



**Stroke Network of Southeastern Ontario
Regional Acute Stroke Protocol (RASP) Committee**

March 2002, updated 2010

Terms of Reference

1. Vision and Mission

The vision of the Ontario Stroke System is *Fewer strokes, Better outcomes*. The mission is to continuously improve stroke prevention, care, recovery and re-integration. The regional network seeks to provide equitable access to best practice stroke care across the continuum. This forms the context for the work of the Regional and District Acute Stroke Protocols (ASP) of Southeastern Ontario (SEO).

2. Purpose

The RASP Committee is responsible for advising the Regional and District Stroke Centres (KGH and QHC respectively), the Quinte District Stroke Council and the SEO Regional Stroke Steering Committee regarding issues related to the effective implementation and delivery of the Regional and District Acute Stroke Protocols of SEO. The RASP Committee is responsible for advising and seeking input from stakeholders regarding these issues as required. The acute stroke bypass protocols maximize access to quality stroke thrombolysis therapy and emergency stroke services for residents of SEO.

3. Functions

- 3.1 To provide a forum for interprofessional communication and collaboration regarding the Regional and District Acute Stroke Protocols. Sharing of information regarding the current state of organized stroke care, stroke thrombolysis and healthcare delivery systems is central to the work of this committee. Relevant research and practice guidelines will be communicated and discussed amongst members.
- 3.2 To provide a forum for the planning of care and services related to the delivery of the Regional and District Acute Stroke Protocols.
- 3.3 To communicate concerns regarding the delivery of the Regional and District Acute Stroke Protocols, and to provide input regarding means of continuously improving acute care delivery.
- 3.4 To assist the Regional and District Stroke Centres, SEO hospitals and all stakeholders in the pre-hospital delivery system in planning and implementing improvements in emergency and hyper-acute stroke care delivery and patient flow for residents of SEO. This includes updating protocols and guidelines related to the Regional and District Acute Stroke Protocols. It also includes communicating with the Regional Stroke Steering Committee, Quinte District Stroke Council, EMS and other stakeholders such as the Regional Paramedic Program of Eastern Ontario (RPPEO) and the Central Ambulance Communications Centre (CACC) regarding regional and district memorandums of agreement.
- 3.5 To provide input as to educational and research activities needed to ensure ongoing effective delivery of the Regional and District Acute Stroke Protocols.

4. Membership (designates acceptable)

- 4.1 Regional Director, Stroke Network of Southeastern Ontario (Chair)
- 4.2 Medical Director, Regional Stroke Program and/or KGH Stroke Neurologist
- 4.3 KGH Department of Emergency Services, Medical Director
- 4.4 KGH Diagnostic Radiology, Service Chief and Radiology Operational Director or delegate
- 4.5 Director, Regional Paramedic Program of Eastern Ontario (RPPEO)
- 4.6 Central Ambulance Communication Centre (CACC) , Director and/or Ops Manager
- 4.7 EMS Service Providers of SEO – Service Chiefs or delegates

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RASPC Terms of Reference (cont'd)

- 4.8 Quinte Health Care Critical Care and ED Operational Directors and ICU Manager
- 4.9 QHC Lead Intensivist
- 4.10 District Stroke Coordinator
- 4.11 KGH Program Managers ED and Kidd 7
- 4.12 KGH Case Manager Stroke Specialist and Regional Stroke Best Practice Coordinator
- 4.13 Stroke Registry Research Nurse
- 4.14 Pharmacy
- 4.15 Representatives of KGH and QHC communications and labs as required
- 4.16 Others invited as needed (e.g. admitting, other QHC representatives)

Corresponding Members

- General Internal Medicine, KGH
- Chair, Regional Stroke Steering Committee
- VP Patient Care Programs, KGH
- Program Operational Directors for Medicine and for ED, KGH
- Program Medical Director, Medicine, KGH
- QHC District Clinical Resource Nurse

5. Meetings

- 5.1 Shall be once a year or at the call of the chair to review current RASP evaluation data and processes
- 5.2 Shall not exceed one hour and a half

6. Meeting Notes

- 6.1 Agendas and meeting notes shall be recorded and distributed to all members by the office of the Regional Stroke Program

7. Reporting Relationship

- 7.1 The Regional Acute Stroke Protocol Committee reports to the Regional Stroke Steering Committee

8. Sub-Committee Workgroups

- 8.1 May be formed on an ad-hoc basis to address specific aspects of hyper-acute stroke care delivery system