

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.

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 - 2004
- ⇒ The Ottawa Hospital, General Campus – January 2012
- ⇒ Cornwall Community Hospital – December 2013
- ⇒ Montfort Hospital – November 2014
- ⇒ Queensway Carleton Hospital – 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

For continuing education of clinicians in stroke care, the CRSN provides numerous educational events throughout the year to support stroke best practices, most 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 on average 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.” Pembroke Regional Hospital is the only site in Champlain that presently meet the definition. In an effort to learn more about the logistics around meeting this definition, Champlain’s Regional Stroke Centre (*The Ottawa Hospital, Civic Campus*) attended a site visit on March 9th, 2016 with University Hospital, London Health Sciences Centre, a comparable stroke unit site. The Civic Neurosciences Manager, Clinical Care Leader (CCL), CRSN Stroke Nurse Specialist and Acute Care Coordinator attended the visit and will disseminate their learnings to the Champlain Regional Stroke Prevention and Acute Care Committee (CRSPACC). Managers and Clinical Educators from the remaining four stroke unit/cohorts, based in medicine units, will visit Belleville’s Stroke Unit at Quinte Healthcare on April 29th.

We look forward to the information sharing and lessons learned to be disseminated through the CRSPACC and implemented at the stroke cohorts in Champlain.

CRSN Participants: Whitney Kucey, Yvonne Wilson, Dr. Grant Stotts, Janice McCormick, Isabelle Martineau, Tracey Dyks, Lise Zakutney, Karen Mallet, Moira Teed, Marianne Thornton, Melissa Russell, Connie Mattice, Marie-Claude Poirier, Charline Boudreau, Donna Cousineau, Carmen Sanchez

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Champlain Regional Stroke Network Steering Committee

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Mary Egan

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2. Stroke Care Certification in Long-Term Care

The Heart & Stroke Foundation released *Taking Action for Optimal Community and Long-term Stroke Care: A Resource for Healthcare Providers (TACL)*, adapted from the *Tips & Tools* curriculum. From now on, TACL will form the basis of any LTC staff in-service education facilitated by CRSN. The CRSN continues to engage with college faculty to determine the feasibility of integrating stroke-focused education into entry-level and continuing education for PSWs.

The Ontario Stroke Network is anticipating a report from ICES with data on stroke survivors in LTC. LHIN- and facility-level data will be available once the report is released. This will be excellent information as the CRSN and Community & Long-Term Care Operational Committee assess options to engage the LTC sector and to offer stroke-care specific education for personal support workers (PSWs) and registered staff.

A working group consisting of Community & LTC Coordinators will review the data as soon as they are released. Sophie Orosz is a member of the working group so will become familiar with the data quickly. The working group also requested that OSN devote its detailed analysis in 2017 to stroke survivors in LTC.

CRSN participants: Simon Akinsulie, Marianne Thornton, Tracey Dyks, Lise Zakutney, Karen Mallet, Zsófia Orosz, Cory Nezan, Annette Lafontaine, Mohinder Dhanoa, Maureen Matthews

3. Stroke Door-to-Transfer Time

The length of stay for stroke patients transferring from The Ottawa Hospital to Bruyere for Inpatient Stroke Rehabilitation is on a downward trend and reached an average of 10 days for the 11 patients following this path in January 2016. Through some year-end funding, TOH-Civic has introduced a weekend staffing pilot for OT, PT, and SW for the remainder of fiscal year.

Ongoing data analyses have identified opportunities for shortening LOS/not delaying transfer to rehab: attempting to schedule non-urgent DI or other tests as outpatient rather than having the patient wait in acute care; changed admission criteria for tolerance to up 2x in chair; ensuring MDs are clear in notes and Transition Coordinator is clear in application that “patient is ready” even if they are still on NACU for patient flow/bed availability reasons.

Preliminary data for the 2014/15 Champlain LHIN Stroke Report Card shows Pembroke’s LOS for patients who are admitted to stroke rehabilitation remains at the target of 5 days.

In Cornwall, LOS for all stroke patients has been variable since April 2015; YTD (April 2015 – January 2016) LOS for all stroke patients is 14.7 days.

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 Bourgoin

Whitney Kucey

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Sophie Ororz

Laura Dunn

Isabelle Martineau

Tracey Dyks

Lise Zakutney

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Serena Clarke

Hannah Lilly

Lisa Keon

Alexis Weisenberg

Nancy McDonald

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Joanna Steele

4. Ischemic Stroke/TIA Atrial Fibrillation Management

The Champlain Regional Stroke Prevention and Acute Care Committee have added this goal (to ensure the treatment of AFIB) 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 SPCs. Site audits have been completed at PRH, CCH, HDGH and Montfort. Remaining sites (TOH and QCH) will be completed for early FY 16/17. Once the results have been evaluated, Aline Bourgoin 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 (excluding those with contraindications) 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%). Data has not been available since.

CRSN Participants: Grant Stotts, Aline Bourgoin, 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 measurement 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). Most recently the CRSPACC identified a concern around accurate and timely physician diagnosis of stroke. This challenge is being addressed through physician education to all stroke unit sites, provided by the CRSN Medical Director, Dr. Grant Stotts.

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5. 72 Hour AlphaFIM® Completion Rate (Cont'd)

Data is showing improvement and steady progress in terms of AlphaFIM® completion rates across all stroke unit/cohort sites:

	Completed (<i>median</i>)	Within 72 hrs (<i>median</i>)
TOH Civic (FY 2015/16 Q3)	89%	83%
TOH General (FY 2015/16 Q3)	85%	65%
Montfort Hospital (FY 2015/16 Q3)	72%	72%
Cornwall Community Hospital (FY	77%	50%
Pembroke Regional Hospital (FY 2015/16	66%	57%
Queensway Carleton Hospital (FY 2015/16 Q3)	73%	68%

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

6. Telerehabilitation

The Research and Ethics Board Application for Telerehab for Patients with Post-Stroke Communication Deficits using Mobile Technology research project was approved initially on December 8, 2015; revisions were made and the application was approved again on March 9, 2016. The CRSN funding for this research has been transferred to the Ottawa Stroke Program. (Reminder: In this randomized controlled study, our 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. We 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.)

Before patient recruitment can begin, the research team was required to work with the legal and REB teams at The Ottawa Hospital (and Research Institute) to address the concern that patients may potentially use loaner/research iPads inappropriately. They received approval from the legal team to begin recruitment on March 11. The first patient was enrolled on March 14th.

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. This 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—February 2016 demonstrated that 8 of 9 patients were transferred within 1- 2 days and the remaining patient was transferred within 6 days. Nine 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

8. Stroke Rehabilitation System Capacity & Allocation

A report from the consultant engaged by the LHIN's Sub-Acute Capacity Planning Steering Committee is due at the end of March. The CRSN-RNOC Stroke Rehabilitation Sub-Committee has heard quarterly updates from Anne MacDonald, our stroke representative on the LHIN's Steering Committee. The Sub-Committee has amended their workplan to reflect the change in course on this operational goal. Namely, they have removed the deliverables related to their: forming a working group to complete stroke specific capacity planning and allocation recommendations, and submitting a report with recommendations to the Champlain LHIN. Instead, the Sub-Committee will review the recommendations from the consultant/LHIN Steering Committee at their June 2016 meeting and discuss next steps.

In addition to Anne MacDonald's membership on the LHIN's Steering Committee, Dr. Christine Yang and Beth Donnelly were interviewed, participated in focus groups, and in a workshop related to sub-acute capacity for stroke.

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 self management/ peer support and HeartWise Exercise for the ~30% of stroke cases that are discharged from acute care hospitalization with no further services (rehab or CCAC support).

Extensive discussions and meetings in 2015 confirmed that the CCAC's Health Partner Gateway (HPG) was not ideal for referral management due to workload concerns related to data entry. Further, the 2016 dates of the SSAO's Living with Stroke Self-Management classes could not be confirmed.

Champlain BASE, an eConsult service that uses a secure online platform to connect primary care providers and specialists (<http://www.champlainbaseconsult.com>), was identified as an alternative e-referral system. As a first step, this service will be used to refer patients of the Civic Stroke Prevention Clinic to the MoHLTC-supported self-management program, Living Healthy with Chronic Conditions (livinghealthy Champlain.ca). A 6-month post-doctoral project by Dorothy Kessler, PhD will train Clinic nurses in the e-referral system and will connect the Living Healthy program with Champlain BASE. It will explore factors affecting enrollment among people referred from the Clinic and the potential efficacy of this chronic disease self-management program for people following a TIA.

Discussions with the Queensway Carleton Hospital are ongoing about different referral options for their stroke acute medicine unit, the short stay rehab unit, and the stroke prevention clinic.

This project was referred back to the Community & LTC Operational Committee to assess the best approach to accomplish the CRSN strategic goal and to identify the most productive and feasible next steps. The redrafted strategic goal will be tabled at the CRSNSC for approval.

CRSN Participants: Sophie Parisien, Zsofia Orosz, Moira Teed, Tracey Dyks, Lise Zakutney, Karen Mallet, Whitney Kucey, Abe Schwartz, Janet McTaggart, Anita Findlay, Dorothy Kessler

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 submission complete and pending acceptance. 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

The CCAC started delivering outpatient and community stroke rehabilitation services for Stormont, Dundas, and Glengarry counties & Akwesasne at the beginning of 2016 (HSIP funding letter August 28, 2015). The program estimates to serve around 60 residents in a year, following their discharge from acute hospitalization or inpatient rehab treatment for stroke. Based on best practice guidelines and QBP, the therapies are provided in an interdisciplinary 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 for all CSR referrals. The OT is the clinical team lead who helps define the treatment plan and facilitates the inter-professional team meetings. Services are delivered at a dedicated space at the Centre de Santé Communautaire de l'Estrie (CSCE) in Cornwall or in the patient's home.

Dorothy Kessler, PhD is the Project Manager with CCAC and implementation is on track, with 5-6 patients already referred. Program information has been shared with discharge planners at potential referring hospitals through short, face-to-face education sessions. Core team training has been provided and included shadowing at the Glengarry and Bruyère in-patient rehab units. A half-day team training by the CRSN Best Practice Team on March 30 will focus on best practices.

The CRSN is also responsible for the evaluation updates in April 2016, an evaluation framework and a final report in April 2017. An evaluation framework was approved by the CRSN-RNOC Stroke Rehabilitation Sub-Committee.

CRSN Participants: Jeanne Bonnell, Glenda Owens, JoAnn Tessier, Chantal Mageau-Pinard, Dr. Debbie Timpson, Steve Archer, Leah Bartlett, Beth Donnelly, Zsafia Orosz, Tracey Dyks, Leah Bartlett, Debbie St. John-de Wit, Marc Tessier

12. Resource Matching & Referral System

The deliverable for this operational goal is to *implement a standardized inpatient stroke rehabilitation referral and triage process using the Resource Matching & Referral (RM&R) system within the Champlain region*. To date, five of six hospitals in our LHIN who serve stroke patients in rehabilitation use the RM&R form. Pembroke Regional Hospital has agreed to implement the RM&R and will launch its use in late April.

There was discussion at the CRSN-RNOC Stroke Rehabilitation Sub-Committee in March that the RM&R form may have been adjusted (minimally) by some hospitals. The Rehab Coordinator will receive form versions from each hospital to determine what, if any, differences exist.

It is anticipated that this goal will be submitted as complete in June 2016.

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 114 patients have participated in the Vascular Health education classes. The # of referrals to the class / quarter doubled from Q3/4, 2014 to Q3, 2015. As a follow up to the September 2014 literature review and research completed by our nursing students to develop an on line educational module for patients to access at their convenience, a proposal to access ongoing resources for this project was submitted by the DSC at PRH to the CRSN educational committee in June 2015. Additional project description is needed for the committee's final review.

Target date for the final proposal submission is on hold. And will be re-evaluated.

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

14. Stroke Quality Based Procedures Education

A needs assessment of the stroke sites in Champlain took place; as a result, numerous educational events, presentations, meetings, workshops have taken place:

- Hemispheres, NIHSS
- Stroke Summit , coupled with a course on exercise with guest presenter Dr. Janice Eng
- Civic F7/D7 – AFIM as triage tool session, QBP funding/HBAM case weights
- General – training for new staff and champions provided by Best Practice Team
- TRC – QBP training with unit set up
- Supported Conversation—2 workshops were delivered
- Montfort – Pathway and QBP discussion
- Cornwall—QBP overview
- Rehab Intensity site visits to at Glengarry, Pembroke, Montfort, Queensway Carleton, Bruyère and TRC. QI Workshop completed.
- Plans to visit Pembroke in Spring (original trip delayed due to weather).

CRSN Participants: Marianne Thornton, Beth Donnelly, Whitney Kucey, Tracey Dyks, Lise Zakutney, Karen Mallet, Isabelle Martineau, Moira Teed, Elaine Elliot, Chantal Mageau-Pinard, Melanie Filion, Dr. Heidi Sveistrup, Peggy Wallace, Rosa Awad-Maglieri, Carmen Sanchez, Jeanne Bonnell, Jennifer Payne, Tracey Bungay

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15. Stroke Unit Orientation Modules

An acute care stroke education day took place on December 9 at the General Campus where there has been a high degree of staff turnover. 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 is now standard for training of new staff at CRSN stroke units to include the Apex Hemispheres modules 1,2 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 has been 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 for the content to align with best practices. Montfort can be the site where these changes can occur in consultation with the CRSN.

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, Rosa Awad-Maglieri, Carmen Sanchez, Jeanne Bonnell, Jennifer Payne, Tracey Bungay

Abbreviations:

CCH: Cornwall Community Hospital
CRSN: Champlain Regional Stroke Network
CRSNCS: 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