

## Provincial Integrated Work Plan<sup>1</sup>

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

<b>Strategic Direction 2: Catalyst to drive excellence in stroke care and vascular health</b>						
Priority Initiative	Committee Members <small>(Lead underlined)</small>	Deliverables and Target Date	Existing Resources	Responsible Person	Status	Update
<p><b><i>Navigation Model to Support Patient Transitions to the Community</i></b></p> <p><b>Rationale:</b>            Canadian Best Practice Recommendations state that patients and families should be provided with information, support and access to services throughout transitions to the community following a stroke to optimize the</p>	<p><u>Sue Verrilli</u>  <u>Stefan Pagliuso</u>            Alda Tee            Gwen Brown            Jocelyn McKellar            Pauline Bodnar            Shelley Sharp            Marianne Thornton            Krystyna Skrabka            Laura Dineen            Holly Leyser            Rebecca Bowes</p> <p>*supported by Linda Kelloway, Best Practice Leader OSN</p> <p><b>Ad Hoc Members as needed:</b></p> <ul style="list-style-type: none"> <li>• Stroke survivor</li> </ul>	<p>1. Investigate/understand/define the difference between system navigation, community navigation and CCAC Case Coordination (Neuro), including a definition of these roles.</p> <p><b>Target Date: May 31, 2014</b></p> <p>2. Identify guiding principles from which the community transition and navigation model will be developed (i.e. peer support will be considered as both an enabler and part of the infrastructure for this model). Community should be defined as a part of these guiding principles for the</p>		<p>S. Pagliuso            J. McKellar            P. Bodnar            K. Skrabka            L. Dineen            R. Bowes</p> <p>A. Tee            G. Brown            H. Leyser            S. Verrilli            P. Bodnar</p>		

1. Key Users: Ontario Regional Education Group, Rehabilitation Coordinators, Community & LTC Coordinators.

<p>return to life roles and activities. This working group will develop a model to address this guideline. The model will align with the provincial work of the Rehab Care Alliance and Phases 1 and 2 of the Quality Base Procedures.</p> <p>Community is defined as: (**to be determined by the small working group for Deliverable #2)</p>	<ul style="list-style-type: none"> <li>• MOD</li> <li>• CCAC</li> <li>• LHIN</li> <li>• The Change Foundation</li> <li>• Secondary Prevention Clinic</li> <li>• Primary care</li> <li>• Healthlinks</li> <li>• Aboriginal partner</li> <li>• Fitness instructor</li> <li>• OCSA member</li> <li>• OACCAC member</li> <li>• Judy Murray, DSC Trillium</li> <li>• PATH Foundation</li> </ul>	<p>purposes of this work plan.</p> <p><b>Target Date: June 30, 2014</b></p>				
		<p>3. Complete and analyze an environmental scan of current navigation/transition models (pull from previous working group, can look globally, any kind of navigation model, will need to include a literature search (already completed in NEO).</p> <p><b>Target Date: August 31, 2014</b></p>				
		<p>4. Identify and recommend elements of a model for transition and community navigation in Ontario for persons with stroke and their families.</p> <p><b>Target Date: March 31, 2015</b></p>				

		<p>5. Identify resources needed to implement a community transition and navigation model and make recommendations based on identified gaps.</p> <p><b>Target Date: March 31, 2015</b></p>				
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