ISAN and Southwestern Ontario Stroke Strategy update to the OHA Region 5 RCEC

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Southwest Emergency Systems Network (SESN)
In early September the South West and Erie St. Clair LHINs indicated that they will be assuming responsibility for emergency services planning and coordination in the region and as such will be using the funds that have been provided to ISAN, through LHSC, to fulfill this role. The timetable for the transition process has not yet been finalized, although ISAN has stopped actively working with emergency systems organizations in the region since the notice was received.

Regional Base Hospital Program
The Emergency Services Branch of the MOHLTC is in the process of reorganizing Base Hospital Programs (they train and certify paramedics in Ontario) from 22 local Base Hospital Programs into six regional programs. Here in the Southwest region there have been four programs operated by Hotel Dieu Grace, Bluewater Health, Gray Bruce Health Services and London Health Sciences Centre.

LHSC, with the support of the other three hospitals has submitted a proposal to be the host for the Regional Base Hospital program. The proposal is currently being reviewed by the MOHLTC. Meanwhile, stakeholder meetings have taken place, including one with representatives of the land ambulance service operators, community hospitals and the MOHLTC.

The original intent was to have the transition process completed by the end of the current fiscal year but that seems unlikely at this point.

South Western Ontario Perinatal Partnership (SWOPP) and the Regional Pediatric Network (RPN)
Based on developments within the region, steps are being taken to develop a strategic plan to guide the future development of SWOPP. At the same time, the Chiefs of Pediatrics across the region have been engaged and invited to talk about opportunities to collaborate and to link with SWOPP. One new development is that an external review of the Regional Perinatal Outreach Program funded by SJHC, London has taken place and the reviewers have recommended that responsibility for this program be moved to a regional governance structure under SWOPP and that SWOPP become a program rather than just a networking partnership.

Thames Valley Hospital Planning Partnership (TVHPP)
The TVHPP held a strategic planning retreat on October 1st and out of that retreat four strategic initiatives were identified: Access to Schedule 1 Psychiatric Services; Access to Hip Fracture procedures (since broadened to include all urgent orthopedic procedures); A joint Board development initiative; and, a Medical Human Resources Risk Analysis and Action Plan project. Steps are currently being taken to develop specific action plans. ISAN is providing staff support to these projects.

Regional Partnership Leadership Forum (September 12th 2007).
This was the last of the series of Forums that have been held over the last eight years. The theme of the day was “The Future of Health Care: Challenges and Opportunities”
The presenters at this meeting were:

- Dr. Carol Herbert, Dean, Schulich School of Medicine & Dentistry, University of Western Ontario spoke about The Changing Face of Medical Education in Canada and Southwestern Ontario: Social Responsibility as a Guiding Principle
- Angie Heydon, CAO & Dr. Jan Owen, Council Member of the Ontario Health Quality Council spoke about the findings of their 2007 Report on Ontario’s Health System.
• **Graham Scott**, Q.C. Managing Partner of McMillan Binch LLP and Chair, Canadian Institute of Health Information spoke about health system accountability and governance. The title of his presentation was, “Are the barriers to effective Governance and Accountability insurmountable?”

A summary report on the day as well as the presentations can be found on the ISAN web site at [http://www.lhsc.on.ca/isan/projects/sworp/Regional%20Partnership%20Leadership%20Forum%20September%2012th.pdf](http://www.lhsc.on.ca/isan/projects/sworp/Regional%20Partnership%20Leadership%20Forum%20September%2012th.pdf)

**Southwest Ontario Digital Imaging Network Project (SWODIP)**

All hospitals in the region now have PACS systems. The current phase of implementation involves linking all the existing PACS system into the Regional Shared Service in London. Project funds have been committed by both the MOHLTC and Canada Health Infoway that will cover the full cost of implementation. Participating hospitals will be responsible for carrying on-going operating costs. Operating cost estimates have been developed and all hospitals in the region have agreed to contribute. This ‘connecting’ phase of the project is expected to be completed in two years and the project team has been hired to undertake this work. Regular reports on the project status will be distributed through the project management office.

**Electronic Medical Record**

ISAN is continuing to work through the logistics of connecting LHSC and SJHC hospital-based Family Health Groups with the hospitals’ information system. An RFP and vendor selection process is nearing completion. Funds to support this initiative will be paid for through OntarioMD. The hospitals will be evaluating any gap that exists between the actual cost of supporting the EMR and the Ontario MD funds.

**Patient Safety Conference – October 24th , 2007.** A regional Patient Safety Conference hosted by LHSC was held at the Four Points Sheridan, Wellington Road, London. The theme was ‘**Some is not a number, soon is not a time**’ and the seminar included internationally renowned keynote speakers, such as Phil Hassan, Chief Executive Officer, Canadian Patient Safety Institute, and Dr. Allan Frankel, Director of Patient Safety, Partners Health Care System, Boston. The day also included panel discussions, breakout sessions and a family’s point of view. The conference was well attended and was very successful. Plans are being developed to hold a follow-up conference in the spring of 2009.

**Drug Profile Viewer Phase 2** – ISAN is providing project management support to deciding how this second phase of the drug profile viewer will be implemented within LHSC and SJHC. Clinical leadership for this isw coming from the department of Pharmacy.

**Changes at ISAN** – In late December ISAN completed a transition from being part of the Information Management portfolio under the leadership of Daine Beattie to being part of a new portfolio called Planning and Operational Improvement under the leadership of Patrick Gaskin, a new VP who has come to London from Grand River Hospital in Kitchener. ISAN is pleased to welcome two new staff members. Natalie Berkiw has joined ISAN as Project Facilitator. Kaitlin Pattrick is working at ISAN on a four month Co-op placement. Kaitlin is an MBA candidate at the DeGroote School of Business at McMaster University.

For more information about ISAN go to [www.lhsc.on.ca/isan](http://www.lhsc.on.ca/isan)
The Ontario Stroke System has completed a strategic planning process resulting in a new vision, mission and strategic directions for 2007-20012. The SWO Stroke Strategy will be aligning work plans at the regional and district level with the new strategic directions.

The report “Integrated Stroke care in Ontario: Stroke Evaluation Report 2006” was made available in September 2007. The regional steering committee has reviewed the results, determined successes and areas for improvement. Strategies to address areas for improvement will be incorporated into regional and district work plans.

Highlights of Findings:

Successes:

- The proportion of patients arriving at stroke centre Emergency Departments and admitted at stroke centres has increased and concurrently the volume at non-stroke centres has decreased. This suggests the efforts of the OSS (Ontario Stroke System) to divert patients to more specialized stroke centres are being effective.
- The overall volume of patients being admitted with stroke has remained stable or improved despite the projections of increased numbers of stroke admission as a result of the aging population. In both LHIN’s there is a more notable decrease compared to the province. This suggesting that prevention strategies are being effective.
- Overall ALOS in acute care is stable or decreased, particularly in LHIN 1 & 2
- Provincially, there has been a reduction in complications related to stroke which may reflect the OSS activity in implementation of best practices.
- Provincially in-hospital mortality rates have decreased. The reduction in mortality rates is greater in both LHIN’s than the province. This may reflect the OSS activity in implementation of best practices.
- There has been a significant improvement in re-admission rates. This change may be associated with the implementation of stroke prevention clinics and overall efforts by many sectors to improve risk factor management.
- Provincial wait times for CEA (Carotid Endarterectomy) from FY 03/04 to 05/06 have significantly improved from a median wait of 66 days to 23.5 days. The improvement is associated with the implementation of stroke prevention best practices and stroke prevention clinics (which promote prompt access to CEA).

Areas for improvement:

- Increase in 19-55 year old admissions and females to ED may need to target prevention efforts at a younger age group.
- Although access to CEA has improved, strategies need to be enhanced/developed to achieve the same access that has been achieved at Regional Centres for all patients requiring CEA.
- 60% of pts at Regional Centres are not arriving in time to be eligible for tPA. It is expected that these figures would be higher for other hospitals. While this is an improvement, public awareness efforts should be continued.
• Patients with more severe stroke may not be accessing rehab. This trend is consistent for LHIN 2 & statistically significant for LHIN 1.
• Patients with less severe stroke who are being admitted might be better served in an ambulatory setting. This likely reflects a lack of availability of ambulatory services, bed pressures for short length of stay and avoidance of more severe stroke patients who may require placement.
• Overall the percentage of stroke patients accessing rehab is lower than expected which may reflect lack of system capacity.
• Provincially, there is not a standard for CCAC service provision and there are data gaps making it difficult to interpret the findings.

• A revised web-site was launched and has a new online home located at www.swostroke.ca We hope that our local, regional and provincial partners will take a moment to visit us online and check out all we’ve got to offer. The site primarily presents resources, tools and information for health care professionals and providers within SWO who support stroke prevention and stroke care delivery and enhancement. Site features include:
  • Interactive map of the Southwest Region identifying Regional Stroke Centres
  • Professional Education Calendar
  • Search Function
  • What’s New page highlighting recent announcements and resources
  • Success Stories
  • Clean design and simple navigation system for maximum readability and easy navigation

• An Aging at Home proposal to provide Specialized Community Stroke Rehabilitation Teams has been submitted to both LHIN’s.

• The SW LHIN approved $65,000 from the priority fund to the SWO stroke strategy to identify reliable estimates of stroke patients who access public rehabilitation services. A standardized assessment and triage tool will be tested to understand the wide variations in how stroke rehabilitation practices are applied in the SW LHIN.

• The Southwestern Ontario Stroke Strategy led a Stroke Rehabilitation Action Planning Day in November 2006 to generate consensus on strategic directions for moving stroke rehabilitation toward best practice for SWO. Bulletin attached FYI.

• A Trillium Grant for research was received to evaluate a program integrating stroke survivors into the Brain Injury Association of Chatham-Kent: the New Beginnings Clubhouse. The title of the research is "Social Programs for Survivors of Stroke within Chatham-Kent: the New Beginnings Clubhouse".

Submitted by:
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SWO Stroke Strategy