Best Practice Stroke Care Plans for LTC
Implementation Tips

The following information is based upon feedback received from the LTC facilities that piloted/implemented the *Stroke Care Plans*.

Integration of Stroke Care Plans into Existing Care Plan Libraries:

- Resident Care Plans in LTC focus on the individuality of the resident. Typically this care plan is not related to diagnosis alone. It is generally triggered and created to reflect care needs or areas of risk (e.g. falls, pressure ulcers, mobility, etc.) for each particular resident. Some LTC homes and partner organizations may create "care plans" specific to a diagnosis (stroke, diabetes, arthritis, etc.). The most appropriate care plan reference should be selected based on the resident's priorities and needs.
- Where two care plans were applicable to the resident, the pilot homes combined the stroke care plans with existing resident care plans to avoid duplication of focus/goals/interventions. Doing so, produced a more individualized, comprehensive overall Resident Care Plan which resulted in improved care outcomes for the resident, especially as many residents have multiple co-morbidities.
- Depending on the properties of the care plan library there may need to be additional formatting and categorization of the stroke care plans in order to integrate them into the existing library. Using the term "SCP or stroke care plan" is how one pilot home categorized the care plans. Other pilot homes ensured that *Stroke Care Plans* was the first category to be listed. The revised *Stroke Care Plans* include a bolded title for *each focus*. LTC Homes may opt to use this title to catalogue or sort interventions within their library to facilitate a search.
- There may be areas where the care focus could be applied to different diagnoses. In these situations, it is recommended that the *Stroke Care Plan* be the first option and then use others as needed.
- Newly admitted residents provide an ideal opportunity to initiate the *Stroke Care Plans.*

Staff Education/Engagement

- It is important to engage the Director of Care and Administrator as project champions. Success is greatly dependent on their support.
- The *Stroke Care Plans* were developed with the expectation that staff would refer to *Taking Action for Optimal Community and Long Term Stroke Care© (TACLS)(Heart & Stroke Foundation, 2015)* manual and other best practice resources for additional information. Each *Stroke Care Plan* Focus includes a reference to the relevant chapter(s) within the TACLS resource to support easy referencing. As well, a footnote area references additional best practice resources where applicable in each *Stroke Care Plan.*
- The *Stroke Care Plans* will be new to staff and there may be a tendency to revert to the previous method of care plan retrieval and implementation. For this reason, there is benefit to building the *Stroke Care Plans* directly into the existing care plan library.
- LTC Homes that participated in the pilot suggested that education sessions regarding the *Stroke Care Plans* should include all direct care and allied care staff (e.g. RN, RPN, PSW, Dietitian, Housekeeping, etc.). Residents' Council and Family Council should also participate to ensure compliance with legislation stating that the resident and family must be involved in the care planning process and that the process for involvement must be documented.