

# Stroke Care in Central LHIN 2018/19



## STROKE IS A MEDICAL EMERGENCY

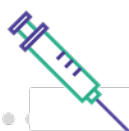


**58%** (59% ON)

of stroke/TIA patients arrived at the emergency department by ambulance

82% (79% ON) of patients were referred to secondary prevention services after discharge from the emergency department\*  
(47.1-95.6%)

## TIME IS BRAIN



**13%** (14% ON)

of ischemic stroke patients received hyperacute therapy

10.5% (12% ON) tPA (tissue plasminogen activator) (Target: >12%)

31 minutes (47 mins ON) median door-to-needle time (Target: <30 minutes)

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

## STROKE UNIT CARE IMPROVES OUTCOMES



**1.3/1000** (1.6/1000 ON)

Acute inpatient admission for stroke/TIA

5 hospitals in Central LHIN have a stroke unit

53% (55% ON) of stroke patients treated on a stroke unit (Target: >75%)  
(32.9-60.9%)

Secondary Prevention of Stroke Begins

**7 days** (8 days ON) \*\*

Median time from acute admission to inpatient rehabilitation

## REHABILITATION OPTIMIZES RECOVERY



**28%** (31% ON) \*\*

of patients accessed inpatient rehabilitation (Target: >30%)

33 minutes (68 mins ON) per day of inpatient therapy was received per patient (Target: 180 minutes)  
(13.4-53.0 minutes)

## STROKE JOURNEY CONTINUES AFTER DISCHARGE



**57 days** (56 days ON) \*\*

Average number of days spent at home in the first 90 days after stroke

32% (33% ON) \*\* received home-based rehabilitation\*

6 (8 ON) \*\* median number of visits

72% (74% ON) of patients aged 65 and older with atrial fibrillation filled a prescription for anticoagulant therapy within 90 days of acute care discharge\* (63.1-81.3%)

## PATIENT OUTCOMES

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

10% (12% ON) of stroke/TIA patients died within 30 days

8% (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)

