



## COMMUNIQUE: CORE ELEMENTS-ONTARIO PREVENTION CLINICS

### BACKGROUND:

In 2001, Stroke Prevention Clinics (SPCs) were introduced to Ontario as part of the Ontario Stroke Strategy (Black et al., 2003). Today, 45 SPCs exist in Ontario (Hall et al., 2017). These clinics were originally based on the model outlined by the Joint Stroke Strategy Working Group in the 2000 submission to the Ministry of Health and Long-Term Care (MOHLTC, 2000). It is uncertain whether this model continues to meet the current demands of the province. In 2011/12 an audit of all SPCs in Ontario was completed and the results presented in the 2013 Ontario Stroke Evaluation Report: Spotlight on Secondary Stroke Prevention Clinics. This report stated that “significant opportunities for improvement, particularly with respect to timely access to SPCs...” existed within the province (Hall et al., 2013, p. 2). Recognizing the need to update the current model for SPC care to support provincial needs and the recommendations laid out in the Canadian Stroke Best Practice Recommendations, a group of representatives from across the 11 regional stroke networks was formed in 2015. One of the key deliverables of this working group was to develop a set of common core elements for SPCs in Ontario.

### WHAT IS THE PURPOSE OF THE CORE ELEMENTS?

The Core Elements for Ontario SPCs outline the key components of care delivery for SPCs. These Elements are meant to provide a common understanding of what defines a SPC in Ontario and inform planning and improvement at both a regional and local level. SPCs should, to their greatest ability, strive to offer or facilitate access to these Core Elements.

### HOW WERE THE CORE ELEMENTS IDENTIFIED?

The Core Elements are based on the Canadian Stroke Best Practice Recommendations and the Quality-Based Procedures: Clinical Handbook for Stroke. They were developed following an extensive review of the literature, an environmental scan of current practices in Ontario, and in consultation with field experts at both the provincial and national level.

### HOW CAN THE CORE ELEMENTS BE USED?

The Core Elements may be used by healthcare professionals and system planners to:

- Conduct a gap analysis
- Inform process improvement
- Inform resource gaps





## WHAT ARE THE NEXT STEPS?

An Implementation Work Group is currently working on the development of a toolkit to support the operationalization of these Core Elements. The toolkit will include tools and resources that facilitate self-reflection, Continuous Quality Improvement (CQI), and the implementation of the Core Elements. One of the tools is a Self-Assessment Tool. This Tool can be used by the various clinics to assess their current practice in relation to the Core Elements. Regional and District Stroke Centre leads are asked to work together with the SPCs in their region to complete the Self-Assessment Tool. The Regional and District leads will use the Self-Assessment Tool(s) to inform the completion of their Regional/District Summary(ies). Please refer to the steps below.

## How to Approach Completing the Self-Assessment and Summary

To help further support engagement and completion of the Self-Assessment Tool and Summary, the following approaches could be considered:

1. Contact the SPC and request the opportunity to meet with the team and discuss how the Regional Stroke Network might be able to support the work of the SPC.
2. Bring the Core Elements/Self-Assessment Tool to the meeting and discuss the purpose of the Core Elements, and the work that is currently underway to develop a toolkit to support implementation.
3. Explain that to develop the toolkit, all SPCs from across the province have been invited to submit their needs and successes to the Implementation Work Group by way of the Regional/District Summary. Explain that the Regional/District Summary is to be submitted by the Regional and District Stroke Centre leads using the results obtained through the Self-Assessment Tool(s) in their region or district.
4. Stress that the purpose of this self-assessment is to gain a better understanding of the needs, gaps, and successes of that individual SPC, the SPCs within a Stroke Region, as well as all of Ontario's SPCs. Reiterate that all information submitted to the province for toolkit planning will be anonymous and kept confidential.
5. Offer to work with the SPC to complete the Self-Assessment. Suggest that the Self-Assessment may take several hours to complete.
6. Reminder: This Self-Assessment is an initial step to create strategies and action plans to implement the core elements. A more detailed review can be considered if a gap is identified, but this is not required for the Self-Assessment.
7. The Regional and District Stroke Centre leads and SPCs will use the Self-Assessment to complete the Summary Document (described below) in order to support any regional and local planning. The Self-Assessments will not be forwarded to the Implementation Work Group.



## Summary Document

The goal of returning the Summary Document to the Implementation Work Group is to identify the needs of SPCs. Please do not hesitate to disclose challenges/barriers because this information will be used to help compile tools and resources and improve the system. The Summary Document may be used to encapsulate findings from one or multiple clinics. Regions may submit more than one Summary Document. It is advised that, when compiling information from multiple clinics into one summary, the Regional Program Director consider the most meaningful way to compile the information. This will help the Regional Program Director to determine whether to submit one or multiple summaries. Examples of ways the information can be compiled include:

- A summary for the entire region to reflect regional needs
- A summary for the clinics in a particular LHIN
- A summary for clinics with unique themes when clinics demonstrate vastly different needs (i.e., one summary for rural/remote clinics, and another for an urban regional centre)

Information received through the summaries will then be used to inform the development of the Implementation Toolkit.

Regional Program Director is requested to submit completed Regional/District Summary Document(s) to Gwenyth Stevenson, Core Elements Implementation Work Group Chair, at ([gwenyth.stevenson@lhsc.on.ca](mailto:gwenyth.stevenson@lhsc.on.ca))

## Timeline

1. SPCs are to forward completed Self-Assessment Tools to Regional Program Directors: March 2<sup>nd</sup>, 2018
2. Regional Program Directors are to submit Regional/District Summary to the Implementation Work Group representatives: March 23<sup>rd</sup> 2018

## REFERENCES:

- Black, D., Lewis, Monaghan, B., & Trypuc, J. (2003). System change in healthcare: the Ontario stroke strategy. *Hospital Quarterly* 6 (4). Retrieved from <https://pdfs.semanticscholar.org/accf/4192c0a8e70534c8df2e1708a28945fc17a0.pdf>
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- Ruth Hall et al. (2013). Ontario stroke evaluation report 2013: spotlight on secondary stroke prevention and care. Retrieved from: <http://ontariostrokenetwork.ca/wp-content/uploads/2014/06/Full-report-2013.pdf>
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