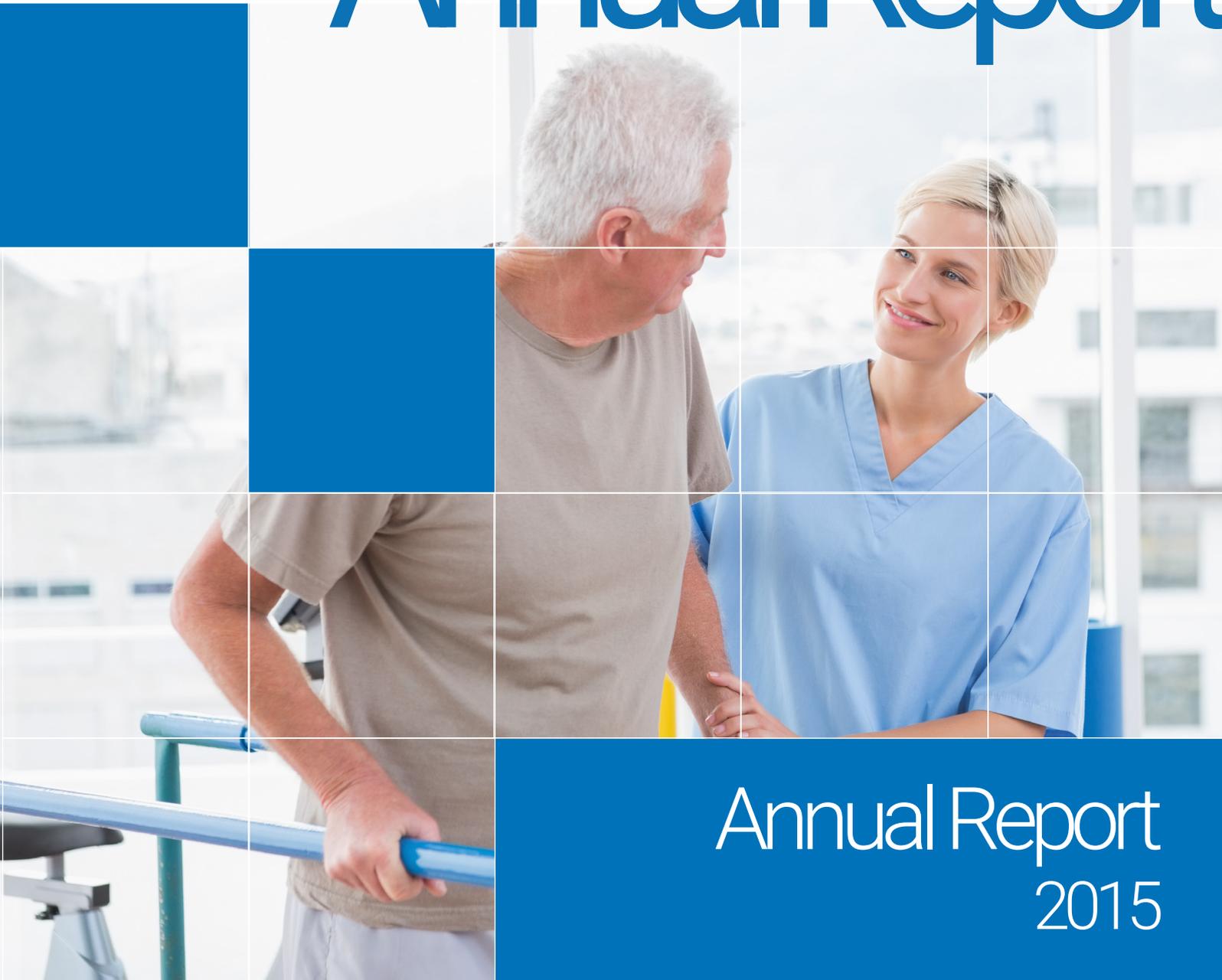


Annual Report



Annual Report
2015



ontario **stroke**
network

Advancing the Ontario Stroke System

we provide provincial leadership and planning for the ontario stroke system by measuring performance, partnering to achieve best practices, and creating innovations for stroke prevention, care, recovery and reintegration.

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letters from leaders

As of April 1, 2016, the Ontario Stroke Network (OSN) and Cardiac Care Network of Ontario (CCN) have come together as a single entity to ensure a comprehensive and integrated approach to cardiac, vascular and stroke care in Ontario.

Since the OSN was created in 2008, our vision of fewer strokes, better outcomes is being realized. Significantly more patients are surviving stroke, receiving the rehabilitation services they need and avoiding institutionalization.

Additionally, through the OSN Hypertension Management Program (HMP), patients are achieving blood pressure and other vascular disease risk factor targets.

Impacts since OSN's inception in 2008 include:

- > \$20M/annum in health care cost savings
- ~ 350 lives saved annually
- > 2,000 hospitalizations avoided each year
- 2015 LHIN Report Card release showed a statistically significant improvement in 12 of 16 indicators compared to the previous three years.
- Expansion of the HMP to include 61 primary care sites (73 locations) and outreach to more than 550 health care providers
- Enhanced capacity and quality of care for over 8,000 patients with hypertension
- Led the development of an integrated vascular health assessment tool prototype spanning eight conditions within primary care

These advancements continue despite Ontario's aging population.

Although great progress has been made in stroke prevention and treatment, more work is needed, particularly in the areas of high risk prevention, rehabilitation and access to mechanical thrombectomy. Additionally, vascular disease remains the leading cause of death and disability in Ontario and the growing burden of vascular dementia is of concern.

We look forward to the continuation of OSN's important work and the realization of the opportunity to further advance the system through the recent merger with the [Cardiac Care Network of Ontario](#). A focus on vascular health care through this merged entity may provide the greatest opportunity to positively impact the health of Ontarians and to save costs. The OSN Board remains committed to the ongoing advancement of this work.

In closing, the OSN Board would like to express appreciation for the strong support we have received from the MOHLTC, our talented staff and our partners, particularly Ontario's 11 Regional Stroke Networks.



Malcolm Moffat
Malcolm Moffat
 Board Chair



Christina O'Callaghan
Christina O'Callaghan
 CEO

our accomplishments

Throughout fiscal year (FY) 15-16, OSN continued to make significant progress on its strategic directions and annual provincial work plans. Highlights of this progress and related accomplishments follow.

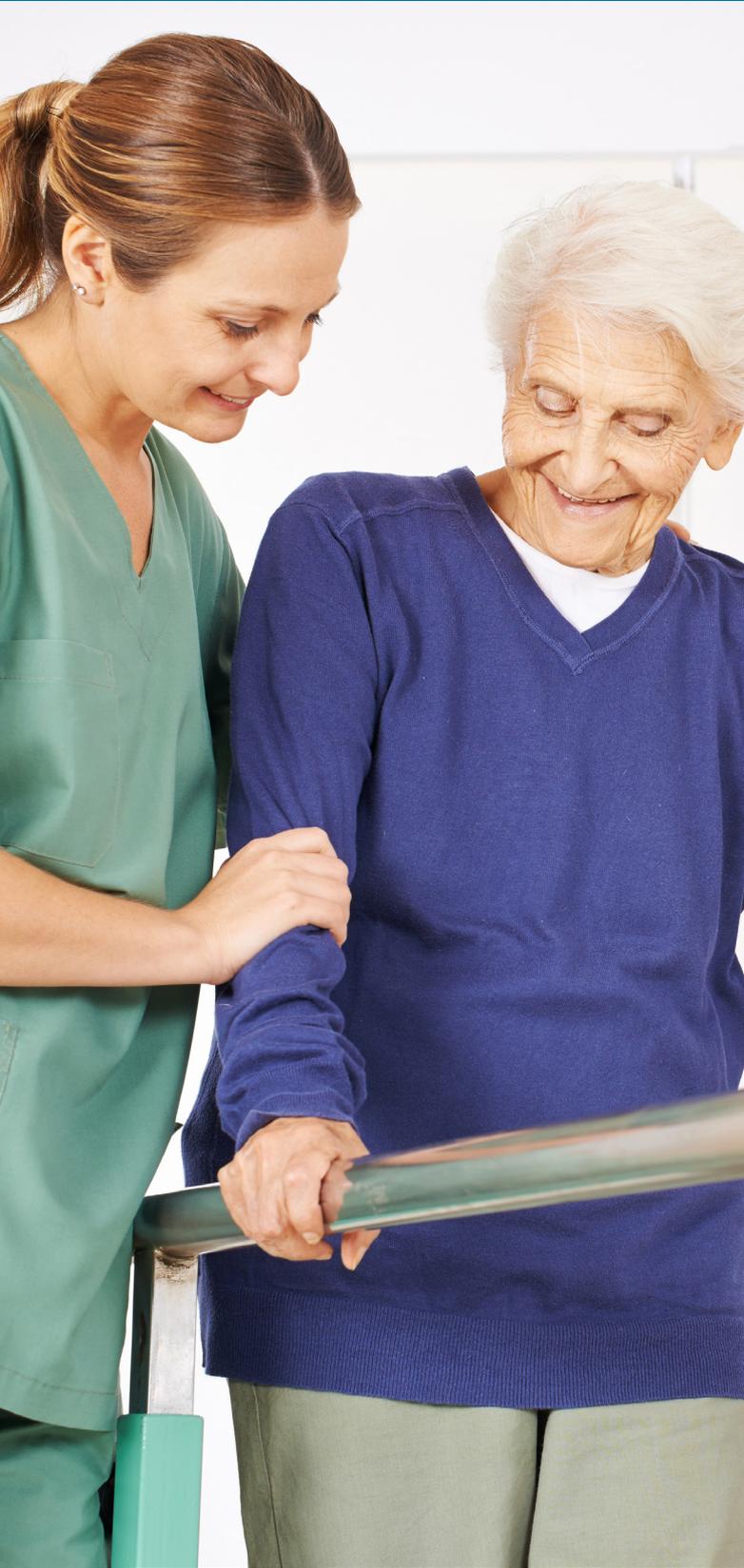
OSN Stroke Evaluation Report Cards

The [2015 Ontario Stroke Report Cards](#) were released and, for the first time, contained a progress report for each Local Health Integration Network (LHIN). In contrast to the report cards where LHIN performance is compared to provincial high performers, the progress report evaluated each LHIN's progress in achieving best practice by comparing their current performance to previous three-year performance. Three new indicators were added to the report cards. The 2013/14 provincial report card showed ongoing progress across key performance indicators. The following trends are noted:

- 14 of 16 indicators displayed improvement compared to the previous three years;
- 12 indicators displayed a statistically significant improvement compared to the previous three years;
- For 13 indicators, the lower limit of the LHIN range has improved compared to 2012/13;
- 10 of 14 provincial benchmarks have also improved since 2012/13.

Outcome: Report cards are being used by LHINs and Regional Stroke Networks to inform planning resulting in steady improvement in best practice performance.

our accomplishments



Lead agency for Supporting Effective Implementation of Stroke Quality Based Procedures (QBP)

Activities to advance QBP adoption include:

- OSN visited the Regional Stroke Networks and LHINs to advance QBP implementation with a focus on improvement and areas of low performance.
- Updating the [QBP acute and post-acute clinical handbook](#)
- Advising the Ministry (MOHLTC) and Health Quality Ontario on QBP adoption, indicators, quality overlay and pricing
- Hosting bi-monthly Continuing Medical Education-CME accredited provincial stroke rounds focused on QBP adoption attended by more than 700 participants and 370 live sites
- Developing and maintaining the [Stroke QBP Resource Centre](#) - 27% increase in visits in one year
- Supporting the development of resources to address knowledge gaps, and enable more rapid implementation of best practices, including:
 - Interprofessional Core Competencies: established provincial standards for developing stroke expertise
 - Rehabilitation Intensity Resources, including [whiteboard](#), "FAQ's", standard slide deck, communiques, pocket cards
 - Stroke Unit Toolkit, including: models (acute vs. integrated), staffing, order sets, indicators

our accomplishments

Outcome: LHINs/Regions are provided with “user ready” resources to accelerate QBP adoption which is associated with steady improvement in QBP adoption at the provincial level.

Evaluate Stroke QBP Implementation (Demonstration Project: CIHR Strategy for Patient Oriented Research -SPOR)

The four components of this project included:

- Qualitative current state analysis of QBP implementation in hospitals in Ontario.
- Stroke QBP Evaluation Framework development and Milestones and Impacts across the provincial stroke networks/ system.
- Advice and input to MOHLTC on their recommendations for development of best practice pricing.
- Examination of the impact of Stroke Distinction as a support and facilitator of QBP implementation.

Outcome: More than 500 current state survey responses received. Majority of respondents view stroke QBP implementation as a priority in their organization however, <50% of clinical staff were aware of and had read the Clinical Handbook. Approximately 25 patient and 150 health care provider interviews will be completed along with the quantitative analyses which will inform QBP policy and implementation.

OSN Endovascular Treatment (EVT) Implementation Planning Group

The OSN EVT Implementation Planning group has developed recommendations for EVT aligned with the [Canadian Stroke Best Practice Recommendations](#) for: treatment centres; referring centres; emergency medical services; patient transport; diagnostic imaging; and performance measurement. An [Ontario Health Technology Assessment Review](#) recommended that OSN is to identify selected stroke centres for funding of mechanical thrombectomy devices.

Outcome: By FY 16/17, the OSN will have established standards, developed a toolkit, supported development of appropriate funding and implemented an evaluation plan for EVT at the provincial, regional and facility levels that will enable increased access to EVT across Ontario.

Ontario's Telestroke Program

A review and analysis of progress towards achievement of [2012 Ontario Telestroke Steering Committee recommendations](#) was completed. Through key stakeholder consultations and analysis, key priorities for 2015 – 2018 were identified. Timelines were assigned to key priorities and work is underway. Updates to Telestroke Clinical Handbook were completed and steps towards identifying linkages to EVT have been undertaken.

Outcome: Program has expanded to 25 sites and 18 consulting neurologists for > 1000 patient assessments/year and thrombolysis rates of ~30% equivalent to treatment rates at stroke centres. Immediate, short, medium and long term Program



1.9 million brain cells die
each minute after a stroke

our accomplishments

priorities have been identified.

OSN Ambulatory Care Triage Algorithm and Database

The OSN Ambulatory Care Triage Algorithm established to create provincial standards for patients with suspected or confirmed Transient Ischemic Attack (TIA) or stroke, was disseminated to all Stroke Prevention Clinics (SPC's) in Ontario. An evaluation plan has been developed and will be implemented through FY 16/17. Additionally work to enable monitoring of performance of SPC's using "NACRS Lite" is underway.

Outcome: A standardized decision tool that will facilitate timely access to prevention services for high risk for stroke patients to improve process and clinical outcomes.

Reporting Stroke Rehabilitation Intensity in the National Rehabilitation Reporting (NRS) System

Establishing [Rehabilitation Intensity](#) reporting in NRS will enable monitoring and reporting on achieving the best practice target of three hours of therapy per the stroke [QBP Clinical Handbook](#).

Outcome: Rehabilitation Intensity reporting is now mandatory in the NRS System which will assist progress toward rehabilitation best practices and links to outcomes.

Article: Does the Volume of Ischemic Stroke Admissions Relate to Clinical Outcomes in the Ontario Stroke System?

This [OSN publication](#) provides evidence to identify the minimum volume required to optimize acute stroke outcomes. Findings include that stroke patients admitted to small volume hospitals had a 47% higher risk of dying in the first week compared to patients admitted to large volume hospitals. Deaths could potentially be avoided if patients were referred to hospitals that admitted at least 126 ischemic stroke patients annually. All hospitals with 165 or more ischemic stroke admissions per year had mortality rates that were at or below the provincial rate, a possible threshold for admissions.

Outcome: LHINs and Regional Stroke Networks are moving toward consolidating stroke care to achieve critical mass. Ministry is using this information to inform QBP implementation and funding.

Empirical Assessment of the Impact of Key Policy Interventions Designed to Improve the Quality of Stroke Care in Ontario

OSN evaluated the impact of four key policy interventions on stroke care quality indicator performance. Key findings include:

- Emergency Medical Services acute stroke medical redirect protocol associated with

our accomplishments

increased admissions to stroke centres

- Funding to stroke centres associated with decreased 30 day mortality and decrease in patients with mild disability being admitted to inpatient rehabilitation
- Release of QBP Clinical Handbook associated with inpatient rehabilitation patients achieving target rehab length of stay

Outcome: Findings inform the impact of policy interventions on quality of stroke care.

OSN Hypertension Management Program (HMP)

There has been a 41% increase in the number of HMP sites; from 39 sites (across 61 clinical locations) to 55 sites (across 95 clinical locations) throughout Ontario. To better meet the needs of primary care providers and increase security for end users, a comprehensive requirements gathering project for the HMP data repository was completed. Enhancements to HMP program materials have had the following impacts: Newsletter recipients have increased by 250%; Website primary care users have increased by 58%.

Outcome: More Ontarians have access to the HMP,

an effective program in managing blood pressure and other vascular risk factors. Patient enrollment is increasing by ~150 patients/month.

Vascular Health Primary Care Working Group (PCWG)

A prototype of the Vascular Health Assessment and Support Tool (VHAST) has been completed and user tested – prototype well received with recommendations for additional requirements. VHAST development progress and future work reviewed with ICES, Ontario MD, Ontario Best Practices Research Institute (ON rheumatology network), HQO, Quality Improvement Decision Support Specialist team, Ontario Renal Network & Cancer Care Ontario. Quality Improvement toolkits for Smoking Cessation and Hypertension Management have been drafted. A successful stakeholder engagement session was held in March 2016. A proceedings document will be available early FY 16/17. Two patients were recruited to the Primary Care Work Group.

Outcome: Vascular health tools advanced that meet end user needs and stakeholder/partner engagement sustained.



publications

Title	Author(s)
2015 LHIN Report Cards	Hall R, Khan F, Levi J, Zhou L, Lumsden J, Martin C, Morrison K, Moore P, Kelloway L, Kapral MK, O'Callaghan C, Bayley M, Linkewich B.
Association between hospitalization and care after transient ischemic attack or minor stroke	Kapral MK, Hall R, Fang J, Austin PC, Silver FL, Gladstone DJ, Casaubon LK, Stamplecoski M, Tu JV. Neurology. 2016 Apr 26;86(17):1582-9. doi: 10.1212/WNL.0000000000002614. Epub 2016 Mar 25.
The association between rural residence and stroke care and outcomes	Koifman J, Hall R, Li S, Stamplecoski M, Fang J, Saltman AP, Kapral MK. J Neurol Sci. 2016 Apr 15;363:16-20. doi: 10.1016/j.jns.2016.02.019. Epub 2016 Feb 9.
Does the Volume of Ischemic Stroke Admissions Relate to Clinical Outcomes in the Ontario Stroke System?	Hall RE, Fang J, Hodwitz K, Saposnik G, Bayley MT. Circ Cardiovasc Qual Outcomes. 2015 Oct;8(6 Suppl 3):S141-7. doi: 10.1161/CIRCOUTCOMES.115.002079.
Prevalence of Individuals Experiencing the Effects of Stroke in Canada: Trends and Projections	Krueger H, Koot J, Hall RE, O'Callaghan C, Bayley M, Corbett D. Stroke. 2015 Aug;46(8):2226-31. doi: 10.1161/STROKEAHA.115.009616.

osn and/or regional stroke network abstracts / presentations

Title	Author(s)	Conference
Improving access to the stroke prevention clinic by removing triage	Fronzi,I.,Gould,L.,Hart,R., Ng,K., Perera, K., Sahlas,D.J., Sharma,M., Shoamanesh,A.,Silva,J.,Yeggappan,C., Oczkowski,W.,	Canadian Stroke Congress, Toronto, Ontario- September 2015
Stroke survivors' experiences of community navigation and reintegration	Jermyn,D., Montgomery,P., Bailey,P., Nangia P., Verrilli,S.	Canadian Stroke Congress, Toronto, Ontario- September 2015
The journey to excellence: the tale of two community hospitals	Maclsaac,L., Bresee,J.	Canadian Stroke Congress, Toronto, Ontario- September 2015
A 10 year review of stroke prevention clinic care in the Champlain Region	Bourgoin,A., Gocan,S., Blacquiere,D., Stoots,G.	Canadian Stroke Congress,Toronto, Ontario-September 2015
Walking the talk: Financial investments lead to stroke system improvements	Sharp,S., Willems,J., Tahair,N., Bayley,M., Sulway,C., Linkewich,E.	Canadian Stroke Congress, Toronto, Ontario-September 2015
My stroke passport: Supporting self-management in stroke recovery	McKellar,J., Cheung,D., Chan,S., Sharp,S.	Canadian Stroke Congress, Toronto, Ontario-September 2015
Why engaging in role clarification is a "must-do" exercise towards a stroke rehab team	Burse,S., Verrilli,S.	Canadian Stroke Congress, Toronto, Ontario-September 2015
How 'Speed-Dating' fosters interprofessional communication, self-reflection and fun among the team	Burse,S., Verrilli,S.	Canadian Stroke Congress, Toronto, Ontario-September 2015
Integrating areas of community re-engagement to support recovery	Cheung,D., Sharp,S., Willems, J., Linkewich,E., McKellar,J	Canadian Stroke Congress, Toronto, Ontario-September 2015
At First Glance: Measuring Rehabilitation Intensity in Ontario	Guth,A.	Canadian Stroke Congress, Toronto, Ontario-September 2015

osn and/or regional stroke network abstracts / presentations

Title	Author(s)	Conference
Accuracy of stroke type and stroke related diagnostic procedure reporting in Canadian administrative data	Hall,R., Porter,J., Fang,J., Kapral,M.	Canadian Stroke Congress, Toronto, Ontario-September 2015
Evidence for stroke rehabilitation and patients with multimorbidity: A scoping review	Nelson,ML., McKellar, K., Lyons,R.,Kelloway,L., Dawson,D., ,McClure, JA, Menon,A., Munce,S., Teasel,R., Ronald,K., Albadry, S., Al-Khishali,H., Yi,J., Lam,R.	Canadian Stroke Congress, Toronto, Ontario-September 2015
Conversion of the Canadian Neurological Scale to the NIHSS: A revised model	Fang,J., Silver,F., Hall,R., Stamplecoski,M., Cote,R., Hachinski,V., Kapral,M.	Canadian Stroke Congress, Toronto, Ontario-September 2015
A navigation model to support persons with stroke transitioning to the community	Pagliuso,S., Verrilli,S., Bodnar,P., Bowes,R., Brown,G., Dineen,L., Kelloway,L., Leyser, H., McKellar,J, Sharp,S.,Skrabka,K., Tee,A., Thornton,M.	Canadian Stroke Congress, Toronto, Ontario-September 2015
Using a community re-engagement framework to enable the person with stroke to navigate the system: A provincial collaboration	Cheung,D., Jones,J., Tee,A., Stevenson,G., Gritke,J.	Canadian Stroke Congress, Toronto, Ontario-September 2015
A provincial collaboration to enhance stroke early supported discharge knowledge and resources	Cheung,D., French,E., Fleck,R., Huffman,S., Kelloway,L., Linkewich,E., Maebrae-Waller,A., Murphy,C., Nugent,B., Quant,S., Sooley,D.,Traetto,M., Willems,D.	Canadian Stroke Congress, Toronto, Ontario-September 2015
A coordinated approach towards a provincial stroke competency framework	Bursey,S., Cheung,D., Collver,M., Donald,M., Fleck,R., Kelloway,L., Leyser,H., Morrison,K., Skrabka,K., St Louis,D., Tomaszewski,G., Traetto,M.	Canadian Stroke Congress, Toronto, Ontario-September 2015
Quality improvement; Redesigning the system of stroke care in an Ontario Local Health Integration Network	Gilmore,P., Vandersluis,CA., Cassar,FR., Simpson,KA, Neumann,LM., Meyer,M., Gould,L., Gillis,KJ	Canadian Stroke Congress, Toronto, Ontario-September 2015
Ontario's stroke progress reports: Are we advancing stroke care?	Hall,R., Khan,F., O'Callaghan,C., Bayley,M.,Linkewich,E.	Canadian Stroke Congress, Toronto, Ontario-September 2015
Results from the first year of mandatory CIHI 340 reporting in Ontario	Hall,R., Porter,J., Colameco,S., Fang,J.	Canadian Stroke Congress, Toronto, Ontario-September 2015

osn and/or regional stroke network abstracts / presentations

Title	Author(s)	Conference
The association between rural residence and stroke care and outcomes	Koifman,JY., Hall,R., Stamplecoski,M., Fang,J., Saitman,A., Kapral,MK	Canadian Stroke Congress, Toronto,Ontario-September 2015
Implementing rehabilitation intensity in Ontario: Supporting knowledge translation through a virtual community of practice	Linkewich,E., Theben,J., Quant,S., Donald,M.	Canadian Stroke Congress, Toronto,Ontario-September 2015
My stroke passport through the lens of self-management	McKellar,J., Chan,S., Cheung,D., Sharp,S.	Canadian Stroke Congress, Toronto,Ontario-September 2015
The experience of organizations undergoing the stroke distinction process-A qualitative descriptive study	Munce,SE., Kelloway,L., Mitchell,J., Nelson,M.,Bayley,M	Canadian Stroke Congress, Toronto,Ontario-September 2015
Assessing variability in access to post-stroke inpatient rehabilitation across Ontario: A multi-level cohort analysis	Meyer,M., Teasell,R., Thind,A., Fang,j., Asllani,E., Speechley,M.	Canadian Stroke Congress, Toronto,Ontario-September 2015
Protocol for the evaluation of quality based procedure in stroke care: A mixed methods study	Munce,SE., Kastner,M., Strauss,S., Kelloway,L., Moore,J., Marquez,C., Dufresne,K., Bayley,M.	Canadian Stroke Congress, Toronto,Ontario-September 2015
Optimizing the implementation of stroke best practices across Ontario through a Provincial Integrated Work Plan process	Brown,G., Bursey,S., Jermyn,D., Kelloway,L., Ozer,R., Pagliuso,S., Quant,S., Tomaszewski,G., Saulnier,S.	Canadian Stroke Congress, Toronto,Ontario-September 2015
Supporting quality improvement in primary care through an integrated vascular health care approach	Murphy,C., Sundquist,S., Annis,R., Beaudoin,C., Gierman,T., Ivers,N., McConnell,H., O'Brien,P., O'Callaghan,C., Setterfield,M., Steacie,A., Thomas,J.	Canadian Stroke Congress, Toronto,Ontario-September 2015
Development of a regional future state stroke care: Integrating best practice, incorporating service needs	Willems,D., Johnson,H.	Canadian Stroke Congress, Toronto,Ontario-September 2015
Mining stroke care gold in Northern Ontario	Dolanjski,C., Howie,M	Canadian Stroke Congress, Toronto,Ontario-September 2015

osn and/or regional stroke network abstracts / presentations

Title	Author(s)	Conference
Positioning for success to achieve stroke distinction	Moher,C., McCumber,T., Naylor,D., Townsend,M., Gregus,A	Canadian Stroke Congress, Toronto,Ontario-September 2015
Evaluation of the Ontario Stroke Network's Hypertension Management Program: A model for stroke prevention in primary care settings	Sundquist,S., Therrien,P.	Canadian Stroke Congress, Toronto,Ontario-September 2015
Co-creating standard approaches to stroke rehabilitation intensity data collection within Toronto: A regional example	Linkewich,E., CheungD., Willems, J., Sharp,S., Quant,S.	Canadian Stroke Congress, Toronto,Ontario-September 2015
Implementing a coordinated approach to collecting stroke rehabilitation intensity data across Ontario	Linkewich,E., Fearn,J., Huffman,S., Theben,J., MaeBrae-Waller,A., Beal,J., Brown,G., Hall,R., Murray,J., Sooley,D., White,J., Willems, J., Quant,S.	Canadian Stroke Congress, Toronto,Ontario-September 2015
Brant Haldimand Norfolk Community Stroke Rehabilitation Model: Pilot evaluation and results	Blancher,P., Higendag,E., Leatherland,K.,Pagliuso,S., Sala-White,L., Schiappa,L., Scholl,C., Whiteman,R., Young,K.	Canadian Stroke Congress, Toronto,Ontario-September 2015
Patients' perspectives on aerobic exercise early after stroke	Prout,EC., Mansfield, A., McIlroy,WE., Brooks,D.	Canadian Stroke Congress, Toronto,Ontario-September 2015
Evaluating the clinical experience of stroke rehabilitation intensity data collection in Ontario	Quant,S., Theben,J., MaeBrae-Waller,A., Huffman,S., Fearn,J., White,J., Beal,J., Brown,G., Hall,R., Murray,J., Sooley,D., Willems,J., Linkewich,E.	Canadian Stroke Congress, Toronto,Ontario-September 2015
Virtual Reality in Stroke Rehabilitation :results from EVREST Multicentre Trial	Saposnik,G., Bayley.M	International Stroke Conference, Los Angeles, California, February 2016
Integrated systems enhance equitable and high-quality stroke prevention clinic care	Gocan,S., Bourgoin,A., Hall,R., Khan,F., Zhou,L., Stotts,G.	International Stroke Conference, Los Angeles, California, February 2016
Understanding the clinician's experiences in collecting stroke rehabilitation intensity data in Ontario	Linkewich,E., Theben,J., MaeBrae-Waller,A., Huffman,S., Fearn,J., White,J., Beal,J., Brown,G., Hall,R., Murray,J., Sooley,D., Willems,D., Quant,S.	International Stroke Conference, Los Angeles, California, February 2016

osn and/or regional stroke network abstracts / presentations

Title	Author(s)	Conference
Modifiable factors influencing timely carotid endarterectomy among stroke prevention clinic patients	Gocan,S., Bourgoin,A., Blacquiere,D., Shamloul,R., Stotts,G.,	International Stroke Conference, Los Angeles, California, February 2016
Improving stroke door to needle time through a recognition program	Kucey,W., Martineau,I., Dowlatshani,D., Stotts, G	International Stroke Conference, Los Angeles, California, February 2016
Improving stroke rehabilitation intensity data collection: collaborative implementation of a quality assurance framework	Linkewich,E., Cheung,D., Willems,J., Sharp,S., Quant,S.	International Stroke Conference, Los Angeles, California, February 2016
Early Supported Discharge (ESD) ~ Accelerating the transition from hospital to home	French,E.,Cheung,D.	3rd Annual Canadian Alternate Level of Care Conference-Toronto, January 2016
Quality Improvement in Primary Care through an Integrated Vascular Health Care Approach	Murphy,C.	Association of Family Health Teams Ontario, Toronto, October 2015
Evaluation of the Ontario Stroke Network's Hypertension Management Program: A Model for Stroke Prevention in Primary Care Settings	Therrien,P	Association of Family Health Teams Ontario, Toronto, October 2015
Evaluation of stroke Quality-based procedures(QBP) implementation in Ontario	Kastner,M.,Kelloway,L	Ministry of Health and Long-Term Care's 2015 Health System Research Fund (HSRF) Showcase, February 2015

auditor's report



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INDEPENDENT AUDITORS' REPORT

To the Board of Directors of Ontario Stroke Network

We have audited the accompanying financial statements of Ontario Stroke Network, which comprise the statement of financial position as at March 31, 2016 and the statements of revenue and expenditures, changes in fund balances and cash flows for the year then ended, and notes, comprising a summary of significant accounting policies and other explanatory information.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian accounting standards for not-for-profit organizations, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

auditor's report



An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on our judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, we consider internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements present fairly, in all material respects, the financial position of Ontario Stroke Network as at March 31, 2016, and its results of operations and its cash flows for the year then ended in accordance with Canadian accounting standards for not-for-profit organizations.

Other Matter

The financial statements of Ontario Stroke Network as at and for the year ended March 31, 2015 were audited by another auditor, who expressed an opinion on those financial statements on July 6, 2015.

Chartered Professional Accountants, Licensed Public Accountants

June 23, 2016
Toronto, Canada

financial report

ONTARIO STROKE NETWORK

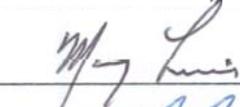
Statement of Financial Position

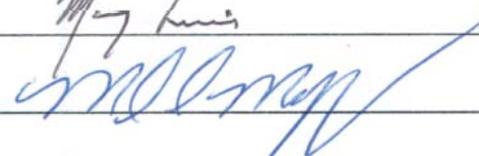
March 31, 2016, with comparative information for 2015

	2016	2015
Assets		
Current assets:		
Cash	\$ 961,603	\$ 885,787
Accounts receivable	–	18,732
Harmonized sales tax recoverable	31,418	39,073
	<u>\$ 993,021</u>	<u>\$ 943,592</u>
Liabilities and Fund Balances		
Current liabilities:		
Accounts payable and accrued liabilities	\$ 207,893	\$ 260,757
Repayable to Ministry of Health and Long-Term Care (note 2)	230,420	196,349
Payable to Heart and Stroke Foundation	152,709	96,799
	<u>591,022</u>	<u>553,905</u>
Fund balances:		
Unrestricted	302,678	290,366
Internally restricted (note 1(c))	99,321	99,321
	<u>401,999</u>	<u>389,687</u>
	<u>\$ 993,021</u>	<u>\$ 943,592</u>

See accompanying notes to financial statements.

On behalf of the Board:


 _____ Director


 _____ Director

financial report

ONTARIO STROKE NETWORK

Statement of Revenue and Expenditures

Year ended March 31, 2016, with comparative information for 2015

	2016	2015
Revenue:		
Government grants (note 2)	\$ 2,514,583	\$ 2,454,372
Other contributions	102,400	202,400
Interest	5,698	4,457
	<u>2,622,681</u>	<u>2,661,229</u>
Expenditures:		
Salaries and benefits	1,224,363	999,990
Grant disbursements	570,810	560,893
General administration	556,550	562,532
Meeting and travel	117,339	61,803
Training and education	61,304	35,177
Research awards	53,000	205,577
Consultants	27,003	43,865
	<u>2,610,369</u>	<u>2,469,837</u>
Excess of revenue over expenditures	\$ 12,312	\$ 191,392

See accompanying notes to financial statements.

financial report

ONTARIO STROKE NETWORK

Statement of Changes in Fund Balances

Year ended March 31, 2016, with comparative information for 2015

			2016	2015
	Internally restricted	Unrestricted	Total	Total
Balance, beginning of year	\$ 99,321	\$ 290,366	\$ 389,687	\$ 198,295
Excess of revenue over expenditures	–	12,312	12,312	191,392
Balance, end of year	\$ 99,321	\$ 302,678	\$ 401,999	\$ 389,687

See accompanying notes to financial statements.

financial report

ONTARIO STROKE NETWORK

Statement of Cash Flows

Year ended March 31, 2016, with comparative information for 2015

	2016	2015
Cash provided by (used in):		
Operating activities:		
Excess of revenue over expenditures	\$ 12,312	\$ 191,392
Change in non-cash operating working capital:		
Accounts receivable	18,732	83,431
Harmonized sales tax recoverable	7,655	15,222
Accounts payable and accrued liabilities	(52,864)	(53,542)
Repayable to Ministry of Health and Long-Term Care	34,071	152,465
Payable to Heart and Stroke Foundation	55,910	(38,659)
Increase in cash	75,816	350,309
Cash, beginning of year	885,787	535,478
Cash, end of year	\$ 961,603	\$ 885,787

See accompanying notes to financial statements.

financial report

ONTARIO STROKE NETWORK

Notes to Financial Statements

Year ended March 31, 2016

The Ontario Stroke Network ("OSN") was incorporated under the Corporations Act (Ontario) as a corporation without share capital on June 12, 2008. It is a not-for-profit organization in accordance with the Income Tax Act (Canada) (Canada Revenue Agency business number 857555296) and, accordingly, is exempt from income taxes, provided certain requirements of the Income Tax Act (Canada) are met. OSN is funded primarily by the Ministry of Health and Long-Term Care ("MOHLTC"). Other funding is provided by Heart and Stroke Foundation of Canada and Heart and Stroke Foundation of Ontario (collectively "HSF").

The purpose of OSN is to provide leadership and support of system coordination across the continuum of stroke care in Ontario, including health promotion, primary, secondary and tertiary prevention, pre-hospital care, emergency, diagnostic and acute care, rehabilitation, long-term care, and community reintegration.

Funded through MOHLTC Health System Accountability and Performance Division (Ontario Diabetes Strategy), OSN also has responsibility for the Heart and Stroke Hypertension Management Program, which is an evidence-informed, chronic disease management program designed to improve the diagnosis, management and control of hypertension according to clinical best practice guidelines.

OSN also provides provincial leadership and coordination for the Ontario Stroke System ("OSS"), including the following functions:

- support accountability, performance measurement, evaluation and reporting on the progress of OSS;
- recommend and implement province-wide goals and standards for the continuum of stroke care, including health promotion and stroke prevention, acute care, recovery and reintegration processes;
- conduct ongoing strategic and operational planning, including trend and needs analysis;
- coordinate and enable relationships and initiatives across the continuum of stroke care to carry out the strategic and operational plans; and
- facilitate regional and provincial roles, responsibilities, activities and interfaces.

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ONTARIO STROKE NETWORK

Notes to Financial Statements (continued)

Year ended March 31, 2016

In the fall of 2015, OSN entered into discussions with another agency with regards to the possible merging of OSN's operations into that organization. A number of expenditures and costs related to this voluntary integration are included in these statements. Effective April 1, 2016, OSN entered into a transfer agreement with Cardiac Care Network of Ontario (CCN) whereby OSN will transfer and CCN will assume substantially all of the assets and liabilities of OSN. MOHLTC has consented to the transfer and intends to provide stroke-related funding to CCN after April 1, 2016. In accordance with the transfer agreement, OSN is in the process of dissolution.

1. Significant accounting policies:

The financial statements are prepared in accordance with Canadian accounting standards for not-for-profit organizations ("ASNPO") and include the following significant accounting policies:

(a) Revenue recognition:

OSN uses the deferral method of accounting for contributions. Accordingly, unrestricted contributions are recognized as revenue when received or receivable if the amount can be reasonably estimated and collection reasonably assured.

Restricted contributions, arising primarily from government grants, are recognized as revenue in the year in which the related expenditures are incurred.

Interest income represents interest amounts accumulated on the unrestricted cash balance during the year and is recognized as revenue when earned.

(b) Research grants and awards:

Research grants and awards are awarded on an annual basis for up to a two-year period and are expensed when the amounts are committed.

At the discretion of the funder, any unspent funds of terminated grants will become due on demand or are adjusted against instalments of future grants.

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ONTARIO STROKE NETWORK

Notes to Financial Statements (continued)

Year ended March 31, 2016

1. Significant accounting policies (continued):

(c) Internally restricted fund balance:

The internally restricted fund balance represents funds that have been restricted by OSN's Board of Directors as a contingency fund in the event that OSN ceases to exist. The purpose of the fund is to ensure that OSN has sufficient funds to pay costs related to adverse future circumstances.

(d) Financial instruments and risk management:

OSN initially measures its financial assets and financial liabilities at fair value. OSN subsequently measures all financial assets and financial liabilities at amortized cost.

Unless otherwise noted, it is management's opinion that OSN is not exposed to significant liquidity or credit risks arising from its financial instruments.

(e) Use of estimates:

The preparation of financial statements requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and the disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenditures during the year. Actual results could differ from those estimates.

2. Deferred contributions:

Deferred contributions include amounts that have been advanced by MOHLTC for various projects. These projects are managed and executed by OSN in partnership with other health organizations and stakeholders in Ontario. The contributions are recorded as deferred until the designated costs have been incurred.

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ONTARIO STROKE NETWORK

Notes to Financial Statements (continued)

Year ended March 31, 2016

2. Deferred contributions (continued):

The changes in the deferred contributions balance are as follows:

	2016	2015
Balance, beginning of year	\$ —	\$ —
Amounts received	2,745,003	2,650,721
Amounts recognized as government grants	(2,514,583)	(2,454,372)
Amounts repayable to MOHLTC	(230,420)	(196,349)
Balance, end of year	\$ —	\$ —

Annual Report



ontario **stroke**
network

Advancing the Ontario Stroke System

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