What is stroke bundled care?

The goal of bundled care is to enhance the coordination of care across the continuum of providers and care settings. This opportunity to increase integration will enable efficient, effective, and high-quality care.

For stroke bundled care, acute care hospitals will be the ‘bundle holder’ and will receive a single payment that covers the cost associated with each patient’s journey through the health care system (acute to post-acute services).

Stroke bundled care includes patients with ischemic, hemorrhagic and unspecified stroke. Those patients receiving endovascular treatment are currently not part of the bundle.

Ten post-acute stroke pathways have been defined and include:
- Inpatient rehabilitation
- Outpatient rehabilitation (including early supported discharge)
- In-home rehabilitation (including early supported discharge)

Stroke bundled care will mean that health care professionals will work as one team across the continuum of stroke care. All bundle care services will be provided by dedicated interprofessional teams with an expertise in stroke care. Teams will follow stroke best practices as outlined in the Quality Based Stroke Best Practice Guidelines. These have been summarized in the Standards of Care (see link below). Bundle partners will have shared accountability for delivering high quality patient care.

Toronto Approach to Bundled Care: Geographical Hubs

In Toronto, bundled care services will be provided through geographically designated hubs (North, East, South, West, and Scarborough). These geographic areas were defined to support sustainable and equitable delivery of stroke services closest to home. The hub model will facilitate better coordination of care across the continuum, with an opportunity to enhance community re-integration.

Where can I learn more about best practice in stroke care?

- Toronto Stroke Networks’ Virtual Community of Practice (VCoP)
- Join the VCoP to access the Standards of Care and other valuable stroke resources.
- Core Competencies for Stroke
The Toronto Stroke Networks are currently working with representatives from acute, rehabilitation and community settings to plan and implement bundled care in Toronto.

**Hub Principles**

1. Identified interprofessional teams with expertise in stroke
2. Services and teams integrated across the continuum—working as one team
3. Mechanisms of accountability to ensure quality and value
4. Flexibility for patient need and choice
5. Shared accountability for patient and system outcomes
6. Equitable distribution of patients to support sustainable service delivery

**What’s in a hub?**

This flow map highlights the services which will be included in each hub.

**What does bundled care mean for stroke patients?**

Patients will receive best practice care from a designated interprofessional stroke team working together across settings.

- **Acute Care:** Patients will receive care on a designated stroke unit. When ready for discharge, patients will have access to a wider range of post acute services (10 pathways) to support their care needs.
- **Inpatient Rehabilitation:** Patients will receive timely access to high intensity rehabilitation (180 minutes/day at least 6 days/week) on a designated stroke unit.
- **Outpatient and Home Based Rehabilitation:**
  - Early Supported Discharge (ESD): Patients will receive high intensity rehabilitation (5 days/week) from a specialized stroke team in their home or in an outpatient setting for 4.5 weeks (on average).
  - Regular Stream: Patients will receive rehabilitation (45 minutes/day for 2—3 days/week) from a specialized stroke team in their home or in an outpatient setting for 10 weeks (on average).

**What are the next steps in bundled care planning?**

The Toronto Stroke Networks are currently working with representatives from acute, rehabilitation and community settings to plan and implement bundled care in Toronto.

- **Summer 2020:** Establish a collaborative procurement process. All acute care sites obtain home care agency status.
- **Fall 2020/Winter 2021:** Build capacity for community providers.
- **April 2021:** Ready to implement bundled care.
- **Fall 2020:** Initiate collaborative procurement process.
- **March 2021:** Implement centralized referral and automatic acceptance process.

Timelines are estimates as certain steps are contingent on the ministry releasing price details.

As more details become available, they will be shared with health care providers.