Toronto Stroke Networks
Toronto West

Toronto Stroke Networks
North & East GTA

2018 Year in Review

This year's Annual Achievement Report provides a high level overview of the many successes in Toronto's stroke system.

Through strategic leadership, the North & East GTA and the Toronto West Stroke Networks continue to advance the work relative to their strategic directions:

- Sustainable System Improvements
- Seamless Stroke Systems and
- Patient Experience

This Year in Review highlights some of the many initiatives undertaken within each strategic direction.

2017/18 has seen broader inclusion of persons with stroke and caregivers as partners within the structures and activities of the Networks. This has resulted in system improvement work that is relevant and meaningful to all stakeholders.

This report reflects the performance and collaborations of organizations within the North & East GTA and Toronto West Stroke Networks.

Steering Committee Members

Beth Linkewich
Deborah Goldberg
Dr. Frank Silver
Gayle Seddon
Ilsa Blidner
Kim Partridge
Maggie Bruneau
Malcolm Moffat (retired) /Dr. Dan Cass
Nicola Tahair
Dr. Rick Swartz
Ron Lacombe
Susan Woollard
Tina Smith

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2017 Year in Review

STRATEGIC DIRECTIONS

- **Sustainable system improvement**
- Seamless stroke system
- Patient experience

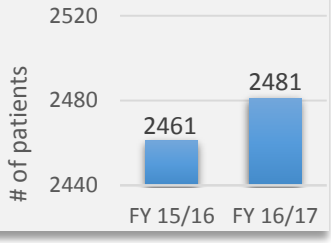
SUSTAINABLE SYSTEM IMPROVEMENT

The North & East GTA and Toronto West Stroke Networks strive to continuously monitor and evaluate their performance through a comprehensive and sustainable cross-continuum dataset. This provides the opportunity to plan quality improvement initiatives aimed at supporting better access to stroke care.

HYPERACUTE

Total number of TIA/ Stroke ED admissions for acute care hospitals.

170 patients utilized the walk-in protocol from Toronto community hospitals to SHSC and TWH

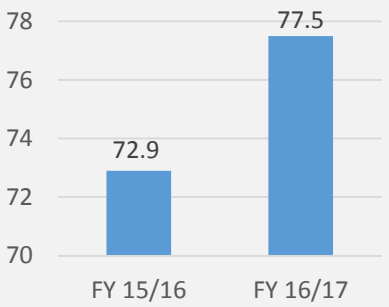


Number of eligible ischemic stroke patients who received tPA and/or EVT for 2017-18 at TWH & SHSC

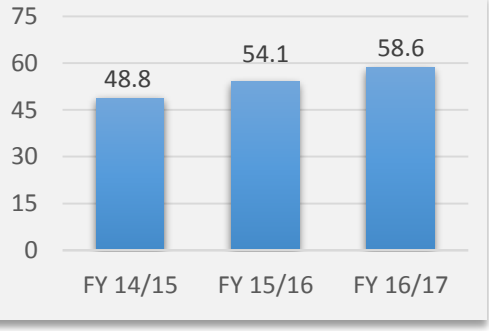
tPA	EVT
197 patients	192 patients

ACUTE

Proportion of TIA or non-disabling stroke clients discharged directly from the ED with a referral to secondary prevention services

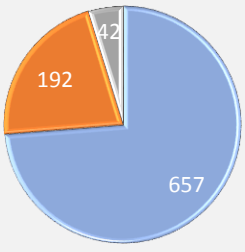


Proportion of patients treated on a designated acute stroke unit



REHABILITATION & COMMUNITY

Number of rehab admissions FY 17/18



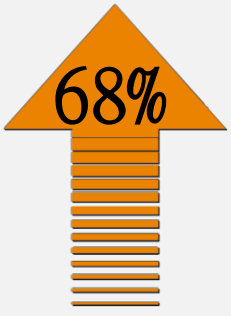
Fewer patients (5%) accessed high intensity rehab from acute care in FY 2017-18 compared to FY 2016-17 while there was an 8% increase in the number who accessed outpatient rehab

Target 180 min

Median range of minutes per day of direct therapy in inpatient rehab hospitals FY 2016-17.
Striving towards a target of 180min/day

79.6 to 145.3

Note: median minutes are adjusted for assistant time



Increase in the number of patients referred and accepted to outpatient rehab from acute care in FY 17/18 compared to FY 14/15

10 patients enrolled in the in-home early supported discharge pilot as part of the Stroke Integrated Funding Model

Patients seen 48 hours after discharge from acute care

Demonstrated improvements include:
timely access, positive patient and provider experience, achievement of patient goals and reintegration within the home setting

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Seamless stroke system

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SEAMLESS STROKE SYSTEM

2017-18 brought with it a number of initiatives that sought to advance system planning and best practice implementation through stakeholder engagement, partnerships and implementation.

E-Stroke Automatic Bed Offer

Starting November 2017, **ALL** patients with AlphaFIM® 60-80 (referred ≤ 7 days post stroke) received an automatic bed offer for high intensity rehab. Most patients transitioned home post rehab.

Improving the capacity of stroke teams to provide communicative access for persons with aphasia project

Trained staff reported a **28%** ↑ in level of confidence and **41%** ↑ in effectiveness in communicating with patients with aphasia following a knowledge translation intervention in supported conversation techniques.

Cognitive Orientation to daily Occupational Performance (CO-OP)

"CO-OP is a client-centred, performance based, problem solving approach that enables skill acquisition through a process of strategy use and guided discovery"

65 clinicians trained in the CO-OP approach during a 2 day workshop. Training of additional staff supported through online modules

5 rehab hospitals have implemented CO-OP

7% ↑ in acceptance to high intensity rehab for patients with moderate cognitive impairment post CO-OP KT

15% ↑ in evidence of client-centered goal setting across all sites

One Client, One Team: Toronto Central & Central LHIN Stroke Integrated Funding Model Project

The Ministry of Health and Long Term Care (MOHLTC) launched a pilot for bundled care. Integrated care pathways were implemented and tested using Plan-Do-Study-Act cycles and small tests of change. Results suggest that a bundled care approach can **break down silos, enhance cross sector coordination and integration, improve the patient experience and create shared accountability for cost and quality across the continuum of stroke care**. Planning for broader spread is underway.

Virtual Community of Practice

420 registered users

Usage by device type

Since the website redesign in April 2017, there has been a significant increase in the number of page views.

2017 9,000+/month

<2017 ~ 500/month

- **21** new discussion forums
- **35** replies
- **40+** organizations represented within & outside the GTA

www.strokecommunity.ca

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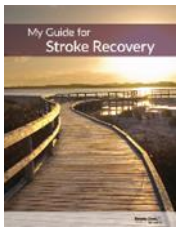
PATIENT EXPERIENCE

Patient and Family Advisors have been integral to advancing our work. They have been engaged in multiple initiatives to help inform system planning and an approach to evaluate the patient experience.



Review & update of My Guide for Stroke Recovery

Peers Fostering Hope community pilot program development, implementation and evaluation

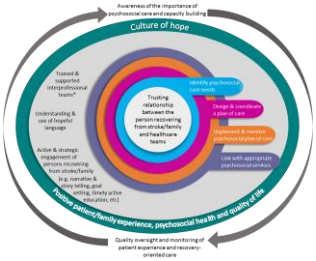
Community Expo for Healthcare Providers Working in Stroke Care

Patient & Family Experience Questionnaire (PFEQ)

88 PFEQs completed

The PFEQ is currently being used in outpatient rehab, secondary prevention clinics, and March of Dimes Canada support groups in Toronto.

Recovery-oriented approach to support psychosocial, hopeful care



To support patient experience across the care continuum, the TW and NEGTA Stroke Networks are develop a longitudinal, learning and knowledge translation program to enhance psychosocial care and the use of hopeful language. This program supports other stroke network initiatives such as Peers Fostering Hope, CO-OP and the use of the Canadian Occupational Performance Measure.

Stroke Recovery Guide Website

Global reach in 2017

2173 unique visitors reached the site in 2017 from **53** countries across **7** continents

Usage – Device Type

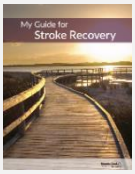
8665 page views in 2017

www.strokerecovery.guide

Glossary

CO-OP

CO-OP = Cognitive Orientation to daily Occupational Performance. A rehabilitation approach to support persons with cognitive impairment in improving performance of motor tasks.



MGSR= My Guide for Stroke Recovery. A patient education resource to promote understanding of common challenges after stroke and support self management of ongoing needs and recovery.

One Client, One Team

IFM = Integrated Funding Model. A project funded by the Ministry of Health to promote development of 'bundled' (seamless) stroke care services across acute, rehabilitation community based organizations.

Peers Fostering Hope. A peer support program for individuals with stroke in hospital that provides emotional support and connection to another individual who has also experienced a stroke.

Early Supported Discharge. An approach where intensive rehabilitation services are provided in an outpatient setting to support an earlier discharge from an inpatient hospital bed.

Virtual Community of Practice. The Toronto Stroke Networks Virtual Community of Practice (VCoP) is an interactive platform for all stakeholders working, researching, and learning in the area of stroke care.

Patient and Family Experience Questionnaire. Novel stroke specific cross-continuum questionnaire which captures the experiences of persons with stroke and their family members across their care journey.

FY	Fiscal Year	**EVT**	Endovascular Treatment
TIA	Transient Ischemic Attack	**HIR**	High Intensity Rehab
ED	Emergency Department	**LTLD**	Low Tolerance Long Duration
tPA	Tissue Plasminogen Activator	**OPR**	Outpatient Rehabilitation

DATA SOURCES*

Indicator	Data Source
Total number of TIA/Stroke ED admissions for TSNs acute care hospitals	Ontario Stroke Evaluation Program, CIHI NACRS
Number of eligible ischemic stroke patients (funded, unfunded and non-OHIP) who received tPA and/or EVT	Toronto Western Hospital (TWH) and Sunnybrook Health Sciences Centre (SHSC) Regional Stroke Centres
Proportion of TIA or non-disabling stroke clients discharged directly from the ED with a referral to secondary prevention services	Ontario Stroke Evaluation Program, CIHI NACRS
Proportion of patients treated on a dedicated stroke unit	Ontario Stroke Evaluation Program, CIHI DAD
Access to high intensity rehab from acute care	TSNs E-Stroke, CIHI NRS
Median number of minutes per day of direct therapy received by inpatient stroke rehabilitation patients	Facility based analysis, CIHI NRS
Number of patients referred & accepted to outpatient rehab from acute care	TSNs E-Stroke

CIHI Canadian Institute for Health Information

NACRS National Ambulatory Care Reporting System

DAD Discharge Abstract Database

NRS National Rehabilitation Reporting System

* Performance reflects data from the N&E GTA and Toronto West Stroke Networks organizations unless otherwise stated.