CorHealth Ontario
Advancing cardiac, stroke and vascular care

Stroke Network of Southeastern Ontario

Interpretation of LHIN Stroke Report Card - South East 2016/17

RD Contact Information

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Performance Overview

Exemplary performance in arrival by ambulance, thrombolysis rate, acute stroke unit utilization and community based rehab. Decreasing mortality & low readmission rates. Persisting ALC concerns; limited inpatient rehab flow.

Opportunities for LHIN and Stroke Network Collaboration:

1. Work together to create a rehabilitation action plan in response to the SE rehabilitation capacity assessment.
2. Ensure adequate volume-based funding for EVT; support capacity for telestroke thrombolysis in Brockville.
3. Continue to focus on prevention and community practices to lower stroke incidence & sustain low readmit rates.

Areas of Progress:

Stroke Prevention	Lowest readmission rate of all LHINs & low compared to other diseases
Acute Stroke Management	Region-wide access to EVT, thrombolysis & Acute Stroke Unit Care
Stroke Rehabilitation	Community Stroke Rehab Program growth; progress in rehab LOS targets
Community Reintegration	Low % discharged to LTC; increased access to Stroke Support Groups

Areas for Improvement:	Associated Current or Planned Activities:
Access SE access to inpatient rehabilitation is 28.5% (ON 35.2%); Kingston stroke onset to rehab is 14 days vs 5-7 day target; 32% of acute LOS is designated ALC.	Kingston requires a new approach: increased medical support at PCH and automated referral pathways. QHC & BrGH will be creating integrated acute-rehab units in 2018/19. BrGH rehab to expand to 17 beds by 2020.
Effectiveness Barriers persist in flow through rehabilitation. Despite gains in attainment of RPG LOS targets for more severe patients, FIM efficiency remains low.	The rehabilitation capacity assessment will be reviewed for Stroke Network action including ways of building more robust outpatient programs. Implement changes to the Community Stroke Rehab Program.
Value Acute Stroke Units have demonstrated value with ongoing reduction in mortality rate (11.3 %); must sustain gains while access to EVT/thrombolysis grow.	Acute Stroke Unit expertise and standardized care will be sustained in Belleville, Kingston & Brockville. EVT will be monitored for continuous improvement. 24/7 CTA will be the focus to prepare for telestroke in Brockville.
Integration While readmission rates are low, admission rates are growing with large variation from rates of 1.5/1.6 in Kingston/Belleville to 2.3/2.5 in Brockville/Napanee.	Self-assessment survey of each Stroke Prevention Clinic. Continue work with primary care to explore the factors influencing use of anticoagulants for atrial fibrillation. Support adoption of prevention best practices.