

Community Reintegration Committee: Executive Summary

In May 2019, the West GTA Stroke Network (WGASN) Steering Committee approved the formation of the Community Reintegration Expert Committee to explore the topic of community reintegration by identifying key community programs that support persons with stroke after rehabilitation. The WGASN Community Reintegration Expert Committee was made up of community providers currently offering community programs to persons with stroke in the West GTA Stroke Network region.



174 Persons with stroke and caregivers & 42 Providers filled out our survey

A survey was developed for persons with stroke and caregivers to identify key community reintegration programs. In total, 174 surveys were collected. In addition, a second survey was developed to capture the perspective of providers of key community stroke programs. In total, 42 surveys were collected. The Community Reintegration Expert Committee also reviewed current literature on community reintegration. Using the survey results and the literature the group made 12 recommendations on how to advance community reintegration post stroke in the WGASN region.



Community Reintegration Literature was reviewed



12 Recommendations were made to advance Community Reintegration in our region

1 Community Exercise

Committee examining the current state of exercise programs in our region, evidence to support exercise interventions, available supports, gaps in providing service and to explore the needs and feasibility of offering exercise post stroke in less serviced regions utilizing data sources and other existing models.

2 Supportive Communication

Committee examining the current state of the programs in our region, evidence to support ongoing funding (especially the appropriate duration of these programs) and the feasibility of implementing programs in less serviced communities of our region.

3 Depression Post Stroke

Form a cross continuum regional committee examining depression screening tools available. This committee will also identify a process for follow up if someone screens positive (person with stroke and caregiver). The Canadian Stroke Best Practice recommendations and models utilized in the province will guide work.

4 Transportation

Working group coordinating:

1. Education sessions on use of Transhelp/Miway/Zoom (an invitation will be extended to other providers in the Mississauga Halton and Central West regions as well) for persons with stroke and providers in the region (including clarification of what is "door to door" service and application process).
2. Formation of education resource for transportation providers (including contracted service providers) on the visible and invisible effects of stroke.
3. Creation of a list of all transportation options by region.

5 Resource Inventory

Form a working group to discuss format of the West GTA Stroke Network Community Resource Booklet to ensure that all relevant sections and resources are present within the booklet. This working group will include persons with stroke and caregivers. Create a marketing campaign to raise awareness of this resource (primary care physicians, community programs etc).

6 Return to Work

Form a working group to examine the process of return to work, supports, and employer obligations. The Canadian Best Practice Recommendations will guide this work where applicable. Create a regional return to work toolkit utilizing previous work done in the Province (i.e. Southwestern Ontario Stroke Network) and share work with the region and short/long term insurance providers. Please note that this resource will highlight that the return to work process is individualized and some individuals may not be able to return back to their original role.

7 Peer Support

Form a committee to identify the ideal peer support structure (timing, content frequency) in our region using the available evidence. The committee will also assist in examining the logistics of implementing peer support in communities that currently do not offer this service (Orangeville, Georgetown).

8 Aphasia Awareness

Create a targeted marketing campaign shared by all community providers belonging to the group about aphasia and the available resources for clinicians, patients and caregivers. The marketing campaign will be composed of a newsletter/info-graphic and the content can be housed on the WGASN website/community resource booklet. Attempts will be made to distribute this campaign to primary care physicians in our region.

9 Specialty Programs

Conduct a current state of community based specialty programs (community based upper extremity and cognitive training programs, reading, cooking, daily living skills program, and cognitive endurance program) that exist in the province. Identify who runs these programs and in what settings.

10 Caregiver Support

Form a working group gathering information from caregivers about the optimal mix of services required to support them. The working group will draw on existing literature (Canadian Stroke Best Practice Recommendations, Timing is Right and UK Lived Experience report) to guide work. The working group will conduct a current state of existing supports (including a resource list by region) based on the findings of the engagement and literature. Gaps in services in the Mississauga Halton and Central West regions will be highlighted. The working group findings will be shared in the region.

11 Timing of Programs

Create a repository of key programs by region which includes the day, time and location of each of the programs and key contact information. The purpose of this repository would be to allow program planners to see when other programs are offered to avoid placing programs on the same day/time and leverage existing programs.

12 Stroke Education

Form a cross continuum group tasked with creating a repository of existing education resources for persons with stroke in different formats (printed resources, online resources, videos). The education topics covered in this resource listing will be guided by the Canadian Stroke Best Practices related to transitions of care. Findings will be shared with the region and participating organizations will be encouraged to utilize and incorporate resources into existing community programs.