Ontario Health Stroke Service Guideline

Enhanced District Stroke Centre- System

April 2025

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Background

In June 2000, the Ministry of Health and Long-Term Care (MOHLTC) announced the Ontario Stroke Strategy, an integrated and comprehensive strategy to improve access to quality care and outcomes for persons with stroke/transient ischemic attack (TIA) through the regional organization of stroke services.[1] This strategic plan resulted in the establishment of 11 cross-continuum[2] regional systems of stroke care in Ontario.

The value of regionally organized stroke systems of care has been demonstrated in the literature.[3,4,5] Benefits include improved access to prevention, and life-saving and disability-reducing interventions, resulting in improved outcomes for persons with stroke/TIA and cost savings to the health care system.

Regional Stroke Systems in Ontario

Each regional stroke system is comprised of a network of health service providers that collaboratively identify, prioritize, and implement initiatives to promote timely access to specialized stroke care. These networks include:

- A Regional Stroke Centre or Enhanced District Stroke Centre, with clinical and regional system accountabilities,
- District Stroke Centres where geographically required,
- Community hospitals (including Stroke Unit Hospitals, Telestroke Hospitals, and non-stroke treatment hospitals),
- Stroke Prevention Clinic(s) (SPC),
- Rehabilitation providers (inpatient stroke rehabilitation and community stroke rehabilitation),
- Community-based providers (including pre-hospital care providers, home care, primary care providers, community support agencies, health promotion practitioners, and providers associated with long-term care facilities), and
- A governance structure to ensure that the appropriate accountability and enablers are in place to support system improvement, drive evidence-informed practice, and improve outcomes for persons with stroke/TIA (refer to Appendix A: Ontario Health-Regional Stroke System Model and Appendix B: Regional Stroke Network Committee for additional information).

[1] Ontario Ministry of Health and Long-Term Care and the Heart and Stroke Foundation of Ontario. 2000. *Towards an Integrated Stroke Strategy for Ontario*. Report of the Joint Stroke Strategy Working Group.
[2] The continuum of care includes primary prevention, secondary stroke prevention, pre-hospital, hyperacute, acute, rehabilitation and community including re-engagement.
[3] Kapral MK, Fang J, Silver FL, Hall R, Stamplecoski M, O'Callaghan C, Tu JV. Effect of a provincial system of stroke care delivery on stroke care and outcomes. CMAJ. 2013 Jul 9;185(10):E483-91. doi: 10.1503/cmaj.121418. Epub 2013 May 27. PMID: 23713072; PMCID: PMC3708028.
[4] Manns, B.J, Wasylak, T. Clinical Networks: Enablers of Health System Change CMAJ 2019 November 25;191:E1299-1305. doi: 10.1503/cmaj.190313
[5] Fargen, K, Jauch, E, et al. Regionalization of Stroke Systems of Care Along the Trauma Model. Stroke Vol46, Issue 6. June 2015 p1719-1726 https://www.ahajournals.org/doi/10.1161/STROKEAHA.114.008167

Typically, within the regional stroke systems, a Regional Stroke Centre provides the most comprehensive array of specialized clinical services (i.e., thrombolysis, endovascular thrombectomy, neurosurgery, stroke unit care, secondary stroke prevention, and access to stroke rehabilitation), and supports a regional stroke network team in providing leadership for the development, coordination, and integration of the regional stroke system.

In certain areas of the province, where a regional stroke system covers a large geography, it may be subdivided into smaller stroke districts to support the collaborative identification, prioritization, and implementation of opportunities aimed at promoting timely access to specialized stroke care in support of the broader regional stroke system. The leadership for these districts is provided through District Stroke Centres.

In certain circumstances, a District Stroke Centre may fulfill an enhanced role within the regional stroke system. This enhanced designation may reflect the additional availability of specialized neurosurgical and neurointerventional services on site in addition to the minimum clinical requirements of a District Stroke Centre,[6] without the full stroke system and network responsibilities of a Regional Stroke Centre (i.e., Enhanced District Stroke Centre- Clinical). Alternatively, an Enhanced District Stroke Centre (EDSC) designation may reflect situations where the hospital has additional regional stroke system and network leadership responsibilities like a Regional Stroke Centre, without meeting all clinical requirements for the designation of a Regional Stroke Centre (i.e., Enhanced District Stroke Centre- System). The EDSC- System supports a regional stroke network team in providing leadership for the development, coordination, and integration of the regional stroke system. In both circumstances, the EDSC functions similarly to a Regional Stroke Centre for the respective enhancement (i.e., clinical or system and network).

All Regional Stroke Centres have a Stroke Prevention Clinic that provides the most comprehensive array of stroke prevention services, acting as a regional resource for other stroke prevention services. The clinic, in collaboration with the regional stroke network team provides leadership for advancing stroke prevention services throughout the region.[7]

In larger geographies, District Stroke Prevention Clinic(s), including Enhanced District Stroke Prevention Clinics, may also be established to provide stroke prevention services and augment stroke prevention leadership to a sub-geography within the region. Community Stroke Prevention Clinics may also be established to deliver stroke prevention services closer to home.[7]

The Regional, Enhanced and District hospitals and prevention clinics received funding to support their enhanced role in the regional stroke system, including stroke network leadership and/or clinical responsibilities. The accountabilities and responsibilities associated with these resources were outlined in Stroke Service Guidelines established by the MOHLTC as part of the implementation of the Ontario Stroke Strategy.

[6] Refer to the Ontario Specialized Acute Stroke Services Framework for additional detail regarding the classification system for specialized acute stroke services in Ontario.

[7] For additional detail regarding the accountabilities and responsibilities of Regional, Enhanced District, District and Community Stroke Prevention Clinics, review the Ontario Health Stroke Service Guideline- Regional, Enhanced District, District and Community Stroke Prevention Clinic

About this Document

Preserving Ontario's regional stroke systems and networks is a provincial priority to ensure continued advancements in access to quality stroke care across all care sectors and optimization of stroke system performance for persons with stroke/TIA and providers.

The Enhanced District Stroke Centre- System plays an integral role in the regional stroke system and network. This document provides an update to the Ministry of Health and Long-Term Care's original Stroke Service Guidelines (2004/05) for Enhanced District Stroke Centres[8], incorporating Ontario Health's expectations of these hospitals in the current health care system. The service guidelines are divided into two sections to reflect the Enhanced District Stroke Centre- System's accountabilities and responsibilities with respect to the:

- Regional Stroke System and Regional Stroke Network (Section A)
- Provision of specialized stroke services (Section B)

Section A- Regional Stroke System and Regional Stroke Network

Accountabilities

- Establish and maintain a designated regional stroke network team and education budget (refer to Appendix C for key system and network leadership roles and associated responsibilities), on behalf of the regional stroke network;[9]
- Work in the best interest of the regional stroke system, network partners and the Ontario Health Region(s) to ensure a high-performing and sustainable cross-continuum, and where appropriate cross-regional, integrated stroke system (including districts where they exist) that is population based (e.g., care closer to home), person-centred, and grounded in evidence-informed best practice and experiences of persons with stroke/TIA;
- Provide leadership to the planning, development, implementation, coordination, integration, and evaluation of a cross-continuum regional stroke system, through the support of a regional stroke network team, and in partnership with the Ontario Health Region(s) and Regional Stroke Network Committee (refer to Appendix B for additional detail regarding the Regional Stroke Network Committee);[10]

[8] The original Enhanced District Stroke Centre Service Guidelines have been refreshed as two documents: Enhanced District Stroke Centre- System and Enhanced District Stroke Centre-Clinical to reflect current roles in the stroke system. This document outlines the guidelines for the Enhanced District Stroke Centre-System only.

[9] Hospitals are encouraged to continue to use separate cost centres as established with the original funding

[10] Most Regional Stroke Networks have operationalized this committee as a "Regional Stroke Network Steering Committee; however, some networks may choose to adopt a different title for the committee to distinguish its purpose from the Ontario Health Region Stroke Executive Table. Regardless of title, the purpose and functions of the committee should remain consistent across the province (refer to Appendix A: Regional Stroke System Model for additional detail)

- Optimize the outcomes of individuals at risk of or who have had a stroke that are receiving care within the stroke region.

Responsibilities

- Enable the regional stroke network team to successfully fulfill their respective roles and responsibilities (e.g., education and travel resources) as outlined in Appendix C-Section A (i.e., Key System and Network Leadership Roles and Associated Responsibilities)
- Create a strategy for advancing cross-continuum stroke care within the regional stroke system, aligning with regional and provincial priorities established by Ontario Health;
- Develop and implement a regional stroke network workplan and education plan to operationalize the regional stroke system strategy, and enable progress towards provincial performance targets established by Ontario Health;
- Lead regional stroke system planning, development, and implementation, in collaboration with the Ontario Health Region(s) and other health service providers across the care continuum to ensure coordinated access to specialized stroke services across the continuum (e.g., medical redirect/bypass and repatriation agreements, capacity building, triage processes, referral and management processes for rehabilitation and secondary stroke prevention,[11] etc.);
- Assist with planning, development and implementation of standardized processes and protocols at partner sites (e.g., acute care, rehabilitation, community, etc.) within the stroke region, and as appropriate through close collaboration with adjacent stroke regions, Ontario Health Teams or other appropriate partners, to support an integrated system of care and timely access to best practice stroke care across the continuum (including contingency plans at partner sites to mitigate specialized stroke service disruptions);
- Establish and administer a Regional Stroke Network Committee[12] comprised of cross-continuum health service providers, stroke system leaders and informed by persons with lived experience to engage in and support regional stroke system and network accountabilities (refer to Appendix B for additional detail regarding key functions of the Regional Stroke Network Committee);
- Ensure mechanisms are in place to collect core regional stroke system data, as defined by Ontario Health and the Regional Stroke Network Committee, and monitor cross-continuum regional stroke system performance and quality improvement efforts, working collaboratively with network and system partners, including Ontario Health to address performance gaps;
- Ensure representation of senior Enhanced District Stroke Centre- System leadership (e.g., Vice President) at the Regional Stroke Network Committee and the Ontario Health Region Stroke

[11] For additional detail regarding the accountabilities and responsibilities of Regional, Enhanced District, District and Community Stroke Prevention Clinics Ontario Health Stroke Service Guidelines- Regional, Enhanced District, District and Community Stroke Prevention Clinic

[12] Most Regional Stroke Networks have operationalized this committee as a "Regional Stroke Network Steering Committee; however, some networks may choose to adopt a different title for the committee to distinguish its purpose from the Ontario Health Region Stroke Executive Table. Regardless of title, the purpose and functions of the committee should remain consistent across the province (refer to Appendix A: Regional Stroke System Model for additional detail)

Executive Table (refer to Appendix A, Table 1: Regional Stroke System Committees for additional information regarding the purpose of each table/committee);

- Support regular updates and discussions at the Regional Stroke Network Committee relative to the development and implementation progress of the regional stroke network workplan and education plan;
- Identify and escalate regional stroke system issues, challenges and/or opportunities to the Ontario Health Region Stroke Executive Table.

Section B- Provision of Specialized Stroke Services

Enhanced District Stroke Centres- System are classified as Level 3 service providers within the Ontario stroke system,[13] providing all acute stroke services except for neurosurgical and neurointerventional procedures (i.e., thrombolysis, stroke unit care, secondary stroke prevention,[14] and access to inpatient/community stroke rehabilitation and community reengagement support services[15]).

Accountabilities

- Establish and maintain district clinical resources per original funding (refer to Appendix B- Section B for key clinical roles and associated responsibilities);
- Provide 24/7 thrombolysis and acute stroke services, in alignment with evolving best practices;
- Serve as an expert clinical resource, offering guidance and support to health service providers across the stroke district;
- Ensure appropriate pathways are established to support timely access to endovascular thrombectomy, neurosurgical services, and post-stroke services, particularly access to acute stroke unit care, specialized stroke rehabilitation, secondary stroke prevention, and community reintegration/resources;
- Optimize the outcomes of individuals at risk for stroke or who have had a stroke receiving care at the Enhanced District Stroke Centre- System.

Responsibilities

- Establish and maintain an on-call schedule of staff stroke specialists with fellowship training or equivalent experience[16] and support staff (e.g., CT technologists) to support hyperacute and acute care/consultation 24/7 (i.e., thrombolysis and stroke unit). Radiologists should also be available 24/7 to review images post hyperacute consultation;

[13] Refer to The Ontario Health (CorHealth) Specialized Acute Stroke Services Framework (SASSF) for additional details regarding the classification system for specialized acute stroke services in Ontario.
[14] For additional detail regarding the accountabilities and responsibilities of Regional, Enhanced District, District and Community Stroke Prevention Clinics Ontario Health Stroke Service Guidelines- Regional, Enhanced District, District and Community Stroke Prevention Clinic
[15] Rehabilitation is only provided at select hospitals with inpatient rehabilitation beds and/or community stroke rehabilitation. Enhanced District Stroke Centres- System are required to have established pathways to support access to stroke rehabilitation services and community reengagement supports.
[16] EDSC-System may not have local stroke specialists with fellowship training or equivalent experience; however, the on-call physicians should have experience in stroke. For hyperacute care, the Ontario Telestroke Program may be leveraged to support access to additional expertise. For acute care, the EDSC-System may establish cross-regional pathways with Regional Stroke Centres to support access to this expertise.

- Establish and maintain Emergency Department and in-hospital code stroke protocols, policies, processes, and staff to support code stroke response, including 24/7 access to on-site CT/CT angiography (CTA). CT perfusion (CTP) with Health Canada Approved automated post processing software (e.g. RAPID AI) is also strongly recommended;
- Ensure timely access to appropriate levels of care required to support hyperacute stroke services (e.g., Level 2 Basic, with the ability to escalate to Level 3 Basic, as defined by Critical Care Services Ontario[17], ideally on, or with adjacencies to, the stroke unit);
- Establish pathways to enable timely access to endovascular thrombectomy and neurosurgical services available at Level 4 acute stroke specialized service providers (e.g., Regional Stroke Centres);
- Establish a stroke unit that adheres to the provincial *Stroke Unit Definition and Best Practice Standard*,[18] ensuring appropriate persons with stroke/TIA are prioritized[19] in a timely manner to access specialized interprofessional stroke care;
- Provide acute and secondary stroke prevention consultation and mentoring to other hospitals in the stroke district to promote access to best practice treatment/interventions;[20]
- Implement protocols, established in partnership with stroke system partners, that promote access to services at the Enhanced District Stroke Centre- System and post-stroke care close to home (e.g., medical redirect/bypass and repatriation agreements, etc.);
- Establish protocols and pathways, with case management/care coordination support, to ensure person-centred transitions to the appropriate next level of care (e.g., rehabilitation, secondary stroke prevention, primary care, home care, community support services, etc.);
- Establish contingency plans to ensure access to specialized stroke services in the event of an interruption in the delivery of any specialized stroke services, including health human resource availability and/or equipment downtime;
- Establish mechanisms locally to monitor clinical performance relative to established regional and provincial targets and protocols, working to address gaps as part of ongoing continuous quality improvement;
- Work in close collaboration with other regional stroke systems to ensure cross-regional integration and a province-wide system of care that is person-centred and based on best practice (i.e., supporting persons with stroke/TIA to receive the right care, at the right place, at the right time).

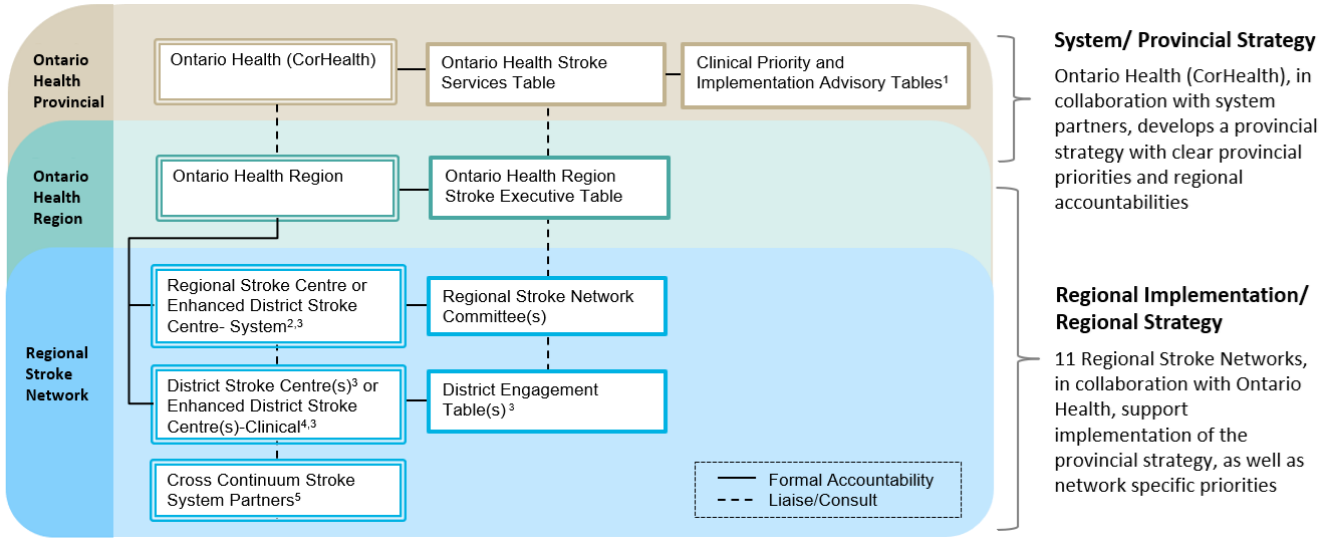
[17] Critical Care Services Ontario. (2020). Adult Critical Care Levels of Care Guidance Document. Retrieved from https://criticalcareontario.ca/wp-content/uploads/2020/11/Adult-LoC-Guidance-Document-Final.pdf

[18] Ontario Stroke Unit Definition-A best practice standard for stroke units in Ontario

[19] In circumstances where stroke unit care is determined to be the most appropriate level of care for the individual with stroke/TIA, the stroke unit's responsibilities may extend beyond the hospital's typical catchment area when it is the closest stroke unit to the person's home.

[20] For additional detail regarding the accountabilities and responsibilities of Regional, Enhanced District, District and Community Stroke Prevention Clinics Ontario Health Stroke Service Guidelines- Regional, Enhanced District, District and Community Stroke Prevention Clinic

Appendix A: Ontario Health-Regional Stroke System Model



1. Varies depending on provincial priorities, and also includes the stroke system Regional and District Advisory Committee to inform and enable implementation
2. Enhanced District Stroke Centres with regional stroke system accountabilities
3. Where applicable
4. Enhanced District Stroke Centres with neurosurgical and neurointerventional services on site in addition to the minimum clinical requirements of a District Stroke Centre
5. Community Hospitals (Stroke Unit Hospitals, Telestroke Hospitals, and non-stroke treatment hospitals), Stroke Prevention Clinics (including designated Regional, Enhanced District, District and Community SPCs), rehabilitation providers, community-based providers, emergency health services providers (paramedics, ORNGE)

TABLE 1: REGIONAL STROKE SYSTEM COMMITTEES

Structure	Purpose
Ontario Health Stroke Services Table	• To bring together key clinical, system planning and implementation leaders from across the province to engage in strategic dialogue and provide advice at a provincial level on stroke system priorities, issues and opportunities that will transform the system, drive access and quality, improve performance and outcomes for persons with stroke/TIA.

Ontario Health Region Stroke Executive Table	• To strengthen the relationship between the Regional Stroke Networks and Ontario Health Region by bringing together senior leadership from each to engage in strategic dialogue around the implementation of provincial and regional stroke care priorities, ensuring designated hospitals are fulfilling stroke system accountabilities and enabling the networks to drive access to quality stroke care across the continuum.
Regional Stroke Network Committee[21]	• A forum to bring cross continuum network partners together to collaborate and provide advice, and local commitment to implementation of cross continuum best practice, system planning, coordination, and improvement initiatives to advance provincial/regional priorities, drive quality performance and outcomes for persons with stroke/TIA.
District Engagement Table(s)	• A forum to bring cross continuum district partners together to collaborate and provide advice, and local commitment to implementation of cross continuum best practice, system planning, coordination, and improvement initiatives to advance provincial/regional priorities, drive quality performance and outcomes for persons with stroke/TIA.

[21] Most Regional Stroke Networks have operationalized this committee as a "Regional Stroke Network Steering Committee; however, some networks may choose to adopt a different title for the committee to distinguish its purpose from the Ontario Health Region Stroke Executive Table. Regardless of title, the purpose and functions of the committee should remain consistent across the province (refer to Appendix A: Regional Stroke System Model for additional detail)

Appendix B: Role of the Regional Stroke Network Committee

Purpose:

- A forum to bring cross continuum network partners together to collaborate and provide advice, and local commitment to implementation of cross continuum best practice, system planning, coordination, and improvement initiatives to advance provincial/regional priorities, drive quality performance and improve outcomes for persons with stroke/TIA.

Key Functions:

- Provide cross-continuum advice to the Regional Stroke Network team to inform and support the development and implementation of a regional stroke network workplan, grounded in evidence-informed best practice, and focused on advancing and sustaining local, regional and provincial priorities.
- Monitor regional and local stroke system progress against the regional stroke network workplan (and education plan), and guide change as required, ensuring input from persons with lived stroke/TIA experience, data where feasible, and consideration of a population-based and person-centred approach to service delivery and system efficiencies;
- Identify system planning and implementation opportunities and/or issues which may benefit from Ontario Health Region support and escalate to the Ontario Health Region Stroke Executive Table

Minimum Membership

- The Chair(s) is a leader with a healthcare/healthcare system background, ideally with experience in and/or a strong understanding of the regional stroke system, who can take a non-partisan approach to supporting the mandate of the Regional Stroke Network Committee. It is recommended the Chair is not employed by the Enhanced District Stroke Centre-System or District Stroke Centre (i.e., not in a position within the Enhanced District Stroke Centre-System or District Stroke Centre), to reinforce the committee's regional scope and mitigate potential biases in terms of decision-making relative to committee priorities and those of the Enhanced District Stroke Centre-System or District Stroke Centre if not aligned. The Chair should be selected via a process determined by the Enhanced District Stroke Centre-System, informed by the Regional Stroke Network Committee. Performance of the Chair should be evaluated by the Enhanced District Stroke Centre-System, in collaboration with Regional Stroke Network Committee members. The Chair is a member of the Ontario Health Region Stroke Executive Table;

- Stroke service leaders from cross-continuum partner organizations with senior decision-making responsibilities;
- Persons with lived experience; or an alternative mechanism to ensure inclusion of perspective of persons with lived experience;
- A member of senior Enhanced District Stroke Centre-System leadership (e.g., Vice President) and District Stroke Centre leadership (where applicable);
- Ex-officio: Regional Stroke Network Team (e.g., Regional Stroke Network Administrative Lead, Regional Stroke Network Medical Lead etc.).

Appendix C: Key Roles within the Enhanced District Stroke Centre- System

Section A- Key System and Network Leadership Roles and Associated Responsibilities[22]

Regional Stroke Network Medical Lead (e.g. Stroke Regional Medical Director)

- Serve as a visible champion, clinical expert and advocate for stroke care region-wide, and cross-continuum to enable the advancement of best practice stroke care for persons with, and at risk of, stroke within the stroke region;
- Promote an interprofessional framework for stroke prevention, acute care, and rehabilitation;
- Strategically identify and act on opportunities to elevate the clinical profile and practice of evidence-informed stroke care at the local hospital/organization, within the stroke region and at the provincial system level;
- Build and sustain effective working relationships with stroke system providers and partners to facilitate system coordination, enhance access to specialized stroke services, influence adoption of protocols and processes to drive system efficiencies and positive outcomes for all persons with stroke/TIA within the stroke region;
- Work closely with administrative regional leadership and regional partners to inform and support setting and implementing strategic priorities that will drive quality stroke care and system performance improvements.

Regional Stroke Network Administrative Lead (e.g. Stroke Regional Director)

- Direct and lead the planning, development and implementation of a cross-continuum regional stroke system that is anchored in evidence-informed best practice and informed by data and persons with lived experience where feasible;
- Direct and lead the development and implementation of an annual regional stroke network workplan (including the educational workplan and knowledge translation activities) that reflects regional stroke system and network needs (inclusive of districts where they exist), is based on best practice evidence, and is aligned to Ontario Health stroke priorities;

[22] Per original funding. Roles may have been expanded or adapted to meet regional accountabilities. Hospitals may have their own organizational policies and processes regarding job classifications, titles, and reporting structures.

- Strategically identify and act on opportunities to advocate for policies and initiatives that support access and high-quality stroke care at local, regional, and provincial levels;
- Develop and foster effective working relationships with stroke system partners in all healthcare sectors, and including persons with lived experience, to enable the advancement of the regional stroke system;
- Review and leverage quantitative and qualitative data to inform regional stroke system priorities, monitor progress in system performance, develop quality improvement initiatives, and influence regional stroke system improvements;
- Engage, support and influence health service providers and system leaders to actively improve the regional stroke system based on stroke best practices;

Regional Education Lead (e.g., Regional Education Coordinator, Regional Education Project Manager)

- Develop an annual regional stroke education plan in collaboration with the Regional Stroke Network Administrative Lead (e.g., Stroke Regional Director) and other Regional Stroke Network Team members to support Regional Stroke Network priorities;
- Coordinate, implement and evaluate the regional stroke education plan, ensuring activities remain within budget;
- Work with healthcare providers across the stroke region and the care continuum to support a solid understanding of stroke best practices and support best practice implementation;
- Collaborate with other Regional Education Coordinators provincially to share resources and identify/implement opportunities to further influence and impact practice change (e.g., Ontario Regional Education Group).

Community and Long-Term Care Lead Coordinator (e.g., Community and Long-Term Care Coordinator (CLTCC), Community and Long-Term Care Project Manager)

- Advance the stroke region's current practices and processes regarding persons with stroke and their transition to the community and/or long-term care setting, with a focus on identifying process improvements that support best practice adoption in the community and long-term care settings, as well as transition management and community re-engagement;
- Enhance education and outreach efforts in long-term care facilities and community agencies, in partnership with other educators;
- Collaborate with other CLTCCs provincially to share resources and identify and implement opportunities to further influence and impact practice change.

Rehabilitation Lead (e.g., Rehabilitation Coordinator (RC), Rehabilitation Project Manager)

- Advance the stroke region's current practices and processes regarding stroke rehabilitation and transition to rehabilitation, with a focus on identifying process improvements that support best practice adoption in the inpatient and community rehabilitation settings;
- Enhance education and outreach efforts in rehabilitation facilities and community agencies, in partnership with other educators, or team members;
- Collaborate with other RCs provincially to share resources and identify and implement opportunities to further influence and impact practice change.

Administrative Assistant

- Provide administrative support to the Regional Stroke Network Team.

Section B- Key Clinical Roles and Associated Responsibilities[23]

On-Call Physician with Stroke Care Experience[24]

The expectations for on-call physicians include but are not limited to:

- 24/7 on-call coverage for acute stroke consultation;
- 15-minute arrival/contact to the patient from time of call for code stroke response;
- Provision of clinical leadership and mentoring of other physician staff within the EDSC;
- Consultation (e.g., telephone, Telestroke) support to other physicians within the EDSC and hospitals within the district.

Stroke Nurse Specialist(s) (e.g., Clinical Nurse Specialist)

- Services provided by the Stroke Nurse Specialist(s) are determined by the specific EDSC needs (e.g., thrombolysis administration, code stroke lead);

[23] Per original funding. Roles may have been expanded or adapted to meet regional accountabilities. Hospitals may have their own organizational policies and processes regarding job classifications, titles, and reporting structures.
[24] These physicians should have access to stroke specialists with fellowship training or equivalent to support hyperacute consultation (e.g., local telestroke models or the Ontario Telestroke Program) and acute stroke care (consultation support provided by cross-regional pathways with Regional Stroke Centres), as required.

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