

## Provincial Integrated Work Plan 2015-2018

**STATUS:**  
 -In progress  
 -Completed  
 -On Hold  
 -Delayed  
 -Discontinued

### Strategic Direction 2: Catalyst to drive excellence in stroke care and vascular health

Priority Initiative	Committee Members (Lead(s) <u>underlined&gt;</u> )	Deliverables and Target Date	Task Group Leads(*)/ Members	Status
<p>Secondary prevention spans the stroke continuum of care. Greater efforts are needed to improve timely delivery and management of care for patients with TIA and stroke to prevent stroke.</p> <p>The objective of this work is to identify and make recommendations on strategies to</p>	<p>Aline Bourgoin</p> <p>Amy Maebrae-Waller</p> <p>Cheryl Moher</p> <p>Colleen Murphy</p> <p>Dorothy Burrige</p> <p>Elaine Edwards</p> <p>Gwenyth Stevenson</p>	<p>1. Recommend common core elements for secondary prevention services based on Canadian Stroke Best Practice Recommendations and in alignment with Quality Based Procedures for Stroke.</p> <p>Could include the following:</p> <ul style="list-style-type: none"> <li>• Referrals to Secondary Prevention services</li> <li>• Triage - access to triage on a daily basis</li> <li>• Access to imaging in 24 hours</li> <li>• Access to an appointment on a daily basis for prevention clinics</li> <li>• Access within a recommended time frame</li> <li>• Referral in a recommended time frame</li> <li>• Definition of secondary prevention</li> <li>• Service standards/guidelines for clinics, primary care, service providers</li> <li>• Target populations (TIA, minor non-disabling stroke, patients with stroke)</li> <li>• Staffing mix and role descriptions</li> </ul>	<p>Lisa Fronzi*</p> <p>Aline Bourgoin*</p> <p>Jocelyne McKellar</p> <p>Cheryl Moher</p> <p>Tammy Tebbutt</p> <p>Amy Maebrae-Waller</p> <p>Gwenyth Stevenson</p>	<p>Completed</p>

#### Disclaimer

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<p>operationalize core elements of secondary stroke prevention identified in the best practice recommendations, to enhance system-wide performance and outcomes for persons with TIA and stroke in both urban and rural settings</p> <p><b>Target Audience:</b></p> <p>Toolkit would be used by:</p> <ul style="list-style-type: none"> <li>OSN members e.g. Regional Program Managers, District Stroke Coordinators; OREG, Rehab Coordinators, Community and LTC Coordinators etc.</li> </ul>	<p><u>Jocelyne McKellar</u></p> <p>Kathy Godfrey</p> <p>Linda Kelloway</p> <p>Lisa Fronzi</p> <p>Megan Sousa</p>	<ul style="list-style-type: none"> <li>Referrals to lifestyle modification and prevention programs</li> <li>Risk factor assessment, treatment and management</li> <li>Patient and family education</li> <li>Links/access to services</li> <li>Communication and collaboration</li> <li>Availability of resources</li> <li>Access to and use of telemedicine</li> </ul> <p><b>Target Date: Aug/Sept 2017</b></p>		
	<p>Shelley Hawton</p> <p><u>Tammy Tebbutt</u></p>	<p>2. Conduct an environmental scan and literature review on the core elements for stroke prevention and solutions to operationalize secondary prevention services. Scan to also include evaluation tools to measure performance</p> <p><b>Target Date: December 2017</b></p>	<p>Shelley Hawton</p> <p>Megan Sousa</p> <p>Linda Kelloway</p> <p>Kathryn Yearwood</p>	Completed
	<p><b>Consultants:</b></p> <p>Best Practice Secondary Prevention and Acute Care Subcommittee</p> <p>Ruth Hall</p>	<p>3. Identify evaluation indicators – how does it benefit/ impact system, to inform and align with QBP Build on NACRS Lite reporting system for secondary prevention clinics and develop resources to support its implementation. Evaluation indicators to inform the system including primary care, ED, community support</p> <p><b>Target Date: End of Feb 2018</b></p>	<p>Colleen Murphy *</p> <p>Elaine Edwards *</p> <p>Kathy Godfrey</p> <p>Linda Kelloway</p> <p>Aline Bourgoin</p>	Completed
		<p>4. Identify/ develop implementation tools and educational resources to assist organizations with the <i>prioritization and implementation</i> of best practice to create a common standard of care across the system. This could include a summary of the key best practices, administrative and clinical processes required to meet these recommendations, as well as core and suggested process indicators.</p> <p>Toolkit could include:</p>	<p>Gwenyth Stevenson*</p> <p>Colleen Murphy</p> <p>Elaine Edwards</p> <p>Lisa Fronzi</p> <p>Jocelyne McKellar</p> <p>Cheryl Moher</p>	Completed

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<ul style="list-style-type: none"> <li>Regional stroke network stakeholders e.g., CNS/NPs in SPCs,</li> <li>Other stakeholders: family physicians, neurologists, community service providers providing risk factor management /behaviour modification</li> </ul>	Dr Leanne Casaubon  Primary Care Advisory Groups	<ul style="list-style-type: none"> <li>Strategies to operationalize the core elements</li> <li>Tools to evaluate performance</li> <li>Models from both urban and rural centres</li> <li>Recommend the creation of a short evaluation of the toolkit</li> </ul> <p style="text-align: right;"><b>Target Date:</b> Mid-March, 2018</p>	Tammy Tebbutt Aline Bourgoin Linda Kelloway Kathryn Yearwood	
		5. Develop and execute a KT plan that includes: <ol style="list-style-type: none"> <li>Abstracts and poster presentations</li> <li>Webinars/lunch and learns</li> <li>Regular updates to the provincial working groups</li> <li>Knowledge exchange through the SP Nurses Group (new)</li> <li>Dissemination of evidence-based resources/tools developed</li> <li>Final report</li> </ol> <p style="text-align: right;"><b>Target Date:</b> March 31<sup>st</sup>, 2018</p>	Jocelyne McKellar* Gwenyth Stevenson Kathryn Tammy Tebbutt Elaine Edwards Dorothy Burrige	Completed

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