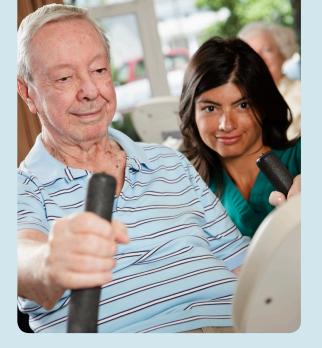
# How do I prepare for leaving the hospital?

You and your family may feel overwhelmed about going home from hospital. You have to think about how to make the home environment safe and what services you will need. The Discharge Link meeting can help support your move home. This meeting occurs shortly before discharge and involves you, your family, your hospital team, your Care Coordinator and a member of your Community Stroke Team. At the meeting

- Your hospital team will share information on your goals and progress with the Community Stroke Team
- You and the team will determine what services are needed at home and confirm your discharge date

If an Occupational Therapist needs to visit your home before you are discharged, this will be arranged.



# How long does the service last?

The amount of therapy you receive depends on your needs and the goals you set with your team.

We want to help you to be independent, and return to activities you enjoy, and to connect you with local services that will meet your ongoing needs.

Your team will visit you in your home several times per week to help you reach your goals.

Research tells us that people who receive intensive and specialized rehabilitation after stroke have the greatest likelihood of improving their physical, thinking, speech and social skills.

# Waterloo Wellington



For residents of the Region of Waterloo: 519 748 2222 888 883 3313

For residents of Guelph, Wellington County & the Township of Southgate:

519 823 2550 800 265 8338

wwccac.org 310 CCAC (2222) wwhealthline.ca

Funding for the Waterloo Wellington CCAC is provided by the Waterloo Wellington Local Health Integration Network (WWLHIN).





# Waterloo Wellington Community Stroke Program





## Who may receive service?

Adults who have recently had a stroke and are being discharged from a hopsital in Waterloo-Wellington.

## How do I access service?

Speak to a Hospital CCAC Care Coordinator.

Referrals can also be made by family members or your hospital stroke team.

# What services are available?

Our team members work together with your hospital team and service providers in the community to ensure you have the therapy, education and support you need to achieve your goals. They will also make recommendations about healthy living to help reduce your chance of having another stroke. Care is based on the latest stroke research and best practice guidelines. The Community Stroke Team includes:

## **Care Coordinator**

Helps coordinate plans for your discharge from hospital and makes sure the right services are available for you at home at the right time. Provides information on services in the community to meet your needs, and helps keep your doctor updated.

## **Occupational Therapist**

Helps to find ways to make it easier for you to do daily activities such as dressing, using the bathroom, cooking, doing hobbies.

# Physiotherapist

Helps you to improve your strength, flexibility and balance so that you can move better.

# Speech Language Pathologist

Helps you to communicate better and helps with swallowing problems.

#### Dietician

Helps you to know what foods to eat to be healthy.

# **Social Worker**

Provides counselling to you and your family to help everyone cope better and adjust to the changes since your stroke.

#### **Rehabilitation Assistant**

Works closely with you and your therapists to implement the programs recommended by the therapist.



# Where is the service located?

Our team comes to you. Therapy, education and support services will be provided in your home or in the community where you live.

# How much does it cost?

The cost of services provided through this program is covered by the provincial health insurance plan for those holding a valid Ontario Health Card. You are responsible for renting or purchasing any specialized equipment you may need from your local medical equipment supplier.

There may be special funding available for some equipment. Your team will help you to determine what equipment you need and what funding options are available.

If you would like more information or need help, your Care Coordinator's name is:

at 888 883 3313 extension

## Your Rehab Provider is from:

May be contacted 24 hours a day, 7 days a week at: