

# Toronto Stroke Networks' News

APRIL 4TH, 2012

## Transition Improvement for Continuity of Care

### HISTORY OF THIS WORK

Since 2009, the Toronto Stroke Networks have been leading a systems change initiative, *Transition Improvements for Continuity of Care (TICC)*, which fundamentally is a knowledge-into-action initiative. The intention is to improve the life experience and clinical outcomes for people and families living with stroke. This is being accomplished through collaborative partnerships in the Networks to create and implement sustainable foundations of an improved, integrated, person-centred model of cross continuum care. Through a participatory action approach to this initiative, health care providers are learning to adapt and influence change in their local systems to support person-centred care.

Building on a literature review completed in 2009, the Toronto Stroke Networks consulted with a breadth of healthcare providers and conducted patient/caregiver research, partly to account for the paucity of research that examines healthcare integration from the patient perspective<sup>1</sup>. Key enablers were identified for successful transitions and meaningful care: peer support, system navigation, flexibility, individualized care, seamlessness and "language of hope"<sup>2</sup>. Similar themes were identified during a series of focus groups led by the Change Foundation<sup>3</sup>. Healthcare providers also identified the need for collaboration across sites and for a timely, comprehensive portrait of the patient's experience<sup>4</sup>.

Three core foundational interventions emerged to support the overall intent of TICC: Knowing Each Other's Work, the Stroke Passport and Peers Support. These interventions bring together the notions of a standardized but adaptable mechanism to improve communication (ensuring timely and effective transfer of relevant patient-related information at all points of access and transitions)<sup>5</sup>; reframe the system as a helix model of stroke care, and add a layer of improved interaction to strengthen relationships and create more optimistic expectations for persons with stroke and caregivers.

In the first two years of this three year initiative, many milestones have contributed to building the foundation of this work and enabled the evolution of needed elements to strengthen the system of care to support an integrated person-centred approach.

### CURRENT ACHIEVEMENTS—MILESTONES

In the first two years of this three year project, many milestones have been reached in building the foundation of this work and enabling the evolution of needed elements to strengthen the system of care to support an integrated person-centred approach along the recovery journey.

- A comprehensive literature-based environmental scan
- Development of a comprehensive evaluation framework addressing the interest of 5 key constituents: Local Health Integration Network (LHIN), Stroke Leaders, Persons with Stroke and Family, Healthcare Providers and Pilot Organizations (acute,

rehab, community).

- REB approved research with persons with stroke and caregivers
- Over 70 interviews with healthcare providers, academics, leaders across multiple settings and organizations.
- Expanded participation to 17 organizations contributing to this work (tripling in the last 9 months) across all Toronto-area networks
- A highly engaged and energized community that co-created a shared common vision of what better transitional and lived experiences for people with stroke would mean and continued to collectively develop as change agents, with skills that will be transferable beyond this project and which will contribute to the sustainability of this work.
- Emergence of conceptual frames embedded in the model: relational strength and optimistic care.
- Two Summits with multiple stakeholder participation to develop a shared care model, metaphorically represented as a Care Helix, and identified key enablers and areas for action planning. As a result of the two Summits, three core foundational projects were put forth to support the overall intent of TICC: 1) Knowing Each Other's Work, 2) The Stroke Passport, and 3) Peers Fostering Hope.
- A system-wide conversation among thought leaders to explore the value and elements of the Care Helix approach.
- Integration of the direction of TICC with the Toronto Stroke Flow Initiative.
- A one day summit in March 2012 that involved 70 stakeholder participants and a discussion on implementation timelines and integrated, sequenced implementation approach for the three core foundational projects.

### THREE CORE FOUNDATIONAL PROJECTS

#### 1. Knowing Each Other's Work (KEOW)

##### *1.1 Essential Professional Conversations (EPC) for Seamless Care*

EPC is a set of conversational practices designed to foster enhanced communication, learning and meaningful collaboration among healthcare providers at times of transition to deliver the best seamless, optimistic care for people living with stroke. The project encourages verbal conversations across units, professions and sites, as a supplement to written information, to provide a vital opportunity to ask questions, reduce misunderstandings (errors), and foster learning about each other's environments, all in order to enable cross-system collaboration on care and successful transfers. This initiative will have particular value to support transitions for complex patients. To successfully implement the initiative, we have developed an educational process including weekly reflection on experiences with team members to facilitate local learning and positive change. Support will be provided.

##### *1.2 Observerships*

A structured opportunity to spend time in each other's work environments enables health providers' in-depth learning about the system and provides an opportunity for further relationship-building as a building block for collaboration and increasingly seamless care.

##### *1.3 Virtual KEOW Community of Practice*

To provide a forum to continue to foster knowledge exchange, relationship-building and sustain momentum of positive change, a virtual community of practice has been developed for healthcare providers working within this network

#### 2. The Stroke Passport

The Stroke Passport is a new resource developed by healthcare providers representing the care continuum with input from people with stroke and their caregivers. It is a patient-mediated tool used to promote enhanced collaboration with their healthcare providers and navigation encouraging engagement and more meaningful care for persons with stroke and their caregivers. The passport includes: 1) characterization of the person prior to stroke, their goals, individualized information about their stroke, and a map of their experience across the healthcare system; 2) community re-engagement section that includes resources; and 3) glossary.

### 3. Peers Fostering Hope

Peers Fostering Hope is a program that focuses on community re-engagement of people living with stroke and their family/friend caregivers. This is accomplished through hospital peer visits and community peer support groups. Peers are experienced family/friend caregivers and people with stroke who are well into their recovery and who have received education in peer visiting.

#### References

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