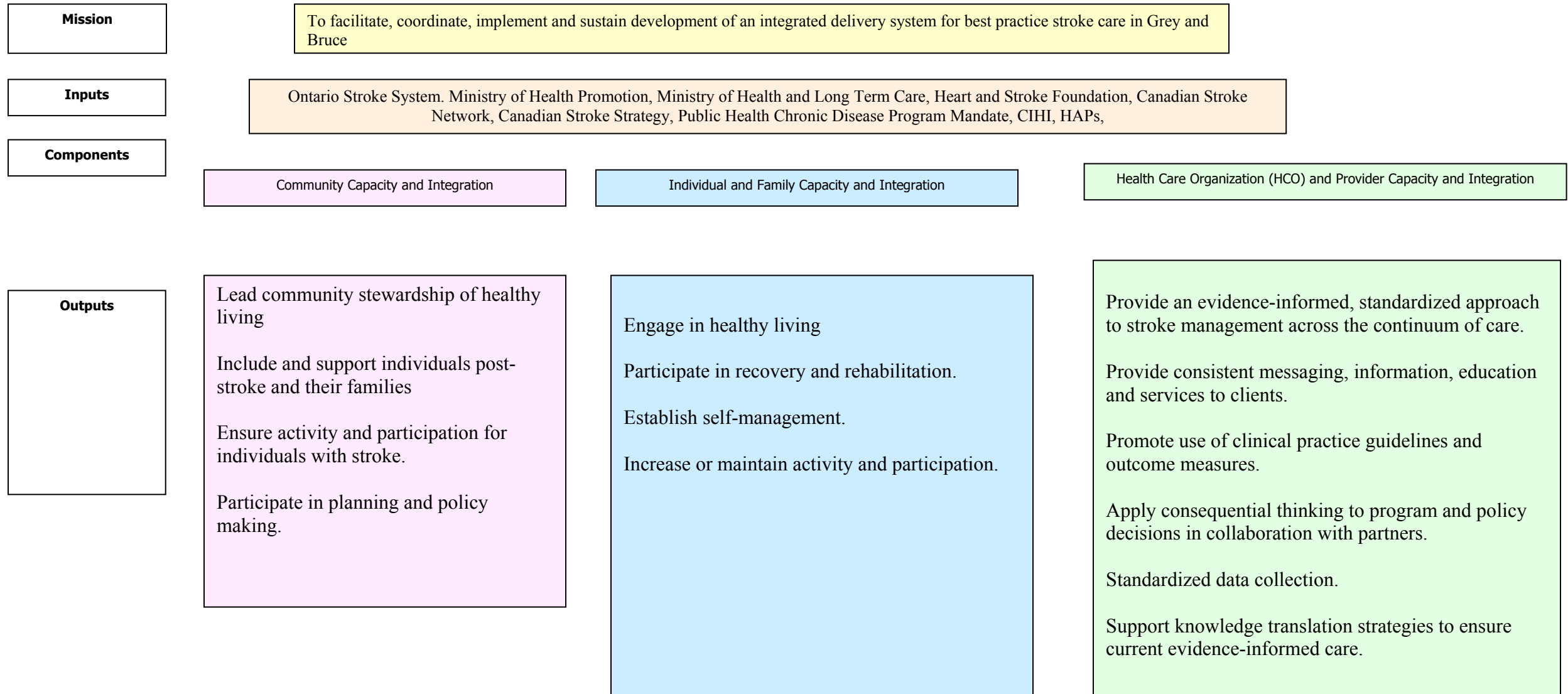


Grey Bruce Integrated Health Coalition Chronic Disease Prevention and Management Logic Model - Stroke



Short-term outcomes

1-3 years

- Increased public awareness of healthy lifestyle, stroke risk factors, prevention
- Increased public awareness of stroke signs & symptoms
- Improved risk factor profiles in Grey Bruce
- Lower incidence of stroke in Grey Bruce
- Increase number of community partners engaged in health stewardship and re-engagement.
- Increased opportunities for community participation.
- Increased opportunities for physical activity for stroke survivors with deficits
- Increased community opportunities for meaningful participation and employment.

- Increased skills and knowledge for healthy behaviours.
- Increased self-efficacy and self-management of life style management, recovery, rehabilitation and re-engagement.
- Increased awareness and use of community programs and resources.
- Increase awareness of the warning signs of stroke
- Increased awareness to call 911
- Increased participation in stroke prevention.
- Increased participation in rehabilitation.
- Increased participation in family and community
- Increased number of pre-stroke meaningful activities resumed
- Increased number of new meaningful activities post-stroke
- Increased level of fitness of the stroke survivor
- Effective adaptation to roles and responsibilities
- Decreased caregiver burden

- Increased use of evidence-based practice
- Increased responsiveness of the continuum to the needs of individuals with stroke or at risk of stroke.
- Increased number of interdisciplinary teams, with links to specialists working collaboratively and providing coordinated, patient-centred care.
- Increased use of electronic information systems and sharing information among team members, their clients, other health providers and settings.
- Established quality improvement approaches for prevention, assessment and management.
- Coordinated, effective evaluation system
- To improve capacity for the stroke service delivery across the continuum.
- Decrease readmissions for stroke related debility
- Stroke survivors in the right place, right time, right treatment

Intermediate outcomes

5 years

- Improved healthy public policies and supportive environments.
- Increased collaboration between community and HCO
- Increase number of stroke survivors actively contributing to their community
- Improved risk profile for Grey Bruce
- Lower incidence of stroke

- Increase in healthy behaviours
- Increased benefits through involvement in self-management
- Increased participation in community programs and resources
- Increased overall satisfaction of individuals and families with the responsiveness of the health care system to meet their needs
- Increased quality of life for stroke survivor and caregiver
- Increased ability to effectively navigate the stroke system
- Increased quality of life

- Health promotion and prevention integrated across continuum of care.
- Health care coordinated across the continuum of care, providers and settings – acute, rehabilitation, Community and LTC
- The appropriate type and number of health care providers working in collaboration to meet the needs of the individual and family.
- Care is evidence based and meets the diverse needs of consumers.
- Care is proactive, and provides for complex and continuing care, with follow-up and ease of navigation.
- Integrated information systems with consumer, decision support and community information.

Long Term Outcomes
10 years

Activated communities and prepared, proactive partners

Informed, engaged individuals and families

Prepared, proactive practice teams across the continuum
Responsive system
Evidence-based management of stroke

Vision

An integrated, coordinated system for the prevention and management of stroke that is proactive, individual and family-centred, and that provides access to quality care by the right provider at the right time in the right place, resulting in improved clinical, functional and population health outcomes