Transition Improvement for Continuity of Care Update

TICC E-Bulletin
Issue 3, Sept 2012

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TORONTO WEST STROKE NETWORK | Ontario Stroke System — Fewer strokes. Better outcomes. | North & East GTA STROKE NETWORK — collaboration • education • innovation | South East Toronto Stroke Network — FEWER STROKES. BETTER OUTCOMES.

Transition Improvement for Continuity of Care (TICC): A Best Practice Initiative to Support Stroke System Redesign in Toronto (Stroke Flow)

TICC is an innovative cross continuum initiative to improve the transition experience for persons with stroke and caregivers. Representatives from multiple organizations in Toronto are co-creating and implementing a standardized but adaptable person-centred model for continuity of care (transition management) based on best practices. TICC is a multi-year initiative:

2010-11	Community Engagement
2011-12	Foundational Project Development
2012-13	Implementation & Evaluation
2013-14	Adaptation, Spread and Sustainability

Goal of TICC

To improve the life experience of persons with stroke/caregivers by creating and implementing sustainable foundations of a new model of care though the development of an adaptive community of care providers in the Networks.

BACKGROUND

Continuity of Care is the degree to which the patient experiences discrete health care events as connected and consistent to his/her medical needs and personal context. For persons with stroke (PWS) and caregivers (CG) recovery and transition experiences are fragmented, inadequately informed and stressful. They carry the burden of managing the system at a time when they are most vulnerable and overwhelmed, thereby potentially limiting their recovery and outcomes. Primary research conducted by the Networks with PWS/CGs revealed a desire for individualized and hopeful care, support for navigating the system and improved relationships with their healthcare providers.

Extensive consultation with healthcare providers (HCPs) also revealed a desire for a timely and complete portrait of the patient's experience to optimize care at points of transition as well as to learn about the system and one another to facilitate seamless care.

Reflecting expressed needs of system users, the TICC initiative is grounded in 3 core constructs:

1. Stroke Care and recovery does not occur on a linear continuum. A seamless system of stroke care is one that is more flexible and responsive to patient needs. Organization and system opinion leaders have validated this concept and health care providers engaged in TICC are shifting their language in terms of how they talk about stroke recovery.

2. Optimistic Care. Care is provided in a way that helps persons with stroke develop hope that they will be able to live a meaningful life again; this requires different conversations between health care providers and persons with stroke/caregivers to create understanding about what is meaningful to them.

3. Relational Strength. Attention to relational aspects of care can improve processes, patient safety, outcomes and efficiencies. In lifting our heads to see the whole, health care providers learn what kinds of experiences people will have with other parts of the system and collaborate on care.

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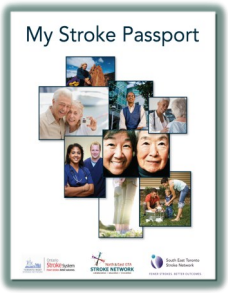
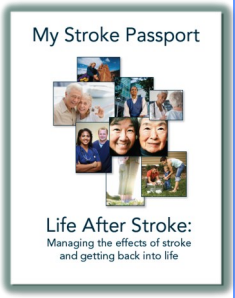
TORONTO STROKE NETWORKS

Three core projects were identified as the foundation for a more seamless system:

MY STROKE PASSPORT



A patient mediated communication and navigation tool that can be introduced anywhere during recovery. It is comprised of two user friendly core sections: 1. A transferable/adaptable communication component to characterizes the person, track goals and map their experience in the system. 2. A removable self-contained resource guide to support knowledge development and community re-engagement. Together, the resources enable enhanced collaboration, meaningful care and patient self-management.



PEERS FOSTERING HOPE

Peers connect with and offer timely support and linkages to persons and caregivers living with stroke ultimately transforming the image of stroke to one of hope and possibility.
Peers are experienced caregivers and/or persons with stroke who are well into their recovery and who have undergone extensive training to provide in-hospital visits to people who have just had a stroke and their caregivers.
The program will support earlier access to peers—starting in acute care and follow through their recovery into the community.

KNOWING EACH OTHERS WORK

A series of initiatives for healthcare providers to foster learning and meaningful collaboration across the system to know each other's work in ways that enable delivery of the best seamless, optimistic care possible for people living with stroke.

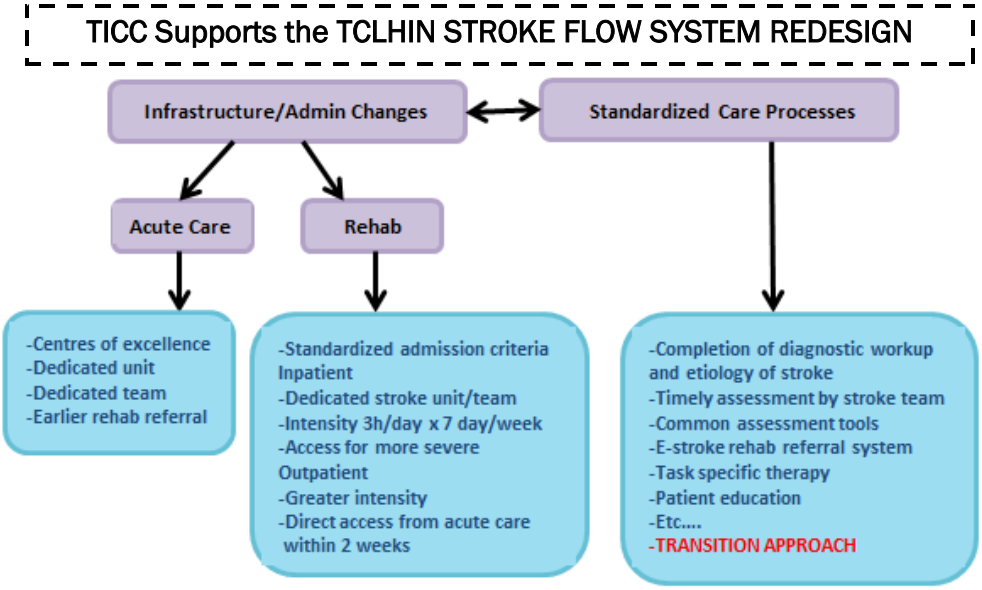
Essential Professional Conversations (EPC) for Seamless Care
EPC is a set of conversational practices designed to foster enhanced communication, learning and meaningful cross-system collaboration among healthcare providers at times of transition to deliver the best seamless, optimistic care for people living with stroke. As a supplement to written information, the project encourages verbal conversations across units, professions and sites to provide a vital opportunity to ask questions, reduce misunderstandings (errors), and foster learning about each other's environments. This initiative will have particular value to support transitions for complex patients. To successfully implement the initiative, we have developed an educational process including weekly reflection on experiences with team members to facilitate local learning and positive change.

Observerships
A structured opportunity to spend time in each other's work environments enables health providers' in-depth learning about the system and provides an opportunity for further relationship-building as a building block for collaboration and increasingly seamless care.

Virtual Community of Practice (VCoP)
To provide a forum to continue to foster knowledge exchange, relationship-building and sustain momentum of positive change, a virtual community of practice has been developed for healthcare providers working in stroke care within and outside the Toronto Stroke Networks. Opportunities exist within the VCoP to collaborate on quality improvement projects, research and other stroke best practice initiatives.

Implementation : 2012-13

◊ Twelve organizations have agreed to be early adopters of the 3 foundational projects. Champions from within piloting organizations have been identified for each project to educate their respective stroke teams about the work and encourage uptake into clinical care practices including data tracking to support evaluation of these resources. It is anticipated that focus groups and interviews with PWS/CGs and HCPs will be initiated in the spring (2013) and resources adapted from the results as required. Additionally, a focused consultation and engagement with primary care providers will occur in 2012-13 to augment the evaluation results.



Evaluation Framework

Goal: improve the experience for people and families living with stroke by creating and implementing sustainable foundations of best practice stroke care models across acute and rehabilitation service provider organizations in Toronto to support community re-engagement and optimize patient outcomes.

REALMS OF DESIRED CHANGE

System Usage	Patient Outcomes	Individual & Team Practice – Relational Strength
Shorter LOS's (reduced ALC) Reduced Readmission Rates Cost savings	Functional Recovery Quality of Life Satisfaction with care and coordination/access to services	Quality care Standardized assessments Best practice processes of care Interprofessional collaboration (local &cross system) & Professional competencies

System Voices

Persons with Stroke & Caregivers	CEO's of Organizations	MOHLTC & LHINs	Healthcare Providers	Stroke Networks

Enablers

Relationships & Collaboration	Commitment & Accountability	Monitoring & Reporting	Professional Development	Evidence-Based Best Practices

Actions in 2011-13

Collaborative organizational implementation teams	Accountability Frameworks	Professional Development Ax & Implementation Plan

Process Indicators & OUTCOMES

Short Term 2012-13	Mid Term 2014-15	Long Term 2016 (outcomes)
% of patients admitted to a stroke unit Total bed days acute Staffing ratios/bed # of organizations participating in CIHI #340 %stroke patients d/c'd to inpatient rehab Time to rehab referral Alpha FIM completed day 3-5	# patients receiving peer support, stroke passport # patients receiving dysphagia screen # patients receiving anticoag/antithrombotic at d/c # patients screened for depression # patients referred to SPC Relational strength (#hcp interactions for handover) Professional competencies/expertise in stroke care - assessments/ treatment (function, depression, swallowing, cognition, pain, etc)	Patient/Family outcomes: Reduced mortality rates D/C destination Quality of Life /Caregiver burden Sense of control/ability to self-manage System outcomes: # patients accessing rehab within 10 days post stroke; Rehab access based on severity of stroke; FIM efficiency of rehab; Readmission rates and cause; ER visits, & Re-access to rehab

<— Adaptability —->

THANK YOU TO OUR TICC CHAMPIONS

	PASSPORT	KEOW	PEER SUPPORT
UHN	Justin Soegandi Sara Bevilacqua	Arlene Vasconcelos Sarah Edwards	Kathy Cohen Laura Gallant
HRRH	Comella Levers	Kyle Davies	Raman Rai
Sunnybrook	Elana Roseman Nadia Abdel-Hafez Tuesday Alejandria-Plant Sylvia Quant	Tina Sahota Linda Anderson Sandy Lyeo Florinda Gliddon	Lisa Sherman Lina Gagliardi Tasneem Dharas Floarea Manga
St. Michael's	Donna Cheung Sandeep Gill		
TRI	Nancy Boaro	Lisa McQueen	Paul Asselin
St. John's	Amanda Levesque Darinka Jokanovic	Jennifer Moebs Amy Szeto Daisy Won	Mary Peluso Gary Siu
Providence	Sharon Crossan		
March of Dimes			Donna MacKay Jerry Lucas Gemma Woticky
TC-CCAC		Sally Mc Mackin Robin Baker	
Downsview		Danielle Dang Alana Kozlowski	
VHA Rehab Services		Nadia Hladin Leigh Chapman Alda Melo	
Aphasia Institute		Rochelle Cohen-Schneider	

The Toronto Stroke Networks will refine the transition process based on the evaluation feedback from this first phase of implementation. The Stroke Networks will support the broader roll out with other organizations in the system not currently familiar with the TICC approach. For more information please contact your Stroke Network Regional Director.

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