

strategic Alignment 1. Driving Evidence Informed Practice 2. Inform planning and resource allocation 3. Measure and report on Quality & Outcome	Goal (What are we trying to achieve?) Assumptions: <ul style="list-style-type: none"> aligned with QBP Clinical Handbook promotes equitable access improves the experience for stroke survivors 	Annual Objective (How are we going to achieve the annual goal?) Objectives will be completed by year end.	Quarterly Action Items (What are the specific steps to achieve the objective?) Consider: <ul style="list-style-type: none"> sub LHIN tables stroke distinction 	Lead	Status	Comments
			HKPR: APN/DSC participating on provincial EVT steering committee		HKPR:	
1,2	Advance the SPC Model of Care	Provide content expertise / contribute to local SPC quality improvement initiatives in response to Core Elements Self Assessments.	Simcoe: 1) Complete prioritization self-assessment tool 2) Develop action plan highest ranking items 3) Share findings with key stakeholders 4) Discuss with CESN Stroke CNS/RNs to identify shared opportunities - May	RPD and DSCs	Simcoe: April 17 - Met with Shannon Doucette to confirm plan to complete prioritization exercise	
			Muskoka: N/A		Muskoka:	
			York: <ul style="list-style-type: none"> Develop further education for ER physicians, community physicians and diagnostics team re: updated CSBPR Revise referral forms at all clinics to align better with CSBPR Continue participation on Stroke Planning and Care Council work item around QI initiatives for SPCs in CLHIN Durham: Q1 1. Complete revision of LH SPC Referral to align with best practice recommendations. 2. Development of action plans for key areas identified on LH SPC Self-Assessment (i.e. cognitive screening, education) 3. DSC participating in SPC PIWP.		York:	
					Durham:	

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			HKPR: Q1: Support off private SPC in education updates. Establish referral for TIA clinic to refer to Cardiovascular Rehab (referral updated, formal process of use partnering SPC and Cardiovascular Rehab program).		HKPR: Q1: Lunch n’ Learn (date) with SPC RN’s and Cardiovascular Rehab staff to ↑awareness of interdisciplinary team that they can refer to support SPC patient education/ resources.	
1,2	Improved Stroke Unit access	NSM LHIN: Establish transitional stroke plan to align with LHIN broader IFM plan	<ul style="list-style-type: none"> Collaboratively host stakeholder meeting with NSM LHIN Confirm next steps 	RPD and Muskoka DSCC		
		Central LHIN: Establish plan for equitable stroke unit access for Stevenson Memorial Hospital catchment area collaboratively with the Central LHIN Stroke Prevention and Care Council	SPCC workplan approved Jan 18, 2018 by clinical VP group at CLHIN: <ul style="list-style-type: none"> Current state analysis Volume analysis (critical mass attainment) 	RPD and York DSCC	Q2 – 4 action items: Gap analysis of current care processes against best practices b) Explore options for access: <ul style="list-style-type: none"> Process maps MOU/Transfer arrangements with other sites 	
		Central East LHIN: Establish a plan for equitable stroke unit access for Campbellford Memorial Hospital catchment area collaboratively with the Central East LHIN and other appropriate stakeholders.	<ul style="list-style-type: none"> PRHC: Q1: begin discussions with PRHC leadership program director regarding options to absorb Campbellford patient’s into PRHC ISU. Examine data from provincial report card for volumes. 			
		LH Stroke Services Integration Project – integration of stroke services at all LH sites following the integration with LHAP.	<ul style="list-style-type: none"> LH: Q1 <ol style="list-style-type: none"> Stakeholder engagement at all LH sites (LHO, LHB, LHP, LHW and LHAP) to revise existing policies (Acute Stroke, In-House Code Stroke and CT Downtime) to include revisions to best practices and identify process at LHAP to standardize care at LH sites. 	RPD and HKPR DSCC	PRHC: Q1: with changes in bypass window of 6 hours consider admission to PRHC to ISU.	

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1, 2, 3	Improved Rehabilitation Intensity at NRS reporting facilities in CESN	Plan and implement virtual round table sessions which highlight Quality Improvement efforts for Rehabilitation Intensity at NRS reporting hospitals in CESN in collaboration with Toronto stroke networks. (cross stroke system planning)	<ul style="list-style-type: none"> establish framework and timelines for round table sessions in collaboration with Sylvia Quant, N&EGTA Stroke Network engage with stakeholders to encourage and offer support for their readiness for participation 	RC	RVH: GBGH: OSMH: MH: SRHC: MSH: LH: PRHC: RMH: NHH:	Future action items include: <ul style="list-style-type: none"> Carry out a series of round table sessions evaluate effectiveness of this strategy determine potential for spreading provincially
		Engage with CESN NRS reporting organizations to support their QI efforts for Rehabilitation Intensity.	<ul style="list-style-type: none"> set up meetings with Managers at each organization to review provincial resources including new rehabilitation intensity quiz, rehabilitation intensity max time calculation, QI efforts to date, etc. Determine next steps Central LHIN: <ul style="list-style-type: none"> Participate on the Central LHIN Stroke Planning & Care Council, Rehabilitation Intensity working group as stroke resource. RC actions include: <ul style="list-style-type: none"> CIHI NRS e-reports data analysis provide information/material regarding provincial and regional actions for rehabilitation intensity to working group team members 	RC	RVH: meeting requested GBGH: Site meeting – week of April 23 rd (to be finalized) OSMH: Site meeting arranged for April 25 MH: Site meeting arranged for April 18 SRHC: meeting requested MSH: Site meeting arranged for April 9 LH: Site meeting arranged for April 12th PRHC: Site meeting arranged for May 2 RMH: meeting requested NHH: meeting requested	

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1, 2, 3	Increase uptake of best practices for Community & Outpatient Rehabilitation and Community Re-engagement.	Explore solutions to build community stroke care in alignment with best practices.	Stroke Networks working with Central, Central East and Toronto Central LHINs: Quarterly action items will be informed by LHIN discussions. Examples could include: <ul style="list-style-type: none"> Central LHIN: Evaluate and understand impact of the SRHC outpatient stroke/neurological clinic Understand learnings from the Stroke Integrated Funding Model (IFM) pilot and explore opportunities to spread 	RPD and York, Durham, HKPR DSCCs	HKPR: Q1: Requested data from DSU	
			Durham: Q1 1. DSC participating in Outpatient PIWP. 2. Collaborating with manager and clinical supervision of LH ARC Neuro (OP) to identify needs and provide education regarding best practices.			
			HKPR: Q1: Obtain data for 2017-18 for outpatient referrals and geographical distribution as PRHC is only Outpatient Neuro program in HKPR.			

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			NSM LHIN: <ul style="list-style-type: none"> Collaboratively host stakeholder meeting with NSM LHIN Confirm next steps 	RPD and Muskoka DSCC		Confirm with stakeholders next steps in response to the December 22 nd , 2017 bundled care pilot for QBP Hip & Knee announcement from NSM LHIN.
		Provide targeted stroke education and information on community resources to stroke survivors in the CESN by collaborating with partners to host two community expos.	<ul style="list-style-type: none"> Hold event in Barrie in May in collaboration with RVH Day Rehab Program (Spring Fling) hold event with Toronto Stroke Networks in June 2018 	CLTCC		
		Foster linkages between health care providers, stroke survivors and community exercise programs to facilitate referral to local programs Work with TIME program, local sites to support sustainability of programs and ongoing monitoring of gaps across the region	<ul style="list-style-type: none"> Include in the Community Stroke Partners Days and the Information Fairs (Spring Fling, Community Expo) community exercise program providers 	CLTCC		For future consideration: engage primary care to increase linkages, connections, and awareness between. Improve referral patterns, processes
		Engage with community partners to implement peer support programs in Pickering, Markham, Barrie & Orillia.	<ul style="list-style-type: none"> Engage March of Dimes to advance stroke support groups in Markham. 	CLTCC		

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1	Increase awareness of the longer-term recovery and community re-engagement needs of stroke survivors.	Hold an event for stroke service providers to network, share information, and learn about community agencies and programs in their area.	Muskoka: <ul style="list-style-type: none"> set date find venue Identify speakers Identify vendors for booths Pickering (in collaboration with TSN partners): <ul style="list-style-type: none"> set date find venue Identify speakers Identify vendors for booths 	CLTCC & RC	Meetings planned with planning group for April 6 th & 27 th , 2018 Meeting planned with planning group for April 19 th , 2018	
		Leverage the outputs of Community Stroke Partners Days to build understanding amongst stroke care providers and community service providers of the domains of community re-engagement and to increase awareness of local services available for persons with stroke.	<ul style="list-style-type: none"> finalize the lists of services organized as per the pathway model, for each Community Stroke Partners Day develop a report on the Community Stroke Partners Day initiative 	CLTCC & RC		Future: <ul style="list-style-type: none"> share report and listing with participants of Community Stroke Partners Days, and respective stroke councils
		Develop a visual representation of the stroke recovery journey that can be used by health care providers and stroke survivors to support effective conversations about stroke care transitions and community re-engagement.	<ul style="list-style-type: none"> Run a pilot of the final graphic map, with pilot participants to be volunteers from the review committee. Complete further reviews as needed and submit final changes to graphic designer for incorporation into the regional graphic map. Develop dissemination strategy 	CLTCC & RC		Actions for future quarters include: <ul style="list-style-type: none"> Share final regional graphic map with stakeholders. hold a regional webinar to socialize the maps and their intended use develop aphasia friendly version of the graphic map

CESN REGIONAL WORKPLAN 2018-19

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3	Support quality stroke care within LTC.	Collaborate with Think Research and Point Click Care to develop e-solutions for LTC Stroke care plans.		CLTCC	Awaiting next steps from Think Research	
		Disseminate CCC/LTC report to stake holders.	<ul style="list-style-type: none"> Present report at Provincial Rounds May 3rd, 2018 <ul style="list-style-type: none"> Lead development of presentation Share key findings of report with RSSC and District Stroke Planning Tables Post link to report on CESN website Forward release communication to stakeholders 	CLTCC		
	Improved data quality to inform decision making, care planning and quality improvement.	Contribute to the development and promote understanding and utilization of organizational, district, regional, LHIN, and provincial level stroke data	<ul style="list-style-type: none"> Assess data quality and provide feedback to CorHealth Ontario Submit Report Card interpretations to CorHealth Ontario Finalize Report Card meetings with LHINs 	RPD and DSCs		
		Support provincial efforts to establish a reliable and sustainable data collection approach for SPCs	<ul style="list-style-type: none"> Advance NACRS Lite in response to provincial planning 	RPD and DSCs		
		Promote and support QI initiatives to address FIM® data quality at NRS organizations	<ul style="list-style-type: none"> For RVH – finalize future state process map; support ongoing efforts to increase timeliness of FIM® assessments by completing chart reviews for Q1 and sharing data; developing posters to place on unit; reviewing communication with other staff Develop an engagement strategy for other NRS sites in CESN Establish a plan for development of a webinar for NRS sites. Purpose of webinar will be the 	RC & CLTCC	RVH: GBGH: OSMH: MH: SRHC: MSH: LH: PRHC: RMH:	Future quarterly plans: <ul style="list-style-type: none"> For RVH: establish sustainability plan; re-survey staff regarding satisfaction and confidence for FIM enact the engagement strategy Finalize webinar Provide webinar

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			importance of getting numbers right, how data can be used, helping organizations make the connection between data quality and diving into own data. <ul style="list-style-type: none"> Review CIHI materials to determine whether there is an existing product that can be used Survey NRS sites in the region regarding content needs 		NHH:	
			LH: Q1 <ol style="list-style-type: none"> Ongoing monitoring of FIM data through Stroke Distinction data collection and reporting. Engagement with ISU Manager and LH Data Quality Coordinator as required. 	Durham DSCC		
			PRHC <ul style="list-style-type: none"> Q1: Established ongoing monthly FIM training for ISU/Rehab program staff; Use of online resources for training and certification 	HKPR DSCC		
	Provide value to our stakeholders through use of an effective communication strategy	Ensure CESN website brings value to our stakeholders, providing accurate and current information.	<ul style="list-style-type: none"> Review website analytics quarterly to monitor # of new users and the areas of the website most frequently viewed Discuss with GEL mechanism to gather feedback from website users Coordinators to meet and review content on current website re: usability/formatting and layout as compared to other Stroke Network websites Seek feedback from DSC on their use of website 	REC		Future quarterly action item: Bring feedback to GEL and discuss interim solutions Consider promotion of YouTube videos re stroke education (RVH, LH, Others)

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		Increase the use of social media	<ul style="list-style-type: none"> Identify which social media platform to use. Develop strategy for use of social media. <ul style="list-style-type: none"> Discuss use of CESN regional account with District Stroke Coordinators 	REC		
		Increase awareness amongst stakeholders of CESN Workplan items and related topics through dissemination of regional newsletters / regional reports.	Quarterly action steps would include: <ul style="list-style-type: none"> Develop a schedule for newsletter development. Confirm scope of newsletter Develop template/layout Investigate graphic artist costs Develop and disseminate first edition 	REC		Consider promotion of YouTube videos re stroke education (RVH, LH, Others)
			Prepare and disseminate newsletter on the topic of assessment of stroke patients (including link to Common Assessment Tool information on the CESN website.	RC		
			Finalize and disseminate newsletter on the topic of dysphagia diets and IDDSI in particular.	RC		
		Increase awareness of early stroke recognition, management, prevention, and recovery through Stroke Month activities (June)	<ul style="list-style-type: none"> Align with any provincial directions Develop plans for stroke month activities Implement plans 	REC & RPD and DSCs	Regional: Simcoe: Muskoka: York:	Consider promotion of YouTube videos re stroke education (RVH, LH, Others)

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					Durham:Q1 1. DDSC organizing event for June with tentative plan for guest speaker and a community event. 2. DSC to participate in 1-2 community awareness events during June with a focus on Ajax-Pickering.	
		Establish a Knowledge Translation working group with CNS/NPs to better identify learning needs	<ul style="list-style-type: none"> • develop Terms of Reference for KT working group • invite membership • set first meeting date 	REC	HKPR: Q1: FAST decals partnering with H&S and EMS in the District, Participation in H&S Big Bike. Plan media clip for radio.	
	Promote a strong culture of patient and caregiver engagement/experience to support quality stroke care across the continuum	To learn and build understanding of the factors involved in creating a culture of hope.	<ul style="list-style-type: none"> • participate in the Toronto Stroke Networks Patient Experience Learning & Implementation Team 	REC		
		Create opportunities to ensure that the patient and caregiver perspective/voice is incorporated into appropriate projects.	<ul style="list-style-type: none"> • identify opportunities to implement the learnings from the Toronto Stroke Networks Patient Experience Learning & Implementation Team in CESN initiatives • continue to include persons with stroke in the development of the graphical stroke journey map and its dissemination strategy, including the supporting education resources • ensure the patient voice is incorporated into community expo events including reflecting upon feedback from previous events 	CLTCC, RC		Future considerations: investigate opportunities and resources required to develop patient experience vignettes, greetings, etc.

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1	Stroke care across the continuum in the CESN will be delivered by interprofessional teams with stroke expertise.	Work with organizations to support stroke care competency of clinicians.	<ul style="list-style-type: none"> support the development and implementation of an interprofessional core competency plan through work with the Central LHIN SPCC engage organizations in planning for uptake and sustainability of core competencies promote stroke-related education events 	REC	Simcoe: Muskoka: York: Durham: HKPR:	
	TBD through dialogue with Regional Medical Director and District Medical Leads.	TBD				
	Regional review in response to CorHealth Governance Structure.	Align CESN committee structure with CorHealth Ontario Governance Structure.	<ul style="list-style-type: none"> Review CorHealth Ontario Governance structure Develop plan for moving forward 			