

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://forms.office.com/r/mj6EXqX1Ns>



Please take 2 minutes to fill the evaluation form out. Thank you!

Mitigating Potential Bias

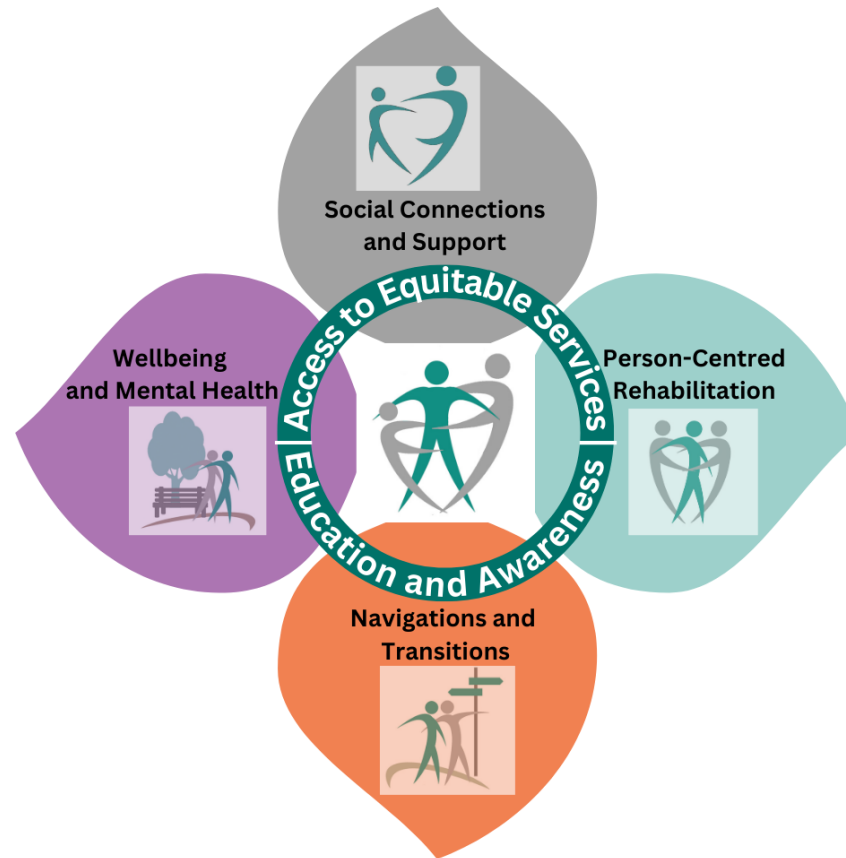
(Provincial Stroke Rounds Committee)

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

The Ontario Regional Education Group (OREG) host member, on behalf of the Provincial Stroke Rounds Committee, reviewed the initial presentation supplied by the speaker to ensure no evidence of bias.

What we Heard:

Enhancing Individualized Stroke Care



Kayla Purdon
Regional Community and Long-Term Care Coordinator

Stroke Network of SEO
www.strokenetworkseo.ca



Disclosure of Affiliations, Financial Support, & Mitigating Bias

Kayla Purdon, RN

Affiliations: Please choose the statement that best describes your disclosure:

- *I have no relationships with for-profit or not-for-profit organizations*

Financial Support: Please choose the statement(s) that best describes your disclosure:

- *This session/program has not received financial or in-kind support.*

Mitigating Potential Bias:

- *No industry sponsorship or conflicts of interest*



Objectives

Following this session, participants will be able to:

1. Describe the **purpose** and **steps** of the Stroke Network of Southeastern Ontario's community consultation.
2. Summarize the **results** of the consultation and identify **emerging themes**.
3. Discuss the **implications** of the community consultation for stroke care.



Community Consultation

STROKE STRATEGY
of Southeastern Ontario

Building Capacity to Enhance Community Reintegration of People with Stroke

Final Report

December 14, 2007

Submitted to the Regional Stroke Steering Committee of Southeastern Ontario

STROKE NETWORK
of Southeastern Ontario

**WHAT WE HEARD:
CHARTING A COURSE FOR
SUCCESSFUL COMMUNITY
REINTEGRATION AFTER STROKE**

2015 CONSULTATION REPORT



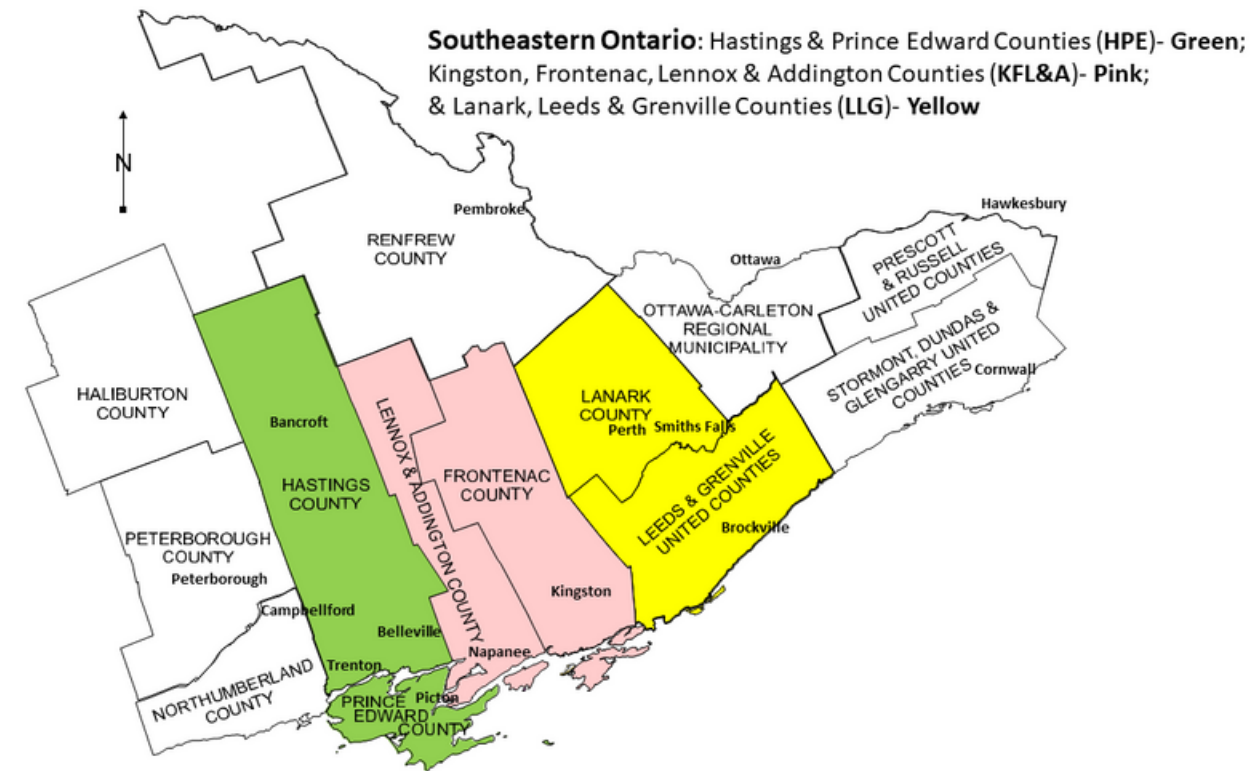
Purpose

- Build on work completed in previous consultations (2007 and 2015)
- Identify **priority areas of change** to improve community reintegration following stroke
- Continued **collaboration** with stroke survivors and their caregivers (Community Reintegration Leadership Team)

“We need the support”

“We all work together to make things better”

“Thank you for listening”



Steps for Consultation

1. Stroke Support Groups

2. Survey/1:1 Interviews

3. Fill the Gaps

4. Webinar for Healthcare Providers



WE NEED YOUR HELP

ARE YOU A STROKE SURVIVOR, CAREGIVER OR HEALTHCARE PROVIDER?



We want to hear about your experience in the community. Please complete the survey using one of the 3 options below

Scan QR CODE OR [CLICK HERE](#)



Contact StrokeNetworkSEO@kingstonhsc.ca to complete the survey by phone or video

www.strokenetworkseo.ca



ÊTES-VOUS SURVIVANT D'UN AVC, PROCHE AIDANT OU FOURNISSEUR DE SOINS DE SANTÉ? VOTRE OPINION EST IMPORTANTE POUR NOUS.



Faites-nous part de votre expérience dans la communauté. Répondez à notre sondage à l'aide d'une des 3 options suivantes:

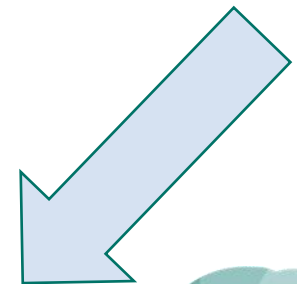
Balayez ce CODE OU CLIQUEZ ICI



Écrivez à StrokeNetworkSEO@kingstonhsc.ca pour répondre au sondage par téléphone ou vidéoconférence.

www.strokenetworkseo.ca

Posters Available in English and French



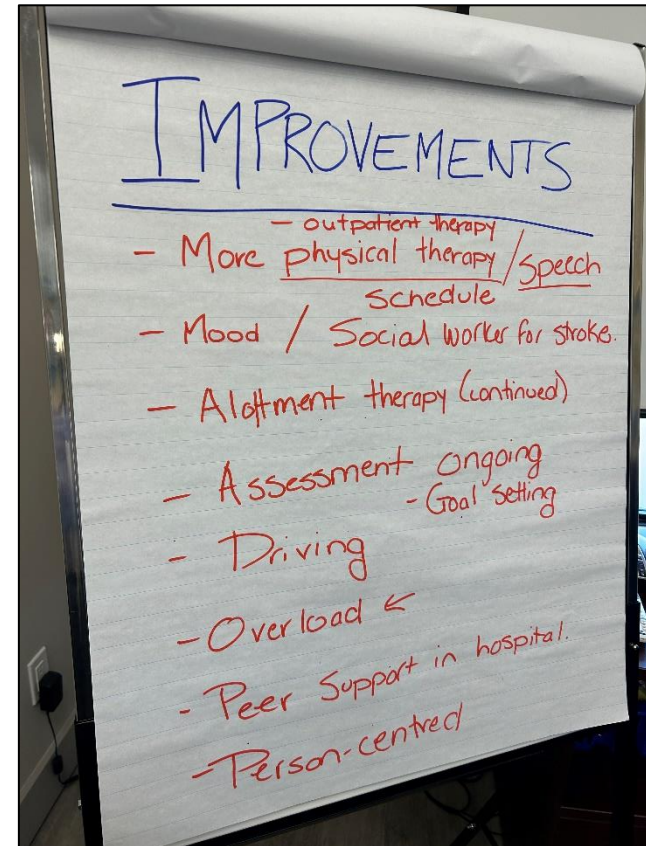
Feedback

1. Stroke Support Groups

- 16 Stroke Support Groups across the region
- In-person and virtual
- **169** total Participants *not unique

2. Survey/Interviews

- **53** survey responses
- English and French
- 3 key interview questions



Feedback

3. Fill the Gaps

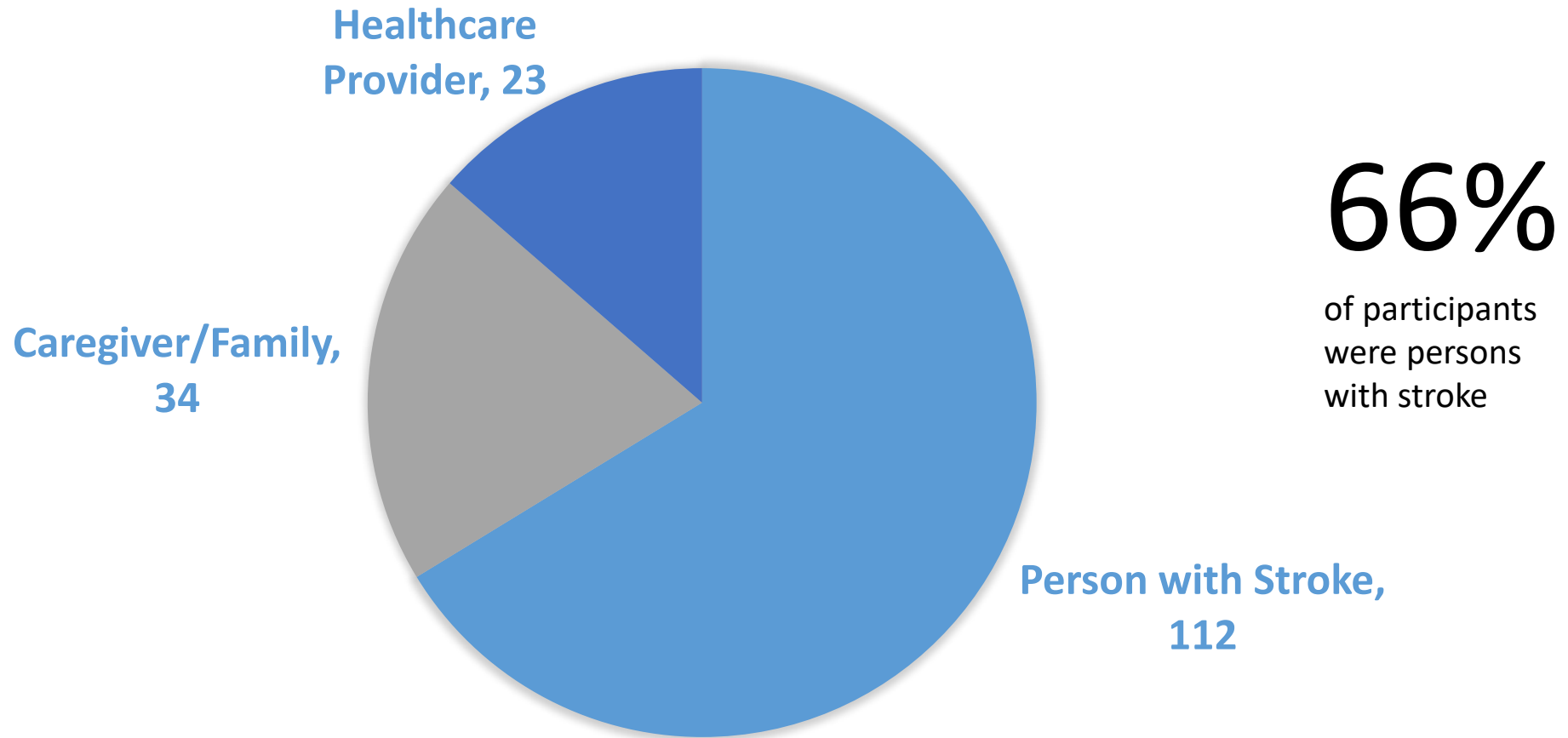
- Younger Stroke Survivor Groups
- Indigenous Interview

4. Webinars

- Healthcare Provider: **51** participants
- Stroke Survivor and Caregivers: **18** participants

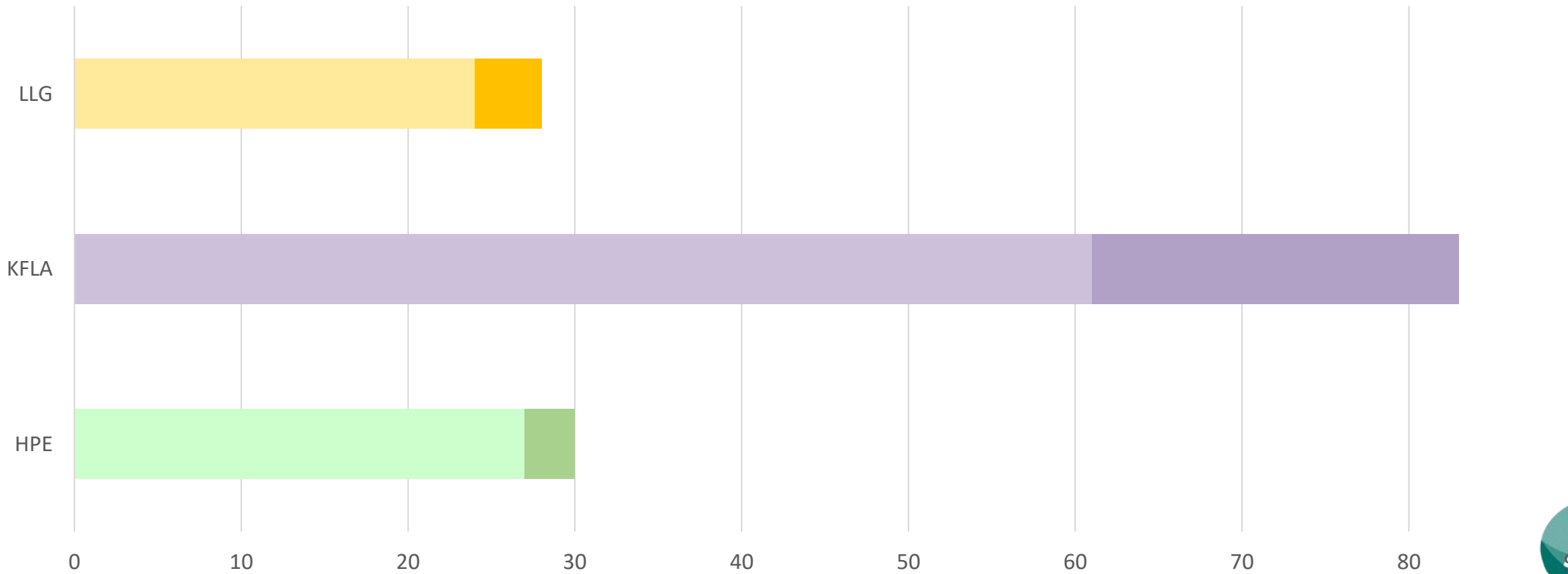


Demographics – Who Responded?



Demographics – Regional Data

Participants Represented by Area (Persons with Stroke and Caregivers/Family)



*4 participants were from out of region and 1 participant did not respond to this question

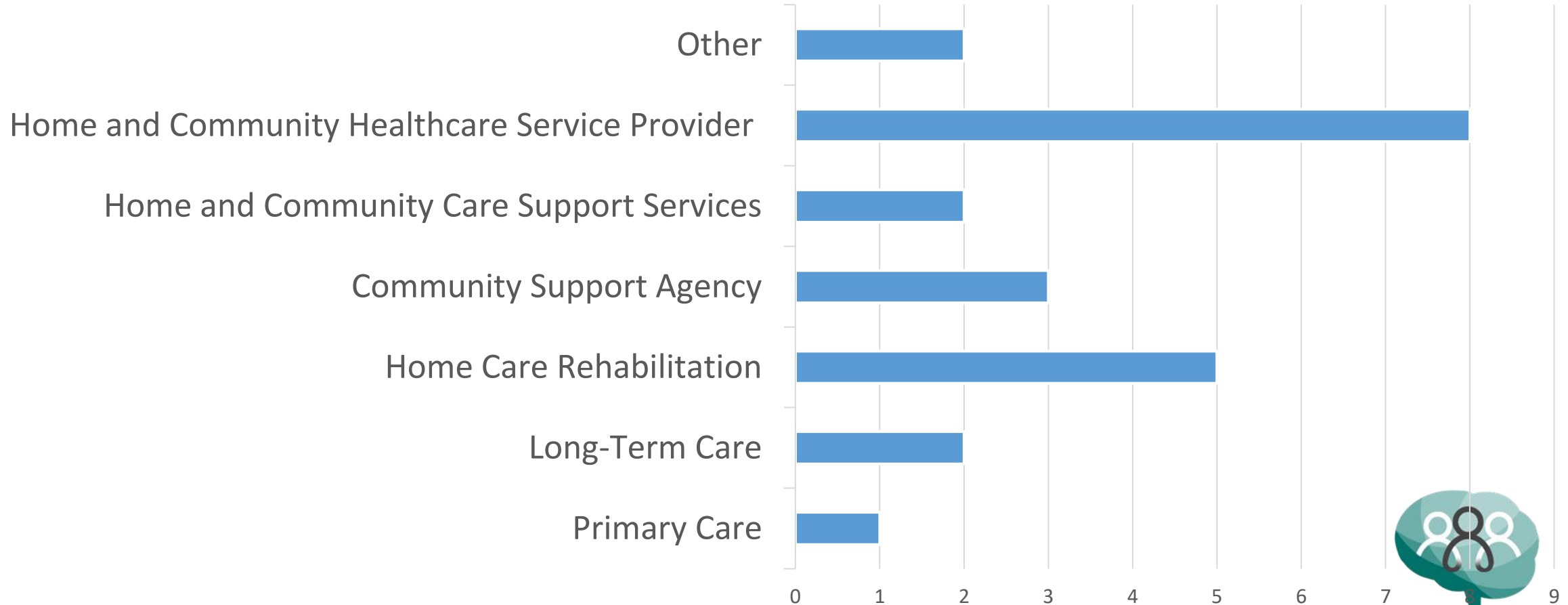
Light = Support Group

Dark = Survey

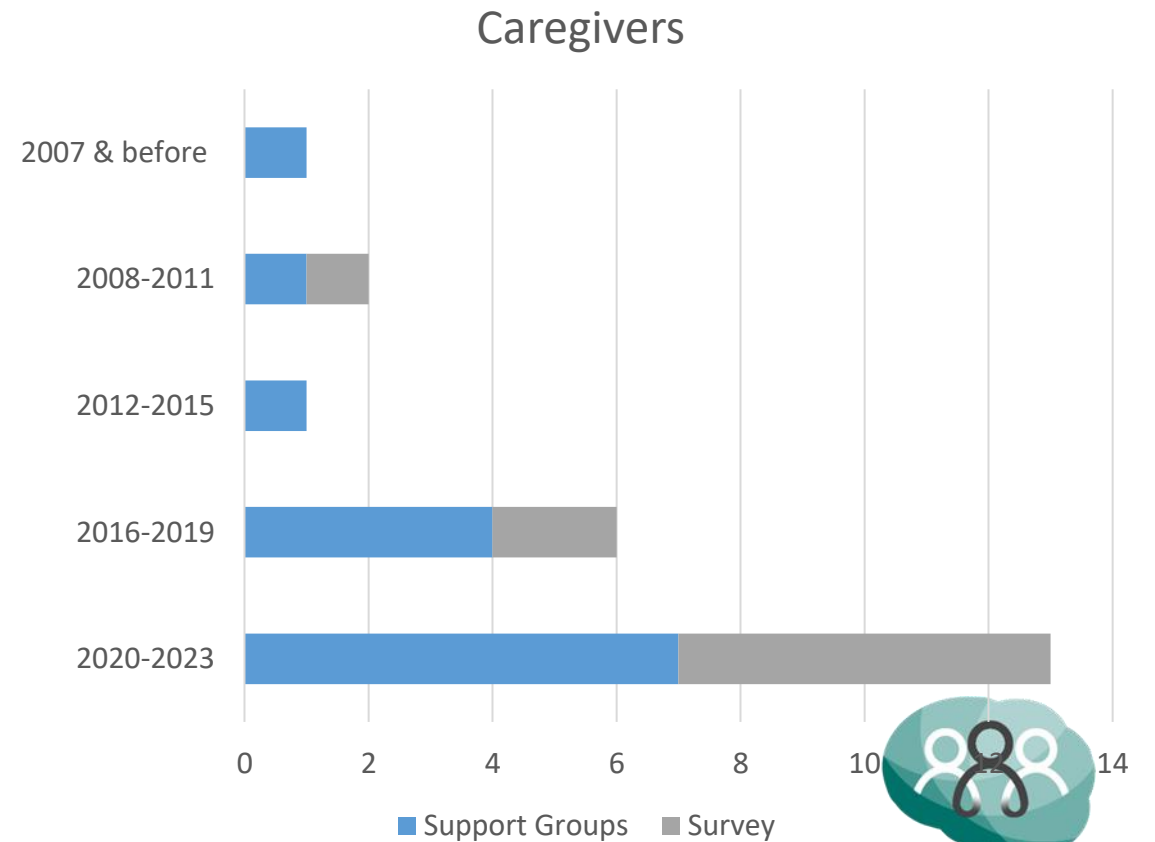
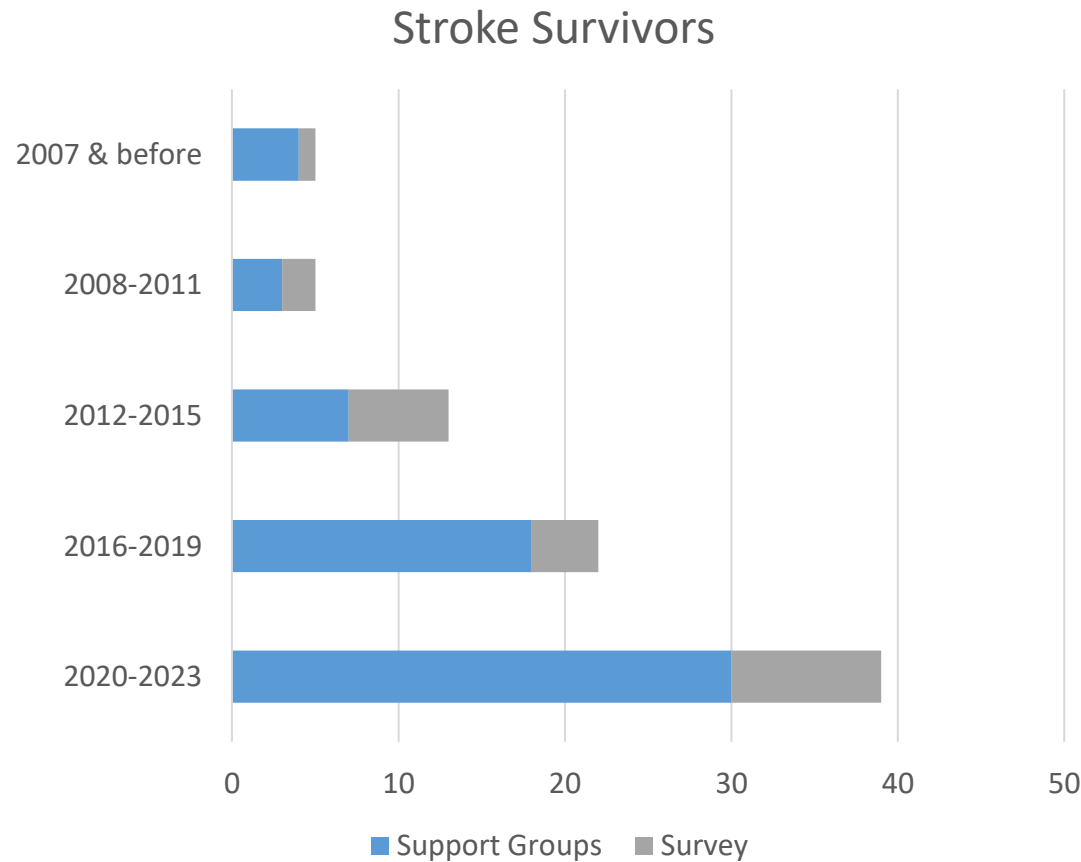


Healthcare Provider Data

Survey Participants (Healthcare Providers) by Area of Work



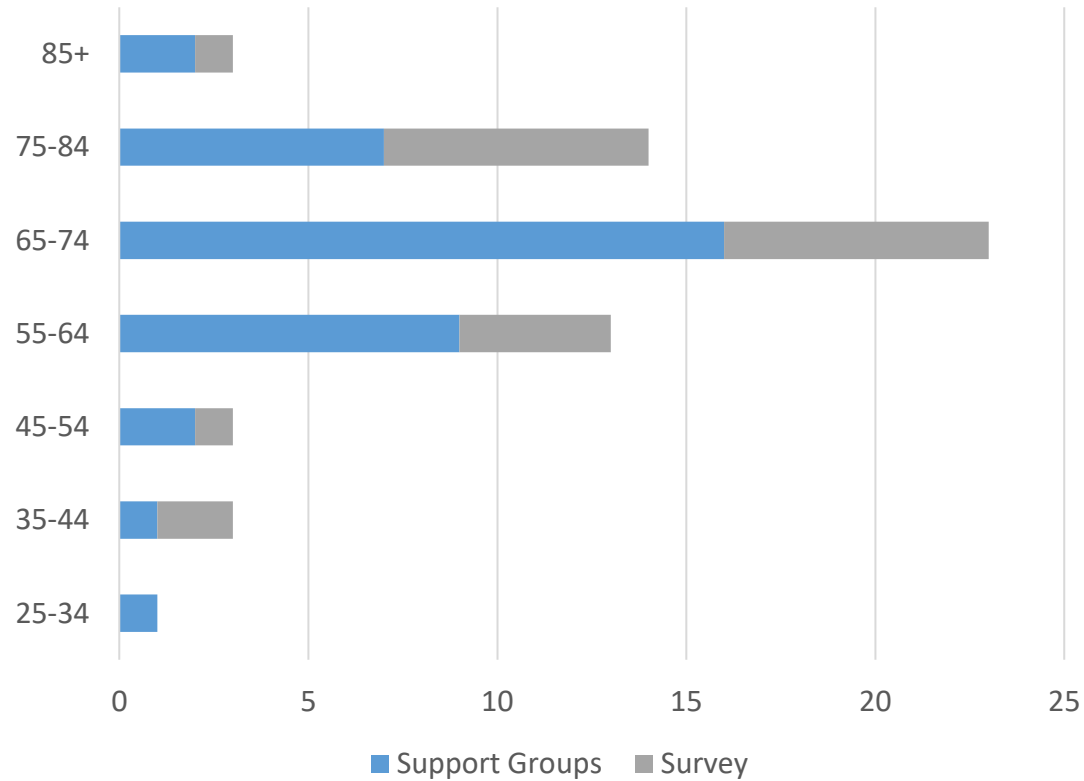
Demographics – Time Since Stroke



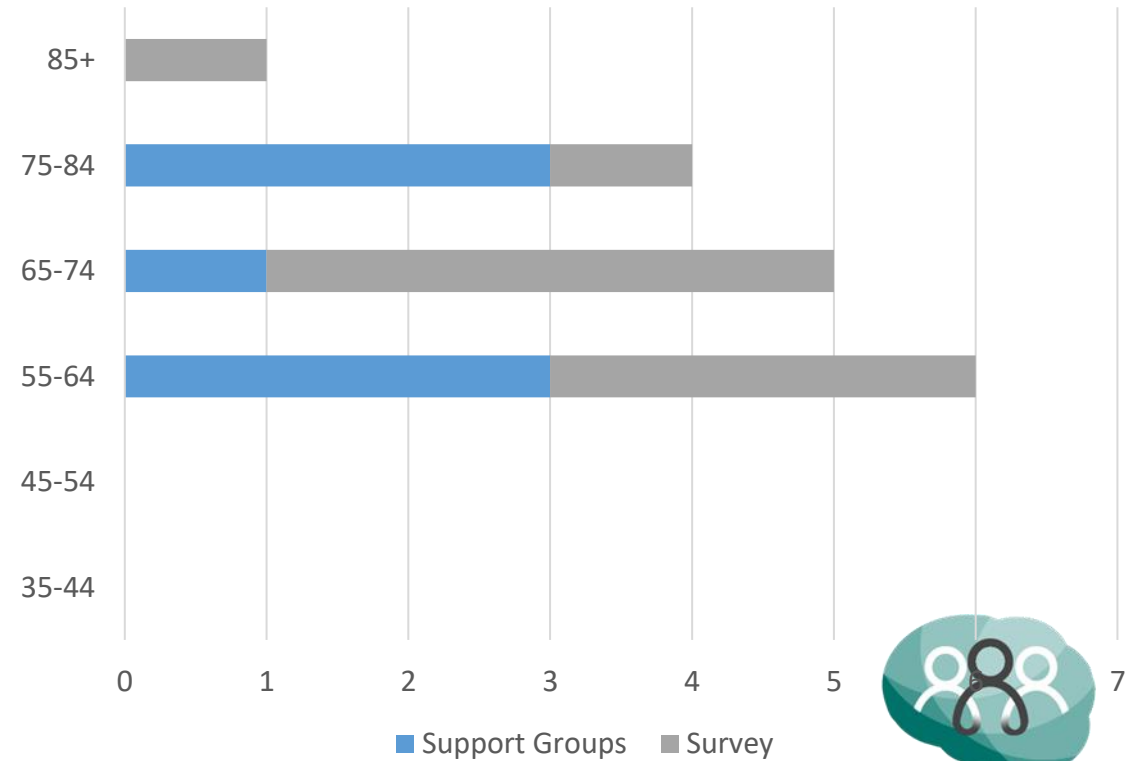
*Some of this data is missing

Demographics – Age

Stroke Survivors



Caregivers



*Some of this data is missing



Poll 1



Poll 2

Feedback Across the Continuum



- *“Services in Ontario are excellent”*
- *“The best thing that happened was I met two of the nicest men - the paramedics, they stayed right with me, stood right by my bed, talked to me all the time”*
- *Great care in the Stroke Unit*
- *“Afraid I was going to disappoint them after that good procedure”*
- Thankful that SLP in hospital knew community resources and sent referral, *“hats off to her”*
- *Stay at rehabilitation facility, “excellent, wonderful staff, beautiful facility”*



Feedback Across the Continuum



- *“Things just fell into place when we left hospital, but we know of so many people who don’t know what they can access”*
- *“Really improving there”*
- *“Therapists come to our house, nice, pleasant, polite, professional, helpful people, ask us how things are going”*
- *“Given me exercises to do, it’s tiring”*
- *“Would have drove to Kingston or Timbuctoo for time with SLP”*
- *“The groups are great for helping you get through this maze”*
- *“Zooms are essential”*



Feedback Across the Continuum



- *“This group is my lifeline”*
- *“The group I’m in is fantastic, we’re a family, I call us a family”*
- *“She is my rock; she encouraged me to do stuff I couldn’t do before”*
- *“Open window instead of a closed door”*
- *“Nice to talk to someone that is non-judgemental and understands”*
- *“By coming out here I’ve learned how to talk, what to say; make an effort to encourage others too”*



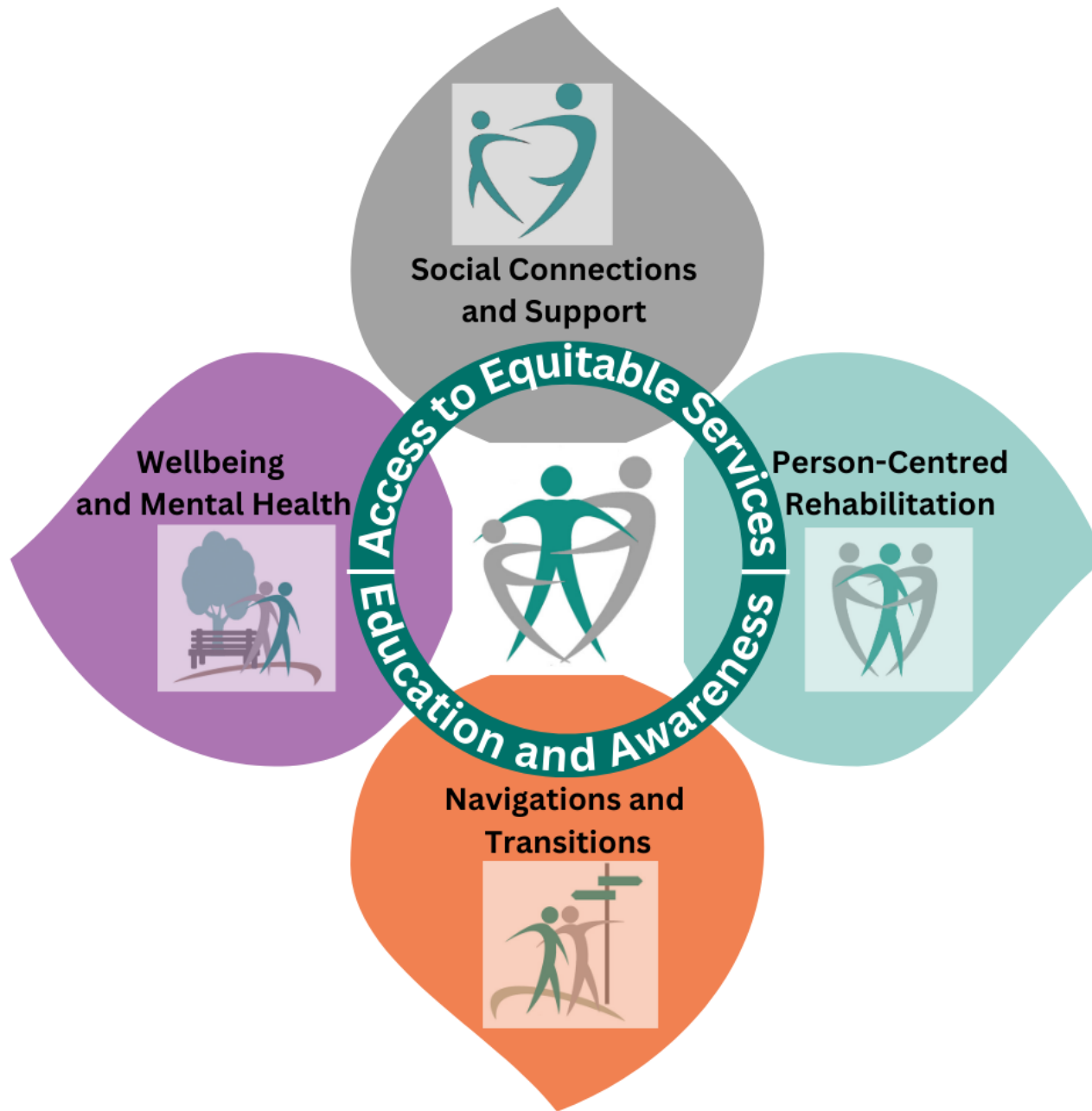
Overwhelming
 Frequency of Visits
 Recreation
 Workshops
 Driving
 Transitions and Connections
 Community Stroke Rehabilitation Program
 In-person Services
 Referrals
 Independence
 Education
 Discharge Planning
 Awareness of Services
 Staffing
 Communication
 Support Groups
 Person-centred care
 Information
 Access
 Wraparound Approach
 Physiotherapy
 Team Approach
 Exercise
 Timing

Healthcare Provider

Access and Equity
 Meaningful Activities
 Transitions and Navigation
 Invisible Impacts
 Support Groups
 Resiliency
 Exercise
 Transportation
 Assessment and Follow-Up
 COVID-19 Impacts
 Rehabilitation
 Aphasia Supports
 Education
 Virtual Support
 Home Care
 Social Connections
 Person-Centred Care
 Caregiver Support

Stroke Survivors/Caregivers

Enhancing Individualized Stroke Care in the Community



“We are all individuals”
“Every stroke is like a snowflake or grain of sand”
“We’re not all the same”

Core Principles

1. Stroke-Specific Education

- Stroke Survivors/Caregivers
- Healthcare Providers
- General Public

2. Access to Equitable Care

- Equitable service based on need
- Transportation/parking/return to driving
- Access to expert stroke follow-up
- Affordability of services
- Primary Care



“The people that need it most don’t access it”

“Educate them!”



strokenetwork
SOUTHEASTERN ONTARIO

Recommendations for Action

1. **Education for healthcare providers** to improve stroke-specific knowledge.
2. Incorporate stroke education and awareness into the **school** curriculum.
3. **Improve resources for returning to driving.**



Support Groups and Social Connections

GOING WELL	IMPROVEMENTS	HOW
<ul style="list-style-type: none"> • Stroke support groups • Mentoring educating others • Family and friends/social events • Community 	<ul style="list-style-type: none"> • Lack of support • Lack of support for young caregivers and young stroke survivors 	<ul style="list-style-type: none"> • More groups • Therapeutic size • Promote awareness • More caregiver groups • Group for young caregivers

“When you have a stroke, you find out who your friends are and who walks away”

“I have a new understanding because of this group”

“Younger people do have strokes”

“You want to be in a community where people know you and your family and they care”

“People with stroke, their families and caregivers should be provided with information about peer support groups in their community where available, descriptions of the services and benefits they offer, and be encouraged to consider participation”
(Heart and Stroke Foundation of Canada, 2019)



Recommendations for Action

1. **Secure funding to maintain and develop stroke support services.**
2. Promote **awareness** of stroke support groups.
3. Improve supports for those caring for persons with stroke (e.g. **young caregivers**).



Person-Centred Rehabilitation

GOING WELL	IMPROVEMENTS	HOW
<ul style="list-style-type: none"> Rehabilitation across the continuum of care Aphasia Supportive Conversation Groups/speech therapy 	<ul style="list-style-type: none"> More rehabilitation Individualized <ul style="list-style-type: none"> Lack of therapists Not reaching intensity Outpatient therapy 	<ul style="list-style-type: none"> Improve access Aphasia Support Conversation Groups Person-centred care

“Having the person living with stroke assist in planning their care”

“I need a booster”

“More availability of regular physiotherapy and speech therapy, more inspiration to help patients and residents acquire lost abilities”

“Work with me”

“Outpatient and/or in-home rehabilitation services should be provided by specialized interdisciplinary team members as appropriate to patient needs and in consultation with the patient and family”

(Heart and Stroke Foundation of Canada, 2019)



Recommendations for Action

1. Initiate a method to provide **communication/feedback** to the client.
2. Increase the frequency of **Aphasia Supportive Conversation Groups**.
3. **Improve equitable access to rehabilitation in the community setting.**



Individual Wellbeing and Mental Health

GOING WELL	IMPROVEMENTS	HOW
<ul style="list-style-type: none"> • Routine/ meaningful activity • Resiliency • Volunteer work • Exercise/ nutrition 	<ul style="list-style-type: none"> • Mental health supports <ul style="list-style-type: none"> ○ Stroke-specific knowledge ○ Coping/grief/dealing with loss • Invisible impacts of stroke • Younger stroke survivors/caregivers 	<ul style="list-style-type: none"> • Improved support for mental health • More exercise • Interests • Younger stroke survivor/ caregiver support

“Illness changes things in a flash, the loss and grief that comes with it”

“I was alone, nobody to talk to”

“I wish that there had been some support from perhaps a social worker”

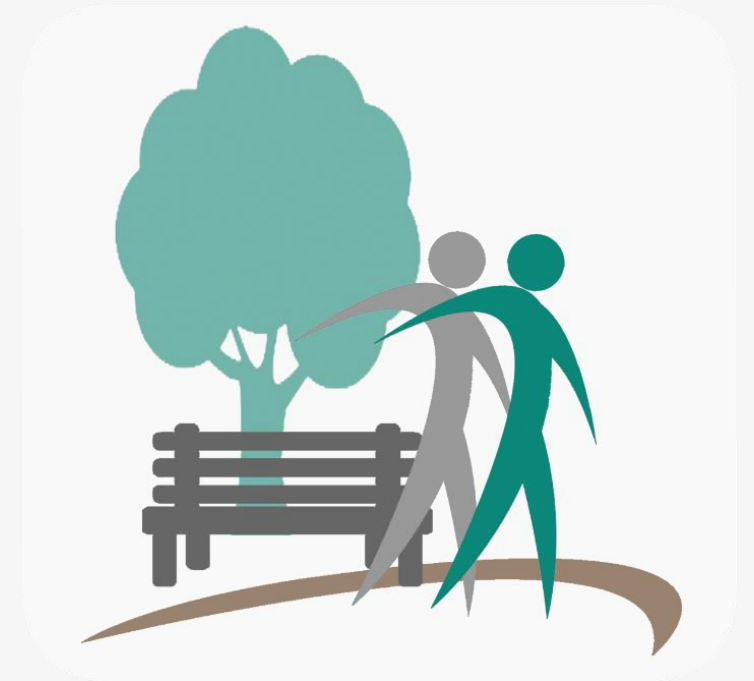
“I’m frustrated but I don’t give up”

“All people who have experienced a stroke should be screened for post-stroke depression if deemed medically appropriate, given the high prevalence of post-stroke depression and the evidence for treating symptomatic depression post stroke”
 (Heart and Stroke Foundation of Canada, 2019)



Recommendations for Action

1. **Improved support for mental health in persons with stroke and their caregivers .**
2. Increase the frequency of stroke-specific **exercise** classes.
3. Provide support for leisurely activities/**interests** in the community (e.g. music, camera club).



Navigation and Transitions

GOING WELL	IMPROVEMENTS	HOW
<ul style="list-style-type: none"> • Awareness of community services • Primary care, paramedicine • Team approach • Stroke Support Group Facilitator • Communication/referral • Family conferences 	<ul style="list-style-type: none"> • Hospital to community transition • Unaware of services • Reach individuals not accessing services 	<ul style="list-style-type: none"> • Communication, information and linkages • Tool • Case Manager/ system navigator/ phone call

“Most overwhelming days of my life”

“The minute you walk out that door you fall off a cliff”

“Stronger links between community rehabilitation, hospital inpatient and outpatient – a wrap around approach”

“Persons with stroke, their families and caregivers, should be assessed and prepared for transitions between care stages and settings through information sharing, provision of education, skills training, psychosocial support, awareness of and assistance in accessing community services and resources”
 (Heart and Stroke Foundation of Canada, 2019)



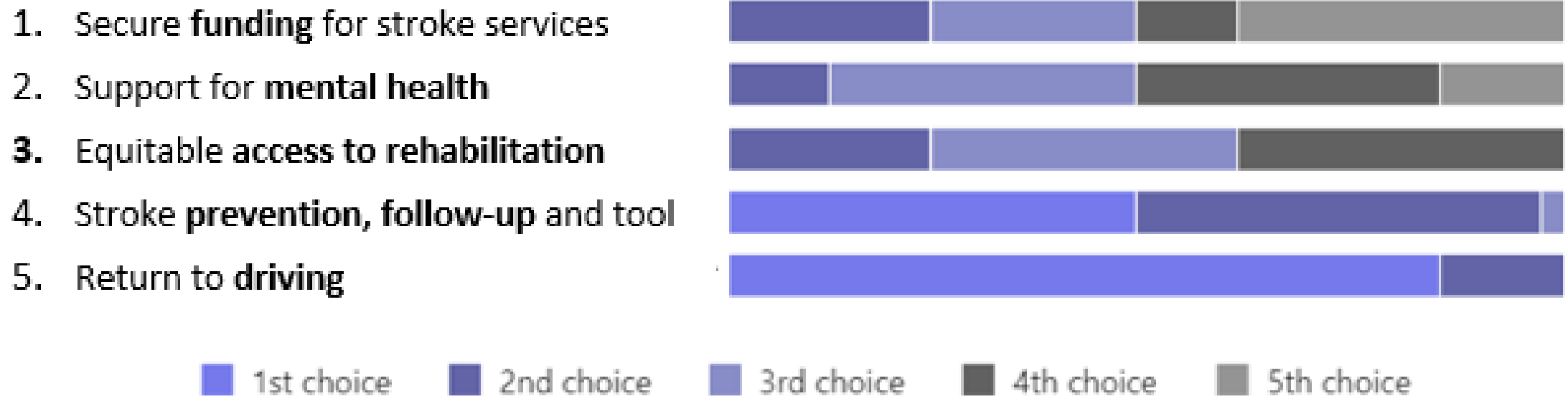
Recommendations for Action

1. Improve the **communication and referral** process from hospital to community.
2. **Provide a tool/support for persons with stroke to navigate the system once discharged from hospital.**
3. **Focus on stroke prevention, living well with stroke and adequate follow-up.**



Next Steps

****POLL****: Top recommendations from each theme were combined and ranked



Implications

- *Did any of the results come as a surprise to you?*
- *Does anything you heard today resonate with you in your practice or change your perspective?*

2023 Consultation
Report

**WHAT WE HEARD:
ENHANCING INDIVIDUALIZED
COMMUNITY STROKE
SERVICES**



References

- Burns, J.C., Cooke, D.Y. & Schweidler, C. (2011). *A Short Guide to Community Based Participatory Action Research: A Community Research Lab Guide*. Advancement Project-Healthy City Community Research Lab. <https://hc-v6-static.s3.amazonaws.com/media/resources/tmp/cbpar.pdf>
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- Heart and Stroke Foundation. (2023). *Stroke Best Practices*. <https://www.strokebestpractices.ca/>
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- Stroke Network of Southeastern Ontario. (2015). *What we heard: Charting a course for successful community reintegration after stroke*. https://www.strokenetworkseo.ca/sites/default/files/files/community_stroke_consultation_report_june_2016_final.pdf



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