

**COMMUNITY REINTEGRATION LEADERSHIP TEAM
ANNUAL UPDATE
MAY 2009**

In the fall of 2007, the SEO Stroke Strategy hosted six local forums and one regional forum to:

- identify the changes in services and supports needed to enhance reintegration of people affected by stroke into the community;
- identify possible actions that could be taken;
- identify assets and opportunities to build on; and
- stimulate energy for action.

Subsequent to that process, a Community Reintegration Leadership Team (CRLT) was formed comprised of stroke survivors, caregivers (family members) and community service providers. This Team was tasked with the goal of advancing action on the directions identified in the report *Building Capacity to Enhance Community Reintegration of People with Stroke*. The Team also recognized an obligation to annually update all local and regional forum participants of the progress that has been realized.

The Team has met five times since its inception on March 7, 2008. Current membership includes representation from:

- stroke survivors
- caregivers (family members)
- Regional Community Brain Injury Services
- Brockville Community and Primary Health Care
- North Kingston Community Health Centre/County Roads CHC
- Lennox & Addington Seniors Outreach Services
- Seniors' Association (Kingston)
- Maple Family Health Team
- CCAC
- Perth/Smiths Falls Hospital (discharge planning)
- Quinte Health Care (outpatient rehabilitation)
- Stroke Survivors' Support Group (Kingston)
- LTC Homes (family member of stroke survivor)
- SEO Stroke Strategy

Ad hoc members include Pathways and the Municipality of Kingston.

Our first few meetings revolved around establishing Terms of Reference, reviewing the findings of the report *Building Capacity to Enhance Community Reintegration of People with Stroke*, confirming priorities, identifying relevant external initiatives, enhancing current partnerships and building new partnerships.

In reviewing the six key directions as identified in the final regional forum, it was recognized that the many recommendations for change associated with each direction needed to be prioritized to support focused action. The following chart includes the identified key priorities for each direction and progress to date:

KEY DIRECTION	PRIORITY(S)	PROGRESS
<i>Support for Recovery & Active Engagement</i>	Meaningful and purposeful adapted programming including facilitated access.	<ul style="list-style-type: none"> Standards for Community-Based Exercise Programs (1)
<i>System Navigation</i>	A system navigator/case coordinator and access to primary care for all stroke survivors.	<ul style="list-style-type: none"> Provincial Service Provision Model for Coordination of Community Supports & Services (1) Primary Care Stroke Algorithm Tool (2) Community Reintegration Resource Tool & Questionnaires (2)
<i>Support to Work Through the Emotions</i>	Links to psychosocial support through primary care and the provision of holistic community care	<ul style="list-style-type: none"> Primary Care Stroke Algorithm Tool (2) Community Reintegration Resource Tool & Questionnaires (2) Venue for stroke survivor and caregiver support group linkages (Belleville, Kingston and Perth/Smiths Falls) Kingston Stroke Survivor Support Group has completed first offering of the <i>Living with Stroke</i> program
<i>Support in the Home</i>	Available, affordable respite services tailored to individual needs.	<ul style="list-style-type: none"> Input into Brockville respite initiative (1) Participation in SMILE project (3) Young Carers Project (1)
<i>Mobility in the Community</i>	An environmental scan to determine gaps, successes and current/pending initiatives.	<ul style="list-style-type: none"> HPE Transportation Committee
<i>Access to Rehab</i>	Development of a new interprofessional model of care building on past successes and current best practices.	<ul style="list-style-type: none"> Enhancing Community-Based Stroke Rehabilitation in Southeastern Ontario: Improving the System of Stroke Care (3) (funded by SE LHIN)

Legend 1 – Discussion Phase; 2 – Development Phase; 3 – Pilot/Initiation Phase

We have had the opportunity to expand our knowledge with respect to our community partners and other stakeholders. Pathways to Independence (a non-profit organization that assists people with developmental challenges, acquired brain injury and those who may be dually-diagnosed) presented on their organization and interest in supporting stroke survivors in the community. Pathways has worked with the Southeast Ontario District Stroke Centre to provide accommodation for the stroke survivor support group and continues to explore how it might support a Living with Stroke program in the Belleville area.

The Regional Community Brain Injury Services (RCBIS) presented on their services including eligibility criteria and intake assessment process. An outcome of this session was the recognition that RCBIS could be more effectively utilized for stroke survivors. Additionally, components of the RCBIS intake assessment tool were adapted for the evolving Community Reintegration Resource Questionnaire (more on that later).

Brenda Brouwer (PhD, Queen's University) presented on her stroke-focused research projects and her presentation resulted in plans for more active recruitment of volunteers through the creation of an informational brochure and posting on the SEO Stroke Strategy website.

The CRLT has also provided an effective venue to solicit feedback for input into various projects and initiatives that may impact on community reintegration for stroke survivors. Some of these initiatives include:

- SMILE Project (Seniors Managing Independent Living Easily)
- Provincial Service Provision Model for Coordination of Community Supports & Services
- Standards for Community-Based Exercise Programs
- Enhancing Community-Based Stroke Rehabilitation in Southeastern Ontario: Improving the System of Stroke Care (funded by SE LHIN)

From a broader perspective, members of the CRLT have also had the opportunity to present at various workshops and symposiums. These are wonderful opportunities to highlight the challenges (and successes) of the system in re-engaging stroke survivors and their families.

Finally, the CRLT is also supporting and/or leading two key projects and is hoping to initiate a third project in 2009:

- **Primary Care Stroke Algorithm Tool** - This project involves researching and developing Primary Care stroke tools in the areas of: High Risk Stroke Population Identification and Management; Post-Stroke Management, Recovery and Community Re-integration. These algorithms will be converted into Electronic Health Record forms and subsequently implemented as part of daily practice within the Maple Family Health Team, and evaluated. By implementing such a tool, consistent, efficient, and quality evidence-based practice will be enabled, with desired outcomes of minimizing the incidence of strokes and assisting patients with secondary prevention, recovery and community re-integration.
- **Community Reintegration Resource Tool & Questionnaires** – This project involves developing questionnaires to be used in the primary care setting at various stages during stroke recovery. The questionnaires are intended to highlight areas of need for the stroke survivor and caregiver that could be addressed through linkages to community support, health and social services. Links to/information on the appropriate resources would be integrated into the questionnaires. The ultimate goal is to integrate this tool into the Primary Care Stroke Algorithm Tool to provide a comprehensive care resource.
- **Young Carers** – This project (if realized) will be focused on the “silent population” – those caregivers who are children caring for family members and friends. Initial steps will be to assess the need for such a program of support within the southeast region and to establish the degree of interest from other organizations (e.g. ABI, Alzheimer's Society, MS Society, etc.) in forming a partnership to address the identified needs.

The CRLT will continue to meet five times per year as they strive to fulfill their responsibility to:

- lead action on directions where needed;
- link to and influence related initiatives;
- advocate for action on the directions and related actions that have emerged;
- monitor developments and progress; and
- consult with and report to the larger community of people with stroke, family members and service providers.

The Team welcomes your input. Please contact Gwen Brown (Regional Stroke Community & LTC Coordinator and Chair of the CRLT) with any questions or concerns. We will continue to provide you with an annual update.

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