

# Northwestern Ontario Regional Stroke Network

## Fewer Strokes. Better Outcomes

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### Vision

**Fewer strokes.  
Better outcomes.**

### Mission

**To continuously  
improve stroke  
prevention, care,  
recovery and  
re-integration**

## Steering Committee Chair Systems Governance: Achieving “Fewer strokes. Better outcomes.”



Brian Thompson

At the outset of this article I would like to take this opportunity, on behalf of all advisory committee members, to thank Sandi Homeniuk for her contributions during her tenure with the

Network and to wish her all the best in her new position with the North West LHIN.

Approximately one year ago, the Ontario Stroke Network introduced the regional networks to the concept of Systems' Governance. Locally, we began to discuss its application and have taken the first steps toward its adoption, with proposed changes to our terms of reference.

### What exactly is system's governance?

The purpose of the Northwestern Ontario Regional Stroke Network (NWORSN) is to provide the best possible care to stroke survivors and their families across the region. From the perspective of the patient, services must be seamlessly delivered, as needs such as assessment, treatment, transport and aftercare must be addressed, often across a wide geographic area, in a time sensitive manner.

There is a tacit understanding amongst network members that no one organization is able to address all of the needs of stroke survivors on their own: this can only be done in concert with other providers. The objective of the stroke network was thus to develop a system of services by integrating resources (providers) around a common need (strokes).

Simply stated, systems governance is “not about networked organizations but **about the network as the organization.**” So how do we manage this single purpose organization (network)? The NWORSN Steering Committee has become the vehicle to guide the operation of the network through partnership governance.

### Network members have:

- a single vision: “Fewer strokes. Better outcomes.”
- a shared sense of mission by which strategic priorities are set and resources allocated
- a defined system of services which bridge traditional boundaries to address specific community issues related to strokes
- agreements as to how services interact with one another in the provision of care

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## New Network Director

Welcome to **Caterina Kmill** who will assume this role effective June 10, 2013. Caterina is a RN with extensive experience in cardiology and who most recently held the position of Program Coordinator, Cardiac Rehabilitation with Thunder Bay Regional Health Sciences Centre. Farewell and good luck to **Sandi Homeniuk**. Sandi resigned from her role as Regional Program Director of the Northwestern Ontario Regional Stroke Network on March 22, 2013. Sandi has assumed a role with the North West Local Integration Health Network as a Senior Planning and Integration Consultant. Thank you to Sandi for her leadership and support of the Stroke Network during her tenure.

## Meet the Advisory Committee Chairs

### Chair, NWORSN Stroke Aboriginal Advisory Committee



Boozhoo, my name is Bob Fenton and I am honoured to be the chairman of the NWORSN Aboriginal Advisory committee. My involvement with the NWORSN, is

not only professional but personal. My family has been significantly affected by stroke and I dedicated my involvement to them and strive to make a difference in Aboriginal health.

### Chair, NWORSN Stroke Rehabilitation & Community Engagement Advisory Committee

Lucy Venne-Fecho, Director of Rehabilitation Service at Dryden Regional Health Centre will be featured in the Fall Edition of our newsletter.

### Chair, NWORSN Stroke Education Advisory Committee



Brock Chisholm has been the Manager of Rehabilitation at the Lake of the Woods District Hospital in Kenora for 20 years, a position that includes program

and financial planning and evaluation, human and physical resources management, Quality Assurance activities, clinical coordination of all student activities, clinical preceptorship, and clinical assessment, treatment and consultation. After graduating in 1989 from the University of Toronto, he initially worked as a staff Physiotherapist at St. Joseph's Care Group in Thunder Bay, where he specialized in rheumatology and geriatrics. In addition to his current management and clinical role at the LWDH, Brock is also the Physiotherapy

Coordinator with the Northern Ontario School of Medicine Rehabilitation Studies Program, through which he both coordinates student placement activities and Continuing Professional Development for Physiotherapists in Northwestern Ontario

I am pleased to be a member and the Chair of the Northwestern Ontario Regional Stroke Network Stroke Education Advisory Committee. This Committee advises and informs the NWORSN Steering Committee on the educational needs and resources required to develop stroke expertise amongst health care professionals throughout Northwestern Ontario (NWO), and provides a forum for members to share information and explore opportunities for collaboration related to stroke education. Elaine Edwards and Kathleen Bulloch do a phenomenal job of organizing and delivering the required stroke education to a very diverse group of people, and I am very excited to continue to work with them and the rest of the volunteers on this committee.

## Team Update



### Welcome to Marisa Tamasi, Registered Dietitian, Stroke Prevention Clinic

I am excited to be joining the interprofessional team at the Stroke Prevention Clinic and begin my new position as the out-patient Registered Dietitian. My background includes completing my Bachelor of Science (Human Ecology), Honors Food and Nutrition from the University of Western Ontario. Born and raised in Thunder Bay, ON, I returned home to further pursue my career in dietetics. I received a dietetic internship with the

Northern Ontario Dietetic Internship program, which I completed in July 2012 and have been employed as a Registered Dietitian since. My new role at the Stroke Prevention Clinic includes counselling clients to help them adopt healthy eating habits and achieve a healthy body weight, as both diet and weight can play a role in stroke prevention. I truly enjoy the opportunity to participate in the care of others, working closely with the Nurse Practitioner and physician, and expanding my knowledge.

## Highlights from the 2013 International Stroke Congress

### NEW! Post Stroke Checklist

The Post Stroke Checklist (PSC) is a simple, easy-to-use checklist of 11 key questions that helps health care professionals identify post-stroke problems amenable to treatment and/or referral. The key questions focus on: 1) Secondary stroke prevention; 2) Activities of daily living; 3) Mobility; 4) Spasticity; 5) Pain; 6) Incontinence; 7) Communication; 8) Mood; 9) Cognition; 10) Life after stroke; 11) Relationship with family. The questions included in the checklist support productive clinician-patient dialogue and it is envisaged that the PSC will be administered during regular stroke follow-up at designated time intervals i.e. 3-months, 6-months, 12-months post stroke and annually thereafter.

Available on-line at:  
<http://www.strokebestpractices.ca>

### Did You Know? A Canadian coined the term TIA

C. Miller Fisher M.D., born in 1913 in Waterloo, Ontario died peacefully in Albany on April 14, 2012 at the age of 98. Among his many original contributions were the discovery of the nature of stroke in patients with atrial fibrillation and that disease of the internal carotid artery could cause stroke. These discoveries led to the lifesaving use of aspirin and other anticoagulants to prevent stroke by preventing the formation of blood clots. His concept of transient reduction of cerebral blood flow led him to introduce the term transient ischemic attack (TIA) and other descriptive terms.

### Rehab Clinical Practices to Ponder – Patient Centered Care

The Rehabilitation Hospital of the Pacific in Honolulu adjusts the hospital bed to equal the height of the client's bed at home, as well as positions the bed so the client has to get in and out from their usual side.

### Computer Therapy for People with Long Standing Aphasia after Stroke

There is evidence that people can continue to improve their language ability for several years. However, it is difficult to provide continued treatment with the intensity required to support improvement because of limited speech and language therapy resources. Specially developed computer software offers the opportunity for individuals with speech and language difficulties to continue independent language practice. This pilot study demonstrated the patient benefits of a new computer-based intervention and offered a local opportunity for long-term self-managed speech therapy.

Please see publication for details: Palmer R, Enderby P, Cooper, C, Latimer, N, et al. Computer therapy compared with usual care for people with long standing aphasia post stroke: A pilot randomised controlled trial. Stroke. 2012; 43.

### What are the Guidelines? Management and Treatment of Patients with TIA/Stroke.

Dr. Gordon Gubitzi, (a member of the Canadian Best Practice Recommendations for Stroke Care) described 3 easy steps of making sense of the guidelines: 1. What makes an "ideal guideline? 2: Where do I find the guidelines? 3. How do I put guidelines into practice where I work?

#### 1. What makes an "ideal guideline?"

An Ideal Guideline is.....Relevant to the patient care need being addressed; Evidence based; Transparently developed; Presented within the context of the implications for the health care system; Presented with useful performance measures that allow for evaluation and feedback: Updated on a scheduled basis.

#### 2: Where do I find the guidelines?

Recommended site for guidelines is The National Guideline Clearinghouse. Go to <http://guideline.gov/>

### Why Am I Blue? Depression in Stroke: Prevalence, Recognition and Treatment

25-30 % of ischemic stroke survivors develop post stroke depression (PSD). PSD is often poorly managed: Under-recognized- Often only half of the patients with PSD get recognized. Recommended- Post stroke Depression Screener-PHQ-9. Patient Health Questionnaire. 9 questions asking about any problems the patient may have been bothered by over the past 2 weeks.

PSD is often under-treated; and inadequately treated. Systematic post stroke depression screening is required. Many tools exist. Electronic screening reminders can increase screening and diagnosis, they may help prompt treatment.

#### PSD and depression resources: \*

AIM (Activate Initiate Treatment Monitor) PSD treatment algorithm brochure

- MacArthur Foundation Initiative on Depression and Primary Care

[www.macfound.org/media/article\\_pdfs/HCD\\_NET\\_Depression\\_Primary\\_Care.pdf](http://www.macfound.org/media/article_pdfs/HCD_NET_Depression_Primary_Care.pdf)

- U. of Michigan Depression Center Patient resources:

<http://www.depressioncenter.org/health-information/depression-toolkit>

- PHQ-9

[http://phqscreeners.com/pdfs/O2\\_PHQ-9/English.pdf](http://phqscreeners.com/pdfs/O2_PHQ-9/English.pdf)



## Network Activities

### Canadian Stroke Congress

September 29 – October 2, 2012

Calgary, Alberta

Robert Fenton, Chair, Stroke Aboriginal Advisory Committee and Pauline Bodnar, Community & Long-term Care Specialist attended the Congress to present a digital poster promoting the ACT FAST 1-2-3 DVD

### Stroke Collaborative 2012

October 15, 2012

Toronto, Ontario

Robert Fenton, Chair, Stroke Aboriginal Advisory Committee and Pauline Bodnar, Community & Long-term Care Specialist attended the Collaborative to present two sessions: 1. The Aboriginal Resource Guide; and 2. ACT FAST 1-2-3 DVD.

### Retirement Tea

A tea was held for Dr. Howse on the afternoon of December 10, 2012. He was presented with a piece of Aboriginal art by Roy Thomas. The drop in was well attended with many well-wishes for Dr. Howse.

### Walk the Talk Awards

Pauline Bodnar received the Walk the Talk Aboriginal Health Award at an awards ceremony held January 17, 2013 at the Victoria Inn.

### International Stroke Conference

February 5-8, 2013

Honolulu, Hawaii

Esme French, Rehabilitation Specialist and Elaine Edwards, Regional Stroke Educator attended this conference.



### Tip of the Hat

To **Marilyn Erwin**, Community Stroke Prevention Clinic Nurse in Fort Frances. Marilyn partnered with a local fitness facility and weight loss group to promote increased awareness of stroke risk factors and the importance of maintaining an active and healthy lifestyle. The fitness club provided free one-week passes to area residents willing to have their blood pressure checked and to those who completed a health management screening tool. The initiative was promoted in the community, including the stroke prevention clinic, health care organizations and local community groups such as TOPS (Taking Off Pounds Sensibly). Hats off to Marilyn for her role in the exciting local initiative!



### TBRHSC Nursing Awards of Excellence

Elaine Edwards (fourth from left) was recognized on May 10th at TBRHSC for her exceptional contribution to the profession of Nursing.

## Announcements:

Our best wishes go out to **Mary Jane Kurm**. On June 28th 2013, Mary Jane will retire from her position of Manager, Inpatient Medicine Unit 2A (medicine, renal, stroke) at Thunder Bay Regional Health Sciences Centre. Thank you to Mary Jane for her contribution to enhancing stroke care in our region

and for her involvement with the Stroke Network from the very early years of its development. Welcome to **Shelley Nicholas** who will assume the 2A Manager role effective Tuesday, July 2, 2013. Shelley is a RN who joins us from her most recent role as the Director of Care at Roseview Manor.

## Events:



Dr. Mark Bayley addresses a full-house at the Northwestern Ontario Stroke Rehabilitation Symposium, held on March 22, 2013 in Thunder Bay.



## Trying to cut back on sodium? There's an App for that!

**Sodium 101-** To help people take control of how much sodium they consume, the Canadian Stroke Network has developed the Sodium 101 iPhone/iPOD touch and iPad app. Based on their popular website ([www.sodium101.ca](http://www.sodium101.ca)) the App makes it easier for consumers to make smarter, lower-sodium food choices.

For more information go to [www.sodium101.ca/iphone-app](http://www.sodium101.ca/iphone-app)

**Salt Shaker-** if you love salt, you'll love Salt Shaker! Just shake your device to "shake" salt onto your meal. The shaker moves, makes noise and has that good ol' diner-style look. After you shake the salt shaker, the app tells you how much sodium you have saved. It also includes a few health resources. Great for those on a low salt diet or just for fun. A pepper shaker is also included.



Centre  
for Stroke  
Recovery

*Recovery is  
for life*

### The Heart and Stroke Foundation Centre for Stroke Recovery

Please visit our new Web site to learn more about our exciting research into:

- Cognitive rehab
- Physical rehab
- Molecular and cellular mechanisms of stroke recovery

*Research means hope for stroke survivors, their families and caregivers*

Don't forget to subscribe to our newsletter at:

<http://centreforstrokecovery.ca/news-and-publications/newsletters>

Visit our social media channels:



[CentreForStrokeRecovery.ca](http://CentreForStrokeRecovery.ca)



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## Steering Committee Chair

### Systems Governance: Achieving “Fewer strokes. Better outcomes.”

#### How does this differ from traditional governance models?

Traditional organizational governance focuses on a single organizational entity, for example a business or a hospital. The processes of planning, fiscal and operational management and the paths of accountability are clear. Boards govern through policy development and planning. In this way they control the resources, service delivery processes and can take credit (or the blame) for the outcomes. The locus of control to achieve the organization's goals lies within the organization.

While each partner brings differing expertise and resources to the network, we all take responsibility for the outcomes of the NWORSN. As there is no centre of control (no one owns the network), no one organization has the authority to make decisions on behalf of others. The most any organization can do is to exercise influence over the others. Systems governance contains an implicit agreement amongst its members to empower the network as a whole to “manage” the collective resources of the network to achieve the goal of “Fewer strokes. Better outcomes.”

As members enjoy a shared ownership of the network they also have a shared

responsibility for its outcomes. Members are still accountable to their individual boards, the North West LHIN and ultimately the stroke survivor and their family. Under a systems governance model, their accountability now extends to other network members.

#### How does systems governance impact on network member organizations and their representatives?

Organizations' senior management and board members need to develop a different view of the role of their organization and its fit in the service environment. They should understand that network governance is beyond the scope of any one member organization and that the goal of “Fewer strokes. Better outcomes” can only be achieved through network participation.

NWORSN Advisory Committee members who speak on behalf of the organization they represent should endeavour to have ongoing communication with their senior administration and board regarding their role in the network and the ongoing activities of the network in general. They have, after all, committed their organization's resources to the network and the people we serve.

#### What is the organization's incentive to participate?

Active participation in the governance or management of the network enables each service to have a say in planning, resource development and allocation and in the structuring of service protocol agreements amongst providers.

All health care providers in Ontario have explicitly “signed on” to the goal voiced by the province through the LHINs regarding the achievement of health care outcomes through service integration. Through a systems governance approach, the NWORSN can help organizations (and the province) achieve this outcome.

Most importantly, developing, planning for and participating in a systems governance approach will help member agencies meet the needs of their client group struggling with the effects of hypertension and stroke.

#### Brian Thompson

Chair, NWO Regional Stroke Network

\* based on the article Reframing Governance, David Renz, [www.nonprofitquarterly.org](http://www.nonprofitquarterly.org), Winter 2006

## CLINICAL TRIALS

The Regional Stroke Centre takes an active role in several clinical trials. Dr. Margaret Sweet is currently the Principle Investigator for the following studies:

- The **IRIS Trial** is a National Institute of Health (NIH) sponsored trial that aims to reduce the risk for patients who have pre-diabetes from having another stroke.
- The **ACCELERATE Trial** is an international trial that aims to increase the HDL and decrease the

LDL for patients who have stroke and/or cardiac diagnoses.

- The international **Clot Buster Trial** has just been approved. This trial will employ a specially designed helmet that emits ultrasound to break up the blood clot in the brain, to be used in Emergency Room and ICU.
- The **ICTUS Trial**, still in its preliminary stages, will examine hypothermia in patients who have had a stroke and have received tPA.

Special thanks to the Thunder Bay Regional Research Institute for their on-going support of Stroke Research.

- We have also been pleased to participate in a trial led by Dr. Jill Cameron at the University of Toronto. We are in the final year of the **Timing it Right - Stroke Family Support Program study**, with our last caregiver 1-year follow-up due in June.

## Obstructive Sleep Apnea is a Risk Factor For Stroke

Did you know that the **Canadian Best Practice Recommendations for Stroke Care** was updated in 2012 to include new recommendations on prevention, including the link between sleep apnea and stroke?

Obstructive sleep apnea (OSA) is an emerging area of concern in stroke management. Sleep apnea is usually considered an ongoing condition that interrupts a person's sleep with persistent pauses or shallow breathing. It prevents restful sleep and is associated with high blood pressure, arrhythmia, stroke and heart failure. Sleep Disorders are an under acknowledged health concern that predispose people to a 1.6 to 2.7 greater risk for stroke

occurrence and recurrence. Sleep apnea is a modifiable risk factor that with treatment, can alleviate the associated risk of stroke.

Recommendations suggest that patients who have experienced a stroke or TIA should be screened at all transition points and follow-up visits for the presence of sleep apnea symptoms, using a validated sleep apnea screening tool, such as the STOPBang Questionnaire available at

[www.stopbang.ca/osa.php](http://www.stopbang.ca/osa.php)

Screening should be considered for patients with: recurrent stroke, fragmented sleep, difficulty sleeping, daytime sleepiness, increased frequency

of nocturia or snoring, drug resistant hypertension and atrial fibrillation. Patients with symptoms suggestive of sleep apnea on initial screening should be referred to a sleep specialist for more detailed assessment and diagnosis.

Submitted by Jessica Krupper LUSN BScN student and Sharon Jaspers, NP, Stroke Prevention Clinic

### Reference:

Coutts S, Kelloway L. (2012). Sleep Apnea Screening and Management. Canadian Best Practice Recommendations For Stroke Care Fourth Edition, Ch 2, 47-51. Retrieved from <http://www.strokebestpractices.ca>

## Upcoming Education Events

- Provincial Stroke Rounds 2013- June 5th, September 4th, November 6th, and December 4th. These Rounds are held 6 times per year, on the first Wednesday of the scheduled month and cover a variety of stroke related topics. Target audience: all health care providers caring for people with stroke.
- June 14, 2013 – Electrical stimulation for the treatment of motor deficits post-stroke, Thunder Bay
- June 25-28, 2013: VAS-COG Congress. [www.vascog2013.com](http://www.vascog2013.com)
- October 17- 19, 2013: The 2013 Canadian Stroke Congress will take place in Montreal. For one time, the meeting will be held in conjunction with four other congresses — organized in parallel by the Canadian Cardiovascular Society, the Canadian Diabetes Association, the Canadian Stroke Network, the Heart and Stroke Foundation of Canada and Hypertension Canada. Congresses will overlap for a one-day Vascular Summit, designed to expand understanding of disease prevention and common risk factors for chronic disease.
- October 28, 2013: Stroke Collaborative, Toronto [www.heartandstroke.on.ca](http://www.heartandstroke.on.ca). Enter “conferences” in search box at the top Rt side of the page
- November 8, 2013: Post Stroke Depression – Dr. A. Sniderman, Thunder Bay
- November 27, 2013: Acute Stroke Best Practices Workshop – Airline Hotel, Thunder Bay
- December 5-7, 2013: Heart & Stroke Clinical Update, Toronto [www.heartandstroke.on.ca](http://www.heartandstroke.on.ca) Enter “conferences” in the search box at the top Rt side of the page
- Updates on the Canadian Best Practices Recommendations for Stroke Care- - Series of videoconference education offered by the Ontario Regional Education Group (OREG) on the newly released sections of the Recommendations. Presentations will be offered throughout the province. The Hyperacute/Acute recommendations are expected to be released in the near future. Dates will be confirmed following the release of a new section of Recommendations.
- Tips & Tools for KO Telemedicine: Tips & Tools delivered to PSWs, NAs, caregivers, families via videoconference. Date to be determined.

### Northwestern Ontario Regional Stroke Network Education Fund Application

#### What is the Northwestern Ontario (NWO) Regional Stroke Network Education Fund?

It is a fund to assist clinicians working in stroke care across the continuum to incorporate best practices through learning opportunities or projects focused on evidence based practices in stroke care.

#### Who can apply?

Health care providers working in stroke care across the continuum throughout the NWO region.

#### How can you apply?

To obtain an application or for more information please contact:

**Elaine Edwards,**  
Regional Stroke Educator

Thunder Bay Regional Health  
Sciences Centre

807-684-6706

[edwardse@tbh.net](mailto:edwardse@tbh.net)

# SWO Stroke Network develops website for people returning to work after stroke

Posted on November 5th, 2012

There are over 21,000 people who experience a stroke each year in Ontario and close to 120,000 people are living with stroke.

Approximately, 25% of stroke survivors are people under the age of 65 and 10% are people under the age of 50 and in the prime of their working life. Research indicates that return to work rates after stroke are as low as 7%. Employment is one of the most important social roles that a person fulfills and not working has negative impacts on a person's overall quality of life, health, finances, social isolation and self-efficacy. Stroke survivors and health care professionals need resources to help them navigate the process of return to work after stroke.

In 2008, the Southwestern Ontario Stroke Network (SWOSN) hosted community forums across Southwestern Ontario with stroke survivors, their loved ones, and community service providers to determine barriers to living fully in the community after stroke. One of the priorities identified in the forums and documented in the report *Pathways for People with Stroke to Live Fully in the Community* was the need for "return to work" services.

A working group of experts in vocational rehabilitation and stroke care, as well as stroke survivors, developed a toolkit of resources to educate and assist stroke survivors, family members, and their health care professionals to navigate the complex system of return to work. These resources have been incorporated

into the website [www.swostroke.ca/return-to-work](http://www.swostroke.ca/return-to-work).

This informative website will provide stroke survivors, family members and healthcare providers with:

- assistance to navigate the process of return to work
- local and provincial resources that provide guidance, support and assistance
- an online self assessment guide to focus individual recovery efforts and provide information about ability or readiness to return to work.

Visit [www.swostroke.ca/return-to-work](http://www.swostroke.ca/return-to-work) today.

## Telestroke News (January 2013)

Sioux Lookout Meno Ya Win Health Centre has joined the Ontario Telestroke Program and now has access to a stroke neurologist 24 hours a day, seven days a week. Technology enables emergency physicians to have, on demand, a "live" neurologist consultation to make timely decisions about treatment for their stroke patients. Patients, who present within the appropriate time frame, after onset of stroke symptoms, may be candidates to receive the drug tPA which has the potential to dissolve blood clots in the brain and reverse the effects of the stroke.

A team (Dr. Hassan, Medical Lead, Sandi Homeniuk, Director, Barry Ducharme, Clinical Stroke Nurse & Elaine Edwards, Regional Stroke Educator) from the Northwestern Ontario Regional Stroke Network went to Sioux Lookout January 24 and 25 to provide education to staff.

### Who can receive tPA: a Case Based Approach

- Stroke is the leading cause of chronic disability in adults and the #3 cause of death overall.
- IV tPA (alteplase) has been FDA approved for treatment of acute stroke since 1996 .
- Alteplase is proven to significantly reduce the long term disability caused by stroke if given within 4.5 hours of symptom onset.
- Risk of tPA is bleeding, symptomatic intracerebral hemorrhage rate of 3%
- Patients have at least 30% greater likelihood of minimal or no disability with tPA compared with placebo (NINDS trial 3 month results).

In Northwestern Ontario, there is now greater access to tPA. There are 5 hospitals in our Region that can deliver tPA: There are 4 Telestroke sites (Sioux Lookout, Kenora, Dryden and Fort Frances) and the Regional Stroke Centre in Thunder Bay.

### Updates to Stroke Best Practice Recommendations

The Canadian Best Practice Recommendations for Stroke Care (2010) are being updated.

- Stroke Prevention – September 2012
- Mood & Cognition – March 2013
- Hyperacute and Acute – May 2013
- Rehabilitation – Anticipated June 2013
- Public Awareness, Transitions & Long Term Care, Telestroke – Anticipated September 2013

Visit [www.strokebestpractices.ca](http://www.strokebestpractices.ca) for the latest recommendations.

Presentations on highlights of each newly released section is being offered by the Ontario Regional Education Group and will be promoted throughout the region.



## Coming Soon – Ontario Stroke Evaluation Report

Each year the Ontario Stroke Evaluation Report is published by the Ontario Stroke Network & System, the Canadian Stroke Network and the Institute for Clinical Evaluative Sciences. The report includes data on key indicators relating to the quality of stroke care in Ontario and the 14 LHINs. We expect that the latest report will be made public in mid-June. The report will be posted on the Ontario Stroke Network website: [www.ontariostrokenetwork.ca](http://www.ontariostrokenetwork.ca) Stay tuned for more information!

## Stroke Education for Community and Long Term Care

Posters have been developed for the education of frontline care providers and are formatted to provide critical learning points in a highly visual way. These posters are designed to complement the Tips & Tools for Everyday Living: A Guide for Stroke Caregivers (H&S, 2010) available at <http://strokenetworkseo.ca/profedatlas>

[Safe Seating](#)

[Making Feeding Safer](#)

[Post-Stroke Depression](#)

[Blood Pressure](#)

[Communication](#)

[Cognition & Perception](#)

[Stroke Prevention & Care](#)

[Meaningful Activity](#)

## Best practices and Bloggers

Regional Geriatric Programme – affiliated with McMaster University

<http://www.rgpc.ca/resource/index.cfm>

Registered Nurses' Association of Ontario (RNAO) – Best Practice Guidelines

<http://rnao.ca/bpg>

### The Northwestern Ontario Regional Stroke Network Staff

**Caterina Kmill**  
Regional Director  
(807) 684-6702

**Elaine Edwards**  
Regional Stroke Educator  
(807) 684-6406

**Esmé French**  
Rehabilitation Specialist  
(807) 684-6498

**Pauline Bodnar**  
Community and LTC Specialist  
(807) 684-6468

**Kathleen Bulloch**  
Administrative Secretary  
(807) 684-6703

Email:  
[nwostroke@tbh.net](mailto:nwostroke@tbh.net)

Website:  
[www.nwostroke.ca](http://www.nwostroke.ca)

## Stroke Prevention Clinics ●

**Fort Frances (CSPC)**  
La Verendrye General Hospital  
807-274-3266 ext. 4542

**Kenora (CSPC)**  
Lake of the Woods District Hospital  
807-468-9861 ext. 2528

**Marathon (CSPC)**  
Wilson Memorial General Hospital  
807-229-1740 ext. 289

**Sioux Lookout (CSPC)**  
Meno Ya Win Health Centre  
807-737-2877 ext. 5112

**Thunder Bay (SSPC)**  
Thunder Bay Regional Health Sciences Centre  
807-684-6700

## Secondary Stroke Prevention Clinic (SSPC)

Upon referral, patients who experience a transient ischemic attack (TIA) or who have had a stroke see a neurologist, nurse practitioner and dietitian. This program addresses stroke prevention in a coordinated and interprofessional manner based on best practices and also educates patients regarding lifestyle changes to modify risk factors for stroke.

## Community Stroke Prevention Clinics (CSPC)

Patients with stroke and TIA are seen to monitor risk factors and assist with strategies to prevent reoccurrence.

## Telestroke Sites ●

**Dryden**  
Dryden Regional Health Centre  
807-223-8200

**Fort Frances**  
La Verendrye General Hospital  
807-274-3266

**Kenora**  
Lake of the Woods District Hospital  
807-468-9861

**Sioux Lookout**  
Meno Ya Win Health Centre  
807-737-3030

## Telestroke

The Telestroke Program provides stroke patients in remote areas of the province with 24/7 access to life-saving emergency care that they might not receive without this real-time expert neurological assessment.

Emergency Physicians use Ontario Telemedicine Network to connect with neurologists to obtain urgent diagnosis and treatment advice, including the administration of time-sensitive medication.

