

Provincial Stroke Steering Committee Meeting

Location: Conference Room 7 Saint Paul's Hospital

Date & Time: November 29, 2007 1:30-5:00

Present: Rhea Arcand, Valerie Ashworth, Todd Collier, Mark Collison (Chair), Rita den Otter, Darcy Eyres, Diana Foster, Brenda Gilroy, Martha Grypma, Devin Harris, Kennely Ho, Allan Holmes, Linda Lane-Devlin, Margarita Loyola, Diego Marchese, Alana McCabe, Lynda McCloy, Kathy McIntire, Andrew Penn, James Simpson, Jerry Stanger, Rita Sweeny, Philip Teal, Valerie Tregillus, Stephen Vallentyne, Jennifer Yao, and Nicole Zorotheos

Absent: David Butcher, Kathy Doull, Judy Huska, Laurie Gould, Brian Schmidt, Brenda Uhrynuk, and Karen Wanger

Agenda Topic 1: Introductions, Agenda, and Miscellaneous Items (1:30-1:40)

- Previous committee action items:

Stroke Indicator Working Group – Vancouver Coastal to take the lead on this work
Stroke Strategy Coordinator – need to hire a resource to keep momentum going
Two cheques to be issued: \$500,000 to PHSA to support implementation of ED stroke/TIA protocol and one for \$75,000 to Stroke Recovery Association to build increased community capacity – both cheques have been issued

- The steering committee has down-sized to approximately 25 members consisting of 4-5 persons from each health authority with no one being from PHSA at present

Agenda Topic 2: Provincial TeleHealth Update – BC TeleHealth Development Committee: Margarita Loyola, Valerie Ashworth, and Chris Clement (Call in) – Presentation (1:40-2:25)

- Future Planning:

Provincial Help Desk to bridge communities
Common Scheduling System throughout BC
First Nations TeleHealth Partnership Plan (FNTPP)
BC TeleHealth Development Committee (BCTDC)
BC TeleHealth Government Model
Continuing Education (i.e. Medical Rounds)

- The vision for TeleStroke:

To move forward in conjunction with the 4 Stroke Pillars and Initiatives
To model BC's TeleStroke Initiative after Alberta's working model

- Three Key Elements for TeleStroke to be Successful:

i. Acute Stroke Management with Local Champions in 3^o Hospitals
ii. TIA/Stroke Prevention Mode (i.e. Dispensing tPA)
iii. Rehabilitation Assessment & Evaluation

Agenda Topic 3: ED Current Practice Indicator Project: Allan Holmes – Presentation (2:25-2:40)

- Future Planning:

Standardization of charting processes and evaluation is paramount
Access to follow-up cases would be ideal
Follow up care to Stroke/TIA Centers and GPs is central to 2^o prevention

Agenda Topic 4: Stroke Measurement Indicators: Devin Harris – Presentation (2:55-3:45)

- Extensive PowerPoint presentation that illustrated a wide range of stroke care measures and performance indicators – powerful impact on improvements (i.e. Ontario Stroke Strategy)

Agenda Topic 5: Discussion on Priority Funding Allocations with Reference to the Briefing Note – All Members (3:45-4:30)

- Recommendations:
 1. Stroke Centers are too expensive and should be delayed until Phase 2; However, it was also recommended that Stroke Centers remain pertinent in Phase 1
 2. Not enough community integration (i.e. support services & recreational programs); Possibly, move this section in to the rehabilitation component
 3. Re-name Item #4 to “Rehabilitation and Community Re-Integration Collaborative”
 4. A Stroke Public Education/Awareness Campaign needs to be developed and implemented
 5. More acute issues need to be addressed such as:

Increasing tPA awareness, utilization and training

TeleStroke

Site specific inefficiencies (i.e. the absence of medical imaging & time loss at ED arrival)

Hospital designation

Transportation (i.e. from remote areas-air, ground)

Ambulance training and protocols

6. Take a closer look at the Sunnybrook Stroke Care Program as well as Carotid M&M Management
7. Stroke Strategy Coordinator:

Clarification of “Half Time”- Three days a week plus a high degree of travel

A Hiring Subcommittee of four members to recruit the Stroke Strategy

Coordinator (Mark Collison, Philip Teal, Andrew Penn, and Rita den Otter)

An annual salary of \$100,000 (contract)

The job description would include liaison responsibilities with BC Health Authorities

8. Adjust the title of the “Secondary Prevention Clinic” to “TIA Facility” or “Stroke Rapid Assessment Clinic”
9. How much development is actually needed for TeleStroke implementation?
10. Innovation is key to illustrate optimal performance (i.e. group health scenarios)
11. CPIP Data and Indicators to the Ministry
12. Item #2 has a continuum to deal with on a broader scale (i.e. lack of GPs, and the absence of 3^o facilities)
13. Follow-up care is key with patients due to the disconnect after patient release from ED (i.e. 2^o prevention/recovery)

Agenda Topic 6: Next Steps and Wrap up (4:30-5:00)

- Working Groups need to be formed to move identified priorities forward
- Working Groups are to meet before next Stroke Steering Committee Meeting in March 2008
- Objective of Working Groups is to develop a concise work plan and budget for each priority area. These will be presented to the Steering Group at the March meeting for approval.
- Working Groups will meet once in person (half day) with rest of work by phone/e-mail – this will not be labour intensive – will utilize a facilitator
- Working Groups should have good regional representation
- People should express their interest for various groups by sending Mark Collison an e-mail
- Sub-Working Group Sign Up Thus Far:

TeleStroke – Philip Teal (Lead)
Todd Collier
Andrew Penn

TIA Rapid Assessment – Andrew Penn (Lead)
Alana McCabe
Todd Collier

Rehabilitation Collaborative & Community Integration – Jennifer Yao &
Stephen Vallentyne (Leads)
Rita den Otter
Linda Lane-Devlin

Stroke Measurement – Devin Harris (Lead)
Alana McCabe
Todd Collier
Andrew Penn

- **Stroke Coordinator Hiring Sub-Committee** to move forward with a base salary of \$100,000 (contract)

Stroke Coordinator Hiring Committee – Mark Collison (Lead)
Philip Teal
Andrew Penn
Rita den Otter

Meeting Adjourned 5:00pm

Notes Recorded by:

Nicole Zorotheos
Heart and Stroke Foundation BC & Yukon