Best Practice Stroke Care Plans for LTC
Frequently Asked Questions

Q. What are the benefits of using the new *Stroke Care Plans*?

A. There are over 50,000 strokes in Canada each year. Of every 100 people who have a stroke:

- 15 die
- 10 recover completely
- ‘ 25 recover with a minor impairment or disability
- 40 are left with a moderate to severe impairment
- 10 are so severely disabled they require long-term care[1]

Within LTC, 21.3% of residents have had a stroke[2] and stroke is the third most common diagnosis in long-term care.[3] In fact, stroke is believed to be one of the leading causes of transfer of elderly individuals to long term care facilities.[4] More than 10% of patients who have experienced a stroke require long term care and twenty percent of stroke survivors who are identified as having moderate or severe impairments following stroke are discharged to a LTC Home or to Complex Continuing Care.[5,6]

These *Stroke Care Plans* will facilitate best practice stroke care while supporting compliance with:

- Accreditation Canada and other certification standards
- The Long-Term Care Homes Act, 2007[7]
- MOHLTC Quality Inspector expectations

The *Stroke Care Plans* were drafted in 2011 and an update was completed in 2016 by working groups comprised of representatives from LTC Homes and the Ontario Stroke Network to ensure alignment with current best practice. The LTC representatives also ensured that the *Stroke Care Plans* continued to reflect a practical front-line approach and optimized RAI-MDS assessment data elements.

Q. What are the Stroke Care Plans?

A. The *Stroke Care Plans* are based on the modules in the *Taking Action for Optimal Community & Long-Term Stroke Care© (TACLS)* (Heart and Stroke Foundation, 2015). These *Stroke Care Plans* reflect the need areas most experienced by residents who have had a stroke event.

Q. How many *Stroke Care Plans* are there and what are they?

A. There are 12 stroke best practice *Stroke Care Plans* addressing the areas of:

- Activities of Daily Living
- Behaviour Change
- Bladder and Bowel Continence
- Cognition
- Communication
- Depression
- Leisure
- Mobility, Positioning & Transfers
- Nutrition, Hydration & Swallowing
- Pain
- Perception
- Skin Care & Hygiene

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[1] Quality Based Procedures: Clinical Handbook for Stroke, 2015
[2] Continuing Care Reporting System, CIHI, 2014-15
[3] PriceWaterhouseCooper, 2001
[4] Statistics Canada, 2010
[5] SEQC, 2012
[6] Heart and Stroke Foundation of Ontario, 2011
[7] https://www.ontario.ca/laws/statute/07l08

Q. How will the *Stroke Care Plans* work with our existing library?

A. The *Stroke Care Plans* are provided in word version which allows Homes to 'cut and paste' selected sections of a care plan to reflect each resident's individual care needs. As well, the generic format of the *Stroke Care Plans* (i.e. focus, goal, timelines, intervention & accountability) supports adaptation to the specific protocols and processes within LTC Homes. The *Stroke Care Plans* may be implemented as stand-alone plans or integrated into existing care plans either in part or in their entirety. For example, specific interventions from the *Stroke Care Plan* on bowel and bladder continence may be integrated into the existing generic care plan currently housed in LTC Home libraries. Conversely, the *Communication Stroke Care Plan* will provide very comprehensive, stroke-specific interventions that the Home may elect to use in its entirety.

Connecting with your software provider and capitalizing on the expertise of your in-house RAI Coordinator will facilitate the integration of the *Stroke Care Plans* into your current library.

Q. Do the Stroke Care Plans have a search feature?

A. The *Stroke Care Plans* include a bolded title for *each focus*. This title may be used to catalogue or sort interventions within a LTC Home's library to facilitate a search.

Q. How much will it cost to implement the *Stroke Care Plans*?

A. There is no cost to obtain the *Stroke Care Plans*. The cost of implementation will vary and will reflect each LTC Home's education needs, capacity of staff to manage the integration of the *Stroke Care Plans* into existing libraries and other Home-specific needs and requirements. Note that the pilot LTC Homes, and members of the Working Groups and Steering Committee represented diverse profiles in Ontario (e.g. rural and urban, independent and corporate, large and small) and used a range of software companies.

Q. What resources are available to support staff in achieving and sustaining best practice stroke care?

A. The *Stroke Care Plan Implementation Toolkit* provides information on available resources. Supporting resources are available through the Ontario Stroke Network website at LTC Stroke Care Plans.

Q. Have any Ontario LTC Homes implemented the *Stroke Care Plans*?

A. Four Ontario LTC Homes were involved in the pilot phase of this project. The results from that pilot have been used to move the project forward. Subsequently, the *Stroke Care Plans* have been implemented in additional LTC Homes within Ontario. Implementation within the LTC sector has included:

- corporate & independent Homes
- not-for-profit & for profit Homes
- rural and urban Homes
- large and small Homes

These Homes use different software programs (e.g. PointClickCare™, Med-e-Care™, Goldcare™).

Q. What did the LTC facilities who participated in the pilot say about the care plans?

A. The pilot Homes recommended wide dissemination of the *Stroke Care Plans* as a best practice initiative. Comments from the pilot Homes included:

- "The opportunity to ensure that our care planning contained best practices and an evidence base was the foundation for us to move forward in this project."
- "Staff demonstrated enthusiasm for the project resulting from their own personal experiences and those of the residents for whom they provide care."
- "This resource (*Tips and Tools for Everyday Living©*)* has been an extremely beneficial tool which assisted staff to understand brain physiology, risk factors, stroke impact on life and how the care team can affect resident outcomes."
- *"Tips and Tools for Everyday Living©** provided an evidence based approach for team members to assist the stroke survivor to achieve the optimal wellness level and their full potential. Our staff repeatedly expressed the value of this resource."

Tips and Tools for Everyday Living© has now been updated to *Taking Action for Optimal Community & Long-Term Stroke Care© (TACLS)* (Heart and Stroke Foundation, 2015).

Q. How can I access the *Stroke Care Plans*?
A. The *Stroke Care Plans* can be found on the Ontario Stroke Network (OSN) website at LTC Stroke Care Plans.

Q. Who can I contact for assistance in implementing the *Stroke Care Plans*?
A. Your regional Community and Long Term Care (C&LTC) Stroke Coordinator would welcome the opportunity to discuss how s/he might be able to support you in the implementation process. Support may include: recommending resources, facilitating education sessions and linking your Home with professionals who have an expertise in stroke care. You can access contact information for your regional Community and Long Term Care (C&LTC) Stroke Coordinator through your regional stroke network website. A listing of the Regional Stroke Networks is available at https://ontariostrokenetwork.ca/patientsfamiles/contact-a-stroke-centre/

Q. What is the Ontario Stroke Network?
A. The Ontario Stroke Network (OSN) provides provincial leadership and planning through their vision of *Fewer Strokes. Better Outcomes.* Ontario has a collaborative system of provider organizations and partners that support best practice stroke care across the continuum of care. Within Ontario, there are 11 Regional Networks. In each regional stroke network the Regional Community & LTC Coordinator is responsible for supporting the implementation and sustainability of best practice stroke care in LTC Homes.