

GOALS	OBJECTIVES	LEAD	Q1 ACTIONS/DELIVERABLES	Q1 STATUS	Q1 UPDATE	Q2 ACTIONS/DELIVERABLES	Q2 STATUS	Q2 UPDATE	Q3 ACTIONS/DELIVERABLES	Q3 STATUS	Q3 UPDATE	Q4 ACTIONS/DELIVERABLES	Q4 STATUS	Q4 UPDATE	
Improved access to rapid assessment and an individually based clinical approach aimed at reducing the risk of a recurrent vascular event.	Develop and implement SPC quality improvement action plans based on Core Elements Self Assessments	RD/REC	Disseminate SPC PIWP Stroke Infographic, referral form and PODS documents												
		RD/REC	Confirm 20/21 provincial workplan objectives and action items through SPC PIWP Work Group.												
		RD/REC	Review SPC PIWP Stroke Infographic, referral form and PODS documents with RVH SPC Work Group												
		RD/REC	Confirm edits and implementation next steps												
		RD/REC	Confirm RVH 20/21 Action Plan based on Core Elements Self-Assessment												
		DSC	Review and promote referrals to RVH SPC. Re-visit out patient meetings with District Stroke Nurse												
		DSC	Disseminate SPC PIWP Stroke Infographic and PODS												
		DSC	Set meetings with each SPC (MSH, MH, SRHC) to determine utilization												
		DSC	Review SPC PIWP Stroke Infographic, Referral Form and PODS documents with LH SPC Team to determine utilization within the clinic.												
		DSC	Support RN participation in the April 2nd Standards of Care Meeting.												
		DSC/APN	Continue to support Secondary Prevention Education through monthly education sessions delivered to SPC patients and family												
		DSC/APN	Re-establish Post Stroke Vascular Clinic referral process and criteria for ECHO referrals												
		DSC	Disseminate SPC PIWP Stroke Infographic and PODS												
Timely and equitable access to hyperacute stroke treatment.	Implement/ improve DTN, DIDO and evaluation processes at DSCs (Referring Sites)	Regional	Disseminate real time DTN, DIDO wins e.g. Thank you cards.												
		RD/CNS	Establish final Quality Data report monthly dissemination.												
		RD/CNS	Establish final developments of EVT Scorecard.												
		RD/CNS	Disseminate ED Code Stroke Roles and Responsibilities Package.												
		RD/CNS	Plan and develop DIDO quality initiative.												
		RD/CNS	Plan and disseminate education of ACT-FAST Screening tool												
		DSC	Ongoing discussion with stroke team to improve DTN times and our processes for sending pts for EVT. Review with ED Code Stroke Roles and Responsibilities Package with ED Department. Develop education for Act Fast.												
		CNS	Continue to monitor DTCT, DTN, DIDO times and distribute summaries to internal stakeholders monthly, discuss at stroke quality meetings												
		CNS/ DSC	Develop quality initiatives based on performance												
		DSC/ CNS	Develop plan to maintain equitable access to hyperacute stroke services within district as MH expands												
		DSC/CNS	Establish a mechanism to optimize tracking of DIDO and Telesstroke use												
		DSC/CNS	Ongoing monitoring of Code Strokes & completion of tPA Memos for each administration.												
		DSC/ CNS	Establish mechanism to track DIDO time.												
		DSC	Complete and disseminate Q1 HyperAcute Summary Memo												
		DSC/CNS	Complete revisions & begin approval process for Code Stroke P&P, CT Downtime P&P and Alteplase PPOs.												
		DSC	Facilitate & support participation of LHO, LHAP, LHB and LHP EDs in the April 2nd Standards of Care Meeting.												
		DSC/CNS	Facilitate and/or provide site specific education as required.												
		DSC/APN	Continue to track D>CT, D=N, D>B, DIDO on a daily basis and provide daily feedback to Hyperacute team. Continue to provide a comprehensive quarterly report to Hyperacute team and leadership												
		DSC	Continue to facilitate the PRHC Hyperacute Working Group in hyperacute improvements - meet quarterly												
		Implement in-house protocols to support access to EVT		Regional	Participate in an in-patient Code Stroke working group										
RD/CNS	Develop first draft of in-patient Code Stroke Policy					Develop first draft of inpatient code stroke policy based on the outpatient 4-24 hour window changes									
DSC	Continue to monitor DTCT, DTN, DIDO times and send summaries to internal stakeholders monthly, discuss at stroke best practice meetings, internal medicine and emerg meetings.					Work on development of inpatient code stroke policy based on the outpatient 4-24 hour window changes									
CNS/ DSC	Revise process for District Centre internal code strokes and explore extended window for symptom onset														
DSC/CNS	Update the existing LH In-House Code Stroke P&P to reflect the extended window for EVT & begin approval process.														
DSC	Complete throughout the HKPR District. Continue to monitor.														
Confirm and initiate cross regional approach to provide access to care in a 6-24 hour window (includes walk-in protocols)		RD	Meet and discuss with ED and DI at acute care facilities			Confirm next steps related to the OHTAC Automated CT Perfusion Recommendation									
		RD	Host cross regional meeting to discuss and confirm next steps												
		RD/DSC CNS	Disseminate ACT-FAST video												

	DSC	Muskoka	Meet and discuss with ED, DI and external partners to discuss approach to provide access to care with the widening 6-24 hour window. This will include walk in protocols.		Muskoka	Meeting with community partners to discuss ongoing development of protocols		Muskoka		Muskoka		
	DSC/CNS	York	Participate in cross regional planning activities to support access to EVT in the 6-24 hr window for patients in York.		York			York		York		
	DSC/CNS	Durham	Participate in cross regional planning activities to support access to EVT in the 6-24 hr window for LH patients.		Durham			Durham		Durham		
	DSC/CNS		Finalize LH Internal Algorithms & develop supporting P&P and PPOs for Code EVT at all sites.									
	DSC	HKPR	Participate in cross regional planning activities to support 6-24 hr window. Support HKPR hospitals in next steps with planning in ED and DI departments.		HKPR			HKPR		HKPR		
Improve repatriation/transfers and communication processes within and across regions.		Simcoe CNS	Complete action items related to TSN EVT Quality Improvement Work Groups: • Transfer Form - Develop final draft of cross regional EVT Referral and Repatriation Form • Communication									
		Regional	• Joint Imaging Rounds		Regional			Regional		Regional		
		REC, Durham CNS, York, DSC	• Quarterly Report									
		RD										
		Simcoe			Simcoe			Simcoe		Simcoe		
	DSC	Muskoka	Ongoing discussion with our community hospitals to facilitate efficient repatriation processes. Transfer form has been instituted		Muskoka			Muskoka		Muskoka		
	DSC/CNS		Continue to participate in joint imaging rounds									
	DSC	York	Co-lead workgroup to include other referring sites in rotation to participate		York			York		York		
	DSC		Contribute to Transfer of Accountability Forms working groups.									
	DSC/CNS		Implement Joint Imaging Rounds at LH (May 2020).									
	CNS	Durham	Ongoing participation in DI & Transfer Forms working groups.		Durham			Durham		Durham		
	DSC/CNS		Ongoing participation in Cross Regional Planning Meetings.									
	DSC		Ongoing participation in cross regional planning									
	DSC/APN	HKPR	Continue to facilitate and monitor known repatriations through internal processes and communication at PRHC and RMH for patients sent for EVT		HKPR			HKPR		HKPR		
	DSC		Draft communication tool to be used as a repatriation education resource for patients who are repatriated out of PRHC following Hyperacute Assessment									
Acute/ inpatient rehabilitation/ community stroke rehabilitation stroke care providers are prepared for bundled implementation.	RD	Regional	To be informed by Q4 / Q1 meeting with senior team representatives		Regional			Regional		Regional		
	RD	Simcoe	To be informed by Q4 / Q1 meeting with senior team representatives		Simcoe			Simcoe		Simcoe		
		Muskoka	Working with Senior Team to develop inpatient rehab when info released from the MOH		Muskoka			Muskoka		Muskoka		
	DSC		Participate with Stroke Unit workgroup at Southlake- provide guidance to internal QI to re-establish stroke unit status									
	DSC	York	Continue to wait MOH release. Dialogue with CE LHIN leadership has been proposed and will be led by CESN		York			York		York		
	DSC	Durham	Ongoing Participation in LH Bundled Care Steering Committee while awaiting information from MOH & CorHealth.		Durham			Durham		Durham		
	DSC	HKPR	Continue to wait MOH release. Dialogue with CE LHIN leadership has been proposed and will be led by CESN		HKPR			HKPR		HKPR		
Increase the amount of rehab intensity minutes provided at NRS reporting facilities in CESN to a minimum of ≥ 60 mins (incremental target towards the goal of 180 minutes) across the region.	RC		Communicate with sites re focus on RI for <b>severe/complex stroke patients</b> when disseminating next version of stroke rehab report						Potential Cross-Regional Q3/4 activity - Collaborate with Toronto Stroke Networks to conduct and evaluate 1-2 RI round table session for stroke rehab teams (CESN sites, TR, West Park, BP, Providence, SJR, and SHN)			
	RC	Regional	Establish a regional challenge to increase RI by 10% for this quarter (to be measured when NRS data available)		Regional			Regional		Regional		
	RC		Offer/set up site visits for Quality Improvement sessions with rehab teams									
	RD	Simcoe	Support district uptake of regional RI activities through reinforcement of key messages at district and local tables, and participation in Regional RI Quality Improvement sessions in the Simcoe district as able		Simcoe			Simcoe		Simcoe		
		Muskoka	Set up meetings with existing rehab team to work towards increasing rehab intensity. Will continue to work with senior team to increase the number of rehab staff.		Muskoka							
	DSC		Continue to support work of Rehab Coordinator as required									
	DSC	York	Continue to disseminate NRS - RI reports produced by CESN RC		York			York		York		
	DSC		Ongoing review and dissemination of CESN RI Quarterly Reports									
	DSC/CNS	Durham	Ongoing collaboration with ISU Leadership (i.e. review quarterly data, identify areas for improvement).		Durham			Durham		Durham		





