



Integrated Acute Stroke Care in Lanark, Leeds and Grenville Counties – FACT SHEET

Effective May 2, 2016 – New stroke patients who present to the Perth and Smiths Falls District Hospital (PSFDH) Emergency Rooms who require admission to hospital will now be transferred to the *Acute Stroke Unit* at the Brockville General Hospital (BGH) for their acute inpatient stay.

These transfers will apply only to patients who are not taken directly to Kingston or Ottawa on the Acute Stroke Protocol.

In order to raise awareness and facilitate the Unit's implementation, the following communication resources and tools have been developed:

- Informative [video](#) featuring the stories of two stroke survivors
- [Acute Stroke Unit Brochure](#)
- This Fact Sheet

Key messages for patients, families, health providers, community partners and the public:

- Recovery can be expected after a stroke. People who experience a stroke can survive and recover.
- A person who experiences a stroke is more likely to survive, recover and return home when early stroke care is provided by a specialized team in an **Acute Stroke Unit**.
- Stroke survivors in Lanark, Leeds and Grenville counties now have access to specialized care at the **Acute Stroke Unit** in Brockville through the partnership of Perth and Smiths Falls District Hospital and Brockville General Hospital.

Further information for health care providers:

This change in practice starts in the Emergency Room: New stroke patients who present to the PSFDH Emergency Rooms who require admission to hospital will now be transferred to the *Acute Stroke Unit* at BGH. The Emergency Physician will call the hospitalist at BGH and arrange a direct admission using the algorithms and processes developed.

Patients admitted to the Acute Stroke Unit at BGH will receive a specialized, team approach to stroke care that follows a standardized care plan. Stroke Unit Care is known to improve survival rates and to optimize recovery and return home. Consolidation of acute stroke care to one site is evidence-based and is required to attain the recommended* minimum critical mass of 165 stroke patients per year. (*Quality Based Procedures: Clinical Handbook for Stroke, MOHLTC, 2015.)

Patients will continue to receive follow-up care and rehabilitation in their own communities.

This includes transition back to the Perth site of PSFDH for inpatient rehabilitation, where appropriate. Resources have been developed to assist care teams to ensure smooth transitions. These include referral processes and patient information sheets and brochures.

A joint hospital leadership team has been planning this new approach to stroke unit care for over a year. The team has included patient experience advisors. The leadership team will monitor this practice change and will seek patient experience feedback in order to continuously improve stroke care outcomes for the citizens of Lanark, Leeds and Grenville counties.

Right Care, Right Time, Right Place