Regional Stroke Workplan 2023-25
Draft Nov 2022

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Stroke Workplan Priorities- Alignment:

Stroke-Specific Context

- ✓ Cross Continuum Focus – per Stroke Network Mandate
- ✓ Community Consultation themes from patients and families
- ✓ Performance on CorHealth Ontario Stroke Report / SE Stroke Dashboard
- ✓ Stroke Workplan Progress Reports
- ✓ Regional Stakeholder input; e.g. recent evaluation meetings
- ✓ Stroke expertise, integrated/seamless care, ongoing quality improvement, build capacity and efficiency
- ✓ Canadian Stroke Best Practices
- ✓ Emerging Evidence in Stroke Care

Health System Context

- ✓ Current health care environment – HHR turnover, system pressures
- ✓ Ontario Health – Annual Business Plan
  - ✓ CorHealth Operational Plan within Ontario Health
  - ✓ Ontario Health East
- ✓ Local OHT priorities

Recall: 2021-23 Regional Workplan Priorities

1. Prevention: **Optimize Integrated Strategies for Secondary Stroke Prevention and Vascular Risk Factor Management across the Continuum**

2. Integrated Hospital Care: **Enhance the integrated system of stroke care to achieve best practice and improve the patient experience** (hyperacute, acute & rehabilitation)

3. **Community: Enhance access to stroke rehabilitation and supports in the community, including LTC, to optimize recovery, the patient experience and community re-integration**

NEW 2023-25 Regional Workplan Priorities

1. **Prevention: Optimize integrated strategies for secondary stroke prevention and vascular risk factor management**

2. **Hyperacute: Sustain & enhance organized regional pathways for timely access to hyperacute treatment**

3. **Integrated Hospital Care: Enhance integrated inpatient care for timely access, quality of care, and improved patient experience**

4. **Community: Enhance access to stroke rehabilitation and supports in the community to optimize recovery, the patient experience and community re-integration**
   - A. **Community Stroke Rehabilitation**
   - B. **Community Reintegration**

Focus on support and capacity for care integration, patient experience, building expert stroke champions virtual learning, integration within current health context, resilient succession plans.

Proposed 2023-25 Regional Workplan Framework

1. **Prevention: Optimize Integrated Strategies for Secondary Stroke Prevention and Vascular Risk Factor Management**
   - A. Linkages SPC, ED, Primary care
   - B. SPCs – triage, efficient workflow, expertise – aligns with National Stroke Distinction
   - C. Vascular risk screening and management – Indigenous health and patient education
   - D. Navigation to prevention resources
   - E. Information systems/LUMEO

2. **Hyperacute: Sustain & enhance organized regional pathways for timely access to hyperacute treatment**
   - A. Acute Stroke Protocol - aligns with CorHealth Ontario Hyperacute Initiatives and National Stroke Distinction
   - B. Thrombolysis
   - C. EVT
   - D. Brockville telestroke – revisit / reassessment
   - E. Cerebral Aneurysm Coiling
   - F. Information Systems/LUMEO

3. **Integrated Hospital Care: Enhance integrated inpatient care for timely access, quality of care, and improved patient experience**
   - A. Access/Flow
   - B. Quality Best Practice - aligns with CorHealth Ontario Stroke Unit Initiative and National Stroke Distinction
   - C. Patient Experience
   - D. Information Systems/LUMEO

4. **Community: Enhance access to stroke rehabilitation and supports in the community to optimize recovery, the patient experience and community re-integration**
   - A. Community Stroke Rehabilitation (CSR) – aligns with CorHealth Ontario CSR Initiative
     1. Support local providers to innovate in the planning and delivery of new, enhanced and integrated CSR Programs to align with the provincial CSR Model of Care
     2. CSR Data Strategy
     3. Information Systems/LUMEO
   - B. Community Reintegration – aligns with past community consultations
     1. Community Consultation
     2. Person-Centred Skilled Stroke Care & Rehabilitation – Aphasia Groups, Expertise in Community and LTC
     3. Support Individual Well-Being & Meaningful Engagement – Support Groups, Self-Management, Exercise Groups
     4. Co-navigation and Access to services

Focus on care integration, patient experience, virtual learning/care, building expert stroke champions and resilient succession plans.

Priority 1: Optimize Integrated Strategies for Secondary Stroke Prevention & Vascular Risk Factor Management

1. **Enhance linkages to stroke prevention best practices** in primary care and Emergency Departments

2. **Enhance SPC triage, efficiencies & expertise**
   a) Maximize triage processes
   b) Enhance SPC workflow with virtual care
   c) Build pool of SPC experts

3. **Support efforts to Improve Vascular Risk Factor screening & management**
   a) Support Indigenous Blood Pressure screening
   b) Enhance use of patient education tools

4. **Enhance SPC awareness to navigate** local self management and prevention resources and local community programs

5. **Advise LUMEO team** on embedding stroke prevention best practices into LUMEO system

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Priority 2: Sustain & enhance organized regional pathways for access to hyperacute treatment

1. Monitor & Sustain **Regional/District Acute Stroke Protocol**
2. Update & Monitor Changes to **Thrombolysis** Delivery
3. Monitor and Sustain Regional **EVT** Service
4. Assist with **Telestroke** Reassessment at BrGH
5. Support continued implementation of the regional **cerebral aneurysm coiling** service at KHSC
6. Advise **LUMEO** team on embedding hyperacute stroke best practices into LUMEO system

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Priority 3: Enhance integrated inpatient care for timely access, quality of care, and improved patient experience

1. Acute and Rehab Stroke Units – access/flow
2. Acute and Rehab Stroke Units – quality/core best practice care
3. Patient Experience
4. Inform and make use of Regional Health Information System

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Priority 3: Enhance integrated inpatient care for timely access, quality of care, and improved patient experience

1. Facilitate an integrated stroke patient pathway to enhance **timely access** to acute and rehabilitation stroke unit care (**access and flow**)

2. Deliver **quality expert** acute and rehabilitation stroke unit care (**core best practices**)
   a) Support **expertise** in delivery of essential core stroke best practices in critical care, acute care, and rehabilitation
   b) Support stroke teams in **quality improvement at stroke distinction sites** and **at non-stroke distinction sites**

3. Support implementation and spread of local initiatives to learn about and respond to the **patient experience**

4. Inform and make use of standard **regional information system** to support and advance flow and quality best practice (LUMEO, KQIs for access and quality, communication tools)

Priority 4: Enhance access to stroke rehabilitation and supports in the community to optimize recovery, the patient experience and community re-integration

A. Community Stroke Rehabilitation

B. Community Re-integration

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Priority 4: Enhance access to stroke rehabilitation and supports in the community to optimize recovery, the patient experience and community re-integration

A. Community Stroke Rehabilitation

1. Support local providers to innovate in the delivery of new, enhanced and integrated CSR Programs to align with the provincial CSR Model of Care (e.g. hybrid models, innovative integrated teams, dedicated community stroke rehab teams)
2. Participate in and inform the CorHealth Ontario CSR Project Data Strategy
3. Advise LUMEO team on embedding Community Stroke Rehab best practices into LUMEO system

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Priority 4: Enhance access to stroke rehabilitation and supports in the community to optimize recovery, the patient experience and community re-integration

B. Community Re-integration

1. Complete Community Re-integration Consultation
2. Person-Centred Skilled Stroke Care & Rehabilitation:
    a) Sustain and build upon regional approach to Aphasia Supportive Conversation Groups.
    b) Support stroke expertise and best practice in LTC & Community
3. Support Individual Well-Being & Meaningful Engagement:
    a) Sustain & enhance Community Stroke Support Services to meet diverse needs
    b) Support self-management
    c) Sustain & enhance Community Stroke Specific Exercise Programs
4. Community Co-Navigation and Access to Services

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Education/Knowledge Translation

Leadership and Coordination

Education and Knowledge Translation

- Now is the time to plan for next year!!
- Building expertise & capacity to support workplan

- Please let your stroke care teams know to be in touch with Heather Jenkins about your education needs for 2023-24
- Please email heather.jenkins@kingstonhsc.ca
- By early December

Leadership and Coordination

1. Leadership; succession planning
2. Resilient network - flexible & responsive to change
3. Monitor stroke care performance against best practice
4. Develop, monitor and implement regional stroke workplan
5. Engage stakeholders; effective communication strategy
6. Sustain governance for effective oversight
7. Build communication & accountability links with OH and OHTs
8. Sustain/Grow partnerships
9. Manage fiscal and human resources
10. Contribute to innovation and knowledge translation

DISCUSSION

1. Do these priorities make sense/fit with current needs?
   - Anything to add?
   - Anything to remove?

2. Populating local plans in new year:

Regional Plan for Southeastern Ontario
Quinte District Stroke Plan - Counties of Hastings & Prince Edward (HPE)
Kingston, Frontenac, Lennox & Addington Counties (KFLA)
Leeds & Grenville Counties (L&G)
Lanark County

"It should look ALL ONE COLOUR to me"
Dr. Dan Brouillard