

Improving Stroke Outcomes

QI, Teamwork & Integration

Quinte Health Care

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AGENDA

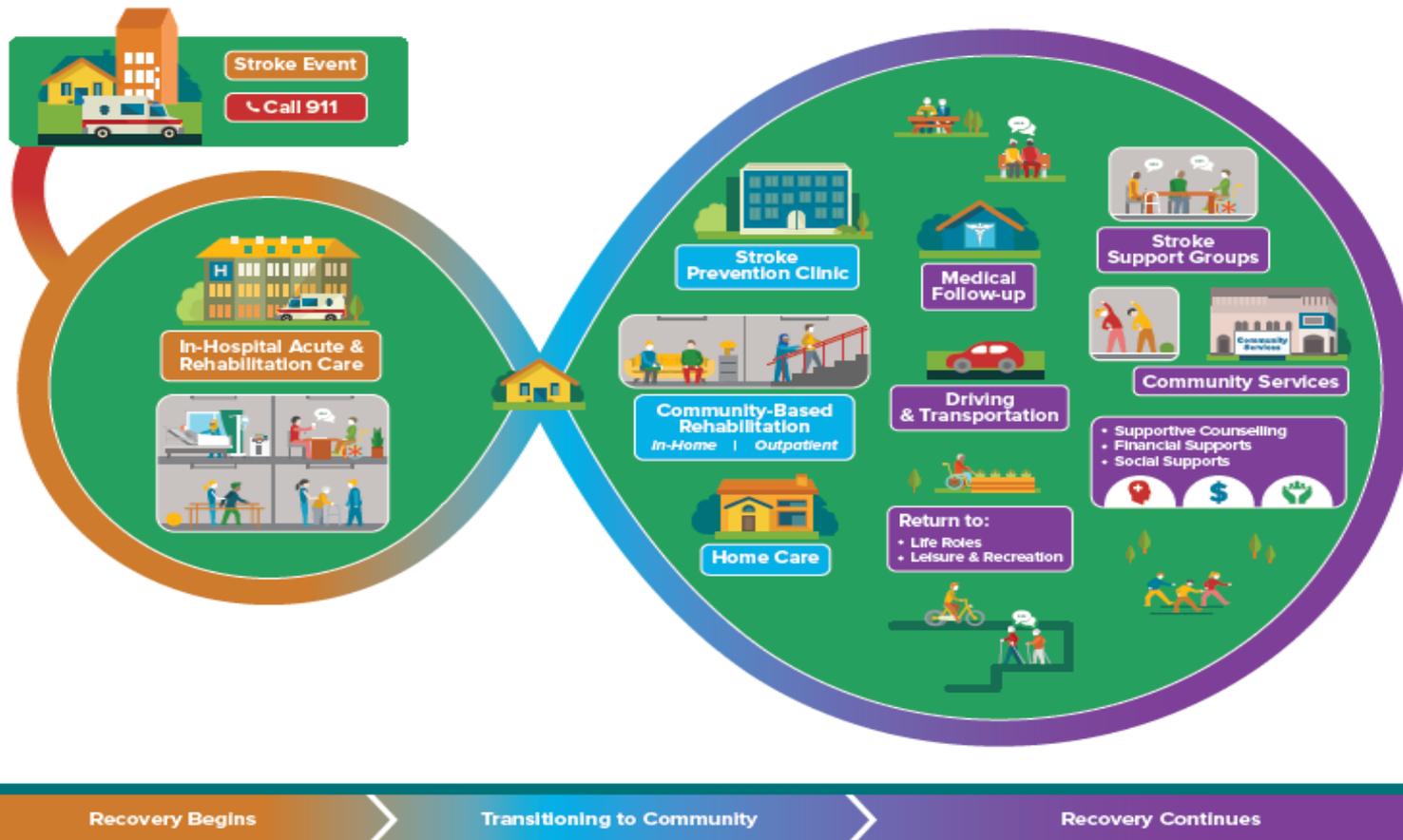


- **QHC's stroke journey & pathway**
 - **Integrating stroke care at QHC**
 - Coordinating & integrating services in acute care
 - Leveraging high functioning IP Rehabilitation
 - Mixing home & outpatient rehabilitation services
 - Improving quality & team work in the ED
 - Stroke Prevention Clinics
 - Community support groups

PATIENT JOURNEY MAP

YOUR RECOVERY JOURNEY AFTER STROKE

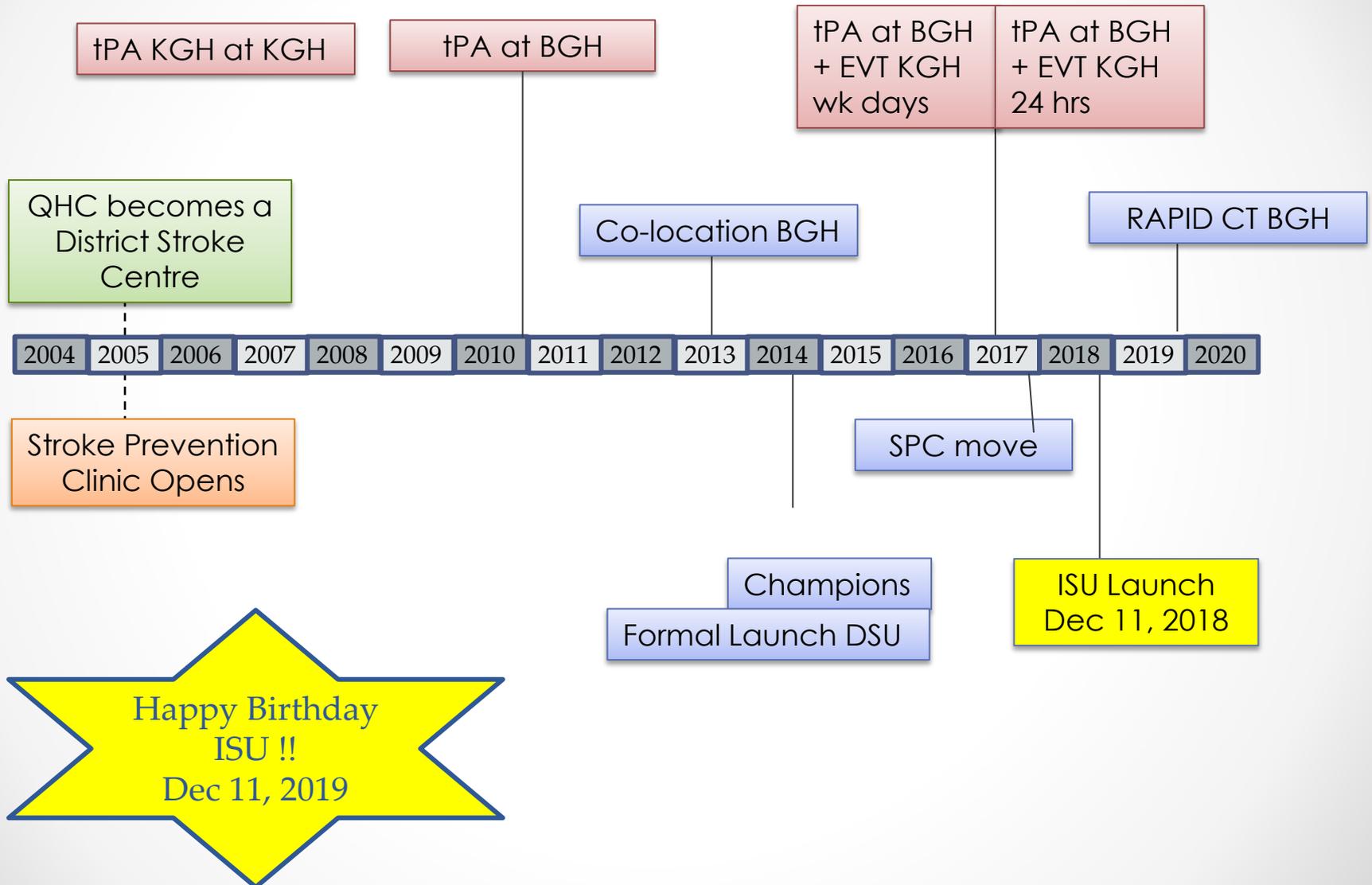
STROKE NETWORK
of Southeastern Ontario



QHC Stroke Services



History of Stroke at QHC



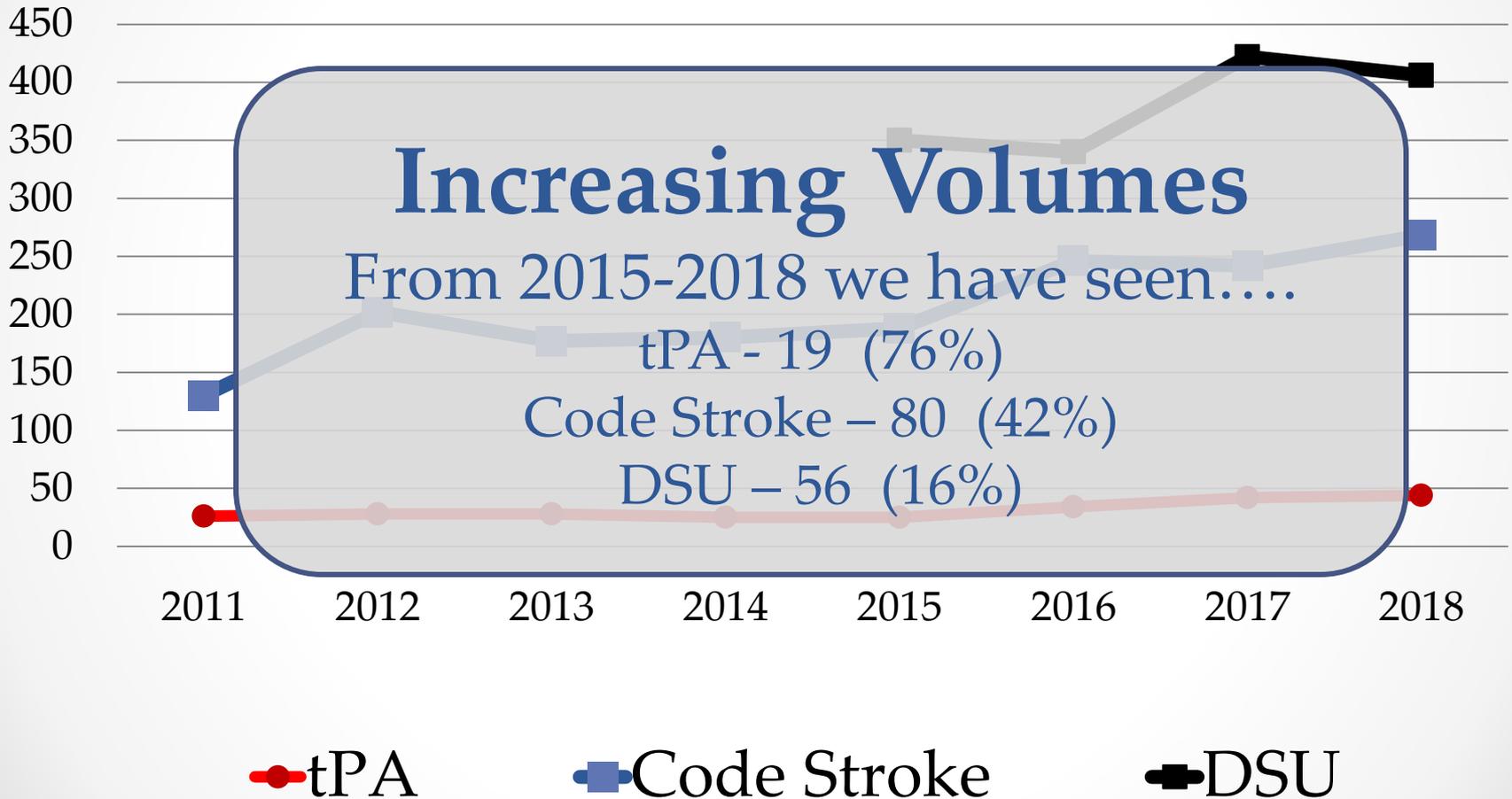
Acute / DSU

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Acute Stroke & General Medicine



tPA, Code Stroke & DSU



What were we thinking???

Bed flow
Over capacity
Staff Frustration

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Let's build a new unit !!!

Improve best practices
Improve survivor experiences

Integrated Stroke & Rehabilitation

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QHC ISU Project Summary

Primary Driver	Secondary Driver	Primary Driver	Secondary Driver
Physical Environment	Floor Mapping (define beds) Equipment	Stable, Trained Human Resources	Recruitment Staffing model (nursing / allied) Staff leadership group
Bed Flow & Care	Criteria and flow algorithm Cardiac monitoring Bed Flow & Care Repatriation options Medical patients not getting to rehab Surge planning	Communication	Internal External Family / Caregiver
Primary Driver	Secondary Drive Sills 3 education On unit resources	IT, IS, DS & Reports	Unit level reports Bed models & registration Documentation Stroke dashboard Finance

Improving Standard Practices

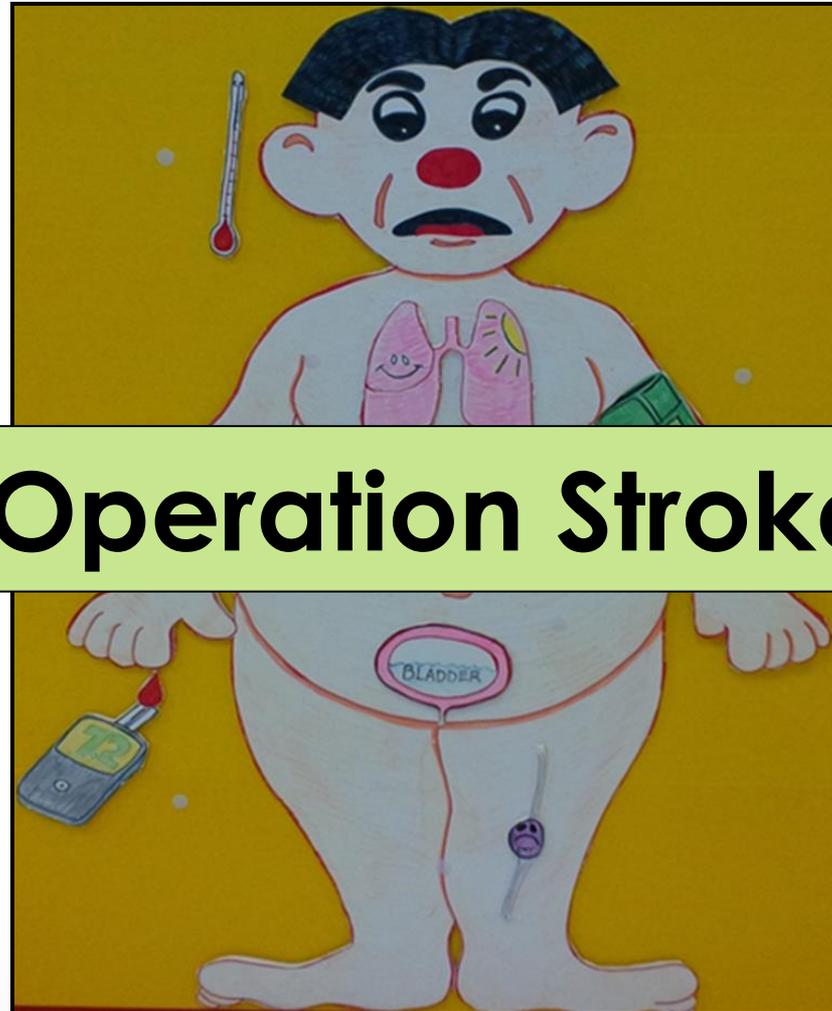
Staff

Nursing assignments

Swallowing Screening

Shared Experiences

Education



Survivors

Up & Dressed

Meals & Groups

Shared Experiences

Same Bed

Staff.....



Education

Stroke days

Medical days

Cardio days (nursing only)



Mentorship

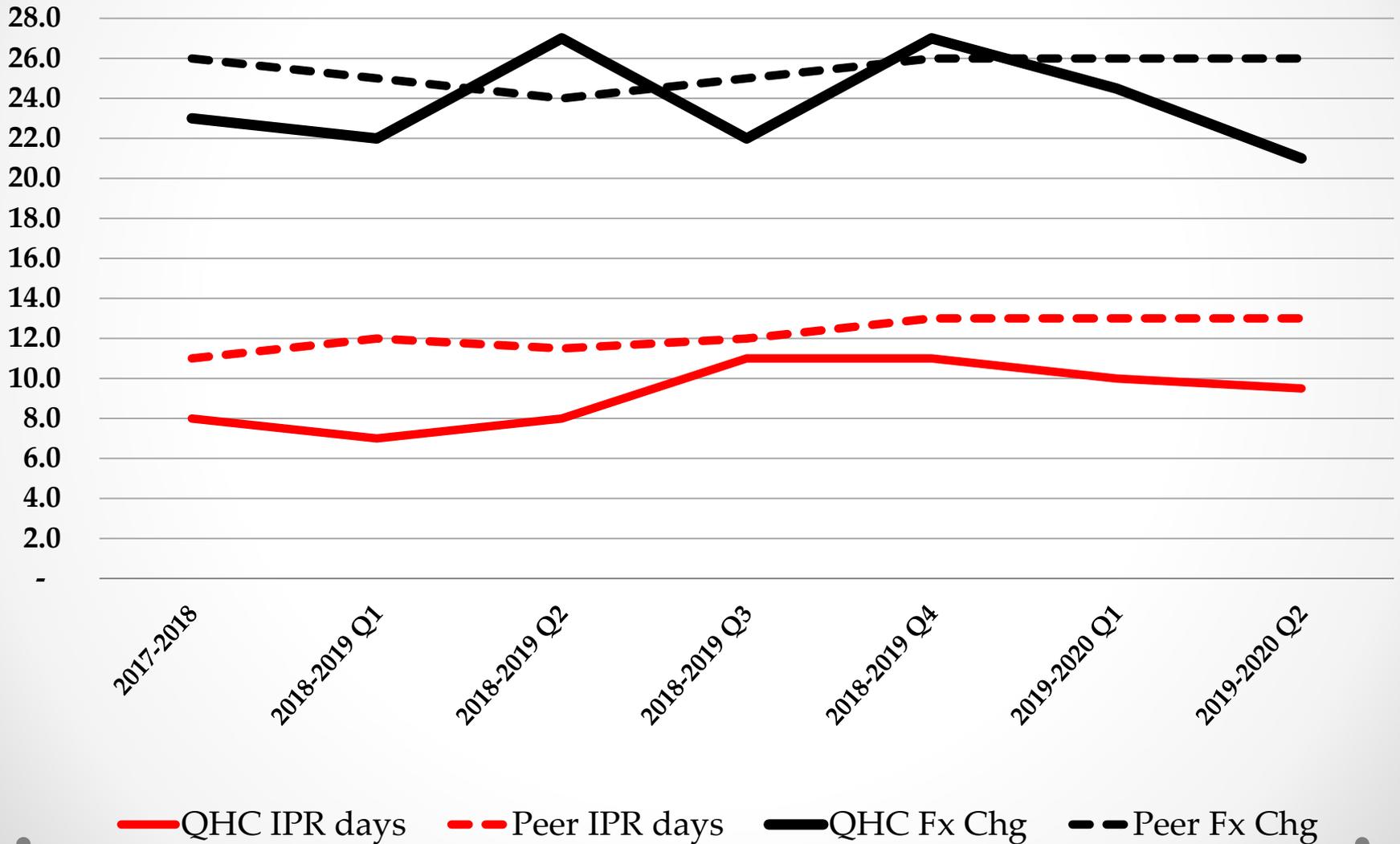


QHC IP Rehab Outcomes

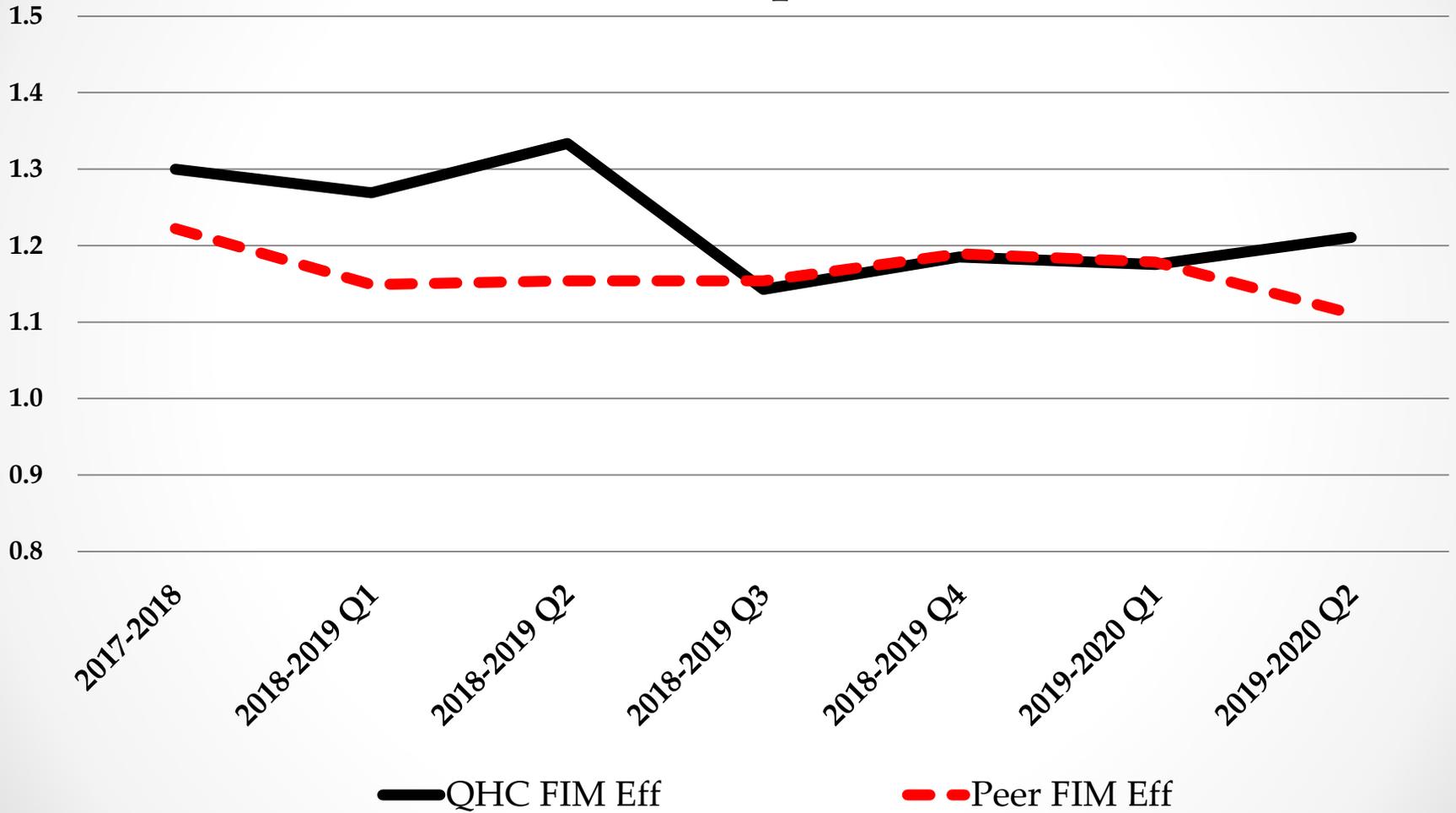
after ISU (Q4 Jan-Mar 2019)

Data below is for stroke only						
	QHC IP Rehab		Peers IP Rehab (32 hospitals)		All Ontario IP rehab	
	1819 Q4	1819 All	1819 Q4	1819 All	1819 Q4	1819 All
FIM efficiency	1.1	1.1	0.9	1.0	0.8	0.8
Total functional score changes divided by LOS days to get Total Functional Changes per Day on Unit						
Days waiting for IP Rehab	6.5	5.5	10.0	10.0	11.0	11.0
Acute days waiting before admission to rehab (goal is 5 days ischemic & 7 days hemorrhagic)						
Rehab face to face minutes	74.0	79.0	68.0	68.0	68.0	68.0
AVG number of minutes (measured over 6 days per week) all patients spends in face to face therapy with PT, OT, SLP and PTA/OTA/CDA						
IP rehab LOS (median)	29.5	29.0	32.0	30.0	28.0	30.0
Median rehab LOS for all stroke patients (typical goal is 30 with less acute at 20 and higher acuity 40-48)						
Total Functional Change	29.0	26.0	25.0	38.0	25.0	25.0
Total amount of change in motor, cognition and speech for entire rehab LOS						
% went home	90%	75%	75%	86%	77%	77%
% of patients that went back home after coming to hospital from home						

QHC - Mixed IP Rehab Data (non stroke patients)



QHC - Mixed IP Rehab data (non stroke patients)



Integrated Stroke & Rehabilitation

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CURRENT STATE

Rehab Day Hospital

Outpatient Stroke Rehabilitation Clinic

FY 2018/19

- 186 discharged clients
- OT, PT, SLP & CDA
- Multi visit appointments
- Pre-discharge tour from Sills 3 ISU

Hyperacute

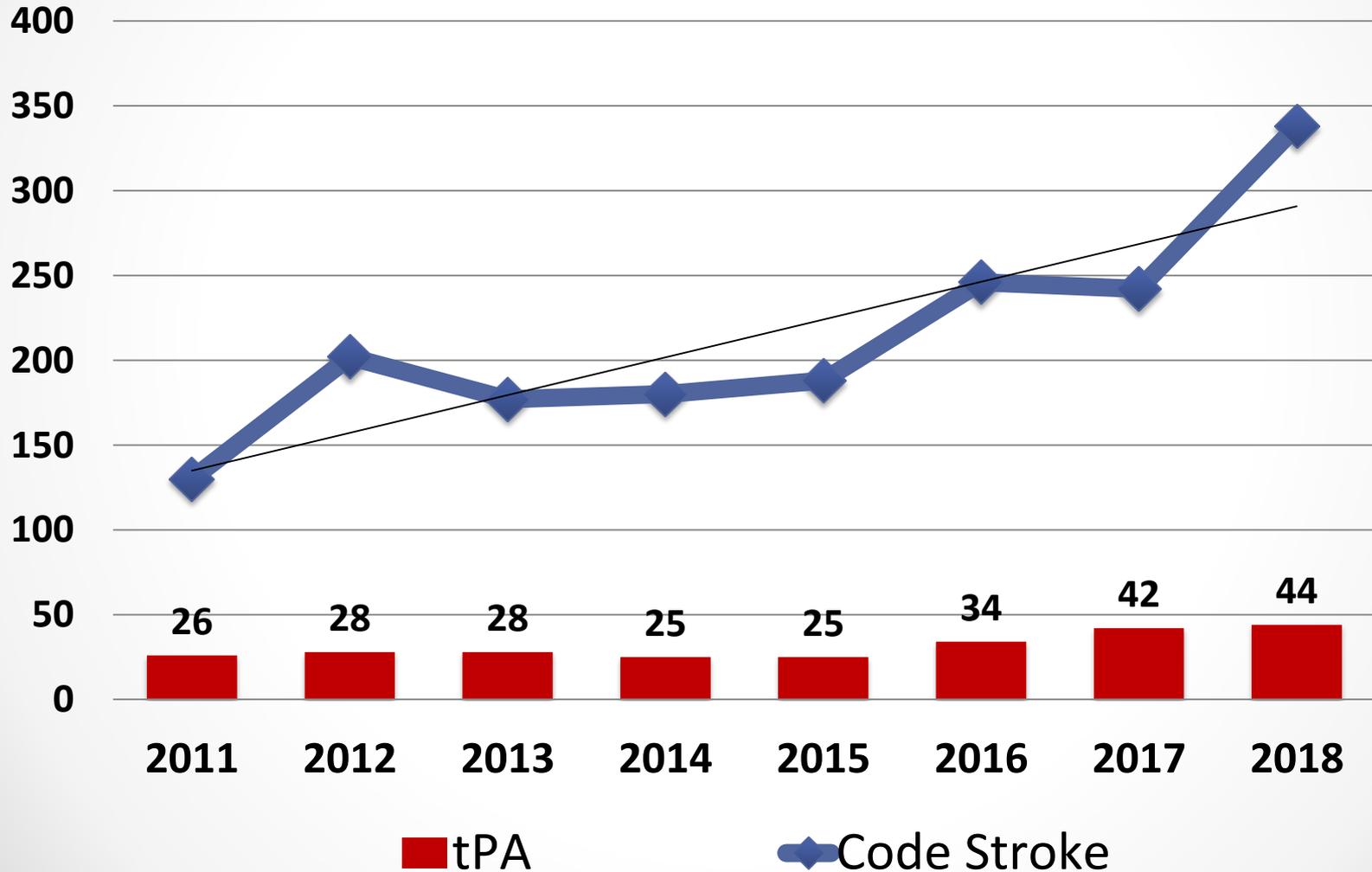
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**Code
Stroke
Kaizan**
July 2019

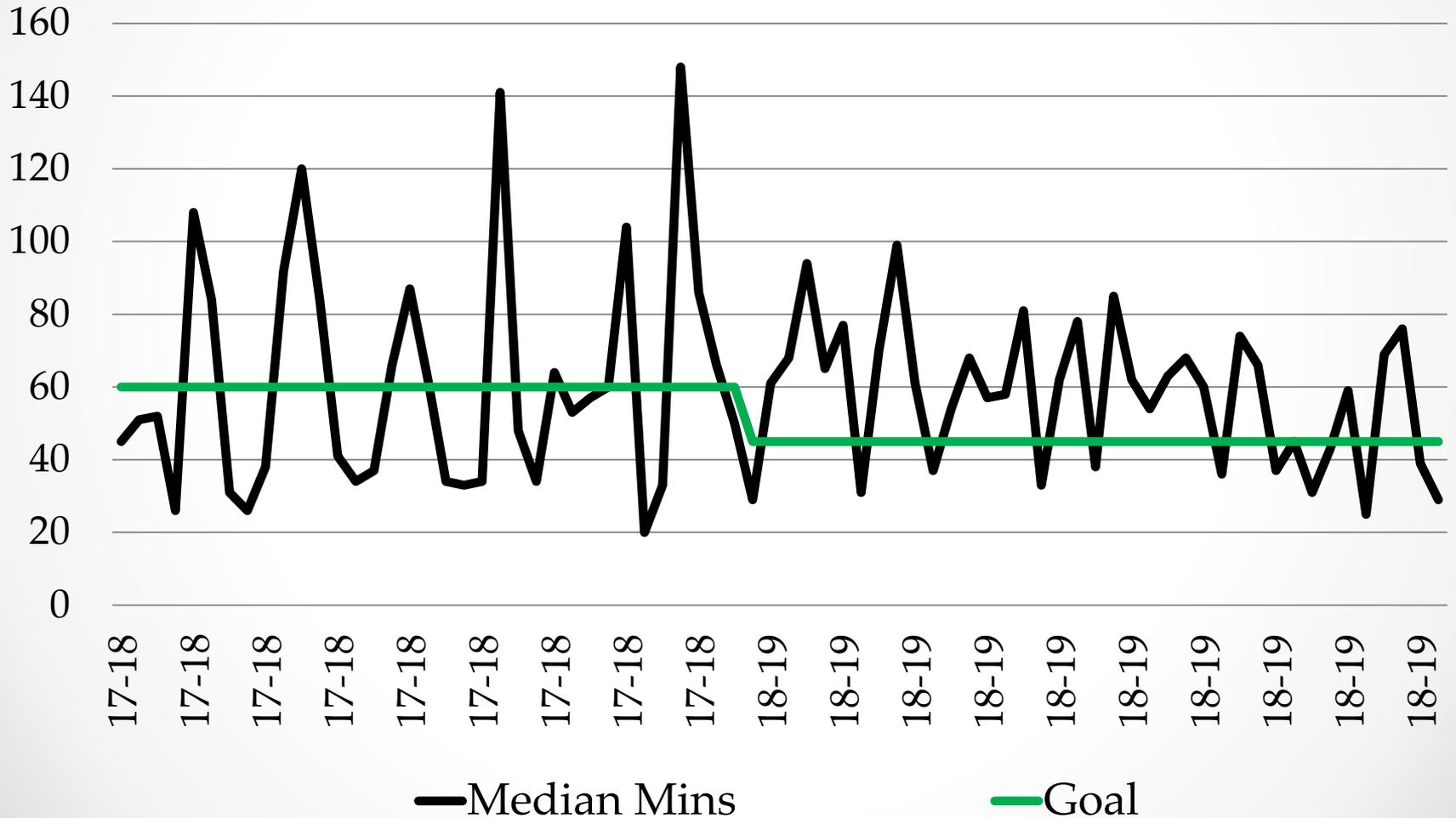
**LVO
Screening
ACT-FAST**
Oct 2019

**RAPID CT
Software**
Dec 2019

tPA and Code Stroke (2011-2018)

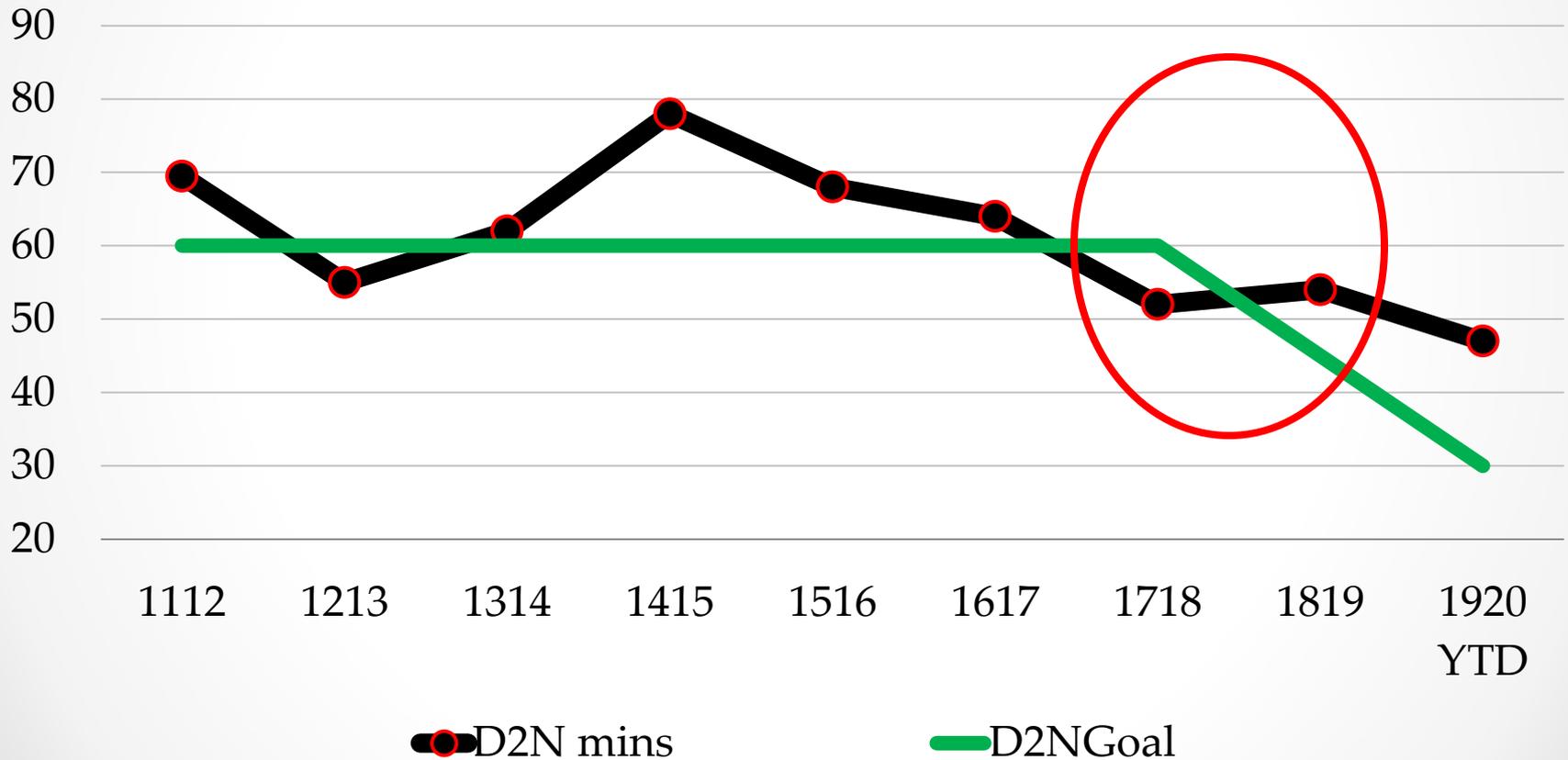


Door to Needle Variation



QHC Door to Needle

FY 1112 to 1920 (Q2)

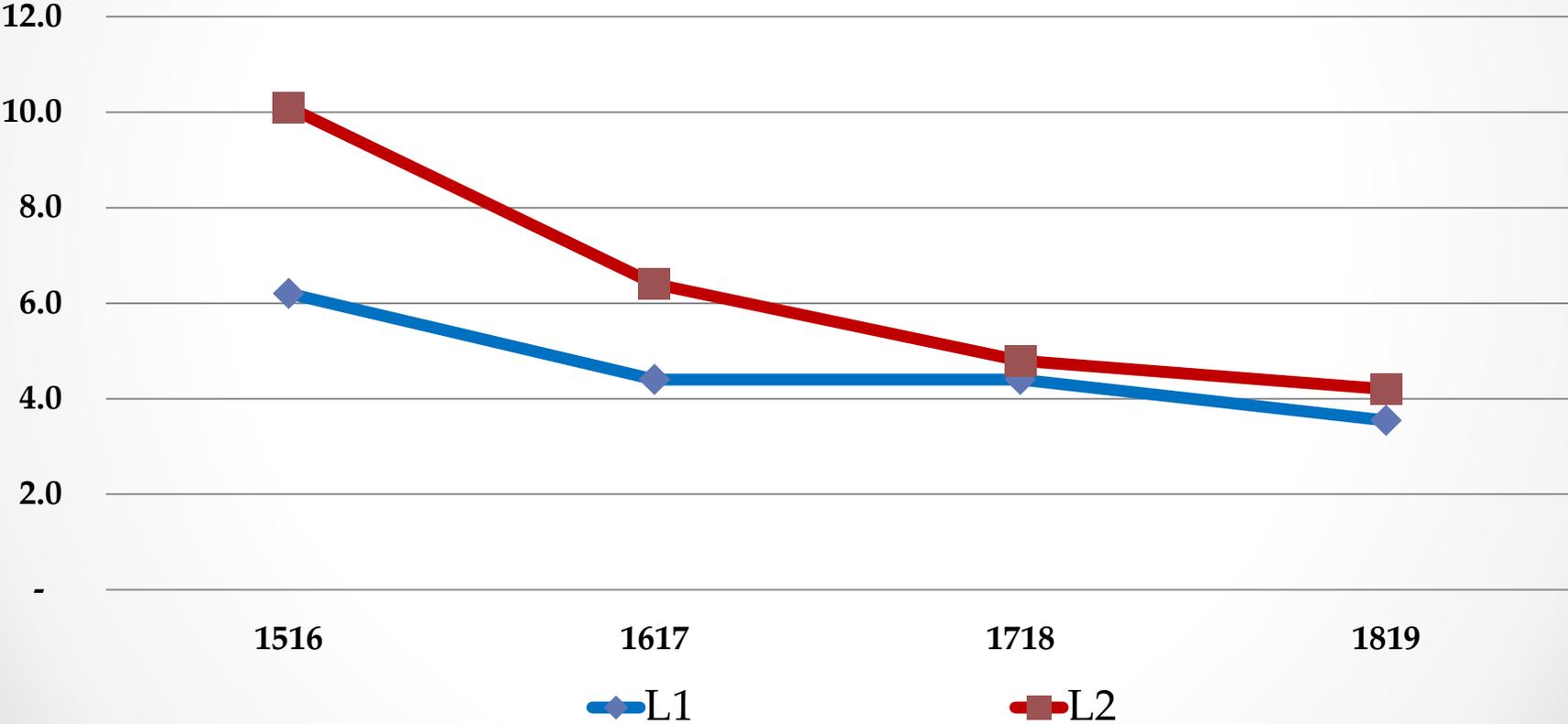


Code Stroke QI

- **Kaizan (QI) event held May & July 2019**
- Staff & physician goals / agenda
- QHC's Transformation office led event
- SE regional team attended
- **Focus to improve 4 key areas**
 - ✓ Reduce practice variation
 - ✓ Improve nursing teamwork in ICU & ED
 - ✓ Renew momentum & ownership for hyperacute care
 - ✓ Reduce door to needle times for tPA
- Peripheral focus - IP activation & LVO screening

Stroke Prevention Clinic

Wait time (days)



QDSAC

Quinte & District Stroke Advisory Council

- Excellent local support
- CCSH, QDR, QHC, Stroke Survivors, SE H&CC **& more**
- Co-chair also leads community stroke support groups
- Recent meeting had 3 survivors attend !!

Our team !!!



