

Communiqué to NE LHIN Hospital Chiefs of Staff

Ontario Stroke Network Report Card and Improving Patient Care

December 2015

The Ontario Stroke Network released results showing the NE LHIN is the second most improved LHIN in the province when it comes to the care of stroke and Transient Ischemic Attack (TIA) patients. However, much work remains to meet best practice guidelines and provincial benchmarks to further improve patient care.

The Ontario and LHIN Stroke Report Card

Published by the Ontario Stroke Network, the report card contains 20 quality care indicators that span the care continuum allowing LHINs to track progress over time, as well as compare performance to provincial benchmarks. Data for the 2015 report card was drawn from 2013/14 CIHI data. The North East is “progressing well” with four indicators, “progressing” with 10, and “not-progressing” with two – one related to stroke units and the other to CCAC rehabilitation visits.

The Need for Inpatient Consolidation at Stroke Centres of Excellence

Research has found that patients admitted to hospitals with ischemic stroke (IS) volumes of over 130 have more favourable outcomes, including lower mortality rates and reduced hospital bed-day use. In the North East region, four hospitals have volumes that exceed this amount and they are the designated stroke centre hospitals for the region – **Health Sciences North, Sault Area Hospital, Timmins and District Hospital, and North Bay Regional Health Centre.**

The Next Steps and You

- ✓ Over the next few months, Stroke QBP Steering Committees will be created to begin implementing several changes in how stroke and TIA care is delivered, including the consolidation of acute care to the four designated stroke centres.
- ✓ Your participation on these QBP committees will be vital to help ensure the needs of your communities are met.

Meeting the Updated Definition of Stroke Units

In addition to acute care consolidation, each designated stroke centre hospital will be tasked with re-developing their inpatient stroke units so they meet the updated Ontario Stroke Network definition – including geographically co-locating patients in dedicated “stroke” beds with dedicated inter-professional staff.

- ✓ **Literature indicates there is a 30% reduction in mortality and morbidity on Stroke Units that meet this definition.**

More Outpatient Rehabilitation Needed

There is a significant gap between the frequency and intensity of outpatient rehabilitation delivered presently by both the North East CCAC and hospital-based outpatient services in comparison to QBP recommendations (two to three visits per week for eight to 12 weeks – by Occupational Therapists, Physiotherapists, and Speech Language Pathologists). The LHIN and Stroke Network are looking at new ways to deliver outpatient/home-based stroke services across the region. You will be engaged by the Stroke Network as part of these discussions.

Risk

- As our population continues to age, so does the risk of stroke and TIA.
- The average age of a stroke patient in the North East is 71.
- Admissions for stroke and TIA for the North East in 2014/15 were approximately 1,100.
- Volumes for the year 2040 are projected to increase to 1,780.

The North East LHIN's Report Card Results

Progressing Well...

- The rate of risk-adjusted stroke/TIA mortality at 30 days has dropped to 13.5% from 16% *
- The proportion of ischemic patients receiving TPA has increased to 13.7% from 9%*
- The median number of days between stroke onset and admission to inpatient rehabilitation has decreased to 8 days from 9*
- The proportion of stroke patients discharged to LTC/CCC has decrease to 3.1% from 4%*
***the previous 3 year average**

Progressing...

- Proportion of patients arriving via ambulance
- Age and sex adjusted admission rate
- Proportion discharged to inpatient rehabilitation
- Median Functional Independence Measure (FIM) efficiency for moderate stroke patients in inpatient rehabilitation
- Age and sex-adjusted re-admits rate at 30 days

Not Progressing...

- Proportion of stroke/TIA patients treated on a stroke unit is **1.8 compared to the benchmark of 62.7**
- Mean # of CCAC visits – **4.9 compared to benchmark of 8.2**

To read the full report card, click on this [link](#). Questions? Darren Jermyn, Regional Director, Northeastern Ontario Stroke Network, djermyn@hsnsudbury.ca