

This orientation is intended to be a generic orientation to the Provincial Stroke Services. It is not intended to replace the site, service and role specific orientations that address operational policies, protocols and processes including and not limited to: documentation, workload measurement (if applicable), location of assessment tools/equipment, tour of work unit, etc. All staff are expected to review the information in the General Information Section. Other sections / topics will be identified as priorities based on your profession and your worksite by your Manager.

Section	Content	Date Complete
<b>General Information</b>	PEI Organized Stroke Care Program Description	
	Stroke Services Listing	
	Role of Provincial Positions (Navigator, Stroke Coordinator)	
	Professional Development Information (includes Hemispheres)	
	Provincial Stroke Services Staff (Position) Listing	
	Supported Conversation with Adults with Aphasia	
	FAST Poster	
<b>Newsletters</b>	Stroke Signals Newsletters	
<b>Quality Management</b>	<ul style="list-style-type: none"> <li>○ “What is Stroke Distinction?”</li> <li>○ Stroke Distinction one pager</li> </ul>	
<b>Professional Resources</b>	<ul style="list-style-type: none"> <li>○ Assessment Tools by Profession</li> <li>○ Canadian Stroke Best Practice Recommendations for Patient and Family Education</li> <li>○ List of resources (links to H&amp;S Canadian Stroke Best Practice Recommendations, March of Dimes, Strokengine)</li> <li>○ Stroke Education Inventory</li> <li>○ Nutritional Screening for Stroke Survivors</li> <li>○ Stroke U/E Toolkit</li> <li>○ Post Stroke Driving (Algorithm, Request to Review Driving form, Patient Information)</li> <li>○ TLR – Therapy and TLR sheet</li> <li>○ Stroke Patient Education – CIS Stroke Education Form</li> </ul>	
<b>Training</b>	<ul style="list-style-type: none"> <li>○ Staff Stroke Education Videos</li> <li>○ Instructions for viewing</li> <li>○ Stroke and TLR</li> </ul>	

### Stroke Program Components: Specific Information

<b>Hyperacute / EDs</b>	<ul style="list-style-type: none"> <li>○ Acute Stroke Clinical Pathway</li> <li>○ Emergency Department- Suspect Stroke Medical Directive</li> <li>○ Order sets (Cerner)</li> <li>○ Toronto Bedside Swallowing Screening Test (TOR-BSST©)</li> <li>○ Admission, Discharge and Transfer Criteria Provincial Acute Stroke Unit Policy</li> </ul>	
<b>Provincial Acute Stroke Unit</b>	<ul style="list-style-type: none"> <li>○ Acute Stroke Clinical Pathway</li> <li>○ Admission, Discharge and Transfer Criteria Provincial Acute Stroke Unit Policy</li> <li>○ AlphaFIM, Barthel, Modified Rankin</li> <li>○ Bowel and Bladder Management for Stroke Patients – Clinical Protocol</li> <li>○ Oral Care for Stroke Patients – Clinical Protocol</li> <li>○ Order sets (including stroke admission)</li> <li>○ Venous Thromboembolism (VTE) Prophylaxis for Stroke Patients – Clinical Protocol</li> <li>○ Toronto Bedside Swallowing Screening Test (TOR-BSST©)</li> </ul>	
<b>Provincial Rehabilitation Unit</b>	<ul style="list-style-type: none"> <li>○ Admission Criteria: Inpatient Provincial Rehabilitation Policy</li> <li>○ Bowel and Bladder Management for Stroke Patients – Clinical Protocol</li> <li>○ National Rehabilitation Reporting System (NRS) Pamphlet (FIM)</li> <li>○ Provincial Rehabilitation Unit Handbook</li> <li>○ Oral Care – Stroke Patients – Clinical Protocol</li> <li>○ Stroke Rehabilitation Admission Protocol</li> <li>○ Venous Thromboembolism (VTE) Prophylaxis – Stroke Patients – Clinical Protocol</li> </ul>	
<b>Ambulatory Stroke Rehabilitation Services</b>	<ul style="list-style-type: none"> <li>○ Provincial Ambulatory Stroke Rehabilitation Services Brochure</li> <li>○ District – Patient Information Sheet and Frequently Asked Questions</li> <li>○ Provincial Ambulatory Rehabilitation Services Referral Form</li> </ul>	
<b>Telestroke</b>	<ul style="list-style-type: none"> <li>○ Telestroke Rehabilitation Program Model (to be updated with Overview document and Clinical Manual 2021)</li> </ul>	
<b>Secondary Stroke Prevention</b>	<p>Provincial Secondary Stroke Prevention Clinic (PSSPC)</p> <ul style="list-style-type: none"> <li>○ Provincial Secondary Stroke Prevention Clinic Patient Flow Sheet</li> <li>○ TIA algorithm / Referral Form</li> <li>○ TIA Patient Handbook</li> <li>○ PSSPC order set (Cerner)</li> </ul>	
<b>Community Reintegration</b>	<ul style="list-style-type: none"> <li>○ Community Transitions Service One Pager</li> <li>○ Partial List of Community Resources</li> <li>○ Gym accessibility information</li> </ul>	
<b>Archive (past reference material)</b>	<ul style="list-style-type: none"> <li>● Heart &amp; Stroke Poster (Stroke Congress 2010)</li> <li>● Making Health Last in Long-Term Care</li> <li>● Orientation to Stroke Services</li> <li>● Orientation to Stroke Strategy &amp; Coordinated Stroke Care Model</li> <li>● Stroke Congress poster – Community needs</li> <li>● Provincial Ambulatory Stroke Rehabilitation Services Charter</li> <li>● Telestroke Updates (PEI Stroke Conference)</li> </ul>	

Health PEI is committed to preparing its employees for work within the system. Orientation is the first step in that effort. Employees are encouraged to revisit the orientation at any time to refresh their memory of specific information and procedures. It is the employee's responsibility to remain informed about official Health PEI and site specific information and procedures.

By signing this document, I, \_\_\_\_\_ / \_\_\_\_\_ do attest that:  
*Print Name* *Employee #*

- 1) I have completed Orientation to the Provincial Stroke Services
- 2) I am aware of the policies and requirements applicable to me in my role as an employee in Health PEI.

*I fully understand that it is my responsibility as a Health PEI employee to have knowledge of official Health PEI and site specific information and procedures.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Email

\_\_\_\_\_  
Phone

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***After you complete the Provincial Stroke Services Orientation:  
Fill out, sign, date, and submit this document to your supervisor/manager within 30 days of your  
employment start date. Title the email: Orientation Completion Form***

***Keep a copy of this document for your records.***

**Notes / Requests for Professional Development to be reviewed with Manager:**
