

SWO Acute Stroke Advisory Committee (SWOASAC)

TERMS OF REFERENCE

Mandate:

To advise the Southwestern Ontario Regional Stroke Network (inclusive of Erie St. Clair and South West LHINs), regarding development, coordination, implementation and evaluation of regional stroke acute best practice initiatives and activities. This committee will serve as a communication link between the Southwestern Ontario Regional Stroke Network and service providers/stakeholders regarding strategic directions and activities in acute care.

Vision:

Individuals who experience a stroke will have timely access to best practice hyperacute and acute stroke care.

Guiding Principles:

Advocacy

Advocating for stroke survivors to have equitable access to best practice stroke care.

Collaboration and Inclusiveness

Working collaboratively to improve and standardize acute stroke best practices. This collaboration includes participants from hyperacute and acute care including administrative, clinical, stroke survivor; and academic linkages across the region.

Consistency

Ensuring that all activities and directions are consistent with the Ontario Stroke System's guiding principles (Comprehensive, Integrated, Evidence-based, Province wide).

Ethically-Informed

Accounting for the values of the individuals, stakeholders, and society. This practice includes consequential decision-making, which analyzes the impact of decisions and initiatives beyond the targeted audience or resource.

Evidence-Informed /Researched based

Support and participate in hyperacute and acute research and knowledge transfer activities regionally and provincially, including the translation of evidence into regional and district practice.

Effectiveness-Based

Evaluate the extent to which programs and initiatives are successful in achieving positive changes.

Capacity Building

Focusing on improving the expertise and skills of personnel/system in relation to the responsibilities and tasks which they will carry out. Sharing information and resources to facilitate the development and implementation of district, regional and provincial acute stroke care initiatives.

Empowerment / Engagement

Focusing on education, policy, supportive strategies and resources to enable individuals and communities to create a responsive acute care system for all. Empowerment includes the development of partnerships. We will utilize the energy and enthusiasm of individuals, organizations, communities, and the private sector.

Responsibilities:

- To provide input into priorities for the development and growth of best practices in acute stroke care throughout the region.
- To provide input into the development and growth of coordinated and seamless access to appropriate hyperacute and acute stroke services.
- To identify gaps in hyperacute and acute services in the region and to advise on how to address these gaps.
- To advise and assist in developing strategies to evaluate regional stroke acute best practice initiatives and activities.
- To identify and support the development of regional communication and education/knowledge translation strategies related to acute stroke care in conjunction with the SWO Stroke Education Coordinator.
- To identify and create opportunities for linkages and/or partnerships to support hyperacute and acute stroke research initiatives.
- To individually be responsible for keeping others within your organization/network informed of developments and to seek input as needed.
- To identify and create opportunities for linkages and partnerships to support effective transitions and community engagement.
- To advocate and communicate with the LHINs those activities that would promote hyperacute and acute stroke best practices.

Membership:

Members will be comprised of a representative range of acute care providers, stakeholders, and stroke survivors from across Southwestern Ontario Stroke Network region. Membership terms will be for a minimum two-year commitment with no more than 50% membership change in any one year.

Representative Categories	
Manager for ED	LHIN 1&2
Manager/Director of Acute Care/Professional Practice Leader/Resource Nurse/appropriate delegate.	
Other Acute Reps from the (frontline/otherwise)	
District Stroke Coordinators	LHIN 1
All DSCs are welcome to part of the group, but in the very minimum we would have representation from LHIN 1 and 2.	LHIN 2
Regional Team	
Stroke Physician Representative	
Telestroke site representation	
Ad Hoc Members include:	
EMS rep:	
LHIN rep	
Stroke Survivor	
Stroke Neurologist	
Academic	
Transition Point representation (Prevention; Rehab, Community: LTC and CCAC; CSRT)	

Decision Making:

- RSACAC Membership will receive an agenda one-week in advance of meetings; items for decision will be identified.
- RSACAC Members unable to attend scheduled meetings have the opportunity to provide, in advance, comment and agreement to action items and questions/issues which will be taken to the meeting for consideration and decision.
- Members in attendance will make final decisions and approvals through a consensus process or by formal vote, depending on the nature of the decision to be made and the wishes of the RSACAC members present.
- If consensus cannot be achieved an action plan will be developed by the committee.

Meetings:

- Conducted 3 to 4 times per year with adhoc meetings as required.
- Meetings will be conducted either in person +/- using distance technology as decided by the members
- A chair will be appointed by the committee for a term of 2 years.
- Administrative support will be provided by the SW Stroke Network.
- Task teams as created and identified will report at quarterly meetings.

Accountabilities:

- The Regional Stroke Acute Care Advisory Committee will report to the Regional Stroke Steering committee either through Gina Tomaszewski, Regional Stroke Acute Care Coordinator or the Chair.
- It will also communicate to the OSS "Best Practice, Secondary Prevention and Acute Subcommittee" regarding policy barriers, successes, opportunities and lessons learned.
- All members are accountable for keeping others within your organization/network informed and seeking input as needed.

Review of Terms of Reference:

The terms of reference shall be reviewed every 2 years.