

**Regional Stroke Steering Committee (RSSC) of Southeastern Ontario (SEO)**  
**Terms of Reference**

Approved March 2010; updated 2013, 2016, Nov 2017, 2018

**Vision, Mission and Values**

**Vision:** *Fewer Strokes. Better outcomes.*

**Mission:** to continuously improve stroke prevention, care, recovery and re-integration.

**Values:** Building on the excellent foundation of the Stroke Network of Southeastern Ontario, we value:

**Equity and Comprehensiveness**

Our activities will be aligned with the health interests of all citizens of Southeastern Ontario 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 engagement, responsive, interactive, open and respectful communication and collaboration with all parties, centred on stroke survivors and their families.

**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.

**Purpose and Scope**

The RSSC provides leadership in collaboration, integration, access to and implementation of best practices across the Southeastern Ontario stroke care continuum. The RSSC approves and monitors the Regional Stroke Plan<sup>1</sup>.

The RSSC is a forum to bring stakeholders together

- for input and decision-making
- to provide advice on integration opportunities and performance gaps and
- to support the Regional Stroke Network<sup>2</sup> to implement the regional plan for stroke care and achieve required performance metrics.

The RSSC makes decisions in the best interest of the network. The RSSC works cooperatively with and advises the Regional and District Stroke Centres, Stroke Prevention Clinics, and the Regional Director of the Stroke Network.

The RSSC provides leadership and supports the implementation and continuous improvement of an integrated system of care<sup>3</sup> within the stroke region. The RSSC maintains an awareness of its alignment with the vision and strategic directions of CorHealth Ontario.

The RSSC provides advice to the Local Health Integration Network (LHIN) and other stakeholders as requested, supporting the Designated Stroke Centres and the LHINs to achieve their mandates related to integration of the health system.

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<sup>1</sup> HAPS 2010-12 guidelines

<sup>2</sup> The Regional Stroke Network includes: the Regional/Enhanced District Stroke Centre, District Stroke Centres, Stroke Prevention Clinics, and other stakeholders. Throughout these recommended core elements, the Enhanced District Stroke Centres are intended to be included in the terminology for Regional Stroke Centre.

<sup>3</sup> From the MOHLTC Stroke Services Designation Criteria, the Continuum of Stroke Care is defined as follows: *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 (health promotion, clinical and secondary prevention, acute care, rehabilitation and home care).* The Regional Stroke Workplan therefore addresses primary and secondary prevention; hyperacute and acute care; rehabilitation; community reintegration and long-term care.

## **Accountabilities - the RSSC is accountable to:**

### **The Regional Stroke Network for:**

- Evidence-based input and decision-making for advice and options on ongoing improvements of the regional system of stroke care
- Making recommendations and providing support to achieve targeted performance metrics;
- Reviewing performance of the regional stroke system and recommending options for addressing any deficiencies;
- Engaging stakeholders and the communities served when developing the regional plan and setting priorities for stroke care;
- Sharing knowledge and best practice and
- Monitoring the implementation of the work plan for the Regional Stroke Network.

### **The LHIN(s) for:**

- Building relationships and collaborating with the LHIN, other health service providers and the community to identify opportunities for integration and to improve access and services;
- Supporting the LHIN(s) and stroke centres to achieve system integration;
- Assisting the stroke centres in achieving LHIN accountabilities including performance metrics and work plan development, approval and implementation per the HAPS guidelines;
- Aligning with the LHIN's Integrated Health Services Plan; and
- Informing the LHIN, the designated Stroke Centres and other provider organizations of any gaps between needs of the communities served and scope of services provided within the LHIN allocation.

### **CorHealth Ontario for:**

- Leadership and support for the implementation and continuous improvement of an integrated system of care within the stroke region in alignment with the CorHealth Ontario Vision, Mission and Values, Strategic Directions, and priority provincial initiatives;
- Identifying gaps and opportunities that may require provincial level action and
- Supporting knowledge translation of current and emerging best practice.

## **Responsibilities**

### **Regional and District Planning**

- With the Regional Stroke Director, provide input into the development and approval of a regional plan, in alignment with the CorHealth Ontario strategic plan and the LHIN health service priorities, to develop a regional system across the continuum of stroke care
- Recommend priorities for the regional stroke team regarding the implementation and coordination of best-practices and evidence-based stroke care within the region

### **Implementation of Plans**

- Provide advice to the Regional Stroke Director regarding implementation of the regional workplan
- Monitor progress towards provincial, regional, and district goals and objectives
- Advocate with the LHIN and member organizations, on behalf of the regional stroke network, for regional and provincial stroke initiatives, funding, planning, and priorities
- Identify opportunities to facilitate regional and district evaluations relating to stroke care
- Review and disseminate reports on the performance of the regional stroke network and implementation of the regional plan

### **Best Practices and Quality Improvement**

- Support capacity building approaches to promote best practices, standards, and guidelines for the delivery of stroke care across the continuum of care in the region
- Provide representation at the provincial level for initiatives and plans and provide advice as appropriate

### **Education and Knowledge Transfer**

- Support capacity building approaches to develop the regional stroke care system, including sharing of learning and knowledge transfer
- Support and promote research and knowledge transfer activities at the district, regional and provincial levels

### **Resources**

In collaboration with the LHIN, Regional Stroke Centre and District Stroke Centre, and centres hosting Stroke Prevention Clinics,

- Provide advice and monitoring for use of regional and district stroke funds and infrastructure to support and implement the work plan
- Review and sign-off on the regional and district work plans<sup>4</sup>
- Support the Centres, Clinics and all partners in achieving the work plans
- Identify resource requirements for coordinated stroke care; support and advocate for appropriate infrastructure and collaborate on strategies to address resource gaps

### **Human Resources Management**

- Collaborate with the Regional Stroke Centre in the recruitment and selection of the Regional Stroke Director and other district or regional staff as may be requested
- Provide input into the performance management and review of the Regional Stroke Director

### **Partnerships and Linkages**

- Engage stakeholders for problem solving, action planning and identification of policy issues with respect to the regional stroke network
- Recruit and engage stakeholders
- Create and/or identify opportunities for partnerships to support achieving the Vision and Mission of CorHealth Ontario.
- Work cooperatively with the Local Health Integration Networks, Regional Stroke Centre, District Stroke Centre, Stroke Prevention Clinics and other stakeholders

### **Communications**

- Liaise and share information with regional stroke network stakeholders and other Regional Stroke Networks
- Support communication strategies to engage and inform regional stakeholders of provincial and regional initiatives
- Communicate provincial level initiatives

### **Committee Structures**

- Determine the needs for implementing and managing the specific activities relating to a regional coordinated stroke system and establish the necessary structures as may be required
- Regularly review and develop, as needed, policies and practices for sub-committees and work groups

## **Membership**

Reflecting current best practices and its purpose and scope, it is recommended that the RSSC membership be in a range of 12-18 voting members. Membership may vary based on regional circumstances. Membership should reflect:

- The full spectrum of the stroke continuum of care;
- The diversity of the regional stroke system including the geography of the region and its diverse communities;
- The organizational components of the Stroke Region, including the LHIN.

Ex-officio members should include: a designated senior leader from the Regional Stroke Centre (voting); Medical Leader, Regional Stroke Network (voting); Regional Director, Regional Stroke Network (non-voting); and District

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<sup>4</sup> The HSAA agreement includes the following: “Where a hospital has been approved as a designated Stroke Centre (Regional, District or Enhanced District Stroke Centre), or to provide Stroke Prevention Clinic services (Stroke Prevention Clinic and Community Hospital Stroke Prevention Clinic) the hospital will participate with the Regional Stroke Steering Committee in developing an integrated stroke work plan that crosses the care continuum. The integrated regional plan must include a process for reporting its progress on achievement of identified goals and provide evidence that designated centres are maintaining their respective stroke infrastructure according to the original stroke service guidelines. As part of the HAPS submission, a copy of a letter from the Chair of the Regional Stroke Steering Committee to the CEO for each of the designated centres within the stroke region's geography, will serve as evidence of the approval of this integrated regional stroke work plan by the Steering Committee and of the engagement of the designated centres in this work plan.”

Stroke Coordinator (non-voting). Members of the Regional Stroke Team may attend meetings of the Steering Committee as resources to the Steering Committee.

- The RSSC as a whole should be seen by the community it serves as capable, experienced and well able to lead the organization.
- The overall composition of the RSSC should reflect a balance of skills and expertise needed for the RSSC to fulfill its purpose and responsibilities

The Regional Stroke Steering Committee shall review membership at least every two years to ensure that it continues to reflect the full spectrum of care in the region. When changes are required, the Steering Committee Chair will approach relevant organizations/networks to request that a replacement be designated.

**The Chair** of the Regional Stroke Steering Committee shall be selected by a nominating committee for a three year term, once renewable, with the intent of choosing a person who has an understanding of, but with no direct vested professional or organizational interest in, the work of the Regional Stroke Steering Committee.

**An Alternate Chair** shall be appointed when needed by the Planning Subcommittee, from within its membership.

#### **Profile of a Member**

- A member of the RSSC acts ethically, honestly and in good faith with a view to ensuring the best interests of the Regional Stroke Network and exercises the care, diligence and skill that a reasonably prudent person would exercise in comparable circumstances.
- A Member is likely associated with a particular organization or a particular component of the continuum of stroke care. A Member may, from time to time, function as an advocate in order to promote excellent service and sufficient resources to fulfill the Regional Stroke Network purpose and scope.
- Members should have decision-making authority within their organization.

#### **Key Relationships and Linkages**

The RSSC links with the Regional Stroke Centre for:

- Recommending advice and options for ongoing improvements of the regional system of stroke care and
- Recommendations and support to achieve targeted performance metrics and the regional work plan.

The RSSC links with the CorHealth Ontario Stroke Leadership Council, for advocacy and issue awareness, through the Regional Director, Regional Stroke Network and other communication and engagement forums that CorHealth Ontario may implement for linking with the Chairs, Regional Directors, and/or Medical Directors/Leaders of the Regional Stroke Networks.

The RSSC links with the District Stroke Centre(s) and Stroke Prevention Clinics for:

- Recommending advice and options for ongoing improvements of the regional system of stroke care and
- Recommendations and support to achieve targeted performance metrics.

#### **Meetings and Committee Evaluation**

Meetings generally will be once every two months with a minimum of five meetings per year, using videoconferencing/teleconferencing as appropriate.

The committee will evaluate its own performance at least every two years.

#### **References**

Available from the Regional Stroke Office on request:

- Provincial guidelines for RSSC Terms of Reference
- Current HAPS Guidelines - Protected Stroke Services
- Current examples of HSAA Agreements
- Original Service Guidelines of the Ministry of Health and Long Term Care for the Regional Stroke Centre, District Stroke Centre; Regional Stroke Prevention Clinic; Community Hospital Stroke Prevention Clinics.