

Champlain Regional Stroke Prevention and Acute Care Committee 2015/16-2017/18 Work Plan

1.0 PURPOSE

1.1 To advise the Champlain Regional Stroke Steering Committee regarding the development, implementation and evaluation of the regional stroke prevention and acute care best practice initiatives and activities throughout the Champlain region.

2.0 FUNCTIONS

- 2.1 To ensure coordination and integration of stroke prevention and acute care services with other parts of the continuum of stroke care in the Champlain region.
- 2.2 To oversee needs assessments and gap analyses, and to work to promote formal networking and a regional approach to addressing stroke prevention and acute care needs across the Champlain region.
- 2.3 To provide regional input into the development and implementation of relevant Regional Stroke Prevention and Acute Care projects and services.
- 2.4 To advise and assist in developing and implementing communication and education strategies for regional stroke prevention and acute care.
- 2.5 To advise on the role and functions of the Stroke Prevention and Acute Care Coordinators.

CRSN Strategic Goal	Operational Goal	Goal #	Actions and Resources Required	Lead	Target Date	Status
Ensure equitable access to high quality stroke and vascular health care across the care continuum and the Champlain region.	Support the creation of acute stroke units at hospitals that provide specialized stroke services within the Champlain region.	1	1. Support the establishment and definition of consistent acute stroke care performance monitoring indicators for TOH-Civic, TOH-General, PRH, QCH, Montfort and CCH.		1. Annual review and revision to align with QBP	Ongoing
			2. Review data and identify opportunities for improvement, as needed.		2. Quarterly monitoring of identified indicators (ex: Alpha-FIM patient volumes)	Ongoing
Implement a standardized system for stroke and vascular health care according to best practices within the Champlain region.	Maintain the Champlain Regional Stroke Care Systems in alignment with Canadian Best Practice Recommendations	4	Increase the proportion of ischemic stroke/TIA patients with atrial fibrillation prescribed or recommended anticoagulant therapy on discharge from acute care (excluding those with contraindication) to $\geq 87.4\%$.	Aline Bourgoin	2015/16	Work group development pending site audit completion

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	for Stroke Care.					
			ACUTE CARE 1. Monitor ICES data annually for all inpatient stroke units 2. Identify opportunities for improvement. 3. Present findings to CRSNSC		1. Ongoing 2. Ongoing 3. Ongoing	Site audits complete at PRH, CCH, HGH and Montfort. Pending completion at TOH and QCH.
			STROKE PREVENTION CLINIC 1. Monitor SPC internal site data annually for all regional SPC's 2. Identify opportunities for improvement. 3. Present findings to CRSNSC.		1. Ongoing 2. Ongoing 3. Ongoing	Site audits complete at PRH, CCH, HGH and Montfort. Pending completion at TOH and QCH.
Support health care organizations to adapt to Stroke Quality Based Procedures Funding Model.	Increase 72 hour AlphaFIM® completion rate at all stroke units in the Champlain region.	5	Achieve a ≥80% completion rate of the AlphaFIM® on or before Day 3 on all established stroke units.	Whitney Kucey	2016/17	
			1. Support monitoring of AlphaFIM® completion rate through CIHI mandated Project 740.		1. Ongoing, Quarterly	Ongoing
			2. Review performance quarterly.		2. Ongoing, Quarterly	Ongoing
			3. Identify and share strategies or supports that have been shown to increase/improve the AlphaFIM® completion rate by Day 3 of stroke patients admitted to a stroke unit hospital.		3. Ongoing identification of strategies and supports.	Ongoing

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Implement a standardized system for stroke and vascular health care according to best practices within the Champlain region.	Ensure all admitted patients with new stroke events are consolidated to stroke specialized facilities.	7	Increase the proportion of stroke/TIA patients treated on a stroke unit at any time during their inpatient stay to $\geq 89.7\%$.	Karen Roosen	2017/18	An Acute Transfer & Admission protocol for Renfrew County was developed and approved in February 2015 by the Renfrew County District Stroke Council.		
						1. Support Renfrew county as the Pilot site	1. 2015/16	PRH data reviewed: 8 out of 9 pts were transferred within 1-2 days from community hospitals to PRH from Feb./15- March/16.
						2. Review data and evaluate outcomes.	2. March 2016	PRH data reviewed: Since the # of hospital stroke transfers is low (8 pts. over 1 yr.) committee members agreed that a process & tool be developed to track the # of stroke pts. not transferred to PRH DSC along with rationale.
						3. Support the implementation at additional Champlain sites with EMS partners, TBD	3. TBD	
Design and implement standardized processes for seamless transitions across the stroke and vascular health	Establish carotid intervention referral process for Champlain region that ensures stroke patients are treated within 2 weeks of	10	Achieve a median time from stroke index event to carotid endarterectomy or carotid artery stenting of ≤ 14 days for the Champlain region.	Aline Bourgoin	2017/18	Manuscript submitted and accepted by The Canadian Journal of Neurological Sciences for research project "System factors		

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<i>care continuum.</i>	their stroke event.					contributing to delays in the delivery of urgent carotid endarterectomy among Stroke Prevention Clinic patients”. Workgroup to improve CEA timelines in Champlain to be created. Recruitment of members underway
			ACUTE CARE 1. Support the evaluation of regional data within Champlain Acute Stroke Units. 2. Support the development of a workgroup to explore regional strategy for access to CEA/CAS services for regional sites and TOH sites. 3. Encourage the implementation of regional initiatives as they are developed. 4. Present findings to CRSNSC.		1. Ongoing 2. 2016/17 3. Ongoing 4. Ongoing	Site audits complete at PRH, CCH, HGH and Montfort. Pending completion at TOH and QCH.
			STROKE PREVENTION CLINIC 1. Support the evaluation of regional data within SPC's. 2. Support the development of a workgroup to explore regional strategy for access to CEA/CAS		1. Ongoing 2. 2016/17 3. Ongoing 4. Ongoing	Site audits complete at PRH, CCH, HGH and Montfort. Pending completion at TOH and QCH.

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			<p>services for regional sites and TOH sites.</p> <p>3. Encourage the implementation of regional initiatives as they are developed.</p> <p>4. Present findings to CRSNSC.</p>			
Completed Strategic Goals						
Ensure equitable access to high quality stroke and vascular health care across the care continuum and the Champlain region.	Support the creation of acute stroke units at hospitals that provide specialized stroke services within the Champlain region.	1	Ensure that stroke units are established and sustained at TOH – Civic, TOH - General, Pembroke Regional Hospital, Queensway Carleton Hospital, Montfort Hospital, Cornwall Community Hospital.	Whitney Kucey	2015/16	Complete <i>Stroke Units/Cohorts established at: TOH – Civic, TOH - General, PRH, QCH, Montfort, CCH. Strategic Goal Submitted as Complete at Steering Committee – June 2015 Sustainability – Ongoing, as per Education Committee Work plan</i>
			3. Support the development of a memorandum of understanding for all acute stroke units to provide a consistent standard of care, based on the current Best Practice Recommendations for Stroke Care.		3. March 2015	Complete - June 2015
			4. Provide guidance and support for stroke unit implementation.		4. QCH, April 1 st , 2015	Complete – April 2015
Completed Non-Strategic Goals						
Establish common strategy for all TIA patients presenting to any Champlain ED to have access to immediate CT brain imaging as per Canadian Best Practice				Aline Bourgoin		Complete - Fall 2015: Pilot site WDMH.

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	recommendations for Stroke Care 2014					Implementation of TIA/Minor stroke Algorithm/Referral Pathway in ED.

Appendix

Note these are non-strategic goals to be discussed at the CRSPACC Meetings in order to develop strategies and to potentially add to the strategic plan in the future.

<u>Non-Strategic Goals:</u>	
To develop strategies and address the existing gaps in access to care for select stroke patient populations in outlying non-stroke centers: 1. Patients admitted with non-stroke diagnoses that then have a post admission stroke.	Under Development
Identify those organizations interested in pursuing distinction in Stroke Services from Accreditation Canada.	To progress with Accreditation, must consider: 1. Performance Reporting and ensuring performance meets required standards (to be done centrally through the evaluation office) 2. Processes in place for the Accreditation Audit 3. Funding – can only be addressed once 1 and 2 are met.