

Geographic Consolidation of Acute Stroke Care Improves Outcomes for Three Communities



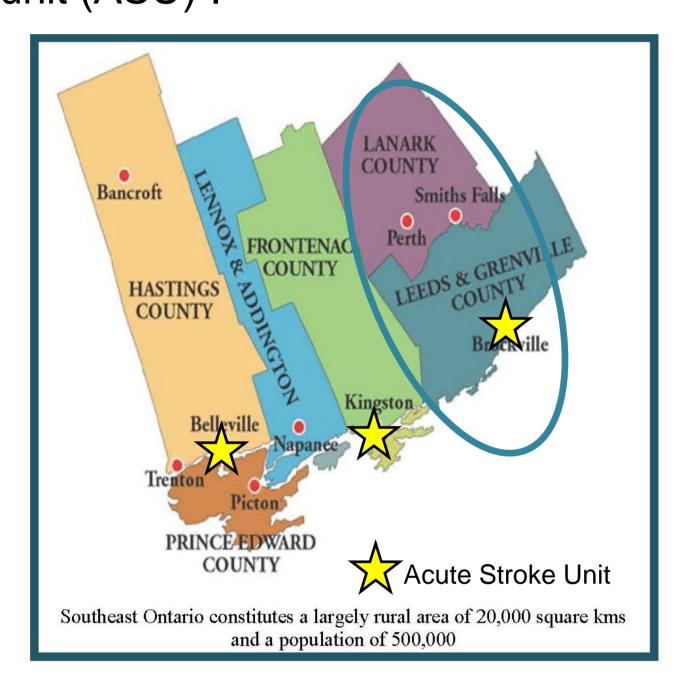


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1. Stroke Network of Southeastern Ontario 2. Kingston Health Sciences Centre 3. Retired 4. Perth and Smiths Falls District Hospital 5. Brockville General Hospital 6. South East Local Health Integration Network 7. Queen's University 8. Stroke Survivor

Background

Two community hospitals across three sites in Southeastern Ontario (Brockville and Perth and Smiths Falls) worked together to improve stroke mortality rates. This was achieved through the collective aim: "75% of all patients admitted with stroke in the Lanark, Leeds and Grenville (LLG) area will receive care by an interprofessional team in a geographically consolidated acute stroke unit (ASU)".



Methods

An Integrated Stroke Care Planning Team including patient advisors led completion of a project plan between January 2015 and launch in May 2016.

Project Components (Figure 1):

- 1. Decision making framework for ASU site selection;
- 2. Algorithms to support ED flow to the mutually chosen ASU site at Brockville General Hospital;
- 3. Referral processes for return to local community or hospital site;
- 4. Communication plan;
- 5. Plan for financial transfer;
- 6. Evaluation plan including patient/family and provider feedback.

Methods

Following Board multiple approvals, held with sessions were engagement frontline staff to seek input into planning. This led to development of new processes (Figure 2), patient and provider learning materials, and education to prepare for first patient The communication plan transferred. included a media release and a celebratory launch.

Figure 2: Transfer Algorithm

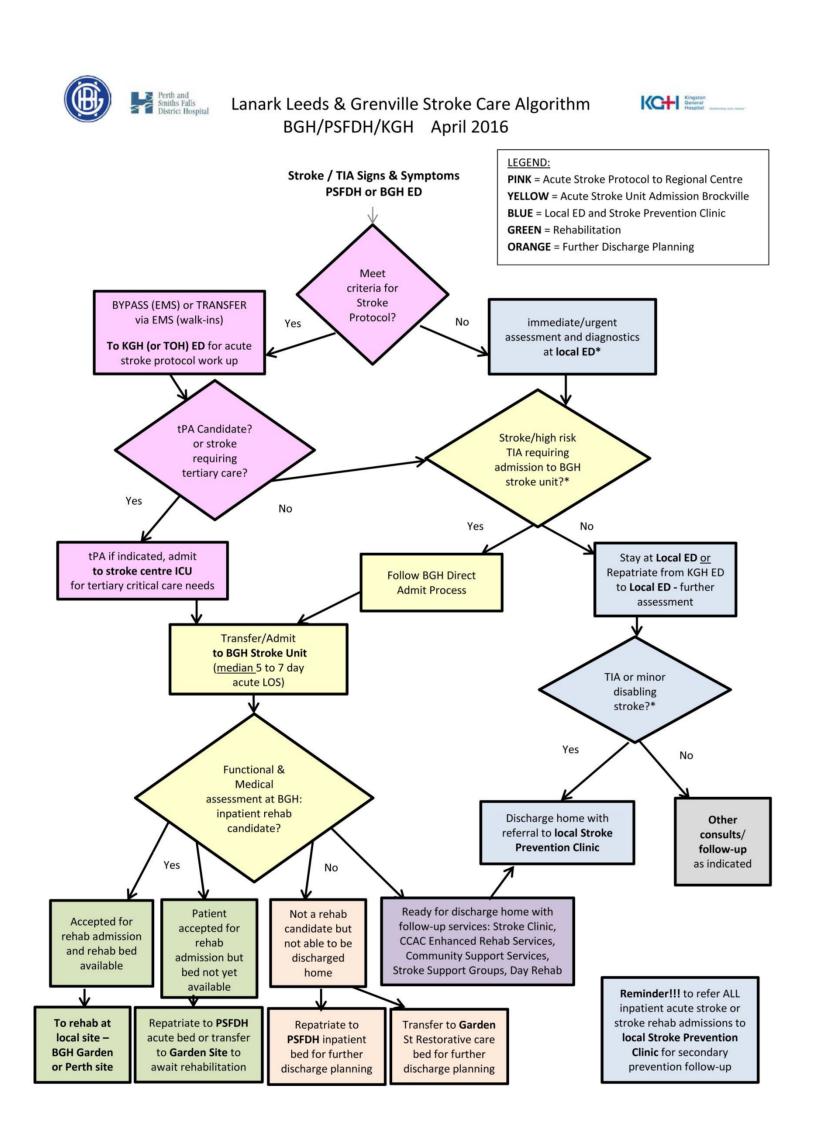
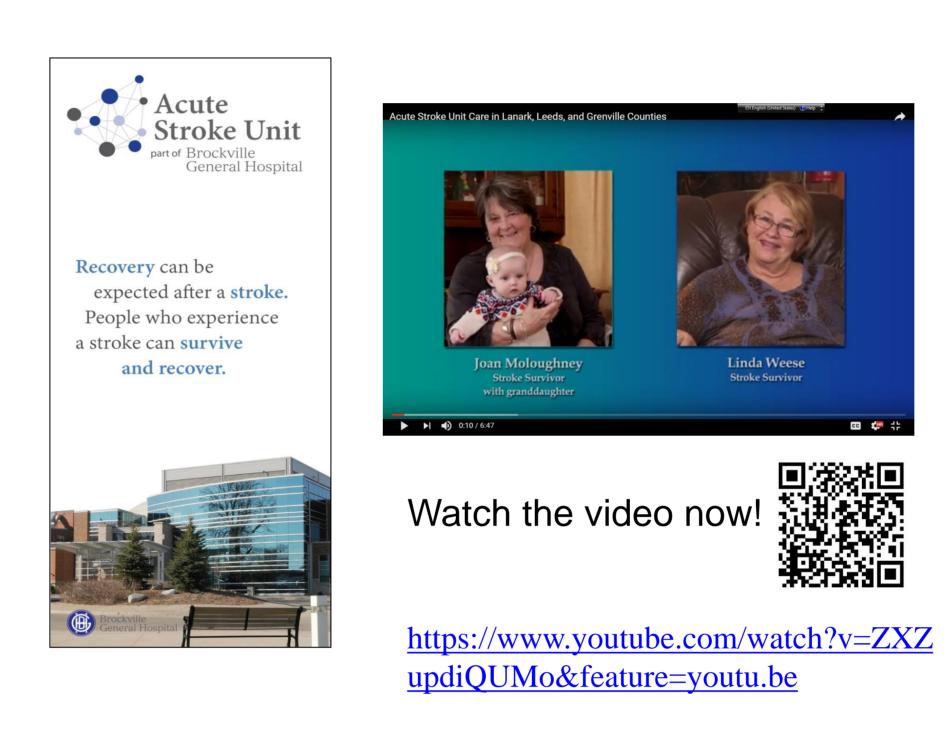


Figure 1: Key Project Activities Go-LIVE with first patient **Finalize LLG LLG Integrated** transferred May **Patient** Stroke/TIA care **Stroke Planning** materials and Algorithm **Team formed** Data collection process video ready ready for testing **Decision Making Project updates** Framework to **Education for** Implementation physicians on support site shared broadly plan created with algorithm/ selection direct admit broad engagement Interim process evaluation Jul- Oct-Jan- Apr-Mar Oct Jan - Dec 2015 Jan-Mar 2016 Apr-Jun 2016 2016 | 2016 | 2017 | 2017 Monitoring and Evaluation Implementation Engagement/ Planning **Final Board and Senior Public and** New processes for **Evaluation** external providers Leadership direct admit to BGH communication **Approvals to Cluster** and transfer back to **SE LHIN Patient** launch **Acute Stroke Care at** Perth/Rehab Service feedback survey developed Delivery implemented Change forms **Process for BGH ASU** submitted referral to VPC expanded to 6 in Perth designated beds communicated

Patient Advisors

Patient Advisors assisted in the creation of educational materials for patients, families and providers. These included a brochure and video describing the benefits of the ASU (Figure 3).

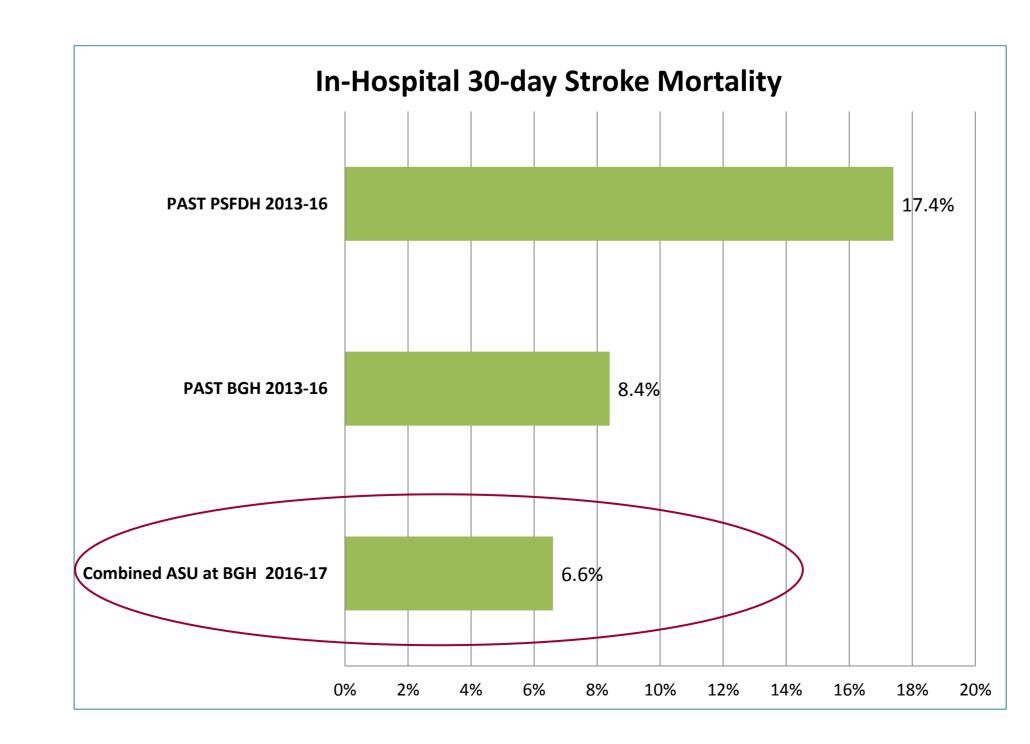
Figure 3: Education Materials



Results - Outcomes

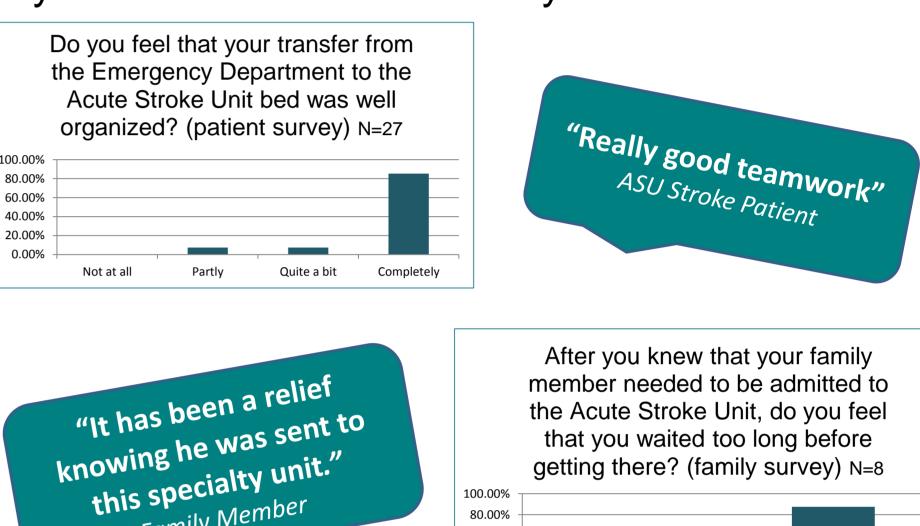
On May 2, 2016 the Acute Stroke Unit at Brockville General Unit began receiving transfers from Perth Smiths Falls District Hospital. As of March 31, 2017, 53 patients received ASU care that previously would not have had access to the stroke unit. Over the past year, the combined ASU provided care to 226 patients from across LLG Counties with an 88% stroke unit utilization rate. Interim data showed that in-hospital 30-day all-cause mortality rates decreased from 17.4% (Perth and Smiths Falls) and 8.4% (Brockville) for the three years pre-implementation to a current combined rate of 6.6% (Figure 4).

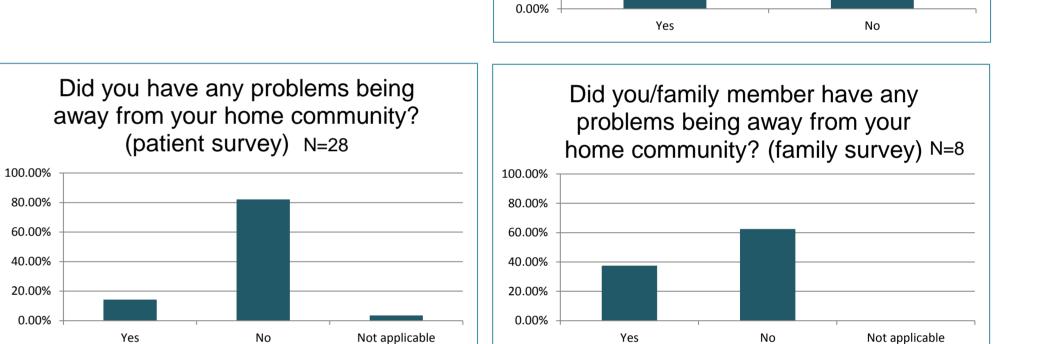
Figure 4: Mortality Rates



Patient/Family Feedback

Patients and families were satisfied with the transfer and care. Responses were received 29 patients transferred from Perth and Smiths Falls and 8 of their family members. Generally, both groups were satisfied with the process, however family members noted a slightly higher concern than patients about being away from their local community.





Provider Feedback

42 provider surveys were collated at six months and 18 surveys at one year. Providers supported process changes and continuous improvements. Key themes are described below.

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	What's working well?		What could be improved?
•	Patients accessing timely best practice stroke care Collaborative planning and implementation Joint problem solving	•	Detailed patient information on transfers Access to CT prior to transfer Afterhours processes

Conclusions

Collaboration to create a shared local ASU across three hospital sites 45 to 60 minutes apart is feasible and effective. Results demonstrate patient, family and provider satisfaction and improved patient outcomes.



ASU interprofessional stroke team now available to all LLG patients.