

CHAMPLAIN REGIONAL STROKE NETWORK
STRATEGIC PLAN

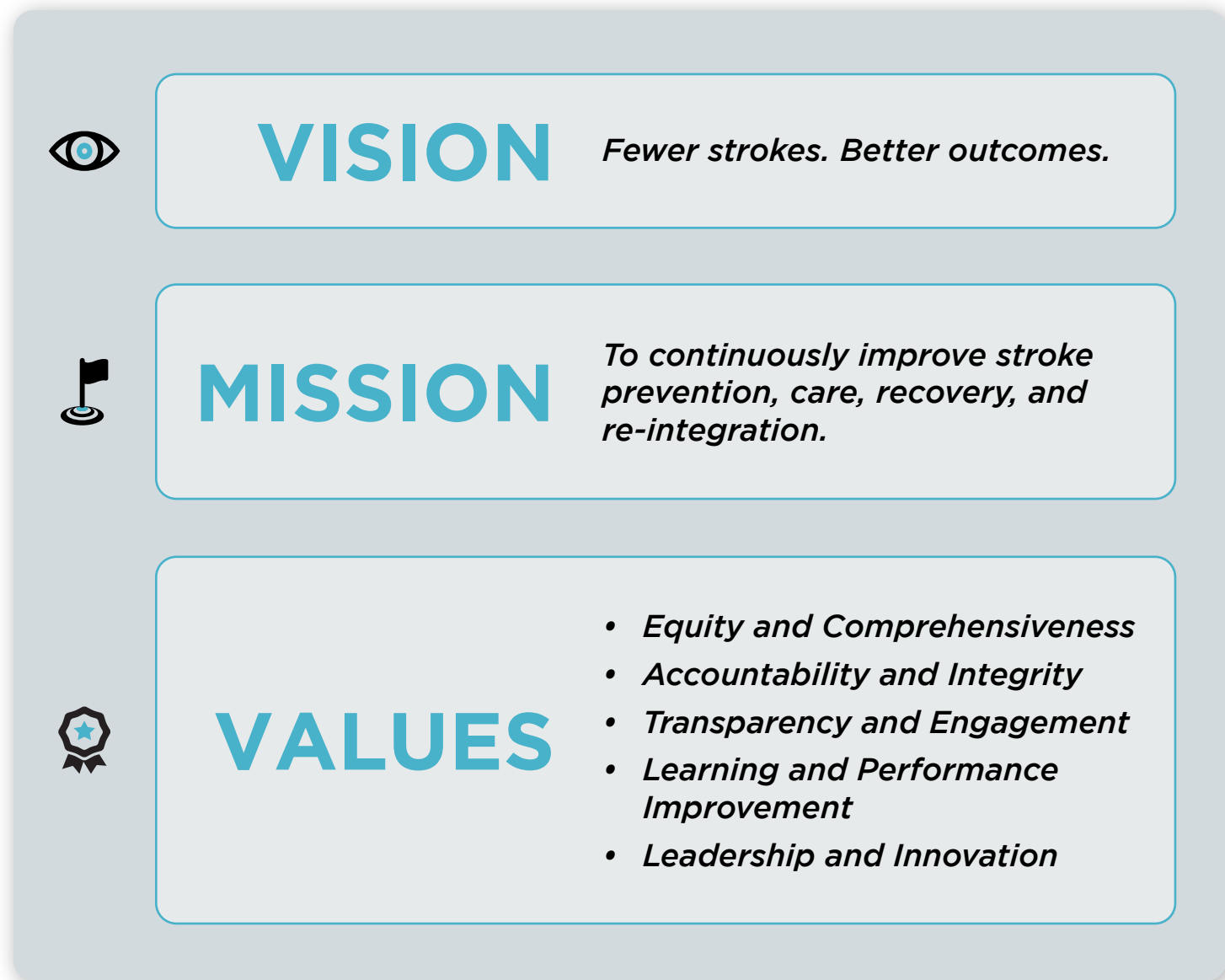


2024/25 - 2027/28



We are thrilled to unveil the **2024/25 - 2027/28 Strategic Plan for the Champlain Regional Stroke Network (CRSN)**, Regional Stroke Centre (RSC) and the District Stroke Centres (DSC), outlining our trajectory for the next four years. This plan capitalizes on our past achievements while implementing enhancements to elevate stroke care throughout the region. This plan was collaboratively developed with input from our stroke system hospitals, programs, and stakeholders. Additionally, we actively involved persons with lived experience and caregivers in the process.

Our goal is to reduce the incidence of strokes and improve outcomes. As the third-largest cause of mortality among Canadian adults and a leading contributor to physical disabilities, stroke demands heightened attention. With the burgeoning population of stroke survivors and projections of increased stroke occurrences, the need for stroke services is escalating. By fostering partnerships across the stroke care continuum, we are committed to supporting stroke care delivery in the region, guided by best practices and evidence-based approaches.



In June 2000, the Ministry of Health and Long-Term Care (MOHLTC) announced the Ontario Stroke Strategy, an integrated and comprehensive strategy to improve access to quality care and outcomes for persons with stroke/transient ischemic attack (TIA) through the regional organization of stroke services. This strategic plan resulted in the establishment of 11 cross-continuum regional systems of stroke care in Ontario. The value of regionally organized stroke systems of care has been demonstrated in the literature.



Preserving Ontario's regional stroke systems and networks is a provincial priority to ensure continued advancements in access to quality stroke care across all care sectors and optimization of stroke system performance for persons with stroke/TIA and providers. In May 2025, Ontario Health released the new Ontario Health Regional Stroke System Model.



This updated model, developed with valuable input from stroke stakeholders, strengthens the accountability and enablers between stroke leadership hospitals and Ontario Health. Its goal is to support coordinated stroke system improvements, reduce variability across the province in stroke performance and promote evidence-based practices—all aimed at improving outcomes for persons with stroke.

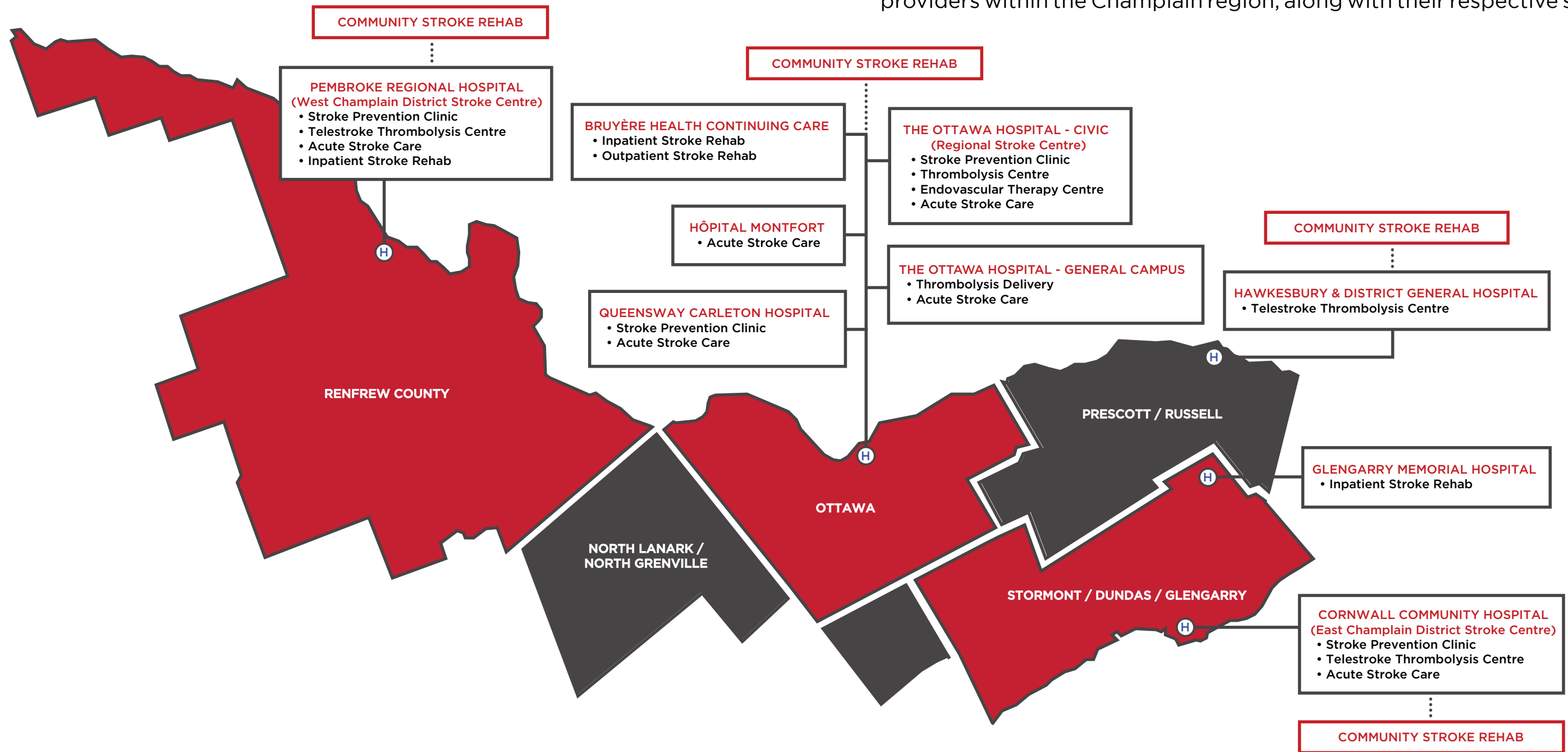
Each regional stroke system is comprised of a network of health service providers that collaboratively identify, prioritize, and implement initiatives to promote timely access to specialized stroke care. These networks include:

- A Regional Stroke Centre or Enhanced District Stroke Centre, with clinical and regional system accountabilities,
- District Stroke Centres where geographically required,
- Community hospitals (including Stroke Unit Hospitals, Telestroke Hospitals, and non-stroke treatment hospitals),
- Stroke Prevention Clinic(s) (SPC),
- Rehabilitation providers (inpatient stroke rehabilitation and community stroke rehabilitation),
- Community-based providers (including pre-hospital care providers, home care, primary care providers, community support agencies, health promotion practitioners, and providers associated with long-term care facilities), and
- A governance structure to ensure that the appropriate accountability and enablers are in place to support system improvement, drive evidence-informed practice, and improve outcomes for persons with stroke/TIA.



THE CHAMPLAIN REGION

Champlain region encompasses a large geographical area that includes Renfrew County, the City of Ottawa, United Counties of Prescott & Russell, United Counties of Stormont, Dundas & Glengarry, Awkwesasne (ON), North Grenville, and North Lanark and has a population of 1.5 million people and a land area of 207.02 km². Included in the map below are the main stroke care providers within the Champlain region, along with their respective stroke services.



In the Champlain region, The Ottawa Hospital has been designated by the Ministry as the Regional Stroke Centre (RSC), while Pembroke Regional Hospital and Cornwall Community Hospital have received designation as District Stroke Centres (DSC) in Western and Eastern Champlain respectively. These hospitals bear the responsibility of providing leadership and facilitating the coordination of our regional stroke care system, aligning with stroke service guidelines. As outlined in these guidelines, the RSC and DSCs, in collaboration with CRSN, are tasked with leading, developing, implementing, and integrating stroke care across their respective regions or sub-regions, spanning the entire spectrum of stroke care from promotion and prevention to acute care, rehabilitation, and community re-integration.

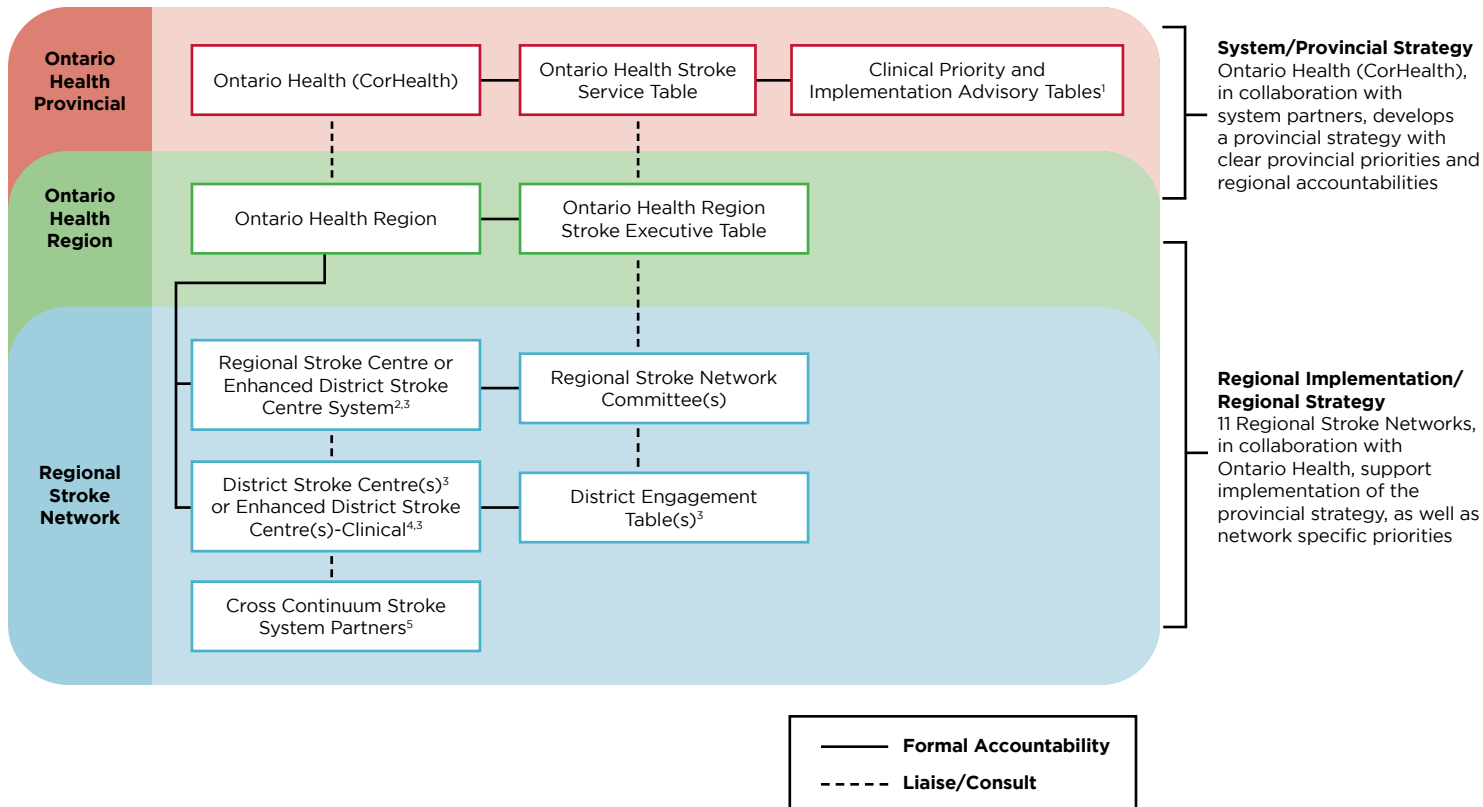
CHAMPLAIN REGIONAL STROKE NETWORK STEERING COMMITTEE (CRSNCS)

Purpose:

A forum to bring cross continuum network partners together to collaborate and provide advice, and local commitment to implementation of cross continuum best practice, system planning, coordination, and improvement initiatives to advance provincial/regional priorities, drive quality performance and improve outcomes for persons with stroke/TIA.

Key Functions:

- Provide cross-continuum advice to the Regional Stroke Network team to inform and support the development and implementation of a regional stroke network workplan, grounded in evidence-informed best practice, and focused on advancing and sustaining local, regional, and provincial priorities.
- Monitor regional and local stroke system progress against the regional stroke network workplan (and education plan), and guide change as required, ensuring input from persons with lived stroke/TIA experience, data where feasible, and consideration of a population-based and person-centred approach to service delivery and system efficiencies.
- Identify system planning and implementation opportunities and/or issues which may benefit from Ontario Health Region support and escalate to the Ontario Health Region Stroke Executive Table.

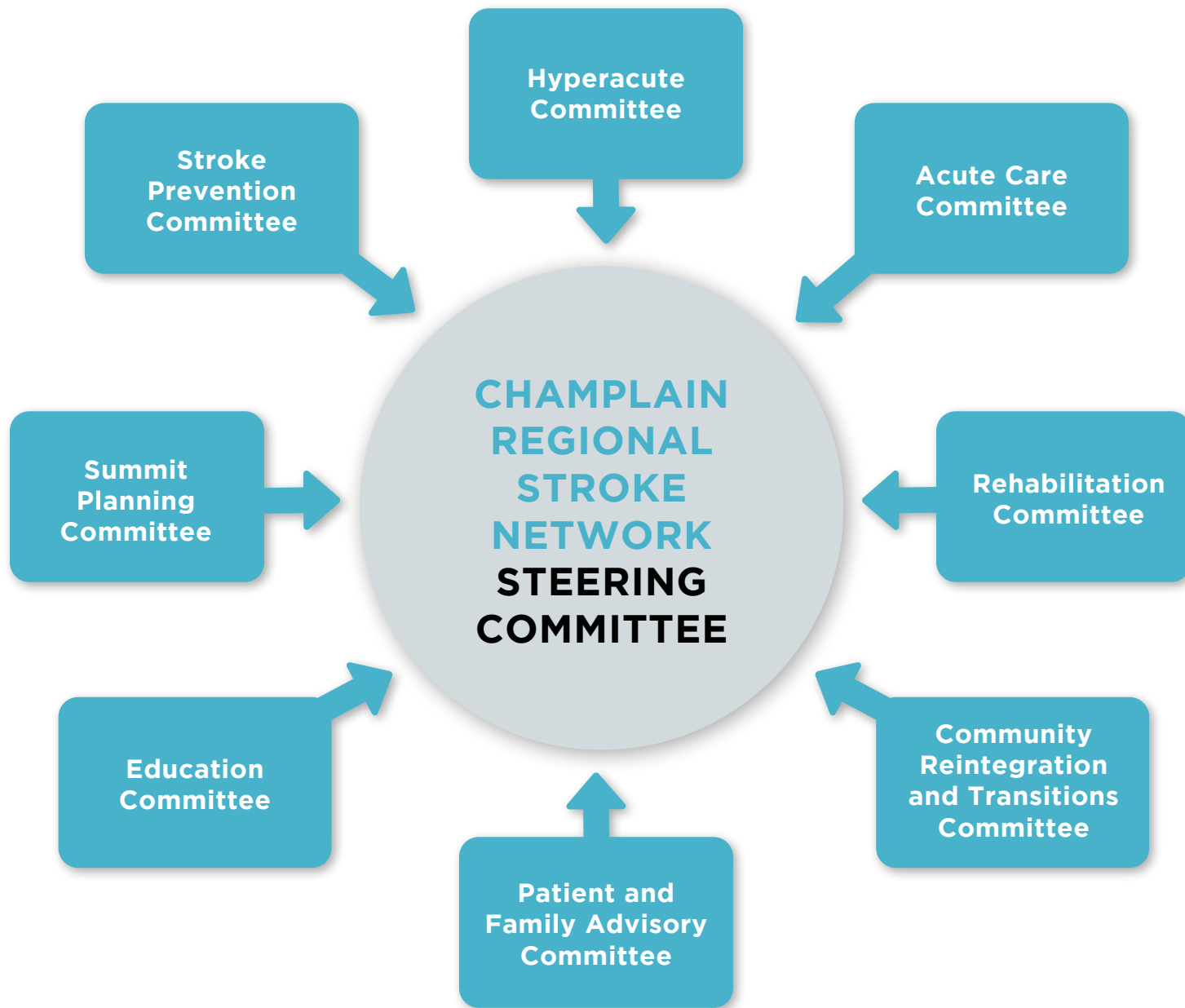


CRSNCS MEMBERSHIP:

1. Chair
2. Vice Chair
3. CRSN Medical Director
4. Rehabilitation Medical Director
5. The Ottawa Hospital, Regional Stroke Centre, Administrative Leader
6. Pembroke Regional Hospital, District Stroke Centre, Administrative Leader
7. Hôpital Montfort Administrative Leader
8. Queensway Carleton Hospital Administrative Leader
9. Bruyère Health Administrative Leader
10. Cornwall Community Hospital, District Stroke Centre, Administrative Leader
11. Glengarry Memorial Hospital Administrative Leader
12. Hawkesbury & District General Hospital Administrative Leader
13. Ontario Health East Region Representative
14. Ontario Health atHome Representative
15. Education Representative
16. Primary Care Representative
17. Emergency Medical Services Representative
18. Sub-Acute Network (ad hoc)

CHAMPLAIN REGIONAL COMMITTEES

The strategic work plans are supported by regional committees that include subject matter experts across the stroke system of care.



CHAMPLAIN REGIONAL STROKE NETWORK (CRSN) TEAM

The Regional Stroke Centre (The Ottawa Hospital) plays an integral role in the regional stroke system and network as the host organization. The Ontario Health Stroke Service Guidelines (April 2025) for the Regional Stroke Centre outline accountabilities and responsibilities which include establishing and maintaining a designated regional stroke network team and education budget, to work in the best interest of the regional stroke system, network partners and the Ontario Health Region, and to enable the regional stroke network team to successfully fulfill their respective roles and responsibilities.

The Regional Stroke System and Regional Stroke Network provide leadership to the planning, development, implementation, coordination, integration, and evaluation of a cross-continuum regional stroke system, through the support of a regional stroke network team, and in partnership with the Ontario Health Region(s) and Regional Stroke Network Committee. The team is composed of a Regional and Medical Director, administrators, project managers, nurses, and allied health professionals.



CONTINUUM OF STROKE CARE

STROKE PREVENTION

Primary stroke prevention targets the avoidance of the first stroke occurrence, while secondary stroke prevention aims to diminish the likelihood of subsequent stroke events. Within the Champlain region, Regional Stroke Prevention Clinics (SPCs) play a crucial role in ensuring that individuals at elevated stroke risk receive accessible care. These clinics offer rapid assessment, diagnostic services, and treatment options to high-risk patients, enabling timely intervention and support within their local community.

HYPERACUTE

Hyperacute stroke care refers to the immediate and intensive medical attention provided to individuals who have recently experienced a stroke. This type of care focuses on rapid diagnosis, assessment, and treatment within the first few hours after a stroke occurs. The goal is to minimize brain damage, restore blood flow to the affected area, and prevent further complications. Hyperacute stroke care often involves the administration of clot-busting medications, interventional procedures such as thrombectomy, and intensive monitoring to optimize outcomes and improve recovery chances for stroke patients.



ACUTE CARE

Acute stroke care emphasizes prompt and coordinated treatment delivered by a multidisciplinary team, including physicians, nurses, physiotherapists, occupational therapists, speech-language pathologists, social workers, among others. Patients admitted to hospitals with acute strokes should ideally receive care on a specialized stroke unit within 24 hours of arrival. These units are dedicated to stroke management and provide geographically defined, specialized care. Studies indicate that patients receiving treatment in stroke units have fewer complications and get rehabilitation therapies sooner, resulting in better outcomes compared to those treated in general units. Stroke unit care is linked to substantial decreases in mortality, disability, and the necessity for institutionalization.



REHABILITATION

Stroke rehabilitation is a comprehensive process aimed at helping individuals who have experienced a stroke regain independence and improve their quality of life. It typically involves a multidisciplinary team of healthcare professionals, including physiotherapists, occupational therapists, rehab assistants, speech-language pathologists, psychologists, social workers, among others. The goal of stroke rehabilitation is to address the physical, cognitive, emotional, and functional impairments that may result from a stroke. Treatment plans are personalized to each patient's specific needs and may include exercises to improve mobility and strength, techniques to enhance speech and language skills, strategies to address cognitive deficits, and interventions to support emotional well-being and social adjustment. Stroke rehabilitation often begins as soon as the patient's medical condition is stable and continues throughout the recovery process, which can vary in duration and intensity depending on the severity of the stroke and individual factors. The aim is to maximize recovery, promote independence in daily activities, and facilitate the individual's return to their home and community life.

COMMUNITY RE-INTEGRATION

Community re-integration following a stroke involves helping individuals' transition back to their home and community life after experiencing a stroke. This process focuses on enhancing independence, participation, and quality of life outside of the hospital or rehabilitation setting. Community re-integration support may include facilitating access to community resources, such as transportation services, support groups, and recreational activities, to promote social engagement and inclusion. Additionally, it involves addressing environmental barriers and providing ongoing support to help individuals overcome challenges they may encounter in their daily lives. The goal is to empower persons living with stroke to live fulfilling and meaningful lives within their communities while managing any residual impairments resulting from the stroke.

HIGHLIGHTS & ACCOMPLISHMENTS

2021/22 – 2023/24

IMPLEMENTATION

Implemented the updated TIA Algorithm across 15 regional Emergency Departments, including those with and without CT capabilities.

Implemented standardized stroke orientation across the region for prevention, hyperacute, acute, and rehabilitation settings, including the development of 33 e-modules, a nursing manual with skills checklist, and discipline-specific self-assessment tools.

Implemented a new stroke code process in Iqaluit.

Implemented Decision Algorithms for Acute Stroke Assessment, Consultation, and Transfer across the region with 15 hospitals to support stroke assessment and streamline processes.

Implemented standardized depression screening within three specialized inpatient stroke rehabilitation programs.

Implemented an optimized referral and triage system for outpatient and community stroke rehabilitation within the Ottawa sub-region.

HOSTED

Hosted 2 community forums to share stroke-related resources, programs and services with healthcare providers, persons living with stroke and caregivers.

Hosted the 2021 Regional Stroke Summit, which drew 482 participants. 87% of attendees reported that it surpassed their expectations.

Hosted the 2022 Regional Stroke Summit, which drew 613 participants. 84% of attendees reported that it surpassed their expectations.

Hosted 3 forums for stroke analysts in the region to standardize stroke coding and reporting.

DEVELOPMENT

Developed a Post-Stroke Community Paramedic Program across three services: Ottawa, Renfrew County, and Cornwall, Stormont, Dundas & Glengarry.

Developed training modules for fitness instructors to bolster expansion of community exercise programs.

Produced 46 videos to aid in healthcare provider education and support patients in self-management.

Developed 40 patient information documents presented in an aphasia-friendly format.

Created 7 new infographic resources, bringing the total to 43, to aid healthcare providers and individuals with lived experience.

Created rehabilitation tools aimed at facilitating the transition from acute care to rehabilitation and ensuring the identification of suitable candidates for rehabilitation - Medical Management Guidelines, Decision-Making Tool, and Patient Flow Algorithm.

INVESTMENTS

Invested \$24,000 to support regional attendance at the World Stroke Congress in 2023.

Invested \$37,000 in supporting regional partners stroke-related projects and education grants.

UPDATES

Revised the Stroke Prevention Clinic triage algorithm to optimize timely stroke services.

Updated the Acute Stroke Bypass Algorithm protocol with Telestroke sites and Paramedic Service of Champlain to align with changes in provincial legislation.

EXPANSION

Facilitated the implementation of RAPID AI with 5 regional hospitals.

Expanded stroke unit access at the Regional Stroke Centre.

Introduced two newly designated stroke units within the region, located at Cornwall Community Hospital and Hôpital Montfort.

Established the Stroke Advisory Committee, comprising stakeholders from Qikiqtani General Hospital, TOH and the CRSN.

CONTRIBUTIONS

Organized 101 educational events, drawing over 4900 participants, marking a significant rise of nearly 3000 attendees over the past three years.

Conducted thorough assessments of stroke care standards with 8 hospitals, leading to the identification of key stroke priorities.

Participated in the development of the provincial Smart Tips resources.

In partnership with Algonquin College, we delivered stroke education and skills training to 206 Personal Support Workers, yielding a >90% satisfaction rate.

Contributed to the publication of 7 stroke-related articles.



Launched electronic referral platform using OCEAN to support Primary Care referrals to all regional Stroke Prevention Clinics.

Supported the introduction of Tenectapase as a new treatment option within thrombolysis hospitals.

Surpassed the benchmark for carotid revascularization with a median time of 5 days, well below the target of fewer than 14 days.



EXPANDED CONTENT ON WWW.CRSN.CA AND INCREASED OUR REACH AND ENGAGEMENT RATES.

- 36% growth in visitors (18,526 more visitors)
- 51% growth in # visits to site (79,514 more visits)
- 100% growth in # page views (788,969 more page views)



CHAMPLAIN ACHIEVED THE TOP RANKING IN THE PROVINCE ON THE MOST RECENT PROVINCIAL STROKE REPORT CARD FOR:

- Admission Rate of Stroke/TIA Patients to Inpatient Acute Care
- Referral Rate for Secondary Prevention of Stroke/TIA Patients Discharged from the Emergency Department
- 30-Day Mortality Rate of Stroke/TIA Admissions to Acute Care
- 30-Day Readmission Rate for Stroke/TIA Patients from Acute Care or the Emergency Department

STRATEGIC GOALS & OBJECTIVES - 2024/25 - 2027/28

GOAL	#	OBJECTIVES	Continuum / Focus
Enhance and broaden regional accessibility to preventive supports and services.	1	Strengthen services by implementing best practice recommendations consistently across all Stroke Prevention Clinics.	Prevention
	2	Facilitate and strengthen transitions and long-term management after stroke and Transient Ischemic Attack (TIA) for secondary prevention, fostering collaboration with primary care and community partnerships.	Prevention
Improve the efficiency of timely assessment, rapid decision-making, and expedited transfer processes for hyperacute treatment.	3	Enhance access, assessment, and treatment to hyperacute stroke care by aligning with best practice recommendations and attaining pre-defined targets.	Hyperacute
Optimize access to inpatient acute stroke care and advance clinical practices in alignment with best practices.	4	Support regional acute care hospitals to implement the provincial recommendations for improving equitable access to high quality stroke unit care.	Acute
Increase access to stroke rehabilitation and advance clinical practices in alignment with best practices.	5	Achieve a median length of stay of <10 days for patients discharged to stand-alone inpatient stroke rehab programs.	Rehabilitation
	6	Facilitate the alignment of outpatient and community stroke rehabilitation programs with the Community Stroke Rehabilitation (CSR) Model of Care.	Rehabilitation
Assist with the post-stroke recovery journey by improving accessibility to information and support services.	7	Collaborate with March of Dimes Canada to facilitate the implementation of the in-hospital peer visitation program with regional hospitals.	Community
	8	Improve access to evidence-based community exercise programs across the region.	Community
Foster and implement quality improvement initiatives rooted in stroke best practices to enhance overall stroke care effectiveness, recovery, and outcomes.	9	Standardize the approach to addressing mood disorders post stroke.	Stroke Best Practices
	10	Implement education resources and establish standardized practices for oral care.	Stroke Best Practices
	11	Enhance the procedures for evaluating spasticity and optimize access to spasticity management.	Stroke Best Practices
	12	Develop and disseminate return to vocation education and resources.	Stroke Best Practices
	13	Develop a toolkit to assist healthcare providers in delivering education and support regarding the impact of stroke on relationships.	Stroke Best Practices
	14	Foster ongoing support from the Regional Stroke Centre to Qikiqtani General Hospital, aiming to improve access to stroke services and deliver stroke care in accordance with best practices for the Region of Qikiqtaaluk.	Stroke Best Practices
	15	Distribute updates and educational materials to facilitate the dissemination of best practice updates.	Stroke Best Practices
	16	Assist regional stroke system organizations in securing commitment for Accreditation Canada's Stroke Distinction.	Stroke Best Practices

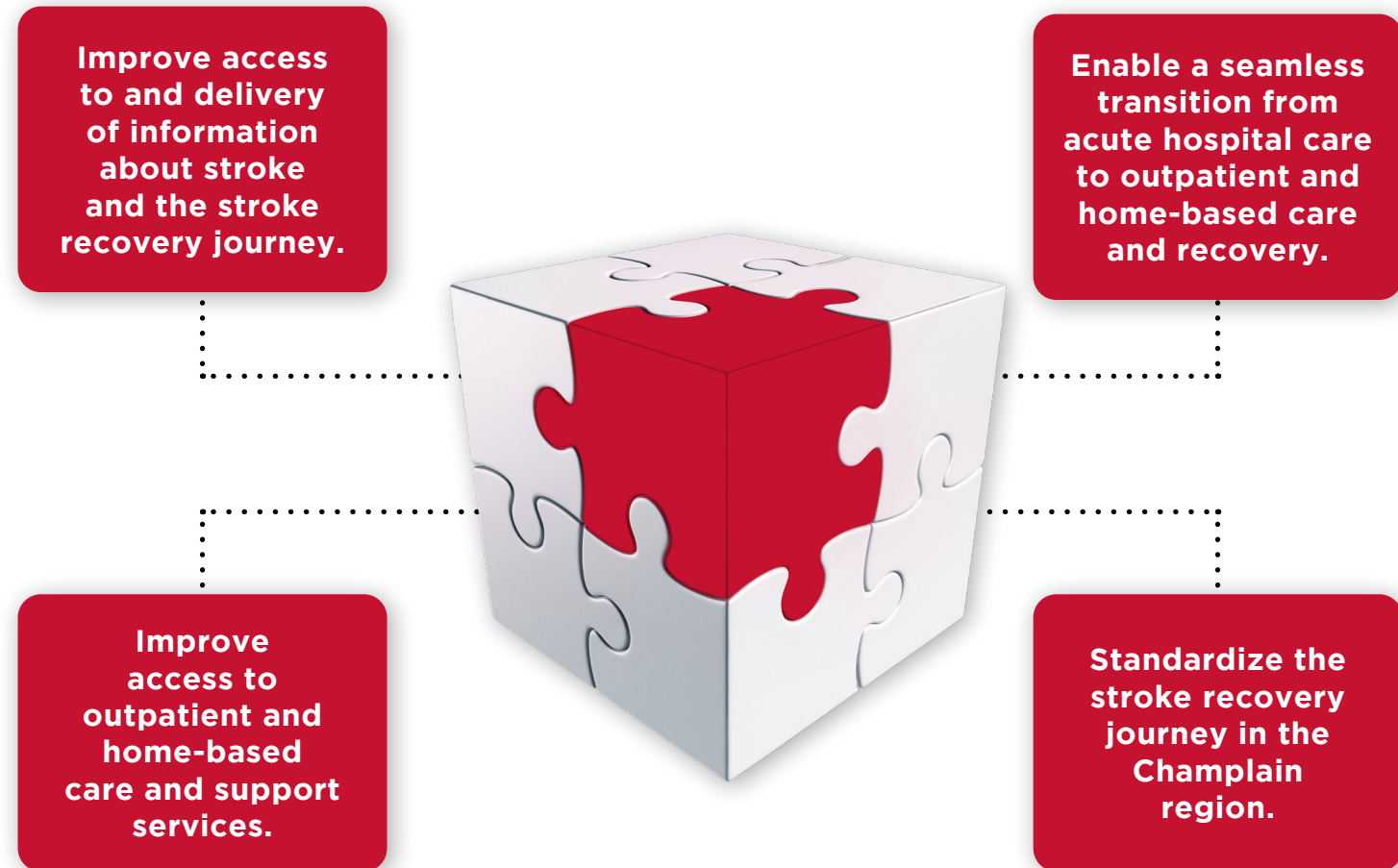
STRATEGIC GOALS & OBJECTIVES - 2024/25 - 2027/28

GOAL	#	OBJECTIVES	Continuum / Focus
Enhance regional expertise in stroke management.	17	Sustain the academic partnership with Algonquin College and explore expansion to other academic institutions in providing stroke education to the Personal Support Worker Programs.	Education
	18	Facilitate the creation of a Physician stroke education program to support orientation and foster continuous learning.	Education
	19	Create a standardized set of patient-facing and caregiver resources to support stroke recovery and to help guide individuals throughout their stroke journey.	Education
	20	Improve access to information, resources, and support for persons with lived experience and caregivers to navigate the stroke journey.	Education
	21	Ensure the continuous updating and promotion of the standardized stroke orientation program for healthcare professionals in the region.	Education
	22	Establish an annual plan for regional education, tailored to healthcare providers working in stroke across the region.	Education
	23	Organize and host the Ottawa Stroke Summit as the largest gathering for stroke care professionals in the Champlain region.	Education
	24	Sustain and enhance the Champlain Regional Stroke Network website as a comprehensive communication and resource hub for regional stakeholders, persons with stroke, and caregivers.	Education
Sustain a performance monitoring framework for the regional stroke system of care	25	Collaborate with stroke system stakeholders to monitor stroke performance, uphold excellence in high-performing areas, and optimize opportunities for improvement.	Performance Monitoring



WHAT WE HEARD...

In November 2023, CRSN and the DSC's conducted a series of consultations with individuals with lived experience and caregivers across the region to gain deeper insights into their stroke journey. These discussions delved into their foremost challenges, positive encounters, key success factors, unmet needs, and desired programs and services to aid in recovery. From these conversations, four overarching strategic themes emerged:



These insights have contributed to the formulation of our present strategic plan and will facilitate ongoing discussions with our partners to enhance the journey of stroke recovery for individuals in our care.



NEXT STEPS

In conclusion, our strategic plan for the next three years represents a comprehensive approach to enhancing stroke care and support within our region. Through collaboration with stakeholders, engagement with persons with lived experience, and a commitment to evidence-based practices, we aim to achieve significant advancements in stroke prevention, treatment, and rehabilitation. By focusing on key priorities such as standardized protocols and care pathways, continued investments in education and stroke competencies, improved access to care and resources, and enhanced community integration, we are poised to make meaningful strides towards optimizing outcomes for stroke survivors and their families. With dedication, innovation, and ongoing evaluation, we are confident in our ability to meet the evolving needs of our community and continue delivering high-quality stroke care that makes a positive difference in the lives of those we serve.

In closing, a heartfelt gratitude to our regional stroke system partners for their unwavering commitment and tireless efforts in providing quality, evidence-informed care across the stroke continuum. Your dedication, perseverance, and active engagement have been instrumental in driving forward our collective mission. It is through our collaborative efforts that we have been able to achieve significant strides in stroke care, making a positive impact on the lives of those affected by stroke. **Thank you for your continued support and partnership as we work together to further advance stroke care.**





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