patient discharge home or transition to inpatient rehabilitation as a result of the gaps in weekend coverage.

There is not an Early Supported Discharge program as defined in the literature however the recent refresh of the Community Stroke Rehabilitation Team with the addition of the Rapid Response Nurse and time to first therapy visit within 5 days has reduced LOS in the hospital by 1 week from both acute and inpatient rehabilitation. The organization is encouraged to continue to work with community partners on an early supported discharge model to assist with flow and strategy to manage increasing volumes.

Decision Support for Stroke

Stroke information, research and evidence, data, and technologies that support and facilitate management and clinical decision making.

Criteria (Unmet)	High Priority Criteria
11.0 The stroke team establishes and uses a stroke clinical information system to monitor client care and management, and plan acute stroke services.	
11.3 The clinical information system is linked to decision support tools such as evidence-based guidelines and screening tools for stroke. **Evaluator Comments:** The clinical information system has limited ability to link to decision support tools due to the use of a hybrid system of paper and electronics. Decision support uses administrative databases such as CIHI and IDS on a regular basis. The LHIN and region are currently engaged in a process of acquiring a comprehensive electronic information system.	

The evaluators provided the following overall comments for this section:

The decision support team has access to administrative databases such as CIHI and IDS as well as links to primary care data. The decision support team is participating in multiple quality improvement projects and they ensure data quality as well as the efficacy of data. The organization has met 8 out of 9 core indicators for Stroke Distinction with noted improvements in mortality and readmission. Optional indicators have been monitored since 2012 with consistent performance meeting the target. It is recommended that the organization consider monitoring new optional indicators for ongoing continuous improvement.

There is currently a regional information system project that is in the RFP stage and is anticipated to improve the clinical information system and the ability to link decision support tools such as evidence-based guidelines and screening tools for stroke.

Impact on Outcomes for Stroke

The identification, collection, and monitoring of process and outcome measures to evaluate and improve the quality of stroke services to clients and the impact on client outcomes.

The organization has met all criteria for this priority process.

The evaluators provided the following overall comments for this section:

The organization has a strong culture of using performance indicators to evaluate and monitor performance and outcomes to make decisions, identify gaps, prioritize goals and objectives and develop action plans. Evaluation results are communicated through the organization's governance and committee structures which include patient and family advisors. There is an opportunity to share evaluation results with frontline staff, patients and families to both celebrate successes and to identify areas for improvement and focus. This information could be shared through the development and consistent use of huddle boards on individual units caring for stroke patients or electronic smart monitors on units that display information.

Distinction Protocols

Implementing protocols ensures that services are delivered in a consistent manner across the organization. Protocols can be in the form of Clinical Practice Guidelines (CPGs), algorithms or checklists. The Distinction standards cover the protocols that need to be in place to ensure safe and quality services across the care continuum. Accreditation Canada highlighted a list of high-risk protocols from the standards that were evaluated using the following criteria during the on-site visit:

Protocols for Acute Stroke Services

Protocol	Met / Unmet
Emergency Medical Services (EMS) stroke screening	
Kingston General Hospital	✔
EMS bypass / direct transport to stroke centres (including air ambulance)	
Kingston General Hospital	✔
EMS pre-notification of stroke	
Kingston General Hospital	✔
Emergency Department notification of hospital-based stroke team	
Kingston General Hospital	✔
Neurovascular imaging for potential stroke patients (rapid access to CT)	
Kingston General Hospital	✔
tPA eligibility screening (based on current Canadian Stroke Strategy Canadian Best Practice Recommendations for Stroke Care criteria)	
Kingston General Hospital	✔
tPA administration	
Kingston General Hospital	✔

Administering acute ASA therapy	
Kingston General Hospital	✔
Formal criteria for identifying appropriate clients for referral to inpatient rehabilitation	
Kingston General Hospital	✔
Swallowing ability assessment	
Kingston General Hospital	✔
Initial assessment of rehabilitation needs	
Kingston General Hospital	✔
Assessing and managing diabetes mellitus (when present)	
Kingston General Hospital	✔
Pressure ulcer prevention	
Kingston General Hospital	✔
Falls prevention	
Kingston General Hospital	✔

Protocols for Acute Stroke Services

Kingston General Hospital

The evaluators provided the following overall comments for this section:

Dysphasia screening continues to be a challenge for this organization, not meeting the best practice target for this indicator. The program is well aware of this, and the reasons and potential solutions were discussed at length with the team. The STAND screening tool is used. There is considerable effort to educate staff on the use of this tool. While it is acknowledged that intubated patients may negatively affect the results of screening, this is a critical element of early comprehensive acute stroke care. The team is encouraged to continue their efforts to find an innovative solution to this deficiency.

The other acute protocols were noted to be in use by the team.

Performance Indicators

The following section provides a list of the performance indicators collected in the Distinction program. Overall performance is based on data submitted by the organization for each indicator.

A key component of the Distinction program is the requirement to submit data on a regular basis and meet thresholds on a core set of performance indicators. Organizations are also expected to report on additional indicators chosen from a list of optional indicators. For optional indicators, there are no thresholds to be met. This table shows the organization's indicator results.

Standards Set: Acute Stroke Services

Performance Indicators	Reported	Data	Threshold Met
Core			
1. Stroke / TIA mortality rates			
Kingston General Hospital	✔	8.6 %	✔
2. Proportion of ischemic stroke clients who receive acute thrombolytic therapy			
Kingston General Hospital	✔	22.5 %	✔
3. Time to administration of acute thrombolytic agent			
Kingston General Hospital	✔	97.6 %	✔
4a.Proportion of clients treated on a dedicated stroke unit			
Kingston General Hospital	✔	79.1 %	✔
5. Length of stay in an acute care hospital setting for clients admitted following an acute stroke event			
Kingston General Hospital	✔	7.4 days	✔

Performance Indicators	Reported	Data	Threshold Met
Core			
6. Readmission to acute care for stroke-related causes			
Kingston General Hospital	✔	2.6 %	✔
7. Proportion of acute stroke clients discharged to inpatient rehabilitation			
Kingston General Hospital	✔	28.5 %	✔
8. Proportion of acute ischemic stroke and TIA clients prescribed antithrombotic therapy			
Kingston General Hospital	✔	93.7 %	✔
9. Proportion of clients with initial dysphagia screening at admission			
Kingston General Hospital	✔	73.0 %	✘

Standards Set: Optional

Performance Indicators	Reported	Data	Threshold Met
Optional			
2. Proportion of acute stroke and TIA clients who receive brain CT or MRI within 24			
Kingston General Hospital	✔	94.4 %	N/A

Performance Indicators	Reported	Data	Threshold Met
Optional			
4. Proportion of inpatients with stroke that experiences complications during inpatient stay: including pneumonia, venous thrombo-embolism, gastrointestinal bleed, secondary cerebral hemorrhage, pressure ulcers, urinary tract infection			
Kingston General Hospital	✔	6.8 %	N/A

Client and Family Education

Client, family and caregiver education is an integral part of stroke care that should be addressed at all stages across the continuum of stroke care. In order to achieve Stroke Services Distinction, the following targets for providing client and family education that is an integrated component of stroke care and is consistently documented must be met.

Kingston General Hospital

Requirements	Met / Unmet
Client education is an integrated component of stroke care delivery.	
Client educational materials are available and accessible on the ward (e.g., posters, display boards, booklets given to clients, etc.).	✓
Client educational materials are available in a variety of languages appropriate to the client population mix.	✓
Client educational materials are available in formats for that are appropriate for persons with special communicative needs.	✓
In interviews with clients and family members during tracers, clients report receiving education regarding their stroke, recovery, and self-management from the healthcare professionals that care for them.	✓
Target: 4/4	✓
There is consistent documentation in the client medical record that client and family education has been provided.	
Each healthcare profession involved in the client's care documents the education provided within the discipline notes or common progress notes.	✓
There is a consistent location in the client chart for documentation of education provided.	✓
A standardized tool (e.g. checklist) is used to document components of education provided to ensure all critical elements are addressed prior to client discharge.	✗
The specific content addressed during an educational session (e.g., skills taught and demonstrated, discharge preparation, etc.) is documented.	✓

Target: 2/4 

The organization's project or initiative meet the requirements for client and family education.

The evaluators provided the following comments.

The client and family education materials are readily available on the unit, and the stroke RN ensures the clients and families are aware of the location of the information. The program takes advantage of the resources available through the Heart and Stroke Foundation, as well as other support organizations. The program has brochures related to prevention, risk factors, and community supports, and are close partners with the Victorian Order of Nurses with respect to the community support services available. The program is to be commended for undertaking a significant project to understand the specific education needs of patients through the patient experience advisors, focus groups, and involving clients and families in a review of draft materials. The result is the production of the Partners in Stroke Recovery booklet, which is available in print form on the Acute Stroke Unit and is downloadable from the internet. The booklet, intended to be a comprehensive single source of information, and includes places for the interdisciplinary team and the clients and the families to document. The stroke nurse uses the booklet to do teaching and education, however, it is not consistently used by the rest of the interdisciplinary team. There are several reasons for this, including other direct clinical care priorities and resources that are stretched with the growing demand of stroke volumes. It is recommended that the organization continue to support the use of this important education tool.

All of the clients and families interviewed expressed their gratitude for the care they received, citing the exemplary work of many specific team members. They also expressed feeling very comfortable in knowing they could ask any team member for information or clarification of information should they feel the need. The clients and families felt supported with their education needs, even when they had not yet reviewed the materials provided. There was assurance from the stroke team that the rapid access nurses in the community would see patients who were discharged within 24-48 hours in order to reinforce the information in the booklet, particularly as it related to medications, risk factors, and signs and symptoms needing immediate follow-up.

Materials were predominately available in English, with several also available in French. This appears to be appropriate for the demographics of the population. The stroke leadership team has made an effort to make connections with the indigenous health leaders, and at their request have engaged directly with them rather than having them participate in their committees and initiatives. This has resulted in some excellent partnership in the areas of preventative care and education.

One area for ongoing improvement is the availability of materials and supportive tools for clients and families of clients who have aphasia. The team is aware of this and the SLP, in particular, is engaged in a body of work that will bring some recommendations forward for action.

Excellence and Innovation

Organizations must demonstrate implementation of at least one project or initiative that aligns with best practice guidelines, utilizes the latest knowledge, and integrates evidence to enhance the quality of care. The organization's project or initiative was evaluated against the following criteria during the on-site visit:

Endovascular Thrombectomy in HyerAcute Stroke Care

- ✔ The stroke project or initiative is evidence-based, e.g. aligned with accreditation standards and current Canadian Best Practice Recommendations for Stroke.
- ✔ The stroke project or initiative adds to the overall quality of stroke services within the facility or the region.
- ✔ The stroke project or initiative includes a completed evaluation and measures the sustainability of the project or initiative.
- ✔ The stroke project or initiative communicates findings within the organization and externally.
- ✔ The stroke project or initiative is notable for what it could contribute to the delivery of stroke services.

The organization's project or initiative met the requirements for excellence and innovation.

The evaluators provided the following comments.

This project has successfully introduced a very important intervention in EVT to the Southeast LHIN. The team was careful to utilize a rigorous quality improvement methodology with multiple PDSA cycles, and a focused improvement debrief after each of the 10 pilot project patients. The outcomes are extremely positive, and with respect to some measures are the best in the Province. The patient outcomes demonstrate an 85% successful reperfusion rate since the implementation of the full 24/7 program.

The team recognizes that there is an opportunity to grow the program, in terms of the volumes of patients who receive the intervention. There is capacity from a neurosurgical and interventional perspective to do more cases. Given the pressures on bed capacity at this site, the organization should look carefully at the utilization of critical care beds that support the program to ensure that they can create the capacity for timely access to that care post procedure.

The team also recognizes that the mortality rates of 25% are above the provincial average of 20%. There is work to look at the patient selection and to introduce a new diagnostic technology (RAPID) that will permit a more sensitive evaluation of tissue viability.

Next Steps

Congratulations on completing your Distinction on-site visit. We hope that your on-site visit results will help guide your ongoing quality improvement activities. Your Accreditation Specialist is available if you have questions or need guidance.