

Evaluation

For the **Provincial Stroke Rounds Planning Committee:**

- To plan future programs
- For quality assurance and improvement

For You: Reflecting on what you've learned and how you plan to apply it can help you enact change as you return to your professional duties

For Speakers: The responses help understand participant learning needs, teaching outcomes and opportunities for improvement.

<https://www.surveymonkey.com/r/DR5Q7BJ>



Please take a minute to fill out the evaluation form.

Thank you!

Mitigating Potential Bias (Provincial Stroke Rounds Committee)

The Provincial Stroke Rounds Committee mitigated bias by ensuring there was no industry involvement in planning or education content.

Enhanced Community Discharge Destinations

Southwestern Ontario Stroke Network
Provincial Stroke Rounds
Presented by: Margo Colver, Jeanette Masse and Laura Vensta
October 2021

Disclosure of Affiliation, Financial Support & Mitigating Bias

No relevant disclosures

OBJECTIVES

- Describe the creation and uniqueness of the Life After Stroke Programs
- Discuss the benefits and processes involved in these programs
- Explain program evaluation methods and challenges
- Describe the impact on program participants

Background

- Ongoing rehabilitation beyond 6 months after stroke leads to further gains in function and prevents decline (Teasall et al., 2015)
- Stroke survivors were being discharged home without access to adequate ongoing rehabilitation services
- Inconsistent availability of community services and lack of flow across community services due to limited integration and coordination

Community Stroke Rehabilitation Teams
(South West Local Health Integration Network)



Specialized expertise, coordinated teamwork and a personalized approach to supporting stroke survivors in their communities.

Key System Challenges

- Community Stroke Rehabilitation Team identified lack of discharge options available to clients resulting in upstream issues, eg re-referrals and longer wait lists
- Limited options for physical exercise for stroke survivors with residual impairments
- Availability of exercise equipment suitable for a disabled population (eg. NuStep bike, etc.)
- Limited access to transportation a barrier to accessing services
- Lack of available, accessible, organized secondary stroke prevention education

Building on ADP Foundation

Adult Day Services presented as an underutilized component of the stroke recovery process

Adult Day Program mandate already included the goal of maximizing function

Day Program staff familiar with stroke survivors

Day Program environment adapted easily to incorporate promoting/maintaining functional recovery



Creation of the Program

Referrals originally through Community Care Access Centre

Successfully negotiated with South West LHIN for referrals to come directly from Community Stroke Teams (professional stroke therapists)

Needed to differentiate ourselves from regular Adult Day Programs

Surveyed program clients and the winning name was:

LIFE AFTER STROKE

WHAT is Life After Stroke?

A recovery focused, goal directed program for individuals who have had a stroke

Program includes: physical exercise, thinking & memory stimulation, health & wellness education, social/recreation activities

Stroke Network funding provided to programs to support purchase of specialized equipment appropriate for stroke recovery

Program staff are trained and supported by specialized stroke teams with knowledge of best practice stroke care

Unlike regular ADP's, Life After Stroke programs are time limited/transitional in nature

Upon discharge, clients are assisted to find programs in their community to support their continued recovery

Benefits

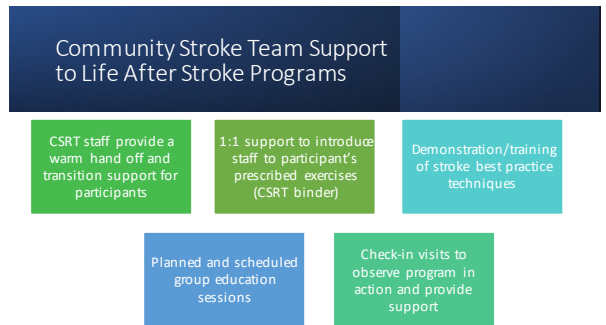
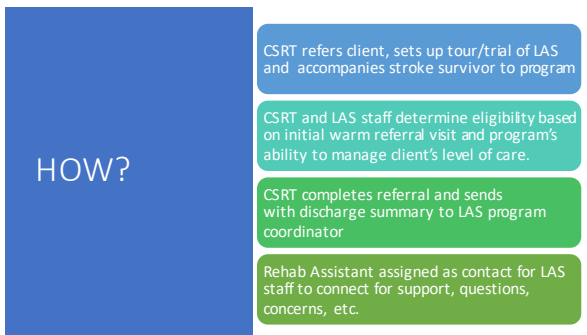
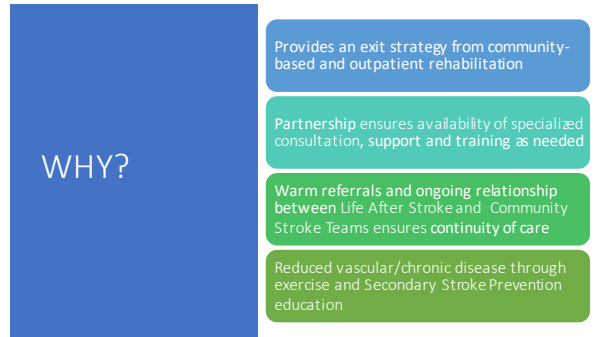
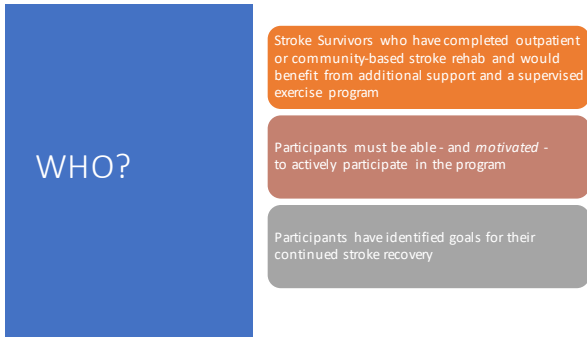
Supports system flow

Creates opportunity for further recovery

Support provided by peers allows clients to adjust to changed condition/new normal

Helps reduced social isolation and associated depression

Respite and support to family/caregiver



New Program Sample Training Schedule

Members of the CSRT (PT, OT, SLP, SW, RN, TR, RT) provide Education Sessions on the following:

- **What is A Stroke?** (nutrition information, health & bp monitoring etc.)
- **Lower Extremity & Mobility** (Intro to FAME/PRES, transfers, adaptive aids)
- **Cognition** (post stroke behaviour change, pain, perception, ADLs)
- **Upper Extremity** (adaptive aids, exercise equipment, proper support techniques)
- **Communication and Swallowing** (safeswallowing strategies, supported conversation techniques)
- **Coping and Adjustment** (post stroke depression, changes in mood, peer support)

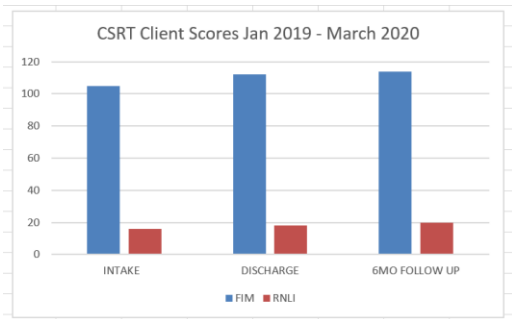
Followed by yearly Refresher Days to address identified Learning Needs

Outcomes & Evaluations

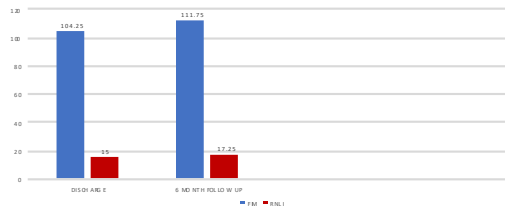
Outcomes include Functional Independence Measure (FIM) and Return to Normal Living Index (RNLI)

Completed at intake, discharge and 6 months post discharge

LAS participant's recovery evaluated based on these outcome measures



Sample of LAS Participant Scores



LAS Outcomes & Evaluations

LAS facilitators complete Quality of Life Measurement at Intake and discharge

Areas measured include: mobility, self-care, usual activities, pain/discomfort, anxiety/depression on a scale of 1 to 5.

Score can indicate 5 levels of perceived problems. (mobility, self-care, usual activities, pain, depression/anxiety)

LAS Program Specific Testing

- Goal Setting
- Fitness/Cardio Tracking
- Six minute walk test
- TUG Test
- Blood Pressure Monitoring
- Berg Balance Test



Suggested Equipment

- Nu-step
- Treadmill
- Hand Bike
- Upper Extremity Exercise / GRASP Kits
- Free Weights
- Practice Staircase
- Wii, X-box games/accessories (TV)
- Therabands and Exercise Balls
- Blood Pressure Monitors
- Activator poles
- Cognitive Work Sheets
- Recreation supplies
- Aphasia Friendly Tools



Video/Client Testimonials

One Care - Stroke Program - Clinton, Ontario – YouTube

<https://www.youtube.com/watch?v=BS0th1AiiKA>



Discharge (the hardest part!)

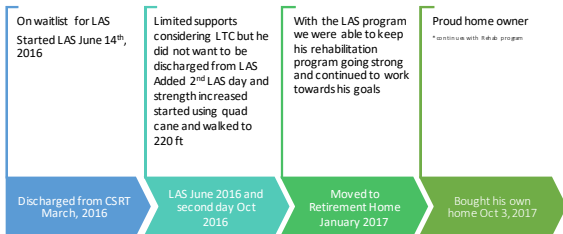
Clients are informed at intake that program is time limited in nature

Life After Stroke Program staff monitor client goals and work with CSRT team to determine fitness for discharge

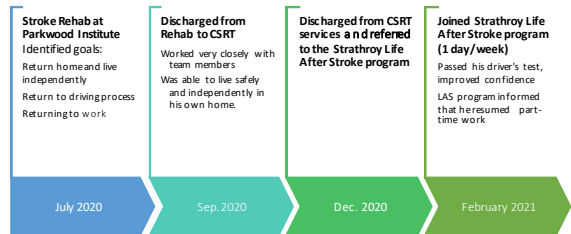
Reality is if no wait list, clients can remain in program

Clients supported to find appropriate resources in community to continue their recovery eg exercise programs

Life After Stroke Success Story



Life After Stroke Success Story



Conclusion – Life After Stroke Programs

- Stroke survivors receive best practice stroke care beyond the formal inpatient/outpatient rehabilitation services that may be available.
- Provide an exit strategy for stroke survivors being discharged from outpatient rehabilitative care, creating flow
- More stroke survivors are achieving their optimal independence while remaining at home in their own communities.



CONTACT INFORMATION

Margo Colver, Regional Community & Long-Term Care Coordinator
 Southwestern Ontario Stroke Network
Margo.Colver@hsc.on.ca

For further information/resources see our websites at:
www.swstroke.ca
<https://www.sjhc.london.on.ca/>

Community Stroke Rehabilitation Teams Life After Stroke Program video:
https://youtu.be/On_fEiemOQE

References

Health Quality Ontario; Ministry of Health and Long-Term Care. Quality-based procedures: clinical handbook for stroke (acute and postacute). Toronto: Health Quality Ontario; 2016 December. 132 p Available from: <http://www.hqontario.ca/evidence/evidence-process/episodes-of-care#community-stroke>.

Heart and Stroke Foundation. (2019 December). *Canadian Stroke Best Practice Recommendations, Rehabilitation, Recovery and Community Participation Post Stroke*. https://www.heartandstroke.org/media/1-stroke-best-practice-rehabilitation-nov2019/2019-csbprg-rehabrecovery-module-eng.html?cc=4019_65XX/rev=0109/4182002586860A8E6046C8E8

Mayne, P. (2017, September 21). *Rare case of stroke recovery after 23 years, noted by researchers at Western and Lawson Health Research Institute*. Western University. <https://media.relations.uwo.ca/2017/09/21/rare-case-stroke-recovery-23-years-noted-researchers-western-lawson-health-research-institute/>

Tessall, R., Foley, N., Hussien, N., Salter, K., Cotoi, A., Richardson, M. (2015). *Evidence Based Review of Stroke Rehabilitation, 17th Edition*. 1-59. http://www.ebrs.com/sites/default/files/documents/executive-summary-srebr_final_16ed.pdf

Evaluation

For the Provincial Stroke Rounds Planning Committee:

- To plan future programs
- For quality assurance and improvement

For You: Reflecting on what you've learned and how you plan to apply it can help you enact change as you return to your professional duties

For Speakers: The responses help understand participant learning needs, teaching outcomes and opportunities for improvement.

<https://www.surveymonkey.com/r/0859784>



Please take a minute to fill out the online or paper evaluation form.

Thank you!