

CHAMPLAIN REGIONAL STROKE NETWORK

3 YEAR STRATEGIC PLAN

BUILDING AN INTEGRATED STROKE CARE SYSTEM



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CHAMPLAIN REGIONAL STROKE NETWORK

MESSAGE FROM THE CHAMPLAIN REGIONAL STROKE NETWORK DIRECTOR



I am pleased to present the 2015/16 to 2017/18 Strategic Plan for the Champlain Regional Stroke Network (CRSN), which sets our direction for the next 3 years. This strategic plan builds on our previous work and aligns us with the Ontario Stroke Network's (OSN) strategic directions and four core enablers. It is also aligned with the Champlain Local Health Integration Network's (LHIN) Integrated Health Services Plan, and is based on the environmental scan completed with the CRSN Steering Committee and CRSN Operational Committees. Our mission is **to continuously improve stroke prevention, care, recovery and re-integration** as we make progress towards our vision of **fewer strokes, better outcomes** for the residents of the Champlain region.

As I reflect back on the past six years, I am proud of our CRSN Team and our many stakeholders for what they have accomplished for the residents of the Champlain region. The CRSN is accountable for more than \$60 million in stroke care services delivered across the Champlain LHIN. The CRSN Steering Committee and Operational Committees have strong leadership and highly engaged members that are driving significant improvements in the quality of stroke care within our region. Our governance structure is considered a model for other Ontario stroke networks and regional networks/programs across the Champlain region. The CRSN Operational Committee Chairs and CRSN Management Team have diligently executed the direction set by the CRSN Steering Committee and we have seen many significant projects achieved under their leadership. Our CRSN Best Practice Team members are recognized across the region as experts in stroke care and are providing additional leadership on various CRSN projects. The Champlain Regional Stroke Prevention System is providing comprehensive secondary stroke prevention care across Champlain and has successfully achieved exceptional performance standards that lead Ontario. Over the last two years, the CRSN has implemented two new stroke units at the Cornwall Community Hospital and Montfort Hospital that are proven to reduce the chance of death or disability at one year after a stroke event by as much as 30%.¹ The CRSN-RNOC Stroke Rehabilitation Sub-Committee has completed the first two phases of a comprehensive redesign of stroke rehabilitation services across the Champlain LHIN with the goal of shifting our region from the worst rehabilitation system performance in Ontario to the best in Canada. The CRSN has also taken its first steps towards establishing a regionalized system for community support services and the integration of vascular health care services between stroke, diabetes, and cardiac care.

The Ontario Stroke Evaluation Report clearly demonstrates how effectively organized stroke care can achieve improved patient outcomes and health system sustainability. These achievements include (02/03FY vs. 12/13FY):

- The lowest stroke hospitalization rate in Ontario.
- 541 inpatient stroke admissions prevented per year, saving the health system and Ontario taxpayers over \$40 million per year.
- 13% increase in patients arriving by ambulance.
- 12% increase in patients arriving within the TPA treatment window.

¹ Lindsay MP, Gubitza G, Bayley M, Hill MD, Davies-Schinkel C, Singh S, and Phillips S. Canadian Best Practice Recommendations for Stroke Care (Update 2010). On behalf of the Canadian Stroke Strategy Best Practices and Standards Writing Group. 2010; Ottawa, Ontario Canada: Canadian Stroke Network.


- 85% increase in neuroimaging within 24 hours of ED arrival.
- 231% increase in ischemic stroke patients receiving TPA.
- Median TPA door-to-needle times reduced by 32 minutes.
- Stroke unit access increased from 0% to 54%.
- 85% reduction in median time to carotid intervention.
- 33% reduction in in-hospital mortality rates.
- 26% reduction in 30 day mortality rates.
- 42% reduction in the proportion of patients discharged to long term care from acute care.
- Access to stroke prevention care from the Emergency Department increased from 2% to 85%.

Despite these numerous successes, the Champlain Regional Stroke Network is still striving to overcome some significant challenges. These challenges include (12/13FY):

- 14% longer mean hospital length of stay than Ontario.
- 20% longer median time from stroke event to inpatient rehabilitation admission than Ontario.
- Median number of days between stroke onset and admission to stroke inpatient rehabilitation is 12 days compared to the provincial benchmark of 6 days.
- Only 4% of stroke patients have access to outpatient rehabilitation.
- Median time from discharge to first CCAC rehabilitation visit is 19 days.

Our region has benefited greatly from close relationships with our peers across the Ontario Stroke System and close proximity to national stroke organizations such as the Heart and Stroke Foundation. The effort of these organizations and the many other stakeholders involved in the delivery of stroke care has made measurable improvements in the quality of care available to the residents of the Champlain region. I believe that the Champlain Regional Stroke Network is well on its way to achieving our goal of being the national leader for stroke care.

Sincerely,



Jim Lumsden, B.Sc.P.T. MPA
Director, Champlain Regional Stroke Network

VISION, MISSION & VALUES

VISION: FEWER STROKES. BETTER OUTCOMES.

MISSION: TO CONTINUOUSLY IMPROVE STROKE PREVENTION, CARE, RECOVERY AND RE-INTEGRATION

VALUES: EQUITY AND
COMPREHENSIVENESS

Our activities will be aligned with the health interests of all Ontarians and in doing so will improve access to the care continuum and respect the diversity of the population we serve.

**ACCOUNTABILITY AND
INTEGRITY**

We will demonstrate accountability and integrity in all of our activities and in the use and management of public resources.

**TRANSPARENCY AND
ENGAGEMENT**

We will foster and demonstrate a culture of responsive, interactive, open and respectful communication and collaboration.

**LEARNING AND
PERFORMANCE
IMPROVEMENT**

We will contribute to and apply evidence and knowledge, advance new ideas and take action to continuously improve the stroke system.

**LEADERSHIP AND
INNOVATION**

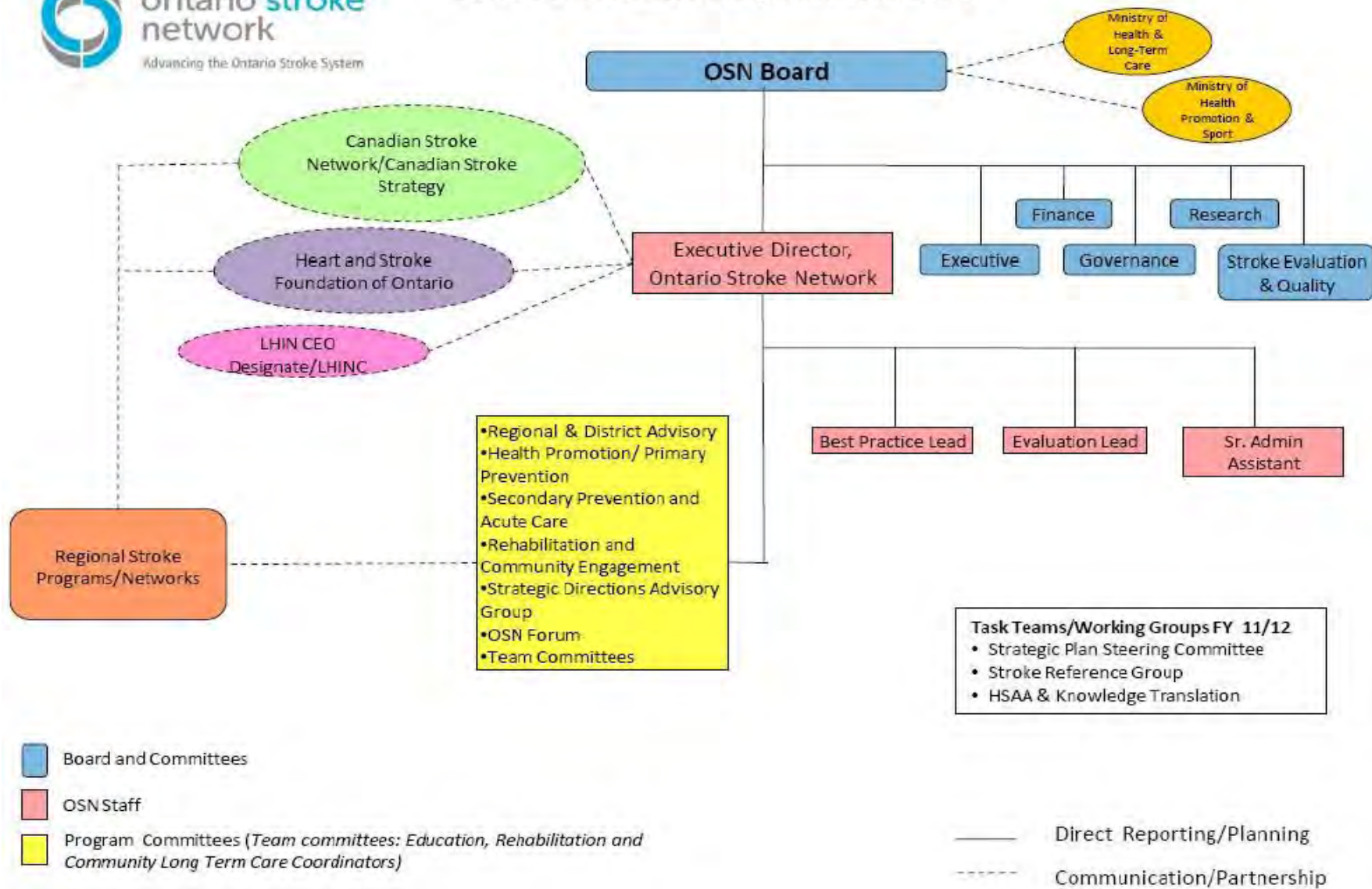
We will look to the future, embrace change and innovation, challenge the status quo, grow more leaders and through partnership build capacity.



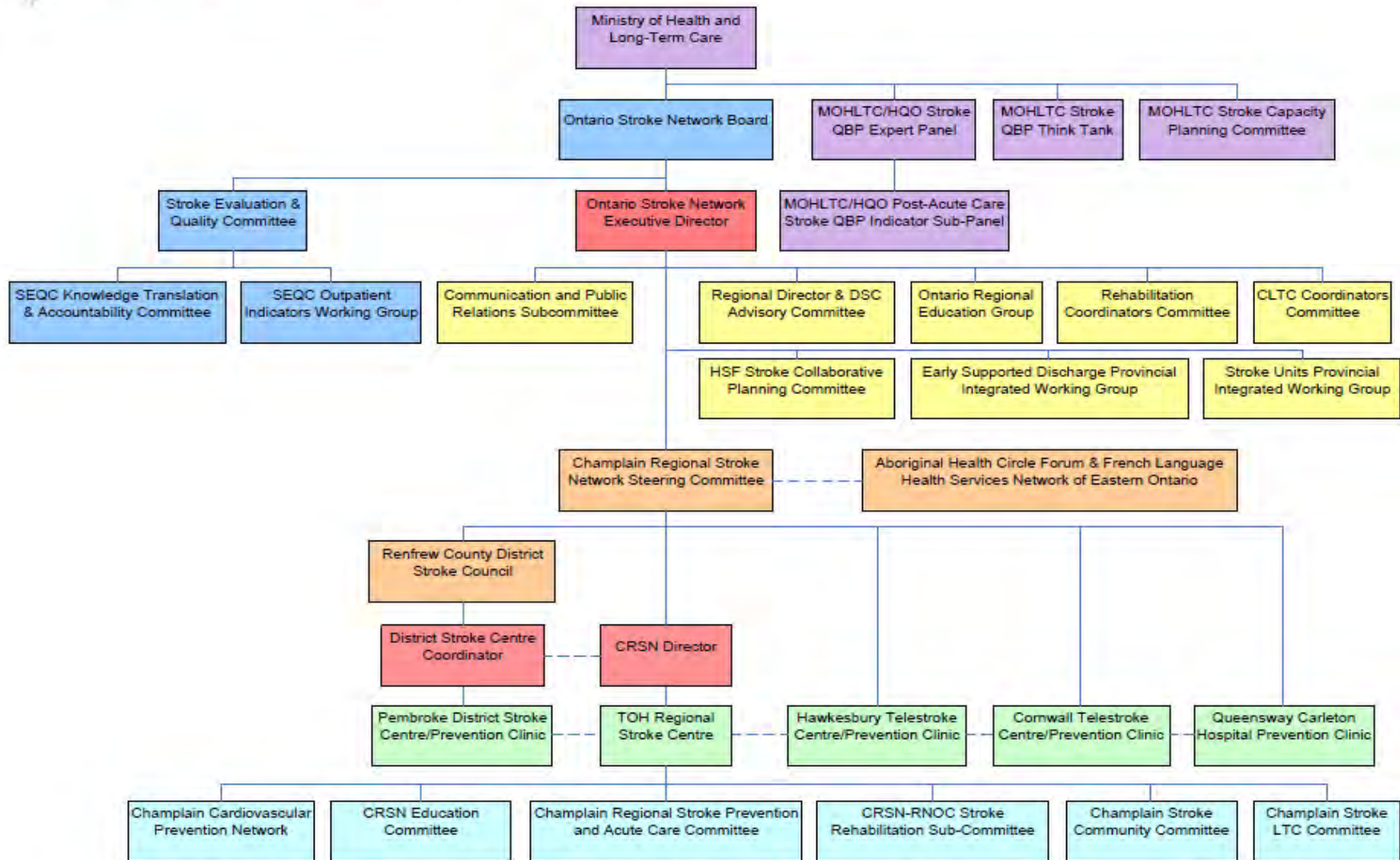
ONTARIO STROKE SYSTEM – ORGANIZATIONAL STRUCTURE



Ontario Stroke Network Organizational Chart



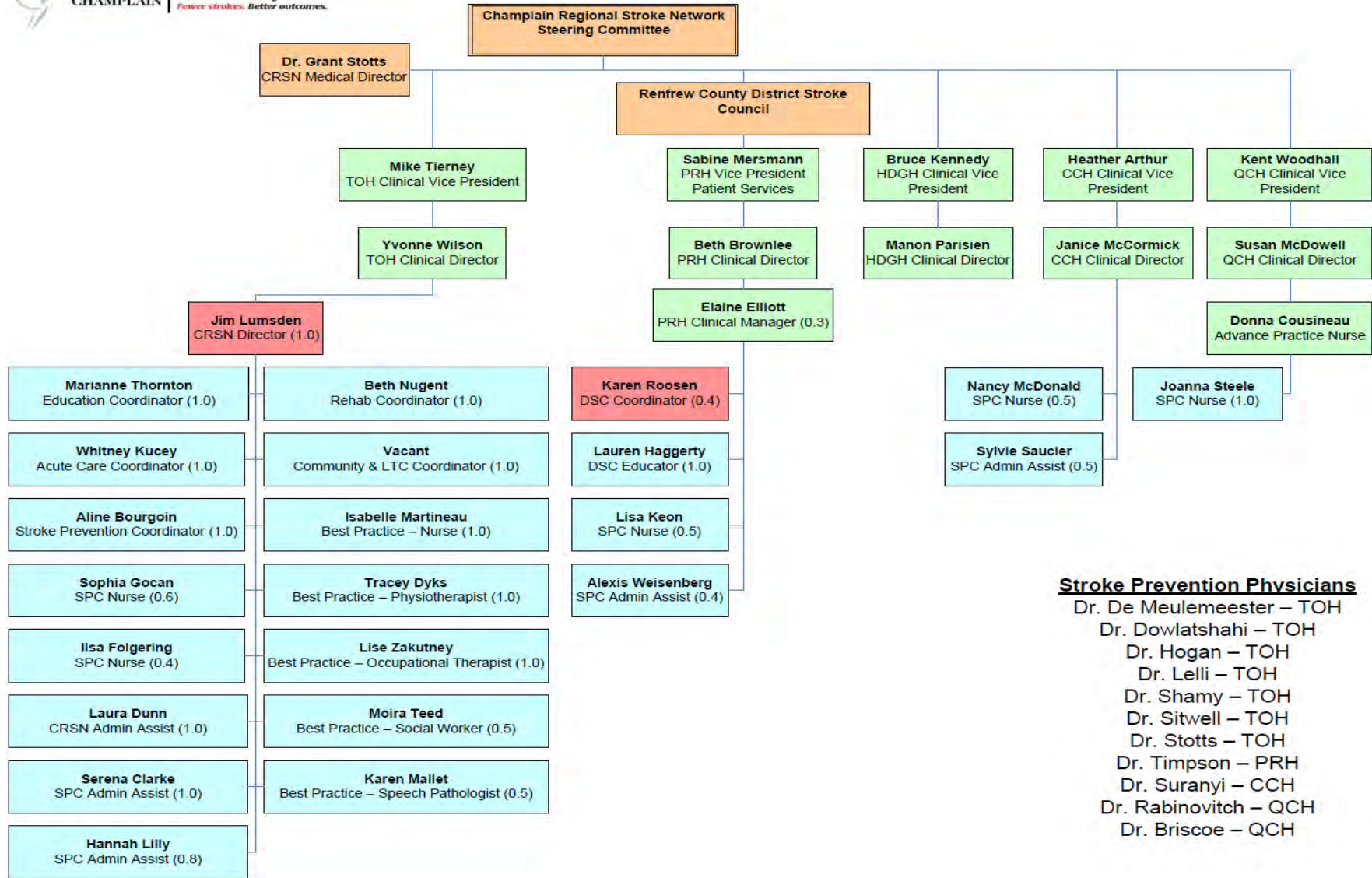
CHAMPLAIN REGIONAL STROKE NETWORK – ORGANIZATIONAL STRUCTURE



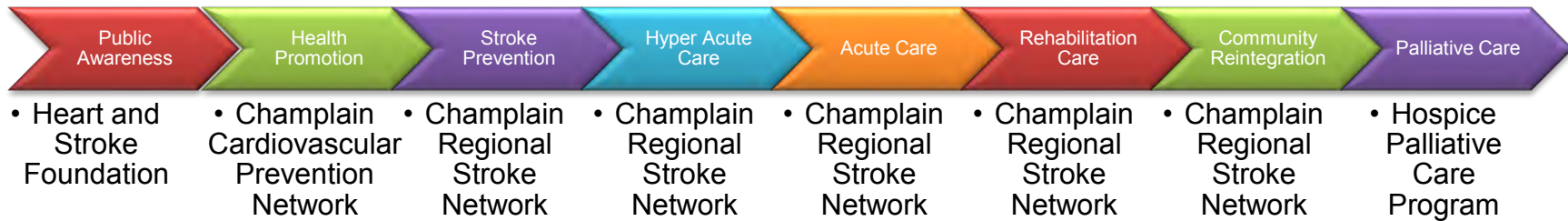
CHAMPLAIN REGIONAL STROKE NETWORK STEERING COMMITTEE MEMBERSHIP

- 1) LHIN Representative – Leah Bartlett
- 2) CRSN Medical Director – Grant Stotts
- 3) Rehabilitation Medical Director – Christine Yang
- 4) RSC Admin Liaison – Yvonne Wilson
- 5) DSC Admin Liaison – Sabine Mersmann
- 6) Hawkesbury Admin Liaison – Vacant
- 7) Cornwall Admin Liaison – Janice McCormick
- 8) Research Representative – Mary Egan
- 9) Education Representative – Heidi Sveistrup
- 10) Health Promotion Representative – Lesley James
- 11) RNOC Representative – Fred Beauchemin
- 12) Bruyère Admin Liaison – Anne Mantha
- 13) Community Representative – Jaime Constable
- 14) LTC Representative – Simon Akinsulie
- 15) Stroke Survivor Representative – Abe Schwartz
- 16) CCAC Representative – Claire Ludwig

CHAMPLAIN REGIONAL STROKE NETWORK – ORGANIZATIONAL STRUCTURE



CHAMPLAIN REGIONAL STROKE NETWORK – SCOPE OF RESPONSIBILITY



ONTARIO STROKE NETWORK

STRATEGIC DIRECTIONS

- 1) **Credible leader**, strategic partner and effective advocate for fewer strokes and better outcomes
- 2) **Catalyst to drive** for excellence in stroke care and vascular health²

CORE ENABLERS

- 1) **Evaluation:** Applying Evidence to Action
- 2) **Strategic/Meaningful Collaboration:** Harnessing the Power of Partnerships
- 3) **Powerful & Visible Communications:** Becoming the “Voice” of Stroke Care & Prevention
- 4) **Focused Innovation & Knowledge Translation:** Becoming a “Hub” for New Knowledge and Information Exchange

CHAMPLAIN LOCAL HEALTH INTEGRATION NETWORK

The Champlain Local Health Integration Network’s Integrated Health Services Plan 2013-2016 identified the following goal and six key result areas:

GOAL: Improved health, access to a high-performing health system and better experience with their care.

KEY RESULT AREAS:

- 1) More people involved in planning their health services.
- 2) More people receive quality, evidence-based care.
- 3) More people with mental health conditions & addictions having access to services.
- 4) More seniors cared for in their communities.
- 5) More people with complex chronic conditions able to manage their conditions.
- 6) More people at end of life, families & caregivers satisfied with their palliative care supports.

STRATEGIC PRIORITIES:

- 1) Build a strong foundation of primary, home, and community care.
- 2) Improve coordination and transitions of care.
- 3) Coordinate and integrate services among hospitals.

ENABLERS

- 1) Accountability Management
- 2) Information Management & eHealth
- 3) Health System Funding
- 4) Community Engagement & Partnerships
- 5) Collaborative Governance
- 6) Communications

² The term "vascular" is defined as all forms of vascular and related diseases, encompassing heart disease, stroke, and diseases of other major blood vessels (Joint Statement of Commitment, *Toward an Integrated Vascular Health Strategy for Ontario*, July 23, 2010).

CRSN ENVIRONMENTAL SCAN – PROCESS

A SWOT analysis was conducted with each member of the CRSN Steering Committee to draw out their knowledge and expertise on stroke care in our region. The purpose of this analysis was to collect information about the internal and external environment in which the Champlain Regional Stroke Network operates.

	POSITIVE/ HELPFUL to achieving the strategic directions	NEGATIVE/ HARMFUL to achieving the strategic directions
INTERNAL ORIGIN <i>facts/ factors of the Champlain Regional Stroke Network</i>	Strengths Things that are good now - maintain them, build on and leverage them.	Weaknesses Things that are poor now - remedy, change or stop them.
EXTERNAL ORIGIN <i>facts/ factors of the environment in which the Champlain Regional Stroke Network operates</i>	Opportunities Things that are good for the future - prioritize, capture, build and optimize them.	Threats Things that are bad for the future - plan to manage or counter them.

In addition to the SWOT analysis, a survey was conducted with all CRSN Operational Committee members. The survey of the CRSN Operational Committee members included the following questions:

- 1) Based on the Champlain LHIN Stroke Report Card and the Ontario Stroke Evaluation Report which performance indicators can we significantly improve over the next 3 years?
- 2) Based on the Canadian Best Practice Recommendations for Stroke Care which activities have the most evidence to support changes in how we deliver stroke care for our region?
- 3) Which Ontario Stroke Network initiatives have the best alignment with the needs of stroke patients within our region?
- 4) How can your organization contribute to improving stroke care for our region?

CRSN ENVIRONMENTAL SCAN – IDENTIFIED THEMES

Responses from the CRSN Environmental Scan interviews and surveys were consolidated into 39 separate themes. Listed below, these themes were used to facilitate the strategic goal development process.

Standardize and integrate rehabilitation system	Reduce LTC home admission rates	Integrate stroke prevention clinics, diabetes education, and cardiac rehabilitation
Centralized post-acute/rehab referral	Increase outpatient services for stroke/vascular patients	Establish high risk vascular health patient screening
Increase transparency of rehab admission	Integrate community vascular health care services	Increase stroke warning sign recognition in Eastern Counties
Decrease door-to-transfer time	Systematic community support service referrals across care continuum	Excellent Ontario Stroke Network evaluation system
Champlain bed capacity planning	Community stroke navigation	Reduce timelines and increase site specificity of performance reporting
Establish consistent baseline assessments	Implement stroke best practices in the community sector	Establish Champlain client satisfaction survey
Increase AlphaFIM® completion rates	Strengthen CRSN Community & Long-Term Care portfolio	Excellent Champlain Hyper-Acute Stroke Care System
Stroke unit implementation	Support shift to Stroke Quality Based Procedures Funding Model	Establish vascular health governance structure
Stroke unit patient consolidation	Increase service standards to match Stroke Quality Based Procedures Funding Model	Equity of access to stroke care regardless of language or culture
Increase integrated stroke units	Educate clinicians on Stroke Quality Based Procedures Funding Model	High quality vascular health care close to home
Support change to new Ontario Stroke Network stroke unit definition	Excellent Champlain Regional Stroke Prevention System	Increase client perspective in governance structure and system planning
Increase use of Community Care Access Centre as central referral hub	Decrease carotid endarterectomy timelines	Increase CRSN publications
Reduce complex continuing care admissions from acute care	Increase vascular health care focus	Increase CRSN conference presentations

CRSN STRATEGIC GOALS 15-16FY TO 17-18FY

Based on the responses from the environmental scan, the CRSN Management Team developed a series of 11 strategic goals which were presented to the members of the Champlain Regional Stroke Network Steering Committee. The committee members were asked to vote for the 5 strategic goals they thought were most important for the region. An operational plan which identifies the specific deliverable, lead, champion, and care continuum was developed based on the 5 strategic goals that received the most votes. Targets for deliverables were set using the Ontario Stroke Report Card provincial benchmark where available. The operational plan below contains the 6 remaining operational goals from the current strategic plan and adds 9 new operational goals to complete the new three year plan.

Year 1 – 2015-16 fiscal year

Year 2 – 2016-17 fiscal year

Year 3 – 2017-18 fiscal year

Strategic Goal	Operational Goal #	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.	1	Support the creation of acute stroke units at hospitals that provide specialized stroke services within the Champlain region.	Establish a stroke unit at the Queensway Carleton Hospital.	Acute Care Coordinator	CRSPAC Committee Chair	Acute Care
Ensure equitable access to high quality stroke and vascular health care across the care continuum and the Champlain region.	2	Improve stroke care knowledge among existing staff in the region's LTC facilities.	Pilot a "Stroke Care Certification" program at one long-term care facility within the Champlain region that educates at least 80% of their personal support workers using the Tips and Tools program.	C<C Coordinator	CRSN LTC Committee Chair	Long Term Care

Strategic Goal	Operational Goal #	Operational Goal	Deliverable	Lead	Champion	Care Continuum
Support health care organizations to adapt to Stroke Quality Based Procedures Funding Model.	3	Reduce time from stroke event to sub-acute stroke care.	Achieve a median door-to-transfer time to inpatient stroke rehabilitation of 6 days for the Champlain region.	Rehab Coordinator	CRSN-RNOC Stroke Rehab Sub-Committee Chair	Rehabilitation
Implement a standardized system for stroke and vascular health care according to best practices within the Champlain region.	4	Maintain the Champlain Regional Stroke Care Systems in alignment with Canadian Best Practice Recommendations for Stroke Care.	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 $\geq 87.4\%$.	Stroke Prevention Coordinator	CRSPAC Committee Chair	Stroke Prevention
Support health care organizations to adapt to Stroke Quality Based Procedures Funding Model.	5	Increase 72 hour Alpha-FIM completion rate at all stroke units in the Champlain region.	Achieve a $\geq 80\%$ completion rate of the Alpha-FIM at 72 hours on all established stroke units.	Acute Care Coordinator	CRSPAC Committee Chair	Acute Care
Support the exploration and development of innovative services for stroke and vascular care within the Champlain region.	6	Increase telerehab capacity in the Champlain region.	Complete a research study for stroke telerehab services for the region.	Rehab Coordinator	CRSN-RNOC Stroke Rehab Sub-Committee Chair	Rehabilitation

Strategic Goal	Operational Goal #	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.	7	Ensure all admitted patients with new stroke events are consolidated to stroke specialized facilities.	Increase the proportion of stroke/TIA patients treated on a stroke unit at any time during their inpatient stay to $\geq 89.7\%$.	District Stroke Centre Coordinator	CRSPAC Committee Chair	Acute Care
Ensure equitable access to high quality stroke and vascular health care across the care continuum and the Champlain region.	8	Complete a stroke rehabilitation system capacity and allocation analysis for the Champlain region.	Submit a report to the Champlain LHIN with recommended allocations for inpatient and outpatient stroke rehabilitation capacity at facilities across the Champlain region.	Rehab Coordinator	CRSN-RNOC Stroke Rehab Sub-Committee Chair	Rehabilitation
Design and implement standardized processes for seamless transitions across the stroke and vascular health care continuum.	9	Establish a system for systematic referral to community support services across the care continuum.	Pilot the use of the CCAC Health Partner Gateway to systematically refer stroke patients to community support services at one facility in the Champlain region.	C<C Coordinator	CRSN Community Committee Chair	Community
Design and implement standardized processes for seamless transitions across the stroke and vascular health care continuum.	10	Establish carotid intervention referral process for Champlain region that ensures stroke patients are treated within 2 weeks of their stroke event.	Achieve a median time from stroke index event to carotid endarterectomy or carotid artery stenting of ≤ 14 days for the Champlain region.	Stroke Prevention Coordinator	CRSPAC Committee Chair	Stroke Prevention

Strategic Goal	Operational Goal #	Operational Goal	Deliverable	Lead	Champion	Care Continuum
Design and implement standardized processes for seamless transitions across the stroke and vascular health care continuum.	11	Establish a Community Stroke Rehabilitation System within the Champlain region.	Pilot a Community Stroke Rehabilitation System within one Champlain Sub-LHIN.	C<C Coordinator	CRSN Community Chair	Community
Design and implement standardized processes for seamless transitions across the stroke and vascular health care continuum.	12	Establish a centralized referral process to post-acute care.	Implement a centralized inpatient stroke rehabilitation referral and triage process using the Resource Matching & Referral System within the Champlain region.	Acute Care Coordinator	CRSPAC Committee Chair	Acute Care
Support the exploration and development of innovative services for stroke and vascular care within the Champlain region.	13	Develop online stroke and vascular health education modules for Champlain region.	Implement an online education module to improve modifiable risk factors for patients with vascular disease across the Champlain region.	District Stroke Centre Coordinator	CRSN Education Committee Chair	Education
Support health care organizations to adapt to Stroke Quality Based Procedures Funding Model.	14	Provide education to frontline clinicians on the impact of the Stroke QBP funding model.	Deliver education on Stroke Quality Based Procedures at each facility that provides specialized stroke services within the Champlain region.	Education Coordinator	CRSN Education Committee Chair	Education

Strategic Goal	Operational Goal #	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.	15	Maintain the Champlain Regional Stroke Care Systems in alignment with Canadian Best Practice Recommendations for Stroke Care and Stroke Quality Based Procedures.	Establish standardized stroke care orientation modules for new staff working on stroke units in the Champlain region.	Education Coordinator	CRSN Education Committee Chair	Education

NEXT STEPS

The strategic plan will be presented for approval to the CRSN Steering Committee on December 19th 2014. The CRSN Management Team's work plans will be finalized by February 2015; CRSN Best Practice Team and CRSN Stroke Prevention Team work plans will be finalized by March 2015. The three CRSN operational committees (CRSN Education Committee, Champlain Regional Stroke Prevention and Acute Care Committee, and CRSN-RNOC Stroke Rehabilitation Sub-Committee) will finalize their work plans by May 2015. The CRSN Budgets, performance evaluations, and quarterly reporting will be aligned with the strategic plan. The strategic planning process will be repeated biennially in alignment with the Ontario Stroke Network planning cycle.

Thank you for your support in developing the 2015/16 to 2017/18 CRSN Strategic Plan.

Sincerely,



Jim Lumsden, B.Sc.P.T. MPA
Director, Champlain Regional Stroke Network



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