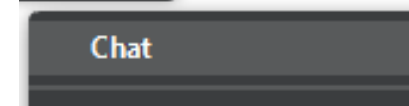
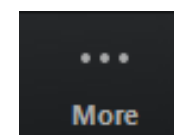
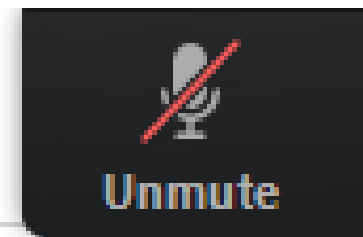


# Welcome to our Virtual Community Stroke Partners Day Event! November 12, 2020 12:30-2

- Please turn off your camera and put yourself on mute
- If calling in and want to mute/unmute please press \*6. Please do not place the call on hold while in the teleconference. Hang up and call back.
- If you have any questions for the presenters please type them into the chat box throughout the event
- The presentation and other documents are available at the following link  
<https://westgstroke.ca/community-and-ltc-care/>



# Purpose of the Event and Outline:

The purpose of this event is to highlight the services currently offered by some community partners in the West GTA Stroke Network region.

## Outline for the Event:

- What's new at the West GTA Stroke Network
- Central West LHIN Exercise and Falls Prevention Program
- March of Dimes Canada
- Lifemark Senior Wellness and
- Halton-Peel Community Aphasia Programs

# Who is the West GTA Stroke Network?

## VISION:

*“Fewer Strokes....Better Outcomes”*

## MISSION:

*“To continuously improve stroke prevention, care, recovery and re-integration”*



# Virtual Learning Resources

This one page sheet will highlight some virtual education resources available on the West GTA Stroke Network Website [www.westgstroke.ca](http://www.westgstroke.ca)

## COVID-19 Resource Center

Resources created by subject matter experts within the stroke system to support best practices during the pandemic.



## Virtual Classroom

This web based learning format allows providers to learn on their own pace and when it's most convenient for them!



## Community Resource Booklet

The Community Resource Booklet outlines resources available to persons with stroke in our region.



## Infographics

The purpose of infographics is to focus on key areas related to stroke care and prepare a one page info sheet highlighting stroke best practices and available resources. These can be printed off and posted on units etc.



## Sign Up to Receive Information from the WGTASN

To receive newsletters and information about education opportunities please join our mailing list <https://westgstroke.ca/sign-up/>

## Virtual Live Education

Due to Covid-19 we have had to get creative as to how we complete our in-person education workshops. We will be hosting live virtual sessions in the near future. The best way to find out about our live virtual sessions is to join our mailing list <https://westgstroke.ca/sign-up/>

# Virtual Classroom: E-Learning Modules

## TRAINING

### E-LEARNING COURSES

Welcome Megan [Sign out](#) [My Account](#)

Welcome to the West GTA Stroke Networks Virtual Classroom! The purposes of the e-learning materials available here, is to educate clinicians working in stroke care on topics related to stroke best practices. This web based learning format will allow you to move at your own pace and learn when it's most convenient for you! Appropriate resources/handouts are available with each course for download and you will receive a certificate of completion for your records.

If there is a topic you would like to see covered in the future or you have other feedback on the virtual classroom experience please submit this [feedback form](#) (CLICK HERE).

Show All

Filter

#### JoinTriage: FAST-ED

##### A Novel Screening Approach For Stroke Triage In Predicting Large Vessel Occlusion

This e-learning module provides a background on endovascular therapy for stroke, reviews changes in acute stroke care management and provides an overview of the FAST-ED which is part of the JointTriage app. The FAST-ED is one tool for estimating the likelihood of large vessel occlusion and the utilization of this triage tool to promote efficient treatment with patients presenting with acute stroke symptoms. \*Before starting this e-learning module please download the JointTriage app on your android or apple device.

Presenter WestGta Stroke Time 2/28/20 07:10:15 status Completed [Share](#)

REVIEW >>

Completion Certificate



#### Stroke & Sexual Health

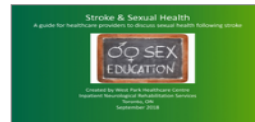
##### A Guide For Healthcare Providers To Discuss Sexual Health Following Stroke

Sexuality is a central aspect of one's health and well-being. Sexuality is not just the act of sexual intercourse, it is about feeling close to someone, feeling loved and special. This e-learning module will cover the impact of stroke on sexuality, strategies to enhance sexuality and the available best practices on this topic.

Presenter WestGta Stroke Time 9/16/20 01:04:00 status Completed [Share](#)

REVIEW >>

Completion Certificate



#### Management Of The Upper Extremity Following Stroke

##### A Guide For Healthcare Providers: Management Of The Upper Extremity Following Stroke

This e-learning module will review the Anatomy and Biomechanics of the Shoulder Joint Complex and discuss the changes that can occur to the upper extremity following a stroke. This module will focus on the prevention and management of hemiplegic shoulder pain and review appropriate positioning principles to use with stroke survivors including the application of paratric upper extremity slings and other supports.

Presenter WestGta Stroke Time 9/16/20 02:07:06 status Completed [Share](#)

REVIEW >>

Completion Certificate



#### ACT-FAST

##### A Screening Approach For Stroke Triage In Predicting Large Vessel Occlusion

This e-learning module provides a background on endovascular therapy for stroke, reviews changes in acute stroke care management and provides an overview of the ACT-FAST (Ambulance Clinical Triage for Acute Stroke Treatment). The ACT-FAST is one tool for estimating the likelihood of large vessel occlusion and the utilization of this triage tool to promote efficient treatment with patients presenting with acute stroke symptoms.

Presenter WestGta Stroke Time 9/10/20 01:00:00 status In-Progress [Share](#)

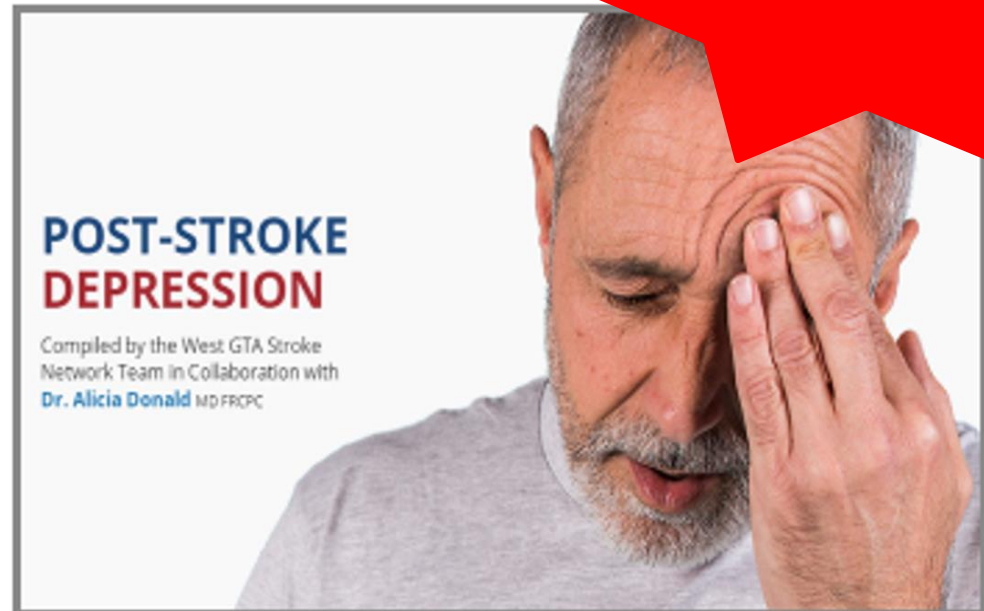
RESUME >>



# Virtual Classroom: E-Learning Modules



**Just  
Released!**



# Community Resource Booklet

[Acute Operational Committee](#) [Acute Operational Committee](#) [Rehab Operational Committee](#)  
[Community Reintegration Committee](#) [Steering Committee Page](#)



[HOME](#) [PROFESSIONALS](#) [CLASSROOM](#) [CONTACT](#)



VIRTUAL CLASSROOM

## FROM PREVENTION TO RECOVERY



Resources to support the care of persons with stroke during this unprecedented time

[WELCOME TO THE WEST GTA STROKE NETWORK WEBSITE](#)

Explore the West GTA Stroke Network website for information pertinent to stroke survivors, clinicians and all our stakeholders! Become informed about best practices across the stroke care continuum in order to support the delivery of excellent stroke care for our patients.

# WGTAASN Infographics



## NIHSS Background:

## Training Options:

The use of a stroke scale in the assessment of the acute stroke patient has been established as best practice stroke care. The Canadian Stroke Best Practice Recommendations (CSBRs) on the Acute Episode of Care state that "A recommendation statement should be conducted to determine local neurological deficits and assess stroke severity". One standardized stroke scale that can be used in the assessment of the acute stroke patient is the NIHSS.

The CSBR recommends that "healthcare professionals using the NIHSS Scale as a diagnostic tool or assessing level of care and document proper competency on the use of the tool. Stroke using the NIHSS is important to ensure that all health care professionals are following the standards for training and certification program".

The West GTA Stroke Network wants to support clinicians by being compared to other centers for NIHSS and has partnered with Apax Innovations to offer appropriate education regarding the use of the online training course. The course is a three-hour CME accredited online learning opportunity. Upon successful completion of the course, the clinician will also be required to complete a valid NIHSS assessment with a designated evaluator.

The NIHSS is a proven, reliable and valid tool in the assessment of the acute stroke patient. NIHSS is a validated tool that allows clinicians to:

- Objectively measure the initial exam
- Determine if the patient's neurological status is improving or deteriorating
- Provide stratification in assessment
- Communicate patient status, repeating the same language

Reference:  
Canadian Stroke Best Practice Recommendations (CSBRs) on the Acute Episode of Care. 2019. Available at: <https://www.strokebestpractice.ca/>

If you are ready to implement the NIHSS or would like more information about the tool, please contact the WGTAASN at [westgta@stgip.on.ca](mailto:westgta@stgip.on.ca)



## Post-Stroke Depression



To download infographics please visit <https://westgtastroke.ca/fact-sheets/>

- ### 01. Did you know?

  - Approximately 30% of all stroke survivors experience depressive symptoms within one year of their stroke.
  - Depression can present on the first day following a stroke and most will present with symptoms within 6 months of their stroke.
  - Post-stroke depression has been associated with poorer functional outcomes and higher mortality.
- ### 02. Canadian Stroke Best Practice Recommendations

In 2019, the Canadian Stroke Best Practice Recommendations on Stroke Recognition and Management were published. These best practices cover the screening and management of post-stroke depression. The recommendations can be found on the Canadian Stroke Best Practice website <https://www.csbpr.ca/2019/06/04/04-post-stroke-depression/>
- ### 03. West GTA Stroke Network Virtual Classroom

The West GTA Stroke Network will release their Post-Stroke Depression e-learning module. This module is intended to provide a comprehensive overview of post-stroke depression screening and follow-up for suspected post-stroke depression. The module is found on our website at <https://westgtastroke.ca/>
- ### 04. Community Resource Booklet

The West GTA Stroke Network also has a community resource booklet which highlights resources in our region that can be used to support persons with stroke and/or caregivers impacted by depression. Some resources that may be of interest include: mental health services, counselling and caregiver resources. The Community Resource Booklet can be downloaded from <https://westgtastroke.ca/community-resource-book/>
- ### 05. Additional Resources

The West GTA has also put together a list of education resources available for persons with stroke and caregivers to assist with education about post-stroke depression. Some examples of educational resources include: games, online learning and help graphics. These resources can be downloaded from <https://westgtastroke.ca/other-educational-resources/>

## FACT SHEET ABOUT THE WEST GTA STROKE NETWORK

**Who We Are:** The West GTA Stroke Network is one of eleven networks in the province.  
**Our Region:** Our region encompasses the Mississauga Halton and Central West regions.  
**Our Mission:** To continuously improve stroke prevention, care, recovery and reintegration.  
**Our Goal:** To decrease the incidence of stroke, improve patient access, care and outcomes for stroke survivors and their families. Our goal is achieved by educating health care professionals about stroke best practices and engaging in activities that promote improvements in the stroke system. Some examples of network activities include:

<h3>Virtual Classroom</h3> <p>In 2018, the West GTA Stroke Network created three new virtual modules (FAST-ED, Stroke and Sexual Health, Management of the Upper Extremity Post-Stroke). Since inception, <b>over 3,000 clinicians</b> have accessed these modules.</p>	<h3>Committees</h3> <p>The West GTA Stroke Network participate in provincial and regional committees to advance the care provided to persons with stroke in our region.</p>	<h3>Website</h3> <p>We have updated our website. The updates include our community resource booklet, stories from persons with stroke, and COVID-19 resource section to name a few.</p>
<h3>Infographics</h3> <p>The West GTA Stroke Network will be compiling one-page infographics on key stroke topics that will be shared with our region throughout the year.</p>	<h3>Newsletters</h3> <p>The network publishes quarterly newsletters to inform providers about stroke care in our region. <b>Close to 400 providers</b> have subscribed to receive newsletters from us.</p>	<h3>Workshops</h3> <p>Our staff hosts numerous quarterly workshops throughout the year. Last year we educated <b>over 350 clinicians</b> about stroke best practice at our workshops.</p>

\*\*To find out more about the network and our core activities please visit us on our website at [www.westgtastroke.ca](http://www.westgtastroke.ca). To download/print infographics please visit us at <https://westgtastroke.ca/fact-sheets/>

### What is Aphasia?

Aphasia is an acquired communication disorder caused by stroke, brain injury or disease. Aphasia affects communication not intelligence.

### Prevalence

Approximately 1/3 of stroke survivors are diagnosed with aphasia. Today, approximately 120,000 Canadians are living with aphasia. Despite these numbers, aphasia is not well-known or understood.

### Types

Expressive Aphasia - Difficulty talking and/or writing  
 Receptive Aphasia - Difficulty understanding spoken and/or written language.

## What is Aphasia?

### Consequences of Aphasia

People may assume the person with aphasia is not competent. Reduced participation in conversations and activities. Change in life roles. Social isolation and depression.

### How to help?

Learn about aphasia. Treat the person with aphasia with respect. Facilitate social interactions and exchanges of information with non-verbal communication (gestures, pictures).

### Resources

Resources can be found on the West GTA Stroke Network Website <https://westgtastroke.ca/other-educational-resources/>

To download/print infographics please visit us at <https://westgtastroke.ca/fact-sheets/>

### What is AlphaFIM®?

- The AlphaFIM® instrument is designed to assess burden of care associated with a client in the acute care setting. It was designed to measure the level of assistance that a client requires to complete a specific task of daily living.
- It consists of several items that can be reliably collected in acute care: **Eating, Grooming, Bowel Management, Transfers, Toilet, Transfers: Bed/Chair, Locomotion: Walk, Expression, and Memory.**
- Results provide an AlphaFIM® score, with higher numbers indicating higher function, and an estimate of the patient's 'burden of care' in hours.

### Why is it Important?

- The AlphaFIM® instrument provides a **24hr picture of the patient's functional status** (i.e. patient alert, oriented during the day however confused at night).
- Each item of the AlphaFIM® instrument is scored based on the **lowest level of performance within a 24hr period.**
- Informs discharge decision-making and aligns services to patient needs (i.e. does the patient require inpatient rehab?).

### Who Completes the Tool?

- The AlphaFIM® instrument should be completed on all NEW ischemic and hemorrhagic strokes on or by **Day 3** following admission to acute care including bypassed patients.
- Although the assessment is completed by credentialed, registered health care professionals, the entire interdisciplinary team contributes information towards the completion of the tool.

If you would like more information about the tool, please contact the WGTAASN at [westgta@stgip.on.ca](mailto:westgta@stgip.on.ca)

<https://westgtastroke.ca/educational-resources/>



# WGTASN Infographics

[Hyper-Acute Operational Committee](#) [Acute Operational Committee](#) [Rehab Operational Committee](#)  
[Community Reintegration Committee](#) [Steering Committee Page](#)



[ABOUT](#) [PERSONS WITH STROKE](#) [PROFESSIONALS](#) [CLASSROOM](#) [CONTACT](#) 

## EDUCATIONAL RESOURCES

- [SIGN UP](#)
- [PREVENTION](#)
- [HYPER-ACUTE STROKE CARE](#)
- [ACUTE STROKE CARE](#)
- [REHAB STROKE CARE](#)
- [COMMUNITY AND LONG TERM STROKE CARE](#)
- [EDUCATIONAL RESOURCES](#)**
- [REGIONAL STROKE REPORTS AND DATA](#)
- [CONTACT](#)



### VIRTUAL CLASSROOM

[view page](#)



### PROVINCIAL STROKE ROUNDS AND OTHER WEBINARS

[view page](#)



### FACT SHEETS/INFOGRAPHICS

[view page](#)



### OTHER EDUCATIONAL RESOURCES

[view page](#)



<https://westgtastroke.ca/educational-resources/>

# WGTASN Website

[Hyper-Acute Operational Committee](#) [Acute Operational Committee](#) [Rehab Operational Committee](#)  
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[ABOUT](#) [PERSONS WITH STROKE](#) [PROFESSIONALS](#) [CLASSROOM](#) [CONTACT](#) 



VIRTUAL CLASSROOM

## FROM PREVENTION TO RECOVERY



Resources to support the care of persons with stroke during this unprecedented time

[WELCOME TO THE WEST GTA STROKE NETWORK WEBSITE](#)

Explore the West GTA Stroke Network website for information pertinent to stroke survivors, clinicians and all our stakeholders! Become informed about best practices across the stroke care continuum in order to support the delivery of excellent stroke care for our patients.

<https://westgtastroke.ca>

# To receive communication from the West GTA Stroke Network

The screenshot shows the West GTA Stroke Network website. The browser address bar displays <https://westgstroke.ca/professionals/>. The navigation menu includes ABOUT, PUBLIC, PERSONS WITH STROKE & CAREGIVERS, PROFESSIONALS, CLASSROOM, and CONTACT. A blue banner reads "INFORMATION FOR PROFESSIONALS". On the left, a sidebar lists various services: SIGN UP, STROKE PREVENTION, HYPER-ACUTE STROKE CARE, ACUTE STROKE CARE, REHAB STROKE CARE, COMMUNITY AND LONG TERM STROKE CARE, EDUCATIONAL RESOURCES, REGIONAL STROKE REPORTS AND DATA, and CONTACT. The main content area features three columns: "SIGN UP FOR OUR MAILING LIST" with an envelope icon and a "view page" link, "PREVENTION" with a person icon and a "view page" link, and "HYPER-ACUTE STROKE CARE" with a truck icon. A red arrow points to the envelope icon, and a red starburst in the bottom right corner contains the text "Join our Mailing List!".

<https://westgstroke.ca/sign-up/>

# Exercise & Falls Prevention for Stroke Survivors

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Melanie Di Carlo, Exercise & Falls Prevention Lead

## COVID-19 Updates

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- Effective March 13, 2020, all community-based exercise and falls prevention programs were placed on hold, indefinitely
- Duration of these closures and opportunity to resume in-person programming is dependent on the availability of community sites
  - Recreation centers
  - Churches
  - RHs and LTC facilities
  - Seniors' residences
- Approximately 2,400 seniors have been impacted by these closures, with 178 programs previously being offered in 54 unique locations

- Developed in Spring 2020 and vetted through a comprehensive evaluation framework by OT placement students from the University of Toronto
  
- Comprised of four sections:
  1. Staying Safe at Home –falls prevention strategies (i.e. how to get up from a fall)
  2. Staying Active at Home – visuals of home exercises, including general, balance, and strengthening options + YouTube videos and interactive links
  3. Community Resources – via the CW Healthline
  4. Special Populations – specific exercises for COPD, Stroke, Arthritis & Osteoporosis

# Resource Booklet

Central West LHMN



**Exercise & Falls Prevention Resources**  
 Tips for Remaining Active at Home

## Exercises for Stroke

**FITNESS AND MOBILITY EXERCISES (FAME) FOR STROKE**

**WARM-UP EXERCISES**

			
SLOW MARCHING (WITH SUPPORT OR ARM SWIVEL)	KNEE CIRCLES	ANKLE ROTATIONS	BUTT KICKS

**FUNCTIONAL STRENGTHENING**

			
HEEL / TOE RAISES	CHAIR PUSH-UPS	SIT TO STAND	WALL PUSH-UPS

**BALANCE EXERCISES**

			
SLOW WEIGHT SHIFT (SIDEWAYS, FRONT & BACK)	FORWARD REACH	ONE LEG STANDS	HEEL TOE STANDING / HEEL TOE WALKING

**AGILITY & FITNESS**

			
SIDE STEPPING	FORWARD STEPPING	FAST HIGH KNEE MARCHING	FAST & LOW STEPS

## Wellness Check-In Telephone Calls

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**PURPOSE:** To develop and implement a telephone wellness check-in program for clients enrolled in the Exercise & Falls Prevention Program which effectively:

- Screens for vulnerabilities related to COVID-19
- Identifies seniors who would:
  - Benefit from community resources related to identified vulnerabilities
  - Require medical needs or home care follow up
  - Interested in participating in regular wellness check-ins
  - Require chronic disease health teaching
- Provide resources related to:
  - Maintaining engagement in productive activities
  - Print and electronic resources related to keeping physically active



# Falls Risk Questionnaire

## Check Your Risk for Falling

Please circle "Yes" or "No" for each statement below.			Why it matters
Yes (2)	No (0)	I have fallen in the last 6 months.	People who have fallen once are likely to fall again.
Yes (2)	No (0)	I use or have been advised to use a cane or walker to get around safely.	People who have been advised to use a cane or walker may already be more likely to fall.
Yes (1)	No (0)	Sometimes I feel unsteady when I am walking.	Unsteadiness or needing support while walking are signs of poor balance.
Yes (1)	No (0)	I steady myself by holding onto furniture when walking at home.	This is also a sign of poor balance.
Yes (1)	No (0)	I am worried about falling.	People who are worried about falling are more likely to fall.
Yes (1)	No (0)	I need to push with my hands to stand up from a chair.	This is a sign of weak leg muscles, a major reason for falling.
Yes (1)	No (0)	I have some trouble stepping up onto a curb.	This is also a sign of weak leg muscles.
Yes (1)	No (0)	I often have to rush to the toilet.	Rushing to the bathroom, especially at night, increases your chance of falling.
Yes (1)	No (0)	I have lost some feeling in my feet.	Numbness in your feet can cause stumbles and lead to falls.
Yes (1)	No (0)	I take medicine that sometimes makes me feel light-headed or more tired than usual.	Side effects from medicine can sometimes increase your chance of falling.
Yes (1)	No (0)	I take medicine to help me sleep or improve my mood.	These medicines can sometimes increase your chance of falling.
Yes (1)	No (0)	I often feel sad or depressed.	Symptoms of depression, such as not feeling well or feeling slowed down, are linked to falls.
<b>TOTAL _____</b>		<b>Add up the number of points for each "yes" answer.</b> <b>If you scored 4 points or more, you may be at risk for falling.</b> <b>Discuss this brochure with your doctor or health care practitioner.</b>	

This checklist was developed by the Greater Los Angeles VA Geriatric Research Education Clinical Center and affiliates and is a validated fall risk self-assessment tool (Rubenstein et al. *J Safety Res*: vol. 42, n°6, 2011, p. 493-499). Adapted with permission of the authors.

## Wellness Check-In Outcomes

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- Currently there are 43 stroke survivors enrolled in programs across 5 sub-regions
- Wellness calls only be conducted for patients who are not otherwise aligned with a Care Coordinator and have home care services
- 12.8% (131) of participants who underwent a wellness call (1024) reported a fall within the last 6 months
- 50-60% of seniors have access to internet/device for virtual video programs, 10-15% prefer telephone-based

# Virtual Programming

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- Currently co-designing a virtual exercise and falls prevention program collaboratively with SPOs
  
- Program will focus on 3 pillars:
  1. Engagement
  2. Education
  3. Activation
  
- Pilot program launch date → *Early 2021*

# Questions?

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Melanie Di Carlo  
Exercise & Falls Prevention Lead  
(905) 796-0040, ext. 7290  
[melanie.dicarlo@lhins.on.ca](mailto:melanie.dicarlo@lhins.on.ca)

**For information or to make a referral:  
1-888-733-1177, ext. 7744**



# MARCH OF DIMES CANADA — AFTER STROKE

Virtual Programs & Services

# AFTER STROKE

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Jessica Knot | Coordinator Stroke Services  
Community Programs & After Stroke  
March of Dimes Canada

Phone: 416-420-7843

Email: [jknot@marchofdimes.ca](mailto:jknot@marchofdimes.ca)

Region: Central LHIN

# WEEKLY AFTER STROKE VIRTUAL PROGRAMS

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- Community conversation
  - Join survivors and caregivers from all over Canada to meet, share knowledge and resources.
- Aphasia connect program
  - Join people with aphasia and other communication disorders in a guided conversation. An opportunity to meet new people and stay connected.



# WEEKLY AFTER STROKE VIRTUAL PROGRAMS

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- Chair exercise for stroke recovery
  - one-hour chair exercise session led by a certified fitness trainer.
- PERK activities
  - PERK is a program that aims to help people stay mentally sharp while enjoying group camaraderie. PERK activities are fun, trigger all your senses, and are different from what you used to doing.
- Virtual stroke recovery program
  - Connect with others, brain exercises, discussion topic, and a chair exercise session

# VIRTUAL PROGRAM SCHEDULE OVERVIEW (E.S.T.)

Monday	Tuesday	Wednesday	Thursday	Friday
Aphasia Connect 2:00 – 3:00 p.m.	Chair exercise 12:00 – 1:00 p.m.	Stroke recovery program 4:00 – 6:30 p.m.	Chair exercise 12:00 – 1:00 p.m.	Stroke recovery program 4:00 – 6:30 p.m.
	Community conversation 1:00 – 2:30 p.m.	Caregiver guest speaker webinars 2:00 – 3:30 p.m.	Aphasia Connect 2:00 – 3:00 p.m.	
			Caregiver Connection 2:00 – 3:00 p.m.	

# VIRTUAL AFTER STROKE PEER SUPPORT

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- 1 on 1 connections with a volunteer stroke survivor
- Branch of our Hospital Visitation – Peers Fostering Hope program
- Connect an individual who has had a stroke to a volunteer to allow them to speak to someone who has been through the journey they are currently on
- Conversation can take place over Zoom or over the phone
- MODC staff will arrange date & time of connection

# ASK AN EXPERT

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- Information, inspiration, and resources for stroke recovery, presented by professionals. Topics are timely and relevant during this pandemic. These interactive sessions only need you to bring your curiosity and questions.

# FOR MORE INFORMATION

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- For more information on any of the After Stoke virtual programs, to refer a client for peer support or other services or to refer a potential volunteer please contact:

Jessica Knot

[jknot@marchofdimes.ca](mailto:jknot@marchofdimes.ca)

416-420-7843

# CAREGIVER PROJECT

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- Caregivers are invaluable to the people for whom they care, and to society. It's a role that can be exhausting, stressful and overwhelming.
- March of Dimes Canada offers a wide variety of programs.
- Caregiving changes everything, so whether you they need reliable information or just someone who knows what you're going through, we're here.

# VIRTUAL ACTIVITIES – PROGRAM DESCRIPTIONS

---

## Guest Speaker Webinars

- Funded by The Trillium Foundation, our speaker webinars bring together professionals and caregiving experts to share their knowledge on relevant topics. From advocacy to communication, our webinars offer a quick, convenient way access to information you can use every day.
- Wednesdays at 2:00 pm; Registration required

# VIRTUAL ACTIVITIES – PROGRAM DESCRIPTIONS

---

## Caregiver Connection

- Join our community of caregivers to talk about the challenges and rewards of caregiving. These guided discussions offer a chance to share experiences and information, or just talk, in a supportive space.
- Thursdays at 2:00 pm; Registration required



# VIRTUAL ACTIVITIES – PROGRAM DESCRIPTIONS

---

## Virtual Peer Support

- No one understands quite like somebody who has lived the same experience. Our Peer Support program pairs caregivers with peers who are also experienced in caregiving and can offer practical advice and support by phone or a video chat.
- Scheduled at convenient time for Caregiver.

# NEW VIRTUAL VOLUNTEER PROGRAMS

GOALS: REDUCE SOCIAL ISOLATION; IMPROVE ACCESS TO PROGRAMS

## Share and Connect

**Virtual Volunteers  
for one-on-one  
Social Connections**

## Hi Tech

**Virtual Volunteers for one-  
on-one Tech Support**

# Hi Tech and Share and Connect

The goal is to match friendly volunteers with our participants – adults with disabilities, stroke survivors and care partners – for virtual support, either to solve their problems with understanding, accessing and using tech, or to provide a friendly visit and reduce isolation.

The focus is on communities where MODC successfully received ECSF funding (however, clients from other communities **will not be turned away**): Chatham-Kent, Hamilton, Mississauga, Thunder Bay

# FOR MORE INFORMATION

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For more information on Share & Connect, Hi Tech! or any of these Caregiver Project virtual activities, registrations and/or to refer a client or volunteer please contact:

Angie Clark

905-301-8114

[aclark@marchofdimes.ca](mailto:aclark@marchofdimes.ca)

# MH LHIN Funded Community Step Up Program

Barbara Kawczak  
Manager of Community Programs



# Community Step Up Program

- Recognized by the RCA and GTA Rehab Network as a best practice rehabilitative care program for frail seniors & older adults who are medically complex
- Since 2016 the program has been shown to prevent and reduce repeated ED visits, hospital re-admissions, delay LTC placement
- Provide caregivers with education and coping strategies to make caring for their Loved One more efficient and safer
- To provide appropriate navigation and seamless transition to other programs and services



# Program Details

**Since 2016 we have serviced over 600 frail seniors**

- 6 week outpatient program
- Therapies include PT, OT & SLP
- Clients attend 2 days / week for 1.5 hours / visit
- Equally weighted treatments per discipline
- Treatments are all scheduled together in 1 visit
- Clients are treated on a 1-1 basis
- Pre and post assessments
- 21 clients / 6 week program



# Inclusion Criteria

- Frail Senior or older adult with comorbidities
- Must have **restorative potential**
- Must require a minimum of **2** out of the 3 disciplines
- Must be **medically stable** to participate in the 6 week program ( **1.5 hour visit**)
- Client is motivated to participate in program
- *Client may be a one person transfer however independent in personal care*
- *Client is able to coordinate transportation to an outpatient setting*



# Locations Prior to COVID:

- **Village of Erin Meadows**
  - 2930 Erin Centre Blvd, Mississauga
  - Tuesdays & Thursdays
- **Sheridan Villa**
  - 2460 Truscott Dr, Mississauga
  - Mondays & Wednesdays,
- **Birkdale Place**
  - 611 Farmstead Dr, Milton, ON L9T 7Y8
  - Mondays & Wednesdays

# Delivery of Care Since COVID-19

## Virtual Care Platform: Adracare

- Adracare is a secured online platform developed for Healthcare Professionals
- Meets all of the privacy standards required in healthcare
- There is no medical or healthcare information stored in the platform
- Unique link and access code for each session – sent by Therapist
- There is no software to install.
- Prior to the first appointment clients are connected with Adracare IT to troubleshoot compatibility of smart device
- Appointments are scheduled with therapist on set days and times each week

# Delivery of Care Since COVID

## Virtual Care Platform: Adracare

- During the initial contact with client/SDM, we review all information about the program and Adracare and review both the benefits and limitation of a virtual care model
- Following the initial call we send an information package for them to review and then provide consent to virtual care
- Clients are provided with introductions to their therapy team
- Therapists provide sessions in a private setting
- All appointments are set up with same day and time each week
- Therapists present photo ID at the start of care



# Delivery of Care Since COVID

## Virtual Care Platform: Adracare

- Therapists develop emergency plans
  - Confirm client address
  - Confirm their phone number
  - Confirm emergency contact info
  - Provide local resources that are available should there be an emergency

# Suitable for Virtual Care

## Clients Must:

- Have a smart device – laptop, computer, tablet with webcam
- Have strong internet access
- Have an email address
- Be comfortable with navigating an online platform
- Tolerate a 45 minute online session
- Have an attention span of 45 minutes or a caregiver that will attend each session to redirect
- Not require hands on manual therapy

# Making a Referral – Using TRC

## Transfer of Rehabilitative Care in the Mississauga Halton LHIN

ORGANIZATION INFORMATION		
Referral Date: _____ <small>mm/dd/yyyy</small>	Sending Organization: _____	
1. First Choice Receiving Organization: _____	Primary Program Being Referred to: _____	Reason Why: <small>(referral made to multiple programs)</small>
2. Second Choice Receiving Organization: _____	Secondary Program Being Referred to: _____	
3. Other: _____	Program Being Referred to: _____	
CLIENT DETAILS AND DEMOGRAPHICS		
<b>Client Information:</b>		
First and Last Name: _____	DOB: mm/dd/yyyy _____	Health Card # and Version Code: (Optional) _____
Address: _____	City and Province: _____	Country and Province: _____
Telephone #: _____	Alternate Telephone #: _____	Gender: _____
Languages Spoken: _____	Living Situation: _____	
<b>MANDATORY</b>		
<div style="border: 1px solid red; padding: 5px;">                     Client consent obtained to share the information on this referral?  <input type="checkbox"/> Yes    <input type="checkbox"/> No  <input type="checkbox"/> Consent limitations, please specify below.                 </div>		Does the client have a Primary Care doctor? <small>If yes then list Primary Care Doctor name and number below.</small> <input type="checkbox"/> Yes <input type="checkbox"/> No
First and Last Name: _____		Telephone #: _____
<b>Caregiver Information:</b>		
Is the patient capable of making their own decision? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>If no then list substitute decisionmaker name and phone number below.</small>		
Relationship to client: _____		

**Fax Referral to 1.855.412.6627**



# Making a Referral – If not Using TRC

## Referral information

Referral date *	<input type="text" value="Day"/> <input type="text" value="Month"/> <input type="text" value="Year"/>	Organization name *	<input type="text"/>
Contact name *	<input type="text"/>	Contact number *	<input type="text" value="555-555-5555"/>
Email *	<input type="text" value="example@email.com"/>	Client/SDM approved referral *	<input type="radio"/> Y <input type="radio"/> N

## Client information

Client name *	<input type="text"/>	Gender *	<input type="radio"/> Male <input type="radio"/> Female
DOB *	<input type="text" value="Day"/> <input type="text" value="Month"/> <input type="text" value="Year"/>	Email	<input type="text" value="example@email.com"/>
Contact number *	<input type="text" value="555-555-5555"/>	City *	<input type="text"/>
Street address *	<input type="text"/>	Language *	<input type="text"/>
Postal code *	<input type="text"/>		

## Online Referral

<http://www.lifemarkseniorswellness.ca/stepupprogramform.php>

## If required: substitute decision maker information

SDM name	<input type="text"/>	Day time number	<input type="checkbox"/> Same as client contact number
Alternate number	<input type="text" value="555-555-5555"/>		<input type="text" value="555-555-5555"/>
Street address	<input type="checkbox"/> Same as client address	Email	<input type="text" value="example@email.com"/>
	<input type="text"/>	City	<input type="text"/>
Postal code	<input type="text"/>	Preferred language	<input type="text"/>

# Exercise & Falls Prevention Classes

## Service 72 Sites Across MH LHIN with the Following:

- 12 Week Falls Prevention Program (registration required)
- 12 Week Osteoporosis Program (registration required)
- Various Drop In Exercise Classes including:
  - Movement Matters
  - Pump it Up
  - Seated Tai Chi
  - Chair Yoga
  - Seated dance



# Community Outreach Program

## Since COVID we offer:

- Teleconference – Seniors with no Smart Devices
  - Education
  - Verbally Guided Exercises
  - Instructor/Peer Support
- Live Stream Exercise Classes
  - Exercises Classes with falls prevention focus
  - Instructor View Only – 1 way

Register by Calling 1.800.315.4417



# Community Outreach Program

## Since COVID we offer:

- Weekly Resources
  - Home Exercises
  - Falls Prevention Education
  - Complimentary Article
- 1-1 Touch Points With Instructors
  - Review Weekly Educational Resources
  - Review Home Exercises
  - Answer questions

**Register by  
Calling  
1.800.315.4417**





**lifemark**   
Seniors Wellness



# Halton-Peel Community APHASIA PROGRAMS



Brittany Clark, M.S., CCC-SLP  
November 12, 2020

# Who We Are

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- Non-profit organization
- Volunteer Board of Directors
- Clinical team:
  - Speech-Language Pathologists
  - Communicative Disorders Assistants
  - Registered Social Worker



Halton-Peel Community  
APHASIA PROGRAMS



*discover  
what's inside...*



# What is Aphasia?

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Aphasia is an acquired communication disorder

- most often caused by stroke, brain injury, or brain illness

Aphasia affects a person's ability to communicate:

- speaking,
- understanding,
- reading and writing

# Challenges of living with Aphasia

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- Social isolation
- Depression
- Other people may assume the person with aphasia is not competent
- Reduced participation in conversations and activities
- Change in life roles (e.g., work, family, etc.)

# What We Do

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- Weekly virtual social communication program
- Conversation and language-based activities
- Focus on life participation, social connection and quality of life
- We help and support clients, family, and friends
  - Have better conversations
  - Learn about programs in the community
  - Improve quality of life living with aphasia



# What We Do

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- Educate the community about aphasia
- Social work support for clients and caregivers
  - Communicatively accessible 1:1 counselling with a RSW knowledgeable about aphasia
  - Monthly caregiver support groups
  - Monthly Primary Progressive Aphasia (PPA) support groups

# Group Locations & Funding

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## Brampton – CW LHIN

- 4 weekly groups
- Programs are fully funded by the LHIN with outlined length of stay

## Milton, Oakville, Mississauga – MH LHIN

- 6 weekly groups
- Programs are fully funded by the LHIN with outlined length of stay

## Burlington – HNHB LHIN

- 2 weekly groups
- Programs are partially LHIN-funded; client pays co-pay
- Eligible clients can stay long-term

# Eligibility Criteria

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## People who:

- have varied types/severities aphasia (and their family/caregivers)
- are medically stable and live in the community
- can attend & participate appropriately in a 2.5-3 hour program
- no or minimal cognitive difficulties
- Access to technology and internet connection
- Ability to use device and virtual group platform (e.g., Zoom) or, have access to a support person to assist
  - Note: some remote support can be provided by program staff

# Referral Process

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- Referrals come from
  - Health-care professionals
  - Community agencies
  - Family members, caregivers
  - Self-referrals
- Referral forms are available online at [www.h-pcap.com](http://www.h-pcap.com) and can be mailed or faxed to H-PCAP at Monarch House

# Aphasia Information & Training Sessions

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- Information and training in supporting conversations
- Hosted by a Speech-Language Pathologist & Assistant
- Four-hour virtual training includes practical scenarios, videos
- Open to community members, health care professionals

# Supportive Conversation

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# Aphasia Awareness

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# Thank you!

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Brittany Clark, M.S., CCC-SLP  
Speech-Language Pathologist  
Manager of Youth & Adult Rehab



Phone: 905-875-8474

Email: [brittanyclark@monarchhouse.ca](mailto:brittanyclark@monarchhouse.ca)





**THANK YOU!**

# Post Survey Feedback

We will be sending you a post event survey to your e-mail.

<https://www.surveymonkey.com/r/8TQJ6Z7>