ontario stroke network
Advancing the Ontario Stroke System

Stroke Network of Southeastern Ontario

Interpretation of LHIN Stroke Report Card - South East LHIN Year 2014/15

RD Contact

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Performance Overview

Exemplary performer in acute stroke unit utilization, thrombolysis rates & CCAC rehab visits, with low admissions to LTC & low readmit rates. High & variable mortality rates beginning to improve. Persisting low percentage accessing inpatient rehabilitation; high ALC rates.

Areas of Progress

Stroke Prevention	Encouraging to see a 2% decrease in the high mortality rates that have persisted in the SE. Improved inpatient carotid imaging rates noted with Brockville named as making the greatest change provincially.
Acute Stroke Management	Acute stroke utilization rate increased from 38.5 to 68.0%. LHIN 10 now a high performer with units in Brockville, Belleville and Kingston. Belleville sub-LHIN and LHIN 10 making greatest progress.
Stroke Rehabilitation	Encouraging to see ongoing decrease from 10 to 8 median days from stroke onset to rehabilitation with Belleville as a high performer. Kingston IDEAS project completion helped focus quality improvements.
Community Reintegration	High performance persists in enhanced CCAC rehab service. Stroke support groups, exercise groups and prevention clinics contribute to lowest LHIN 30-day readmission rate in province at 7.0%

Areas for Improvement

Effectiveness

High mortality rates a persistent concern but decreased this year (16.0% to 14.2%; 10.6% in Ontario). Stroke unit utilization increased (38.5% to 68.0%) improving access to best practice.

Access

Persistent low access to inpatient rehabilitation (27.5%; 35.1% in Ontario) with variable access to outpatient rehabilitation services adversely affecting patient flow as noted below.

Appropriateness

High % ALC days to total LOS in acute (21.6%; 26.0% in Ontario) Patient flow continues to be a barrier. Despite some progress, SE LHIN shows low rehab LOS rates (47.1%; 59.7% in Ontario).

Integration

Growth in stroke admission rate with high variance (1.5/1000 in Kingston to 2.7/1000 in Leeds & Grenville; 1.3/1000 in Ontario). Risk profiles in these areas influenced by social determinants of health. Need an integrated approach to vascular health.

Associated Current or Planned Activities

Geographic consolidation to acute stroke units to be completed by May 2016 with units in Belleville for HPE, Kingston for KFLA & Brockville for LLG. A regional dashboard is being established to monitor best practices and outcomes. Kingston General Hospital received Stroke Distinction status and will pilot Endovascular Mechanical Thrombectomy as of May 2016.

Sustain continuous quality improvement focus on early access to rehabilitation and on increased inpatient rehabilitation intensity. Work with partners to develop innovative models of outpatient and community rehabilitation services. Sustain Enhanced CCAC Rehabilitation Service (Discharge Link); build expert links to community exercise programs.

Emphasize enhancing outpatient and community-based rehabilitation services as noted above. Community consultation has demonstrated a need to focus on transitions in care with greater support for co-navigation and care coordination to improve access to community services. This will be an emphasis over the coming year with CCAC and Health Links.

Stroke Prevention Clinics continue to focus on standardizing triage and imaging processes, and screening for social and other risks, e.g.; cognitive decline and depression. Connections being built with primary care and Health Links for those at highest risk with compromised social determinants of health. Primary care will pilot OSN tools and resources for integrated vascular health.

Opportunities for LHIN and Stroke Network Collaboration

Actively support health system change/transformation required to achieve successful Quality Based Procedure implementation in stroke care through:
1. Ongoing support in the geographic consolidation of stroke unit care to continue to address high stroke mortality rates;
2. A regional review of rehabilitation bed designation, inpatient rehabilitation access and outpatient rehabilitation services across the SE LHIN;
3. Continuing to collaboratively build new community models of care that support stroke survivors and assist them to transition and connect to services;
4. Active support for pilot trials of OSN provincial tools and resources that will be made available in primary care for use in promoting vascular health.