

The Stroke Program Edmonton Zone (SPEZ) quarterly newsletter provides current information and updates to healthcare providers working within stroke care.

Early Supported Discharge – Edmonton Zone and Beyond

The Canadian Stroke Best Practice Recommendations (update 2015), defines Early Supported Discharge (ESD) as “a form of rehabilitation designed to accelerate the transition from hospital to home through the provision of rehabilitation therapies delivered by an interprofessional team, in the community.” Patients who are recovering from milder strokes and are recipients of ESD programs have been shown to achieve similar outcomes compared with patients who receive a course of inpatient rehabilitation.¹ ESD has been further defined to include services that are provided by a well-resourced, specialized, interprofessional team whose work is coordinated through regular team meetings.

Alberta started Stroke Early Supported Discharge as a Pilot Program in Edmonton and Calgary in April of 2009. Since then, ESD services have spread across the province and are now available in the communities of Grande Prairie, Red Deer, Camrose, Medicine Hat and Lethbridge. These programs provide in-home rehabilitation to patients who have suffered a mild to moderate stroke and have adequate support to manage in their own home, are considered medically stable, are unable to access out-patient rehab or require a greater intensity than Outpatient therapy can provide. Exclusion criteria would include moderate-severe cognitive/physical impairment, or behavioral issues that would impact their ability to participate effectively.

As Edmonton area hospitals service patients from the Edmonton, Central and Northern Zones, the ESD teams in Edmonton, Red Deer, Camrose and Grande Prairie can provide viable discharge alternatives to in-patient rehab admissions for some patients recovering from mild to moderate stroke.

The Edmonton ESD team currently consists of an Occupational Therapist, Physical Therapist, Speech-Language Pathologist, Social Worker and Therapy Assistants. It is based within the Specialized Rehabilitation Outpatient Program (SROP) at the Glenrose Rehabilitation Hospital and provides service for post-stroke adults seen in the Acute Care facilities. Priority is given to those living within Edmonton city limits referred from the University of Alberta,

Royal Alexandra and Grey Nuns Community Hospitals.

Referrals can be made by either a Physician or Nurse Practitioner who complete a Specialized Rehabilitation Outpatient referral form and send it with the ESD Fax cover sheet. Jodi Roberts, the SEDS Team Lead for Edmonton Zone, can be reached at jodi.roberts@ahs.ca for more information.

The Queen Elizabeth II Hospital in Grande Prairie has 5 designated neuro beds for patients requiring inpatient rehabilitation. The ESD team services those clients who live within a one hour radius of Grande Prairie. It currently consists of a Physical Therapist, Occupational Therapist, Speech-Language Pathologist, Social Worker and Therapy Assistants. Jaime Woods, the Team Lead, can be reached at Jaime.woods@ahs.ca for further information.

St. Mary's Hospital in Camrose provides stroke unit equivalent care for those patients requiring in-patient therapy. Their PT, OT, SW, SLP and Therapy Assistants work on both the in-patient unit as well as the ESD program and as such are the only team currently that meets the Canadian Best Practice recommendation 4.2 v which states “Where possible, it (ESD Services) should be provided by the same team that provided inpatient rehabilitation to ensure smooth transition”. This team also services clients within one hour of Camrose city limits and is led by Melissa Sztym, who can be reached at melissa.sztym@ahs.ca.

The Red Deer Regional Hospital has an acute care unit that clusters stroke patients and a 30 bed inpatient rehabilitation unit. Twenty of these beds are designated for acute neuro-patients and are often filled with moderate to severe stroke patients. The mild to moderate stroke patients are primarily discharged directly from acute care to their ESD team which consists of an OT, PT, SLP, SW, Rec T, RN, and 2 TA's. This team services an area within 50 km outside of the city limits of Red Deer and is led by Carla Falk. Contact Carla at carla.falk@ahs.ca.

1. Hebert D, Lindsay MP, McIntyre A, et al. Canadian Stroke Best Practice Recommendations: Stroke Rehabilitation Guidelines, Update 2015. *Int J Stroke* 2016; 11: 459–484.

Mobile Stroke Ambulance Update

Canada's First Stroke Ambulance, destined for the University of Alberta Hospital, was recently featured in The Globe and Mail! You can read the feature at: www.theglobeandmail.com/partners/advstroke0916.

Multiple stakeholders have been preparing for this two year pilot project which will focus on the early treatment of ischemic stroke with thrombolytic therapy using a mobile CT scanner and other innovative technologies. The "ACHIEVE" (Ambulance Housed Ischemic Stroke treatment with intravenous Thrombolysis) project is scheduled to begin in early 2017.

The Stroke Ambulance, which will be the first in the world to provide mobile stroke care to people living in rural communities, is nearing completion and will be on display at the [Festival of Trees](#) from November 24 – 27th. Please help support the University Hospital Foundation's Brain Centre Campaign, which is raising the \$3.3 million required to support this project, by attending Festival of Trees.

To learn more about the Campaign and the opportunity for community support visit BrainCentreCampaign.ca.

Improvement Collaborative Learning Session #2

As the Edmonton Zone strives to achieve Stroke Distinction, an award which highlights the Stroke Best Practices of Care that we provide to our stroke patients, SPEZ has been hosting Learning Collaborative Sessions (LCS) to facilitate achieving this goal. LCSs are a great venue to share ideas, celebrate progress, and work together across the sites (UAH, RAH, GNCH, GRH). Our second LCS in a series of four took place on June 16, 2016 at Lister Hall. Participants were reminded of the human element in the work they do as they listened to a moving story from a stroke survivor. The importance of data collection and the role it plays in patient care was highlighted, and attendees participated in breakout sessions covering hot-topics such as: transitions, diabetic protocols, swallow screening, and lessons learned from previous Alberta Improvement Collaboratives.

Did You Know ...

The Alberta Stroke Quality Database is currently being updated to reflect recommendations put forward across the sites in order to:

- standardize data collection
- streamline data entry process
- enhance data reporting

Search functionality and textbox labels/definitions will be revised and new drop down lists and validation rules will be added to ensure admission, assessment and discharge information can be accurately entered and reported. Swallow Screen (TOR-BSST) or SLP Assessment Date and Cognitive Screen are a few examples of change requests being implemented. A complete list of database enhancements and revised Stroke Distinction Data Collection Forms reflecting changes are available on

<https://share.ahsnet.ca/teams/quality/QS/ACCR/Stroke%20Distinction/SitePages/Homepage.aspx>

Internet browsers such as Chrome or Firefox are recommended for optimal database functionality viewing. Contact your [IT Service Desk](#) or log service request through IT Customer Service Portal.

Stroke Rehabilitation Rounds

Edmonton Stroke Rehabilitation Rounds are an interactive case-based education session presented via Telehealth on the second Wednesday of every month from 12:00 – 1:00pm MST. Scheduled Topics for the fall session include:

October 12th –The Stroke Early Supported Discharge Team from Camrose will be presenting the results of their Pilot Project on the use of Video Conferencing to enhance rural ESD services. See attached poster to access archived presentation. (*Note: Posting to the site takes ~ 3 weeks.*)

November 9th – Nicole Pageau from Trillium Health Partners - Mississauga Hospital will present on their use of the Alpha FIM as a tool for determining discharge disposition

December 14th – Nolan Hayday from Karl Hagar Limb and Brace will be presenting on available Orthotics for Stroke Survivors

2016 Canadian Stroke Congress

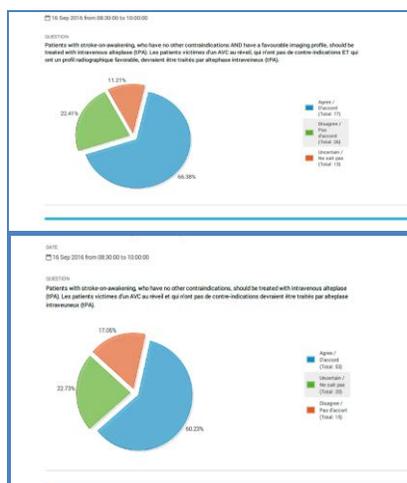
More than 800 of Canada’s stroke practitioners met in Quebec City September 15 for the 7th annual Canadian Stroke Congress, which showcases the latest in stroke practice and research innovations. The congress opened with introductory remarks followed by the presentation of Stroke Distinction awards to Trillium Health Partners, Mississauga Hospital; Lakeridge Health Oshawa; Hamilton Health Sciences, Hamilton General Hospital; Providence Healthcare, Toronto and Sinai Health System - Bridgepoint Campus, Toronto.

Topics addressed on Day 1 included advances in stroke rehabilitation. Rhythmic music therapy helps movement and muscle control, improves mood, increases relaxation and motivation, and helps distract from pain. It has been linked to improved cognition, including attention span, memory, organization, speech and communication, and the ability to solve problems. The use of exoskeletons and electrical stimulation is being investigated for their ability to help stroke patients partially or fully regain motor performance. These – along with new drugs aimed at brain repair after stroke – could impact stroke survivors’ quality of life and have the potential to reduce long term use of healthcare services. Women and stroke was also addressed, as presenters called for increased involvement of women in stroke trials and spoke about the risks and benefits of hormone replacement therapy and contraception.

Dr. Robert Teasell, Director of Research and Medical Director, Stroke Rehabilitation at the Schulich School of Medicine and Dentistry in London Ontario presented the 2016 Hnatyshyn Lecture, “Stroke Rehabilitation at a Crossroads”, explored the future of stroke rehabilitation. While rehabilitation has improved, changing demographics and advances in acute stroke care have led to a greater demand, increasing the need for innovative new models of care to maximize use of limited resources, including a greater shift to community-based rehabilitation.

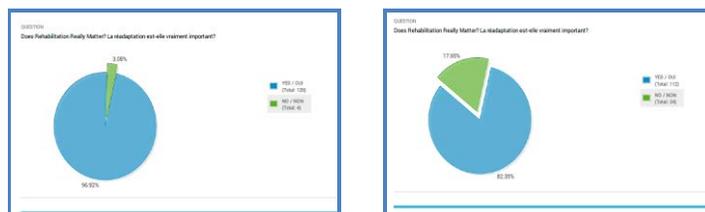
Edmonton was represented in the afternoon sessions by Dr. Ashfaq Shuaib, Director of Stroke UAH. Dr. Shuaib presented insights from the SPRINT-AF registry on cross-Canada management of patients with stroke or TIA caused by atrial fibrillation. Read the abstract [here](#).

On Friday, presenters injected some humor into the proceedings with The Great Debate. “Wake-up stroke”, defined as a patient awakening with stroke symptoms that were not present prior to falling asleep, represents roughly 1 in 5 acute ischemic strokes and remains a therapeutic dilemma. Dr. Mike Sharma and Dr. Michael Hill argued the pros and cons of giving tPA to wake-up stroke patients. Dr. Hills stood by his opinion to “Give the juice”, while Dr. Sharma presented evidence demonstrating that it was not always in the patient’s best interest.



The polling results demonstrate a moderate shift towards the con side after Dr. Sharma gave his compelling argument. However, the audience majority still favoured tPA for wake-up stroke.

International experts from Canada, USA and the Netherlands debated the question “Does rehabilitation really matter”. Audience polls conducted pre- and post- largely supported the pro- side, but a surprising number of listeners were swayed to the con- position after hearing all sides of the arguments. It was an entertaining and informative session. Below are the results of pre- and post- audience polls.



The second debate showed a dramatic shift in results, although the majority of the audience maintained their position that rehabilitation does matter, despite the brain’s natural ability to recover over time.

Friday's breakout sessions included discussions on ensuring access to best care for rural and indigenous populations, and supporting stroke survivors to return to meaningful lives in the community through improved access to driving remediation and programs for continuing rehabilitation years after stroke. Dr. Brian Buck, UAH Stroke Neurologist, presented on "Controversies in Thrombolysis" during the National Stroke Course.

Saturday morning opened with award presentations. The Co-chairs Award for Impact was given to Dr. Jill Cameron, Scientist and Researcher with the Toronto Rehabilitation Institute, for her work addressing caregivers changing needs as people with stroke transition from acute care, through rehabilitation, and return to community living. She spoke about her "Timing It Right Stroke Family Support Program".

Dr. Fred Colbourne, Professor of Psychology at the University of Alberta, was awarded the Co-chairs Award for Innovation for the advancements he and his team have made into the benefits of therapeutic hypothermia in treating ischemic stroke. His current study aims to better understand the treatment effectiveness and complications in hemorrhagic stroke.

Highlights of the Saturday morning sessions included the following presentations:

- Stroke in the Young, Younger & Youngest, where stroke experts discuss the most common causes, recommended investigations and treatment approaches in children and young adults. Dr. Tom Jeerakathil, UAH Stroke Neurologist, co-presented with Dr. Mahendra Moharir, Pediatrics U of T;
- Putting stroke prevention on the map, a study geo-mapping access of high-risk stroke patients to prevention services delivery and resource allocation planning across Canada;
- Life after stroke: Stroke experts look at some after-effects of stroke – depression, cognitive impairment, and sexuality – and how these challenges impact and impair recovery.

Concurrently, Rehab delegates were enjoying a "Brag and Steal" session, where presenters have 5 minutes to describe a good idea for stroke care implemented in their area. Shy Amlani, Manager Stroke Program Edmonton Zone, spoke about the collaboration between the Edmonton Zone Stroke Prevention Clinics and the RAH Psychiatry Clinic for referral and management of post-stroke depression. Shy had also presented a poster entitled "Improvement Collaborative Methodology Effectiveness in Bringing about Change and Better Outcomes."

The Canadian Stroke Congress, sponsored and organized by the Heart and Stroke Foundation of Canada, provides practitioners opportunities to gain knowledge from stroke experts and network with colleagues from across the country. "From investing in high-impact stroke research, to delivering vital public education such as the FAST signs of stroke, Heart & Stroke is committed to saving lives and reducing disability," says Dr. Patrice Lindsay, Director of Stroke for the Heart and Stroke Foundation. "Despite progress, there is still much to be done. The evolving scientific evidence shared at Congress will inform and continue to shape health information and policy – and save lives."

Highlights of the Congress and slides of polling results were provided by the Canada Heart and Stroke Foundation. Find more information on the Canadian Stroke Congress website www.strokecongress.ca

Calgary will host the 2017 Canadian Stroke Congress, scheduled for September 9-11. Join us there, and don't forget to submit your abstracts.

Continuing Education

2016

October 19- 21 [Canadian Hypertension Congress \(CHC\)](http://www.hypertension.ca) under Congress

October 20–21st [Alberta Therapeutic Recreation Association \(ATRA\) Symposium](#)

October 22nd [Brain Tumour National Conference](#)

November 18th [8th Biennial Edmonton Zone Nursing Research Day – "Integrating Research and Quality Improvement Into Clinical Practice"](#)

2017

June 2-3rd [Driver Screening – Increasing Occupational Therapy Competency](#)

On-Going Education (Register on the Telehealth Scheduler)

Rehab Rounds: 2nd Wednesday of every month from 1200 – 1300
Acute Stroke Case Rounds (Calgary) 1st Friday of every month, noon

Edmonton Stroke Rehabilitation Rounds are an interactive case-based education session presented via Telehealth on the second Wednesday of every month from 12:00 – 1:00pm MST.

Fall/Winter Sessions : **October 12** **November 9** **December 14**

Scheduled Topics:

October 12th - The Camrose Early Supported Discharge Team and AHS Clinical Telehealth will present on their 2016 Pilot Study on the use of Video Conferencing to Enhance Rural ESD Services

November 9th – Nicole Pageau from Trillium Health Partners - Mississauga Hospital will present on their use of the Alpha FIM as a tool for determining discharge locations

December 14th – Nolan Hayday from Karl Hagar Limb and Brace will be presenting on available Orthotics for Stroke Survivors

Sign up to attend via Telehealth at your site at:

<https://vcscheduler.ca/schedule20/calendar/calendar.aspx?ID=1268>

Sites outside of Alberta: book a telehealth (videoconferencing room) with your local Telehealth Department and request they email the Edmonton zone schedulers at:

edm.telehealthscheduling@albertahealthservices.ca

Access archived recordings by registering at this link:

<http://inview.albertahealthservices.ca/UI/Content/Secure/Registration.aspx>

Once you have registered, use the following link to access the portal on subsequent log-ins:

<http://inview.albertahealthservices.ca/UI/Content/Secure/Login.aspx>



For more information or to present at an upcoming session contact: Stroke Program
Edmonton Zone at 780-407-8729 or nancy.woods@albertahealthservices.ca