

Central East Priority Project Summary

Project Name: Unified Stroke System in the CE LHIN

Purpose of Board Review
 For Information Only
 For Approval
 For Endorsement to Proceed with Further Planning/Refinement/Review

Project Charter Sponsor(s) CDPM Steering Committee, Northumberland-Havelock Collaborative

Project Type
 Service Enhancement
 New Service / Program
 Integration Activity
 Demonstration Project
 Single Phase Project
 Multi-Phase Project

Funding Required \$ 1.84m [2007-08: \$360,000] [2008-09: \$1.48m]

Funding Source Provincial Priority – Ontario Stroke System
Funding Year (s) based on Provincial dialogue
Funding Type On-going

Anticipated Project Owner (Accountability)
 CE LHIN
 CE LHIN Health Service Provider
 Assigned CE LHIN Project Team

Project Deliverables / Goals

- A phased approach to achieving equitable access to the continuum of stroke services in the CE LHIN including appropriate funding to establish access to t-PA for stroke in the Durham region through creation of a District Stroke Centre
- To advocate for realignment of the OSS boundaries based on the CE LHIN boundaries.

Project Timelines Start: November 2007 Completion: 3 year target

Project Reviewed By:
Networks: CDPM Steering Committee received update
Collaboratives: Northumberland Havelock Collaborative
Task Groups: No
CE LHIN Staff: Involved in Charter Development

Strategic Directions

- The LHIN Board will lead the transformation of the health care system into a culture of interdependence.
- Healthcare will be person-centred in safe environments of quality care.
- Create an integrated system of care that is easily accessed, sustainable and achieves good outcomes.
- Resource investments in the Central East LHIN will be fiscally responsible and prudent.

Priorities for Change

- Seamless Care for Seniors
- Mental Health and Addictions
- CDPM
- Wait Times and Critical Care

Enablers

- Primary Care
- E-health
- Health Services Planning
- Health Human Resources
- Diversity
- Back Office Transformation
- Moving People Through The System

System Outcomes

- Accessible
- Effective
- Efficient
- Safe
- People Centred
- Integrated
- Appropriately Resourced
- Equitable
- Focused on Population Health

Project Charter

Version No: 2.0
Version Date: 2007/10/09

Project Name: Unified Stroke System in the CE LHIN		Project Acronym or No.: Unified Stroke System	
Project Sponsor: CDPM Steering Committee	Project Coordinator: James Meloche/Jeanne Thomas	Target Project Completion Date: 3 year targets identified	
Project Lead/Project Manager: CDPM Steering Committee designate		Version No. 2.0	Version Date 2007/10/09

Project Background

The Ontario Stroke System (OSS):

The goal of the OSS is to provide Ontarians with access to the best practice stroke care regardless of where they live. To facilitate this, the province is divided into stroke regions, and depending on the size these regions are further subdivided into stroke districts. The Regional Stroke Centres (RSCs) and the Enhanced District Stroke Centres (EDSCs) have the mandate to facilitate the implementation of Stroke Best Practices on a regional level. The associated District Stroke Centres (DSCs) drive down these practices within their districts, working closely with their community partners.

The CE LHIN and the Stroke Network Boundaries

The Central East (CE) LHIN has components of 3 stroke Networks overlapping its geography: the CE Stroke Network, the North and East Greater Toronto Area (GTA) Stroke Network and the South East GTA Stroke Network. The Peterborough Regional Health Centre (PRHC) is the only Stroke Centre in the CE LHIN (designated a DSC in 2004 for the Haliburton Kawartha Pine Ridge District) and belongs to the CE Stroke Network. The CE Stroke Network also consists of, Durham Region (also in the CE LHIN), York Region, and Simcoe/Muskoka District, with DSCs at York Central Hospital (designated in 2003), Algonquin Health Corporation (designated in 2005), and the EDSC at the Royal Victoria Hospital (RVH), (designated as a DSC in 2003 and re-designated as an EDSC in 2004). As an EDSC, RVH has the responsibility of facilitating the development of a CE Stroke Network Stroke Strategy.

To add to this complexity, there are **3 LHINs** that overlap the CE Stroke Network.

Provincial Funding of the OSS:

The OSS has an annual budget of \$30 million which predominantly funds the Stroke Centers, Secondary Stroke Prevention Clinics and Stroke Research. The RSCs and EDSCs have more resources available to them than DSCs for the purpose of cross-regional stroke best practice implementation. These include the Education, Long Term Care, and Rehabilitation Coordinators, and a Secondary Stroke Prevention Clinic. However, the EDSCs lack the funding for a clinical Stroke Best Practice team (PT, OT, SLP, and Case Manager) which the RSCs have been given funding for.

The Central East Stroke Network was the last Stroke Network to be established and did not receive adequate funding to provide equitable access to stroke services for its residents. Most noticeably, the Durham Region has not received funding to establish a DSC and as a result does not offer t-PA for the treatment of stroke. This is a serious service gap in the CE LHIN as half a million residents of that region do not have access to t-PA for stroke. Please note that Lakeridge Health has submitted a business case to the CE LHIN and MOHLTC to become a designated Stroke Centre to address this service gap. With respect to funding for secondary stroke prevention, Initially Lakeridge Health received funding for a secondary stroke prevention clinic instead of monies for designation DSC.. Note PRHC did not (neither did York Central, nor Algonquin Health) receive secondary stroke prevention clinic funding. Recent per capita funding analysis re-confirmed inequity in the OSS funding to the CE LHIN (Appendix 1).

Project Background

Issue:

Currently the residents of the CE LHIN (specifically the Durham region) do not have equitable access to emergency treatment for stroke t-PA.

Furthermore, The new LHIN philosophy encourages LHIN-based collaboration to move forward with Best Practice implementation. Provincially the alignment between the Stroke Regions and the LHINs is not ideal. However, as mentioned above it is especially complicated within The CE LHIN as it has 3 stroke Networks within its boundaries, including the Central East Stroke Network which has 3 LHINs within its boundaries. Therefore, it will be very difficult to try to develop a cross- Stroke Network and cross-LHIN alignment with so many Stroke Networks and LHINs being involved.

The Ideal Solution:

Resources have to be allocated to establish a District Centre in Durham to provide 24/7 access to t-PA.

With the MOHLTC approval this designated centre will also become the District Stroke Centre for the western geography of the CE LHIN.

Resources should be allocated to enhance the designation of one of the two District Stroke Centers (DSCs) in the CE LHIN (i.e. Durham Stroke Centre or PRHC, or share the enhancement between two stroke centers).

To achieve optimal LHIN based stroke service delivery the stroke districts/regions should be realigned based on the LHIN boundaries. This will result in greater system efficiency, facilitate LHIN based collaboration, planning, patient care, and reporting which will be LHIN based.

Initial Action Steps:

The CE LHIN should advocate for additional funding to the MOHLTC to establish access to t-PA for stroke in the Durham region through designation of DSC.

The CE LHIN and the CE LHIN Chronic Disease Management and Prevention (CDMP) steering committee could take the lead role provincially in opening discussions regarding re-evaluating the current boundaries of the Stroke System to facilitate the most efficient and equitable LHIN-based stroke care.

Project Scope

Project Purpose

To allocate appropriate funding to establish access to t-PA for stroke in the Durham region through designation of a facility as DSC. To pursue with a MOHLTC a District Stroke Centre designation for this centre. To allocate appropriate funding to establish an Enhanced District Stroke Centre in the CE LHIN (or a model that spreads the Enhanced resources and responsibilities among the two DSCs in the LHIN). To enhance the t-PA resources in the CE LHIN (i.e. Telestroke in Lakeridge Health, Northumberland Hills Hospital and Rouge Valley Hospital, funding for t-PA drug costs at the t-PA delivering sites).

To advocate for realignment of the OSS boundaries based on the CE LHIN boundaries.

Vision:

A phased approach to achieving equitable access to the continuum of stroke services in the CE LHIN.

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Strategic Alignment

A collective dialogue with regional and provincial stroke partners including the MOHLTC, the OSS and the LHINs about strategic stroke planning and re-organization of the OSS system that will be consistent with the province wide planning and funding structure in place. The following are the benefits of re-alignment of the OSS boundaries based on the LHIN boundaries:

1. Leverages community based collaboration occurring within LHINs and improves alignment of stroke care with the current accountabilities between HSPs and the LHINs.
 2. Strengthens and could be a model for LHIN based planning and care.
 3. Ensures cross-LHIN equity in access to stroke services.
 4. Promoting greater system efficiency through facilitation of: LHIN based collaboration, planning, patient care, and reporting which will be LHIN based.
 5. Provides opportunity to demonstrate alignment of a chronic disease system on a LHIN-wide basis
 6. Provides a framework for alignment of a provincial program to LHIN boundaries and accountabilities.
 7. Provides an opportunity to re-align the Regional and District Strategic Stroke Planning/delivery with LHIN-based planning initiatives and service boundaries. This will strengthen patient care and service integration within the CE LHIN.
 8. This project should bring about consistency of the OSS with the current provincial and LHIN based implementation of the CDPM model and other LHIN Networks (i.e. SCFS)
 9. This project would support and improve cross priority planning e.g. seniors who have experienced a stroke.
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Project Benefits

1. Universal access to stroke care in the CE LHIN – i.e. providing residents of Durham Region access to t-PA for stroke. In 2006/2007 34 individuals received t-PA in HKPR (622 Stroke separations in 2003/2004). As Durham had a similar number of stroke separations (644), approximately 35 individuals could be treated with t-PA on an annual basis.
 2. Improved efficiencies in coordination of stroke resources within the CE LHIN.
 3. Strengthening and being the model for LHIN based planning and care.
 4. Re-organization of the OSS based on the CE LHIN boundary will promote service equity.
 5. Promote greater system efficiency through facilitation of: LHIN based collaboration, planning, patient care, and reporting which will be LHIN based.
 6. Provides opportunity to demonstrate alignment of a chronic disease system on a LHIN basis
 7. Provides a framework for alignment of provincial program to LHIN boundaries and accountabilities.
 8. Provides an opportunity to re-align the Regional and District Strategic Stroke Planning/delivery with LHIN-based planning initiatives, service boundaries. This will strengthen patient care and service integration.
 9. This project would improve the consistency of the OSS System with the current provincial and LHIN based implementation of the CDPM model and other LHIN Networks (i.e. SCFS)
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10. This project would support and improve cross priority planning e.g. Seniors who have experienced a stroke
11. Program Evaluation is simplified and consistent with LHIN reporting for other Health Service Providers

Goals, Objectives & Performance Measures

Goals	Objectives/Deliverables	Performance Measures
1. To establish t-PA access in Durham through designation of DSC	<p>A. To assess the true costs of delivery of t-PA for stroke. Identify resources required for implementation (e.g. The cost to deliver t-PA)</p> <p>B. Obtain additional resources from MoHLTC to implement coordinated 24/7 access to t-PA in Durham Region.</p>	<p>Costing analysis of the true cost of delivery of t-PA in Durham region.</p> <p>24/7 access to t-PA to the residents of Durham Region either through Telestroke or on-site Neurology.</p>
2. To enhance t-PA access in the CE LHIN (i.e. telestroke in Lakeridge Health, Northumberland Hills Hospital and Rouge Valley Hospital, funding for the cost of t-PA at the t-PA delivering hospitals)	<p>A. Identify the possible stroke system enhancements to increase access to t-PA in the CE LHIN</p> <p>B. Identify the required resources to implement enhancement of access to t-PA in the CE LHIN</p>	<p>Possible stroke system enhancements in the CE LHIN identified.</p> <p>Costing analysis of enhancement of access to t-PA.</p>
3. Strengthen the stroke care infrastructure needed to deliver coordinated stroke care in the CE LHIN	<p>A. Establish a CE LHIN CDPM Sub-Committee to oversee the evaluation, planning and implementation of stroke program enhancements including a DSC and Enhanced District Stroke Centre (EDSC) implementation in the CE LHIN</p> <p>B. Establish a DSC in the western portion of LHIN</p> <p>C. Implement a process to identify the model of Stroke Centre Enhancement in the CE LHIN i.e. recommend which centre(s) should be an EDSC(s).</p>	<ul style="list-style-type: none"> • Establishment of a DSC in the Western part of the CE LHIN • Providing a model to establish an Enhanced District Stroke Centre in the CE LHIN (i.e. providing an Enhanced District Stroke Centre designation to one stroke centre, or sharing the enhancement between two centers).
4. Endorsement of the realignment of OSS boundaries to coincide with LHIN Boundaries.	<p>A. Hire a consultant, in conjunction with the other LHINs and OSS partners to assess the patterns of use/service delivery/gaps and opportunities for enhancement of resources (services, HR etc.)</p> <p>B. Assessment of current patterns of use service utilization within the CE LHIN</p> <p>C. Based on the results of the consultant report pursue with the OSS and MOHLTC support for</p>	<ul style="list-style-type: none"> • An analysis paper to identify the patterns of use/service delivery/gaps and opportunities for enhancement. • Decision by MOHLTC about re-alignment of stroke boundaries based on the LHIN boundaries

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Goals	Objectives/Deliverables	Performance Measures
	realignment of stroke boundaries based on the LHIN geography	

Project “IN” & “OUT” of Scope Items

“IN” Scope	“OUT” of Scope
<ul style="list-style-type: none"> • Allocation of additional funding resources to establish access to t-PA in western portion of the LHIN. • Allocation of additional funding resources to establish a DSC in the Western part of the LHIN. • Establish an EDSC in the CE LHIN (or sharing an enhancement between two centers). • Provincial discussion about the re-alignment of the OSS boundaries based on the LHIN boundaries. • Assessment of current patterns of care in the western portion of LHIN. • Establishing a system of care for stroke in the CE LHIN. 	<ul style="list-style-type: none"> • Operationally the implementation of care coordination and education at point of delivery.

Project Timelines

High-Level Milestones	Target Completion Dates
<ul style="list-style-type: none"> ◆ Allocation of new resources to establish access to t-PA in Durham Region through achievement of designation of DSC. ◆ Creation of sub-committee to establish a DSC in the Western part of the CE LHIN. ◆ Identifying the stroke centre in the CE LHIN that could should become an Enhance District Stroke Centre (or share the Stroke Centre Enhancement between two centers). ◆ Allocation of resources to establish an Enhanced District Stroke Centre in the CE LHIN (or a shared model among 2 centers) ◆ Identifying the stroke centre in the CE LHIN that could should become an Enhance District Stroke Centre, or share the Stroke Centre Enhancement among 2 centers. ◆ Provincial acknowledgement by the MOHLTC, (Provincial Stroke Steering Committee) of the need to re-align the Stroke System boundaries to coincide with those of the CE LHIN 	<ul style="list-style-type: none"> ◆ TBD

Project Costs

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Category	Fiscal Year 1	Fiscal Year 2	Fiscal Year 3	TOTAL
<i>Salaries and Wages</i>				
<i>Benefits (22% of S&W)</i>				
<i>ODOE (15% of S&W)</i>				
<i>Materials/Equipment</i>				
<i>Office Space/Facilities</i>				
<i>Training/Development</i>				
<i>Consultants</i>				
<i>Funding Required to establish</i>				
1. <i>Funds required to establish DSC in Durham and provide access to t-PA for all of Durham (service delivery and protocol establishment- for salaries approximate benefits were build in).</i>				
<i>Coordination</i>	110 000	110 000	110 000	330 000
<i>Nursing support</i>	100 000	100 000	100 000	300 000
<i>Physician on-call</i>	May not be needed in year 1	182 500	182 500	365 000
<i>Drug cost(t-PA) estimated</i>	May not be needed in year 1	100 000	100 000	200 000
2. <i>Funds to increase the stroke infrastructure related to t-PA delivery in the CE LHIN</i>	TBD (based on the consultant report)	TBD	TBD	TBD
<i>Estimated Drug costs at PRHC</i>	100 000	100 000	100 000	300 000
<i>Potential Telestroke in Northumberland Hills Hospital</i>	TBD	TBD	TBD	TBD
<i>Potential Telestroke at Rouge Valley Health System (RVHS)</i>	TBD	TBD	TBD	TBD
3. <i>Funds required to Establish an Enhanced Stroke Centre in CE LHIN (or shared among 2 lead organizations)</i>				
<i>Long Term Care Coordinator</i>	may not be needed in year 1	100 000	100 000	200 000
<i>Rehabilitation Coordinator</i>	may not be needed in year 1	100 000	100 000	200 000
<i>Education Coordinator</i>	may not be needed in year 1	100 000	100 000	200 000
<i>Education Budget</i>	may not be needed in year 1	60 000	60 000	120 000
<i>Clinical Team:</i>	may not be needed in year 1			
<i>Physical Therapist</i>	may not be needed in year 1	90 000	90 000	180 000
<i>Occupational Therapist</i>	may not be needed in year 1	90 000	90 000	180 000
<i>Speech Language Pathologist</i>	may not be needed in year 1	90 000	90 000	180 000
<i>Nurse Specialist</i>	may not be needed in year 1	100 000	100 000	200 000
<i>Case Manager</i>	may not be needed in year 1	100 000	100 000	200 000
<i>Administrative Assistant</i>	may not be needed in year 1	60 000	60 000	120 000

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Category	Fiscal Year 1	Fiscal Year 2	Fiscal Year 3	TOTAL
4. <i>Cost for a consultant (year 1 only)(evaluation of the OSS)</i>	50, 000			50 000
TOTALS	360 000	1 482 500	1 482 500	3 325 000

Funding Source

Seek resources to establish t-PA access in Durham from the MOHLTC.

Seek resources to establish an enhanced District Stroke Centre or shared enhancement among the two centers in the CE LHIN.

Assess current CE LHIN resources and potential resources to fund the stroke program enhancements listed above.

Await the results of system evaluation i.e. other sources of funding.

Project Team

Team Member, Organization	Role on the Project	Required Involvement	
		Estimated Duration	Level of Effort
<ul style="list-style-type: none"> • Team 1 • Establish t-PA delivery in Durham • Lakeridge Health Stroke Coordinator • HKPR Coordinator • Physician leads (Durham) • Physician Leads (HKPR) • EMS (Cross- LHIN representation) • Rouge Valley Hospital administrative representative • Scarborough Hospital • Regional Program Manager –North East (NE)Toronto Stroke Network (Sunnybrook) • Regional Program Manager –North East South East (SE) Toronto Stroke Network (St. Michael's Hospital) 	<p>As a representative of the Lakeridge Stroke Program</p> <p>As a representative of the HKPR Stroke District</p> <p>As medical representatives involved in stroke care in Durham</p> <p>As medical representatives involved in the HKPR Stroke Program</p> <p>As representatives of the EMS departments which are integral to implementation of the Acute Stroke Protocol</p> <p>As an administrative representative of the RVH who has stroke in their clinical portfolio</p> <p>As an administrative representative from Scarborough Hospital</p> <p>As a representative of the NE GTA Stroke Network</p> <p>As a representative of the SE Toronto Stroke Network</p>	<ul style="list-style-type: none"> • TBD for all 	<ul style="list-style-type: none"> • TBD for all

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Team Member, Organization	Role on the Project	Required Involvement	
		Estimated Duration	Level of Effort
<ul style="list-style-type: none"> Regional Program Manager – Central East (SE) Stroke Network (Royal Victoria Hospital) Representatives from other hospitals that will be part of the t-PA Acute Stroke Protocol in the Western part of the CE LLHIN Others members to be considered as appropriate 	<p>As a representative of the CE Stroke Network</p> <p>As a representatives from those organizations</p>	TBD for all	TBD for all
<p>Team 2</p> <ul style="list-style-type: none"> Evaluation System Enhancement group Consultant CE LHIN CDPM Steering committee representative Representative from Lakeridge Health Representative from Rouge Valley Hospital CE Stroke Network Program Manager North and East Toronto Stroke Network Program Manager South East Toronto Stroke Network Program Manager HKPR District Stroke Centre Coordinator Others members to be considered as appropriate 	<p>Provide the required information to the committee about the state of the OSS in the CE LHIN</p> <p>As a representative of the CE LHIN CDPM working group</p> <p>As a representative of Lakeridge Health</p> <p>As a representative of Rouge Valley Hospital</p> <p>As a representative of the CE Stroke Program</p> <p>As a representative of the North and East GTA Stroke Network</p> <p>As a representative of the South East Toronto Stroke Network</p> <p>As a representative of the HKPR Stroke District</p>		

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Team Member, Organization	Role on the Project	Required Involvement	
		Estimated Duration	Level of Effort
Team 3; be part of provincial discussions about the potential re-alignment of the OSS CE LHIN Senior Administration	As a representative of the CE LHIN		

Project Partners

Partners	Common Interests & Priorities	Roles & Responsibilities
<ul style="list-style-type: none"> • MOHLTC • All of the above 	<ul style="list-style-type: none"> • Providing universal access to emergency treatment for stroke in the CE LHIN • To establish an optimal model of stroke care delivery in the CE LHIN across the continuum of stroke care 	<ul style="list-style-type: none"> • As representatives of their organizations

Project Stakeholders

Stakeholders	Interests & Needs	Management Strategies
<ul style="list-style-type: none"> • Residents of the CE LHIN • Stroke survivors • Caregivers of stroke survivors • Acute Care organizations • Clinicians • Emergency Medical Services • Rehabilitation facilities • LTC facilities • CCAC • Other organizations providing care to stroke survivors 	<ul style="list-style-type: none"> • The residents of the CE LHIN need to have access to universal health care for stroke (i.e. access to t-PA) and best practice stroke care across the continuum of care • The organizations providing the care to stroke patients want to ensure that the model of stroke care delivery is most optimal, efficient and coordinated within the CE LHIN 	<ul style="list-style-type: none"> • Clearly identified work plan that will incorporate the needs of the partner organizations

Other Related Projects & Initiatives

Project/Initiative	Interdependency & Impact
<ul style="list-style-type: none"> • Lakeridge Health is actively pursuing a Stroke Centre designation with the CE LHIN, and has recently posted for a position of a Stroke Centre Coordinator. One of the mandates of this role is to establish a protocol for access to t-PA for stroke. • Lakeridge Health actively sought C/E Stroke System to set Lakeridge Health as priority for Telestroke • OSS Strategic Planning (currently in-progress) • Rehab Consensus Panel • Rehab Task group • ED tasks group • The 2006 Stroke Evaluation Advisory Committee Report 	<ul style="list-style-type: none"> • Lakeridge Health is an very active member in the CE Stroke Network, implementing best practices in stroke care within their organization. Lakeridge Health is ready to become a Stroke Centre should that designation be awarded to this organization. Lakeridge Health submitted to C/E LHIN and MOHLTC business case for designation. Lakeridge Health submitted 2006 for C/E Stroke System to set Lakeridge Health as priority for Telestroke. • It is essential that the CE LHIN expresses to the provincial Stroke Steering Committee that strategic planning process must include the discussion of re-alignment of the OSS boundaries to coincide with those of the LHIN boundaries (specifically those in the CE LHIN). • Rehab Consensus panel established recommendations about optimal service delivery in stroke rehabilitation. However, establishing a more coordinated approach to stroke rehabilitation within the CE LHIN will make the implementation of the recommendations easier. • Rehab Task group is currently analyzing the patterns of rehabilitation care in the CE LHIN s and ways of optimizing this care within the LHIN. This includes stroke rehabilitation. • The CE LHIN Emergency Department Task group might be appropriate group to collaborate with to establish the need to expand access to t-PA within the CE LHIN • This report evaluates the effectiveness of organized stroke care across the province.

People & Organization Change Impacts

Description of Impact	Impact Management Strategies
<p>A hospital in Durham region will have to provide access to t-PA to the residents of the Durham region</p> <p>Establishing new partnerships/collaborations among organizations providing stroke care in the CE LHIN based on the LHIN boundaries.</p>	

Project Communications

Audience	Information Needs	Format & Timing	Responsible
<ul style="list-style-type: none"> • all group members 	<ul style="list-style-type: none"> • TBD 	<ul style="list-style-type: none"> • TBD 	<ul style="list-style-type: none"> • TBD

Project Risks

Risk	Likelihood	Impact	Risk Response
<ul style="list-style-type: none"> No funding Organizations which are part of the Toronto Stroke Network(s) may not want to re-align their planning based on the CE LHIN stroke boundaries. 	<ul style="list-style-type: none"> Moderate moderate 	<ul style="list-style-type: none"> high high 	<ul style="list-style-type: none"> TBD Do a risk/ benefit analysis for re-alignment based on the CE LHIN boundaries

Critical Success Factors

- Funding to establish access to t-PA in Durham
- MOHLTC designation of a centre in Durham to become a District Stroke Centre
- Funding to establish stroke system enhancement in the CE LHIN (i.e. designation of an Enhanced District Stroke Centre or sharing the designation among 2 centers (Durham stroke Centre and PRHC)
- Organizations which are already part of the South East Toronto or North East Toronto Stroke Network not willing to re-align to stroke planning based on the CE LHIN geography

Assumptions & Constraints

Assumptions	Constraints
<ul style="list-style-type: none"> It was assumed that there is an opportunity to advocate to the MoHLTC to change the OSS boundaries to align with those of the CE LHIN It was assumed that there is an opportunity to advocate for additional funding to optimize stroke care in the CE LHIN 	<ul style="list-style-type: none"> the funds required for this project

Project Charter

Sign-Off

Workstream Lead/Project Sponsor

Name & Organization	Signature	Date
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Project Lead/Project Manager

Name & Organization	Signature	Date
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Project Partners

Name(s) & Organization(s)	Signature(s)	Date(s)
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Project Team Members

Name(s) & Organization(s)	Signature(s)	Date(s)
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Charter Revision History

Version Numbering:

- 0.x - internal draft - under development (*Working copy for Project Coordinators*)
- 1.x - document under review / internal draft (*Begin 1.0 numbering when sent to Workstream Lead for comment*)
- 2.x - document submitted for approval (*Begin 2.0 numbering when sent to Oversight for approval*)
- 3.x - document approved (*Renumber to 3.0 after Oversight Approval*)

Revision No.	Description	Modified By	Date
0.1	Development of first draft		