

# Why cohort acute stroke patients ?

**Best practice** recommends that all patients admitted to hospital with stroke or TIA be cared for on a **stroke unit**.

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).

- 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.....

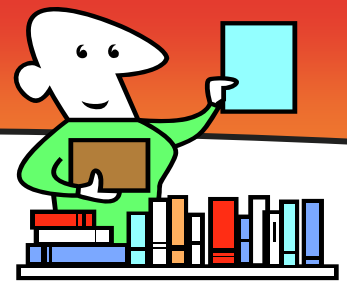


**KEEP READING !**

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.