Outcomes are better: More survivors returning home physically independent

Reduction in deaths (especially deaths due to complications of immobility)

Reduction in need for institutional care

Post-stroke complications recognized and managed early

Early treatment of blood – glucose abnormalities; fever; dehydration etc.

Early assessment of neurological impairment

Early and comprehensive diagnostic testing

Consistent screening for dysphagia

Trained and competent health care professionals surrounding the patient

Consistent, quality care provided by same nurses and allied health professionals with expertise

Cost-effective; shorter length of stay in acute care

Meets Quality – Based Procedures for Stroke Care

Early discharge planning

Early patient and caregiver education/training

Still not convinced?
The EVIDENCE is strong......

KEEP READING!

In Ontario, a stroke unit is geographically co-located with identifiable beds that are occupied by stroke patients at least 75% of the time and has a dedicated interprofessional multi-disciplinary team (RN, PT, OT, SLP at a minimum).

The Ontario Stroke Network’s goal is to double the rate of stroke unit utilization by 2016 and work is ongoing towards achieving the provincial benchmark of 87.5%.

A collaborative, organized, regional approach among hospitals to cluster patients with stroke at designated sites is needed to achieve these targets.

At HSN, we continue to work hard to cohort acute stroke patients to 5 South.
The research behind this…..

- In 2010 and 2012, the Canadian Best Practice Recommendations for Stroke Care, defined a stroke unit, in Recommendation 4.1, and provided rationale that this care reduces likelihood of death and disability by as much as 30% for men and women of any age with mild, moderate or severe stroke.
- In 2013, the Stroke Trialists’ Collaboration released its latest Cochrane Review of Organized Inpatient Stroke Unit Care concluding “This review of 28 trials, involving 5855 participants, showed that patients who receive this care are more likely to survive their stroke, return home, and become independent in looking after themselves. The best results come from those which are based in a dedicated unit”.
- In 2013, The Canadian Stroke Network and the Heart and Stroke Foundation published their “Taking Action Towards Optimal Stroke Care” resource that outlines the 7 steps to optimal stroke care including identifying and securing space and beds for a dedicated stroke unit.
- In 2013, the Ontario Stroke Network published a backgrounder called: “Stroke Unit Care Improves Outcomes” outlining the benefits to providing care to acute stroke inpatients on a dedicated unit.
- In 2013, the MOHLTC produced “Quality-Based Procedures Clinical Handbook for Stroke” describing the future state of acute stroke care in Ontario based on best available evidence from the Expert Advisory Panel. There is level A evidence that patients are to be admitted to a stroke unit (as defined on cover page) for best possible outcome.

In 2014, the NEO Stroke Network is developing a business case that considers re-development on 5 South for an 11-bed Acute Stroke Unit with a proposed change to the stroke team staffing ratios that meet current best practices for stroke care.