

CHAMPLAIN REGIONAL STROKE NETWORK 3 YEAR STRATEGIC PLAN MID-TERM UPDATE & AMENDMENTS

BUILDING AN INTEGRATED STROKE CARE SYSTEM



TABLE OF CONTENTS

Message from the CRSN Director	2
Champlain Regional Stroke Network – Stroke Service Providers	3
OSN Stroke Progress Report – Champlain LHIN	4
CRSN Strategic Goals 15-16FY to 17-18FY – Update	5
CRSN Strategic Goals 15-16FY to 17-18FY – Amendments	7
Next Steps	10

MESSAGE FROM THE CRSN DIRECTOR

These are unique times in healthcare. Provincially, healthcare leaders are facing an environment of fiscal austerity, increasingly medically complex patients, and multifaceted human resource challenges. These challenges are forcing healthcare leadership to re-evaluate and redesign health service delivery in new and innovative ways. And it is within this unique context that we are pleased to bring forward the ‘CRSN 3-Year Strategic Plan – Mid-Term Update and Amendments’ report. We are currently at the mid-point in our current strategic plan which is a good opportunity to celebrate the successes that have been achieved and strategize on the work that is still to be done.

In the past 18 months there have been multiple shifts within the Provincial and Regional stroke services landscape that have driven the amendments included in this report. The Ontario Stroke Network has merged with the Cardiac Care Network, with the full impact of this merger yet to be fully understood. In addition, there have been changes to the membership of the CRSN Steering committee and to the structure of the CRSN, including a new Director and members of the Best Practice Team.

From a clinical standpoint, the ESCAPE trials revealed that a procedure called Endovascular Therapy (EVT) increased positive outcomes by 25% and reduced the death rate by 50 % from large ischemic strokes. EVT and implementation of ‘Rehab Intensity’ targets have been ‘disruptive innovators’ in stroke services. They have not only required us to work with our partners to implement specific policies, procedures and outcomes, but also have required us to analyze the efficiency and inputs of the stroke systems from a truly regional viewpoint. In addition, the enhancement of the patient and family voice has been identified as a priority area across the healthcare landscape. We have initiated the development of a CRSN Patient and Family Advisory Council with a target implementation in early 2017-18.

We are well on our way to achieving the deliverables set out within the original CRSN 3-year strategic plan. However, the objective of including the amendments that are highlighted within this report are to bring Strategic Plan and the Operational Work Plans into alignment, as well as fully encompassing the work that is being undertaken by the CRSN. Only through doing this will we be accountable to our regional stakeholders and be able to provide the leadership required to achieve the best outcomes for the stroke survivors and their families within the Champlain LHIN.

Best Regards,



Sean Gehring B.Sc.(O.T.), MBA
Director, Champlain

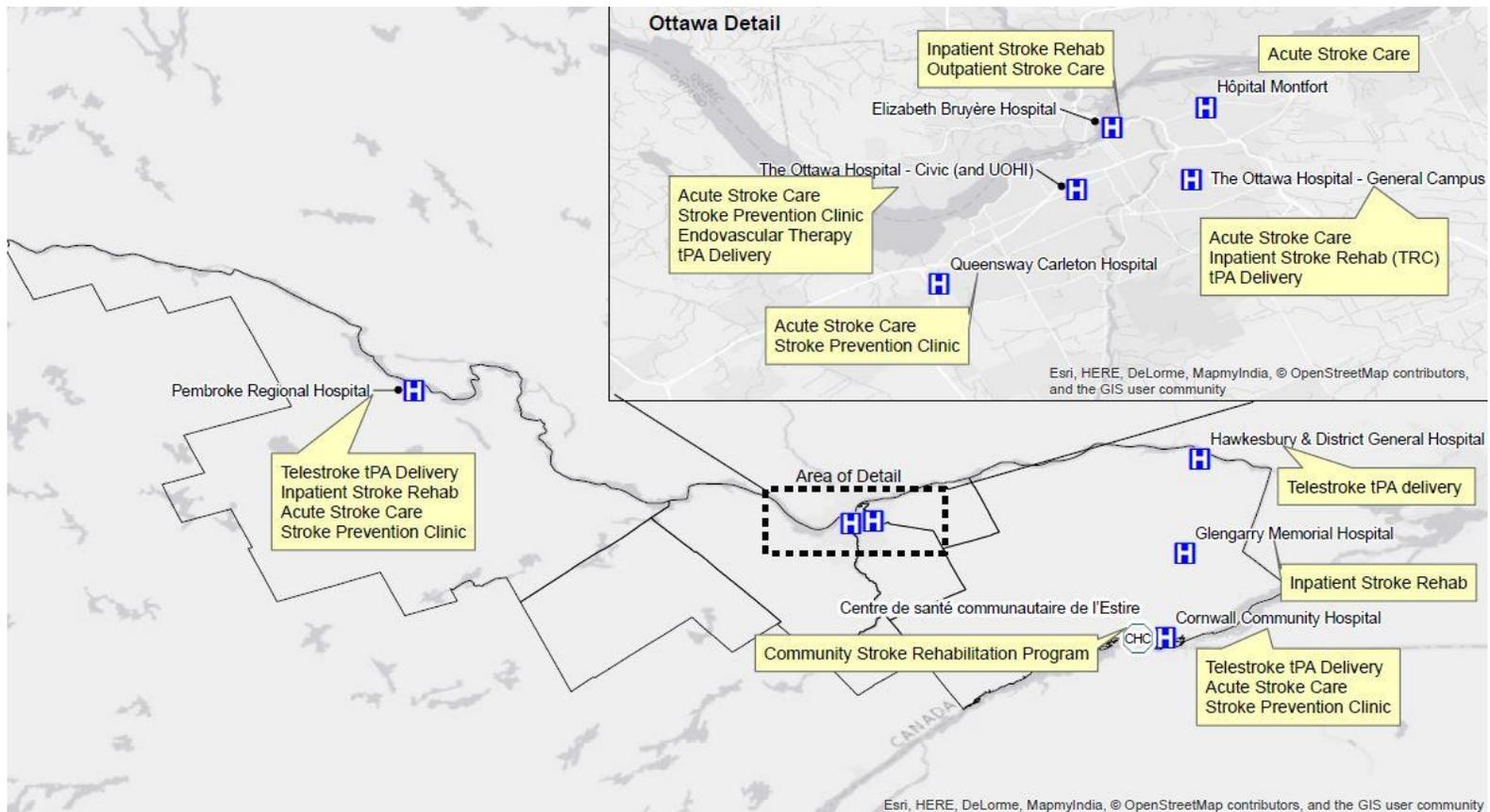
Regional

Stroke

Network

CHAMPLAIN REGIONAL STROKE NETWORK – STROKE SERVICE PROVIDERS

The Champlain Local Health Integration Network is home to 1,176,600 people or 9.5% of the Ontario 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.



OSN STROKE PROGRESS REPORT – CHAMPLAIN LHIN

In 2014/15 the Champlain LHIN achieved exemplary or acceptable performance on 7 of the 20 indicators included in the Ontario Stroke Network (OSN) Report Card. Three of the sub LHINs or facilities within the LHIN were identified as high performers on the score card indicators related to prevention of stroke and stroke rehabilitation. For the first time the OSN released a “Stroke Progress Report”. This compares the results from 2014/15 to 2011/12-2013/14. At the direction of the Executive Director of the OSN it was recommended as a quality of care improvement strategy to focus on the indicators that are “not progressing” and have “poor performance” on the respective OSN Report Cards. Those areas are highlighted in red below and will be part of our focus going forward.

STROKE PROGRESS REPORT: CHAMPLAIN LOCAL HEALTH INTEGRATION NETWORK 2014/15 COMPARED TO 2011/12 – 2013/14

Indicator No.	Care Continuum Category	Indicator ⁴	Progressing Status			Variance within LHIN ⁵		Greatest Improvement ⁶		
			Progressing Well ¹	Progressing ²	Not Progressing ³	Data not available	Min	Max	Sub-LHIN/Facility	LHIN
			LHIN FY 2014/15 (previous 3-year average)			2014/15 (2011/12)				
1	Public awareness and patient education	Proportion of stroke/TIA patients who arrived at the ED by ambulance.	58.2% (59.0%)	54.4% (53.1%)	61.3% (63.6%)			Woodbridge (Vaughan) Sub-LHIN	3	
2	Prevention of stroke	Annual age- and sex-adjusted inpatient admission rate for stroke/TIA (per 1,000 population).	1.2 (1.1)	0.9 (0.9)	2.3 (2.0)			Algoma Sub-LHIN	None	
3 ^b	Prevention of stroke	Risk-adjusted stroke/TIA mortality rate at 30 days (per 100 patients).	10.6 (11.8)	0.0 (0.0)	13.9 (28.7)			North Bay Regional Health Centre	6, 2	
4	Prevention of stroke	Proportion of ischemic stroke/TIA patients with atrial fibrillation prescribed or recommended anticoagulant therapy on discharge from acute care (excluding those with contraindications).	-	-	-					
5	Prevention of stroke	Proportion of ischemic stroke inpatients who received carotid imaging.	75.7% (70.8%)	15.0% (20.0%)	83.5% (83.3%)			Brockville General Hospital	2, 12	
6	Acute stroke management	Median door-to-needle time among patients who received acute thrombolytic therapy (tPA) (minutes).	46.0 (50.0 ^a)	42.0 (49.5 ^a)	59.5 (64.4 ^a)			Royal Victoria Regional Health Centre	12	
7 ^b	Acute stroke management	Proportion of ischemic stroke patients who received acute thrombolytic therapy (tPA).	11.8% (12.8% ^a)	7.6% (8.3% ^a)	14.4% (16.8% ^a)			Flamborough Sub-LHIN	2, 6	
8 ^b	Acute stroke management	Proportion of stroke/TIA patients treated on a stroke unit ^a at any time during their inpatient stay.	1.4% (0.5%)	0.4% (0.0%)	2.3% (5.9%)			Belleville Sub-LHIN	10, 3	
9	Acute stroke management	Proportion of stroke (excluding TIA) patients with a documented initial dysphagia screening performed during admission to acute care.	-	-	-					
10 ^b	Acute stroke management	Proportion of ALC days to total length of stay in acute care.	29.9% (27.9%)	0.0% (0.0%)	50.0% (49.2%)			Rouge Valley Health System, Ajax	None	
11 ^b	Acute stroke management	Proportion of acute stroke (excluding TIA) patients discharged from acute care and admitted to inpatient rehabilitation.	30.7% (29.7%)	18.2% (5.0%)	44.5% (38.7%)			Central York Region Sub-LHIN	8, 5	
12	Stroke rehabilitation	Proportion of stroke (excluding TIA) patients discharged from acute care who received a referral for outpatient rehabilitation.	-	-	-					
13 ^b	Stroke rehabilitation	Median number of days between stroke (excluding TIA) onset and admission to stroke inpatient rehabilitation.	14.0 (13.0)	5.0 (8.0)	23.0 (19.0)			Grand River Hospital Corp., Freeport, and Hamilton Health Sciences Corp., General Regional Rehab	8, 3	
14	Stroke rehabilitation	Mean number of minutes per day of direct therapy that inpatient stroke rehabilitation patients received.	-	-	-					
15 ^b	Stroke rehabilitation	Proportion of inpatient stroke rehabilitation patients achieving RPG active length of stay target.	65.9% (41.1%)	26.4% (15.0%)	87.3% (48.0%)			Bruyère Continuing Care Inc.	3, 8	
16	Stroke rehabilitation	Median FIM efficiency for moderate stroke in inpatient rehabilitation.	0.0 (0.0)	0.0 (0.0)	1.0 (1.1)			Grand River Hospital Corp., Freeport	3, 12	
17	Stroke rehabilitation	Mean number of CCAC visits provided to stroke patients on discharge from inpatient acute care or inpatient rehabilitation in 2013/14-2014/15.	5.8 (5.8)	-	-			North East CCAC	13, 6	
18	Stroke rehabilitation	Proportion of patients admitted to inpatient rehabilitation with severe strokes (RPG = 1100 or 1110).	33.8% (32.2%)	11.5% (9.1%)	45.7% (45.0%)			Providence Healthcare	8, 5	
19 ^b	Reintegration	Proportion of stroke/TIA patients discharged from acute care to LTC/CCC (excluding patients originating from LTC/CCC).	6.6% (9.5%)	2.0% (5.6%)	11.2% (10.3%)			Dufferin County Sub-LHIN	3, 6, 10	
20 ^b	Reintegration	Age- and sex-adjusted readmission rate at 30 days for patients with stroke/TIA for all diagnoses (per 100 patients).	7.8 (7.6)	0.0 (0.0)	19.6 (18.3)			Peterborough Regional Health Centre	None	

CRSN STRATEGIC GOALS 15-16FY to 17-18FY – UPDATE

Based on the responses from the environmental scan, the CRSN Steering Committee members approved 15 operational goals, along with the pertinent deliverables, to be included as part of the 2014/15-2017/18 CRSN Strategic Plan. Operational plans for each goal were developed that identifies the specific deliverable, lead, champion, and relevant aspect of the care continuum. The table below provides an update on the status of each of the operational goals and its respective deliverable.

Ops Goal	Deliverable	Status
1	Establish stroke unit at the Queensway Carleton Hospital	Complete
2	Pilot a "Stroke Care Certification" program at one long-term care facility within the Champlain region that educates at least 80% of their workers using the Tips and Tools program.	Complete
3	Achieve median door-to-transfer time to inpatient stroke rehabilitation of 6 days for the Champlain Region.	In Progress
4	Increase the proportion of ischemic stroke/TIA patients with atrial fibrillation prescribed or recommended anticoagulant therapy on discharge from acute care (excluding those with contraindication) to > 87.4%	Complete
5	Achieve a ≥80% completion rate of the AlphaFIM® on or by Day 3 of admission (approximately 72 hours) on all established stroke units.	In Progress
6	Complete a research study for stroke telerehab services for the region	Complete
7	Increase the proportion of stroke/TIA patients treated on a stroke unit at any time during their inpatient stay to >89.7%	In Progress

CRSN STRATEGIC GOALS 15-16FY to 17-18FY – UPDATE

Ops Goal	Deliverable	Status
8	Complete a stroke rehabilitation system capacity and allocation analysis	In Progress
9	Pilot the use of the CCAC Heath Partner Gateway to systematically refer stroke patients to community support services at one facility in the Champlain region	Complete
10	Achieve a median time from stroke index to carotid endarterectomy or carotid artery stenting of <14days for the Champlain region	Complete
11	Pilot a Community Stroke Rehabilitation system within one Champlain sub-LHIN.	In Progress
12	Implement a standardized inpatient stroke rehabilitation referral and triage process using the Resource Matching & Referral System within the Champlain region	Complete
13	Implement an online education module to improve modifiable risk factors for the patients with vascular disease across the Champlain region	In Progress
14	Deliver education on Stroke Quality Based Procedures at each facility that provides specialized stroke services within the Champlain region	Complete
15	Establish standardized care orientation modules for new staff working on stroke units in the Champlain region	In Progress

A plan has been developed for all goals listed as ‘in-progress’ with the targeted completion date by the end of 2017/18. However, it should be noted that at the time of development of this document there has been communication from the Champlain LHIN indicating that certain tasks and workload associated with the stroke services aspects of the Champlain LHIN Sub-Acute Care Capacity Plan implementation would be delegated to the CRSN. The nature and extent of this workload is unknown at this time. This potential workload could align with operational goal #8.

CRSN STRATEGIC GOALS 15-16FY to 17-18FY – AMENDMENTS

Following a review of the Operational Working Groups it was identified that there was a disconnect between the Strategic Plan and the breadth of the workload and activities undertaken by these Working Groups. In addition, as has been previously mentioned, several new high priority initiatives have been brought to the forefront in the last 18 months. The objective of including the amendments that are highlighted below are to bring Strategic Plan and the Operational Work Plans into alignment, as well as fully encompassing the work that is being undertaken by the CRSN. It should be noted that each of the operational goals included as part of the amendments to the strategic plan align with 1 or more of the identified themes that came out of the previous environmental scan.

Strategic Goal	Ops Goals #	Operational Goal	Deliverable	Lead	Champion	Care Continuum
Implement a standardized system for stroke and vascular health care according to best practices within the Champlain region	A	Improve evaluation and data collection in the Champlain region to help drive performance	Implementation of NACRS Lite in the SPC sites within the Champlain LHIN	Stroke Prevention Coordinator	CRSPAC Committee Chair	Acute Care
Ensure equitable access to high quality stroke and vascular health care across the health care continuum and the Champlain region	B	Enhance the proportion of patients with a provisional diagnosis of TIA/minor stroke from Champlain ED who receive care according to stroke prevention best practices as integrated into a TIA/minor stroke algorithm.	Support the implementation of standardized TIA/minor stroke management algorithms in non-stroke Champlain LHIN EDs Support the revision/update of existing algorithms	Stroke Prevention Coordinator	CRSPAC Committee Chair	Acute Care
Design and implement standardized processes for seamless transitions across the stroke and vascular health continuum	C	Review and update acute system planning and patient flow in the Champlain region	Implement policies and procedures related to Endovascular Treatment as per the OSN framework.	Acute Care Coordinator	CRSN Medical Director	Pre-hospital and Acute Care

Strategic Goal	Ops Goals #	Operational Goal	Deliverable	Lead	Champion	Care Continuum
Ensure equitable access to high quality stroke and vascular health care across the care continuum and the Champlain region	D	Optimize stroke system planning to align with geographical demands	Increase coordination of services in Eastern Counties and evaluate the impact of implementation of a District Stroke Centre in the Eastern Counties	Acute Care Coordinator	TBD	Pre-hospital and Acute Care
Implement a standardized system for stroke and vascular health care according to best practices within the Champlain region	E	Improve evaluation and data collection in the Champlain region to help drive performance	Develop a Regional Stroke System Dashboard	Acute Care Coordinator	Steering Committee	Pre-hospital and Acute Care
Implement a standardized system for stroke and vascular health care according to best practices within the Champlain region	F	Improve performance related to DTNT (and telestroke) with new provincial DTNT target of sub 30 mins	Improve door-to-needle time and efficiency in processes related to telestroke at CCH and HGDH. Specific targets TBD in Q1 2017	Acute Care Coordinator	CRSPAC Committee Chair	Pre-hospital and Acute Care
Design and implement standardized process for seamless transitions across the stroke and vascular health continuum	G	Ensure stroke patients on the stroke units in the Champlain region are referred to the appropriate sub-acute stroke services	Pilot a region wide patient flow algorithm for the Champlain Regional Stroke Rehabilitation System	Rehab Coordinator	CRSN-RNOC Stroke Rehab Sub-Committee Chair	Rehab
Support health care organizations to adapt to Stroke Quality Based Procedures Funding Model	H	Increase Rehab Intensity at stroke rehabilitation units in Champlain	All hospitals that provide inpatient rehabilitation to stroke patients commit to increasing their rehab intensity by 10% over 2017/18	Rehab Coordinator	Rehab Managers, Directors	Rehab

Strategic Goal	Ops Goals #	Operational Goal	Deliverable	Lead	Champion	Care Continuum
Support the exploration and development of innovative services for stroke and vascular care within the Champlain region	I	Enhance the voice of the stroke survivors and their families in the development of stroke service in the Champlain region	Establish a CRSN PFAC	Director	CRSN Comm. & LTC Committee Chair	Full continuum of care
Implement a standardized system for stroke and vascular health care according to best practices within the Champlain region	J	Identify priority areas for improvement within Champlain of the community and LTC sector for stroke survivor residents	Undertake a environmental scan of the community and LTC sectors in order to identify key priorities in the Champlain region and organize the efforts of the Comm & LTC Committee	Rehab Coordinator	CRSN Comm. & LTC Committee Chair	Community
Implement a standardized system for stroke and vascular health care according to best practices within the Champlain region	K	Increase knowledge of best practice guidelines through the implementation of adult education and knowledge translation strategies	Develop and implement an education strategy for 2017-19	Education Coordinator	Education Committee Chair	Full continuum of care

NEXT STEPS

The content of this report was approved at the CRSN Steering Committee in December 2016. This report will be released to the CRSN Steering Committee at the beginning of February 2017 and posted on the Champlain Regional Stroke Network website (<http://champlainregionalstrokenetwork.org>). We will continue to move forward to achieve the operational goals included in this report between now and March 2018. Progress updates on the 'in-progress' operational goals will be provided as part of the CRSN Communique on a quarterly basis to the CRSN Steering Committee, as well as to the Operational Working Groups.

I would like to take the opportunity to thank the teams at the Regional and District Stroke Centres, as well as those of you who work tirelessly to improve the lives of those who have suffered a stroke and their families.

Best Regards,



Sean Gehring B.Sc.(O.T.), MBA
Director, Champlain Regional Stroke Network



Champlain Regional Stroke Network

Civic Campus - CPC Main North

1053 Carling Avenue

Ottawa, ON, K1Y 4E9

Telephone: 613-798-5555 x 16153
