

Supporting & Engaging Younger Residents With Brain Injuries & Stroke in LTC

Part I



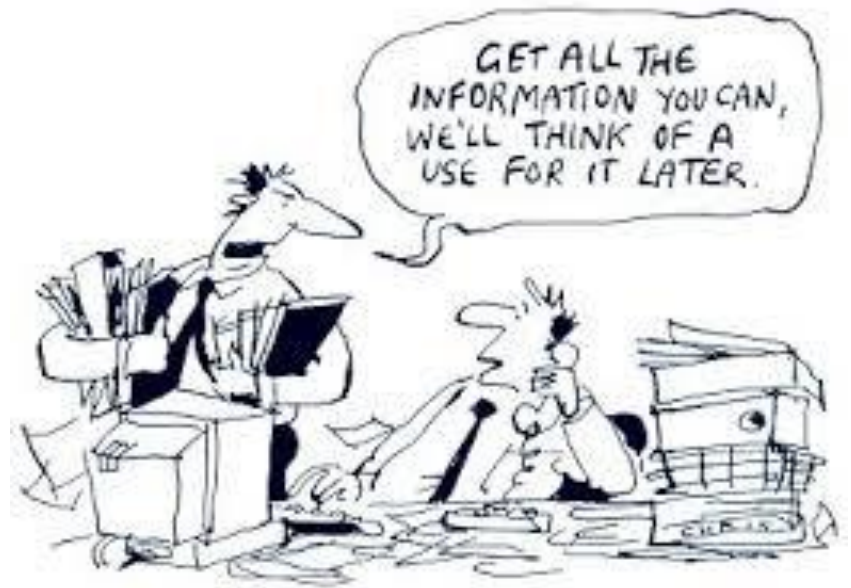
braininjuryhelp.ca
Acquired Brain Injury System Navigation
of Southeastern Ontario

STROKE NETWORK
of Southeastern Ontario

Providence
Care
Community Brain Injury Services

Objectives – Part I

- Discuss impacts and relevant intervention strategies to support and engage the younger resident
- Set the stage for Part II – The Social Work, OT and Recreational Therapy Perspectives



The Questions



- *In regards to effective interventions with ABI residents, I often set them up with the same routine each day to compensate for the resident's impaired short term memory and recall and decreased attention span, is this beneficial to the resident or is changing the activity day to day to avoid boredom better? We complete an exercise program and a job such as folding clothes as part of the daily routine, are these good activities or should we be offering more cognitively stimulating activities (i.e. sorting) to create new brain pathways?*
- *Is there support and/or caregiving groups available to families of the younger LTC residents with ABI? Are there specific support groups aimed at spouses/significant others, parents and young children?*
- *We have had an increased number of residents with ABI's resulting from anoxic brain injuries related to drug overdoses and hypoglycemic events. These individuals have often had longstanding risky life choices and mental health issues that have often not been addressed during the ABI rehab process. Is there support available in the LTC setting for these individuals who are struggling with untreated addiction or mental health issues if they are agreeable to treatment?*

The Questions

- *We struggle to engage and program for younger residents with ABI, because the group activities offered in the LTC setting are suited for the population living with dementia. Do you have any suggestions re: ways to engage and increase socialization opportunities for this younger population living with ABI in the LTC setting when they often have nothing in common with the rest of the LTC population? Is there case based support available in the LTC setting to assist with the identification of appropriate interventions and programming?*
- *Are there specific websites that offer intervention specific resources or online education programs that you would recommend for LTC or community health care providers to increase their knowledge of ABIs?*

The Questions

- *A challenge that we have experienced is that these younger residents have difficulty coping with their often much older and cognitively impaired roommates – do you have any suggestions re: strategies that we could implement to support these residents more effectively?*
- *We have had a few younger residents with ABI in our LTCH and we have struggled with care planning re: ADL's (particularly around bathing and snacking rather than eating meals). We want to be resident-centred, however, if a resident refuses to bathe or eats snacks that do not meet diabetic choices instead of eating their meals, how can we set limits that meet the LTC Resident Bill of Rights”?*

Stroke in Canada

- Approximately 405,000 people in Canada are living with the effects of stroke
- About four out of every 100 strokes happen in people ages 18 to 45
- Stroke rates among individuals 24 to 64 years of age **will double in next 15 years!**



Stroke

can happen
at any age.

Stroke in the Young

- About 10% of stroke patients are admitted to LTC
- Stroke in younger people is rising – at a faster rate than older adults
- CIHI data reports that 19% of hospital admissions for TIA and stroke were for patients between the ages of 20 and 59. A new stroke happens in about one in 10,000 young adults under the age of 64

Alan Frew
Lead singer, Glass Tiger, stroke survivor

Different Strokes

Recovery triumphs and challenges at any age.
2017 Stroke Report

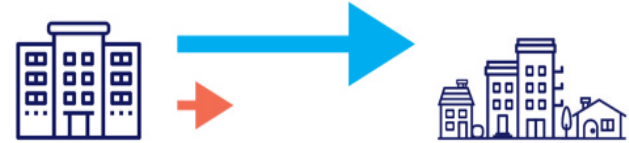


Survivors and caregivers have a high need to connect with others who are going through or have gone through similar challenges for mutual support and information sharing.

CARE AND OUTCOMES OF STROKE SURVIVORS admitted to **complex continuing care** and **long-term care** in Ontario in 2015

About 1 in 5 stroke survivors are admitted to **complex continuing care (CCC)** or **long-term care (LTC)** after an acute stroke. Most don't return to the community. Access to more intensive rehabilitation might improve that outcome and optimize quality of life.

Of the 1,085 stroke survivors admitted to CCC, 45.7% were discharged to the community.



Of the 1,411 stroke survivors admitted to LTC, 10.8% were discharged to the community.

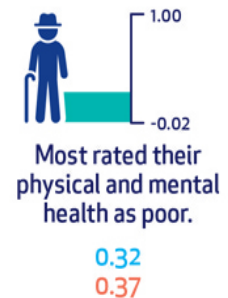
Characteristics of these stroke survivors



Their access to rehabilitation



Their quality of life



Admissions to LTC for Stroke

- Of the approximately 13,000 Ontarians who survive an acute care hospitalization for stroke or transient ischemic attack each year, about 1,300 are admitted to long-term care (LTC) within 180 days of discharge from acute care
- 38.6% were considered to be socially engaged
- 34% were provided an opportunity for inpatient rehab before LTC admission

Ontario Stroke Evaluation Report 2018:
Stroke Care and Outcomes
in Complex Continuing Care
and Long-Term Care

April 2018



JUNE 2020

Ontario and Sub Regional Traumatic Brain Injury (TBI) Care Report Cards and Provincial and Regional Trends in TBI Care

ONTARIO NEUROTRAUMA FOUNDATION

Annually about 3,000 Canadians will be left with physical cognitive/and or behavioural consequences that will impact the return to pre-injury lifestyles.

Demographic trends show increasing incidence of TBI in patients aged 16-64 years and female patients.

Ontario TBI Report Card, 2017/18:

SOUTH EAST LHIN

Indicator no.	Care continuum category	Indicator	2017/18 (2016/17)	Ontario 2017/18	Variance across LHINS (min-max)	Rank
9	Reintegration	Proportion of TBI patients discharged from acute care to CCC/LTC ² (%)	4.64 (5.22)	5.7	1.29*-9.64	5

*Exact counts suppressed for privacy reasons, the average of the maximum and minimum value presented.

¹ Patients who were alive when they arrived at the emergency department and admitted to hospital were included in the 30-day mortality rate.

² Excluding patients originating from LTC/CCC.

Note: Traumatic brain injury (TBI); General practitioner (GP); Family physician (FP); Complex continuing care (CCC); Long-term care (LTC).



Ontario Neurotrauma Foundation
Fondation ontarienne de neurotraumatologie

onf.org/knowledge-mobilization/acquired-brain-injury/tbi-report-card/

Cognition & Perception

COGNITION

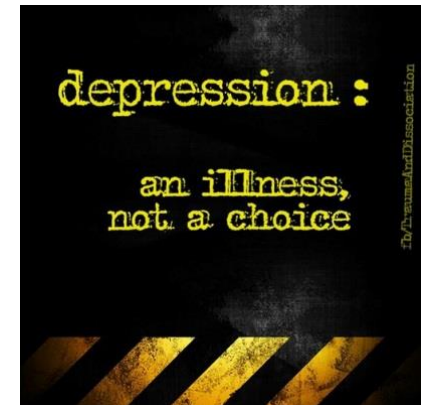
- Disoriented to person, place and/or time
- Decreased memory
- Unable to concentrate or focus attention
- Decreased insight into abilities and limitations
- Acting quickly without thinking
- Difficulty using good judgment to make decisions
- Unable to do tasks in the correct order
- Difficulty problem-solving
- Thinking slowly

PERCEPTION

- Difficulty interpreting what is seen and how objects are spatially related
- Difficulty initiating and making purposeful movements
- Difficulty using common objects
- Less awareness of the body and the environment on the affected side
- Unaware of time passing
- Repeating a word, phrase or action and not being able to stop

Depression & Aphasia

- ❑ Up to **60%** of stroke survivors will experience some degree of depression.
- ❑ **76%** of ABI survivors report experiencing depression some or all of the time and **80%** have trouble with anxiety some or most of the time.



APHASIA is
when your brain holds
your words hostage.



- ❑ Up to **38%** of stroke survivors are aphasic

Global Approaches

Structure, predictability, and support within a context provides meaning

- If able, the resident can access the community access Day Programs, rehabilitative care, vocational opportunities and ABI-specific services
- Establish a daily structure (consistent times for all activities), use a calendar and visual schedule
- What role does the resident have in directing the schedule and selecting the program components? Plan for choices and control.
- Offer opportunities to complete tasks independently with supports
- Emphasis on cognition (the way a resident interacts with his/her environment), use mental and physical stimulation to maintain skills.
- If the resident is waiting for ABI Supportive Housing, goals are to build skills and prepare for the future.

Global Approaches

Structure, predictability, and support within a context provides meaning

- Create a plan with a neurobehavioral approach: Basic preventative approaches to support residents presenting with challenging behaviour
- Determine when a behavioural approach would be more useful than a pharmacological approach to address challenging behaviours (behavioural excesses or absences)
- Operationally define the behaviours; clear and easily understood.
- Driven by resident's needs, concerns and preferences.
- Goals and objectives are specific and individualized (SMART).
- Have the resident's agreement.
- Goals are supported by assessments and are in agreement with different disciplines.

Leverage Previous Practices

Interprofessional (optimizing the expertise of all the care team members)

- Occupational Therapists/Physiotherapists
- Psychiatrists/Sports Medicine Physicians
- Speech Language Pathologist
- Social Workers /Counsellors
- Psychologists and Psychiatrists
- Dieticians
- Behaviouralist
- Seniors Mental Health
- Behavioural Support Services



Neuropsychological Evaluation

Assessment may cover thinking skills such as:

- Speed and amount of information able to be processed
- Memory and learning
- Attention and concentration
- Language
- Planning and organization
- Problem solving
- Mood
- Psychological factors and behaviours

Brain Injury and Addiction

“...care needs due to substance abuse was common among 12.3% of TBI residents” (*Young Adults With Traumatic Brain Injury in Long-Term Care Homes: A Population-Based Study*, Colantonio et al. - Brain Impairment – 2010)

- substance abuse or addiction is an old problem carried forward

1/3 history of substance abuse prior to injury

Substance use can also exacerbate problems with balance, walking and talking, and decreases inhibitions.

1/5 vulnerable to substance abuse after a brain injury

- substance abuse becomes a new challenge.

Significant increase in risk of sustaining another brain injury.

Brain Injury and Addiction

Engage the resident to participate in activities that do not centre on alcohol and or drugs.

Some further interventions may include detoxification programs, residential treatment and twelve step programs.

abipartnership.sk.ca/education/Substance-Use

- [Substance Use Brain Injury Bridging Project's \(SUBI's\) Client Workbook](#)



The Substance Abuse and Brain Injury (SUBI) project was initiated to study the problem of Substance Abuse and Brain Injury. This website provides information for Healthcare Providers, persons with an Acquired Brain Injury (ABI), and the General Public.



For Survivors, Friends and Family

Check out these [links](#) to other resources on the Web.

DID YOU KNOW THAT ...

- 25 to 30% of persons sustaining an ABI are intoxicated at the time of injury?
- Using substances greatly increases the chances of a second injury?



For Providers

Have you seen our [Catalog](#) of clinical documents? Check out these [links](#) to other resources on the Web.

DID YOU KNOW THAT ...

- More than half of adults and adolescents admitted to ABI rehabilitation programs have a history of substance use?



The SUBI Project

Click on the Information menu item above to learn more about the SUBI project. We'd like to hear from you with any comments, critiques or suggestions you might have ... We're at admin@subi.ca

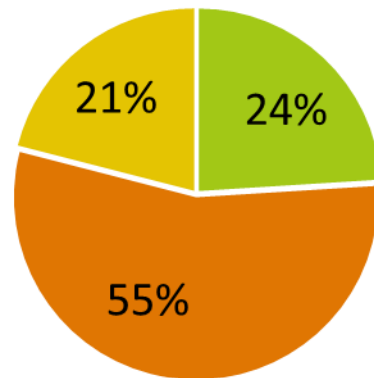
DID YOU KNOW THAT ...

- Use seems to increase during the post-acute period of a brain injury?
- 20% of people who do not have a substance use problem before the injury become vulnerable to substance use after an injury?

Brain Injury and Mental Health

Trouble with Depression because of brain injury

- None of the Time
- Some of the time
- Most of the time



abipartnership.sk.ca/education/Mental-Health

Providence Care

ANGRY, SAD, HAPPY, FRIGHTENED, EMBARRASSED, SURPRISED

Managing Powerful Emotions Group

Distress Tolerance

A skills training group intended to help you better tolerate and regulate your emotions.

It is designed to help you:

- ◆ identify and label your emotions
- ◆ understand the purpose of your emotions
- ◆ recognize what activates and intensifies your emotions
- ◆ understand the relationship between emotions and behaviour

This group is not an interactive support group and is not a substitute for individual therapy.

Acquired Brain Injury (ABI) & Addictions/Mental Health Collaborative



- For residents with ABI and mental health and/or addictions at acute high risk of imminent harm.
- Not a program, but a round table discussion that makes recommendations which are presented to the individual by the lead agency.

The Collaborative is a group of service providers who meet regularly, to address the needs of high risk people in Southeastern Ontario with moderate to severe ABI and a comorbidity of mental illness and/or addictions.

What is High Risk?

Individuals or families facing a number of risk factors that affect multiple areas of an individual's life and in all likelihood will lead to something bad happening and happening soon.

Referrals:

Any provider may make a referral as long as they have the referred person's consent.

For Referral & Consent Forms Contact:

SEO ABI System Navigator
braininjuryhelp.ca
613-544-4900 ext. 37165



braininjuryhelp.ca
Acquired Brain Injury System Navigation
of Southeastern Ontario

Mental Health and Addictions Community Programs



Transitioning to LTC,
currently have services, plan
for transition




amhs-kfla.ca/

amhs-hpe.ca/

- BounceBackOntario.ca
- Togetherall.com/
- myicbt.com



Mental Health and Addictions INTERVENTIONS

Regional Specialty Mental Health Service: 



Outpatient Mental Health

- Groups.
- 1:1 supportive counselling.
- Case management.
- Provide home and staff with in-services and workshops.

The referrals go through Candace Grimwood (Intake Coordinator) It is best if the referrals are faxed to directly Fax (613) 540-6114

Candace Grimwood – RSSW, Intake Coordinator
Adult Mental Health Outpatient Programs, Providence Care Hospital
Tel (613) 544-4900 ext 51210 Fax (613) 540-6114



LANARK, LEEDS AND GRENVILLE
ADDICTIONS AND MENTAL HEALTH
THE RIGHT CARE • THE RIGHT TIME • THE RIGHT PLACE

[llgamh.ca/](http://lgamh.ca/)

Mental Health and Addictions INTERVENTIONS



LANARK COUNTY MENTAL HEALTH
Listening to Understand



Welcome to Lanark County Mental Health

Lanark County Mental Health is a community based mental health service responding to Lanark County adults and transitional aged youth (17 yrs and over) who experience mental health concerns. The Program is sponsored by the Perth & Smiths Falls District Hospital and supported by an active Community Advisory Board.

Access groups and individual counselling at our offices. Now, offering our groups over zoom, and individual counselling over the phone.

- Depression
- Trauma
- Anxiety
- Hoarding
- Addiction and wellness groups
- Individual counselling up to 20 sessions

Mental Health and Addictions INTERVENTIONS



English Français

Important Notice

Please be advised that we are in the process of gradually resuming services on a limited basis due to COVID-19. We would ask that everyone practice social distancing, wear a face covering and follow the guidelines of Public Health Ontario.



Visit a Centre



Virtual Peer Support



Community Peer Support



TDM

BRAIN INJURY RESOURCES

Acquired Brain Injury System Navigation of Southeastern Ontario
braininjuryhelp.ca

- Local resource directory
- Links for professional resources
- Information on brain injury
- Caregiver Support Group (Kingston)

Call 613-547-6969 ext. 37165 or 1-800-871-8096



braininjuryhelp.ca

Acquired Brain Injury System Navigation
of Southeastern Ontario

BRAIN INJURY RESOURCES

Pathways to Independence

- Belleville, Napanee and Ottawa



Access to Services Criteria

- Must be 16 years or older
- Must provide medical documentation to support the diagnosis
- In “normal” times, **residents from LTC would be welcome to join CLUB ABI free of charge.** Those requiring assistance with personal care are required to bring an attendant.

Contact

- Erin Claydon at 613-962-2541 Ext. 300.

pathwaysind.com



BRAIN INJURY RESOURCES

Providence Care Hospital and Community Brain Injury Services (CBIS)



- Belleville, Brockville and Kingston

Access services in the community

- Adults diagnosed **moderate to severe brain** injury who are able and willing to identify and work towards their own goals with assistance from staff.
- A written Referral Form with **medical documentation** and not exclusionary criteria
- **Subsidized.** Fees are charged for participants who have access to private rehabilitation funding.
- Roles as goals, learning by experience in real-life contexts and the use of personal and environmental supports to enable participation.

providencecare.ca/community-services/community-brain-injury-services/

BRAIN INJURY RESOURCES

Brain Injury Association Quinte District (BIAQD)

Anyone living with the effects of Acquired Brain Injury can become a member of BIAQ

biaqd.ca/

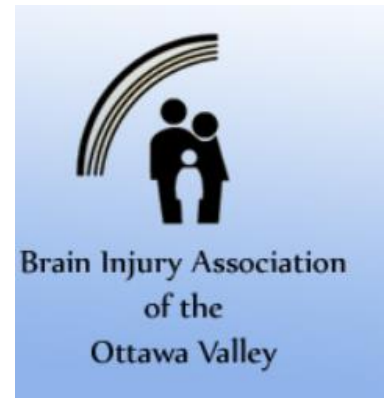


**Brain Injury
Association**
QUINTE DISTRICT

Brain Injury Association of the Ottawa Valley

The Brain Injury Association of the Ottawa Valley is a non-profit organization that helps acquired brain injury survivors reconnect with their environment.

biaov.org/



BRAIN INJURY RESOURCES

Caregiving After Brain Injury



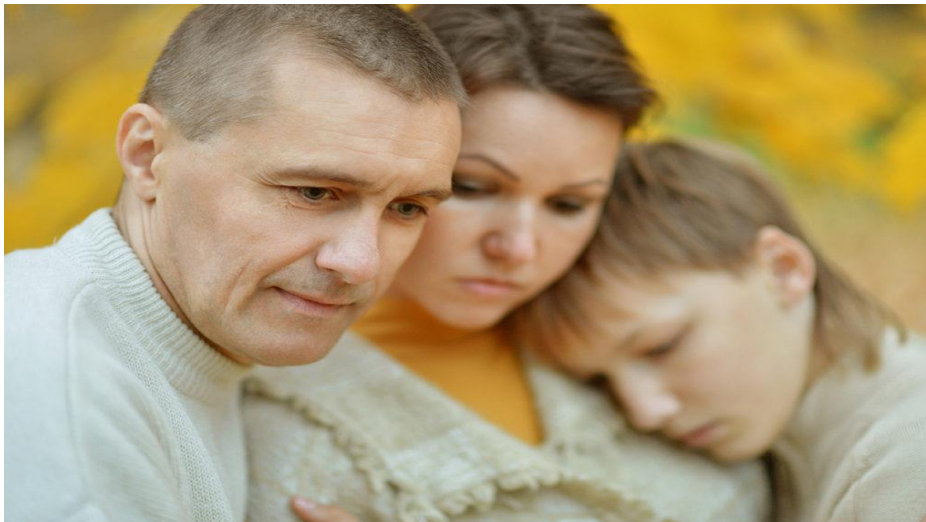
Website: caregiverinfo.ca



Funding provided by: **Ontario** 

BRAIN INJURY RESOURCES

obia.ca/online-caregiver-support-group/



The Ontario Brain Injury Association's **Online Caregiver Support Groups** are supported by the Government of Canada's *Emergency Community Support Fund* and the *Community Foundation of Canada*



Exchange Ideas & Manage Stress

Web-based group is facilitated by a social worker.

You don't have to be alone on this journey. Connect with other caregivers online in a confidential setting.

BRAIN INJURY RESOURCES

obia.ca/peer-support/



FREE Peer Support Program offers understanding, emotional, social and informational support between people who share similar experiences after brain injury.

Mentors and partners are matched based on similar experiences, needs and personal interests.

The program is coordinated through local affiliated brain injury associations across Ontario.

BRAIN INJURY RESOURCES

Toll-free helpline **1-800-263-5404**



obia.ca/helpline/

- Provides listening and emotional support to discuss the difficulties and frustrations associated with brain injuries
- Empowers the caller to cope with specific aspects of their life
- Supports families, friends, co-workers as well as professionals who may be supporting survivors and seeking information

BRAIN INJURY EDUCATION

<http://obia.ca/elearning/>



Brain Basics

The *Brain Basics Training Program* is designed to provide front line Health Care Workers, Caregivers, Survivors and others with an opportunity to learn an understandable introduction to the world of Brain Injury.

- Parts and Functions of the Brain
- ABI Types and Causes
- ABI General Strategies
- ABI Consequences and Strategies: Physical
- ABI Consequences and Strategies: Cognitive
- ABI Consequences and Strategies: Behavioural
- Support Roles: Team and Family

OBIA e-Learning

Learn about acquired brain injury online

Brain Basics e-Learning covers the consequences of acquired brain injury (ABI) and how to support a person living with ABI

[Course Overview](#)

Brain Basics e-Learning course sponsor:



BRAIN INJURY EDUCATION

obia.ca/brock-university-certificate-courses/



Brock University Certificate Training Programs

The Ontario Brain Injury Association in conjunction with Brock University has developed a Certificate Training Program to provide professionals with the tools and knowledge to assist clients with recovery and function in everyday life following acquired brain injury.

BRAIN INJURY EDUCATION

tbi.osu.edu/modules/2

- Incidence and Prevalence
- Neurobehavioral Impairments
- Impact on Lives
- Accommodating the Symptoms of TBI
- TBI Identification Method

There is no charge for completing modules. If you wish to earn continuing education credit there is a \$20 per module fee (payable at time of post-test in each module).

BRAIN INJURY EDUCATION

www.abistafftraining.info/

Working with people with acquired brain injury

MODULE 1
INTRO TO ABI

MODULE 2
WORKING WITH ABI

TYPES
OF ABI

PEOPLE
WITH ABI

TOOLS
FOR WORK

SERVICES &
PATHWAYS

FOR
REFERENCE

Self study Module 1

An introduction to
Acquired Brain Injury (ABI)

The module includes:

- Text, videos, case studies, questions & answers to check progress & Pre and Post-tests

Self-study Module 2

Working with people
with ABI

The module includes:

- Text, videos, case studies, questions & answers to check progress & Pre and Post-tests

ABI Types, People, Tools, Services

An orientation for people new to
working with people with ABI:

- Types of ABI
- People with ABI - Video stories and other case studies
- Practical tools and tips for working with people with ABI
- Services and pathways

For Reference

Resources for learning in the work
place:

- Worker roles - who needs to know what
- Facilitating workshops - workshop guides and handouts
- Resources - handouts, videos, graphics, books ...

BRAIN INJURY EDUCATION

msktc.org/tbi/tbi-resources

Traumatic Brain Injury (TBI) Model System



The Traumatic Brain Injury Model System (TBIMS) Program began in 1987 to improve care and outcomes for individuals with TBI. There are currently 16 TBIMS centers funded for the 2018-2023 cycle.



Factsheet



Slideshows



Videos



Topics

Hot



Reviews

Quick



Infocomics


BRAIN INJURY RESOURCES

The Ontario Neurotrauma Foundation (ONF) supports knowledge-sharing about research outcomes and evidence-informed practices.

- Guidelines will become living guidelines to ensure that the most current research literature is incorporated into the recommendations.


Welcome to braininjuryguidelines.org


INESSS-ONF



CLINICAL PRACTICE GUIDELINE
FOR THE REHABILITATION OF ADULTS WITH MODERATE TO SEVERE TBI


[CLICK HERE](#)





GUIDELINE FOR CONCUSSION / MILD TRAUMATIC BRAIN INJURY & PERSISTENT SYMPTOMS
3RD EDITION, FOR ADULTS OVER 18 YEARS OF AGE


[CLICK HERE](#)



LIVING GUIDELINE FOR DIAGNOSING AND MANAGING PEDIATRIC CONCUSSION

LIVING GUIDELINE FOR DIAGNOSING AND MANAGING PEDIATRIC CONCUSSION

[CLICK HERE](#)



TOOLS & RESOURCES 

FOR PATIENTS 

VERSION FRANÇAISE 

braininjuryguidelines.org

Stroke Network of Southeastern Ontario

The screenshot shows a web browser window displaying the website for the Stroke Network of Southeastern Ontario. The browser's address bar shows the URL <https://www.strokenetworkseo.ca/best-practice-and-education>. The website's header is a teal banner with the text "STROKE NETWORK of Southeastern Ontario" and the tagline "Fewer strokes. Better outcomes." Below the header is a navigation menu with links for HOME, ABOUT, BLOG & NEWS, BEST PRACTICE & EDUCATION, COMMUNITY SUPPORTS, PROJECTS, and CONTACT. The main content area features a breadcrumb trail: Home > Best Practice & Education > Best Practice & Education. The title "Best Practice & Education" is prominently displayed. To the right, under the heading "In This Section", there is a list of categories: Education Opportunities, Presentations, Guidelines & Recommendations, Prevention & Vascular Health, Hyperacute, Acute, Rehabilitation, Community & Long Term Care, Survivor Stories, Interprofessional Collaboration, Patient Education, and Links. Below the title, there are two image-based links. The first image shows two women looking at a large informational poster, with the caption "Education Opportunities" and a "Learn More" button. The second image shows a group of people seated at a round table in a meeting room, with the caption "Presentations" and a "Learn More" button. At the bottom of the browser window, the Windows taskbar is visible, showing various application icons and the system clock indicating 12:52 PM on 2020/09/09.

Best Practice & Education | Stroke x

EN English (United States) Help

https://www.strokenetworkseo.ca/best-practice-and-education

Apps The CBC Books sum... Northern Trips Recipes Weather

STROKE NETWORK of Southeastern Ontario

Fewer strokes. Better outcomes.

HOME ABOUT BLOG & NEWS BEST PRACTICE & EDUCATION COMMUNITY SUPPORTS PROJECTS CONTACT

Home > Best Practice & Education > Best Practice & Education

Best Practice & Education

In This Section

- Education Opportunities
- Presentations
- Guidelines & Recommendations
- Prevention & Vascular Health
- Hyperacute
- Acute
- Rehabilitation
- Community & Long Term Care
- Survivor Stories
- Interprofessional Collaboration
- Patient Education
- Links

Education Opportunities

Presentations

Learn More

Learn More

100% 12:52 PM 2020/09/09

STROKE RESOURCES



STROKE RESOURCES

This chart is divided into two sections:

1. Resources for stroke survivors and their caregivers/families
2. Resources for health care providers.

CLIENT/FAMILY RESOURCES		
RESOURCE	DESCRIPTION	WHERE TO ACCESS
Amy's Speech & Language Therapy Inc.	A website that provides free downloads of aphasia resources.	Amy's Speech & Language Therapy Inc http://www.amyspeechlanguagetherapy.com/communication-boards.html
Aphasia Institute (Toronto) Aphasia Centre (Ottawa)	Web-based resource providing information and tools to support adults with aphasia and their families. To access free downloadable resources from The Aphasia Institute, go to https://www.aphasia.ca/shop/ and navigate to box <i>If you work or live in Ontario you may be eligible for free downloads</i> of our products. Complete the form and instructions will be emailed.	The Aphasia Institute at http://www.aphasia.ca/ The Aphasia Centre http://aphasiaottawa.org/
Aphasia Group	Belleville program for persons living with the effects of stroke in the community who are experiencing aphasia. Groups are facilitated by a speech-language pathologist.	Community Care for South Hastings (613) 969-0130
Community-Based Exercise Programs for People with Stroke	Brochure designed for persons living with the effects of stroke and families who are living in the community to assist them in determining if a community-based exercise program will meet their needs. Brochure is based on the provincially developed <i>Guidelines for Community-Based Exercise Programs for People with Stroke</i> .	Stroke Network of Southeastern Ontario website under Best Practice & Education at http://strokenetworkseo.ca/best-practice-education/guidelines-recommendations
Family Caregivers Voice	Family Caregivers Voice (FCV) is a family caregiver-led group promoting family caregivers' local support groups and encouraging self-advocacy through education. FCV also advocates for changes to the health care system which would improve the life of caregivers. The FCV website includes a video presentation on <i>The Stages of Caregiving</i> .	Family Caregivers Voice Family Caregivers Voice

[Stroke Resource Listing](#)

Shared Work Experience & Field Training

Professional Stroke Education Fund
Shared Work Experience
And
Field Training

Educational Support Programs

Choose the education program that best suits your learning needs

Shared Work Experience Program

One or more learners can spend time learning with a health care provider(s) working in stroke care. A financial incentive of up to \$200 is available to support the applicants.

OR

Field Training Program

This program is designed to support an educational event for a group of health care workers working in stroke care. Financial support of up to \$200 is available for an instructor.

Purpose - Further develop stroke-specific knowledge, skill and professional networks for those working in stroke care.

[Shared Work Day](#)

COMMUNITY STROKE REHAB PROGRAM



Community Stroke Rehabilitation Program Information Sheet for Health Care Providers

A critical concept within stroke rehabilitation is that 'rehabilitation' does not refer to a specific place or time where care is received. Rather, stroke rehabilitation is a goal-oriented set of therapies and activities as part of patient care post-stroke. Rehabilitation starts shortly after the stroke event occurs and continues as long as required for each individual to achieve their maximum potential recovery.
- Canadian Stroke Best Practice Recommendations (2016)

The South East Local Health Integration Networks (LHIN) *Stroke Rehabilitation Program* provides increased intensity of OT, PT, SLP and SW for up to 12 weeks to patients living in the SE region who have experienced a new stroke. Eligible patients are considered for **enhanced Physiotherapy (PT), Occupational Therapy (OT), Social Work (SW) and Speech Language Pathology (SLP)** services through the Home & Community Care offices of the South East LHIN following discharge home. For patients discharged to Long Term Care (LTC), PT will be provided by the LTC Home with enhanced OT, SLP and SW being provided through Home & Community Care. To qualify for the program, patients must be over 16 years of age, have had a recent stroke, and be eligible for therapy from Home & Community Care.

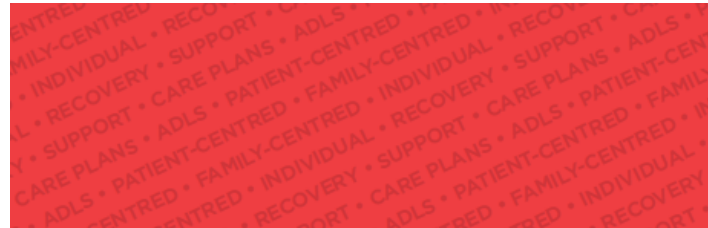
Service Objectives for patients and families include:

- timely access to enhanced community and LTC rehabilitation services;
- improved function;
- the provision of emotional support; and
- improved satisfaction and experience with the transition to home.

The program also supports improved information flow across the continuum of care and enhanced stroke care expertise in the community for health care providers.

[SE Community Stroke Rehab Program](#)

Stroke Resources for the Health Care Provider - TACLS

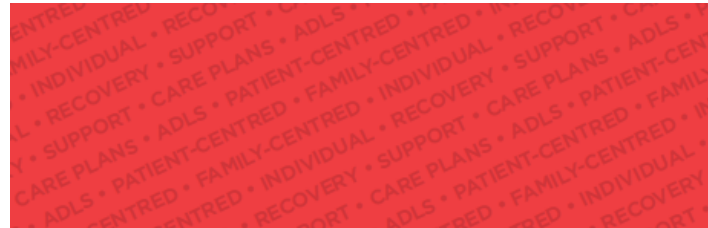


TAKING ACTION FOR OPTIMAL COMMUNITY AND LONG-TERM STROKE CARE

A Resource for Healthcare Providers



Putting It Into Practice Videos



TAKING ACTION FOR OPTIMAL COMMUNITY AND LONG-TERM STROKE CARE

A Resource for Healthcare Providers



[Putting It Into Practice Videos](#)

BRAIN, BODY & YOU



The Brain, The Body, and You

FREE Stroke Care Workshops

For front-line health care providers (eg. PSW, RPN, RN, Rehab Assistants, Rehabilitation and Restorative Care Aides) caring for stroke survivors and other related patient populations in the following care settings: long term, community, acute, complex continuing care, and other related areas.

Learn, perform, practice, and enhance your care and support techniques to promote safety, comfort, and dignity for stroke survivors and other client populations.

The Brain, The Body, and You (BBY) Workshops Facilitated by St. Lawrence College Corporate Learning & Performance Improvement.

***New- Modules will be delivered Online to ensure a safe and interactive learning environment. Participate and Learn from home!**



Date of Workshop	Workshop
Wednesday, Oct 7, 2020 6:00pm - 8:30pm	Stroke Care: Prevention to life after stroke
Wednesday, Oct 14 & 21, 2020 6:00pm - 8:00pm	Mobility, Positioning & Transfers
Wednesday, Oct 28 & Nov 4, 2020 6:00pm - 8:00pm	Speech, Swallowing & Communication
Wednesday, Nov 18 & 25, 2020 6:00pm - 8:00pm	Cognition, Perception & Behaviour - NEW CONTENT

Free Virtual Workshops October 2020

- 2-2.5 hours
- Prevention to Life After Stroke
- Mobility, Positioning & Transfers
- Speech, Swallowing & Communication
- Cognition, Perception & Behaviour

Register:

Lbarkley@sl.on.ca

LauraLee Barkley

[Brain, Body and You](#)

BEST PRACTICE STROKE CARE PLANS FOR LTC



STROKE CARE PLAN: LEISURE
 All selected interventions must be implemented, monitored, evaluated and documented as per Home policy.
 Any changes (improvements or deterioration) must be reported to the RN/RPN.
 Resident/family must be involved with and agree to plan of care.

FOCUS	GOAL(S)	TIMELINES	INTERVENTIONS	ACCOUNTABILITY
<p>Leisure</p> <p>Resident has decreased participation or difficulty engaging in preferred leisure/recreation activities (specify activity) related to stroke.</p> <p>Taking Action for Optimal Community and Long Term Stroke Care: A Resource for Healthcare Providers (2015) Section 6.6 Leisure and Social</p>	<p>Resident will be given the opportunity to discuss pre-stroke leisure pursuits and be assessed for rehabilitation needs to resume these activities</p> <p>Resident will actively participate in preferred leisure activity (specify activity) either in their room or at a program (indicate frequency).</p> <p>Index of Social Engagement score will increase from __ to __.</p>		<p>Refer to appropriate staff to explore community resources that would benefit the resident based on the recreation assessment.</p> <p>Invite and encourage resident to attend preferred activities (specify)</p> <p>Discuss with resident benefits s/he will receive from participating in meaningful activities</p> <p>Encourage resident to join meaningful activities on daily basis</p> <p>Conduct one-to-one sessions with resident (specify) ___ times/week</p> <p>Invite resident to participate in events, outings and programs with other residents at similar cognitive level</p> <p>Adapt resident's preferred social/recreational programs to support participation</p> <p>Use assistive devices (specify device) to facilitate participation in leisure activities.</p> <p>Educate resident/family on interventions to increase resident's participation in leisure activities.</p>	<p>Recreation Staff</p> <p>PSW/HCA/Recreation Staff</p> <p>Recreation Staff</p> <p>PSW/HCA/Recreation Staff</p> <p>Recreation Staff</p> <p>PSW/HCA/ Recreation Staff</p> <p>PSW/HCA/ Recreation Staff</p> <p>PSW/HCA/ Recreation Staff</p> <p>PSW/HCA/Registered Staff</p>

- Leisure
- ADLs
- Continance
- Communication
- Perception
- Cognition
- Skin Care
- Mobility
- Behaviour
- Depression
- Swallowing/Nutrition
- Pain

STROKE POSTERS



Activity Gives Meaning to Life

Did You Know?

- Physical and cognitive (thinking) impairments caused by a stroke can make it challenging to have a satisfying and balanced lifestyle.
- Without meaningful activities, hobbies and pastimes, days can feel long and empty resulting in social isolation and depression



"I used to be an outgoing person. After my stroke I withdrew and didn't go out or talk to people as much"

Why participating in activities can be challenging after a stroke:

→ Physical weakness	→ Memory problems
→ Lack of confidence	→ Activities not adapted
→ Depression and or anxiety	→ Changed living situation
→ Aphasia (difficulty communicating)	→ Feeling worthless or helpless
→ Decreased mobility	→ Unaware of community resources
→ Difficulty initiating activities	→ Unsure of leisure interests
→ Difficulty thinking and understanding (cognition)	→ Limited finances
→ Difficulty understanding the environment (perception)	→ Lack of transportation



- Meaningful Activity
- Stroke
- Blood Pressure
- Behaviour Change
- Wheelchair Seating
- Cognition & Perception
- Safe Feeding (Dysphagia)
- Communication (Aphasia)
- Depression

RNAO Stroke Best Practices Toolkit

RNAO
En English (United States) - Ontario
L'Association des infirmières et infirmiers autorisés de l'Ontario

Home | Clinical Topics | HWE Topics | Program Planning and Evaluation | Stories | Education

Long-Term Care Best Practices Toolkit, 2nd edition

Implementing and sustaining evidence-based practices in long-term care.

SEARCH

Home > Chronic Disease Management

Stroke

Click on the titles to display the resource.

Resource Type
- Any - Apply

- [Advance care planning quick guide \(Soeak Ut\)](#) Show description [-]
- [Advance care planning workbook \(Soeak Ut\)](#) Show description [-]
- [BP Blogger - Stroke 1: Myth busting issue](#) Show description [-]
- [BP Blogger - Stroke 2: Myth busting issue](#) Show description [-]
- [BP Blogger - Stroke 3: Myth busting: Exercise issue](#) Show description [-]
- [BP Blogger - Stroke 4: Myth busting: Depression issue](#) Show description [-]

Clinical Topics and Associated Resources

- Clinical BPGs
- Person and Family-Centred Care
- Falls
- Skin and Wound Care
- Continence and Constipation
- Pain
- Delirium, Dementia and Depression and Responsive Behaviours
- Abuse and Neglect
- Restraints

[RNAO Stroke LTC Best Practices Toolkit](#)

BEST PRACTICE BLOGGERS

Cutting Through the Foggy Myths Using Best Practice Guidelines in Long Term Care

BP Blogger

Myth Busting: Stroke 6: Behaviours Issue

After a stroke, residents may experience changes in their behaviours. Some residents may experience anger more frequently, have less control over outbursts and/or get angry over things that wouldn't normally bother them. Anger is often directed at family and/or those caring for them. These behavioural changes are not attention seeking, they are a result of the stroke and may be the resident's way of communicating their needs. Some things that may trigger an angry outburst following a stroke include when the resident is:

- trying to do something which has become more difficult
- feeling a loss of independence
- having trouble communicating
- being unable to participate in something they enjoy
- feeling fatigued or experiencing pain; and/or
- feeling overwhelmed by too many people or too many distractions

Care providers may notice the resident may have less or even lack control over the decisions they make or actions and words they use. They may not understand the limits of their abilities. This may be due to impulsivity and lack of insight as a result of the stroke. For example, they may not recognize that their weak leg makes it unsafe to walk alone or move too quickly when transferring, placing them at risk for falling.

Myth 1: Acting out is just attention seeking

Did you know?

- Some residents who have had a stroke may show little or no change in behaviour, others may experience significant changes
- The resident may not even be aware of their changes (Agnosognosis)
- The resident's behaviour may change over the course of the day or week.

To help residents manage their impulsivity and lack of insight:

- ✓ Try to predict risks in advance and minimize them
- ✓ Keep things simple and post reminders such as "use your cane"
- ✓ Make the environment as safe as possible
- ✓ Have mobility aids and other assistive devices close by
- ✓ Anticipate where/when safety may be a problem and provide supervision.
- ✓ Be honest but not critical.
- ✓ Gently remind the person about limitations they may have.

Myth 2: There's nothing you can do to change behaviour

Remember that the resident is struggling to cope and may not be able to control their feelings and/or actions. These feelings can be very frustrating for them and difficult to overcome. You can help by using a problem solving approach that always involves the resident and/or family members and your health care team. You need to help the resident and their family members understand why these behaviours are happening and help them adapt. Some of the intervention strategies also used with residents with dementia may be helpful for residents who have had a stroke.

Dealing with difficult behaviours requires a team approach. You play a key role in identifying triggers and sharing this information with the team to help develop a plan of care that avoids these triggers and minimizes these types of behaviours.

Volume 10, Issue 1
Late Fall 2016

Inside this issue:

Myth 1: Acting out is just attention seeking 1

Myth 2: There's nothing you can do to change behaviour 1

Myth 3: What you see on the outside is how they feel on the inside 2

Myth 4: Residents isolate themselves because they want to be alone 2

See BP Bloggers Issues 2010-2014

Stroke 1: General info
Stroke 2: Exercise
Stroke 4: Depression
Stroke 3: Perception

BPGs and Resources 2

Contacts for Information 1A

More information on This and Other Best Practices

- Contact your Regional LTC Best Practices Coordinator. They can help you with Best Practices Info for LTC.
- Find them at:
 - www.the-ria.ca Best Practices Database and select LTC BP Initiative
 - Check out Long-Term Care and Seniors' Resources at www.the-ria.ca
- Surf the Web for BPGs, resources and sites are listed on pg 2
- Review back issues of the BP Blogger for related topics www.the-ria.ca www.rgpc.ca www.seniorshealthknowledge.network.ca

RIA **RGP** **The RIA, RGP & SHCA Library Services**

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- Stroke 101
- Behaviour
- Depression
- Perception
- Exercise
- Oral Health, Swallowing, Seating , Spastic Hand

LEARNING COLLABORATIVES



Hastings & Prince Edward
Community & Long Term Care Collaborative Learning Network Presents:

Taking Action for Optimal Community and Long Term Stroke Care (TACLS) “Putting it into Practice”

November 23, 2017, 1300-1600 hours
Hastings Manor Long Term Care, Multi-purpose Room
476 Dundas St. West, Belleville



Target Audience:

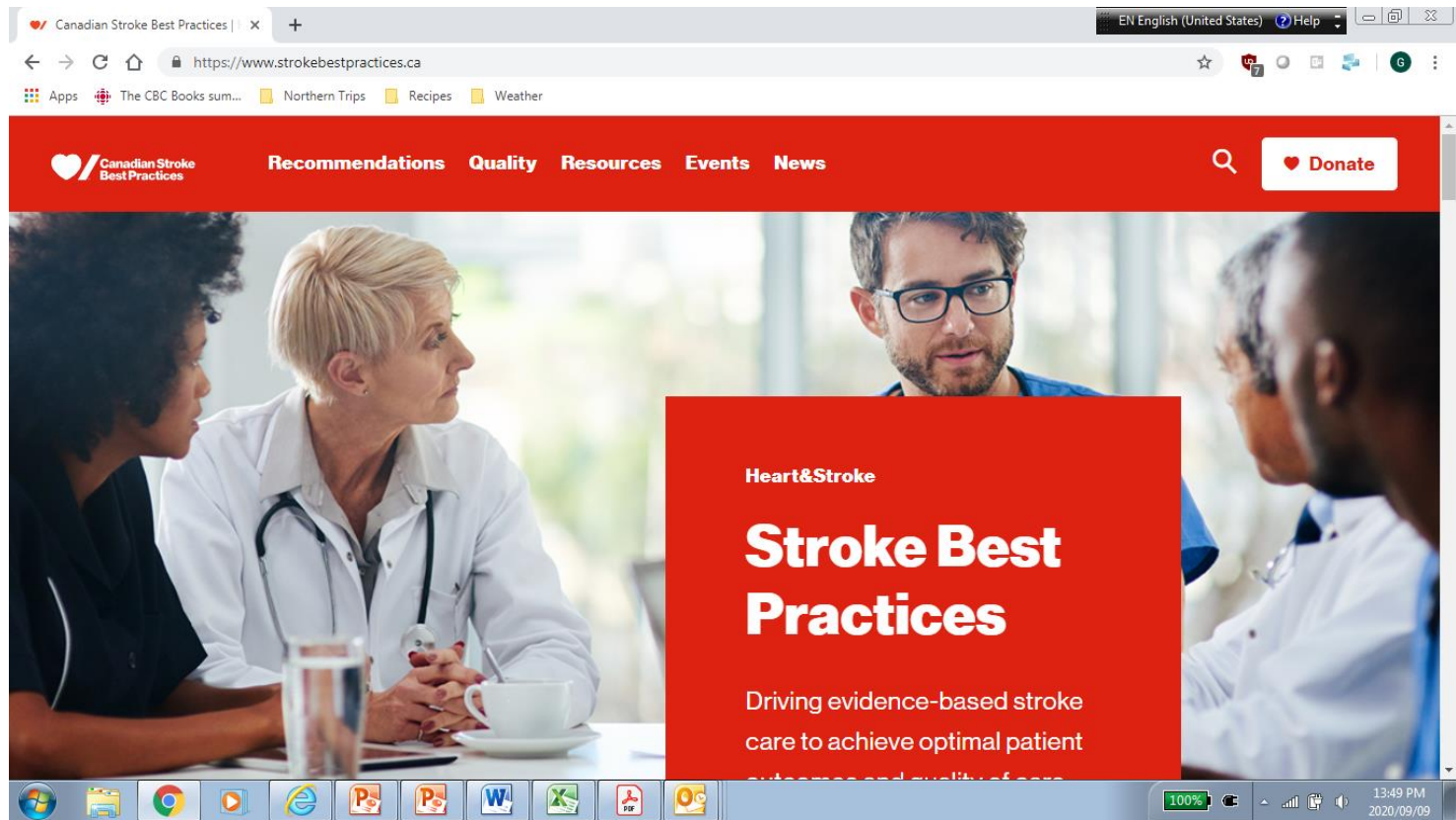
- Healthcare Providers (e.g. PSW, Nursing, Allied Health, Restorative Care, Recreation Therapy, Rehab Assistants and Volunteers) who care for stroke survivors and other complex patient populations in the community, acute care, complex continuing care, Long Term Care and other related settings.

During this interactive session you will have the opportunity to:

- understand how to recognize and react to the signs and symptoms of a stroke;
- understand the effects of a stroke; and
- understand how to intervene when an individual's mobility, communication, cognition, behavior, and pain experience is affected by a stroke.

- Free Education Workshops
- In Person & Virtual
- Local & Regional

Canadian Stroke Best Practice Recommendations



[Canadian Stroke Best Practice Recommendations](https://www.strokebestpractices.ca)

THE APHASIA INSTITUTE

The screenshot shows the website www.aphasia.ca in a browser window. The navigation menu includes: Us, Aphasia, Living with Aphasia, Health Care Professionals, Online Store, Volunteer, and Donate. The main banner features a photograph of four people sitting around a table, looking at documents. A sign in the background reads "APHASIA INSTITUTE" and "Building communication ramps". The banner text says "Supported Conversation Starts Here...". Below the banner are four blue boxes with icons and text:

- PROGRAMS & SERVICES**
To make life's conversations possible.
To help you navigate your life again.
- PARTICIPICS**
Pictographic tools to aid conversation.
- TRAINING**
Great conversations take training.
- RESOURCES & TOOLS**
To support life's conversations.

www.aphasia.ca/people-with-aphasia-and-families/aphasia-institute-programs-services/

[The Aphasia Institute](#)

Stroke Engine

The screenshot shows the Stroke Engine website. At the top left is the logo for the Heart & Stroke Foundation Canadian Partnership for Stroke Recovery. To its right is the 'STROKE ENGINE' title in a white box on a red background. Further right is a search bar with the text 'Search ...' and a magnifying glass icon. Below the search bar are social media icons for email, Facebook, and Twitter. A language dropdown menu shows 'EN English (United States)'. A navigation menu below the search bar includes 'Home', 'About Stroke Engine', 'The Team', 'Links', 'Contact Us', and 'GLOSSARY'. The 'About Stroke Engine' page is active, displaying text about the site's purpose and content. On the right side, there are three icons: 'ASSESSMENTS' (a purple circle with a brain and gears), 'INTERVENTIONS' (a green circle with a hand holding a heart), and 'E-LEARNING' (a blue square with a hand pointing to a screen). At the bottom right, there is a vertical button that says 'HELP US TO IMPROVE' with a left-pointing arrow.

HEART & STROKE FOUNDATION
Canadian Partnership
for Stroke Recovery

STROKE ENGINE

EN English (United States)

Search ...

Home About Stroke Engine The Team Links Contact Us **GLOSSARY**

ABOUT STROKE ENGINE

We have built this site with the goal of bridging the gap in knowledge translation between research findings and current clinical practice. This site can be used to find the most current information about the value of the various interventions used in stroke rehabilitation as well as psychometric and pragmatic properties of assessment tools used in stroke rehabilitation.

You will notice that topics of interventions and assessments are listed either by domains or alphabetically . These are actual practices and assessments that were found in textbooks, journal articles and based on interviews with more than 1800 clinicians working in stroke rehabilitation.

Stroke Engine's content is derived from multiple sources including the Evidence-Based Review of Stroke Rehabilitation (EBRSR) headed by Dr. Teasell in London, Ontario and extensive reviews of databases including MEDLINE, CINAHL, the Cochrane Library, HealthSTAR, Health and Psychosocial Instruments, CANCERLIT, PsycINFO. The goal is to provide you with best practice information, that is practice that is based on scientific evidence of its effectiveness. A dedicated team of senior researchers, graduate fellows and research assistants with expertise in specific areas also contribute to creating and evaluating the quality of each topic. You can find out more about these people by clicking on the Stroke Engine Team.

After extensive review, each intervention is given a level of evidence, rating its effectiveness for different outcomes. For more information about these ratings, see "Rating Evidence".

In "Links", you will find hyperlinks to the websites of other groups who have begun this type of information gathering on stroke practices. There are also links to online databases, which can be used to discover a wealth of information on various interventions.

Our goal is to provide you with an easy, accessible site. Should you have any suggestions or comments on

ASSESSMENTS

INTERVENTIONS

E-LEARNING

HELP US TO IMPROVE

Stroke Engine

Evidence Based Review of Stroke Rehab (EBRSR)

The screenshot displays the EBRSR.com website interface. At the top, there is a navigation bar with the following elements: the Heart & Stroke Foundation Canadian Partnership for Stroke Recovery logo, the EBRSR.COM logo, a language selector set to 'EN English (United States)', a 'Help' link, and links for 'Submit Feedback' and 'Additional Resources'. A search bar is also present with the placeholder text 'Search this site...'. Below the navigation bar, a horizontal menu contains the following items: 'Home', 'Evidence Reviews', 'Clinician's Handbook' (which is highlighted), 'Educational Modules', 'Appendices', and 'Contact Us'. The main content area is titled 'Clinician's Handbook' and includes a breadcrumb trail 'Home » Clinician's Handbook'. The introductory text states: 'The Stroke Rehabilitation Clinician's Handbook is intended to be a learning resource for residents and a useful complement to the Stroke Rehabilitation Evidence Based Review for clinicians.' A table of contents on the left lists six sections: 1. Clinical Consequences of Stroke, 2. Brain Reorganization, Recovery and Organized Care, 3. Motor Rehabilitation (Lower Extremity), 4. Motor Rehabilitation (Upper Extremity), 5. Cognitive Rehabilitation, and 6. Medical Complications Post Stroke. An 'EXPAND FOR MORE +' button is located below the table of contents. The main content area features three sections, each with a PDF icon: 'Introduction', 'Section 1: Clinical Consequences of Stroke', and 'Section 2: Brain Reorganization, Recovery and Organized Care'. The 'Introduction' text reads: 'The Stroke Rehabilitation Clinician Handbook is intended to be a learning resource for residents and a useful compliment to the Stroke Rehabilitation Evidence Based Review for clinicians. It is a new resource available with the 16th edition update of the Stroke Rehabilitation Evidence Based Review. The content is based on a series of lectures and case studies, and will continually be updated and refined.' 'Section 1: Clinical Consequences of Stroke' text reads: 'The impairments associated with a stroke exhibit a wide diversity of clinical signs and symptoms. Disability, which is multifactorial in its determination, varies according to the degree of neurological recovery, the site of the lesion, the patient's premorbid status and the environmental support systems. Clinical evidence is reviewed as it pertains to stroke lesion location (cerebral, right & left hemispheres; lacunar and brain stem), related disorders (emotional, visual spatial perceptual, communication, fatigue, etc.) and artery or arteries affected.' 'Section 2: Brain Reorganization, Recovery and Organized Care' text reads: 'Essential to stroke rehabilitation is the accurate diagnosis and management of neurological deficits. Stroke affects the physical, psychological, and emotional health of the patient and often results in long-term disability. As well, stroke severity and location can impact the brain's mechanisms of reorganization and the patient's rehabilitation needs. Effective stroke rehabilitation programs are characterised by an interdisciplinary team working cohesively'.

EXERCISE GUIDELINES

Post Stroke Community Based Exercise Guidelines

A Resource for Community Based Exercise Providers

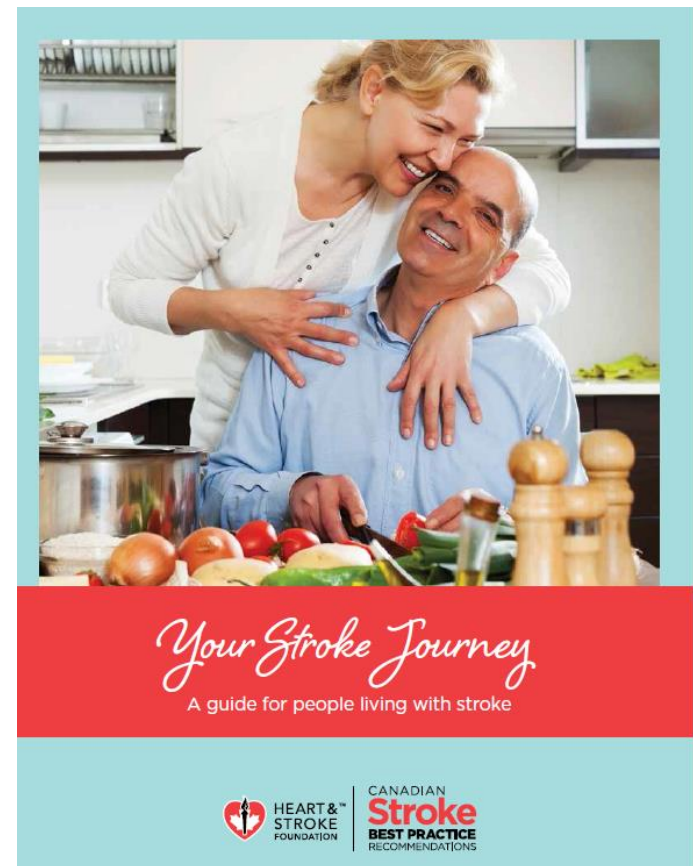


TIME™ Program at Abilities Centre in Whitby, ON

*Developed by the Post Stroke Community Based Exercise
Guidelines Working Group of the Ontario Stroke Network*

[Exercise Guidelines](#)

Stroke Resources for the Resident & Family



Stroke Support Groups



SOUTHEAST STROKE SUPPORT GROUP SERVICES

Support groups for stroke survivors and caregivers are available across the southeast. All groups are facilitated by a professional and are offered at no cost. If transportation is a barrier, the Support Group Facilitator can provide options to assist with this.

Depending on the area, support groups may include:

- Stroke Survivor Groups
- Caregiver Groups
- Younger Stroke Survivor Groups
- Couples Groups
- Social/Recreational Groups
- Aphasia Support Groups

Support groups offer an opportunity to meet with others who have been affected by a stroke event to share experiences and to learn about stroke and the available resources.

Support Group Facilitators also offer the free *Living with Stroke*® program. This is a weekly Heart & Stroke self-management program offered to stroke survivors and caregivers over a 6 to 8 week period.

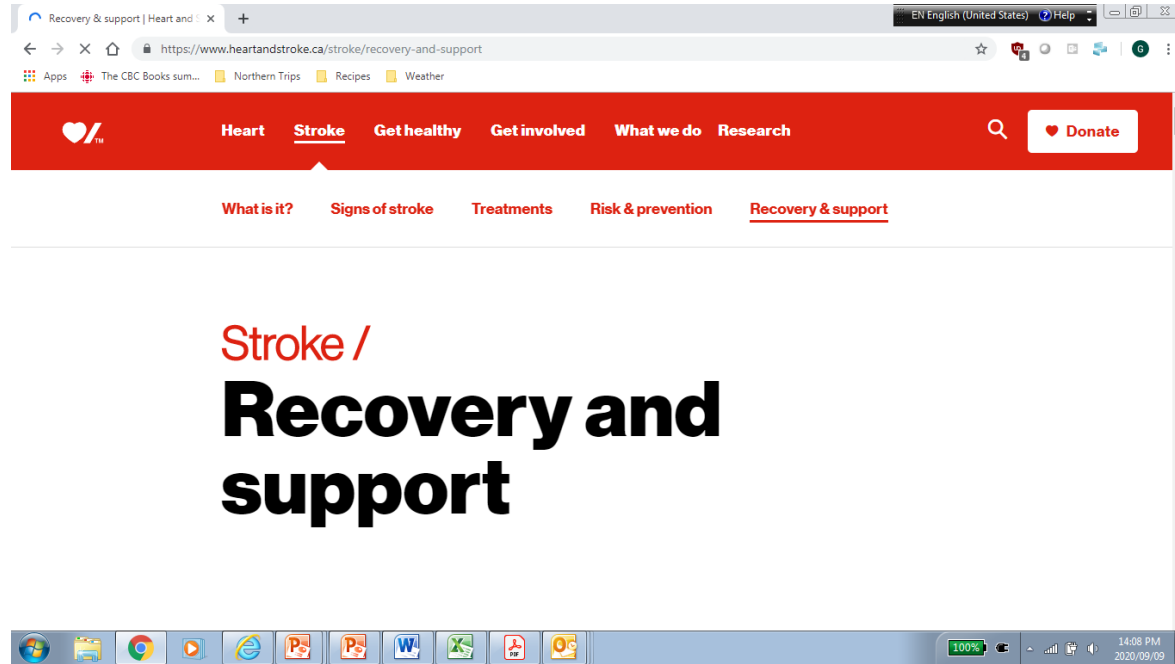
Peer visiting programs are also coordinated by the Stroke Support Group Facilitators. Stroke survivors who have received specialized training visit individuals in hospital who have newly experienced a stroke to offer support.

Call the number listed below for your area to find out what is available.

Area	Organization	Facilitator	Contact
Hastings Prince Edward	Community Care for South Hastings	Lorraine Pyle	Community Care for South Hastings 613-969-0130 Toll free: 1-844-654-3283
Kingston, Frontenac, Lennox & Addington	VON-Greater Kingston	Lynda Lennox	VON-Greater Kingston 613-634-0130 Toll free: 1-800-301-0076
Lanark, Leeds & Grenville	Senior Support Services (CPHC)	Wendy Clark	Senior Support Services (CPHC) 613-342-3693, Ext. 2161 Toll free: 1-800-465-7646

- Stroke Survivors
- Caregivers
- Young Stroke Survivors
- Social\Recreational
- Adults with Aphasia
- Virtual

HEART & STROKE



Includes "The Power of Community" Facebook groups for survivors and caregivers.

[Heart & Stroke Recovery & Support](#)

March of Dimes

- **After Stroke Virtual Community Conversation**
Connections to stroke survivors and caregivers across Canada to share knowledge, resources, challenges, and triumphs, and remember that you're not alone.
- **Ask an Expert**
Information, inspiration, and resources for stroke recovery, presented by medical and rehabilitation professionals
- **PERK Activities**
Fun activities that trigger all senses.
- **Virtual Stroke Recovery Music Program by Music Therapist**
Interactive on-line music program
- **Virtual Stroke Recovery Program**
Brain exercises, discussion, and a chair exercise.

[March of Dimes](#)

RESOURCES WITH MODC

March of Dimes Canada Caregiver Project



Caregiver Webinars

CAREGIVER ORGANIZATION OVERVIEW

WEDNESDAY, SEPT 16, 2020 @ 2PM

REGISTER ONLINE: [CLICK HERE](#)

UNDERSTANDING CAREGIVER BENEFITS WITH THE CANADA REVENUE AGENCY

WEDNESDAY, SEPT 23, 2020 @ 2PM

REGISTER ONLINE: [CLICK HERE](#)

'IT TAKES A VILLAGE.' BUILDING A CARE MANAGEMENT TEAM WITH TYZE

WEDNESDAY, SEPT 30, 2020 @ 2PM

REGISTER ONLINE: [CLICK HERE](#)



Caregiver Connections

A HEALTHY BITE OF EXERCISE & NUTRITION WITH URBAN POLING INCI

THURSDAY, SEPT 24, 2020 @ 2PM

REGISTER ONLINE: [CLICK HERE](#)

Grab a cup of coffee
and join our weekly chat and join Nina for an
informative "bite" of exercise and nutrition that is
sure to impress!

CHECK OUT ALL OUR OTHER
ONLINE EVENTS:

[HTTPS://WWW.EVENTBRITE.CA/
O/MARCH-OF-DIMES-CANADA-
27715764721](https://www.eventbrite.ca/o/march-of-dimes-canada-27715764721)



March of Dimes Canada



Caregiver Webinars

STROKE RESOURCES



afterstroke.marchofdimes.ca/

After Stroke Online Programs



March of Dimes Canada
Online Caregiver Events



Free
Caregiver
Experience
Series



Donna Thomson



Dr. Zachary White

NEW FOUR-PART SERIES FOR CAREGIVERS; NAVIGATING THE ROUGH WATERS OF CARE TRANSITIONS

SESSION 1

BECOMING A CAREGIVER
WEDNESDAY, OCT 14, 2020
🕒 2:30 PM

REGISTER ONLINE: [CLICK HERE](#)

SESSION 3

TRANSITIONING TO
LONG TERM CARE
WEDNESDAY, OCT 28, 2020
🕒 2:30 PM

REGISTER ONLINE: [CLICK HERE](#)

SESSION 2

HOSPITAL TO HOME TRANSITIONS:
WHEN ACCIDENTS HAPPEN
WEDNESDAY, OCT 21, 2020
🕒 2:30 PM

REGISTER ONLINE: [CLICK HERE](#)

SESSION 4

AFTER CAREGIVING,
WHAT'S CHANGED IN YOU?
WEDNESDAY, NOV 4, 2020
🕒 2:30 PM

REGISTER ONLINE: [CLICK HERE](#)

CHECK OUT OTHER ONLINE EVENTS:

[HTTPS://WWW.EVENTBRITE.CA/O/MARCH-OF-DIMES-CANADA-27715764721](https://www.eventbrite.ca/o/march-of-dimes-canada-27715764721)

[eventbrite.ca/o/march-of-dimes-canada-27715764721](https://www.eventbrite.ca/o/march-of-dimes-canada-27715764721)

STROKE ENGINE

The screenshot shows a web browser window displaying the homepage of the Stroke Engine website. The browser's address bar shows the URL www.strokengine.ca. The website header features the logo of the Heart & Stroke Foundation Canadian Partnership for Stroke Recovery on the left and the text "STROKE ENGINE" in a white box on a red background on the right. A search bar and social media icons are also present in the header. Below the header is a navigation menu with links for Home, About Stroke Engine, The Team, Links, Contact Us, and GLOSSARY. The main content area has a "Welcome" section with the tagline "For families and health professionals who work in the field of stroke rehabilitation". Below this are four columns, each featuring a circular image of two people, a question mark icon, a title, a brief description, and a "READ MORE" link. The titles are: "Just had a Stroke", "Starting Rehabilitation", "Leaving the Hospital Soon", and "Living with Stroke". To the right of these columns are two circular icons labeled "ASSESSMENTS" and "INTERVENTIONS", each with a brief description of the services offered.

Home - Stroke Engine x

www.strokengine.ca

Franglais A- A+

Search ...

Home About Stroke Engine The Team Links Contact Us GLOSSARY

Welcome *For families and health professionals who work in the field of stroke rehabilitation*

?
Just had a Stroke
Click here for more information on stroke.
[READ MORE](#)

?
Starting Rehabilitation
Click here for information on stroke rehabilitation and different types of intervention.
[READ MORE](#)

?
Leaving the Hospital Soon
Click here for information to assist you or your family member with the transition.
[READ MORE](#)

?
Living with Stroke
Click here for information about recovering from stroke over time.
[READ MORE](#)

ASSESSMENTS
INTERVENTIONS

Assessments: offers a detailed review of over 90 assessment tools useful in stroke rehabilitation.

Interventions: offers a detailed review of the effectiveness of over 45 stroke rehabilitation interventions.

[Stroke Engine](#)

SE HEALTHLINE

SouthEasthealthline.ca

RESIZE TEXT | R | A+ | A++ | SUBMIT CONTENT | FIND YOUR CCAC | FRANÇAIS | HELP

CLIPBOARD [0]

Search **GO**

- South East
 - Leeds & Grenville
 - Lanark
 - Frontenac & Kingston
 - Lennox & Addington
 - Hastings
 - Prince Edward
 - Northumberland
-
- HEALTH SERVICES
 - HEALTH CAREERS
 - HEALTH NEWS
 - HEALTH EVENTS
 - HEALTH LIBRARY

HEALTH SERVICES FOR SOUTH EAST

September 1, 2015

Health Care Options

- ▶ Health Care Facilities
- ▶ Health Care Professions
- ▶ Home and Community Care
- ▶ Public Health

Health Topics

- ▶ Abuse and Sexual Assault
- ▶ Addictions
- ▶ Diseases and Conditions
- ▶ End-of-Life Care
- ▶ Environmental and Workplace Health
- ▶ Mental Health
- ▶ People with Disabilities
- ▶ Residential Care
- ▶ Sexual and Reproductive Health

Your Health

- ▶ Aboriginal
- ▶ Children and Parenting
- ▶ Men
- ▶ Seniors
- ▶ Women
- ▶ Youth

Making Choices

- ▶ Basic Needs and Social Supports
- ▶ Blood, Organ and Tissue Donations
- ▶ Complementary Medicine
- ▶ Health Coverage and Care Planning
- ▶ Healthy Living
- ▶ Information Services
- ▶ Legal Services

Services by Location

Search by Location

Services Listed Alphabetically

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

NEWS

Monday August 31, 2015
[Just a Few Hours Can Make a Difference](#)

Monday August 31, 2015
[Back To School Safety](#)

Monday August 31, 2015
[HPE Public Health Harmful Blue-Green Algae](#)

[More News...](#)

EVENTS

Tuesday September 1, 2015
 Tweed - Level 1 Multidisciplinary Palliative Care Education For Health Professionals, Health Caregivers and Palliative Care Volunteers - REGISTER NOW! - Tweed

Tuesday September 1, 2015
 Kingston - Level 1 Multidisciplinary Palliative Care Education For Health Professionals, Health Caregivers and Palliative Care Volunteers - REGISTER NOW! - Kingston

[More Events...](#)

CAREERS

Monday August 31, 2015
 Associate Medical Officer of Health (AMOH), Office of the MOH, KFL&A Public Health

Thursday August 27, 2015
 Casual Part Time - Respite Caregiver

Thursday August 27, 2015
 Hospice Palliative Care Nurse Practitioner - Quinte Region

[More Careers...](#)



▶ [Find services in other areas](#)



Need Help finding health & support services?
 Call CCAC 310-2222

- ▶ Follow @SEhealthline
- ▶ Follow @SEhealthlineHPE
- ▶ Follow @healthlineKFLA
- ▶ Follow @SEhealthlineLLG

Stroke Resources

Elder Abuse Ontario Provincial Conference
Aging Well: Different Perspectives
 November 2 - 4, 2015 | International Plaza Hotel Toronto, ON

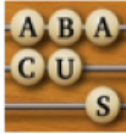
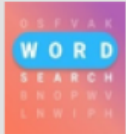
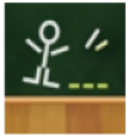
SE HEALTHLINE – STROKE RESOURCES

The screenshot shows a web browser window with the URL www.southeasthealthline.ca/libraryContent.aspx?id=21291. The page title is "Stroke Resources - Landin". The website header includes the SouthEast Healthline logo and navigation links: "RESIZE TEXT", "SUBMIT CONTENT", "FIND YOUR COACH", "CONTACT US", and "HELP". A search bar is located in the top right. Below the header is a navigation menu with categories: "South East", "Leeds & Grenville", "Levitt", "Perth & Wellington", "Lennox & Addington", "Hastings", "Prince Edward", and "Northumberland". The main content area is titled "Stroke Resources" and includes a "Stroke Category" dropdown, "Back", and "Home" buttons. A "Welcome" section follows, with a paragraph explaining the purpose of the resources. Below this is a section titled "Where can I find help with..." containing ten yellow buttons with icons and text: "My health" (doctor icon), "Getting around" (car icon), "Where I live" (house icon), "Social supports" (group of people icon), "My roles and activities" (family icon), "Caregiver support" (person with clipboard icon), "Communication" (two people talking icon), "Managing my money" (dollar sign icon), "My child who had a stroke" (child icon), and "Understanding my stroke" (person with question mark icon). At the bottom, a small note states: "This resource was created in partnership with the Stroke Network of Southwestern Ontario and South East Community Care Access Centre."

[SouthEast Healthline Stroke Resources](#)

APPS

- A wide variety of free apps that support cognition, speech and writing. A brief sample:

Word Games				
Name	How to access	What it does	iOS or Android	Price
Word abacus 	Apple App Store	Word recognition	Apple (iOS) Word Abacus (iOS)	Free (in-app purchases)
Word search (pro) 	Apple App Store Google Play Store	Word recognition	BOTH Word Search (iOS) Word Search (Android)	Free (in-app purchases)
Hangman 	Apple App Store Google Play Store	Vocabulary building	BOTH Hangman (iOS) Hangman (Android)	Free

QUESTIONS



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