

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

UPDATE: Acute Inpatient Stroke Care Guidelines

The Canadian Stroke Best Practice Recommendations [Acute Inpatient Stroke Care Guidelines, 2015 Update](#) has recently been published in January, 2016.

These guidelines continue to emphasize the significant impact dedicated stroke units, staffed with interprofessional stroke teams, have on patient outcomes following stroke.

Updates include recommendations for early mobilization and the prevention of complications including venous thromboembolism. Advance-care planning, palliative care issues and staff education are also addressed within the update.

Please use the link above to review these updated recommendations.

Featured Stroke Best Practice Guideline ***NEW* 2.4: Mobilization**

Mobilization is defined as “the process of getting a patient to move in the bed, sit up, stand, and eventually walk.”¹

The Recommendation states

- i. “All patients admitted to hospital with acute stroke should be assessed by rehabilitation professionals (Evidence Level A), ideally within the first 48 h of admission (Evidence Level C).”¹
- ii. “Frequent, out-of-bed activity in the very early time frame (within 24 h of stroke onset) is not recommended (Evidence Level B). Mobilization may be reasonable for some patients with acute stroke in the very early time frame and clinical judgment should be used (Evidence Level C).”¹
- iii. “All patients admitted to hospital with acute stroke should start to be mobilized early (between 24 h and 48 h of stroke onset) if there are no contraindications (Evidence Level B).”¹
 - a. “Contraindications to early mobilization include, but are not restricted to, patients who have had an arterial puncture for an interventional procedure, unstable medical conditions, low oxygen saturation and lower limb fracture or injury.”¹

Rationale Provided states

“Early mobilization post-stroke is intended to reduce the risk of medical complications including deep vein thrombosis, pressure sores, painful shoulders, and respiratory infections. The potential benefits of early mobilization [have been] examined in several randomized contrail trials (RCT), with ambiguous results.”² The AVERT trial is the first RTC trial of its size examining the frequency, intensity, and duration for mobilizing stroke patients. AVERT demonstrated that “shorter, more frequent early mobilization improves the chance of regaining independence after stroke.”³

Keep up your best practices competencies by reading the following articles:

- Efficacy and safety of very early mobilization within 24h of stroke onset (AVERT): a randomised controlled trial:
[http://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736\(15\)60690-0.pdf](http://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(15)60690-0.pdf)
- Prespecified dose-response analysis for A Very Early Rehabilitation Trial (AVERT):
<http://www.neurology.org/content/early/2016/02/17/WNL.000000000002459.full.pdf+html>

As you read these articles, we encourage you to consider:

1. What the trial has defined as the ‘Very Early Mobilization’ arm of the study
2. The sample that the dose response curve is based on, especially pertaining to the length of the sessions
3. How frequency and time to first mobilization impacted the outcomes

What is the Stroke Program, Edmonton Zone doing?

In light of the AVERT trial, the Canadian Stroke Best Practices Guidelines have been revised as indicated on this page.

Given the clinical implications of these revised guidelines on rehabilitation practice, the Stroke Program Edmonton Zone Stroke has organized a special edition of Rehabilitation Rounds with one of the AVERT Trial investigators from Australia on March 22nd from 1545 – 1645 (see details on next page).

 **Special Presentation on AVERT – Don't Miss it!** 

Title: **AVERT: Where to next for Early Rehabilitation**

Speaker: **Dr. Julie Bernhardt**

Date: **March 22nd**

Time: **1545 – 1645**

Register: **Sign up via the Telehealth Scheduler**

1. Casaubon, L., Boulanger, J-M., Glasser, E., Blacquiere, D., Boucher, S., Brown, K.,... Lindsay, P. (2015) Canadian Stroke Best Practice Recommendations: Acute Inpatient Stroke Care Guidelines, Update 2015. *International Journal of Stroke*, 11(2), 239-252. Retrieved from: <http://wso.sagepub.com/content/11/2/239.full.pdf+html>
2. Canadian Stroke Best Practice Recommendations: Acute Inpatient Stroke Care Guidelines, Update 2015, Summary of the Evidence. Retrieved from: <http://www.strokebestpractices.ca/index.php/acute-stroke-management/inpatient-management-and-prevention-of-complications-following-acute-stroke-or-tia/>
3. Bernhardt, J., Churilov, L., Ellery, F., Collier, J., Chamberlain, J., Langhorne, P., ...Donnan, G. (2016) Prespecified dose-response analysis for A Very Early Rehabilitation Trial (AVERT). *Neurology*; 86:1-8. Retrieved from: <http://www.neurology.org/content/early/2016/02/17/WNL.000000000000459.full.pdf>

Stroke Distinction Learning Collaborative Stay Tuned ...

The four Edmonton Zone stroke sites (UAH, GNCH, GRH, and RAH) are pursuing the Stroke Distinction Award through Accreditation Canada.

As part of this pursuit, The Stroke Program Edmonton Zone will be utilizing an innovative collaborative methodology to host learning collaboratives within the Edmonton Zone.

These learning collaboratives will assist teams in developing and achieving targeted action plans and goals to improve stroke care and achieve site Stroke Distinction. Members from the Stroke Service Excellence Teams (SSET) at each of the four sites will be involved.

Please stay tuned for more information from your manager and/or local SSET Team.



Post-Stroke Mood and Anxiety Disorder Clinic

We are very excited to announce that a Post-Stroke Mood and Anxiety Disorder Clinic is now being offered by psychiatrist, Dr. Helen Bondurant, on Wednesday mornings at the Royal Alexandra Hospital (RAH) Stroke Prevention Clinic (SPC).

This clinic will provide a single psychiatric consultation to patients who have had a stroke within the past one year as well as an identified mood or anxiety disorder. Treatment recommendations from the consultation will be provided to the general practitioner.

Please note that this clinic will not accept requests for third party assessments (AISH, WCB, etc.).

Referrals will be accepted from SPC's in the Edmonton Zone and from the Glenrose Rehabilitation Hospital. A memo has been distributed to these sites outlining the referral process.

For more information on this service, please contact the [Stroke Program Edmonton Zone](http://www.albertahealthservices.ca/edmstroke.asp) at 780-407-3041.

New Heart and Stroke Foundation Stroke Resource

A new resource, [Taking Action for Optimal Community and Long-Term Stroke Care](#), has recently been launched by the Heart and Stroke Foundation (HSF).

This resource provides guidance around caring for individuals with stroke to healthcare providers (personal support workers, health care aides, home care attendants, and rehabilitation assistants) working within community and long-term care settings.

It also serves as a useful tool for stroke staff education and orientation, as well as education for caregivers, and family members

This resource can be downloaded from the Canadian Stroke Best Practices website at www.strokebestpractices.ca.

Note: This resource replaces the HSF resource Tips and Tools for Everyday Living.

Continuing Education

- March 21st** [Using Economics to Communicate the Value of Care for Aphasia](#)
- March 22nd** AVERT: Where to next for Early Rehabilitation
*register on the Telehealth Scheduler
- April 2 & 3rd** [Functional Electrical Stimulation in Neurorehabilitation](#)
- April 18th** [Multi-modal or constraint therapies for aphasia: What is the evidence?](#)
- April 22nd** Stroke Prevention Clinic Educational Half-Day
*register on the Telehealth Scheduler
- May 9th** [Primary Progressive Aphasia Update: Redefining 'Progressive'](#)
- May 28-29th** [Manual Therapy Strategies for Adults with Neurological Impairments: Lower Quadrant](#)
- June 11-12th** [Assisting in the Recovery Process Level 2: An NDT Course for Therapy Assistants and Support Workers](#)

On-Going Education

Rehab Rounds: 2nd Wednesday of every month from 1200 – 1300
* Register on the Telehealth Scheduler

Acute Stroke Case Rounds (Calgary Stroke Program)
First Friday of every month
* register on the Telehealth Scheduler

On-Line Courses

[Brief Tobacco Intervention - An online course for healthcare providers](#)

2016 Canadian Stroke Congress

Mark your calendar to attend the 7th annual [Canadian Stroke Congress](#), taking place September 15 – 17th in Quebec City.

Important Dates:

- March 3rd** Call for Abstracts Opens
- April 28th** Deadline for Abstracts
- June 2nd** Abstract Presenters Notified
- May 2nd** Registration Opens
- July 15th** Early Bird Deadline
- August 11th** Advance Deadline

Consider participating in this event by highlighting a stroke related project at your site (SPEZ can provide assistance with abstract and poster preparation).

Hypertension Canada Dispels Sodium Myths

In recognition of World Salt Awareness Week (February 29 – March 6th), Hypertension Canada recently developed a brief [video](#) informing the public on the truth and dangers of sodium use in Canada.

Did you know:

- “An estimated 2 million Canadians have hypertension caused by excess dietary sodium”¹
- “Hypertension is the second leading risk factor for death globally and affects more than one in five Canadians”¹
- “Over thirty percent of hypertension is attributed to high dietary sodium”¹
- “Roughly 90 per cent of Canadians are expected to develop hypertension over their life span”¹
- “Reducing Canadians’ sodium intake to 1,700 mg per day would lead to an estimated 30 per cent reduction in hypertension prevalence and save \$1.38 billion annually”¹

For these and other sodium related facts, please see Hypertension Canada’s new [Sodium Fact Sheet](#) .

1. Hypertension Canada. The Case For Sodium Reduction In Canada. 2016. Retrieved from: http://hypertension.ca/images/pdf/Sodium_Fact_Sheet_2016_Final2.pdf

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.

Spring Sessions: **March 22nd** **April 13th** **May 11th** **June 8th**

Scheduled Topics:

- March 22nd 15:45 - 16:45:** Dr. Julie Bernhardt, Head, AVERT Early Intervention Research Program will be presenting her research on the effects of Early Mobilization Post Stroke.
- April 13th** Margaret Grant MScOT(c), BScOT ,Sessional Instructor University of Alberta, Certificate in Stroke Rehabilitation will be presenting an overview of the program.
- May 11th** Dave Siever CEO Mind Alive Inc. will be presenting on transcranial DC Stimulation and audio-visual entrainment.
- June 8th** Nadine Gall, MSc. Lead, Clinical Standards, Provincial Addiction and Mental Health, AHS will present how patient stories are powerful tools for engagement and change followed by journalist and stroke survivor Tim Seefeldt's story of his experience with the Health Care System.

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