



Adam Watson –
Chair, CESN Steering Committee

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It is my great privilege to serve as the Chair of the Central East Stroke Network, an integral component of the provincial stroke system in Ontario.

As Chair, but also as a consumer of healthcare, I am continually impressed and occasionally amazed by the dedication and professionalism of our stroke teams throughout our vast region. Your stroke teams' knowledge, skills and moreover their caring, result in an enviable capability to deliver:

- lifestyle improving education and stroke prevention programs,
- top-quality care when patients suffer a stroke or stroke related illness, and
- rehabilitation and support for stroke patients to regain their mobility and function and get back into life as a stroke survivor.

I know, perhaps more than others, that you and I, our family and our friends are in good hands when it comes to stroke care, both within our region and throughout the province of Ontario.

Moving Forward

Our stroke programs are strong now but we know that to remain on the leading edge, we must continue to work together to improve our current services, seek to add new capabilities, and improve coordination and knowledge sharing with our partners.

To continue to move forward, the CESN has recently approved an extensive regional strategic plan that will set the course for the network over the upcoming several years. That plan has been designed to enable us to improve CESN's operations and capabilities, working in unison with the broader provincial Ontario Stroke Network (OSN - the provincial stroke planning and coordinating body). The broad strategic directions of the CESN strategic plan will enable us to support our patients, providers, organizations, doctors, nurses and other partners by:

- Becoming a **Credible Advisor** to Improve Stroke Prevention and Care Delivery
- **Leading and Coordinating** Stroke Care Across the Region
- **Evaluating** to Support Continuous Improvement
- Fostering **Innovation and Knowledge**
- Adopting/Leading **Best Practices** Across the Continuum of Stroke Care

We are excited about these key initiatives because they will not only have an impact on how the CESN delivers stroke care, but will also enhance and improve the outcomes of that care for our patients and their families. **The articles in this Summer 2009 Edition of the CESN newsletter reflect issues which link directly to our new strategic plan. Each article relates to one or more of our strategic directions and also reflects our goal to provide access to evidence-based stroke prevention and care delivery across the continuum, promoting system-change, professional education and public awareness.**

As we enjoy the summer months, the CESN team wishes you a wonderful time with your family and friends.

Earlier Treatment is Better, Even with Expanded Window for Thrombolysis

As a result of the recent Third European Cooperative Acute Stroke Study (ECASS III)¹, we now have Level A evidence that the treatment window for intravenous t-PA is beneficial and safe up to 4.5 hours after stroke onset. However, the benefit of treatment between 3.0 and 4.5 hours following the onset of stroke symptoms is much smaller than treating within the first 3.0 hours. We all know that **time is brain**, and the door to needle time still needs to be as short as possible, with a target of less than 60 minutes. The risk of symptomatic intracranial hemorrhage is felt to be acceptably small, providing treatment protocols are followed.

The Canadian Best Practice Recommendations for Stroke Care 2008 have been updated to reflect the recent evidence and state: "All patients with disabling acute ischemic stroke who can be treated within 4.5 hours after symptom onset should be evaluated without delay to determine their eligibility for treatment with intravenous tissue plasminogen activator (alteplase) ... Eligible patients are those who can receive intravenous alteplase within 4.5 hours of the onset of stroke symptoms in accordance with criteria adapted from the National Institute of Neurological Disorders and Stroke (NINDS) rt-PA Stroke Study and the ECASS III². Additional exclusion criteria for patients treated in the 3.0 and 4.5 hour time window are all patients over 80 years of age, patients on oral anticoagulants, diabetics with a history of stroke, and early ischemic changes on CT affecting more than one third of the MCA territory.

Revisions are currently being made to the paramedic prompt card, which redirects eligible acute stroke patients to the closest designated stroke center, to incorporate the expanded time window. Capturing these additional patients will allow more patients to be potentially treated with thrombolysis, increasing their chances for a better outcome. However, it must be stressed that **earlier treatment is better and treatment must not be delayed. Even though the patients have more time, we should not take more time.**

1. Hacke W, Kaste M, Bluhmki E, Brozman M, Dávalos A, Guidetti D, Larrue V, Lees KR, Medeghri Z, Machnig T, Schneider D, von Kummer R, Wahlgren N, Toni D, for the ECASS Investigators (2008). *Thrombolysis with Alteplase 3 to 4.5 Hours after Acute Ischemic Stroke*. The New England Journal of Medicine, 359(13), 1317-1329

2. *Canadian Best Practice Recommendations for Stroke Care* (2008). Canadian Medical Association Journal 179(12) E1-E93



Dr. Blaine Foell, Regional Medical Director, Central East Stroke Network

Photo by Jennifer Wilson

Telestroke Overcomes Barriers in Stroke Care



Kasia Luebke
District Stroke
Coordinator, HKPR

Since 2002, Telestroke has assisted hundreds of acute stroke patients in Ontario to access stroke neurologist expertise and time-sensitive tissue plasminogen activase (t-PA) treatment. **Telestroke overcomes barriers** by using telemedicine to connect care centers that do not have neurologists, to neurologists with expertise in managing stroke, **enabling remote assessment and treatment**. A celebration held in June 2009, marked the milestone of having the first 1000 patients in Ontario assessed and treated with the assistance of Telestroke.

The demand for Telestroke services across the province is increasing, and many hospitals in Ontario have asked to receive Telestroke services as a mechanism to provide the standard of stroke care to the residents of their communities. However, key stakeholders in the stroke system have identified a number of challenges that are currently preventing Telestroke from continuing to expand to meet unmet demand.

In October 2008, James Meloche (Senior Director-Central East LHIN) championed a project, the goals of

which were to:

1. Review the current methods and actual expenses for on-call remuneration of stroke neurologists for stroke centers in Ontario,
2. Estimate the costing required for the Telestroke provincial on-call model,
3. Identify funding options for the Telestroke provincial on-call model.

Kasia Luebke was asked to be the Project Manager for this project. A project team was assembled which consisted of representatives from the Ontario Stroke System and Network, Ontario Telehealth Network, the Ministry of Health and Long Term Care (MOHLTC), the Local Health Integrated Networks, and physicians. Over the next 6 months the team worked on this complex project and through deliberations, generated **19 recommendations that addressed establishing sustainable funding for the Telestroke physician on-call, standardization of Telestroke related physician education, program evaluation and system enhancements**. The recommendations were forwarded to the MOHLTC. We are currently awaiting a decision from the MOH on proceeding with the next phase of this project.

Keeping Seniors Healthy and At Home in North Simcoe

Donna Danyluk, Public Affairs Coordinator, Royal Victoria Hospital



Cheryl Moher,
Regional Program Manager

"The presentation was quite informative, something we should all know about".

"I learned that stroke can be silent and serious, something that I am now glad to be aware of".

"I understand the importance of keeping my blood pressure under control".

These comments are from seniors currently involved in an exercise-education program provided through the Healthy Living at Home Program, funded through **North Simcoe Muskoka LHIN's Aging at Home initiative**. The program is geared towards **helping seniors live healthy, independent lives in their own homes**. A large component of the initiative is an exercise program developed specifically for seniors and delivered by VON SMART (Seniors Maintaining Active Roles Together) Program Coordinator, Jennifer Jones. Jones travels to apartment or condo buildings, identified as having large populations of seniors, and gets the seniors moving. However, exercise is not the only component needed in order for seniors to live healthy and that is where the Enhanced District Stroke Program at Royal Victoria Hospital, part of the Central East Stroke Network, comes on the scene.

"Many older adults are under the impression that stroke and heart disease are heavily influenced by hereditary and family history. Although this can be true, there remains a huge misconception that nothing can be done to prevent stroke and heart attack," said Jones. "The presentation given by Cheryl Moher, Regional Program Manager for the Central East Stroke Network, relayed the message that **lifestyle does count, and the risk factors that we can do something about heavily outweigh the risk factors that we cannot do anything about**. It is essential for all populations to know what puts you at an increased risk for stroke and be able to immediately recognize the signs and symptoms when having a stroke. By understanding the severity of stroke and that 'time is brain' the devastating effects can often be minimized, ensuring that quality of life remains high."

As the host agency, the VON has partnered with staff from the Enhanced District Stroke Program at RVH to provide seniors with a mini-lecture series on stroke

prevention which stresses the importance of regular physical activity in controlling body weight, improving cholesterol, improving blood sugar control, lowering stress, improving self esteem, improving sleep, decreasing depression, and improving an individual's sense of well being. Each program is 12 weeks in length and has now been offered to Barrie seniors at such locations as Collier Place, Victoria Village, The Bay Club and The Terraces.

"The Falls Prevention Coalition partners of North Simcoe Muskoka (NSM) have been working together for several years to identify strategies that



help members of our community to stay independent. During the past two years we have submitted two Aging at Home proposals to the NSM LHIN which addressed the needs of seniors living independently in the community. The Healthy Living at Home Program is one component of this funding," said Kay Morrison, Central East Stroke Network, Regional Education Coordinator. The Healthy Living Program is an example of how the Enhanced District Stroke Centre at RVH has partnered with a community agency in a funding opportunity and together they have spread the word about healthy living to Barrie seniors. It is expected the funding will be increased to expand the program and include seniors across Simcoe and Muskoka and when that happens the Central East Stroke Network will take its stroke prevention and healthy living message on the road.

York Central Hospital Takes the Lead to Raise Stroke Awareness in Our Community



Andrew Lotto – Manager, District Stroke Centre, York Central Hospital

The effects of a stroke can be devastating, however too few Canadians are aware of the signs of a stroke. Recent media campaigns by the Heart and Stroke Foundation have aimed to increase public knowledge of stroke by broadcasting the warning signs and urging people who are experiencing these symptoms to activate the

Emergency Medical System by calling '911' as soon as they occur. Still it is expected that over 50,000 Canadians will have a stroke this year.

Addressing risk factors (high blood pressure, high cholesterol, excessive weight, diabetes, smoking, physical inactivity, high stress levels) **is of primary importance**, especially for those who already have one or more risk factors. Visiting your family doctor or a stroke prevention clinic can help identify if you are at risk and can help in developing a plan to reduce your likelihood of a stroke.

In Ontario, June is "Stroke Awareness Month" and York Central Hospital's District Stroke Centre, in partnership with the Heart and Stroke Foundation of Ontario, raised **public awareness** by holding its 2nd Annual Stroke Awareness Day event on June 25th. The day was very successful. It saw a large contingent from the hospital and Alexander Mackenzie High School, ride the Heart and Stroke Foundation's 'Big Bike' – an amazing 2 ton bike that holds 30 riders. In all, nearly 300 people participated and raised approximately \$20,000 that will be utilized for stroke research.

A Health Fair was also organized at the hospital, in which local and community partners were readily available to offer information and messaging to raise awareness about the warning signs of stroke, risk factor recognition and management, as well as available programs to aid those recovering from the effects of a stroke. York EMS was also present to educate patients about the process for emergency recognition of stroke and the activation of their services.

During a break in activities speakers provided context for York Central Hospital's role as a District Stroke Centre, in managing stroke care. The stroke program's Clinical Director, Dr. Warren Goldstein, explained the importance of recognizing the warning signs; local MPP Reza Moridi gave a personal account of how stroke has affected his

family; and two survivors who had strokes at early ages (48 and 20 years of age) explained that stroke is not solely a disease of the elderly and that it is important to act quickly to minimize the impact.

Currently, York Region's only Stroke Prevention Clinic is located at York Central Hospital. There were over 600 visits at the clinic last year. Now, however, an increasing number of community physicians and hospital-based inpatient units are sending their patients for assessment. We are anticipating between 800 and 1000 visits this coming year, meaning we will quickly reach our capacity. In a recent proposal, York Central Hospital offered a strategy of stroke prevention for York Region by helping to introduce stroke prevention clinics at four more large community hospitals. The proposal is still pending approval, but would be a significant step forward in addressing the need to reduce the burden of stroke on our patients, their families and communities.



Taking Hypertension Education on the Road

In the 2008 Canadian Best Practice Recommendations for Stroke Care, one of the top ten priorities that emerged was blood pressure management. The rationale indicated that **elevated blood pressure is the most important risk factor for stroke in both primary and secondary**

prevention. "Hypertension is quantitatively the largest single risk factor for premature death and disability, because of the large number of people afflicted and the consequences of uncontrolled hypertension" (Canadian Best Practice Recommendations for Stroke Care, CMAJ 2008;179(12 SUPPL):E20).

Stroke nurses from the Central East Stroke Network created a four-hour **hypertension workshop** for delivery in four different locations across the Central East stroke



Irene Heinz, ACNP, Stroke Prevention Clinic

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Atrial Fibrillation and Stroke



Beth Linkewich, District Stroke Coordinator, Muskoka Algonquin Healthcare

The Heart and Stroke Foundation of Ontario is focusing on **atrial fibrillation as a risk factor for stroke**. Despite the 250,000 Canadians living with atrial fibrillation, this condition is often not seen as a serious health risk.

Atrial fibrillation is a risk factor for stroke.

Individuals with atrial fibrillation have **3 to 5 times greater risk for stroke** than those without atrial fibrillation. It is estimated that 15% of the 50,000 strokes that occur in Canada each year are due to atrial fibrillation. Among those over the age of 60 years, an estimated one third of strokes are due to atrial fibrillation. Strokes among patients with atrial fibrillation are twice as likely to be fatal than are strokes from other causes. Patients with atrial fibrillation who survive a stroke have been reported to stay in hospital longer, have increased disability, and are more likely to have recurrent strokes.

To **increase awareness about this issue** in Muskoka District, Richard Dewsbury, local community member, has shared his experience during his stroke with the local media. Richard has experienced the link between atrial fibrillation and stroke, first hand. To hear more about his story, see: 'Recognizing the signs of stroke' at <http://www.tvcogeco.com/portal/page/portal/huntsville/flash/youtubeplayer.html>

What are signs/symptoms of atrial fibrillation?

Some may feel perfectly fine and not know that they have the condition until they undergo an electrocardiogram. Others may experience various symptoms including irregular and fast heartbeat; heart palpitations or a rapid thumping in

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region in 2009. The design of the workshop was primarily based on the Canadian Hypertension Education Program. The workshop begins with a background of hypertension in regards to its prevalence and effect on target organ damage. The presentation is then personalized for each district depending on statistics obtained from the chronic disease infobase within the Public Health Agency of Canada in regards to prevalence of hypertension and other chronic conditions that often co-exist. The workshop then outlines the diagnosis, assessment and follow-up required and reviews treatment approaches with an

the chest; chest discomfort, chest pain or pressure; shortness of breath, particularly with exertion or anxiety; fatigue; dizziness, sweating or nausea; light-headedness or fainting.

What should you do if you think you are experiencing these symptoms?

Canadians should speak with their healthcare professional about their symptoms or if they have a family history that puts them at increased risk.

What can you do to reduce your risk of AF?

Preventing risk factors for heart disease and stroke are important measures to reducing one's risk of atrial fibrillation. High blood pressure is the most common disease condition that leads to atrial fibrillation. Knowing and controlling your blood pressure through lifestyle and/or medication is extremely important. If you have diabetes, keeping blood sugar at your target level is also important. A healthy lifestyle is important – not smoking, being physically active and eating a nutritious diet that is lower in saturated and trans fats, contains lean protein (meats), and that includes plenty of vegetables, fruit, and fibre. Managing high blood cholesterol, reducing stress and limiting alcohol intake are also important.

Who are the AF patients at most risk of stroke?

Atrial fibrillation patients with congestive heart failure, high blood pressure, diabetes, who are over the age of seventy five years or with a personal history of stroke or transient ischemic attack (TIA or mini-stroke) are most at risk of stroke. **The more risk factors one has, the higher the risk of stroke.** The annual risk of stroke ranges from 1.9% to 18% depending on score obtained on the CHADS₂ index used by health care personnel.

Reference: Heart and Stroke Foundation, Report Card on Health, June 10, 2009. Retrieved from www.heartandstroke.com

equal emphasis on lifestyle and pharmacological approaches. Finally, the workshop reviews the chronic disease management model and supporting self-management of chronic conditions. A package of electronic and hardcopy resources including the RAO Best Practice Guideline for hypertension management is provided to each participant.

Sessions have been offered in Orillia and Oshawa with an upcoming session planned for Peterborough. Here's to another successful project which reflects the strong partnerships across the Central East Stroke Network.

Stroke Rehabilitation: A Critical Component of Recovery

Many stroke survivors experience physical, cognitive and communication deficits that impact on their ability to perform self-care, return home, return to work, and maintain life roles. Rehabilitation of these stroke survivors is a critical component to their recovery. **Rehabilitation can improve overall health and quality of life for stroke survivors**, allowing them to improve their functioning, regain their independence and successfully transition into their communities. Stroke rehabilitation has also been shown to minimize the economic burden of stroke on the healthcare system through decreased emergency department visits, decreased re-hospitalization, decreased institutionalization, and reduced length of stay.

Best practice for stroke rehabilitation includes dedicated interprofessional stroke units, early access to inpatient rehabilitation, greater therapy intensity, early supported discharge, and access to ongoing community based assessments and multifaceted interventions. The reality within Central East Stroke Network (CESN) is that gaps exist in regards to access to best practice stroke rehabilitation services across the continuum of care.

Creating a Vision for Stroke Rehabilitation

In order to address these gaps, CESN is actively planning a Stroke Rehabilitation Visioning Day. This event will focus on:

- advancing our stakeholders' **understanding** of best practice for stroke rehabilitation
- **collaborating** with stakeholders to **create a vision** and

discover innovative ways to advance the provision of best practice for stroke rehabilitation in our region

- establishing next steps to mobilize our **stroke rehabilitation transformation** in CESN and to assure that gains can be accomplished for the stroke population in CESN.



*Donelda Moscrip,
Regional Stroke
Rehabilitation Coordinator,*

Common Assessment Tools

CESN is also engaging stroke rehabilitation stakeholders in the implementation of common assessment tools as recommended by the 2007 Consensus Panel on Stroke Rehabilitation System Report and the 2008 Canadian Best Practice Recommendations for Stroke Care. Common assessment tools can be utilized as a **universal means of communication among professionals and across the continuum of care.**

Starting with the Simcoe Muskoka District, we are at the stage of initial key stakeholder engagement in order to discover which of the recommended tools are currently in use, as well as to gain a collaborative vision of how to move this project forward. As the project develops and **interprofessional common assessment tools** come into use across the Central East stroke region we anticipate improved professional collaboration and communication, as well as improved patient outcomes in our region.

A Knowledge Translation Journey in CESN

Imagine you could find a way to use existing medical knowledge and research evidence to spare hundreds of people from disability or death while saving the health care system billions of dollars. Organized evidence based stroke care could do exactly that.

The Central East Stroke Network is an organized group of dedicated health care professionals in small remote communities and big cities, **working to change stroke care in Central East Ontario**, to prevent stroke and to alter the course of a disease that strikes one Canadian every 10 minutes.

How can we make this vision even more effective?

Some of our realities are:

- that the level and quality of stroke care provided in Ontario and the Central East Stroke Network varies dramatically from one part of the province to another.

The health care system needs to be supported to ensure that people get the best care, no matter where they live.

- stroke is largely preventable and treatable. New research, drug therapy and rehabilitation practice can save lives and dramatically reduce disability. Implementing that research evidence into practice can be a struggle.
- the cost of stroke is huge. Stroke is a leading cause of disability and death and the impact on families and society is immeasurable.
- implementation of evidence-based care needs to be facilitated to ensure that all people, no matter where they live, have access to optimal prevention and care.



*Kay Morrison,
Regional Education
Coordinator*

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Increasing Stroke Awareness in Aboriginal Communities



Alda Tee, Community and Long Term Care Specialist

Over the last several years the CESN has been working with its Aboriginal partners to **build networks and partnerships** with the various Aboriginal communities in the region. Several initiatives have focused on establishing linkages with health care providers in these communities in order to share information and promote best practices for stroke care. As a result, there has been representation from Aboriginal communities in the region at several education sessions including Tips and Tools, Living with Stroke training, Best Practice for Hypertension and the recent Hypertension Collaborative.

The linkages and relationships established with health care providers who work directly with Aboriginal people have provided the CESN with the opportunity to visit various communities to share stroke knowledge and resources with its members. **Aboriginal people have a higher risk of stroke than the general population and as such the CESN has identified increasing awareness of stroke and its risk factors within Aboriginal communities as a priority.**

To accomplish this, the CESN has worked collaboratively with its Aboriginal partners to develop a multifaceted approach, using community media and making direct connections with the public through local events. A community media campaign featuring stroke warning signs was aired on Aboriginal radio stations and distributed to local community publications throughout the region during the spring of 2009. As well, the Community and Long Term Care Specialist has made several visits to First Nation communities attending Health Fairs and community groups. These visits were an

invaluable opportunity not only to provide information and resources about stroke awareness but also to learn about and from the communities and individuals themselves.



One such visit was in early June at Moose Deer Point First Nation. Here, Alda Tee, Community and Long Term Care Specialist, and Beth Linkewich, District Stroke Coordinator for Muskoka, attended a meeting of local seniors which included several stroke survivors. The CESN shared information on stroke, its warning signs and risk factors. The group shared their experiences in managing their risk factors for stroke, and living with the effects of stroke. Wisdom, humour, and respect facilitated the sharing of information and enriched the experience for all present. Dave, a stroke survivor from Moose Deer Point First Nation, spoke for many when he said: ***"Sometimes you think you know it all because you are living with it. But it's refreshing for someone to come and speak to you because there is always more you can learn and more you can do for yourself."***

It has been a rewarding and enriching experience, sharing knowledge and making personal connections with Aboriginal communities. To further build on this, the CESN will continue to work collaboratively with its Aboriginal Partners to increase public awareness and promote best practice in stroke care. Together we aim to reduce the risk of stroke and improve the overall health of our communities.

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Knowledge Translation is about moving research into practice. It is about getting the best knowledge into the hands of people who can use it. It is about recognizing stroke as an emergency, getting access to the right treatments, and providing care in specialized stroke units. It is about delivering rehabilitation at the right time and in the right intensity, and providing real support for patients and their families when they return home (Stroke Rehab Consensus Panel Report, 2007). Research has shown that an evidence based care approach has proven to save lives, reduce disability and improve recovery.

Dr. Antoine Hakim, CEO and Scientific Director of the Canadian Stroke Network, stated "It shouldn't matter

where you live in Canada; there is a moral obligation to ensure that all people have access to the best care available" (www.canadianstrokestrategy.ca).

The CESN in the next year is targeting methods of supporting change to a research based approach tailored to the needs of each district within the region in order to achieve the Ontario Stroke System's Vision of Fewer Strokes; Better Outcomes. Watch for upcoming workshops on Hypertension Management, Chedoke McMaster Stroke Assessment, Acute Stroke Protocol and Best Practices in Stroke Rehabilitation. **Information on upcoming education can be found at www.cesnstroke.ca by clicking on the Event Calendar.**

Bringing Care Closer to Home: Lakeridge Health Oshawa is now a District Stroke Centre

It is important news! In November 2008, The Central East Local Health Integrated Network (LHIN) announced that Lakeridge Health Oshawa (LHO) had been designated a District Stroke Centre. This ensured that Durham residents had **access to stroke care services that provide optimum outcomes for patients**. The District Stroke Centre at Lakeridge Health is now a group of stroke programs that includes the Stroke Prevention Clinic, a tPA program, and stroke units for acute care and rehabilitation of stroke patients.

Until Lakeridge Health was designated as a District Stroke Centre, stroke patients in Durham region had to travel outside of the Durham region to access tPA, a "clot busting" drug for stroke. Now tPA is given at LHO by a team of Stroke Physicians who are on call 24/7 to assess patient eligibility for this type of treatment. LHO went "live" with its tPA program on May 25, 2009. It is estimated that between 50 and 60 patients per year will receive this life saving treatment. Durham region EMS now triages stroke patients in the community after responding to a 911 call. If they think the patient may be eligible for tPA, the patient is brought to LHO bypassing their home hospital.

Also new to Lakeridge Health is the Telestroke System. This is a system whereby Stroke Physicians are able to have a **Neurology consult via videoconference** with a Neurologist on call for Telestroke. A video-conference unit in the Emergency Department is used for Telestroke Neurology consults only. Through this technology, the Telestroke Neurologist is able to see the patient, review the CT scan and confer with the Stroke Physician to decide if the patient is eligible to receive tPA.

Lakeridge Health has formed a partnership with Peterborough District Stroke Centre to begin building a unified stroke system in the Central East LHIN. There is already in place a joint District Advisory Council between the two hospitals. This committee ensures **seamless delivery of stroke services** within the Central East LHIN and will share resources, program planning and education between the two centres.



Jillian Ghesquiere
District Stroke Coordinator,
Lakeridge Health Corporation

Did you know?

High sodium consumption leads to high blood pressure, or hypertension, which is the cause of more than half of the 50,000 strokes in Canada every year. The recommended intake of sodium for an adult is 1,500 mg or less each day.

The amount of sodium in 1 slice of pizza is 1770 mg. That is 118% of recommended daily sodium intake!

For more information visit www.cesnstroke.ca

Reference: Canadian Stroke Network (Sodium 101)



Central East Ontario Stroke Network does not accept any liability arising from an error or omission or use of the information contained in this publication. The information provided is not a substitute for consultation with a health care professional. If you have any questions or concerns please consult with your health care professional.



Ontario
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