

Stroke Care in Central East LHIN 2018/19



STROKE IS A MEDICAL EMERGENCY



58% (59% ON) of stroke/TIA patients arrived at the emergency department by ambulance

79% (79% ON) of patients were referred to secondary prevention services after discharge from the emergency department* (71.3 - 85.5%)

TIME IS BRAIN



14% (14% ON) of ischemic stroke patients received hyperacute therapy

12% (12% ON) tPA (tissue plasminogen activator) (Target: >12%)

50 minutes (47 min ON) median door-to-needle time (Target: <30 minutes) (42 - 54 minutes)

4% (5% ON) EVT (Endovascular therapy)

STROKE UNIT CARE IMPROVES OUTCOMES



1.4/1000 (1.6/1000 ON) Acute inpatient admission for stroke/TIA

4 hospitals in Central East LHIN have a stroke unit.

48% (55% ON) of stroke patients treated on a stroke unit (Target: >75%) (28.1 - 72.8%)

Secondary Prevention of Stroke Begins

8 days (8 days ON) ** Median time from acute admission to inpatient rehabilitation

REHABILITATION OPTIMIZES RECOVERY



35% (31% ON) ** of patients accessed inpatient rehabilitation (Target: >30%)

57 minutes (68 min ON) per day of inpatient therapy was received per patient (Target: 180 minutes) (51 - 69 minutes)

STROKE JOURNEY CONTINUES AFTER DISCHARGE



56 days (56 days ON)** Average number of days spent at home in the first 90 days after stroke

27% (33% ON)** received home-based rehabilitation*

4 (8 ON) ** median number of visits

69% (74% ON) of patients aged 65 and older with atrial fibrillation filled a prescription for anticoagulant therapy within 90 days of acute care discharge* (54 - 74.7%)

PATIENT OUTCOMES

7% (7% ON) of stroke/TIA patients were readmitted within 30 days (Target: 10%)

12% (12% ON) of stroke/TIA patients died within 30 days

9% (9% ON) of stroke patients were admitted to long-term care within 1-year post discharge

*There is currently no data available for outpatient rehabilitation and secondary prevention clinic.
** 2018/19 Q2 (YTD)

