

The **Central East Stroke Region (CESN)** is one of 11 stroke regions established across Ontario to provide leadership, development, implementation and integration of stroke care throughout the region and across all points in the spectrum of stroke care (promotion, secondary prevention, acute care, rehabilitation, and home care). The CESN works closely with multiple stakeholders but especially the Local Health Integration Networks (LHINs) and the District Stroke Centres to advance care.

Central East Stroke Network is within the boundaries of three **LHINs (North Simcoe Muskoka, Central and Central East LHINs)**. It is divided into **5 districts** (North Simcoe, **Muskoka**, York, Durham, and Haliburton, Kawartha, Pine Ridge with the Enhanced District Stroke Centre for this region hosted at Royal Victoria Regional Health Centre in Barrie. **District centres** are located at **Muskoka Algonquin Healthcare in Huntsville**, Mackenzie Health in Richmond Hill, Lakeridge Health in Oshawa and Peterborough Regional Health Centre in Peterborough.

Across the province, there has been steady improvement in stroke prevention, acute stroke management and stroke rehabilitation. While steady progress is being made, ongoing improvement is required. There is a need to further regional approaches to increase access to stroke unit care, which is a key step in addressing variation in patient outcomes. There is an ongoing need for rehabilitation system change particularly to improve access to hospital-based outpatient rehabilitation and CCAC services.

Planning to address these issues has been underway in the NSM LHIN for some time as the volumes, levels, and standardization of care and services are variable. Planning documents have been developed that explored evidence-based, cost-effective strategies that could be implemented in the region with a particular emphasis on the following four components to improve stroke service provision:

- Comprehensive stroke units that include both acute and rehabilitation services
- Earlier access to stroke rehabilitation
- Increased intensity of stroke rehabilitation therapies
- Increased capacity for outpatient rehabilitation services

A model has been developed by the CESN as part of this work. It has been informed by extensive stakeholder consultation, local community forums and provincial expert consultation. Input has been solicited from frontline care providers, administrators, community service providers, caregivers and people living with stroke from across the LHIN and care continuum. The NSM LHIN has funded the next stage in the implementation planning to test these principles; this work is beginning in the southern portion of the LHIN. The outcomes from this part of the planning will influence implementation in the other parts of the LHIN. Impact of the future model:

- Patients will have better access to critical acute care and rehabilitation
- Patients will have better outcomes, going home and recovering more quickly
- The system of care will be more efficient with shorter lengths of stay
- Earlier discharge means more hospital beds can be made available to other acutely ill patients

Currently in NSM, when patients are admitted to hospital, acute stroke services are provided mainly on general medical units in the five hospitals in the LHIN. There are varying levels of services with some hospitals not providing full inter-professional team care including physician, nursing, Physical Therapist, Occupational Therapist, Speech Language Pathologist, and others.

Access to rehabilitation varies across the LHIN. Designated inpatient rehabilitation is provided at only three hospitals in NSM LHIN; Royal Victoria Regional Health Centre, Orillia Soldiers' Memorial Hospital and Georgian Bay General Hospital. Amongst those sites the availability of full inter-professional team care varies. Historically patients from Muskoka access their inpatient rehabilitation care at Georgian Bay General Hospital or West Parry Sound Health Centre.