

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 (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

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 has been 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.

The Champlain Regional Stroke Centre (*The Ottawa Hospital, Civic Campus*) has completed a Value Stream Mapping (VSM) exercise to better understand the process and flow of stroke patients. The Ottawa Hospital QBP working group, Performance Measurement and Decision Support have been working with the CRSN to designate beds and ensure the unit has the proper resources aligned with meeting the OSN definition, with the goal of launching the stroke unit in the fall. They are also creating a scorecard to capture relevant metrics in line with the Ontario Stroke Report Card and QBP indicators. All learnings and experiences around the planning, processes and metrics will be disseminated through the Champlain Regional Stroke Prevention and Acute Care Committee (CRSPACC).

The four additional stroke unit/cohorts, housed on medicine units, have been asked to identify their barriers to meeting the definition. Occupancy, designating beds, staffing resources and patient flow seem to be the largest challenges. The CRSPACC has identified a need for support from the LHIN to move towards meeting this definition. The CRSN is eager to support the stroke cohorts and will begin the initial dialogue with the LHIN to discuss the gaps and challenges for stroke cohorts in Champlain.

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, Annie Boisvert, Donna Cousineau

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Janice McCormick

Leah Bartlett

Grant Stotts

Christine Yang

Yvonne Wilson

Sabine Mersmann

Manon Parisien

Mary Egan

Heidi Sveistrup

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Fred Beauchemin

Anne Mantha

Simon Akinsulie

Abe Schwartz

Glenda Owens

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). In parallel, the active engagement of local and provincial LTC stakeholders continued regarding stroke care best practices and initiatives that address access to rehabilitation therapies, staff education and care planning. A TACLS-based workshop was developed for the fourth annual LTC Educators' Day organised by the Bruyère Centre for Learning, Research and Innovation (CLRI) in Long-term Care (LTC) (<http://clri-ltc.ca>). On November 10 we will introduce TACLS to 75 LTC staff involved in education in 20-25 LTC homes. The interactive stroke session will allow LTC staff to explore how to use TACLS to deliver in-service education and training sessions for registered and non-registered staff. This event 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 and the stroke care plans. TACLS and stroke care plans will also be featured at the bi-annual conference of the Champlain Region Family Council Network on November 5. LTC-relevant topics will be included in the new CRSN Regional Rounds and information about the Ottawa Stroke Summit was distributed to each LTC home.

CRSN partners: Cory Nezan (New Orchard Lodge), Melissa Donskov (Bruyère CLRI), Doreen Rocque, Champlain Region Family Council Network

3. Stroke Door-to-Transfer Time

The length of stay for stroke patients transferring from The Ottawa Hospital to Bruyere or TRC for Inpatient Stroke Rehabilitation has been climbing from a low of 10.2 days in January. Bruyere was able to temporarily open 8 stroke rehab beds over the summer, which decreased the number of days patients waited for stroke rehabilitation from over 16 days (on average) in June to 9 and 4.5 days in July and August, respectively. Ongoing efforts between the organizations focus on streamlining the processes involved in ensuring patients have timely access to stroke rehabilitation.

At Cornwall Community Hospital, QBP stroke patients' ALOS was 7.3 in June. In Q1, CCH sent 30% of QBP stroke cases to stroke rehabilitation. CCH and HGMH continue their conversation about how to expedite DTTT. This Fall, the teams will review data that was collected by HGMH to better understand their current state process and determine any opportunities for improvement.

CRSN Participants: Dr. Grant Stotts, Dr. Christine Yang, Anne Mantha, Beth Donnelly, Whitney Kucey, Isabelle Martineau, Kathy Greene, Fred Beauchemin, Sean Gehring, Susan Longbottom, Angela Ryan, Sherry Daigle, Sophie Parisien, Chantal Mageau-Pinard, Jo-Ann Tessier

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Champlain Regional Stroke Network Team

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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 TOH, PRH, CCH, HDGH and Montfort and are currently in the analysis phase. Remaining sites (QCH) will be completed prior to end of 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 from 78.6% to $\geq 86.0\%$. 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 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 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 $\geq 80\%$. 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).

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:

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

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6. Telerehabilitation

At time of writing, a total of 12 patients have been enrolled into the research study since March 14, 2016. All project milestones to date have been met. Because of the launch of RecoverNow research at TOH, Telerehab recruitment will be put on hold until December. The research group is hopeful that they will meet the March 2017 deadline, regardless. In the interim, other aspects of research (e.g. statistical analysis) will become the focus.

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

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 an 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 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

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) or who are clients of the secondary stroke prevention clinic. On the request of the Community & LTC operational committee, an environmental scan was completed during the summer. A report of current discharge practices in five of the six acute stroke units in Champlain was prepared. This helped the shape the design of the pilot.

The Queensway Carleton Hospital (QCH) team and the community partners (SSAO, City of Ottawa and Living Healthy with Chronic Conditions) met on September 13 to discuss and launch the six month pilot. QCH clients of the secondary prevention clinic and those admitted to the acute stroke unit with a mild, non-disabling stroke will be served, using a single referral process. Lessons from The Ottawa Hospital Stroke Prevention Clinic's e-referral to Living Healthy Champlain pilot were integrated into the project planning and evaluation. Quantitative and qualitative pilot evaluation data will help understand if this referral process is going to help patients and care partners with the transition to the community and to put into practice the stroke prevention advice received. The pilot partners also want to learn whether this referral process is feasible in the long term and whether it could be used in other hospitals.

Key CRSN partners: Melanie Parnell (QCH), Donna Cousineau (QCH), Janet McTaggart (Stroke Survivors Association Ottawa), Anita Findlay (City of Ottawa), Alyssa Hurtubise (Living Healthy with Chronic Conditions), Jennifer Harris (Heart Institute)

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10. <14 Day to Carotid Endarterectomy/Stenting

Sophia Gocan and SPC team members have recently completed and published in the Canadian Journal of Neurological Sciences (CJNS) 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%). 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.

Key findings from this research included:

Patient recognition and wait times to presentation influence outcomes. Only 56% of patients presented on the day of their index event. 35% presented > 72 hrs.

Referral barriers: 77% referred to the SPC on the day of presentation, 15% were referred > 72 hours after initial presentation

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 Bourgoïn, Dr. Grant Stotts, Dr. Debbie Timpson

11. Community Stroke Rehabilitation (CRS) 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.

Demand for the program was higher than originally anticipated thus this year’s budget was expanded by the LHIN/CCAC. Providing interdisciplinary community-based stroke care is now a core function of the Champlain CCAC. Initial discussions have started to explore how the program could be expanded to cover the whole of Eastern Counties as well as be started in Renfrew County. The CCAC presented on the project at the Canadian Stroke Congress in September. The second progress report to the LHIN will be submitted in October (baseline data and 2016/17 Q1 data has been collected from referring hospitals and the CCAC has developed a client experience survey).

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

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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

13. Vascular Disease Online Education

Following the pilot and evaluation of an integrated Vascular Health Education program in Renfrew County from June 2014- March 31, 2016, regional interest had been expressed to revise and leverage a vascular health education model across the Champlain LHIN. To date 3 meetings occurred between the LHIN, regional stroke, cardiac & diabetes networks to discuss components of an educational framework based on the following principals: collaborative partnerships, client centred approach, supportive of CDSM, aligned with best practice guidelines for the prevention & management of vascular disease and improved awareness / access to local supporting resources. Next steps involve a letter of invite from the LHIN to each regional network requesting 3-5 reps to contribute to the development of a Champlain Vascular Health Education Program.

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

14. Stroke Quality Based Procedures Education

This goal is completed as defined by the strategic planning process. There is ongoing education that will continue as requested/required and we continue to monitor and assess the situation.

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

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15. Stroke Unit Orientation Modules

The standard for training of new staff in CRSN stroke units includes the Apex Hemispheres modules 1, 2, 4, 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 developed at Montfort with input from Karen Mallet, SLP with the CRSN BPT is completed in French and is in the process of being translated to English.

At the time of creating the e-module, the region was using two different dysphagia screening tools - The Standardized Swallowing Assessment (SSA) and the Acute Stroke Dysphagia Screen (Barnes-Jewish Hospital). Because two different tools were being used across the region, and the 2012 systematic review of swallowing screens post stroke by Schepp which did not recommend the use of the SSA, it was decided that the e-module should indeed be created with both tools.

With the release of the October 2015 CBPRS update which no longer recommended the SSA as a dysphagia screening tool and the need to choose one of the recommended screening tools, the SLPs working in acute stroke across the region have agreed to move towards using the Barnes-Jewish with a target date for its implementation being early 2017. Ideally, the e-module would be translated to English and be ready to be rolled out as part of this change in screening tools. Karen Mallet hopes to be able to put together some education resources/ideas including the e-module in order to ensure a smooth transition of tools and education across the region. Because of competing priorities at various sites, there may be staggered go-live dates.

The module may be included as part of the package available to the region for those wishing to have it available in French on their LMS. 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 will report the usage of the module to CRSN through the education committee. If changes are made to the module by any site or individual, the group/person making the change would need to explicitly state what change was made 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 will be the site where these changes can occur in consultation with the CRSN. Translation to English is pending funding and logistics based on the above information.

Further module development or use of existing 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, Kristie Tousignant, Chantal Mageau-Pinard, Melanie Filion, Dr. Heidi Sveistrup, Peggy Wallace, Stephanie Crampton, Prudy Menard, Carmen Sanchez, Jeanne Bonnell; 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