

## Champlain Regional Stroke Network Quarterly Steering Committee Communiqué

The Champlain Regional Stroke Network Steering Committee provides leadership and supports the implementation and continuous improvement of an integrated system of care within the Champlain region, aligned with the Ontario Stroke Network (OSN) vision and strategic directions.

**Communiqué submitted by:**

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### 1. Establish Stroke Units at High Volume Stroke Centres

The Champlain Regional Stroke Network (CRSN) has successfully implemented the following Stroke Unit/Cohorts in the Champlain Region:

The Ottawa Hospital, Civic Campus - 2003

Pembroke Regional Hospital (PRH) - 2004

The Ottawa Hospital, General Campus – January 2012

Cornwall Community Hospital (CCH) – December 2013

Montfort Hospital – November 2014

Queensway Carleton Hospital (QCH) – April 2015

The CRSN best practice team continues to support and work closely with designated Clinical Coaches and Primary Contacts at each Stroke Unit/Cohort site. The CRSN encourages all sites to direct any questions to: [strokeunitquestions@toh.on.ca](mailto:strokeunitquestions@toh.on.ca)

The CRSN provides numerous educational events throughout the year to support stroke best practices, more notably, the Stroke Summit, (November 4th, 2016). Information about educational events can be found on the CRSN website.

The Ontario Stroke Network (OSN) has defined a Stroke Unit as “A geographical unit with identifiable co-located beds (eg 5A-7, 5A-8) that are occupied by stroke patients 75% of the time and have a dedicated inter-professional team with expertise in stroke care with the following professionals at a minimum: nursing, physiotherapy, occupational therapy, speech language pathologist.”

The Ministry of Health and Long Term Care and OSN have worked with Canadian Institute for Health Information (CIHI) to have the OSN definition of a stroke unit be included in the CIHI Discharge Abstract Database (DAD) abstracting manual update. Effective July 1st, 2016, this definition will be added to DAD Special Project 340 and 640, which will support Quality Based Procedure (QBP) implementation across the province and improve data quality.

As of December 2015, PRH is the only hospital in Champlain that meets the OSN definition. In an effort to learn more about meeting this definition, the Champlain Regional Stroke Centre (The Ottawa Hospital, Civic Campus) had a site visit on March 9th, 2016 with University Hospital, London Health Sciences Centre, a comparable stroke unit site. Learnings were disseminated to The Ottawa Hospital QBP working group, as well as the Champlain Regional Stroke Prevention and Acute Care Committee (CRSPACC). The CRSN is eager to support the Civic in moving forward with meeting the OSN definition.

The four additional stroke unit/cohorts, housed on medicine units, sent representatives to a comparable stroke unit in Belleville, Quinte Healthcare, on April 29th. Their learnings were disseminated to the CRSPACC and sites were asked to discuss the feasibility of implementing an acute stroke unit (meeting the OSN definition) with senior management at their hospitals. A decision to pursue the implementation of an ASU is requested by the September 14th, 2016 CRSPACC meeting.

CRSN Participants: Whitney Kucey, Dr. Grant Stotts, Isabelle Martineau, Tracey Dyks, Lise Zakutney, Karen Mallet, Moira Teed, Marianne Thornton, Laura Dunn, Fred Beauchemin, Dr. Debbie Timpson, JoAnn Tessier, Thérèse Antoun, Donna Cousineau

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### Champlain Regional Stroke Network Steering Committee

Janice McCormick

Leah Bartlett

Grant Stotts

Christine Yang

Sabine Mersmann

Mary Egan

Heidi Sveistrup

Lesley James

Fred Beauchemin

Anne Mantha

Simon Akinsulie

Abe Schwartz

Glenda Owens

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### 2. Stroke Care Certification in Long-Term Care

This operational goal has been completed with the certification of over 80% of the staff in New Orchard Lodge.

To help build on this achievement, we requested updated OSN & ICES data on stroke survivors in LTC (broken down by LHIN and by individual facilities). While we wait for this data, discussions started with the Bruyère Centre for Learning, Research and Innovation (CLRI) in Long-term Care (LTC) (<http://cli-ltc.ca>) to participate in their fourth annual LTC Educators' Day in November. This one day event helps LTC educators interested in improving in-service education and training sessions for registered and non-registered staff. Educators come from the Champlain region and beyond (around 75 people, representing 20-25 LTC homes), attendance is free. The day features many practical and creative activities educators can integrate in their own LTC homes, as well as tools and resources that help them advance their knowledge on how to develop, deliver, and evaluate education programs. The CRSN will organize one of the parallel workshops that will focus on TACL. This will also be an opportunity to network with LTC educators, to find out more about training needs, and collect insights on how best to support LTC homes use the TACL resources.

Key CRSN partners: Cory Nezan (New Orchard Lodge), Annette Lafontaine (New Orchard Lodge), Mohinder Dhanoa (New Orchard Lodge), Maureen Matthews (New Orchard Lodge), Melissa Donskov (Bruyère CLRI)

CRSN: Tracey Dyks, Karen Mallet, Zsofia Orosz, Marianne Thornton, Lise Zakutney

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### 3. Stroke Door-to-Transfer Time

The 2014/15 LHIN Stroke Report Card benchmark for median number of days between stroke (excluding TIA) onset and admission to stroke inpatient rehabilitation is 6 days. Reported performance for Champlain is 14 days (range 5 – 23). PRH is reported as a provincial high performer on this indicator.

The six week pilot of weekend allied health (PT, OT, Social Work) at the Civic resulted in improvement in the number of days between admission and application to stroke rehabilitation. Of the 12 patients who were considered in an analysis, 6 were seen by allied health on the weekend and were referred to rehabilitation a median of 1 day sooner than those 6 patients who were not seen by allied health on the weekend.

The length of stay for stroke patients transferring from The Ottawa Hospital to Bruyere for Inpatient Stroke Rehabilitation reached a low of 10.2 days in January but has been increasing since; in May average LOS for the 15 patients transferred to stroke rehabilitation was 24.3 days.

In Cornwall, LOS for all stroke patients has been variable since April 2015; YTD (April 2015 – February 2016) LOS for all stroke patients is 15.8 days. In January, average LOS for QBP stroke patients was 5.9 days (8 patients), however, increased to 24 days in February (9 patients). The CRSN-RNOC Stroke Rehabilitation Sub-Committee has offered to support discussion between CCH and GMH regarding potential to expedite the processes related to patients who are admitted to stroke rehabilitation.

CRSN Participants: Dr. Grant Stotts, Dr. Christine Yang, Anne Mantha, Beth Donnelly, Whitney Kucey, Isabelle Martineau, Kathy Greene, Fred Beauchemin, Susan Longbottom, Angela Ryan, Sophie Parisien

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### Champlain Regional Stroke Network Team

Karen Roosen  
Marianne Thornton  
Aline Bourgoïn  
Whitney Kucey  
Beth Nugent  
Sophie Orosz  
Laura Dunn  
Isabelle Martineau  
Tracey Dyks  
Lise Zakutney  
Karen Mallet  
Moira Teed  
Sophia Gocan  
Bram Sivakumar  
Serena Clarke  
Hannah Lilly  
Lisa Keon  
Alexis Weisenberg  
Nancy McDonald  
Sylvie Saucier  
Joanna Steele  
Sean Gehring

### 4. Ischemic Stroke/TIA Atrial Fibrillation Management

The Champlain Regional Stroke Prevention and Acute Care Committee have added this goal to their 2015/2017 work plan. Updated data is required to capture any changes in performance since the release of the newer oral anti-coagulants. This will be explored both through the inpatient stroke units as well as the regional SPC's. Site audits have been completed at PRH, CCH, HDGH and Montfort. Remaining site audit are underway (TOH and QCH) and will be completed for FY 16/17. Once the results have been evaluated, Aline Bourgoïn will be recruiting members for a work group to improve performance on the Champlain LHIN Stroke Report Card: Indicator #4 – Proportion of ischemic stroke/TIA patients with atrial fibrillation prescribed or recommended anticoagulant therapy on discharge from acute care from 78.6% to ≥86.0%. If successful, this would move the Champlain LHIN's performance on this indicator from acceptable (yellow) to exemplary (green).

On the OSN 2011/12 Secondary Prevention Clinic report card, Champlain LHIN's performance in this area (indicator #4 Proportion of SPC visits where ischemic stroke/TIA patients with atrial fibrillation were prescribed and/or recommended anticoagulant therapy prior to or during the visit), is 84.5% (Ontario 80.1%).

CRSN Participants: Grant Stotts, Aline Bourgoïn, Whitney Kucey, Sophia Gocan

### 5. 72 Hour Alpha-FIM Completion Rate

The AlphaFIM® is an instrument that provides a consistent method of assessing patient disability and functional status in the acute care hospital. The AlphaFIM® serves two separate functions: (1) post-acute triage tool for stroke, and (2) outcome measure for tracking functional status at various points in time and to identify change over time.

The Canadian Institute for Health Information (CIHI) implemented Project 740 to add mandatory AlphaFIM® fields for all stroke admissions to the Discharge Abstract Database (DAD) in October 2014. The Champlain region's target completion rate (AlphaFIM® completed within 72 hours of admission) is ≥80%. In an effort to improve performance, the CRSPACC reviews completion rates (generated from Project 740) and focuses on identifying strategies or supports that have been shown to increase/improve the 72 hour AlphaFIM® completion rate. (e.g. quality assurance strategies). The CRSPACC identified a concern around accurate and timely physician diagnosis of stroke. This challenge is being addressed through physician education to stroke unit/cohort sites, provided by the CRSN Medical Director, Dr. Grant Stotts. Ongoing QA is recommended to help identify missed assessments or coding errors and establish strategies for improvement, which should be communicated to the management as well as the front line clinicians.

Ongoing data has shown improvement and steady progress in terms of AlphaFIM® completion rates across all stroke unit/cohort sites:

FY 2015/16 Q4

	Completed ( <i>median</i> )	Within 72 hrs ( <i>median</i> )
TOH Civic	92%	88%
TOH General	83%	59%
Montfort Hospital	85%	65%
Cornwall Community Hospital	79%	65%
Pembroke Regional Hospital	93%	89%
Queensway Carleton Hospital	86%	76%

CRSN Participants: Whitney Kucey, Beth Nugent, Tracey Dyks, Lise Zakutney, Marianne Thornton, Laura Dunn, Jo-Ann Tessier, Dr. Debbie Timpson, Thérèse Antoun, Donna Cousineau

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### 6. Telerehabilitation

At time of writing, a total of 6 patients have been enrolled into the research study since March 14, 2016. All project milestones are being reached.

About the research: In this randomized controlled study, the objective is to test the value of providing a mobile platform-based Speech Language Therapy (SLT) program to patients discharged from an acute care hospital with stroke and PSCD and awaiting outpatient rehab services versus standard of care treatment. The study will offer iPad-based SLT/standard of treatment to a convenience sample of 20 patients with post-stroke communication deficits. The primary outcome will be feasibility (recruitment rate, adherence rate, retention rate, and protocol deviations), and the secondary outcome will be improvement in PSCD.

CRSN Participants: Karen Mallet, Beth Donnelly, Jacinthe Lecompte-Collin, Dr. Dar Dowlatshahi, Rany Shamloul

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### 7. Stroke Unit Consolidation

An Acute Transfer & Admission protocol for Renfrew County was developed and approved in February 2015 by the Renfrew County District Stroke Council. The protocol ensures that the County of Renfrew Paramedic Service (CRPS) and Renfrew County community hospitals work collaboratively to transfer stroke patients outside the tPA window to the District Stroke Centre at Pembroke Regional Hospital within 72 hours. Monthly tracking between February 2015—May 2016 has demonstrated that 10 out of 11 patients were transferred within 1-2 days and the remaining patient was transferred within 6 days. 10 other stroke patients remained in community hospitals due to palliation and death. Follow up education sessions occurred at St. Francis Memorial Hospital in Barry's Bay in September and Renfrew Victoria Hospital October 2015. Ongoing site visits and education are in progress for all hospitals in Renfrew County. The pilot will be evaluated once 30 patient cases have been transferred and the protocol will be scaled to the entire Champlain region if success is demonstrated.

CRSN Participants: Karen Roosen, Whitney Kucey, Janice McCormick, Michel Ruest, James Fahey, Mike Nolan, Penny Price, Sabine Mersmann, Dr. Grant Stotts, Justin Maloney, Laura Dunn

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### 8. Stroke Rehabilitation System Capacity & Allocation

The LHIN's Sub-Acute Capacity Planning Steering Committee report and recommendations were approved by the LHIN Board at the end of May. The report is available on the LHIN's website. The CRSN-RNOC Stroke Rehabilitation Sub-Committee discussed the stroke-related recommendations at their meeting in June, and will wait for next steps about implementation from the LHIN.

The report projects a required increase of 18.8 stroke rehabilitation beds (by 2019 and based on 2014/15 bed numbers) to increase total number of stroke rehabilitation beds to 12.7 in Eastern Counties, 33.2 in greater Ottawa and 12.3 in Renfrew County. The report supports the distribution of stroke rehabilitation to three locations across the LHIN; the three locations should be in alignment with the distribution of acute stroke services. The report notes that investment is needed in community based, ambulatory services that ideally located or co-provided in the same organizations that deliver acute stroke and rehabilitation stroke care.

CRSN Participants: Anne MacDonald, Dr. Christine Yang, Dr. Debbie Timpson, Beth Donnelly, JoAnn Tessier, Shelley Coleman, Anne Mantha, Sabine Mersmann, Glenda Owens, Leah Bartlett, Therese Antoun, Fred Beauchemin

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### 9. Systematic Referral to Community Services

The project's goal is to provide systematic referrals to Stroke Survivor peer support, self management training and Heartwise exercise for those stroke patients who are discharged from acute care hospitalization with no further services (no rehab or CCAC support).

The Queensway Carleton Hospital (QCH) team and the community partners (SSAO, City of Ottawa and Living Healthy with Chronic Conditions) are committed to a 6 month-pilot, which is to start in the summer. QCH clients of the secondary prevention clinic and those admitted to the acute stroke unit with a stroke will be served, using a single referral process. Lessons from The Ottawa Hospital Stroke Prevention Clinic's e-referral to Living Healthy with Chronic Condition pilot are integrated into the project planning.

On the request of the Community & LTC operational committee, an environmental scan is ongoing to learn more about current discharge practices the six acute stroke units are using in Champlain. This will help the shape final deliverable for this strategic objective.

Key CRSN partners: Melanie Parnell (Queensway Carleton Hospital), Abe Schwartz (Stroke Survivors Association Ottawa), Janet McTaggart (Stroke Survivors Association Ottawa), Anita Findlay (City of Ottawa), Alyssa Hurtubise (Living Healthy with Chronic Conditions)

CRSN: Tracey Dyks, Zsofia Orosz, Moira Teed, Lise Zakutney

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### 10. <14 Day to Carotid Endarterectomy/Stenting

Sophia Gocan and SPC team members have recently completed a research project titled "System factors contributing to delays in the delivery of urgent carotid endarterectomy among Stroke Prevention Clinic patients". This research project explored delays to CEA timelines from regional SPC in Champlain for FY 2011/12, 12/13 and 13/14 (13/14—TOH only). 5136 patients were seen at Champlain LHIN SPCs. From this group, 75 patients met inclusion criteria for this study (1.5%). Manuscript has been accepted for publication in CJNS and is currently in press. With the financial support of the OSN for regional QI projects, Sophia also recently met on site with members from the St-Michael's Acute Carotid Clinic team to learn more about their processes to meet provincial benchmarks for revascularization.

The SPC team will be recruiting members from neurology, radiology and surgical teams to form a CEA/CAS working group to address gaps and delays in inpatient and outpatient management across the region. The goal of this working group would be to improve CEA timelines within Champlain to meet Best Practice Recommendations for stroke care — which includes patients having CEA wait times of <14 days from their stroke/TIA event.

CRSN Participants: Sophia Gocan, Aline Bourgoin, Dr. Grant Stotts, Dr. Debbie Timpson

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### 11. Community Stroke Rehabilitation Pilot

Since the end of January, the CCAC delivers community stroke rehabilitation services for Stormont, Dundas, Glengarry counties & Akwesasne. The program helps clients following their discharge from acute hospitalization or in-patient rehab treatment for stroke. Based on best practice guidelines, the therapies are provided in an inter-disciplinary setting, where the focus is on building self-management and skills for the next phase of life after rehabilitation. The program includes physiotherapy, occupational therapy, communication (SLP) therapy, social work, care coordination and the deployment of the CCAC rapid response nursing program.

The first progress report was submitted to the LHIN at the end of FY 2015/16. By the end of May, the program had 28 clients, which is a significantly faster rate of referrals than anticipated. Only a few clients had to be turned down, indicating that the right clients are being referred. Many clients come to the clinic and several have been able to benefit from a combination of at-home and in clinic sessions. This matches program expectations and helps delivery efficiency. The CCAC consulted with transportation providers to ensure that access to affordable transportation is not a barrier for clinic use; discussions are ongoing about transportation services for clients who come from beyond the catchment of the local Handi Transit.

“We love the program. We can’t imagine what people did before.” Early client and family feedback has been very positive. Clients appreciate that they continue to receive specialized and personalised stroke therapy in their own community. They have noted the improvement in their abilities and independence, and appreciate the emotional support, the flexibility in how the sessions are organised, and the assistance to navigate the system and to link to other, community-based services. Similar positive feedback has come from healthcare providers who refer clients to the program.

The CRSN best practice team has been supporting the therapy team as they integrate stroke best practice recommendations into their work. A half-day team training by the CRSN Best Practice Team centred around stroke best practice recommendations and Quality Based Procedures. The therapy team also participated in the CRSN workshop Return to Life After Stroke on June 10 where the focus was on assisting clients to find services in the community. Additional therapy-specific training (for example shadowing at the Aphasia Centre of Ottawa for SLPs) and on motivational interviewing are being explored. Work is ongoing to best link clients with existing community programs and services, such as the new stroke exercise class the CCAC set up in January, transportation services, self-management and peer support.

Key CRSN partners: Jeanne Bonnell (CCAC), Glenda Owens (CCAC), JoAnn Tessier (Cornwall Community Hospital), Chantal Mageau-Pinard (Glengarry Memorial Hospital), Dr. Debbie Timpson (Pembroke Regional Hospital), Steve Archer, Leah Bartlett (LHIN), Debbie St. John-de Wit (Seaway Valley Community Health Centre), Marc Tessier (Centre de santé communautaire de l’Estrie)

CRSN: Beth Donnelly, Tracey Dyks, Zsafia Orosz, Lise Zakutney

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### 12. Resource Matching & Referral System

All stroke rehabilitation programs in the Champlain LHIN use the RM&R as the standard application form. All six acute stroke unit/cohort hospitals use the RM&R to refer to the stroke rehabilitation programs in the LHIN. Pembroke Regional Hospital targeted the launch of the RM&R in April, however, have been delayed.

There was an idea that some hospitals' had adjusted or altered the RM&R, for example: items re-ordered, moved, deleted, added, changed formatting to be paper and fax friendly. Each hospital's form copy was collected and compared to the provincial standard (Cluster 3: Rehab and CCC). Insignificant adjustments from the provincial standard RM&R form were found.

Pending RM&R launch at PRH, the CRSN-RNOC Stroke Rehabilitation Sub-Committee will submit this operational goal as complete.

CRSN Participants: Dr. Debbie Timpson, Dr. Christine Yang, Janice McCormick, Chantal Mageau-Pinard, Whitney Kucey, Beth Donnelly, Fred Beauchemin, Anne MacDonald, Julie Budd

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### 13. Vascular Disease Online Education

An integrated Vascular Health Education program was developed in August 2014 in collaboration with diabetes education, cardiac rehab and stroke prevention. Since September 2014, on-site Vascular Health Education Classes have been occurring 2–3x/ month at Pembroke Regional Hospital with referrals generated from diabetes education, cardiac rehab, stroke prevention and heart function clinics. These classes are also offered to all Renfrew County Hospitals via telemedicine. To date 127 patients participated in the Vascular Health education classes. Although the # of referrals to the class / quarter doubled initially from Q3/4, 2014 to Q3, 2015, a decline in participation was noted in Q#3/4 2015/2016. Subsequently the team has agreed to review & revise the educational modules to better meet client needs. Simultaneously regional interest was expressed across the 3 networks (diabetes, stroke & cardiac) to provide input to the revision process. An initial regional discussion is planned for June 13, 2016.

CRSN Participants: Karen Roosen, Marianne Thornton, Lisa Keon, Rachel England

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### 14. Stroke Quality Based Procedures Education

Needs assessment of the stroke sites in CRSN has taken place. Training to date has included:

Civic F7/D7 – AFIM as triage tool, QBP funding/HBAM case weights

General – training for new staff and champions provided by Best Practice Team

TRC – QBP training with unit set up

Montfort – Pathway and QBP discussion

Cornwall—QBP overview

Rehab Intensity discussions at Glengarry, Pembroke, Montfort, Queensway Carleton, Bruyere and the Rehab Centre TOH provided

Pembroke – training for new staff and champions provided by Best Practice Team

This goal is completed.

CRSN Participants: Marianne Thornton, Beth Nugent, Whitney Kucey, Tracey Dyks, Lise Zakutney, Karen Mallet, Isabelle Martineau, Moira Teed, Chantal Mageau-Pinard, Melanie Filion, Dr. Heidi Sveistrup, Peggy Wallace, Stephanie Crampton, Carmen Sanchez, Jeanne Bonnell, Jennifer Payne, Tracey Bungay, Rachel England

#### Abbreviations:

CCH: Cornwall Community Hospital  
CRSN: Champlain Regional Stroke Network  
CRSNSC: Champlain Regional Stroke Network Steering Committee  
CRSPS: Champlain Regional Stroke Prevention System  
CSS: Canadian Stroke Strategy  
DSC: District Stroke Centre  
FY: Fiscal Year  
HDGH: Hawkesbury & District General Hospital  
HSFO: Heart and Stroke Foundation of Ontario  
HSAA: Hospital Service Accountability Agreement  
HWE = Heart Wise Exercise  
ICES: Institute for Clinical Evaluative Sciences  
LHIN: Local Health Integration Network  
LWS: Living With Stroke Program  
MAC: Medical Advisory Committee  
MoHP: Ministry of Health Promotion  
MoHLTC: Ministry of Health and Long-Term Care  
OSN: Ontario Stroke Network  
OSS: Ontario Stroke System  
OTN: Ontario Telemedicine Network  
PCC: Provincial Coordinating Council  
PRH: Pembroke Regional Hospital  
QBP: Quality Based Procedures  
QCH: Queensway Carleton Hospital  
RITTS: Rehabilitation Integrated Transition Tracking System  
RNOC: Rehabilitation Network of Champlain  
RPD: Region Program Director  
RSC: Regional Stroke Centre  
SEQC: Stroke Evaluation & Quality Committee  
SPC: Stroke Prevention Clinic  
TIA: Transient Ischemic Attack

### 15. Stroke Unit Orientation Modules

An education day took place on December 9 at the General Campus for staff from the General Campus where there has been a high degree of turnover of staff. All stroke unit acute sites were invited to send a few participants to attend this event to begin to re-establish the clinical skills at all sites and raise awareness of stroke best practices.

It has been agreed upon to have the standard for training of new staff in CRSN stroke units include the Apex Hemispheres modules 1,2,6 and 8 as a minimum. The uptake of these modules has been very good with feedback that the new staff are much better informed and educated when they have completed these modules prior to beginning to work on the stroke units.

The dysphagia screening module that the team from Montfort has developed are completed in French and will be translated as the next step in the process. The module can be included as part of the package available to the region. The module is scorm compliant and available to be used by various sites by uploading onto their LMS. Each site can track who completed the module through their LMS. Educators at each site could report the value and usage of the module to CRSN through the education committee. If changes are made to the module the group/person making the change would need to explicitly state that in a slide at the end to clearly identify who is responsible for the new content. Content updates based on new best practices must be discussed every 2 years with education budget implications if changes are required to the content to align with best practices. Montfort can be the site where these changes can occur in consultation with the CRSN. Translation to English is pending official funding approval through TOH.

Further modules will be discussed by the education committee with consultation from the Best Practice Team to complement on site training.

CRSN Participants: Marianne Thornton, Whitney Kucey, Tracey Dyks, Lise Zakutney, Karen Mallet, Isabelle Martineau, Moira Teed, Elaine Elliot, Chantal Mageau-Pinard, Melanie Filion, Dr. Heidi Sveistrup, Peggy Wallace, Stephanie Crampton, Prudy Menard, Carmen Sanchez, Jeanne Bonnell, Jennifer Payne, Tracey Bungay, Rachel England