CorHealth Ontario
Advancing cardiac, stroke and vascular care

Stroke Network of Southeastern Ontario

Interpretation of LHIN Stroke Report Card - South East 2017/18

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Performance Overview

Exemplary performance in thrombolysis rate; door-to-needle time; acute stroke unit utilization and community based rehab. Lowest readmission rates. Persisting ALC concerns; variable flow into and through inpatient rehab.

Areas of Progress:

Stroke Prevention	Lowest readmit rate of all LHINs & greatest change in TIA referral to SPCs
Acute Stroke Management	Growth in access to EVT, timely thrombolysis & Acute Stroke Unit Care
Stroke Rehabilitation	Refresh of Community Stroke Rehab Program to support best practices
Community Reintegration	Low % discharged to LTC/CCC; increased access to Stroke Support Groups

Areas for Improvement:	Associated Current or Planned Activities:
Access SE access to inpatient rehab is 30.2% (ON 33%); stroke onset to rehab varies from 4 to 15 days vs 5-7 day QBP target; 33% of acute LOS is designated ALC.	QHC offers learning for bundle holders. Kingston hospitals will benefit from funding collaboration for new approaches to medical support, streamlined referral processes and growth in outpatient rehab.
Effectiveness Barriers persist in flow through rehab. RPG LOS targets are attained in 50.7% of patients (ON 67.3%). ALC rates within rehab contribute to these barriers.	Rehabilitation capacity must be maximized through bundled funding. This includes augmenting the Community Stroke Rehab Program with robust outpatient rehab programs that will contribute to flow.
Access Access to thrombolysis in Brockville is needed to build a robust system of hyperacute care. Acute Stroke Unit utilization rates need to be sustained.	Access to 24/7 CTA is required to implement telestroke in Brockville. KHSC continues to build regional access to EVT. Acute Stroke Unit utilization rates and expertise must be sustained in Belleville, Kingston & Brockville.
Integration While readmission rates are low, stroke admission rates continue to grow annually with current stroke rate of 1.6 per 1000 (range 1.4 to 1.8); ON rate 1.3.	Stroke Prevention Clinics are working with primary care to support stroke prevention and to explore reasons for low use of anticoagulants for atrial fibrillation.

Opportunities for LHIN and Stroke Network Collaboration:

1. Bundled funding requires a collaborative plan to build rehab capacity and to handle growth across the LHIN.
2. Support capacity plans for telestroke thrombolysis in Brockville; continue to build regional access to EVT.
3. Continue to focus on prevention and community supports to lower stroke incidence & sustain low readmit rates.