

Secondary Prevention Provincial Integrated Working Group - FINAL REPORT

Executive Summary

Background

In 2001, Stroke Prevention Clinics (SPC) were introduced in Ontario as part of the Ontario Stroke Strategy (Black et al., 2003). SPCs were tasked with providing an integrated interdisciplinary approach to stroke prevention for patients within their community at high-risk for stroke or who have had a Transient Ischemic Attack (TIA) and/or a stroke. Currently 45 SPCs exist in Ontario (Hall et al., 2017). These clinics follow the service guidelines outlined by the Joint Stroke Strategy Working Group in their 2000 submission to the Ministry of Health and Long-Term Care (MOHLTC, 2000). However, it is uncertain whether this model continues to meet the current demands of the province.

In 2011/12, an extensive audit of all SPCs in Ontario was completed. Results were articulated in the 2013 Ontario Stroke Evaluation Report: Spotlight on Secondary Stroke Prevention Clinics. This report stated that “significant opportunities for improvement, particularly with respect to timely access to SPCs...” existed within the province (Hall et al., 2013, p. 2). There is a need to address the audit gaps and update the current model for SPC care to support provincial requirements and the recommendations laid out in the Canadian Stroke Best Practice Recommendations (CSBPR) and the Quality-Based Procedure’s: Clinical Handbook for Stroke (QBPs).

A Stroke Prevention Provincial Integrated Working Group (see Appendix 1) was formed in 2015 to support updating the SPC model which includes implementation and evaluation. The group was comprised of front-line clinicians and Regional Stroke Network representatives from remote, rural and urban areas of the province. The group developed a workplan, which was subsequently endorsed by the Ontario Stroke Network and provincial Stroke Best Practice Secondary Prevention and Acute Care Subcommittee.

Purpose

The main goal of SPCs is to assess and manage people who have had an initial stroke or TIA to reduce the risk of a recurrent, possibly, more serious event. Greater efforts are needed to:

- Improve timely access, delivery and management of care for patients with TIA and minor stroke in SPCs across the province
- Address gaps (e.g., human resources, access to timely clinic appointments and diagnostics, follow-up care) and ensure equitable access across the province
- Provide clinicians and planners a foundation by which to achieve this goal and operationalize the core elements based on the CSBPR.

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This working group prioritized the development of a common set of core elements based on the CSBPR to define the functions of SPCs in Ontario. They subsequently made recommendations on tools and strategies to operationalize the core elements to enhance system-wide performance and outcomes for persons with TIA and stroke in urban, rural, and remote settings

The Ontario Core Elements for SPCs and Recommendations are useful resources for:

- SPC front-line teams including stroke neurologists, CNS/NPs, nurses, etc.
- Hospital administrators/manager responsible for SPC operations
- Stroke System Administrators such as Regional Program Directors/Managers, District Stroke Coordinators, Decision Support, etc.
- Organizations involved in policy, planning and performance of the Stroke System such as Local Health Integration Networks, CorHealth Ontario, Heart & Stroke Foundation, Canadian Institute for Health Information, Institute for Clinical Evaluative Sciences, etc.
- Other stakeholders such as primary care teams, community service providers, etc.

Work Plan

Deliverable 1. Conduct an environmental scan and literature review on core elements for stroke prevention and solutions to operationalize secondary prevention services. The review will include evaluation tools to measure performance.

Results of this deliverable included:

The working group reviewed the following reports and resources:

- [2013 Ontario Stroke Evaluation Report: Spotlight on Secondary Stroke Prevention Clinics.](#)
- [Health Quality Ontario's Quality Based Procedures for Stroke \(2015\)](#)
- [World Stroke Organization Core Elements for Secondary Stroke Prevention](#)
- Heart and Stroke Foundation's National Stroke Prevention Services Resource Inventory

Deliverable 2. Recommend Core Elements for SPCs in Ontario based on CSBPRs (2017) and QBPs.

Results of this deliverable included:

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Fifteen Ontario Core Elements for SPCs were developed following the literature review and thorough consultation with field experts at the local, provincial and national level. Prior to their acceptance, the proposed elements were presented to the Ontario Stroke Best Practice Secondary Prevention and Acute Care Subcommittee for further input, refinement and endorsement.

The Ontario Core Elements for SPCs outline the key components of care delivery for Ontario SPCs and/or its equivalent. They are meant to provide healthcare professionals and system planners with a common understanding of what defines a SPC in Ontario and what should be offered as a standard of care. These Elements will inform system planning and improvement at the provincial, regional and local level, while also increasing accountability for the services provided. SPCs should strive to implement these Core Elements to their greatest ability.

The Ontario Core Elements for SPCs may be used by healthcare professionals and system planners to

- conduct a gap analysis to identify priorities for action
- inform processes and quality improvements
- inform resource gaps
- increase more awareness of secondary stroke prevention best practices

Deliverable 3. Identify evaluation indicators – how do they benefit/impact the system to inform and align with CSBPRs and QBPs for stroke?

Results of this deliverable included:

At present, there is no standardized provincial system available for data collection and reporting for SPCs. While no provincial system is yet available, it remains a priority to monitor the performance of SPCs and enable quality improvement. Evaluation indicators provide a consistent approach to performance monitoring, informing system planning for capacity/resources, best practice implementation and continuous quality improvement.

The Secondary Stroke Prevention Provincial Integrated Work Plan - Evaluation Working Group has developed quality indicators in an effort to assure that there is a common set of specific measures that align with the CSBPR (2017) and the Ontario Core Elements for SPCs (2017). By creating this set of measures, local, regional and provincial projects for data collection and reporting can use common definitions which act to reduce implementation efforts, disparate data standards and take advantage of any data components that may be available in administrative data sets.

The goal of these indicators is not to create a new method of data collection or reporting, rather create a common reference for all SPCs and organizations working to support evaluation and measurement of secondary stroke prevention care in Ontario. A business case to utilize CIHI's NACRS Clinic Lite for standardized provincial data collection for SPCs has been contemplated, and

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this set of indicators capitalizes on and aligns to the data anticipated from this project, and from available administrative data sets.

The NACRS Clinic Lite Data Collection & Reporting project for SPCs is under review by CorHealth Ontario, through its Digital and Information Strategy.

Deliverable 4. Identify/develop implementation tools and educational resources to assist organizations with the prioritization and implementation of best practices and create a common standard of care across the system. These tools and resources are meant to support both the planner and the front-line worker with implementation and include: a summary of the key best practices, practical tools as well as administrative, clinical and performance processes.

Results of this deliverable included:

An online implementation toolkit that aligns with the Ontario Core Elements for SPCs and can be updated as more resources are developed.

The approach used to create the toolkit:

- Development of a Self-Assessment Tool aligned with the Ontario Core Elements and based on the format of the World Stroke Organization Self-Assessment. SPCs across the province completed the Self-Assessment and submitted
 - 3-5 Core Elements that have been fully achieved and strategies used for implementation and maintenance
 - 3-5 Core Elements that have been partially or not achieved and barriers to implementation and maintenance
- Compile resources/tools shared by the stroke regions and SPC clinics to populate the toolkit
- Complete broader environmental scan for resources as required (i.e., where resources are needed, etc.)
- Ensure tools and resources are available for all Ontario Core Elements for SPCs
- Based on identified needs, complete further gathering of information and/or resources on specific topics
- Creation of an online Resource Toolkit

Deliverable 5. Develop and execute a knowledge translation plan

Results of this deliverable included:

The following knowledge translation activities will contribute to a broader reach:

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- **Poster presentations**
 - Poster presentation at the 2017 Stroke Congress in Calgary
 - Oral presentation at the October 2018 World Stroke Congress
- **Oral presentations/workshops**
 - Provincial Stroke Rounds (May 15, 2018) Supporting the Implementation of Stroke Best Practices through Provincial Integrated Work Plans. Thirty-eight sites were represented in a combination of OTN and Audio session attendance
 - Provincial Webinar in 2018/19 to showcase the toolkit
 - Collaborating on workshop at Heart & Stroke Clinical Update December 8-9, 2018
- **Provincial SPC Nurses Interest Group**
 - The Ontario Stroke Prevention Clinic Nurses' Interest Group was established in 2017. The Interest Group, which meets quarterly via teleconference, serves to provide an organized forum for communication, education and support amongst nurses associated with Ontario Stroke Prevention Clinics.
- **Electronic communication**
 - Add to "Hospital News" or create a standardized media release to send to all hospital communication departments
 - Email blast through the Virtual Community of Practice
 - Link to Health Quality Ontario Quality Improvement Tools site
 - CorHealth Ontario website PIWP page
 - Regional Stroke Network websites
 - Link to Heart & Stroke website www.heartandstroke.ca search "professional"
- **Toolkit evaluation**

Sustainability Plan

Secondary prevention is a key area of emphasis in CorHealth's 2017-22 Strategic Plan allowing this PIWP stroke prevention work to remain at the forefront and supporting the alignment with cardiac and vascular care.

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The Ontario SPC Nurses Network will continue to identify barriers and solutions to the operationalization of the Provincial Core Elements. This Network also provides a forum for discussion and identification of new tools, strategies and resources to help move the work forward.

In order to ensure that the Ontario Core Elements for SPCs are reviewed and kept up to date, a small working group will reconvene every 2 years to coincide with the release of the new CSBPR for secondary prevention.

In order to sustain the work of the SPCs, we need to identify a standard method (e.g., through NACRS Clinic Lite Platform) to collect the data necessary to evaluate SPCs and their progress in relation to meeting the Ontario Core Elements for SPCs and identify areas of quality improvement.

Summary of Accomplishments

Below are examples of accomplishments that are emerging from this work:

- Developed fifteen comprehensive Provincial Core Elements (in alignment with the CSBPR) that take into account the assessment, management and care of patients at high-risk for stroke or who have had a TIA and/or a stroke.
- Developed Evaluation Indicators providing common set of metrics aligned with the Provincial Core Elements, utilizing existing data sources & leveraging proposed NACRS Clinic Lite Minimum Data Set.
- All Secondary Stroke Prevention Clinics in Ontario completed a self-assessment in collaboration with the respective Regional/District Stroke District lead. The Regional Program Director then submitted Regional & District Summaries of accomplishments and gaps as a way to identify tools and strategies to the Core Elements.
- Created an online Resource Toolkit to assist administrators and clinicians to operationalize the Core Elements and create a common standard of care across the system.
- An Ontario SPC Nurses Network was formed as a community of practice to support the work of SPCs.

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Limitations

The work of this Provincial Integrated Work Plan Working Group was delayed in anticipation of the release of the updated Canadian Stroke Best Practices Recommendations to ensure alignment.

While Evaluation Indicators were identified, there remains no province wide, standardized means to collect the data needed to inform the indicators. Work has been done to identify the Minimum Data Set (MDS) validated NACRS Clinic Lite as the most preferred tool for data collection, and a Business Case was created to demonstrate its value. However, until there is a means to collect this data, evaluation indicators are unlikely to be fully implemented, and will not enable broad provincial reporting.

Next Steps and Future Considerations

Next steps for this work include creating a survey to evaluate the toolkit. The survey will be disseminated in March 2019. Successes and action plans developed as a result of the operationalization of the Provincial Core Elements will be collected. Themes identified in the SPC Self-Assessment may be used to inform provincial and regional planning. A plan is required to determine ownership of the resources to ensure ongoing maintenance of the Toolkit. The need for a standardized provincial data collection and reporting system for SPCs will continue to be advocated for the Regional and District Advisory Committee's table and other tables.

This work will be disseminated more broadly to stakeholders such as providers working in primary care and emergency departments. This dissemination will support better access to secondary stroke prevention and management seamless transitions, and a more comprehensive approach to secondary stroke prevention care.

Three recommendations were identified as extensions of this work. Firstly, identify and leverage opportunities to work with a cardiovascular group(s) in relation to prevention to support alignment, follow-up, management and overall care of those with a TIA or stroke. Secondly, identify how SPC services can be offered in a community setting and lastly, foster better linkages with primary care to promote referral to SPCs, ongoing care and management of risk factors and lifestyle modification.

Appendix

A	Membership – PIWP Working Group
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Appendix A

Membership – Working Group

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