

**Supplementary File 3**

**CCRP Model Evaluation: Responses to open-ended questions.**

<b>Question</b>	<b>All responses from CCRP Members (n=6)</b>
<p><b>1. How do you think the results of your participation will be used?</b></p>	<p>“Heart and Stroke will take our firsthand (user) knowledge of rehab into consideration”</p> <p>“I believe comments made and noted during meetings and the comments received through individual feedback forms will be considered in updating the best practices documents. I realize not all comments will necessarily be used.”</p> <p>“To inform/guide all that have experienced stroke with real life examples.”</p> <p>“I believe the inclusion of myself and my peers will reflect recovery from the stroke survivors' point of view. It's a great move forward to have diverse opinions from stakeholders in order to know if CSBP recommendations are having an effect. There will be consideration of the stroke survivor's needs.”</p> <p>“To improve the process for future stroke patient, add new services recommendations. Help more of the young (25-45 years old) victims.”</p> <p>“I hope that everything will be used for next patients, even if it will be difficult and very expensive.”</p>
<p><b>2. What is the best thing about the Consultation and Review Panel?</b></p>	<p>“Seeing differences across country but stroke patients' comments are very similar.”</p> <p>“I appreciate the work that has gone in to developing, maintaining and updating these documents as they are widely used across the country when developing stroke care strategies. It has been great talking with other survivors and care givers to get a sense of the variety of care that is experienced so perhaps to strengthen the recommendations and improve care across the country.”</p> <p>“Hearing other provinces experience about stroke.”</p> <p>“Being able to voice concerns of stroke survivors. Feeling acknowledged for experience.”</p> <p>“Each one of us could bring their experience as they felt it during their stroke.”</p> <p>“A chance to share our story, our course for the good of others.”</p>
<p><b>3. Please identify at least one improvement we could make</b></p>	<p>“Online consultation could somehow be made more user friendly for some of us who do not have very good computer skills.”</p> <p>“Many participates are passionate about their experience and willing to share the stories. Though very interesting, at times some would tend to lead off</p>

<p><b>for future review panel processes.</b></p>	<p>topic. This may have led to missed opportunities for others to share their comments as meetings were only 1 hour.”</p> <p>“Felt all was handled professionally.”</p> <p>“Suggest webcams are used if available. I would have liked to review panel notes in order to confirm points taken prior to sending feedback notes.”</p> <p>“It would be nice to be able to have the sound of the meeting on the computer, not over a phone call.”</p> <p>“Difficulties of language for people like me with a poor English speaking”</p>
<p><b>4. Additional Comments</b></p>	<p>“Glad to have participated and glad to see H&amp;S reach out to us.”</p> <p>“Enjoyed my time on these calls.”</p> <p>“In past years I only connected with SRABC. I felt comments and suggestions were stifled. There are few stroke survivors who remain dedicated to stroke recovery. I am fortunate to have recovered enough to play an active role for stroke survivors as a whole. The only critique I have is that the beginning was strong and detailed. The end felt rushed through. It would be good to have detailed criteria for the transition and another module between transition and long-term care. I thoroughly enjoyed this project and hope to be considered for upcoming projects.”</p> <p>“Thank you for this opportunity.”</p> <p>“How do we make the doctors and hospitals apply these especially in Quebec City?”</p>