

FEWER STROKES. BETTER OUTCOMES.



Champlain Regional Stroke Network
3 Year Strategic Plan – 2018/19 – 2020/21

“WELCOME TO OUR STRATEGIC PLAN”

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MESSAGE

from the CRSN Steering Committee Chair & Regional Director

These are exciting times in the world of stroke care. Innovative treatments, such as Endovascular Therapy, are driving changes in the way healthcare leaders are approaching stroke system planning. Data systems are enhancing our knowledge of stroke activity on a local, regional and provincial level. And technology is changing the way patient care and education is provided. It is within this dynamic stroke landscape that the Champlain Regional Stroke Network is proud to present the 2018/19 – 2020/21 Strategic Plan.

“These are exciting times in the world of stroke care.”

There has been a significant amount of progress made in the last 3 years in the Champlain LHIN. The first two stroke units were established in the region, first at Pembroke Regional Hospital in 2015 followed a year later at the Ottawa Hospital. Regionally we have achieved door-to-needle times of sub-40 minutes and have revised walk-in protocols to ensure timeliness of care. Support for stroke survivors in the community has been greatly enhanced with the implementation of Community Stroke Rehabilitation programs in Eastern Counties and soon to be established in Renfrew Counties. In addition, the CRSN has established a Patient and Family Advisory Committee (named the Ambassadors for Stroke Recovery) to ensure that the patient voice is included as part of the work of the CRSN.

Building on the past successes, this strategic plan provides a road map for where stroke services is headed over the next 3 years

in the Champlain LHIN. The CRSN will continue to work closely with the regional partners to increase coordination along the continuum of care. The recommendations that will come from the LHIN's Sub-Acute Care Capacity Planning will drive activity in the early stage of this 3-year cycle and will continue as efficiencies are identified in the acute care system in Great Ottawa and Eastern Counties. This will require both refining the existing and driving new strategic partnerships regionally and provincially. And furthermore, the CRSN will look to collaborate with the regional partners to design educational strategies that will meet the needs of today's healthcare providers.

Building on the successes of the last 3 years will allow the CRSN to continue to work towards achieving the vision of fewer strokes, better outcomes.



Sean Gehring
Regional Director, CRSN



Heidi Sveistrup
CRSN, Chair
Steering Committee

VISION

Fewer Strokes. Better Outcomes.

MISSION

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

VALUES

- Equity and Comprehensiveness
- Accountability and Integrity
- Transparency and Engagement
- Learning and Performance Improvement
- Leadership and Innovation



CHAMPLAIN REGIONAL STROKE NETWORK – STROKE SERVICE PROVIDERS

The **CRSN** is part of the **Ontario Stroke System**, which is comprised of **14 Stroke Networks** throughout Ontario.

We provide leadership in the development, implementation, and coordination of stroke care throughout all points in the care continuum in the Champlain LHIN:

- health promotion,
- primary and secondary prevention,
- pre-hospital,
- acute care,
- rehabilitation and community reintegration

Champlain LHIN is home to 1.3 million residents, close to 10% of Ontario's population. It encompasses a large geographical area that includes Renfrew County, the City of Ottawa, Prescott & Russell, Stormont Dundas & Glengarry, North Grenville, and North Lanark. The CRSN is a key healthcare partner within the LHIN and provides leadership in the development, implementation, and coordination of stroke care throughout the region and across all points in the care continuum. Included in the map below are the key stroke services providers within the Champlain LHIN, along with their respective stroke services.

PEOPLE

CRSN Steering Committee Members

The Champlain Regional Stroke Network Steering Committee (CRSNSC) provides strategic stewardship, governance and decision making for the development, implementation and coordination of regional initiatives and work plans. The CRSNSC is comprised of:

- Administrative Leaders from hospitals providing stroke care in the Champlain LHIN
- Medical Directors – Acute Care and Rehabilitation
- Patient and Family representatives
- Representation from the Champlain LHIN – Integration and LHIN-HCC
- Subject matter experts in the fields of Education, Research and Community

The CRSNSC sets strategic priorities and holds the CRSN accountable to the annual work plans and achievement of the metrics for system improvement. Each of the Operational Committees is chaired by a member of the CRSNSC, creating a link of accountability between the committees of the CRSN.

CRSN Steering Committee Membership

- Education Representative – Heidi Sveistrup, Chair
- Bruyère Administrative Leader – Anne Mantha, Vice Chair
- LHIN Integration Representative – Leah Bartlett
- LHIN Home and Community Care Representative – Glenda Owens or Jeanne Bonnell
- CRSN Medical Director – Grant Stotts
- Rehabilitation Medical Director – Christine Yang
- District Stroke Centre Administrative Leader – Beth Brownlee
- Regional Stroke Centre Administrative Leader – Fred Beauchemin
- Cornwall Community Hospital Administrative Leader – Michael Kroon
- Glengarry Memorial Hospital Administrative Leader – Vacant
- Hawkesbury & District General Hospital Administrative Leader – Denise Picard-Stencer
- Hôpital Montfort Administrative Leader – Suzanne Robichaud
- Queensway Carleton Hospital Administrative Leader – Lianne Learmonth
- Ambassadors for Stroke Recovery Representative – Vacant
- Long-term Care Representative – Mary Egan

“The CRSNSC sets strategic priorities and holds the CRSN accountable”

CRSN STRATEGIC PLAN

3 YEAR HIGHLIGHTS

Establish Stroke Unit Cohorts throughout Champlain

Certificate program for PSW at New Orchard Lodge

Increased Telerehab capacity

Established CRSN Patient and Family Advisory Committee

Regionally achieved benchmark for carotid revascularization of <14 days

- 3 Inpatient Rehab sites
- 5 Acute Care sites
- 4 Prevention sites
- 15 regional education events

Increased collaboration and support from CRSN for front line staff

- Communication Support Workshop
- Rehab Best Practice Day
- Partnership days with Bruyère

Region-wide QI initiatives to increase rehabilitation intensity

Exceeded benchmark for Anticoagulant prescription among patients with atrial fibrillation

Ottawa Stroke Summit - 260 participants annually

ED TIA Minor Stroke Algorithm Update - EDs across Champlain

Highest volumes of stroke EVT patients in the province

LHIN-HCC Community Stroke Rehab Program in Eastern Counties - 2016

LHIN-HCC Community Stroke Rehab Program in Renfrew Counties - 2018

Obtained >80% AFIM completion at acute stroke sites

Established systematic referral to community support services at QCH

Stroke Unit implementation at TOH-Civic Campus - 2016

Stroke Unit implementation at PRH - 2015

Walk-in Protocols implemented across Champlain LHIN

Regional Door-to-Needle median time of sub 40 mins

CRSN OVERVIEW

Continuum of Care

Stroke Prevention

The Stroke Prevention portfolio in the Champlain region is consistently recognized as one of Ontario's most efficient programs. Some of the key successes in Champlain championed by our team members include:

- Improved access to carotid intervention in line with Canadian standards of care
- Standardized TIA/Minor stroke algorithm implementation in regional hospital emergency departments
- Improved medical management of atrial fibrillation as demonstrated by a regional quality improvement audit of SPC/Inpatient/ED care
- Strategies in the upcoming years will focus on improving evaluation and data collection and ensuring that residents of Champlain in rural communities have access to Stroke Prevention services.

Acute Care

Acute stroke care is committed to ensuring access to equitable, high-quality, evidence-informed care, across the hyper-acute and acute continuums. Our partnerships, commitment to education and best practices with the pre-hospital and hyper-acute sectors will support the optimization of access to appropriate new treatments such as Endovascular Therapy (EVT). Equally valued is the ongoing commitment to maintaining and organizing stroke units and services, recognizing the significant impact on positive patient outcomes.

We will continue to focusing on the development and implementation of data collection projects with partners in the region, to support quality stroke care and continuous improvements.

Rehabilitation

Through its projects and initiatives, the CRSN-RNOC Stroke Rehabilitation Sub-Committee strives to establish a seamless stroke rehabilitation system that delivers timely access to high quality, specialized stroke rehabilitation in the Champlain LHIN. The Committee recognizes stroke rehabilitation is an ongoing recovery process and emphasizes the importance of supporting patients' and families' transitions to their life after stroke.

This strategic plan prioritizes increased access to clinic and home therapy services across the region, higher amounts of therapy for patients in the inpatient setting, and expedited admission to rehabilitation services following an acute stroke event.

Community and Long-Term Care

The CRSN Community and Long-Term Care Operational Committee will focus on development of partnerships with health focused organizations and on the integration of the voice of patients and families through the Patient and Family Advisory Committee (Ambassadors for Stroke Recovery) to advance its work. This sector will develop or implement a framework that supports patients and families in their transitions of care and their reintegration to life after stroke.

Stroke is the third most common diagnosis in LTC residents in Ontario, with more than 1 in 5 residents in LTC having suffered a stroke. The CRSN will continue to develop their strategy to support LTC homes in Champlain LHIN to optimize their care for residents who have experienced a stroke.

Education

The Education Operational Committee ensures that educational programs delivered by the CRSN are in alignment with the regional strategic goals, supporting the areas of needed improvement in the region throughout the continuum of care from hyper-acute to community, based on the provincial stroke report card findings, addressing the needs identified by all disciplines and offered in both official languages.

The annual budget for education is allocated to support the work in the region, such as allowing CRSN to provide license keys for accredited learning programs, support the training of new staff and sustainability of learning of experienced staff while promoting development of new programs and initiatives in meeting standards of stroke care.

“ The Stroke Prevention portfolio in the Champlain region is consistently recognized as one of Ontario's most efficient programs.”

OTTAWA STROKE PROGRAM

Featured Partner

The Ottawa Stroke Program is a multidisciplinary team of professionals that provides both clinical care and conducts research into the diagnosis and management of stroke patients within the Champlain LHIN. There are 3 components of the OSP:

Education

Fellowship Training. The Ottawa Stroke Program offers clinical and research fellowships to qualified physicians from Canada and around the world. The strength of our program is its flexibility: we offer clinical and research rotations that can be molded to fit the interests and needs of our trainees.

Resident Training. Local and visiting residents in neurology, emergency medicine, radiology and other affiliated specialties complete rotations with the in-patient Neurovascular Unit and in the Stroke Prevention Clinic. We have developed a core curriculum built upon a competency-based approach that underscores the importance of entrustable activities to learners at different stages in their education.

Research

Our patient-oriented research program focuses on stroke prevention, acute stroke therapy, and intracerebral hemorrhage through collaboration with our partners in neuroscience, the University of Ottawa Brain and Mind Institute, nursing and allied health. The Ottawa Stroke Program research group also had a very successful research year, securing \$195,000 in research funding, published 23 peer reviewed manuscripts, and were invited to present at the Canadian Stroke Congress, the European Stroke Organization Conference and the World Stroke Congress.

Clinical

The Ottawa Stroke Program has established a record of excellence across the spectrum of clinical care. The Ottawa Hospital Civic Campus receives a high volume of patients with acute stroke (700 stroke codes/year), and is consistently a provincial leader in rapid thrombolysis times.

CRSN STRATEGIC PLANNING TIMELINES



- **Sept 2016** Approval of the CRSN Amended Strategic Plan
- **June 2017** Initiate Sub-Acute Care Capacity Plan Stroke Working Group
- **June-Aug 2017** OSN Report Card Meetings – Network Partners
- **Aug 2017** Current State Analysis of Strategic Directions and Key Regional Initiatives
- **Sept-Nov 2017** Town Hall meetings – CRSNSC and Operational Committee members
- **Oct 2017** Integration of CorHealth Ontario Strategic Plan
- **Oct 2017** 1:1 meetings with CRSNSC members
- **Nov 2017** Feedback on strategic priorities from the CRSN PFAC
- **Dec 2017** Development of draft strategic plan with CRSN Coordinators. Review at CRSNSC
- **Feb 2018** Initiated recommendations for Sub-Acute Care Capacity Plan Stroke Working Group
- **March 2018** Submit final CRSN Strategic Plan to CRSNSC for approval
- **April 1st 2018** Implementation of new CRSN Strategic Plan



CRSN Strategic Planning – 2018/19–2020/21

Strategic Directions	Ops Goal #	Operational Goal	Annual Workplan – Actions Required	Care Continuum
Ensure equitable access to high quality stroke care across the continuum of care.	1	Increase the proportion of stroke/TIA patients treated on a stroke unit at any time during their inpatient stay to >80%	A. Develop a work plan for implementation of a stroke unit at Cornwall Community Hospital (CCH). B. Increase proportion of stroke/TIA patients treated on a stroke unit The Ottawa Hospital (Civic) to >60%.	Acute Care
Ensure equitable access to high quality stroke care across the continuum of care.	2	Develop and implement hyperacute and acute system planning and patient flow in the Champlain region	A. Implement policies and procedures related to the Endovascular Treatment as per CorHealth direction. B. Coordinate with EMS to develop and implement Acute Stroke Bypass Protocol for EVT patients. C. Develop evaluation process for the Acute Stroke Bypass Protocol in partnership with CESN. D. Develop and implement an enhanced patient flow model for hyper-acute stroke patients at The Ottawa Hospital with focus on repatriation, resources and continuous quality improvement.	Acute Care
Ensure equitable access to high quality stroke care across the continuum of care.	3	Optimize stroke system planning to align with geographical demands	A. Increase coordination of services in Eastern Counties and evaluate the impact of implementation of a District Stroke Centre in the Eastern Counties. B. Form working group with key regional stakeholders to examine stroke care in Greater Ottawa. C. Optimize door-to-needle time and efficiency in processes at Regional Stroke Centre and Teletstroke sites.	Acute Care
Ensure equitable access to high quality stroke care across the continuum of care.	4	Enhance the voice of the stroke survivor and their families in the development of stroke services in the Champlain LHIN	A. Be responsive to requests and input from CRSN's PFAC (Ambassadors for Stroke Recovery). B. Engage the Ambassadors as needed for advice and feedback on decisions where their input adds value. Note: More specific goals to be determined at Ambassadors for Stroke Recovery meeting on March 21 st 2018.	All
Work in partnership to implement a standardized system for stroke care according to best practices .	5	Maintain the Champlain Stroke System in alignment with Canadian Stroke Best Practice Recommendations and Stroke Quality Based Procedures	Prevention: A. Implementation of Core Elements, Self-Assessment tool and regional summary. B. Implementation of provincial tool-kit strategies, to meet provincial core elements for secondary stroke prevention clinics. Acute: A. Development and implementation of acute self-assessment survey. B. Determine timing and process for implementing knowledge-to-action model at each site (guided by survey above). Rehab: A. Continue Stroke Partnership work with Elisabeth Bruyère. B. Determine timing and process for implementing knowledge-to-action model at Glengarry and Pembroke (likely in conjunction with acute care).	All



CRSN Strategic Planning – 2018/19–2020/21

Strategic Directions	Ops Goal #	Operational Goal	Annual Workplan – Actions Required	Care Continuum
Work in partnership to implement a standardized system for stroke care according to best practices .	6	Increase Rehab Intensity at stroke rehabilitation units in Champlain	<ul style="list-style-type: none"> A. Tailored approach is needed for each stroke rehab program to reach 90 minutes of rehab intensity. Site specific targets to be identified in Q1 FY 1819. B. Bruyere: implement opportunities for improvement as identified through Stroke Partnership work. 	Rehabilitation
Ensure equitable access to high quality stroke care across the continuum of care.	7	Establish a Community Stroke Rehabilitation (CSR) System within Champlain	<ul style="list-style-type: none"> A. Support operationalization of CSR in Renfrew County B. Continue to advocate for CSR and outpatient stroke rehab programming across the LHIN. C. CRSN will support CSR program by providing education to staff, contributing to QI initiatives, and contributing to program evaluation or report writing. 	Rehabilitation
Support the exploration, development and adoption of innovative stroke services	8	Rehab goal	To be determined based on outcomes of LHIN Sub-Acute Care Capacity Plan – Q1 and Q2 FY1819.	Rehabilitation
Collaborate on the design and implement standardized processes for seamless transitions across the stroke continuum of care	9	Rehab goal	To be determined based on outcomes of LHIN Sub-Acute Care Capacity Plan – Q1 and Q2 FY1819.	Rehabilitation
Collaborate on the design and implement standardized processes for seamless transitions across the stroke continuum of care	10	Improve appropriate and timely access to sub-acute stroke care in the LHIN	<p>Continue to build on the work of both Door-to-Transfer Time Working Groups:</p> <p>In Ottawa:</p> <ul style="list-style-type: none"> A. At the Civic Stroke Unit, sustain performance of referral to rehab by day 3 for all patients with AlphaFIM scores 40-90. B. Continue to work with The Ottawa Hospital/Elisabeth Bruyère Hospital Manager of Sub-Acute Transitions and monitor time for processing rehab applications. C. Collect similar data for General, QCH, Montfort and determine next initiative for patients referred to inpatient rehab from the General, Montfort, and Queensway Carleton Hospital. <p>In Eastern Counties:</p> <ul style="list-style-type: none"> A. At Cornwall Community Hospital, continue efforts to refer stroke patients to rehab by day 3. B. At Glengarry Memorial Hospital, continue efforts to streamline processing and acceptance of rehab application to 2 days. 	Acute & Rehabilitation

Strategic Directions	Ops Goal #	Operational Goal	Annual Workplan – Actions Required	Care Continuum
Enhance engagement and partnerships in order to promote high quality stroke care.	11	Enhance strategic partnerships with health focused organizations in order to more effectively communicate components of high quality stroke care throughout the region.	<p>Acute & Prevention: A. Engagement and knowledge exchange activities, specific to sub-regional requirements such as Champlain LHIN Indigenous Health Circle Forum & Health Links.</p> <p>Community & LTC: A. Conclude QCH systematic referral pilot with written project report. B. Continue work to improve transitions of care for stroke survivors and families as they return to the community. C. Support the Community Stroke Rehab program(s) in their efforts at successful transition from service to home. D. CLTC Coordinator to participate in other regional groups' mandates in the interest of relationship building to achieve this goal (i.e. ABI Coalition). E. Host a community resources and community organizations event in 2019 (no funding earmarked in 2018).</p>	Acute Care & Prevention; Community & LTC
Support the exploration, development and adoption of innovative stroke services	12	Improve evaluation and data collection in the Champlain Region to support performance management	<p>Prevention: A. Implement online NACRS-Lite data performance measurement system at all four Champlain Regional Stroke Prevention Clinics.</p> <p>Acute: A. Explore provincial methods for regional data collection such as HNHB LHIN/HHSC IBD dashboard. B. Develop a Regional Stroke Monitoring and Evaluation Task Group to inform regional performance management approach. C. Collaborate with Performance Management to support process for the collection of endovascular therapy metrics.</p>	Acute Care & Prevention
Work in partnership to implement a standardized system for stroke care according to best practices .	13	Support LTC in the LHIN incorporate Canadian Stroke Best Practice Recommendations into organizations.	<p>A. Complete development of education strategy for LTC (began in 2017). B. Work with engaged LTC home(s) to provide targeted stroke education. C. Present findings from Ontario Stroke Evaluation Report 2018: Stroke Quality of Care and Outcomes in Complex Continuing Care and Long-Term Care to Committee and to CRSN Steering Committee. D. Explore whether there are opportunities with Algonquin College or la Cité collégiale (e.g. to have stroke-related content incorporated into PSW)</p>	Community & LTC
Support the exploration, development and adoption of innovative stroke services	14	Design and Implementation of CRSN Communication Strategy	To be determined – Q1 and Q2 FY1819	All
Support the exploration, development and adoption of innovative stroke services	15	Development and implementation of online and electronic education strategies	<p>A. Digital Learning – 2 potential topics for 2018/19 which require further evaluatio: i. Oral Care and ii. Mobility/Positioning B. Implementation of Hemispheres at all acute sites – web-based self-learning education program</p>	Education
Work in partnership to implement a standardized system for stroke care according to best practices .	16	Utilize different educational modalities to provide education on CSBPR	<p>A. Stroke Summit 2018 B. Update on revisions to ED TIA/Minor Stroke Algorithm C.Communication Support Workshop D. Cultural Humility Training E. Site Development Opportunity</p>	Education

NEXT STEPS

The directions set forth in this strategic plan will continue the progress the CRSN has achieved over the past 3 years. Stroke continues to be an area on the cutting edge of best practice implementation, research and patient care. The CRSN will continue the role of providing leadership in the development, implementation, and coordination of stroke care throughout the Champlain LHIN.

The content of this strategic plan was approved at the CRSN Steering Committee (CRSNSC) in March 2018. This report will be released on behalf of the CRSN on April 1st, 2018 and posted on the CRSN website (<http://www.champlainregionalstrokenetwork.org>).

The Regional Director and Coordinators will provide updates on the progress of the Strategic and Operational goals embedded in the Strategic Plan on a quarterly basis to the CRSN. In addition, annual workplans will be presented in March to the respective Operational Committee and CRSN for review and approval. This will ensure that monitoring, reporting and accountability is embedded in the CRSN processes for the duration of this strategic plan.

In closing, thanks needs to be extended to all of you that have worked tirelessly to improve the lives of those who have suffered a stroke and their families. Without your support, dedication and engagement none of this would be possible.



GLOSSARY of Acronyms

AFIM	AlphaFIM
CESN	Champlain Emergency Services Network
CLTC	Community and Long Term Care
CRSN	Champlain Regional Stroke Network
CRSNSC	Champlain Regional Stroke Network Steering Committee
CSR	Community Stroke Rehab
DSC	District Stroke Centre
ED	Emergency Department
EVT	Endovascular Therapy
LHIN	Local Health Integration Network
LHIN	HCC - Local Health Integration Network - Home and Community Care
LTC	Long Term Care
OSN	Ontario Stroke Network
OSP	Ottawa Stroke Program
PFAC	Patient and Family Advisory Committee
PSW	Personal Support Worker
QI	Quality Improvement
RNOC	Rehabilitation Network of Champlain
RSC	Regional Stroke Centre
SPC	Stroke Prevention Clinic
TIA	Transient Ischemic Attack



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