

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

Stroke Distinction – Edmonton Zone A Work In Progress

“Following a stroke, 60% of people report needing help with their care and 80% have restrictions on their daily activities. An aging population, combined with the prevalence of stroke, indicates that the need for stroke services will continue to grow in Canada. With increased accountability being placed on stroke centres, there is a need to strive for the [Canadian Best Practice Recommendations for Stroke Care](#).”¹

“[Stroke Distinction](#) recognizes organizations that demonstrate clinical excellence and an outstanding commitment to leadership in stroke care. The program’s rigorous and highly specialized standards are based on the Canadian Best Practice Recommendations for Stroke Care.”²

The Stroke Program Edmonton Zone is pursuing Stroke Services Distinction from Accreditation Canada in 2016. Collaboration is well underway with stroke teams from the University of Alberta Hospital (UAH), Grey Nun’s Community Hospital (GNCH), Royal Alexandra Hospital (RAH), and Glenrose Rehabilitation Hospital (GRH). Each site must meet or exceed the best practice standards for stroke care, demonstrate competency in both core and optional indicators, develop and implement stroke specific protocols, drive service improvement through implementation of an Excellence and Innovation project, and consistently meet the requirements for client and family education. Data on the indicators will be collected through existing AHS databases and from a new form/database, the Stroke Accreditation Data Collection Tool, which staff at participating sites will complete. For more information, please visit Distinction Programs on Insite.

We wish to thank all of the teams for their enthusiasm and hard work to come, which we hope will lead to the highly deserved formal recognition of the quality care you provide each and every day!

1. Accreditation Canada (2015). The value of obtaining stroke distinction. <https://accreditation.ca/sites/default/files/distinction-stroke.pdf>
2. Accreditation Canada. <https://accreditation.ca/stroke-distinction>

Neurosciences Integration Project

In 2014/15, under the leadership of the Edmonton Zone Neurosciences Program, Dr. Keith Aronyk, Director of Neurosurgery University of Alberta Hospital (UAH) and Pat Lynkowksi, Executive Director - GSICU/Burns, Neuro, RT, and Emergency at the UAH, a strategic plan for the Neuroscience Program was developed. The planning process was collaborative, involving consultation with patient and family representatives as well as physicians and staff from across the Neurosciences care continuum. A shared Mission and Vision, key operating principles and strategic priorities were developed, forming a framework for excellence in Neuroscience care, education and research.

Mission

To provide exceptional patient-centered Neuroscience care, integrating clinical practice, education and research.

Vision

Leading Neuroscience into the future, fostering excellence and innovation, and engaging our patients and communities.

Examples of strategic priorities that were identified specific to stroke care included promoting the use of the TIA hotline to ensure referring physicians receive expert stroke consultation on highest risk TIA patients and continuing to provide primary care staff with education on stroke care.

A patient flow improvement initiative to identify hi-leverage points to improve patient flow and reduce bottlenecks within the Program was also completed as a key component of the strategic planning process. The Neurosciences team, including Stroke, and key stakeholders across the continuum of care worked together to gather information, review key data elements and create action plans to increase quality and access to coordinated care.

In follow up, a three-year Action Plan for the Edmonton Zone Neurosciences Program was developed including three priority projects specific to the Stroke Program:

1. Reduction of inpatient length of stay to maximize access to hyperacute and acute stroke care. This involves collaboration with rehabilitation and community partners to create pathways for stroke patients, ensuring timely access to services.

2. Expediting imaging for highest risk TIA patients, requiring a change in current medical practice for ordering specialized imaging (computed tomography angiography or CTA) necessary for treatment decisions.
3. Reviewing the service delivery model in three Stroke Prevention Clinics (SPC) for high risk TIA patients.

Collaborative efforts amongst stakeholders have resulted in unique processes to address each of these priorities.

This work is an example of the dedication amongst our teams to ensure the provision of excellence in stroke care that will be necessary to improve patient outcomes and to obtain stroke distinction.

2015 Canadian Stroke Congress

The 6th annual Canadian Stroke Congress, a joint initiative of the Heart and Stroke Foundation (HSF) and the Canadian Stroke Consortium, took place in Toronto September 17–19th with a theme “Where Great Minds Come Together.” More than 800 delegates from Canada and around the world shared the latest in stroke research, exchanged ideas and made valuable connections.

This year’s Ramon J. Hnatyshyn Lecturer, Dr. Michael Hill, shared his experiences leading the ESCAPE trial, which resulted in the most significant breakthrough in acute ischemic stroke treatment in the last 20 years, and highlighted the importance of integrating clinical research into routine clinical care.

[Key messages](#) from Congress 2015 included:

- [UBC invests \\$1.5M in national effort to fast-track stroke recovery research](#)
- Hand-held iRecover tablet delivers in-hospital stroke rehabilitation and kick-starts recovery.
- Diabetes and depression threaten cognitive ability among stroke survivors. Toronto researchers found that having one co-morbidity doubled the risk of cognitive impairment, while having both tripled the risk.
- Geo-mapping Canadians access to hyperacute stroke services using Emergency Medical Services (EMS) reveals more than 85% of us live within 4.5 hours of a stroke center, underscoring why it is so important for people to know and react to the FAST stroke signs.

- Exercise after stroke turbo-boosts blood flow to brain regions involved with executive function.

Sessions were divided into break-out streams for Acute & Prevention, Rehabilitation, Health Systems, Basic Biomedical, National Stroke Course, and Nursing workshops. Dr. Thomas Jeerakathil, Stroke Neurologist at the University of Alberta Hospital (UAH) shared his expertise in two presentations; ‘Controversies in Blood Pressure Management: Changing Guidelines – Do I Treat or Not’ and ‘Changing Practice: A Grassroots Approach That Sticks’. Colleen Taralson, Stroke Service Coordinator from the Stroke Program, Edmonton Zone (SPEZ), co-presented a session in the Nursing Workshop entitled ‘Nursing’s Role in TeleStroke: A Hyperacute and Stroke Prevention Case Study’

SPEZ collaborated with stroke physicians, clinicians, and teams within Edmonton to produce and display the following posters at Stroke Congress:

- Neurosciences Strategic Planning and Patient Flow Review
- Immediate Access to CTA for High Risk TIA
- Nurse Coordination Triage of Referrals in the Stroke Prevention Clinic
- Piloting a Post Stroke Depression Screening Protocol
- Development of a Stroke Prevention Clinic Patient Screening Checklist in Edmonton, Alberta

The 7th [Canadian Stroke Congress](#) will take place in Quebec City September 14–17, 2016. We encourage stroke clinicians to take every opportunity to participate in this event.

Continuing Education

January 14th [Practical Approaches for Taking Action for Optimal Community and Long-Term Stroke Care](#)

January 29 - 31st [Neuro-Developmental Treatment/Bobath An Introductory Course in the Management and Treatment of Adults with Hemiplegia](#)

April 2 & 3rd [Functional Electrical Stimulation in Neurorehabilitation](#)

On-Going Education

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

STROKEDMONTON

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.

Winter Sessions:	January 13th	February 10th	March 9th
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Scheduled Topics:

January 13th - Cherie Henderson from the Royal Alexandra Hospital, Darcy Butterworth and Janet King from the Glenrose Rehabilitation Hospital will be presenting on the research and implementation of Constraint Induced Movement Therapy

February 10th - Nasreen Omar from Spiritual Care and Cultural Services will be presenting on Cultural Competency in the Health Care Setting

March 9th - Shannon McGuire, a Physical therapist from St. Joseph's Health Care in London Ontario, will be presenting on Vision Dysfunction and treatment strategies

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>

