



Hamilton Health Sciences



Optimizing Stroke Best Practices in Central South Ontario

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CHEDOKE • CHILDREN'S • GENERAL • HENDERSON • JURAVINSKI • McMASTER • ST. PETER'S

Mosaic of Stroke: Maximizing the Impact of Rehabilitation

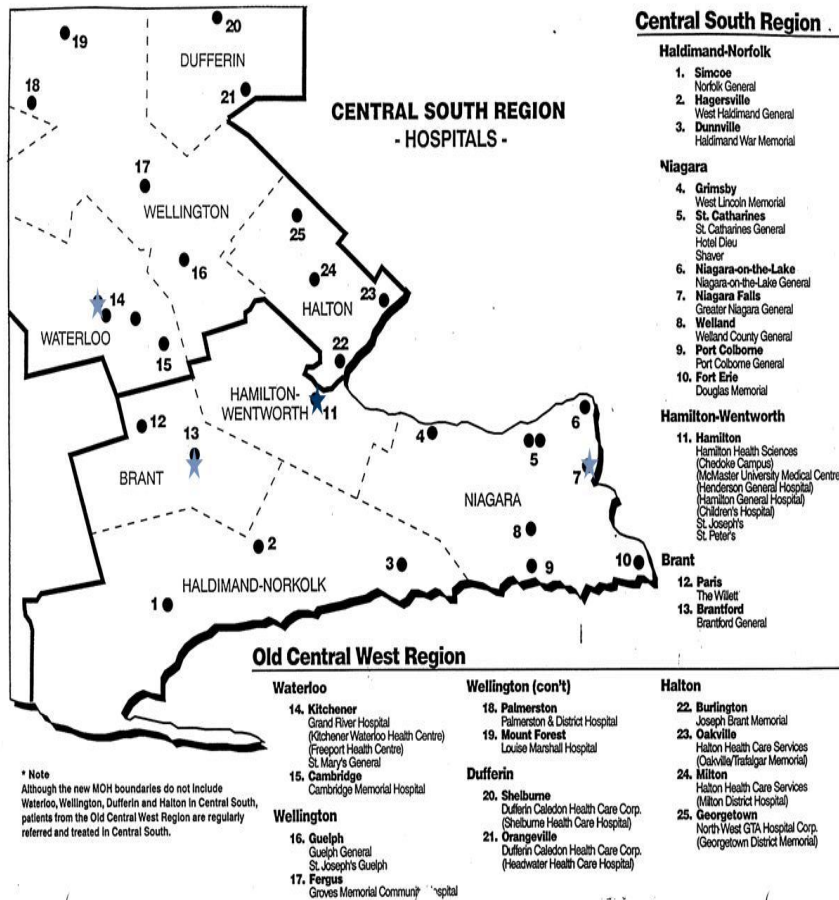


Session Objectives

- To provide background on the Central South Regional Stroke Network's Strategic Priority for Optimizing Access to Best Practice Stroke Unit Care within Central South Ontario
- To identify the process of LHIN engagement and endorsement for the Strategic Priority
- To provide an overview the HNHB LHIN and WW LHIN Plan for Optimizing Access to Best Practice Stroke Care
- To provide an overview of the HHS Integrated Stroke Model of Care



Central South Regional Stroke Network



Waterloo Wellington LHIN Hamilton Niagara Haldimand Brant LHIN

- **Regional Stroke Centre**
Hamilton Health Sciences
- **District Stroke Centres**
Grand River Hospital
Greater Niagara General Hospital
Brant Community Health System



Central South Regional Stroke Network - Strategic Planning 2009 - 2012

- Oct. 2008 – Joint Strategic Planning Session with Regional Stroke Steering Committee, HNHB and WW LHIN's
- Review of Performance (2006 Stroke Evaluation Report):
 - Approximately 4,500 acute stroke admissions in Central South
 - Only 50% of acute stroke admissions access organized stroke unit care across the region
 - All of the designated Stroke Centres had acute stroke clusters or stroke units
 - None of 19 community hospitals within the Region had organized stroke care
 - Approximately 21% of patients were transferred to inpatient rehabilitation
 - Access for severe stroke was were limited



Central South Regional Stroke Network - Strategic Planning 2009 - 2012

Three Strategic Priorities identified for 2009 – 2012 by consensus decision making process:

1. Optimize availability of best practice stroke care throughout region by creating acute and rehabilitation stroke units
2. Optimize stroke patient access to rehabilitation with focus on services for mild stroke, severe stroke and outpatient and patients living in rural and isolated communities
3. Develop a regional public awareness strategy to improve public's knowledge about stroke signs and symptoms and how and where to access care



Hamilton Niagara Haldimand Brant LHIN Implementing the Plan

Hamilton Niagara Haldimand Brant LHIN:

- Regional Stroke Program prepared analysis of stroke acute and rehabilitation within the LHIN
- Strategies Priorities tabled at HNHB LHIN VP Forum
- Support for Strategic Priorities from VP's and LHIN
- VP Working Group formed to develop recommendations for resource re-alignment
- Hospitals with significant volumes of stroke patients reviewed and developed Stroke Best Practice Implementation Work Plans
- Organizational Work Plans approved by Regional Stroke Steering Committee October 2010

Source: CIHI DAD 08/09 Courtesy of HNHB LHIN @ 90% Occupancy

HNHB Stroke Best Practice Planning

Hamilton Health Sciences Regional Stroke Centre

West Lincoln Memorial Hospital - 1.4 Acute Bed Activity

HHS Henderson Site - 5.1 Acute Bed Activity

HHS MUMC Site - 4.7 Acute Bed Activity

Stroke Unit -
16 Acute & 16 Rehab
32 designated beds

14 Bed Specialized Stroke
Rehab Unit

Stroke Prevention Clinic

tPA

St. Joseph's Healthcare Non-Designated

10.5 Acute Stroke
Bed Activity

Stroke Prevention
Clinic

General Rehab
1.5 Stroke Bed
Activity

7.0 Acute Stroke
Bed Activity

General Rehab
6.3 Stroke Bed
Activity

tPA

Joseph Brant Hospital (developing stroke unit) Non-Designated

7.1 Acute Stroke Bed
Activity

General Rehab
6 Stroke Bed Activity

Stroke Prevention
Clinic

tPA

Brant Community Healthcare System (developing stroke unit) District Stroke Centre

Norfolk General Hospital - 4.1 Acute Bed Activity

West Haldimand Hospital - 0.5 Acute Bed Activity

Haldimand War Memorial Hospital - 0.4 Acute Bed Activity

Niagara Health System Greater Niagara General District Stroke Centre

Welland Site - 3.5 Acute Bed Activity

Port Colborne Site - 0.3 Acute Bed Activity

Douglas Memorial Site - 0.5 Acute Bed Activity

St. Catharines General - 7.6 Acute Bed Activity

Acute Stroke Unit
10 Designated
Beds

Stroke Prevention
Clinic

tPA

Shaver Clustered
Rehab - 4 Stroke
Rehab Beds

Activity Transfers to GNGH

June 2010



Hamilton Niagara Haldimand Brant LHIN Work Plan Timelines

- **Greater Niagara General**
Implementation of 10 bed Acute Stroke Unit – May 2010
- **Hamilton Health Sciences**
Implementation of Integrated Stroke System – April 2011
- **Brant Community Healthcare System**
Implementation 16 bed Integrated Stroke Unit – March 2011
- **Joseph Brant Memorial Hospital**
 - Plan for clustering acute stroke patients – May 2011
- **St. Joseph's Healthcare Hamilton**
 - Project Plan underway to develop an integrated stroke



Waterloo Wellington LHIN Implementing the Plan

Waterloo Wellington LHIN:

- As part of the development of the Integrated Health Service Plan (IHSP) 2010-2013, a preliminary review of stroke care in the WW LHIN was completed
- WW LHIN identified stroke care as one of eight priorities for IHSP based on performance data:
 - 30-day in hospital stroke mortality rate was high
 - 30-day readmission rate for stroke are high,
 - High proportion of acute stroke patients are sent to long-term care homes
 - Low proportion of acute stroke discharge to inpatient rehabilitation



Waterloo Wellington LHIN Implementing the Plan

- Waterloo Wellington LHIN in partnership with Ontario Stroke Network and Central South Regional Stroke Network conducted a comprehensive Stroke Care Review within WW LHIN to:
 - Confirm key issues related to stroke care
 - Identify best practices for stroke care in WW LHIN
 - Make recommendations for clustering of stroke care across WW LHIN
 - Develop an integrated project Work Plan for implementation of the recommendations



Hamilton Health Sciences Integrated Stroke Model of Care



Stroke ABC Strategic Priorities

Access to Best Care Initiative

Centralization of all Stroke Patients

1. Achieve Best Practice Stroke Care
2. Alignment with Integrated Stroke Model
3. Recruitment and retention
4. Advance our Academic and Research agenda

Quality of Care through

1. Knowledge translation
2. Evidence based practice
3. Continuous quality improvement.

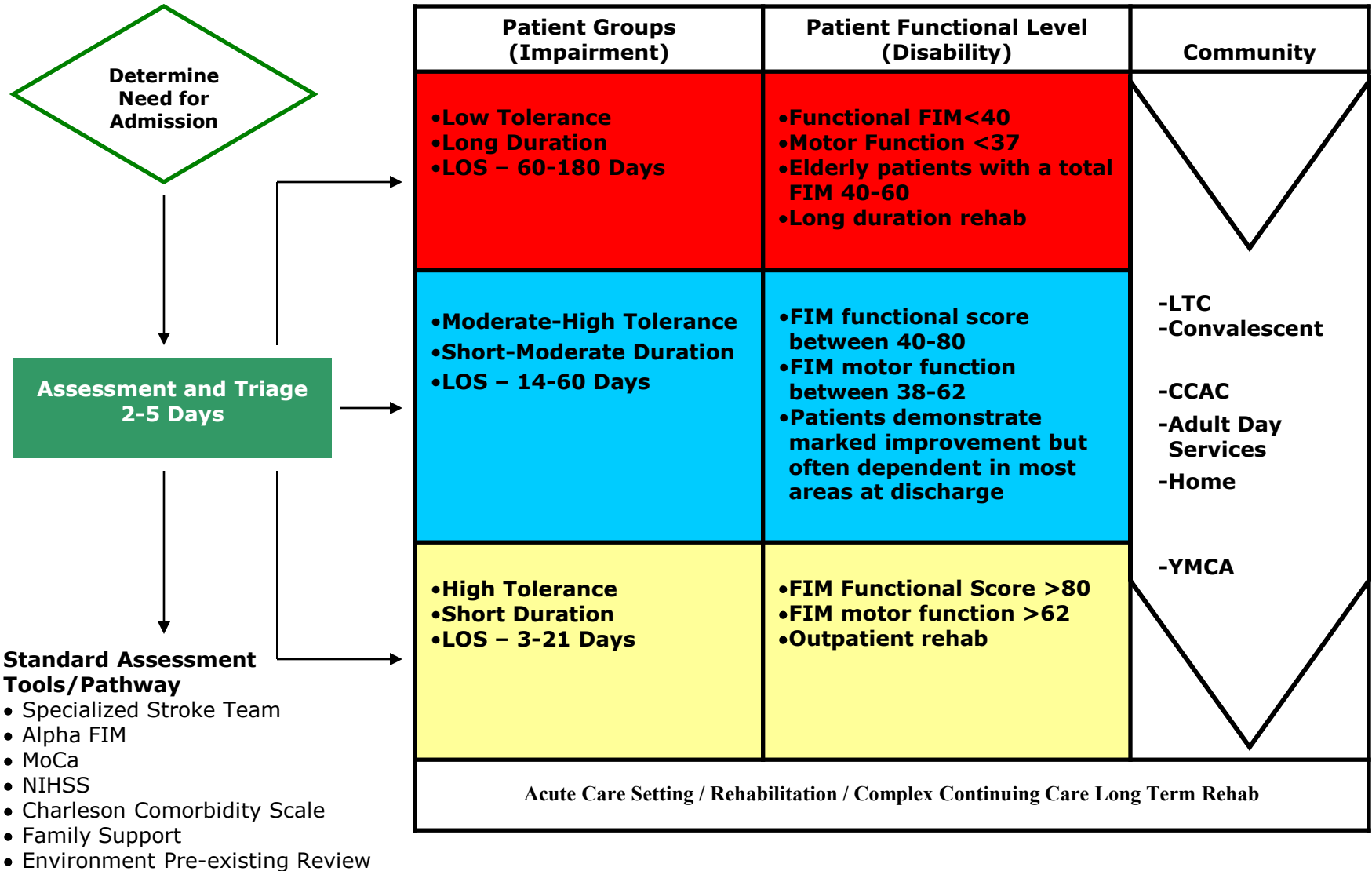


Partnerships

- The Integrated Stroke Model is the end result of the deconstruction of existing stroke service delivery structures in favor of a model that is specifically re-designed to deliver evidence based care to stroke patients along the continuum:
 - Neuroscience Trauma Program Integrated Stroke Unit
 - The Regional Rehabilitation Program
 - St. Peters Complex Continuing Care Program
 - CCAC

HHS Integrated Stroke Recovery Model

Unique and innovative model in which stroke patients will be assessed and triaged into a service stream which is designed to optimize their recovery goals.





Questions

