

**Dear Toronto Stroke Network Stakeholders:** We are pleased to highlight the many accomplishments achieved by the members of the Toronto Stroke Networks (TSNs) in this 2014-15 Annual Achievement Report. These accomplishments represent:

- Sustainable growth toward our vision of Fewer Strokes Better Outcomes.
- A transition toward refreshed strategic directions, goals and structures.
- Continued alignment and responsiveness to the Ministry of Health and Long Term Care priorities and Health Quality Ontario's Quality Based Procedures (QBP) for stroke.

A new Stroke QBP Clinical Handbook was released in February 2015. Care modules for stroke have been articulated reaching into the community to include the first 60 days after discharge from hospital. This will have new implications for the TSNs to engage new members, and work more collaboratively through expanded system planning and performance monitoring. Through our well established infrastructure of cross continuum committees such as the Stroke Flow Working Groups and the Cross System Implementation Committee, we are already responding. We have started to enhance membership and the various leaders and champions in administrative and clinical positions are engaged to:

- Inform design and support implementation of system change recommendations
- Assist in identifying and integrating the associated education and knowledge translation supports offered by the TSNs.

With renewed energy and commitment to our future we will continue to leverage the collaborative spirit, expertise and dedication of our partners and persons with stroke and caregivers to build on our successes, and advance stroke system development for improved experience and outcomes for individuals and families affected by stroke.

### 2010-2015 Strategic Priority: High Quality Coordinated Stroke Care

- Improve access to best practice stroke care for all people living in the Toronto stroke regions.
- Positively impact stroke care practices through partnerships and collaborative efforts across the stroke care continuum and with other groups, networks or key stakeholders.

#### SYSTEM COLLABORATION FOR QUALITY CARE

<p>✓ Established outpatient rehabilitation referral principles through the Acute and Rehab Stroke Flow Working Groups. This included a 1 day response time and a standardized discharge checklist to enable timely transfer of information promoting enhanced continuity of care. This has resulted in 79 more patients (37% increase) accepted to outpatient rehab over the previous fiscal year. Total patients accepted from acute care in 14/15 was 294.</p>	<p>✓ Established a new Community Stroke Flow Working Group with representation from 16 organizations to establish a model of care for the community that aligns to the Stroke QBP 2015 Clinical Handbook.</p>
<p>✓ Provided access to assessment for t-PA at Regional Stroke Centres to 966 patients through the Toronto EMS bypass/medical redirect protocol and 183 additional patients through the walk in code stroke protocol. The volume for the walk in protocol represents a 30% increase over last year, when the protocol was first implemented.</p>	<p>✓ Hosted 3rd Annual TSNs Forum with 75 attendees to celebrate stroke system successes and to inform ongoing stroke system activity aligned to the new strategic priorities integrating the community and persons with stroke and their families into stroke system planning.</p>

**PATIENT EXPERIENCE AND PATIENT CENTRED CARE THROUGH TRANSITIONS**

<p>✔ Reframed and revised My Stroke Passport to become a tool to support healthy lifestyle changes and recovery for persons with stroke and caregivers. Originally designed as a communication and navigation tool, this change reflects the benefits and value the tool was perceived to provide for those health care providers and persons with stroke and caregivers participating in the evaluation phase of the tool.</p>	<p>✔ Expanded Peers Fostering Hope program to 5 new hospitals (total 12) and 11 new peers for a total of 23. 875 hours of emotional support were provided to individuals newly diagnosed with stroke over 1,050 visits.</p>
<p>✔ Completed visioning for the next phase of the patient- centred resources for seamless transitions which will include a stronger patient voice and a focus on the community.</p>	<p>✔ Developed and implemented a patient and family education letter that outlines what may be expected from inpatient and outpatient rehabilitation to increase confidence and understanding of what happens next in their recovery.</p>
<p>✔ Engaged new organizations and facilitated learning about other parts of the system through 2 Stroke Care Observerships completed between one acute care, one rehab and one community agency. This resulted in enhanced understanding of resources and patient experience within each sector as well as strengthening relationships between teams creating room for better collaboration and care planning.</p>	<p>✔ Developed and implemented a patient and family education brochure on repatriation to facilitate understanding of the early acute care processes and rationale for repatriation in Toronto.</p>

**ACCESS TO BEST PRACTICE & IMPLEMENTATION SUPPORT FOR HEALTH CARE PROVIDERS**

<p>✔ Led the development of nursing stroke care competencies with 20 GTA nurse leaders representing 17 organizations in Toronto to create a mechanism for standardization of stroke nursing expertise. This work will be integrated into the Ontario Stroke Network's interprofessional Stroke Competency Framework.</p>	<p>✔ Enhanced functionality of the TSNs website to facilitate interest and access to best practice information resulting in a 42% increase (1,503) in the number of visits (4,954) and 58% increase in the number of new users (1,424) to the site compared to last year.</p>
<p>✔ Established an evidence based Peer Mentorship program, with 6 expert clinician mentors supporting local implementation of best practices. Topic areas have covered Dysphagia, Mobility, and Oral care.</p>	<p>✔ Expanded the Virtual Community of Practice (VCoP) membership to 431 active members. Through the implementation of enhanced search functions and formal facilitation to prompt discussion, the VCoP increased value for members with a 25% increase in the total number of posts and a decrease of &gt;50% in response times to posts.</p>
<p>✔ Published manuscript in <u>Topics in Stroke Rehabilitation</u> on the Impact of a Community Re-engagement Cue to Action Trigger Tool on Re-engaging in Activities Post Stroke. This research has been subsequently integrated into the redesign of My Stroke Passport, a patient mediated education and navigation resource developed by the TSNs.</p>	<p>✔ Shared best practice achievements and resources developed by the TSNs through a total of 15 posters and 5 podium presentations at provincial, national and international forums (International Stroke Conference, Canadian Stroke Congress, Provincial Stroke Collaborative and American Congress of Rehabilitative Medicine).</p>
<p>✔ 125 staff across all acute care sites were credentialed in AlphaFIM® administration. This training supports completion of the AlphaFIM® by day 3, use of the TSNs triage tool to support earlier access to rehab and meeting the QBP length of stay targets.</p>	<p>✔ 50% of 97 acute care providers completed 6 core modules of Hemispheres, an interactive e-learning stroke competency series to enhance knowledge about neuroanatomy and physiology; pre-hospital, acute and secondary prevention stroke care.</p>
<p>✔ A 3 year partnership with Toronto Central Self Management Program which uses the provincial 'Choices and Changes' approach was established. My Stroke Passport is being incorporated into the program as a resource to assist health care providers in enabling persons with stroke to support their ongoing recovery and adopt healthy lifestyle changes.</p>	<p>✔ 78 clinicians across 17 stroke teams participated in one of two skills-based workshops covering functional recovery of the upper extremity and cognitive perceptual assessment. Identified opportunities for practice change included taking a more function based approach and appropriately applying techniques presented in the workshops.</p>
<p>✔ Developed a video to address the need for increased awareness of rehabilitation best practice approaches for persons with stroke and cognitive impairment. This resource will be part of a knowledge translation strategy to improve access to rehabilitation for persons with stroke and cognitive impairment.</p>	

### 2010-2015 Strategic Priority: Performance Measurement and Monitoring

- Development and use of a comprehensive data set that reflects the care continuum.
- Standardize data collection.
- Regular review of data to inform decisions, continuous improvement and research.
- Use of evaluation mechanisms to monitor the progress of strategic goals.

#### UNDERSTANDING THE SYSTEM OF CARE

<p>✔ Continued to use the incident reporting forms for regular monitoring of pre-hospital and rehab transition processes. This feedback is used to identify opportunities for process improvements locally and at a system level related to hyperacute, acute and rehab stroke transitions.</p>	<p>✔ Engaged the Toronto Stroke Networks' LHINs in planning that resulted in the TCLHIN commitment to collaboratively develop and implement a sustainable solution to retain the functionality of the E-Stroke Rehabilitation Referral System.</p>
<p>✔ Engaged system stakeholders to support interpretation and analysis of the LHIN Stroke Report Cards and their own facility performance to facilitate ongoing change at local and system levels.</p>	<p>✔ Led the development of a standardized approach to support the implementation of inpatient rehabilitation intensity data collection through the engagement of decision support and clinical leads from the 5 rehab hospitals in Toronto.</p>
<p>✔ Provided training support for all acute organizations to implement CIHI special project 740 collecting AlphaFIM® data. This creates a standard approach to data collection permitting the use of the data to inform system planning and resource development based on patient need.</p>	<p>✔ Sustained a 2 hour standardized response time for inpatient referrals supporting a total of 3,661 rehab referrals (1,405 patients). Mean time to transfer remains at 1-2 days following acceptance.</p>

### 2010-2015 Strategic Priority: Leadership and Governance

- Strengthen relationships, collaborative planning arrangements, and accountability for stroke care system monitoring and reporting.
- Enhance visibility and profile of Network members, activities and accomplishments.
- Increase alignment with and influence LHIN and system priorities.

#### SYSTEM GOVERNANCE AND ACCOUNTABILITY

<p>✔ Three new members have been added to the TSNs Steering Committee representing acute, rehab and community to strengthen system stewardship and oversight. The newly developed selection process will be utilized for future recruitment.</p>	<p>✔ Detailed program reviews were submitted by the Regional Stroke Centres to the LHINs and MOHLTC highlighting achievements of the Stroke Networks since implementation (2004/5). Reviews highlighted the needs for strengthened Network accountability and sustainable stroke infrastructure.</p>
<p>✔ Finalized a 2015-2020 strategic plan informed through a comprehensive consultative process including stakeholder voice from LHINs, acute, rehab and community health service providers and persons with stroke.</p>	<p>✔ Held 3 meetings with LHIN senior leaders to review 2012-13 stroke report cards. These meetings established a role for the TSNs in monitoring the TCLHIN re-investment and identified the need for ongoing regular collaborative meetings to support stroke system improvement.</p>

For questions regarding the Annual Activity Report please feel free to contact:

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