

Central East Stroke Network Newsletter



Volume 1, 2020

THANK YOU

CESN THANKS YOU for your incredible efforts during this challenging time of COVID-19. Please take care!

Expanded Treatment Window for Endovascular Thrombectomy

Patients presenting to the Emergency Department (ED) with signs of stroke require immediate clinical assessment to determine eligibility and rapid delivery of alteplase (tPA) and/or endovascular thrombectomy (EVT). In a coordinated system of care, community hospitals, Emergency Medical Services (EMS), EDs, Diagnostic Imaging, and Acute Stroke Teams at the tPA and EVT hospitals have established processes in place to determine eligibility, transfer and treatment for patients who present within 6 hours of symptom onset.

The Canadian Stroke Best Practice Stroke Recommendations were updated in 2018 to include an expanded treatment window for EVT for a select group of patients presenting within 24 hours of symptom onset. Large vessel occlusion screening and advanced neuroimaging are key elements in patient selection.

CorHealth has been working with provincial experts to provide clear direction regarding the recommended processes for community hospitals (non tPA hospitals) to access stroke consultation and/or EVT services for patients presenting within the expanded time window. Provincial standards have now been developed to guide regional implementation. The Central East Stroke Network will be working with local hospitals and the EVT delivery centres to implement the necessary changes including a validated large vessel occlusion screening tool and imaging protocols. Please feel free to reach out to your District Stroke Coordinator or myself if you have questions.

Submitted by CESN Regional Director, Cheryl Moher

“EVT is an image guided procedure for clot removal using a catheter most commonly inserted through the groin. It is performed by specialists with neurointerventional expertise.”
<https://www.corhealthontario.ca/evt>



Source: Endovascular Treatment (EVT) Resource Centre, CorHealth

Name OUR

Newsletter Contest

We need your help to name the CESN newsletter

- Be creative!
- No limit on # of entries

Send your suggestions to cesn@rvh.on.ca to be entered into the draw

Deadline to enter: **June 1st**

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NEW Guidelines for ASA

A new Heart & Stroke guideline was published March 23rd, 2020 in the Canadian Medical Association Journal on Acetylsalicylic acid (ASA) for prevention of vascular events. Key points include:

- ◆ ASA is still strongly indicated for secondary prevention in patients with cardiovascular, cerebrovascular or peripheral artery disease (PAD)
- ◆ ASA is **NO** longer recommended for primary prevention in those without a history of symptomatic cardiovascular disease, stroke, or PAD. The harm of daily ASA could potentially outweigh the benefits
- ◆ Opportunity for increased focus on primary prevention strategies (i.e. healthy lifestyle choices, modification & management of vascular risk factors)
- ◆ Decision to start, stop or continue ASA should be individualized & must be a shared conversation with healthcare provider & patient regarding risks, benefits and preferences

For further information go to: <https://www.strokebestpractices.ca/recommendations/ASA-for-prevention>

Caregiving Strategies

Providing Care and Support for a Senior Living with Frailty

FREE online course, handbook & tools

RGP
of Ontario

sfCare

Ontario

Check out the promotional materials for Caregiving Strategies at:

<https://www.rgps.on.ca/resources-for-partners/>

Resources include:

- * Downloadable resources
- * Quick Links (i.e. pain, staying active)
- * Caregiver 24/7 Helpline
- * Online course & downloadable handbook

Source: sfCare RGP of Ontario

NEW! Patient & Caregiver Resources

Check out the Rehabilitation & Recovery and Transitions & Community Participation

Infographics. Available at: <https://www.strokebestpractices.ca/resources/patient-resources>



Rehabilitation and Recovery

Your guide to taking charge of your stroke recovery

By the numbers



More than 400,000 Canadians are living with the effects of stroke



Half of people who experience stroke need help with daily activities



Fewer women participate in stroke rehabilitation than men

For more information on this topic and to check out similar infographics on other stroke best practices, visit [strokebestpractices.ca/resources/patient-resources](https://www.strokebestpractices.ca/resources/patient-resources)

Definition

Stroke rehabilitation is a progressive, dynamic, goal-oriented process aimed at enabling a person with impairment to reach their optimal physical, cognitive, emotional, communicative, and social functional level.

Goal

Through the many forms of rehabilitation, the goal is to help you improve and enhance your physical, emotional, cognitive, and communication skills and well-being. Rehabilitation can help recover and improve your ability to walk, use your arms, think, see, and/or speak.

Rehabilitation is a process

Rehabilitation should start as soon as possible after your stroke, typically while you are still in hospital and will continue after you leave. Rehabilitation can happen in many places: in a specialized inpatient rehabilitation unit in the hospital, a separate rehabilitation hospital, an outpatient rehabilitation centre or community program, and at home. The place where you receive your rehabilitation may change as you progress to best meet your needs and goals. You are at the centre of your plan at every step of your journey.

Participation in outpatient rehabilitation following discharge from acute and/or rehabilitation inpatient services should be available and will help you continue to make gains toward your rehabilitation goals.

You are the most important part of the recovery. Work with your healthcare team to develop a personalized plan to achieve your goals. Share what you want to accomplish during rehabilitation and include this in the plan. The team should work with you to update your plan as you progress, so always be your current needs and improving abilities.

Tips for successful rehabilitation

Practice, practice, practice. To achieve the best recovery, it is important to practice the exercises and activities you are taught in your rehabilitation therapy sessions. The healthcare team should work with you and your family and caregivers to identify activities you can safely do on your own, between sessions. Be sure you understand their instructions. Ask questions if you do. Use technology to help!

The power of community. If you have experienced stroke or heart condition, or are caring for someone who has, connecting with other people who know what you are going through can help the recovery journey. These communities share experiences, quality information and tips, while offering social and emotional support in a safe, inclusive and respectful community. Learn more at www.strokebestpractices.ca/reconnect.

Keep at it. Every stroke recovery from stroke is different. Rehabilitation and reintegration into the community will happen on your own pace. In some cases, improvement is not seen for weeks, months, or even years after the stroke occurred. The new improvements can happen.

Stay informed! Ask your healthcare team for a list of community resources on your transition to home.

Advocate. Rehabilitation therapy is important. If the stroke has affected your ability to walk, use your arms, think, see, or speak, you will need rehabilitation to help you recover. As much as possible, advocate on your own behalf for access to rehabilitation therapy.



Transitions and Community Participation

Your guide to taking charge of your stroke recovery

By the numbers



More than 400,000 Canadians are living with the effects of stroke



Almost twice as many women as men go to long-term care after stroke.

How have you been affected by stroke?



For more information on this topic and to check out similar infographics on other stroke best practices, visit www.strokebestpractices.ca/resources/patient-resources

Definition

Transitions refers to the movement of people across various healthcare locations, settings, and providers. Community defined as the physical and social environment where individuals may live after a stroke, including any non-hospital setting where one would reside and resume hobbies and activities, such as a family home, assisted living facility, long-term care or other residential settings.

Goal

The goal of transition management is to facilitate and support seamless movement across the continuum of care, and to achieve and maintain optimal treatment outcomes, adaptation, and quality of life for you, your family and caregivers. Community participation involves returning to your desired and meaningful activities of daily living, community interests and life roles following stroke. This includes returning to a safe community living and contributing to your social groups and family life.

Support

Stroke is a sudden and life-altering event that may require an extended recovery period. It may result in new challenges in management of day to day limitations. Stroke can also have an impact on those close to you as your family and caregivers often take on additional roles. The healthcare team should be aware of this and ensure the proper support is available and that your needs are met. After your stroke, you should be screened for several things, such as depression, and other physical and psychological issues at each transition point. Issues are identified and the healthcare team receives your consent, you should be referred to appropriate services to address the issues and promote optimal outcomes.

Support is essential after stroke. You should be provided with information about peer support groups in the community where available and a list of community resources, including how to access these services, that will support your self-management at each care setting.

Tips for a successful recovery:

Share your concerns. Your healthcare team should work with you to answer all your questions, help you identify and address your physical, emotional, mental and cognitive needs and provide education. This should happen at any stage or setting in your journey.

Write about it. Keep a journal so you can monitor your achievements and progress, record information about your medications or therapy, keep track of medical appointments, and write down questions to ask at your appointments.

Use a checklist. It can help you start a conversation about important issues you may be experiencing. Fill out a new one before every medical appointment. It gives you an ongoing record of your progress and makes it easier for your doctor, nurses or others on your healthcare team to understand how you are doing and work with you to get additional help if you need it. Add items that are unique to your recovery. Check out our goal checklist at www.strokebestpractices.ca/reconnect.

It's a team effort. Transitions of care require the participation of you, your family and caregivers, health professionals and the broader community. It should involve collaborative goal setting, shared decision-making and an individual recovery plan that is developed together and regularly reviewed and updated as you progress.

The power of community. If you have experienced stroke or heart condition, or are caring for someone who has, connecting with other people who know what you are going through can help the recovery journey. These communities share experiences, quality information and tips, while offering social and emotional support in a safe, inclusive and respectful community. Learn more at www.strokebestpractices.ca/reconnect.

Increasing Awareness of Stroke

Canadian Stroke Best Practices state that all members of the public and all healthcare providers should be educated in recognizing the signs of stroke, FAST signs & that stroke is a medical emergency.

To increase public awareness, in 2019/20 the CESN regional team and district coordinators participated in:

- over 40 community outreach events such as informative displays at health fairs and talks to community groups.
- media campaigns such as radio spots, newspaper articles.



How are you promoting increased awareness of the FAST signs in your practice?

Visit <https://www.heartandstroke.ca/stroke/signs-of-stroke>

Icons made by [Prosymbols](http://www.flatiron.com) from www.flatiron.com

Join our Mailing List

To automatically receive our newsletter and other updates in your inbox,

[CLICK HERE](#)

Or scan the QR Code



Follow us on Twitter

<https://twitter.com/CESNstroke>

Together in Movement and Exercise (TIME™) in HKPR

Together In Movement and Exercise (TIME™) is a community-based program for people with balance and mobility challenges. The program was designed by physiotherapists at Toronto Rehab, and is led by trained fitness instructors in community centres across Canada!

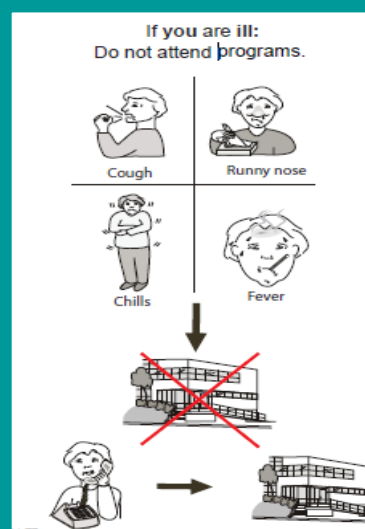
The TIME™ program has expanded in the HKPR District! In January 2020, the program successfully launched at the Lindsay Recreation Complex. The City of Kawartha Lakes plans to expand the program to Bobcaygeon in the near future. Future plans for growing TIME in the HKPR District include bringing the program to Haliburton and Port Hope.

Within the Central East Stroke Region, the TIME™ program is offered in Peterborough, Whitby, Bradford, Aurora, Vaughan, Whitchurch–Stouffville, Markham, Newmarket & coming soon to Barrie and Innisfil.

For more information on the TIME™ exercise program visit:

<https://www.uhn.ca/TorontoRehab/Clinics/TIME>

Communicating with Persons with Aphasia about COVID-19



The Aphasia Institute has developed an aphasia friendly resource to support conversations around preventing the spread of COVID-19. The resources can be found at the link below and can be personalized for your organization.

<https://files.constantcontact.com/cd648948001/c9c42a01-bf4d-4123-b1e3-fad0ce47b2fa.pdf>

Resources & Upcoming Events

Remember to check the CESN Webpage www.cesnstroke.ca for updates & details.

Provincial Stroke Rounds: (08:00-09:00)

April 1 **CANCELLED / to be rescheduled:** Evolution of diagnosis of cerebral amyloid angiopathy - Dr. Ravinder Singh.

June 3 Anticipated topic: Driving Post Stroke - Dr. Finestone & Lynn Hunt

Other Events (Tentative at time of release)

June 11 Treating the Individual with Ataxia Post-stroke using NDT approach - registration details to follow.

June 25 Cardiovascular Disease in Women across the Lifespan - presented by Dr. Paul Harvey, OTN link to follow.

Contact Us

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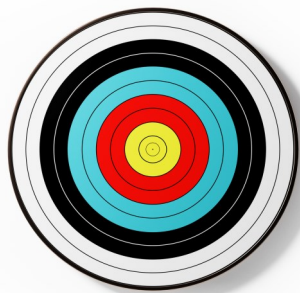
Fax: 705-793-3316

Email: cesn@rvh.on.ca

Visit us on the web at:
www.cesnstroke.ca

Resources to Support Data Quality for AlphaFIM® and FIM®

There are several tools and resources developed to support accurate and timely AlphaFIM® (acute care) and FIM® (inpatient rehabilitation) assessments and appropriate utilization of data.



AlphaFIM® assessment completion target is on or by day 3 of admission for stroke, with the target being day 3.

FIM® admission assessment completion target is on the day of admission or as soon as possible thereafter, within 72 hours of admission.”

FIM® discharge assessment completion target is within the 72 hours prior to discharge.

For more resources to support your team visit the following pages on the CESN website:

For AlphaFIM® resources - <https://cesnstroke.ca/professional/acute-care/afim/>

For FIM® resources - <https://cesnstroke.ca/professional/fimqi-cesn/>

Are you looking for an opportunity to enhance your stroke knowledge & expertise?

Hemispheres is an interactive e-learning program available at **NO COST** to healthcare providers caring for stroke patients in CESN. Learn at your own pace. Quizzes & certificates are included in the program.

For more information on the program contact:

Dorothy Burridge, Regional Education Coordinator at: burridded@rvh.on.ca