Canadian Stroke Network

Réseau Canadien contre
les accidents cérébrovasculaires

Book of Proceedings

National Stroke Nursing Forum

Creating the Future of Stroke Nursing:
Issues and Opportunities In Practice Education and Research

September 20-21, 2005

Hilton Québec Hotel
Quebec City

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Executive Summary

A National Stroke Nursing Forum: ***Creating the Future of Stroke Nursing: Issues and opportunities in practice, education and research*** was held Sept 20th and September 22nd, 2005 in Quebec City, in conjunction with the Annual General Meeting of the Canadian Stroke Network (CSN).

The intention of the Forum was to link nurses engaged in stroke practice, education and research. An environmental scan of stroke nursing initiatives in these three areas was conducted prior to the Forum and was distributed prior to the meeting. Building on efforts and work already underway, the goal was to identify common issues related to achieving best practice in stroke nursing and then to collectively formulate and commit to specific action plans. Forty two (42) nurses from 10 provinces participated in the Forum, representing . all phases of the continuum, including acute care, rehab, community and secondary prevention and a variety of roles in practice, education and research.

The Forum was facilitated using Open Space Technology. Open Space Technology is one of the leading large group methodologies used around the world by corporations, community groups, public sector organizations, and associations. The process creates the conditions for the agenda to be built during the meeting and for all identified issues and opportunities to have a chance to be discussed by whoever is interested. The meeting starts with the chairs arranged in a large circle and breaks into small groups. The methodology ensures that all participants have the greatest opportunity to learn from the expertise amongst participants, to problem solve together, to be innovative and creative, and to identify any issues and opportunities. Open Space Technology enables people to connect and create a community of practice in a constructive and supportive manner unlike other meeting methodologies.

The 42 participants posted 26 topics for discussion. Twenty (20) reports of discussions were submitted by the end of the Forum. The issues raised and conclusions reached by the participants for each of the 20 topics are described in detail in the report that follows.

The action planning phase resulted in 5 initiatives with a number of participants having assumed leadership in moving these initiatives forward supported by their colleagues.
The initiatives include:

- Developing a communication strategy that nationally links all nurses caring for stroke patients
- Evaluating the adequacy of stroke content in basic education programs, developing stroke nursing certification and enhancing fellowships to support nurses in professional development both academically and clinically
- Enhancing research capacity, beginning with a Canadian scan of ongoing research and programs of research
- Exploring methodologies to meet the practice needs (i.e. deliver stroke education and best practice) of rural and remote areas/communities
- Creating a National Stroke Nursing Leadership Group, linking to and supporting the Canadian Stroke Strategy.

Description of Proceedings

Background

A National Stroke Nursing Forum: ***Creating the Future of Stroke Nursing: Issues and opportunities in practice, education and research*** was held Sept 20th and September 22nd, 2005 in Quebec City, in conjunction with the Annual General Meeting of the Canadian Stroke Network (CSN).

The purpose of the Forum was to bring together a representative group of about 40 nurses engaged in stroke nursing practice, education and research to talk together about the critical issues and gaps in stroke nursing, generate strategies to address the issues and develop an action plan that will begin to create a new future for stroke nursing. The intent was to draw on expertise of nurses engaged in stroke care, to build on initiatives that are already in progress and to leverage opportunities for enhanced collaboration. The ultimate goal is to enhance practice with stroke clients at all points of the health continuum through accessible and best practice based education and supported through research.

A planning committee (Appendix 1) was struck, and invitations were extended through provincial HSF, the CSN, Canadian Association of Neuroscience Nurses and other related organizations to invite nursing leader nominees to attend.
The planning group reviewed the nominations and review of applicants for representativeness: geographical, practice areas, continuum of care. Invitations were extended to selected participants and 42 nurses from 10 provinces attended the Forum (Appendix 2).

Key Goals and Objectives of the Forum:

1. Facilitate an opportunity for nurses engaged in stroke care, education and research to link and think about the professions current status in stroke care and what is needed.
2. Validate, distribute and build on the material, efforts and work already happening across the continuum from the Emergency to the community
3. Identify the issues and gaps in stroke nursing as it pertains to research, education, practice
4. Determine some concrete next steps related to the issues, gaps and opportunities.

Secondary Goals were to:

5. Raise the profile of nursing as a key community in the stroke strategy
6. Move in the direction of stroke nursing as a specialty
7. Enhance stroke specific education, and knowledge level
8. Enhance the level of expertise at the bedside, in the community and in programs of stroke care
9. Establish a stroke nursing research agenda

Focusing Questions:
A series of focusing questions were developed to shape the proceedings and set the stage for the Forum.

- What is the current status of stroke nursing in Canada? What is our baseline?
- What projects/initiatives are stroke nurse engaged in as it relates to education, best practices, research and system organization?
- What are the key issues and what opportunities exist in stroke nursing research, education and practice? What action can we take to address these issues?
- How do we advance stroke nursing in Canada?
- What are the 3 top priorities?
- How can we create avenues for linking nurses across Canada engaged in stroke care, education and research to share information, to collaborate and to build on existing work?
- How can the Canadian Stroke Network and other existing organizations/agencies help provide funding, tools, access to information?
- How do we continue the momentum built at the Forum?

Setting the Stage:

As part of setting the stage for the Forum, Debra Lynkowski, Director, Canadian Stroke Strategy gave an overview of the Strategy in her presentation Canadian Stroke Strategy: Changing Systems: Changing Lives.
Mary Lewis, Director, Government Relations and Health partnerships, hearts and Stroke foundation of Ontario also provided a brief overview of the origins of the Forum.

The Process

"Open Space Technology" is the name given to a meeting without a predetermined agenda. Developed in the late eighties by Harrison Owen of Maryland, U.S.A., this meeting methodology is now used around the world as an effective process for facilitating learning and change in both organizational and community settings.

Open Space Technology is best used when there is an important issue to be addressed, a diversity of people involved, complexity, high passion including conflict or when decisions need to be made quickly. Open Space Technology meetings enable the building of energy and participation in ways that few other processes do. They create the conditions for interactive processes that allow leadership to surface naturally and that support creativity, deep learning and high play. They are effective for any sized group from five to six hundred and more. They are effective for groups such as corporations, private and public sector organizations, government and non-government organizations, coalitions, teams or communities. For more information, go to www.genuinecontact.net.

The process described below illustrates the Open Space Technology meeting methodology. A meeting of one day or less provides the opportunity for raising and

discussing issues and opportunities. A two-day meeting usually results in discussion, strategy formulation and action planning. An additional day supports all of the above and provides the opportunity to initiate action planning and develop implementation strategies to ensure that the ideas move forward after the meeting.

Participants were seated in a circle. Michelle Cooper opened the session, stating the theme: ***Creating the Future of Stroke Nursing: Issues and opportunities in practice, education and research***. The agenda was revealed...a blank wall. The group was informed that they would be creating the agenda by writing down any topics that they had passion for and for which were willing to take responsibility to lead discussion. The facilitator outlined the principles and laws that guide an Open Space Technology meeting. The four principles are:

1. Whoever comes are the right people.
2. Whatever happens is the only thing that could happen.
3. Whenever it starts is the right time.
4. When it is over, it is over (and when it is not over, it is not over).

"The Law of Mobility" is the last guiding principle. This means that if participants found themselves in discussions for which they did not feel passionate or were not able to contribute or learn, they were encouraged to exercise the law of two feet , which means move to where they need to be at that time. The action was not to be viewed as a negative reflection on the group leader.

Agenda

Participants were invited to create the agenda. They came to the centre of the circle and wrote down their topics in a few words. Each topic was announced and posted on the wall. This wall became the "Market Place". Times for discussion and room numbers were assigned for each topic.

The agenda creation process continued until all topics were exhausted. Participants were reminded that if any topic that was important to them did not get discussed, the responsibility would rest with the person who had the idea and did not post it on the agenda. A total of 24 topics were generated in approximately fifteen minutes as listed below:

Initial List Topics Generated

- Prevention strategies – "Time is Brain"
- Client education
- Survivors post stroke fatigue – cause, treatment, best practices
- Mentorship/Education program for stroke nurses
- How to bring "best practices" to beside
- Nursing resources – Competing demands

- Evaluation strategies – for community and rural
- Issues and Challenges of stroke implementation in rural/remote areas
- Optimizing the roles of advanced practice nurses in secondary prevention
- Influencing organizational leaders to support & encourage best practice
- Encouraging/involving stroke nurses in research
- Patient flow/communication between acute-community rehab
- Identifying strategies and opportunities for nurses to influence and shape policy
- Role of telehealth in stroke management. What are others doing? Linking urban-rural
- Stroke survivors and sexuality.
- Stroke nursing is a specialty
- Clarifying the role of the nurse in stroke care (Language?)
- How do we establish a national communication strategy for nurses i.e. CPGs. What is happening?
- How do we engage faculties of nursing?
- Establishing/strengthening links between Emerg/Acute/Rehab/outpatient in recognition/provision of best practices for stroke patients.
- Identifying strategies for sharing lessons learned across provincial boundaries.
- Cognition changes in stroke.
- Capacity Building
- Where is the money coming from?

Once the agenda was complete, the marketplace was opened. Participants selected the sessions that they wished to attend and proceeded to the locations where the discussions were taking place. A number of similar topics were also combined by the participants. They self-managed the rest of their day.

Reports of Discussions

Discussion leaders were responsible to ensure the key points were recorded on a summary sheet provided and data was entered into a bank of laptop computers. The reports were posted as completed so that participants in others sessions could review the contents. A total of 20 reports were generated. The list of reports is found below. The complete reports are found in Appendix 3. They have been edited for format only, and are presented as entered by the participants.

1. Stroke Survivors and sexuality
2. Encouraging/involving nurses in research
3. Stroke Prevention
4. How do we engage faculties of Nursing
5. Stroke and fatigue
6. Nursing Education/Mentorship Program
7. Strengthening links between ER/acute care/rehab/outpatient in recognition of best practices for stroke patients

8. Client Education
9. Money
10. Cognitive changes post stroke
11. How do we communicate with one another? Who/Where are stroke nurses to communicate with.
12. Influencing Organizational Leaders to Support and Encourage Best Practice
13. Sharing Lessons Across Provincial Boundaries
14. Optimizing the role of the APN in secondary stroke prevention
15. Community & Rural Issues and Challenges and Evaluation Strategies
16. Patient Flow/Communicating with Acute/TCU/Rehab/Community
17. Role of Telehealth in Stroke Management
18. Stroke nurse as a specialty / clarifying the role
19. How to Bring Best Practices to Bedside/Nursing Resources Competing Demands
20. How can nurses shape and influence policy development and change in the Canadian Stroke Strategy

Action Planning:

Once all reports had been collated and distributed to participants, they were provided with an opportunity to review the documents and then were asked to select priorities. Five (5) priority topics were selected. Participants then broke into groups once more to develop action plans which were then presented to the group. The Action plans follow here.

Initiative # 1

How do we develop a communication strategy that nationally links all nurses caring for stroke patients?

Identify key communication links:

- Web based communication link with pre-existing webpage or develop own site
- Stroke Nursing Newsletter

Who will champion/lead the Initiative?

Dorothy Burridge, Kenda Power

Who will help?

Janet Brown, Janet Stonehouse, Beverly Powell-Vinden, Jody Yuzik, Marlene Lapierre, Chantal Doddridge, Roxanne Cournoyer.

Next Steps

- Explore with Canadian Stroke Strategy (CSS) if we can develop a nursing specific webpage and link with their site
    - Action: Dorothy Burridge to contact Debra Lynkowski about this possibility (September 22, 2005)

- If CSS unable to support this concept then approach the following sites for hosting/linking to their webpage (in order of priority): Canadian Stroke Network (CSN), Canadian Association of Neuroscience Nursing (CANN) or Ontario Stroke Nursing Network (OSNN)

Identify purpose of web site:

- Options for content may vary depending on site location of page and who is responsible for keeping information current
    - Sharing of resources that have been developed by different programs & sites: best practices, pathways, guidelines, standing orders, education tools, brochures etc.
    - Post environmental scans already completed for each province, research initiatives
    - Audit opportunities
    - Bulletin Board to post questions
    - Links to other web sites

Infrastructure:

- National webmaster versus provincial – potentially identify key people in each province who will collect information from their sites and then forward on to national level
- Commitment to updating – who will take responsibility for keeping site current

Strategies to disseminate information about the web site:

- AXON (journal by CANN), Provincial Stroke strategies, Heart & Stroke Foundation (HSF)

How will you communicate?

- Via E mail

Resources needed/available:

- Link with an existing webpage while content and structure is developed - keeping in mind this site must build in significant capacity for growth
- Expertise in web site design, Webmaster to update

Initiative # 2
National Stroke Nursing Education
Adequacy of stroke content in basic education
Stroke nursing as a sub specialty. (Certification)
Fellowships to support nurses both academically and clinically

Who will champion/lead?
Cydnee Seneviratne/Cheryl Mayer

Who will help?
Provincial resources:
Ontario Regional Education Coordinators Group (OREG), HSFO
Debbie Holtom, (CANN)
CNA (Certification expertise and resource)

Next steps:
- Identify basic competencies in stroke nursing
- Evaluate adequacy of stroke content in basic education programs
- Develop stroke nursing specialty certification: CNA, CANN, Community Colleges, CASN
    - Check CNA guidelines re: certification: identify key players,
    - Contact provincial groups
    - Identify key players
    - Gather evidence (literature search)
- Evaluation: Publication of findings

How will you communicate?
E Mail to discuss the initiative further and who will help (by 3rd week of October)
Then plan specific next steps
Communicate as to what is found (to participants, to National Stroke Nursing Leadership Group)

Resources needed/available
CASN
Newsletter to respond to interest in education (with literature search)

Initiative # 3:
Research/Resources
Research Capacity

Who will champion/lead?
Linda Yetman/ Betty Ann Flogen/ Anna Bluvol

Who will help?
Colleagues

Next steps:

- Canadian scan/inventory of on going stroke research and programs of research
    - Linda will contact CANN re: research , Atlantic provinces, Alberta
    - Betty Ann will follow up with colleagues re: research funds and scan, Quebec and west excluding Alberta
    - Anna will start to develop questionnaire for inventory
- Identify gaps in stroke research
- Inventory of sources of funding, grants and resources
- Identify mentors, teaching. e.g. PBR, groups, research collaboratives
- Web page to share info, build into web page being developed by Communications Initiative

How will you communicate?
E mail
Touch base beginning to mid November

Resources needed/available
Google and other search engines
On line faculty directories
Colleagues
Stroke literature
CASN

List of National Research Questions generated at the Forum:

- Rehab in acute care
- Rehab across the continuum of Care
- Music in Cognitively Impaired stroke Survivors
- Use of indwelling catheters in acute stroke vs. int cath. Is this a work load issue?
- To assess the efficacy of APN in 2 preventions clinics, what are the overall outcomes, are APN's making difference relevant to overall picture of prevention

Initiative # 4:
Methodologies to meet the practice needs (i.e. deliver stroke education and best practice) of rural and remote areas/communities

Who will champion/lead?
Northeastern Ontario (NEO)(Jill Riva-Patey), Northwestern Ontario (NWO) (Shelley King) and Nova Scotia (Judy LeBlanc) will begin sharing ideas re: methodologies for sharing stroke-related information until a provincial framework for stroke education and best practice developed.

Who will help?
OREG (Ontario), HSFC, provincial educators (if and when in place)

Next steps:

- Sharing of information (maps, population, distances between centres, methods currently used for disseminating stroke education in rural areas) between NEO, NWO and Nova Scotia to gain a better understanding of gaps and needs and best available methods to deliver education and to monitor outcomes.

How will you communicate?
E Mail, teleconference, videoconferencing

Resources needed/available
Time to meet
Yarmouth Stroke Project data
Provincial framework for education
OREG / HSFO professional education atlas
Teleconf/video
E mail
Stroke coordinators/navigators
HSFO web site
“passion for rural nursing”

Initiative # 5
National Stroke Nursing Leadership Group

Who will champion/lead.
Sandra Ireland, Cindy Bolton
Small group at National Stroke Nursing Forum
Linked to CSS?

Who will help?
Geographical representatives;
Patti Gallagher, CANN rep and member of CSS Steering Committee (New Brunswick)
Teri Green (Alberta)
Norm Kelly (BC)
Linda Kelloway (OSNN)
Tammy Tebbut (Ontario)
Michelle MacKay (Nova Scotia)

Next steps:

- Terms of Reference (Teri Green will send T of R CANN and Linda Kelloway will forward T of R, OSNN)
- Define what it is:
    - The National Stroke Nursing Forum will be a voice for Canadian Stroke Nurses
    - Will facilitate bringing nursing issues to the CSS table by providing nurse representatives at the Steering Committee and Program theme level with input from nurse across Canada.
    - Link to the CSS vision for 2010
- Nurses and Forum participants already engaged in CSN and CSS initiatives:
    - Linda Kelloway & Bev Powell-Vinden (Professional Education and Training),
    - Patty Lindsay, (Monitoring and Evaluation),
    - Patti Gallagher (Steering Committee),
    - Teri Green (CSN Fellowship)

- Develop a proposed structure and link to CSS (want to align with the groups so there is a structure to provide members with the experience and issues to bring to the table.

- Rationale re: Proposal:
  Communication for informant groups
  Role clarity
  Need to build research strength and capacity in stroke nursing (e.g. issues of inability to fill the cerebro-vascular chairs in Ontario)
  Largest body of health professionals
  Nurse work across the continuum

Gaps in evaluation of nursing role (e.g. lack of nursing sensitive outcomes in the Canadian Stroke Registry)
Equalization (geographical and practice specialty)
Workload measures and best practice (want to go beyond workload measure and look at what it will take to achieve best practice)
Advisory to other groups (as above-Steering Committee and working groups)

- Topics in the report:
  - Research
  - Education
    - patient
    - evaluation
    - Credentialing for stroke (CNA)
    - Academic (CASN)
  - Practice: Best Practice Guidelines
  - Geographic Issues: rural and remote, provincial and territorial representation

  - Submit to Ken Fyke as chair of CSS in Dec, 2005 for January 2006 meeting

Big Group:
Ontario Stroke Nursing Network structure (OSNN)
Distribution of list TBD (list of people who have agreed to review the proposal)
Discussion with Debra Lynkowski (CSS re: language sensitivities, advice)

How will you communicate?
E Mail
Drafts to be circulated to all those participants who expressed and interest to review
Reps:
- practice specialty
- Geographic

Resources needed/available
CSS support as with other sub groups
Budget to bring group together (already there are opportunities to leverage other meetings –CANN in Montreal in June, 2006)

Closing

The participants gathered again in a circle at the end of the day. The medicine wheel or healing circle was used as a framework to reflect on the day. The Medicine Wheel is a symbol used by indigenous people worldwide to represent the journey to wholeness and balance. Participants were asked to reflect on what they learned about leadership, vision, community and management during the day. Some of their comments follow.

- We truly are the ones we have been waiting for
- Am proud of my profession
- We are all leaders
- This has been a strengthening of nursing
- We developed solutions
- The Forum is a recognition of the profession
- Nurses do have a voice
- Nurse make a difference
- Participants at the Forum have taken nursing up a notch
- There is a strong sense of collegiality
- The Forum has been inspiring

Participants were invited to reflect on and record the personal commitments they were willing to make to mentoring leaders and if they desired, to leave them for inclusion in this report.

As part of a closing evaluation, they were asked to say a few words if they wished about their experience of the day. They were also asked to submit individual commitments, action plans to be included as a part of the report. These are included in Appendix 4.

Written evaluations were very positive and focused on the opportunities for networking, collaborating and sharing, the openness of the process, the energy, enthusiasm and expertise present at the Forum and. Participants also expressed appreciation for the outcome, the specific action plans, opportunities to continue the work that started at the Forum and the collaboration with the Canadian Stroke Network and the Canadian stroke Strategy.

Canadian Stroke Network Annual General Meeting:

Participants then joined the CSN AGM. On Thursday, September 22, they were asked to present an overview and summary of the Forum to the AGM. The presentation is attached with the report.

Appendix 1

National Stroke Nursing Forum
Planning Group

Mary Lewis, Heart and Stroke Foundation of Ontario (HSFO)

Linda Kelloway, West GTA Stroke Network, Ontario Stroke Nursing Network

Paul Morley, Canadian Stroke Network (CSN)

Kevin Willis, Canadian Stroke Network (CSN)

Patti Gallagher, Canadian Association of Neurological Nurses (CANN)

Dr. Kathryn King, University of Calgary

Michelle Cooper, Integral Visions Consulting Inc

Rika Vander Laan, Planner

Appendix 2

National Stroke Nursing Forum
Participants

Janet Brown
Health Care Corporation of St. John's General Hospital-Health Sciences Centre
Newfoundland

Maridee Garnhum
Queen Elizabeth Hospital, Charlottetown, PEI.

Judy LeBlanc
Yarmouth Stroke Project. Nova Scotia

Michelle Mackay
QE II Hospital, Halifax, Nova Scotia

Tracey Newton
Province of New Brunswick

Sharon Runions
Montreal Neurological Hospital, McGill University Health. Quebec

Roxanne Cournoyer
Centre Hospitalier de l'Université de Montréal at the Notre-Dame Hospital, Quebec

Chantal Doddridge
Charles-Lemoyne Hospital, Greenfield Park, Quebec

Diane Danis
Julius Richardson Hospital Center, Montreal, Quebec

Marlene Lapierre
Centre Hospitalier de l'Université de Montréal at the Notre-Dame Hospital, Quebec

Bev Powell-Vinden
Heart and Stroke Foundation of Ontario

Sandra Ireland
Hamilton Health Science Centre, McMaster University, Ontario

Linda Yetman
Bridgepoint Hospital, Toronto, Ontario

Anna Bluvol
St. Joseph's Health Centre: Parkwood Hospital, London, Ontario

Cheryl Mayer
University Hospital, London, Ontario

Patty Lindsay
Institute for Clinical Evaluative Sciences, Dept. Health Policy, Management & Evaluation, University of Toronto, Ontario

Cindy Bolton
Ontario Stroke Strategy, Kingston, Ontario

Sue Saulnier
Kingston General Hospital, Ontario

Cheryl Moher
Royal Victoria Hospital, Barrie, Ontario

Betty Ann Flogen
Baycrest Centre for Geriatric Care, Toronto, Ontario

Barb Ansley
Hamilton Health Sciences, Ontario

Shelley King
Lake of the Woods Hospital, Kenora, Ontario

Donna Cousineau
Champlain Regional Stroke Centre, Ottawa Hospital, Ontario

Jill Riva-Patey
Hopital regional de Sudbury Regional Hospital, Ontario

Tammy Tebbutt
Waterloo/Wellington, Grand River Hospital, Kitchener, Ontario

Nancy Boaro
Toronto Rehab, Toronto, Ontario

Marlene Reimer
University of Manitoba, Winnipeg, Manitoba

Kenda Power
Regina Qu'Appell Health Region, Saskatchewan

Ann Saulnier
Royal University Hospital, Saskatoon, Saskatchewan

Nancy Newcommon
Foothills Hospital, Calgary, Alberta

Cydnee Seneviratne
Faculty of Nursing, University of Calgary, Alberta

Teri Green
Faculty of Nursing at the University of Calgary, Alberta

Dorothy Burridge
Neuroscience Program, University of Alberta Hospital, Edmonton, Alberta

Norm Kelly
Vancouver Island Health Authority, Victoria, British Columbia

Bridget Mihalicz
Vancouver Island Health Authority, Victoria, British Columbia

Janet Stonehouse
Vancouver Hospital & Health Sciences Centre, British Columbia

Jody Yuzik
GF Strong Rehab Centre
Vancouver Hospital &Health Sciences Centre, British Columbia

Mary Lewis
Heart and Stroke Foundation of Ontario (HSFO)

Linda Kelloway
West GTA Stroke Network
HSFO; Ontario Stroke Nursing Network;

Patti Gallagher
Canadian Association of Neurological Nurses (CANN)
Saint John Regional Hospital, New Brunswick.

Michelle Cooper
Integral Visions Consulting Inc. Ancaster, Ontario

Rika Vander Laan
Forum Planner, Toronto, Ontario

Appendix 3

Name of Topic: # 1 **Stroke Survivors and sexuality**	**Name of Convenor:** **Betty Ann Flogen**
Names of Participants: Betty Ann Flogen	

Highlights of Discussion:

- Personal interest in sexuality post stroke, ability, dysfunction, motor sensory changes, loss of pleasure, impact on couple, able to talk about it, assessed/discussed with nurses, health care professionals.

Recommended Next Steps/Action Plans:

- Literature review currently being completed by colleague at Baycrest
- Upcoming rehab conference Jan 2006- sexuality is a topic, find out who presenter is
- Encourage colleague to publish paper
- Future personal research topic?

Resources Required

Encouragement and support for colleagues
Time
Assistance with possible research methodology, add to intake questionnaire
Ideas, brainstorming

Name of Topic: # 2 **Encouraging/involving nurse in research**	**Name of Convenor:** Teri Green
Names of Participants: Kenda Power, Barb Ansley, Linda Kelloway, Nancy Boara, Nancy Newcommon, Anna Bluvol, Tammy Yusik	

Description of Issue or Opportunity

Challenge: Prior to the end of the stroke nursing forum, identify one grassroots research question we could participate in, preferably collectively, but which could be approached regionally, locally, or with individual research teams. Utilize flip chart page to collect research questions (on the Breaking News wall) during the remainder of the sessions.

Highlights of Discussion:

- Often change practice without a solid research base
- Sacred cows still exist in nursing practice
- Engaging staff nurse in research process if challenging
    - Getting nurse to actively question practice
    - Organizational support for research involvement is limited (union, finding opportunities) but important to generate upfront and continued interest and support
    - Foster understanding of the basics of research i.e. reading/interpreting research articles through lunch dn learn sessions
    - Mentor nurse through the research process
    - Videoconferencing opportunities-discussing bi/.e best practices, clinical dl\dilemmas etc.
    - Feedback opportunities
    - Translating research into patient outcomes-bringing it to a best practice level
- Facilitation of a clinical nurse scientist/researcher role-a dedicated resource within nursing portfolios to move research ideas forward; requires organizational support and promotion; acknowledgement and awareness that research does not happen only at the MN/PhD level.
- Establish partnerships knowing what is going on in other regions cities, provinces etc. for collaboration and brain storming
- Identification of stroke nursing research expertise, who can be contacted for assistance in developing research ideas, bouncing ideas off of, mentorship, how to compete in the research world for funding etc.

Recommended Next Steps/Action Plans:

- Network building and building research capacity
- Canadian scan to identify how many organizations actually have stroke nursing research going on and
- what level (i.e. patient focused, organizational level)
- who are the cerebrovascular (stroke) nurse scientists in Canada and

- transmission of findings from researcher level to clinical level.
- Develop a mentorship framework for stroke nursing research
- Approach CSN for seed funding to support nursing research projects
- Web site development (CANN, HSF, CSN, CSS) where a) ideas/questions can be posted (for linking with others with similar interests) b) potential funding sources can be identified
- Suggest CANN Think Tank topic for next CANN pre session topic-national stroke nursing research agenda

Resources Required
Seed funding to support new researchers (i.e. non medical, minimal/non published) contacts within the national nursing community

Name of Topic: # 3 **Stroke Prevention**	**Name of Convenor:** Norm Kelly
Names of Participants: Bridget Mihalicz, Judy LeBlanc, Donna Cousineau, Sharon Runions, Cindy Bolton	

Description of Issue or Opportunity
Rapid assessment of Stroke/T.I.A. What are Provinces doing? Sharing of challenges & successes.

Highlights of Discussion:

- Nova Scotia Neurologist is 3 hours away. Pt's present with T.I.A are sent home and later present with acute stroke.
- Vancouver Island has chosen to put money in to Rapid Assessment Clinic instead of Stroke Unit.
- St John's has an out patient clinic. Also a stroke team consisting of Stroke Coordinator, Dietician, Therapists, Neuro- Psychologist. Have difficulty with other Physicians, Nurses not recognizing stroke as an emergency.
- South Western Ontario has 4 Stroke Prevention Clinics, are well funded at Provincial level. However, do not have enough Neurologists. Clinics are run by Cardiologists.
- All report problems with inappropriate referrals to clinics.

Recommended Next Steps/Action Plans:

- Telecommunications systems for rural areas would allow for consultation with Neurologists.
- Canada wide access to medications. E.g. Anti-platelet medication not covered in all provinces. As is very expensive many patients without private insurance can not afford.
- Cardio vascular and neuro links need to be strengthened. I.e. cardiac and neuro teaching should go hand in hand.
- Stroke prevention is under funded at provincial level. Need regional funding to prevent rather than treat.
- Nurses play vital role in primary and secondary prevention. Need national intervention strategies that can be implemented across the continuum of care. From community to bedside to rehab.

Name of Topic: # 4 How do we engage faculties of Nursing	Name of Convenor: Rika Vander Laan
Names of Participants: Sandra Ireland, Bev Powell-Vinden, Jill Riva-Patey, Tracey Newton, Marlene Lapierre, Cheryl Moher, Maridee Garnhum	

Description of Issue or Opportunity

Issue is two pronged:
1) The need for research opportunities/funding for faculty to promote interest/involvement in stroke; and
2) the question of whether the current curriculum at the undergraduate level has sufficient evidence-based content in the area of stroke care

Highlights of Discussion:

Issue 1

- known gaps in connecting to faculty for involvement in stroke initiatives locally, provincially and nationally
- do faculty tutoring students on stroke care units have adequate knowledge in the area of stroke
- inconsistency among universities in their focus i.e. community, acute, or rehab does this contribute to the overall lack of involvement
- success for faculty is measured in how their students do in CNA and other exams – does the national exams have adequate content on stroke
- overall there is a lack of faculty/PhD's in stroke field in nursing nationally – not enough to supervise graduate students with interest in stroke
- Heart and Stroke and CSN funding is directed to meet this need
- Need to reward & Recognize stroke speciality nursing from the bedside to faculty levels
- Need research to support faculty research funding to bring credibility to nursing contribution to stroke care
- Need to identify nurse sensitive stroke outcomes
- Faculty involvement will come with funding
- Allocate portions of funding from large groups i.e. CSN, HSF for nursing
- Support research funding that incorporates continuum of care issues and the need for involvement of smaller hospitals and providers – and network building
- Support research that is front-line – i.e. start small to think big
- Need to support publication and knowledge transfer initiatives at the master's level
- Lack of involvement of faculty may be a "stage of development" issue for stroke
- Evidence that specialty groups have increased focus on stroke recently i.e. CANN
- Can't merge with cardiac because population is older, cognition issues etc.
- Need to ID nurse sensitive outcomes for stroke care

- Need to encourage faculty support for front line practice through research and building clinical expertise in stroke

Issue 2

- Perception that basic programs do not contain sufficient stroke content re the stroke strategy – enrichment needed (need to validate this perception)
- Stroke is one of the leading contributors to morbidity and mortality
- What do we need to do to make it a specialty field
- Can we link with colleges, universities, CNA and specialty groups to provide certification exams specific to stroke care
- Prevention content could be one component of specialty certification
- Need to investigate the role of distance learning e.g. Humber programs in development
- Could incorporate specialty certification into collaborative BScN program (credits)
- Need to investigate how content issues have been addressed in other disease groups i.e. cardiac
- Needs to be priority using existing stroke strategy professional education group
- Need to connect with CASN, CNA for content

Recommended Next Steps/Action Plans:

- Explore specialty certification in stroke: locally, provincially and nationally
- Increase funding for nursing research in stroke – measuring nursing outcomes and including knowledge translation focus
- Insure equity across the country in funding for stroke care programs and adequate nursing content in on site orientation and training
- Investigate whether there is adequate and evidence-based content in specialty certification and national registration exams. If not, move to enrich the content

Resources Required:

National Working Group Support
Evaluation of the adequacy of funding for Stroke Nursing Research by funding agencies

Name of Topic: # 5 Stroke and Fatigue	Name of Convenor: Betty Ann Flogen
Names of Participants: Sharon Runions, Betty Ann Flogen	

Highlights of Discussion:
Fatigue noted by both of us in post stroke clients- via stroke prevention clinic and stroke/cognition clinic. We know what to do with everything else, we both noted stroke survivors needing a nap.
Is this due to lack of sleep? Healing process? Mask of depression? Drugs? No known solutions, no known cause, occasional comment in stroke survivors experience literature

Recommended Next Steps/Action Plans:

- Literature review
- Collaborative research project
- CANN Abstract submission

Name of Topic: # 6 Nursing Education/Mentorship Program	Name of Convener: Michelle MacKay/Nancy Newcommon
Names of Participants: Tammy Tebbut, Cheryl Moher, Linda Kelloway, Nancy Boara, Donna Cousineau, Dorothy Burridge, Patti Gallagher, Barb Ansley, Anne Saulnier, and others	

Description of Issue or Opportunity
The sense that we are not doing enough to teach our stroke nurse about stroke. We feel that it is important o for nurse to evolve and so our patients can benefit.

Highlights of Discussion:
Much discussion took place. Examples of different educational opportunities and educational workshops cross Canada were explored, including Calgary, Ontario, Toronto. Much success received from these educational workshops. One very encouraging is the Ontario 3 day workshop regarding stroke prevention and stroke management. Work taking place to make this available on line, and the recognition by Laurentian University. There is hope that it will be recognized as an undergraduate credit in the Baccalaureate program.

Overall we felt that a standard basic for education of all nurses is necessary.
Need to gear education around core competencies and around nurse learning needs (i.e. new grad or medical nurse looking after stroke patients.)
Nurses deserve to have the body of knowledge to look after the patient and want to do best practice therefore organizational support is vital. How do we get this?

Recommended Next Steps/Action Plans:
Mandate of working group with Canadian Stroke strategy:

- Audit/environmental scan of what exists and can we access this.
    - What are the learning needs
    - Coming up with standardized approach
    - Developing different levels of education based on learning needs, i.e. novice to expert

- What does it mean for the nurse? Other than bettering practice is there incentive .i.e. credit to certification for example.
- Look at education of stroke care across the continuum, acute to rehab, to community
- Develop evaluation of:
    - how is this improving outcomes
    - The program itself, is it working
- Dissemination at a provincial, national level
- Keeping info up to date

Resources Required:

- Large nursing voice
- provincial support
- Organizational support
- Union representing nursing – this support is necessary

Name of Topic: # 7 **Strengthening links between ER/acute care/rehab/outpatient in recognition of best practices for stroke patients**	**Name of Convenor:** Janet Brown
Names of Participants: Kenda Power, Judy LeBlanc, Chantall Doddrige, Anna Bluvol Jill Riva-Patey, Bridget Michalicz, Jody Yuzik, Janet Stonehouse	

Description of Issue or Opportunity
How to link between departments

Highlights of Discussion:
Importance of physician champions
Database: importance of benchmarking against available quality indicators to identify care gasp and monitor care
Stroke orders, stroke pathways
Nurse clinician or team approach to assess for rehab potential using rehab admission criteria (example inter-equal criteria

Recommended Next Steps/Action Plans:
Seek out resources to develop and maintain a web site/web page to support nursing

- Access and share stroke orders/stroke pathways/stroke guidelines
- Database
- Patient information sheets in different languages
- Best Practice consensus guidelines
- Bulletin Board to post questions

Resources Required:
Funding sources
Piggy back onto Ontario site

Name of Topic: # 8 Client Education	Name of Convenor: Diane Danis
Names of Participants	

Description of Issue or Opportunity:

- Who should deliver client education?
- Where and when should we provide the information?
- Consistency of information.
- What is the nursing role in client education?

Highlights of Discussion:

- Heart & Stroke – role to play in pt & family education, resources have been created but are they being used? If not, why not? Important to have materials at a literacy level appropriate for most patients (right now feeling is pamphlets are written at too high level)
- Many sites are currently developing their own tools – important not to redevelop materials but to share information between programs – consistency in info is key. May need to adapt some programs for patients with specific needs (i.e. aphasia).
- Important to ask patients/families what they perceive they need (needs assessment).
- Much discussion surrounding when education should be introduced - initial information may be given to patients/family in emergency, but this information must be built on while the patient is in acute care, rehab and reintegration into the community or on to long term care. Info given in the acute setting is sometimes too early for good understanding, but not all patients are referred to rehab or outpatient clinic setting.
- Outpatient clinic setting or weekly education class is very useful as it allows patient/family to re-access stroke program– provides education and social support.
- Ideally education should start in primary care and continue across continuum
- What is nursing role in client education? – nursing is the "centre of care" but works in collaboration with multidisciplinary team. Promote client independence, teach caregiver and encourage their involvement. Nursing teaches in clinical setting on ongoing basis.

Recommended Next Steps/Action Plans:

- Best Practice group must integrate client/caregiver education component.
- Standard stroke patient education program across Canada that is written at acceptable grade level, respecting multicultural needs.
- Greater awareness of what resources are available from Heart & Stroke and other sites.

Name of Topic: # 9 **Money**	**Name of Convenor:** **Bridget Mihalicz**
Names of Participants: Bridget Mihalicz	

Highlights of Discussion:

Highlights of my discussion with myself include:

- There was some discussion of this issue over dinner last night.
- Much time, energy has gone into this forum.
- Many excellent strategies have been identified.
- Many recommendations will be put forward/ taken forward by this group.
- If these recommendations are to be taken forward and successfully implemented there must be adequate funds.
- How can this community of stroke nurses lobby for funds to be appropriately allocate,
- Primary and secondary prevention, telecommunications etc.

Name of Topic: # 10 **Cognitive changes post stroke**	**Name of Convenor:** Betty Ann Flogen
Names of Participants: **Betty Ann Flogen**	

Highlights of Discussion:

Cognitive changes are poorly understood and not as easy to recognize as motor/swallowing concerns. When raised as a problem, few have strategies or knowledge of places to refer for assessment and treatment. Much research is happening in this area, some programs exist in Toronto. Cog rehab requires team work – neurology, neuropsychology, OT, S-LP. Seems to be a need to identify cognitive problems post-stroke, knowledge of cognitive domains to nurses' radar screen.

Recommended Next Steps/Action Plans:

- Ongoing self-learning, sharing of findings, literature review, publication of papers, abstract submissions as a team
- Collaboration with interdisciplinary team re above

Name of Topic: # 11 How do we communicate with one another? Who/Where are stroke nurses to communicate with.	Name of Convenor: Patti Gallagher
Names of Participants: Patti Gallagher and Janet Brown	

Description of Issue or Opportunity:
How do we distribute/disseminate information that is nurse focussed in a broad way to any stroke nurse anywhere?

Highlights of Discussion:
Some of us who work in isolation not part of a large stroke team or network may not always be aware of what is going on or who nationally is doing something of specific interest or concern to us.

When we were planning this forum we encountered the real issue of trying to identify who nationally was involved in stroke care. We wanted to send out the call for participants in a very broad way. It became clear that in some provinces there did not seem to be a clear contact mechanism. We want to be inclusive rather than exclusive.
How do we get information out in a coordinated way?
How/who will sift through the information if indeed we have an established network?
Who/what can make this better

Recommended Next Steps/Action Plans:

- Possibly the Canadian Stroke Network (CSN)can establish a stroke nurses internet newsletter
- Maybe the Canadian Association of Neuroscience Nurses (CANN) has a role to play in supporting a stroke nurses group.

Resources Required:
Unsure

Name of Topic: #12 Influencing Organizational Leaders to Support and Encourage Best Practice	Name of Convenor: Barb Ansley
Names of Participants: 4	

Description of Issue or Opportunity

Sustainability of practice change is influenced by support of senior leaders within organizations. Change in stroke care practice and the development of a stroke system is achievable when stroke is recognized as a priority and supported by senior leaders and physicians. This discussion is an opportunity to share ideas about what support is seen as necessary for successful and sustainable implementation of clinical practice initiatives.

Highlights of Discussion:

The people trying to implement best practice are not usually senior leaders within organizations. The vision clinicians develop associated with best practice implementation on a clinical level may not be reflected in, or explicitly linked to an organizations strategic plan. Education to and collaboration with senior leaders might influence their understanding about the desired change and the benefit to their organization. Physician leaders' support of practice change is also necessary.
It is recognized that there are many competing priorities within organizations and information about desired change needs to be clear and compelling to influence decision making at the senior management level.
Buy in from senior management related to support of practice change needs to be obvious at a clinical level and linked to performance management in order to be sustainable.
Examples of the outcomes of best practice initiatives in regional, provincial and national organizations may assist in influencing support.
Nursing leaders can influence the support of practice change within their organizations as equal members of a senior management team.

Recommended Next Steps/Action Plans:

- Provide consistent information to organization leaders across Canada to garner broad support to implement Stroke best practices.
- Gain support to empower individuals within organizations to implement best practices and to have those initiatives endorsed by senior management.
- Articulate the value of the stroke strategy initiative and develop processes to share opportunities to learn from the best across Canada.
- Link stroke initiatives to other opportunities within organizations (cost, patient satisfaction, staff satisfaction) and across organizations (collaborative research).

Resources Required:
National campaign designed to inform and influence senior managers and physicians

Name of Topic: # 13 Sharing Lessons Across Provincial Boundaries	Name of Convenor: Cindy Bolton
Names of Participants: Sue Saulnier, Janet Stonehouse, Anne Saulnier, Roxanne Cournoyer, Norm Kelly, Anna Bluvol, Chantal Doddridge, Marlene Lapierre, Bev Powell-Vinden, Betty Ann Flogen, Jody Yuzik	

Description of Issue or Opportunity
Opportunity to create a communication infrastructure between provinces to reduce duplication of work and to support creation of stroke strategies.

Highlights of Discussion:

- HSFO infrastructure: provincial working groups, success building on success, engaging key stakeholders, formation of Ontario Regional Education Group, designated coordinators, engaging champions, annual Stroke Collaborative, Foundation and regional web sites, hospital specialists to promote patient resources.
- HSFO played a key coordinating role between stroke regions and the Ministry.
- Creation of Ontario Stroke Nurses Network to bring nurses working in stroke or interested in stroke together. Web site created to share resources.
- Sharing of resources key to avoid duplication of work.
- Videoconferencing and teleconferencing key ways to provide educational sessions and hold meetings, especially when dealing with large geographical areas.
- Stroke survivors and their stories are invaluable to creating excitement among professionals and to validate effort.
- Link to Registered Nurses Association of Ontario Best Practices web site.
- Sharing of pilot projects/research studies.

Recommended Next Steps/Action Plans:
Create a communication infrastructure across the provinces related to stroke strategies.

- Expand OSNN bulletin board to other provinces.
- Create a newsletter or create a section in current newsletters to share information about provincial stroke initiatives related to nursing.
- Investigate whether stroke nursing can be a sub-group of CAAN.
- Increase communication between provincial Heart and Stroke Foundations in relation to stroke strategy initiatives.
- Communication structure of the Canadian Stroke Strategy.
- Create a web site for CSS.

Resources Required:
Funding
Web development and support
Key people designated to maintain communication structure

Name of Topic: # 14 Optimizing the role of the APN in secondary stroke prevention	Name of Convenor: Sandra Ireland
Names of Participants: Cydnee Seneviratne, Michelle Mackay, Kendra Power, Sharron Runions, Diane Danis, Linda Yetman, Donna Cousineau, Cheryl Mayer, Nancy Newcommon, Dorothy Burridge, Janet Brown, Nancy Boaro	

Description of Issue or Opportunity
The role of the APN currently has multiple definitions. Understanding of that role depends greatly on how the APN functions within the system. Questions that arise are: what is the purpose of the APN, who is the APN (CNS, ACNP), what do different disciplines expect from the APN, and what is the level of acceptance of the APN role?

Highlights of Discussion:
THE ROLE:

- ACNP nurses in Alberta and Halifax for example work independently. Issues tend be that they cannot find time to work with patients regarding behaviour modification, thus the patient often needs to make another appointment.
- It is important to examine and clarify what you are trying to achieve with the role.
- There is an identity crisis regarding what an APN can, cannot, and should do.
- How is the role of the APN validated in the clinic?
    - Behaviour modification not viewed as important by the physicians as it takes too much time.
    - Nurses have behaviour modification skills and tend to link with physicians who value behaviour modification in order to meet the patient need.

ACNP and the BEDSIDE nurse:

- The role itself creates a new level of nursing hierarchy
- The group raised concerns regarding lack of ownership/passion in the area of stroke nursing. It just becomes a job rather than a career. How do we keep new staff or graduates excited about their career?
- APN are consulted by staff nurses for bedside clinical concerns
- It is important that we encourage nurses to consult the ACNP
    - It is required that the ACNP are consistent in their role
    - The ACNP is a mentor can model stroke care at the bedside
    - The ACNP should be flexible and creative to empower staff and work within the system.

ORGANIZATIONAL issues:

- Organization dictates purpose/goals and may sometimes change the goals
- Have the CNO be as supportive as possible of the role and be able to communicate clearly the goals of the APN to all levels of the organization.

Ultimate GOALS:

- examine and clarify reporting structure
- the APN needs to be creative and dynamic
- APN's are doing different things and this needs to be examined further
- Keep up to date and aware of legislative changes or gaps
- Patient and family needs drive the system and the APN needs to be flexible in order to work within that system

Recommended Next Steps/Action Plans:

- Communicate with Alba DiCenso regarding the Advanced Nursing Practice grant in order to include issues regarding stroke ACNP.
- Mentorship program for staff nurses in stroke care. Staff will apply to be a mentee and the ACNP will apply to be a mentor. The outcome would be certification in the specialty. The goal would be to have staff remain passionate about their career.
- Establish clinical fellowship for ACNP in stroke. This would be a funded position.
- Keep knowledge translation in the forefront.

Name of Topic: # 15 Community & Rural Issues and Challenges and Evaluation Strategies	Name of Convenor: Tammy Tebbut, Jill Riva Patey, Cheryl Moher
Names of Participants: Cheryl Moher, Tammy Tebbutt, Jill Riva-Patey, Shelly King, Judy LeBlanc, Tracy Newton, Marilee Garnhum	

Description of Issue or Opportunity:
Lack of human, organizational resources and access in rural and community centres to implement best practice stroke care.

Highlights of Discussion:

- Rural population very dispersed
- Many areas do not have CT scans, physician stroke experts, multi-disciplinary expertise, rehab and community resources
- Must focus not only on tPA but also on providing best practice stroke care to all patients
- Need to be creative in providing stroke care in rural areas with lack of resources (i.e. Nurses doing swallowing screens, often wear social work hats)
- Competing priorities for all disciplines
- Do not have the volumes of stroke patients in many rural settings, therefore, difficult to develop and maintain expertise

Recommended Next Steps/Action Plans:

- Strong advocacy for expanded telehealth nationally to include assessment, acute, rehab prevention, community reengagement as well as education.
- Regional outreach teams to provide ongoing support to community and rural centres either through travel or videoconferencing
- Data base with national core indicators for evaluation for Regional, District, Community and Rural centres
- Opportunities for mentorship
- Designated sub-committee to look at stroke care in rural and community settings as challenges are much different than urban centres. Need to have a strong voice to advocate for funding opportunities.
- Broaden incentives to all disciplines to work in remote, rural communities.
- Advocate for universities to open up additional programs for all multi-disciplinary team members (i.e. Physicians, SLP, OT, etc)
- Incentives for return and service when providing educational sessions
- Discharge plans must be tailored to reflect available resources in rural and community settings

Resources Required:

- Increased funding for: telehealth, evaluation, diagnostics, primary and secondary prevention, incentives for return and service
- National Evaluation sub-committee to develop core evaluation indicators at varying levels for regional, district, community and rural centres. Must pull from existing databases. Gaps in data could be bridges by expanding mandatory coding to include additional data, i.e. tPA
- Need designated champions to represent needs and gaps for rural and community centres.

Name of Topic: # 16 **Patient Flow/Communicating with Acute/TCU/Rehab/Community**	**Name of Convenor:** Janet Stonehouse Jody Yuzik (recorder)
Names of Participants: Jody Yuzik, Janet Brown, Judy Leblanc	

Description of Issue or Opportunity
Large gap between communicating with other facilities.
The process and communication between facilities within the province.
Ensuring patients' needs are being meet, continuity of care to the next stage.
Trying to "sell" our patients to other facilities.

Highlights of Discussion:
Pathways are not being started and followed – able to find out who is not following the pathway (usually the physician) – net to get buy in.
Once instituted, more people will follow the pathways.
The use of databases to determine and identify barriers and delays with patient flow.
Using Interqual criteria to code patients to determine what level of care they are and what their needs are.
Receiving facilities are not recognizing the level of care that has been identified by the acute facility.
Constant communication with other facilities is needed to get them on board with the care of stroke patients, continuity of care.
Coordination between the discharge criteria in acute/sub acute care with the admission criteria for the other facilities.

Recommended Next Steps/Action Plans:
- Sharing the information with the rest of the province and country via website, emailing etc.
- Sharing information process tools.
- Teleconference stroke/neuro rounds
- Telehealth to do assessments on people – able to communicate with other members of the team.
- A regional coordinator to help facilitate discharges/transfers and care of the stoke patients to other facilities. To help build relationships with other facilities and talk the same language.

Resources Required:
Coordinators involved with the Stroke care process and strategies.
Web site available as a resource.

Name of Topic: # 17 **Role of Telehealth in Stroke Management**	**Name of Convenor:** Kenda Power
Names of Participants: Kenda Power, Tracey Newton, Shelly King, Nancy Newcommon	

Description of Issue or Opportunity
What are other provinces doing in the area of Telehealth?
What are the opportunities that exist?

Highlights of Discussion:
Various areas that Telehealth could be used or are being used:

- Telestroke (rtPA administration) – Calgary is developing a system/some sites in Ontario are using Telestroke/Others?
  Need to have a set up in the ER at both sites to read scans (PAC system) and see patient or have a portable system available.

- Provision of services for under-serviced areas e.g. SLP.

- Intake conferences for rehabilitation.

- Stroke clinic follow-up – meet with APN or other members of the team for lifestyle/behaviour modification.

- Education Services – patient/nursing/and allied professionals.

Recommended Next Steps/Action Plans:
- Audit for Telehealth services across the country looking at:
  - what are we using it for, successes/challenges,
  - resources needed,
  - who facilitates the process in each province.

Resources Required:
One of the resources required would be someone to carry out the audit and disseminate to the group. Could this be added onto a website?

Name of Topic: # 18 **Stroke nurse as a specialty / clarifying the role**	**Name of Convenor:** Betty Ann Flogen, Linda Kelloway
Names of Participants: Dorothy Burridge, Linda Yetman, Patti Gallagher, Jill Riva-Patey, Barb Ansley, Diane Danis, Rika Vander Laan	
Description of Issue or Opportunity: **What is the role of nurses in the continuum of stroke care? Are we a specialty?**	

Highlights of Discussion:

- the evolution of neuroscience nursing and stroke. Increasingly, settings are becoming fragmented and less specialized (e.g. trauma and neuro units or stroke units with internal medicine). This in turn leads to "competing" specialties, for example when stroke patients are in rehab, are the nurses stroke specialists or rehab specialists?
- The role of National bodies (e.g. Canadian Association of Neuroscience Nursing, Canadian Stroke Network) in promoting stroke nursing as a speciality. Potential for the development of a subspecialty with neurosciences with specialty certification- within this there would be recognition of the role stroke nurses play in all areas of stroke care (emergency, ICU, acute, rehab, reintegration, community, etc).
- The importance of mentorship and fellowship programs in promoting the specialty- we have lost the learning from experts and the importance of observing/ sharing in stroke nursing. Helps create an identity and reduces the feeling of being alone.
- Under-use of technology such as video conferencing that could bring nurses in different settings and regions together.
- Within nursing itself we need to take leadership. We need to stop waiting for others to give us the power and take it on ourselves. Improve our self -promotion

Recommended Next Steps/Action Plans:

Group agreed that stroke nursing is a speciality.

- Establish a national network dedicated to stroke as a specialty. This network needs to be aimed at all nurses involved in stroke care, emphasizing the importance of the bedside nurse.
- Explore creating this network through existing infrastructures (E.g. CANN)
- Work towards changing our culture. Need to recognize ourselves as leaders and experts (even when we may not know everything or feel that we are not yet perfect in our roles)
- Develop a mentorship/fellowship program

Resources Required:

Need leadership. Many of the resources are available; however we need a group of individuals willing to take on the task of pushing the plan forward.

Name of Topic: # 19 **How to Bring Best Practices to Bedside/Nursing Resources Competing Demands**	**Name of Convenor:** Anna Bluvol/Cheryl Moher
Names of Participants: Nancy B., Sue S., Anne S., Roxanne C., Marlene L., Chantal C., Maridee G., Michelle M.	
Description of Issue or Opportunity Guidelines exist but not consistently used in practice Challenge exist to engage nurses	

Highlights of Discussion:

Nursing Role:

Nursing in a state of flux and role not clearly understood or articulated by nursing and others i.e. many nurses still task focused and are not at a stage of readiness to advance practice.

Nursing is often responsible for implementing interventions for entire health care team.

Nurse Schedule/Resource:

Little flexibility in daily schedule as there are responsibilities moment to moment and very difficult to transfer those responsibilities without impacting patient care.

24/7 coverage – lack of availability for regularly scheduled meetings (i.e. 2nd Tuesday of every month at 1400) without replacement costs.

Competing Demands:

Nursing is attempting to implement multiple best practice models i.e. wound care, pain management, least restraint as well as organizational initiatives i.e. electronic documentation and accreditation at the same time we are attempting to bring the stroke best practices forward.

Nursing workload is often measured by what was done in the course of a day opposed to what should be done (best practice).

Is there an unrealistic expectation for what nursing can accomplish at one time?

Recommended Next Steps/Action Plans:

- Create a culture that supports advancing nursing best practice – nurses need support to develop skills to change
- There is a need to voice the issues/challenges identified at this forum to provincial/national nursing body
- Expectations/Accountabilities need to be clearly defined for practitioner to facilitate best practice
- Develop nurse champions/mentors to facilitate practice/culture change
- Evaluation of nursing outcomes: Clear indicators for all facilities, analysis and timely sharing of data so progress and gaps are identified
- Evaluation resources to ensure sustainability
- Priority setting; start small

- Work plan needs to be realistic and reflect organizational/ program priorities and ongoing
- Provincial/organizational broker to determine overall priorities?
- Workload measurement: examine current definitions and time allotments to identify the gap between expectation for best practice delivery and realistic resource requirements
- A national forum for sharing lessons learned regarding best practice implementation
- Are there opportunities to collaborate on initiatives i.e. with chronic disease management?

Resources Required:
Money

Name of Topic: # 20 How can nurses shape and influence policy development and change in the Canadian Stroke Strategy	Name of Convenor: Cindy Bolton
Names of Participants: Donna Cousineau, Sandra Ireland, Norm Kelly, Cheryl Mayer, Bridget Mihalicz, Tammy Tebbutt	

Description of Issue or Opportunity

The issue was identified after hearing that one of the newly formed committees within the Canadian Stroke Strategy convened its first meeting at a time when the two nurse representatives were not available to meet. This led the group to suggest that there was a need to ensure that we have an organized and strategic approach to ensure that a) the voice of Canadian stroke nurses is included at the planning table (in more than a token manner) b) that the right voice is there (informed, articulate, politically savvy and strategic) and c) that there be a structure in place to engage nurses and mentor them to contribute to the policy development and change.

Highlights of Discussion:

The discussion focused on trying to understand how best to ensure that the participation of nurses is valued in the emerging Canadian Stroke Strategy and that each committee has nurse representation that is not merely token but a strategic choice (the right nurse(s)). We acknowledge that these issues are shared with other professions however nurses are the largest health professional group and they work in stroke across the continuum of care.

There was recognition that nurses have much to learn about the political process and effective advocacy roles. Historically, nurses have been overlooked when committees and working groups are formed in part because there is no collective voice and/or we don't know how to ask for it in a strong articulate manner. In the Ontario system, the Heart and Stroke Foundation of Ontario gave nurses a voice by inviting nurses to sit on provincial committees and working groups. Need to have a similar process within the Canadian Stroke Strategy but also have to take a proactive approach and if we aren't asked to the planning table that we advocate for that place.

Stroke nursing is in an evolutionary phase;

- The role of nursing in stroke care needs to be defined
- The role of advanced practice is emerging
- Nursing research in stroke is in its infancy (as evidenced by the fact that Ontario was unable to fill Stroke Nursing Chairs)
- Stroke nursing practice is being influenced by systems change (e.g., integrated stroke units and emerging treatments and technological advances)

- The majority of stroke nursing in Canada takes place in rural, non teaching centres so the rural voice needs to be at the planning table
- There is a paucity of nurse sensitive outcome data in the Canadian Stroke Registry. Acknowledged the important presence of a nurse researcher (P. Lindsay) in the indicator development and analysis process

Recommended Next Steps/Action Plans:

- Need to ensure that there is a voice at the planning table of all committees in the Canadian Stroke Strategy as value added to the process
- Need to make sure that it is the "right voice" to represent stroke nurses from across Canada
- Need to begin with the group that has been identified initially to participate
- Strongly suggest the need for a Canadian Stroke Nursing Steering Committee convened by the Canadian Stroke Network/Heart and Stroke Canada (with a link to the Canadian Nurses Association) to represent research, education (clinical and academic), advanced practice, etc. The representatives of this steering committee would be selected for their strategic vision, commitment to advancing the practice of nurses, and their ability to get the information from the field to speak articulately to the issues. (For example, from the research side we could name the nurse scientists in Canada involved in stroke research).
- We need to use the Steering Committee to identify avenues for roles at a provincial, (e.g., nursing secretariats) and regional levels to lobby for systems change and capacity building for stroke nurse scientists, advanced practice and front line nurses in all parts of the continuum in all parts of the country
- need to develop an understanding of how to mentor nurses for roles in policy development and advocacy (internships with nursing secretariat, etc.)

Resources Required:

- Start with the identified individuals for committees on the Canadian Stroke Strategy
- may need a support person to coordinate the development of a steering committee
- financial resources for meetings

Appendix 4
Personal Commitments

In order to move stroke forward:

- To get politically active
- To get involved in at least one other initiative

Offer myself as a mentor in nursing related stroke research, education and practice
Strengthen the links with rural stroke nurses and the provincial HSF

My own commitment is to collaborate with other expert nurses in the field of stroke relating to education and research

In addition to taking leadership in the research area, I will also explore ways of bringing research/best evidence into practice in my own program, considering some suggestions that came out of the Forum

Share realizations with others
I'll help with the website coming up
I'll share this meeting with others who were not here

Begin discussion about national stroke nursing group with regional stakeholders and include an item at the Regional Education Advisory

Continue to move forward examining the use of formalized education programs to offer continuing education programs at the College/university sites in my local area to start
Target: RN's, RPN's, PSW's across continuum of care
E.g. mobility
Dysphagia
Stroke primary and secondary prevention
Cognitive, perceptual and behavioral changes
S& S, A& P and RX of stroke
Communication

I will continue to plan, develop, learn and strive for excellence, open up pathways for myself and others to be the best nurse possible

Explore further how, as an APN, I can further empower and mentor the nurse on my unit. Is it through knowledge transfer…I am not sure.
Further evaluate my work. Work on measuring outcomes. Also evaluation of any initiatives in place
Much unrest occurs on my unit because of loss of beds, staff, and a focus. Is measuring what we can no longer do, because of that, a way of helping us convince our organization that we need help to resume some of our work and focus on stroke.

To develop a stroke strategy, provincial this is consistent with the national stroke strategy
To lobby and share the past 2 days with administrators of our facility and the political forum in our province
All places in Canada deserve the same level of stroke care, regardless of sex, age, race, geographic location. How do we make that happen?

I am committed to advancing the practice of the specialty of stroke rehabilitation nursing through the vehicle/participation in the national stroke nursing leadership groups which will be developing a report to submit to the CSS.

I will commit to keep care of the patients and families the centre of nursing
Continuing to keep nurses' contribution the centre of the health care system.

Improve the use of telehealth from the regional hospital to both community hospitals for both consultation for patients and stroke team and education for staff and patients

Inform other nurses and allied health members of what was discussed here during the conference.
Share and encourage others to be/get involved
Network and connect with other individuals that I have met here

Strive to support and promote stroke nursing at the CSSSC
Provide CANN resources and pressure by promoting nursing nationally and provide venue for stroke nursing groups for research, publication, standards and education.

To advance the role of nursing in the CSS.
Wherever possible to share lessons learned (both the positive and not so positive) from one region's experience with the Ontario Stroke Strategy
Facilitate access to existing tools and resources across provincial boundaries via the distribution list created from this group
Remain passionately committed to the principles that gird the Canadian Stroke Strategy and to lead by example whenever possible (e.g. promote public awareness of S&S of stroke)
Disseminate best practices of stroke care

Participate in standardizing patient education tools in my hospital and region
I will help with the web site linkage
Commitment, feedback, input, action, voice to spread the word of further recognition in stroke development
Passion to evaluate process and initiative

I will participate in the development of the proposal to the CSS
I will assist in a work group where I can contribute
I will stay in touch with group members about issues I can give input or information about

To identify what educational resources are currently being used in delivering care that is evidence based in my community and identify methods that are used in disseminating this information to staff nurses.

Try to define APN role provincially
Continue to work towards implementing BPG across the continuum care

Informing/reporting back to colleagues, managers, physician team members' discussion at the Forum, emphasizing importance of sharing information across programs, borders, nationally
Regular updates and at staff meetings
Ongoing support of best practice and need to support same
Encourage regional stroke program to develop mentorship linkages with other programs as we start to recruit 3 NP positions

Need to review RNAO guidelines for BP to see how our organization (ward) measures up
- We are using preprinted orders for stroke, TPA
- We do nurse patients in one ward area
- We have stroke information for RN's and patients and utilize HSF booklets

Need to push for a TIA clinic. The neurologist has not been having success in his endeavour, need to bring info from the Forum back to nursing management
Promote stroke nursing at the staff nurse level
Pass on info to CANN chapter
Actively take part in upcoming meetings for the national stroke nursing leadership group

Get involved with realistic time expectations
- Volunteer for rural issues
- Review national nursing strategy proposal and provide feedback
- Review research proposal; and explore opportunities for non academic centres

Follow up contacts made for specific resources
Act as an ambassador
Communicate thoughts from this Forum to others:
- The Regional Manager within the OSS
- District Stroke Coordinators
- Planning Councils: regional, district, local
- Nursing peers

I am committed to working toward a national stroke strategy so that every person has equal opportunity for the best possible care in the management of their stroke

Act as a mentor in nursing Research in Stroke
Pull a group together to organize and support nursing research in stroke
Lobby for support for nurses who want to enroll in specialty certification
Commitment to moving initiative forward:
To foster, nurture, mentor—raise awareness that we as stroke nurse are an important piece of the puzzle in stroke care through out the continuum, each of us has gift to offer

Time and energy involved in determining the available resources and education delivery options within my own region in an effort to make stroke education accessible to rural and remote communities—with the ultimate goal of improving stroke care to the patients within my region.
Also committed to sharing my work with clinicians and educators from other rural areas to promote rural education throughout Canadian provinces.

Education of staff/patients
Develop, strengthen links within own province
Don't reinvent the wheel, discover what is out there and apply what is already developed to a provincial level

Knowledge is power. Share the knowledge
Maintain a network via e mail, website etc. to share knowledge
Involve nurses at bedside, community, etc. in sharing and developing BPG.