

OTTAWA  
STROKE  
SUMMIT  
**2022**

**SUPPORTING AND  
IMPROVING THE  
EXPERIENCE FOR  
PERSONS LIVING  
WITH STROKE**

**POST SUMMIT HIGHLIGHT REPORT**



**Hosted by the Champlain Regional Stroke Network** the sixth Ottawa Stroke Summit took place virtually on November 18th, 2022. This virtual event was accredited and supported by the University of Ottawa's Department of Continuing Professional Development. The theme was "Supporting and Improving the Experience for Persons living with Stroke". This event allowed participants to discuss, and share supports, strategies, and resources that will improve the care and experiences for persons living with stroke.

The Ottawa Stroke Summit is the region's largest gathering of stroke care professionals. Building on the success of our prior stroke summits, this event brought together regional, provincial and national stakeholders in a knowledge exchange forum to advance stroke care.

## SUMMIT HIGHLIGHTS



**613 SUMMIT DELEGATES**



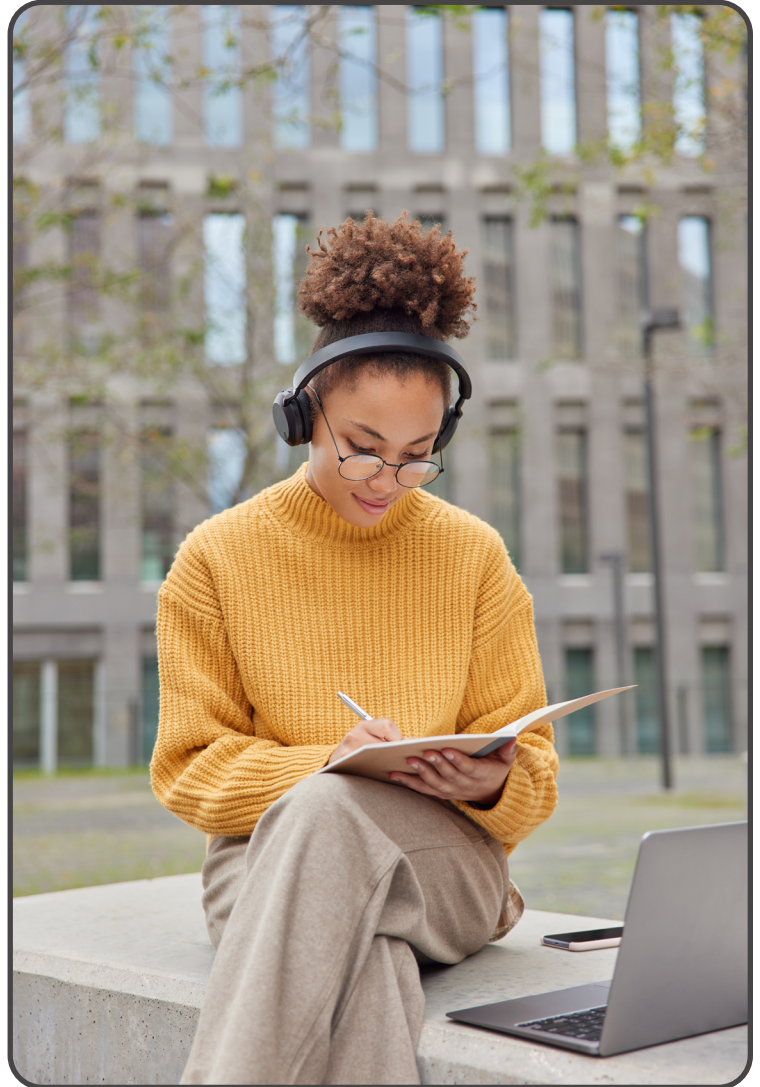
**11 PRESENTATIONS**  
**10 BRAG AND STEALS**  
**2 POSTER PRESENTATIONS**  
**3 POSTER SHOWCASES**  
**2 DEBATES**  
**34 SPEAKERS**



**NETWORKING BREAKOUT SESSIONS**



**84% OF PARTICIPANTS REPORTED THAT THE OTTAWA STROKE SUMMIT 2022 EXCEEDED THEIR EXPECTATIONS**



## SUMMIT OBJECTIVES



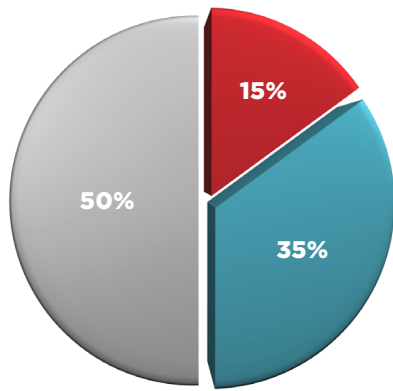
**To discuss and share supports, strategies and resources,** that improve the care and experiences for persons living with stroke.

## AGENDA AND SPEAKERS

1. **Top Takeaways You Should Know About Acute Stroke Care** | Dr. Grant Stotts
2. **Top Takeaways You Should Know About Rehabilitation Throughout the Continuum** | Dr. Bob Teasell
3. **The Shared Perspectives on the Experiences Following Stroke: Perspectives from the clinical team and a person with lived experience** | Ms. Anik Laneville & Mr. Derek Edwards
4. **Integration of Oral Health into Standard Practice** | Dr. Nalia Gurgel-Juarez & Ms. Karen Mallet
5. **Reactive Balance Training** | Dr. Avril Mansfield & Dr. Elizabeth Inness
6. **Social Networks and Peer Support After a Stroke: What does it mean and how can the March of Dimes help** | Ms. Suzanne Smith-Bayley & Dr. Gayatri Aravind
7. **Brag and Steal Presentations: Community-Based Programs and Initiatives to Enhance Community Re-integration and Improve the Patient Experience** | Ms. Margo Collver, Mr. Gordon Perolli, Mr. Matt Stanfield, Ms. Denise Taylor, Ms. Joan Rae, Ms. Chelsey Martin, Ms. Dana Guest, Ms. Sreeja Sivankutty, Ms. Rosie Pipitone-Middleton, Ms. Rachel Dunn, Ms. Kelly Didone, Ms. Katherine Weiman, Ms. Kayla Purdon, Ms. Suzanne Smith-Bayley
8. **Poster Presentations** | Dr. Mary Egan, Dr. Taryn Klarnner & Ms. Nicole Lee
9. **Poster Showcase** | Ms. Sreeja Sivankutty, Dr. Janani Ramamurthy & Dr. Hilell Finestone



10. **Crucial Conversations in Stroke Care: Strategies, techniques, and tools for healthcare professionals** | Dr. Mark Bayley & Ms. Wendy Arnott
11. **Highlights from the Canadian Stroke Best Practices** | Dr. Michel Shamy & Ms. Michelle Simpson
12. **System Integration of Care: Optimization of resources and access to sub-acute care** | Ms. Shaundra Ridha, Ms. Sabine Mersmann, Ms. Theresa Grant & Ms. Julie Savage
13. **Women & Stroke: Can we learn from the progress made in women's heart health?** | Dr. Amy Yu & Dr. Thais Coutinho
14. **Let's talk About Sex After Stroke** | Dr. Colleen O'Connell
15. **Debate 1: Thrombolysis After 4.5 Hour Window?** | Dr. Dariush Dowlathshahi & Dr. Dylan Blacchiere
16. **Debate 2: To Rehab or Not to Rehab Persons Living with Cognitive Impairments** | Dr. Debbie Timpson & Dr. Christine Yang

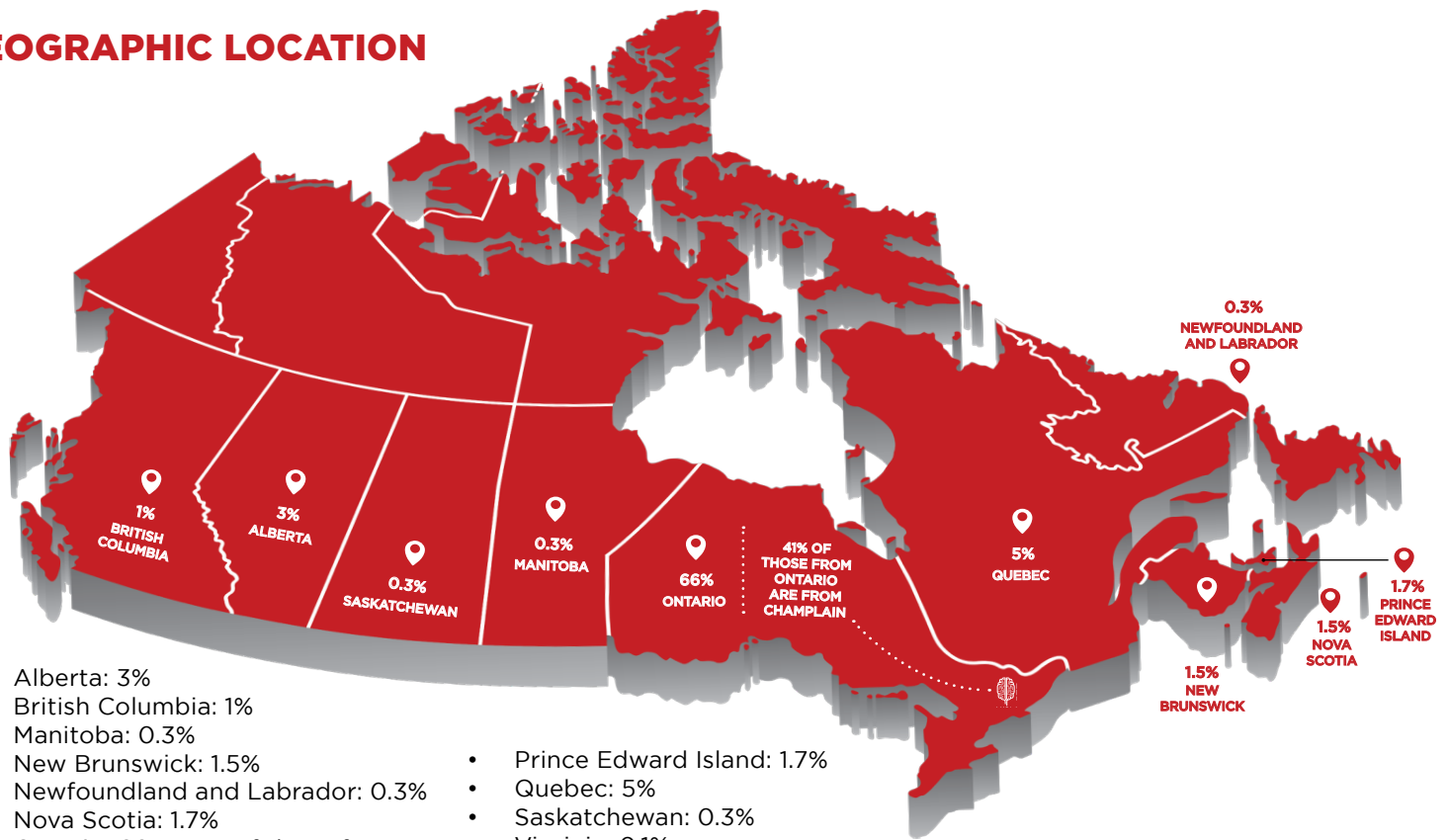


## DEMOGRAPHICS

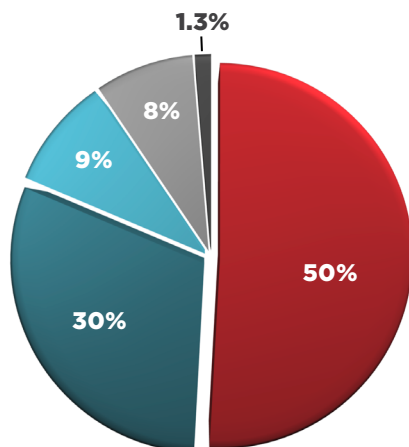
613 delegates registered for the Summit, which comprised of physicians, nurses and allied health professionals, students, and other stakeholders.

- 15% Physician/Residents
- 35% Nursing Profession
- 50% Other Healthcare Professionals

## GEOGRAPHIC LOCATION



- Alberta: 3%
- British Columbia: 1%
- Manitoba: 0.3%
- New Brunswick: 1.5%
- Newfoundland and Labrador: 0.3%
- Nova Scotia: 1.7%
- Ontario: 66%; 41% of those from Ontario were from Champlain
- Prince Edward Island: 1.7%
- Quebec: 5%
- Saskatchewan: 0.3%
- Virginia: 0.1%



## HOW DID YOU HEAR ABOUT US?

- 50% Email
- 30% Previous Attendee Notification
- 9% Word of Mouth
- 8% CPD Website
- 1.3% Other
- 0% Social Media



## DELEGATE TESTIMONIALS

Wide range of topics, excellent speakers, well organized, liked that I could download the presentations and recording later

It was very informative and educational

Excellent coverage of materials

Thank you for all the work that you do to make this summit happen

It was very well organized and a chance to hear from many disciplines that all are a part of a stroke team from Physicians to nursing in rehab

I enjoyed the conference throughout the entire day. I like that it is recorded, and I will be able to revisit it and pick up more information that I missed.

The moderators were great, well-spoken, and stayed on time. Lots of valuable content.

Informative and clinically relevant

High quality, good effort to be up to date, evidenced-based

Great speakers and a great platform

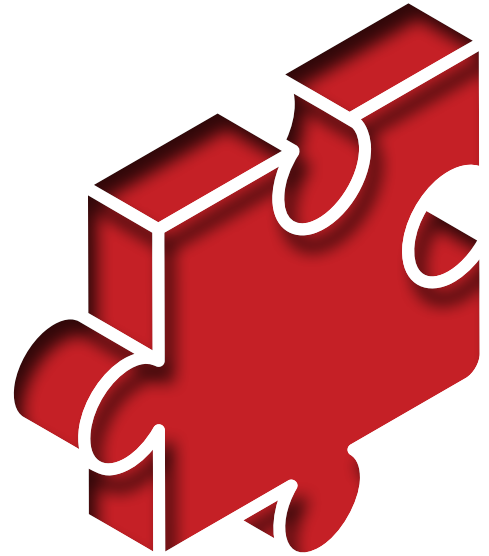
Up-to-date information on current and new initiatives

There were many topics that sparked conversation and brainstorming with ideas to improve stroke care

The information was very in-depth and detailed. The 5-minute and 3-minute sessions were very creative

## PRIORITIES FOR ACTION

- **Plan** for TNK implementation
- **Process improvements** including referrals to a stroke center, rapid triaging, and clinical assessment
- **Advocate for increased rehab time** and clinical resources
- **How to ensure standards are met** while customizing care to meet client needs and preferences (within their family/social context)
- **Support transition** back to home/community
- Being focused on **patient-specific meaningful goals** to guide interventions
- **Integration of growth mindset into clinical practice**; tailor interventions to meet client goals & values
- **Consistency in practice** & access to evidence-based care
- **Ensuring adequate oral health care protocols** are in place on our acute and rehabilitation stroke units
- Continue to **advocate for proper oral hygiene tools**
- **Incorporate reactive balance training** if not contraindicated to improve confidence and reduce fear of falls
- **Community-based support** for stroke patients
- **Support back to in-person small group peer support programs** in our community
- A **standard approach** for peer support & training
- **Review and improve inpatient sessions** for peer support groups
- Community-based programs working in one area **should be adopted across the province**
- **Share more tangible programs** across the province/country and learn from each other
- **Province wide funding** for the successful community programs
- **Re-examine our transitions from acute to community** and see if they are really working for patients
- Provide crucial **conversation training** to clinical teams
- To **learn more about the Crucial Conversations Framework** and apply to practice
- **Public education and awareness** to the patients about anxiety and apathy
- **Provide education** on anxiety and apathy
- **Integration of care**, bridging the gap between outpatient and community stroke rehabilitation programs
- **More education and awareness of women's health issues** around stroke and heart disease - both in the general population but also the medical community (e.g., emerg.)
- **Create space for conversations about sexuality and intimacy after stroke**; embed it in practice like any other required education topic
- **More handouts, and more resources to educate staff** in acute care and rehab to feel comfortable talking to patients about sex
- **Access to community services** to support post-acute care after discharge



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## PLANNING COMMITTEE

**Co-Chair:** Dr. Debbie Timpson, PRH

**Co-Chair:** Dr. Grant Stotts, TOH

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Anik Laneville, CRSN

Ashley Taylor, QCH

Cathy Campbell, CPSR

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