

**Ministry of Health and Long-Term Care (MOHLTC)  
Ontario Stroke Strategy (OSS)  
Service Guidelines – Regional Stroke Centre (RSC)**

## **SECTION A**

### **RSC Role**

- The RSC is accountable for providing leadership, development, implementation and integration of stroke care throughout their region and across all points in the spectrum of stroke care (promotion, clinical and secondary prevention, acute care, rehabilitation and home care). For example: RSC will help hospitals within the region localize and implement stroke protocols and stroke teams.
- The RSC has fiduciary responsibility for the Regional Stroke funds in partnership with the Regional Stroke Steering Committee (RSSC).
- The RSC will co-manage the allocation of these regional funds for the sustainability of the OSS e.g. the regional education funds will be prioritized for region-wide educational activities as per the OSS Education Atlas in co-operation with the RSSC's recommendations.
- The RSC will ensure a senior executive from their facility is an active member on the RSSC.
- The RSC coordinates with and assists the community-based agencies responsible for health promotion and stroke prevention in building inter-organizational relationships throughout their respective catchment areas and across the spectrum of stroke care.
- The RSC is committed to participating in ongoing education/training in stroke care and providing coordinated stroke services based on best practices and evidence.

### **Accountability**

- In partnership with the RSSC the RSCs are accountable for the leadership, development, implementation and coordination of stroke care within their region and the provision of stroke care based on best practices and evidence.
- The RSCs have fiduciary responsibility for the regional stroke funds allocated to the base budget at the RSC.
- The RSC is accountable to adhere to the stroke line-by-line infrastructure allocated for the provision of stroke care and service in both the RSC site and within the region. Stroke funding cannot be reallocated to the RSC's operating budget.
- The RSC is accountable to submit separate quarterly and year-end financial reports specific on the stroke infrastructure.
- The RSC will sustain the stroke infrastructure roles, descriptions, responsibilities and requirements as per Section B of the Service Guidelines.
- The RSC will work in partnership with their health-care community including District Health Councils, District Stroke Centres (DSC), the rehabilitation and long-term care community, acute hospitals, Community Care Access Centres (CCAC) and the community.
- The RSCs will also partner with other stakeholders such as local boards of health and the Heart and Stroke Foundation to fulfill their accountability in the leadership, development, implementation and coordination of stroke care for their region.
- The RSCs agree to provide best practice stroke care through the access to a geographically clustered stroke unit with a dedicated stroke interdisciplinary team.
- The OSS aligns with the RSC's operational and strategic plans.

### **Responsibilities**

#### **1. Leadership, Development, Implementation and Coordination**

- Develop a regional plan for stroke care across the continuum, which builds upon existing networks, resources and capacity.
- Maintain the region-wide steering committee to oversee regional activities, coordination and financial allocation.
- Partner with other RSCs to ensure a province wide system which is based on best practices, builds on the expertise of the centres, provides for the sharing of tools and processes to decrease duplication and develops consistency of approaches.
- Develop reports on the status of the regional stroke plan to the MOHLTC on a scheduled basis.
- Administer the regional strategy and develop and maintain the regional network.
- Act as the trustee for the funds for regional activities and to establish cost centres and reporting mechanisms to track resources and include a status of regional stroke plan and operating plan in partnership with the priorities established by the RSSC.
- Ensure timely communication to all stakeholders (e.g. MOHLTC, local communities).
- Ensure the implementation of the regional plan for stroke care based on best practices and continuous improvement.

- Develop and implement the acute stroke protocol (e.g. ambulance dispatch communication policies, paramedic hospital bypass protocols, community hospital triage and transport process including bypass with clustered hospitals without 24 hour CT scanning or which are missing other critical acute stroke care components).
- Develop care plans for the continuum for adoption by providers as a basis for best practices.
- Develop coordinated regional stroke rehab services (e.g. RSC, inpatient community hospitals, ambulatory and community-based services and outreach).
- Ensure funding and provision of outreach services to support enhanced consultation in rural and remote areas of the region.
- Ensure a regional stroke prevention strategy by planing and organizing regional stroke prevention services and ensuring close linkages with primary care, acute care, stroke rehabilitation sectors and cardiac rehab programs.
- Organize and continuously upgrade stroke treatment in the region by adopting best practices based on a model of continuous learning and continuous improvement.
- Demonstrate a commitment to monitoring the effectiveness of the regional stroke strategy by working in collaboration with their partners to ensure the collection and coordination of core data.
- Provide leadership in measuring and monitoring by working with other stakeholders to define further data needs, collect data, assess performance, evaluate outcomes and develop standards.
- Provide leadership and mentoring on the use of data to improve coordination and provision of stroke care throughout the region and across the spectrum of stroke care.
- Assist hospitals in the region localize and implement stroke protocols and stroke teams.
- Provide consultation and mentoring to other hospitals in the region to promote access to tPA and other interventions and organized stroke care.
- Develop and provide regionally based education and training in relation to stroke care:
  - Coordinate education and training needs within the region.
  - Facilitate primary care provider education in best practice (e.g. blood pressure monitoring)
  - Dissemination of information on health promotion and prevention to the public.
  - Participate in forums, conferences, etc. with other regions to share experiences across the province and build a province-wide system for stroke care.

## **2. Provision of Patient Care and Services**

- Rapid emergency care accessible through established triage procedure.
- On-staff Neurologists/Stroke Specialists 24/7 emergency/acute organized to provide service with an established on-call schedule.
- Access to a Neurologist/Stroke Specialist within 15 minutes of patient's triage.
- CT scanner on site, with available technical staff to access scanner 24/7.
- Protocols and processes to support patients accessing CT scan within 1 hour of referral
- Radiologist/Neuroradiologist accessible 24/7 (may include teleradiology).
- Neurosurgery accessible through established processes as required.
- Clinical protocols established for all acute aspect of care from the ED to inpatient admission to discharge planning and case management.
- Dedicated clinical team of specialists in stroke care (e.g. RN, Physiotherapy, Occupational Therapy, Dietician, Social Work and SLP). If human resource issues in the region preclude the hiring of staff (e.g. SLP) strategies must be in process to still provide access to that care.
- Capability to provide tPA care with established rapid response protocol for RSC and regional patients.
- Provide coordinated services for all high-risk patients to allow for access to prevention programs, clinics, referrals and communication with primary care providers.
- Develop end implement care guidelines that enforce best practice standards that include transition of care management.

## **3. Systems**

- Through the leadership of the Regional Medical Director, ensure the provision of evidence based and best practice stroke care across the region.
- Demonstrated clinical leadership, board and senior leadership commitment and track record of working collaboratively, establishing alliances and planning structures for the region.
- Commitment of Medical Director to leadership (patient care, education, training, research and evaluation) in clinical stroke care for the region (e.g., education and development of other hospitals based on best practices).
- Adequate critical mass of resources and expertise – clinical competence and technical resources.
- Participation agreements with DSCs, community hospitals, rehabilitation sites, community agencies, etc. in order develop and implement the regional plan for stroke care.
- Partnership agreements and repatriation guidelines/agreements with DSCs, community hospitals and local facilities (e.g. CCACs, Rehab. facilities, long-term care) to ensure appropriate and timely return of patients to their communities (cross border issues to be addressed).
- Transfer protocols (to include bypass) with clustered hospitals without CT scanning.

## **SECTION B - RSC Infrastructure**

### **1. OSS Regional Program Manager (previously titled Regional Co-ordinator)**

The conversion of this position's title, from Regional Co-ordinator to OSS Program Manager, is intended to reflect the position's regional, provincial and hospital responsibilities and accountabilities.

#### ***Requirements***

- Licensed member in good standing with a professional college and/or member of the RHPA.
- To support the OSS Program Manager's responsibilities and accountabilities it is strongly recommended that this position be aligned within the hospital organisation to report to a member of the RSC senior management team.
- Minimum of 5 years experience in administration/management with:
  - Strong consultative skills combined with clinical, institutional and community development knowledge;
  - Previous experience as a change agent with an understanding of organizational cultures, including working with culturally diverse populations;
  - Well-developed leadership, interpersonal, communication and conflict resolution skills, with the ability to work both collaboratively and independently;
  - Experience in project management an asset.

#### ***Responsibilities***

- The OSS Program Manager will administer the OSS budget in co-operation with RSC processes/procedures and in partnership with the RSSC and regional strategic plans.
- The OSS Program Manager will sustain the role and responsibilities of the RSC in co-operation with the Regional Steering Committee and the ministry.
- The OSS Program Manager will be the contact person for the ministry regional office and/or corporate offices.
- The OSS Program Manager will act as representative for the RSC and the region on the Provincial Stroke Steering Committee.
- The OSS Program Manager will administer the strategy within their region, including developing and implementing support systems to maintain the network activities.
- The OSS Program Manager will facilitate the management of the stroke care system to be organized in the various institutions and agencies across the continuum of care (e.g. acute care, rehabilitation and community).
- The OSS Program Manager will collaborate with other OSS Program Managers and stakeholders to ensure that the province-wide system supports the sharing of tools and processes.

### **2. Regional Education Coordinator**

#### ***Requirements***

- The Regional Education Coordinator (REC) should be a licensed member in good standing with a professional college and/or member of the RHPA.
- Minimum of 2 year's experience in organizational development, adult education, knowledge transfers and/or projects management an asset.

#### ***Responsibilities***

- The REC will be responsible for coordinating, implementing and evaluating the stroke education plans for their region.
- The REC must be an active member of the Ontario Regional Education Group (OREG) for the OSS.
- The REC is responsible for developing the annual education plan and priorities for the region in cooperation with the RSSC
- The REC is responsible for the allocation of the regional education budget on an annual basis based on regional priorities.
- The REC is responsible to ensure that all regional education activities are from the approved atlas of regional education programs as endorsed and published by the OREG and/or has the approval of OREG for any new or regional-specific initiatives.
- This position will involve working with health care providers across the region and the continuum of care RSSCs, RSC and the MOHLTC.
- The REC will facilitate knowledge transfer and have an impact on practice patterns.

### **3. Regional Education Infrastructure**

#### ***Requirements***

- All education activities allocated funds from the regional stroke budget must be from the OSS Education Atlas as approved by the OREG.
- Any education activities prioritized by the RSSC as vital for their region, but is not included in the OSS Education Atlas must be approved for funding by the OREG.
- The OREG will sustain the OSS educational directions in cooperation with the RSCs and the Regional Steering Committees through the REC and the MOHLTC.

#### **4. Best Practice Funding Infrastructure**

##### **Requirements**

- To provide a broad regional role in educating allied health professional at all regional hospitals.
- These roles will further facilitate expansion of both rehabilitation expertise and the dissemination of evidence based practice across the continuum and into the regions.
- The positions may not be transferred to manage patient caseloads elsewhere in the hospital i.e. stroke regional positions are not to be included in a general 'rotation' staffing model.
- These positions are additional to the RSCs normal staffing of allied health services for stroke patients within the RSC facility. These positions are intended to augment the stroke clinical team at the RSC and are not to 'replace' the RSCs responsibility to provide access to the facility's "normal" allied health staff for all inpatients.
- The "Other" allied health practitioners is supported for Social Worker and Dietician. The RSC may designate the most appropriate allied health practitioner for this position based on the needs of their patients and community.
- Activities of these new positions must be documented in the status reports to the MOHLTC, including their respective caseload and regional assignment (i.e. ratios).

##### **Responsibilities**

##### **Allied Health Practitioners (Physiotherapist, etc)**

- These funded allied health practitioners are to be designated only to the RSC's stroke service. These positions are not to be included in departmental rotations.
- These positions must be filled by licensed practitioners in good standing with their respective colleges.
- These positions may maintain an adjusted clinical caseload as required by the RSC and the strategic plans for the region.
- These positions are not intended to manage full clinical caseloads as these positions are also to participate in non-clinical activities that include but are not limited to the following:
  - Inter and intra hospital education for other health care providers.
  - Development/implementation of best practice models of rehabilitation care at the RSC site and also within the region and community.
  - Community outreach activities to facilitate access to the stroke expertise of these clinicians.
  - Consultation services to the community hospitals and region for patient assessment and treatment planning.

##### **Stroke Case Manager**

- The role of Stroke Case Manager is to be filled by a Registered Nurse in good standing with their professional college along with past experience in clinical leadership.
- RSCs with this position already in place with other allied health professionals in this role are to consult with the MOHLTC prior to considering re-posting.
- Activities of these new positions must be documented in the status report to the MOHLTC including roles and responsibilities aligned with the service guidelines.
- The Stroke Case Manager's responsibilities are to include, but are not limited, to the following:
  - Development and coordination of transition plans for the patients and families as they move through the various stages of care.
  - Facilitate repatriation and access to rehabilitation and stroke resources within the region.
  - Coordinate services for the patient/family ensuring an interdisciplinary patient-centered approach.
  - Facilitate consistent regional evidence-based standards for stroke care and continuous quality improvement processes within the RSC and into the transition points within the community.
  - Participates in the development implementation of practice guidelines, standards and protocols within the RSC and into the community services.
  - Serves as an expert clinical resource and consultant to patients/families and healthcare providers.
  - Facilitates the interdisciplinary team in the provision of patient-centered care.
  - Liaise with both intra and extra hospital staff to facilitate that the patients receive appropriate treatment in a timely, effective manner.
  - Provides leadership/consultation in education innovation to contribute to knowledge development and dissemination within the RSC and community.

#### **5. Stroke Team On-Call Infrastructure**

- The funding for Stroke Team On-Call is *not* intended to supplement physician on-call fees.
- Provision of Stroke Team On-Call services are determined by the specific RSC needs (i.e. 24/7 technologists for access to CT scan, laboratory services etc) and must be supported by these Stroke Team funds.
- The use of these funds in RSCs with operational on-call structures already funded and in place for other services such as trauma is presently under review by the ministry.

## **6. Neurologist /Stroke Specialists On-Call Infrastructure**

- The expectations for the on-call physician includes but are not limited to:
  - 24/7 on-call for provision acute stroke care.
  - 15-30 minute arrival/contact to the patient from time of call for appropriate patients and protocols.
  - Consultation for stroke patients.
  - Provision of clinical leadership and mentoring of other physician staff within the RSC
  - Consultation (e.g. telephone, telestroke) to other physicians in the RSC and regional hospitals.

## **7. Long-Term Care Specialist (LTCS)**

### **Requirements**

- The LTCS must be a member in good standing with a professional college and/or member of the RHPA.
- The successful candidate must have a minimum of 2 years direct experience in long-term care and/or community care settings with stroke experience as an asset.
- The following skills should be considered:
  - Knowledge of, and sensitivity to, the complexities of long-term care and its culture;
  - Strong consultative skills combined with clinical and community development knowledge;
  - Well-developed leadership, interpersonal, communication and conflict resolution skills, with the ability to work both collaboratively and independently.

### **Responsibilities**

- To develop communication links with long-term and community facilities and agencies in the region. It is expected that these links will be achieved by conducting one-to-one communications, as well as by convening groups for ongoing dialogue on stroke best practices among hospitals, long-term care providers, and community-based agencies.
- To advance the region's current practices and processes regarding stroke survivor transition to long-term and community care, with a focus on identifying process improvements that support best practices in transition management and community re-engagement.
- To ensure an effective network of long-term care facilities and community agencies in place.
- To ensure standard communication tools to disseminate client information are in place and are consistent with communication and data needs across the continuum (e.g. MDS).
- To enhance education and outreach efforts in long-term care facilities and community agencies, in partnership with other educators and using available resources (e.g. *Tips and Tools, Supported Conversations with Adults with Aphasia*). Education should focus on supporting smooth transitions when stroke survivors are transferred from hospital into the community or back again.
- To establish strong supportive working relationships with stakeholders in the region in order to further Stroke Strategy activities. In addition to strong working relationships with the Regional Program Manager, Regional Educator, and District Coordinators it is anticipated that links will be developed with the Regional Stroke Centre Case Manager and other clinical team members.
- To develop supportive working relationships with both academic and research communities to enable appropriate opportunities for collaborative research that can benefit the regions' advancements in long-term and community stroke care.
- To contribute to the ongoing formal monitoring and evaluation of the stroke strategy.
- To represent their region, RSC and RSSC on the Provincial LTC and Community Working Group.

**The ministry will be completing a detailed review of this new role in April 2005 to assess the roles' effectiveness and the staffing requirements for each region and RSC.**

## **8. Rehabilitation Coordinator**

### ***Requirements***

- Licensed member in good standing with a professional college and/or member of the RHPA.
- Minimum of 5 years experience in administration/management with:
  - Strong consultative skills combined with clinical, organizational and rehabilitation community development knowledge;
  - Previous experience as a change agent with an understanding of organizational cultures, including working with culturally diverse populations;
  - Well-developed leadership, interpersonal, communication and conflict resolution skills, with the ability to work both collaboratively and independently;
  - Experience in project management an asset.

### ***Responsibilities***

- The Rehabilitation Coordinator (RC) will develop links with rehabilitation providers, facilities and agencies in the region. These links will include individual communication as well as convening groups for ongoing dialogue on stroke rehabilitation best practices.
- The RC will build partnerships with acute care hospitals, community based agencies and long term care providers engaged in stroke rehabilitation.
- The RC will lead the implementation of best practices for stroke rehabilitation.
- The RC will build on the results of the pilot projects and ongoing initiatives (i.e., development and dissemination of best practices, sustainable relationships, templates and tools) to standardize best practices.
- The RC will report to the Regional Stroke Steering Committee (RSSC) on the development and implementation of the rehabilitation component of the Regional Stroke Care Plan.
- The RC will participate/communicate as required with the Continued Care Sub-Committee of the Provincial Stroke Steering Committee.
- The RC will identify the regional needs and opportunities for partnerships and consultation in order to enhance access to stroke rehabilitation expertise.
- The RC will engage agencies and facilities in the:
  - Utilization of the assessment and triage tools
  - Development of regional referral processes
  - Education on assessment and triage (in collaboration with the Regional Educator)
  - Development and implementation of information requirements (in collaboration with provincial evaluation planning)
- The RC will establish strong supportive relationships with the Regional Program Manager, Regional Educators, LTC Specialists and Case Managers.
- This position will involve working with health care providers across the region, province and the continuum of care and the MOHLTC.