

Impact of South West Health Stroke
Demonstration Project
and
Stroke Service Reorganization Update

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Stroke Care in Nova Scotia



Provincial Audit (2004/05)

- Wide variation in
 - *Care processes*
 - *Patient outcomes*
 - *Mortality*
 - *Volume of strokes seen/site*
(66% hospitals < 34 pts/yr)

SWH Stroke Demonstration Project



- Began reorganization in 2005 as the demonstration district for the province
- Stroke patients clustered on medical unit at Yarmouth Regional Hospital
- Patients cared for by an interdisciplinary stroke team
- Bypass protocols developed for EHS
- Transfer protocols developed between sites

SWH Stroke Demonstration Project (cont)



- OT, PT, SW, PDt, SLP enriched
- Stroke prevention clinic implemented – evolved to cardiovascular wellness clinic
- Coordinator & physician champion
- Enhanced communication & collaboration
- Professional education

Evaluation



- Follow-up audit of admissions from October 2006 – September 2007
- Impressive findings for a short time period (1 year following clustering on stroke unit)

Impact of Reorganization (statistically significant)



13% ↑	Pts admitted to YRH (90% of stroke admissions at YRH)
27% ↑	Lipid testing during admission
12% ↑	Carotid imaging

Impact of Reorganization (statistically significant)



25% ↑	Referrals to Internal Medicine
16% ↑	Physiotherapy
17% ↑	Occupational Therapy
42% ↑	Social Work
21% ↑	Nutrition Assessment

Health



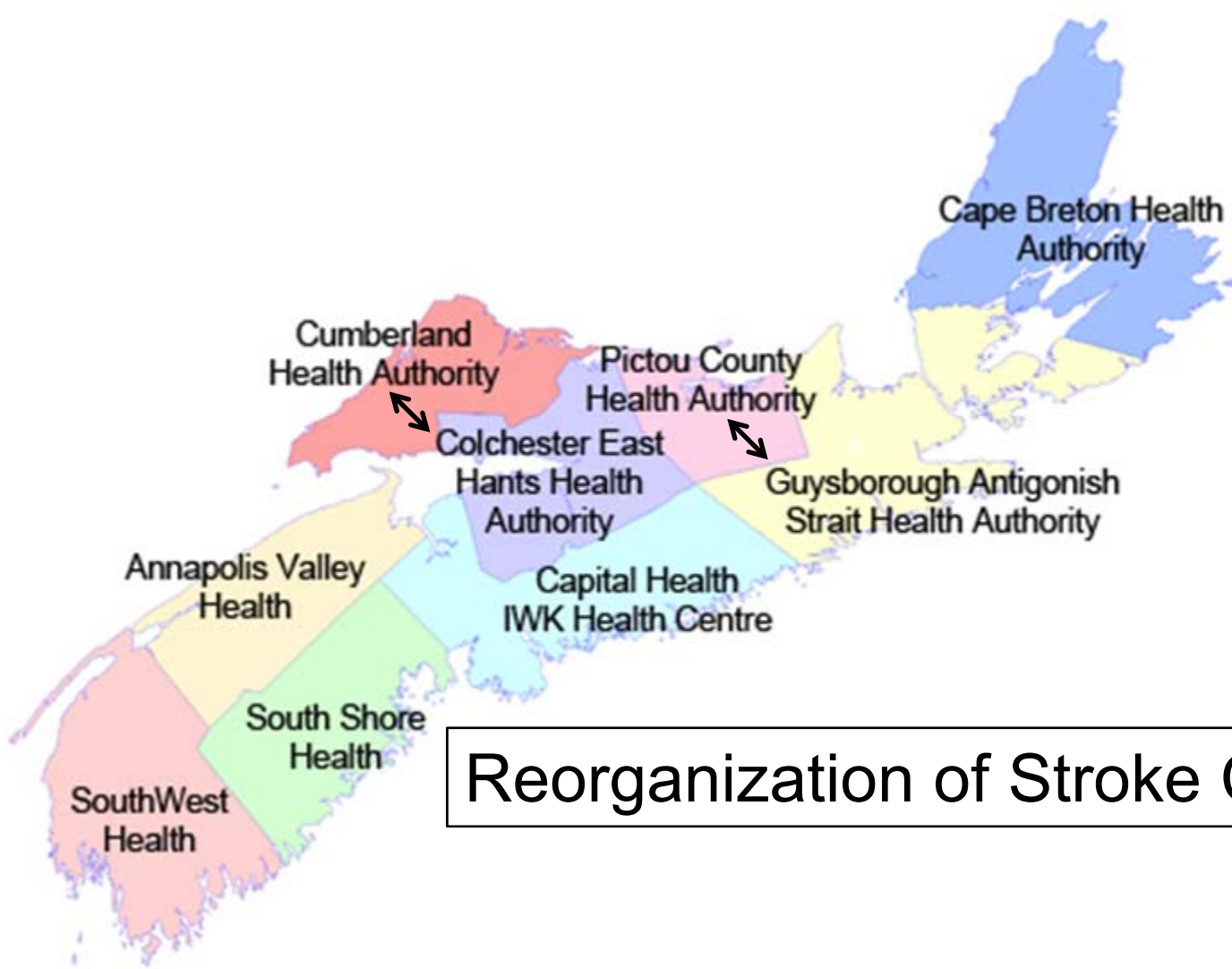
Impact of Reorganization (statistically significant)



16% ↓	Patients with neurological worsening during admission
22% ↑	Discharged Home
13% ↓	Discharged to Long-Term Care

AND...

- Decrease in median length-of-stay of 1.5 days for out-of-hospital strokes
- Patients less disabled at discharge (13% ↑ in discharge Rankin Score ≤ 2)



Reorganization of Stroke Care Services

Stroke Service Reorganization



- 7 District Stroke Programs (DSP)
 - to build critical mass
 - focus on acute care, early rehab & secondary prevention
- All actively implementing local strategy to improve care
 - similar activities to SWH
 - not all actively clustering from across whole district yet

Stroke Service Reorganization



- All programs participate in CVHNS initiatives:
 - Stroke Planning & Sharing Forums
 - Education
 - Orientation – coordinators & NPs
 - Change Management workshops for coordinators
 - Coordinator meetings

Monitoring & Surveillance



- Strategy under development:
 - CIHI 340 made mandatory
 - 5 indicators for stroke
 - National Audit
 - Prioritized indicators – 9 of 14 available from DAD
 - Start reporting CIHI 340 and DAD indicators this year

Monitoring & Surveillance (cont)

- Completed review of lessons learned from other provinces
- Developing strategy for periodic or ongoing audits for other key indicators
- Examining options for evaluating the impact of the programs running for > 1 yr

Summary

- Improvements in Stroke Care in Nova Scotia are needed
- Reorganized and enhanced service delivery improved care processes and patient outcomes in SWH
- Reorganization is well underway in the other District Stroke Programs

Thank you

Questions?