Provincial Stroke Steering Committee Meeting

Location: Heart and Stroke Foundation of BC & Yukon Boardroom **Date & Time:** June 19, 2009

Present: Barbara Carver, Todd Collier, Rohini Charan, Mark Collison (Co-Chair), Diana Foster, Martha Grypma, Devin Harris, Kennely Ho, Bobbi Hoadley, Lisa Hoefer, Allan Holmes, Dan Kennedy, Hans Krueger, Diane Layton, Leighanne Mackenzie, Diego Marchese, Andrew Penn, Jacquie Pettersen, Prathap Raghavan, Rowena Rizzotti, John Rowlandson, Lori Seeley, Mary Stambulic, Rita Sweeny, Philip Teal, Valerie Tregillus (Co-Chair), and Jennifer Yao

Absent: Darlene Arsenault, Susan Brown, Robert Crisp, Rebecca Harvey and Karen Wanger

Welcome & Call to Order – Mark Collison (10:00 – 10:05)

Introductions, Agenda, and Housekeeping – Mark Collison (10:05 – 10:15)

Administrative Update – Mark Collison & Valerie Tregillus (10:15 – 10:45)

- Minutes from the November 13th, 2008 Steering Committee meeting approved.
- Financial update included overview of funding received to date of $3.9 million. Year-to-date expenditures totaled $2,204,824 or 57 per cent of total budget with $1,695,176 remaining.
- Despite cost pressures totaling about $320,000, BCSS is in good financial shape and projects are expected to come to fruition.
- Strategic presentations were made to three key groups – the Acute Care Council on January 23rd; the Ministry of Health's senior executive team on January 26th; and the Health Operating Committee. A presentation will be made to the Leadership Council, which is expected about mid-July (initially delayed a month due to the change in the Deputy Minister of Health).
- Presentation demonstrated the care gaps, what has been achieved and what needs to change as well as funding required.
- There was a positive response from the operational leadership on the intent of the BCSS.
- Economic slowdown has had an impact on government revenue and expenditures hence making a funding request difficult at this time. However, we shall pursue additional funding regardless.

Agenda Topic: Priority Project Updates – Telestroke: John Rowlandson (10:45 – 11:20)

Presentation content reviewed within the meeting; main points of discussion:

- Presentation is one-year check -in - first Telestroke Working Group meeting was June 17th, 2008 at VGH.
- A site exchange visit was made in February 2009 between the University of Alberta Hospital in Edmonton as the consulting site and the Primary Stroke Centre in Camrose as the referring site.
- The VIHA procurement process is completed; fee codes are in place; training is taking place at Cowichan & Nanaimo Hospitals with implementation planned for the week of July 6th, 2009.
- A new VIHA patient brochure was distributed to members as an example of a tool that was developed that can be adapted to other health authorities.
- Lessons learned in the implementation process were reviewed and included attaining senior level buy-in right away (both at clinical and administrative levels); expect some pockets of resistance to tPA administration; model close to the work flow of current practices; document specific roles and responsibilities; secure executive sponsorship and get documentation right the first time so that it can be adapted in another health authority; don't underestimate the privacy and IT barriers.
- Looking ahead: provincially Telestroke will need common network access and technological expertise, and a context for telestroke where it can be supported over time.
- Next Steps to expand telestroke to FHA/VCHA:
    - Site pre-feasibility assessment and ED selection at FHA;
    - Working group meeting toward the end of July;
    - Approval pathway and LOA to be mapped and scoped out.

<u>Discussion Points:</u>

- When telestroke becomes live, expect neurology utilization to be higher than expected. At Victoria General, first two days in the unit, there were four patients in one day; two the next. There is pent up demand for this service as access to stroke neurologists is expanded.
- Need for a provincial network (i.e. one system to cross health authority boundaries that does not involve bridging).

Agenda Topic: Priority Project Updates – Rapid Assessment TIA Grants: Andrew Penn (11:20- 11:50)

Presentation content reviewed within the meeting; main points of discussion:

- Implementation updates of each of the five health authority priority areas:
  1. *Interior* – model for organized TIA rapid management developed; project coordinator in place; request made for stroke nurse practitioner (although no grant money in place); standardized order sets to be rolled out.
  2. *Vancouver Island* – clinic hours restored back to five days/week at Victoria General; letter to GPs mailed regarding fee codes and procedures for patient referrals; secondary prevention clinic established at the Campbell River site; early triage phone calls for SRAU implemented so that when patient arrives at the unit, medical history has already taken place; telestroke implementation in progress; still need to address access to ultrasound; electronic referral not in place yet; data analysis presented in Stockholm.
  3. *Vancouver Coastal* – clinic hours extended 1 ½ days to four days/week at Vancouver General; opened rapid access clinic ½ day per week (Tuesday afternoons) and DTU stroke pathway in place at St. Paul's; coordinator hired, standardized protocol forms developed, and data collection plan established at LGH. Working on developing educational materials for GPs on the North Shore and standardizing referral form. Data collection remains a problem as administrative staff has been downsized.
  4. *Northern Health* – office space found; two new referral forms established; beginning to collect data. Working on educating doctors and ER physicians on TIAs; establishing an agreement for surgical intervention within a two-week period, and setting up a 1-800 number for referrals. Plans are in place to open a clinic half a day a week at the Prince George Hospital.
  5. *Fraser Health* – 3 Rapid Access TIA clinics up and running; electronic systems in place; community-wide scheduling in place; referral forms created; staffing in place. Work still to be done to standardized forms, evaluate and review operations, improve data collection and the budgeting process.

Agenda Topic: Priority Project Updates – Measurement and Evaluation: Hans Krueger (11:50 – 12:40)

Presentation content reviewed within the meeting; main points of discussion:

- An update on the stroke registry was presented. Through the use of ICD-9 and ICD-10 codes, physician billing and hospitalization data, the registry is able to identify first-time ever stroke and changes over time. Ways to audit the new registry (validation of registry) are being pursued.
- Work is currently being done on the incidence and prevalence of stroke; work is still required on mortality and recurrence.
- Charts were presented on incidence of stroke in BC. There is an average of 6,260 incident (first ever) strokes per year in the 11-year period from 1997/98 to 2007/08. The majority of strokes are ischemic (86 per cent). The age-standardized incidence rate declined 26 per cent to 1.36 per 1,000 from 1.83 per 1,000. The number of patients living with a stroke (prevalence) increased by 74 per cent to 45,235 in 2007/08 from 26,061 in 1997/98. However, there is a slower increase in the age-standardized prevalence rate due to the declining age-standardized incidence rate.
- 55 per cent of incident TIAs are identified via MSP data. However, there are challenges of using administrative data (data only as good as data inputted) and there is a need to enhance the accuracy of reporting/coding.
- The group received an overview of the interim evaluation of the VIHA TIA rapid assessment program. Established in November 2004, there is now data ranging from before and after its start up. Data compared with IHA and NHA as a control group (ie. Patients that do not have a reasonable access to a rapid assessment clinic compared to those at VIHA who do). Initial findings include:
  - Downward trend of stroke incidence most likely due to a number of factors such as increased use of hypertensive and statin drugs, diabetic improvements, smoking cessation and improved diets. Since the clinic opened up in 2004, there was a 15 per cent decrease in the age-standardized rate of incident ischemic stroke for the SVIHSDA (South Vancouver Island health service delivery area) between 2004/05 and 2005/06 but an increase in 2006/07 to 1.027 and 2007/08 to 1.119.
  - This compares to IHA where the rate was relatively stable between 2004/05 and 2005/06 and to NHA where the rate fell 8 per cent. Between 2004/05 and 2007/08, the rates in IHA and NHA declined by 8 per cent and 16 per cent, respectively.
  - Why are we seeing a drop in 2005/06 in the SVIHSDA and then the rebound in the following two years?
    - Unit in operation five days/week during first two years, then reduced to four days per week. Median wait increased as a result (from 2.7 days to over 4 days in 2007 and 2008).

        - Discussions were held regarding the results of the EXPRESS trial conducted in the U.K. that clearly shows that to avoid conversion from a TIA to a full stroke a rapid and comprehensive prevention response is required. [1]
        - Perhaps the VIHA clinic did not "cure" stroke but simply delayed the onset of stroke by one to two years.
        - A schematic was presented showing the impact of delaying strokes by one to two years; however it did not explain the overshoot that the data presents. More work is needed to account for the "drop and rebound." The change in conversion rate from TIA to full stroke in the SVIHSDA compared to the control group required additional analysis from the Ministry of Health Services.
    - There has been a year-over-year increase of 48 per cent in patients seen (to 1,069 from 724) and a 43 per cent increase in the proportion of patients seen within 48 hours of symptom onset since the addition of new funding from the BCSS.

Discussion Points:

- As the volume of TIA cases seen goes up, the ability to see patients within the 48-hour period varies with available clinic days.
- How are stroke mimics avoided? Fee codes for stroke now allows for two-digits indicating stroke severity.
- As stroke mortality decreases over time, chances of a recurrent stroke increases. The need to identify recurrent strokes remains an outstanding issue.
- An overview of stroke incidence and prevalence by HA and HSDA has been requested to be developed by Hans.
- "Money follows measurement."

Break 12:40 – 1:20

Agenda Topic: Priority Project Updates – ED Stroke/TIA Protocols Presentation: Allan Holmes (1:20 – 2:00)

Presentation content reviewed including background on CPIP (emergency department current practice indicator project) within the meeting; main points of discussion:

- HAs at various stages of roll out. VCHA's achievements for 2008/09 have not been submitted due to budget cutbacks.
- Evaluation of each health authority on how the new protocols are being used through Status Reporting.
- A post-implementation chart audit to quantify progress will be necessary. Currently no funding to conduct a post implementation audit is available.

Agenda Topic: Priority Project Updates - Hyperacute Stroke (ACVS) Presentation: Allan Holmes

Presentation content reviewed including background on Hyperacute stroke strategy; main points of discussion:

- A consensus statement from the clinical leadership group was completed in December 2008.
- A formal consensus statement has been developed by the Section of Emergency Medicine supporting tPA administration in February 2009. The emergency medicine section of the BCMA has endorsed the statement and will be circulating it to physicians in emergency departments in BC.
- While activity related to stroke has increased, implementation is hampered by a lack of understanding about the value of coordinated stroke care, limited and short term funding, and a lack of commitment at senior government levels.
- The BC Stroke Strategy has reached a point of complexity whereby the province needs to take a stronger leadership role in helping to manage implementation.

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[1]To determine whether early aggressive treatment lowers recurrent stroke risk, EXPRESS investigators conducted a 5-year, population-based "before-and-after study" comparing current standard management in a group of TIA and minor stroke patients over 30 months and early, aggressive management in a second, consecutive 30-month period in a similar group of patients at the EXPRESS study specialty clinic.
In the first 30-month study period, patients were required to make an appointment for assessment at the clinic. In the second half of the study, patients no longer required an appointment, and were treated immediately at the clinic. More than 25 per cent of subjects in the second phase of the trial were assessed within six hours of seeking medical attention, and more than 50 per cent of patients were seen within 24 hours. This compares to the average time of 3 to 4 days for assessment and of one to seven days for treatment in the first phase of the study.
The final study results showed recurrent stroke in nine patients in the first phase of the study compared to none in the second phase. Among those patients who attended the service, there was a substantial reduction in the risk of early recurrent stroke. In the 50 per cent of patients in the community who did not attend the EXPRESS study TIA service, the incidence of recurrent stroke remained stable, at about 10 per cent.

- When approval for ACVS implementation and funding is attained by the Ministry of Health Services and the senior health authorities group, work packages or action plans will be developed. Initial funding required to implement organized and systematic ACVS care is estimated at $5 million.

Agenda Topic: Priority Project Updates – Rehabilitation & Reintegration Presentation: Jennifer Yao (2:00 – 2:15)

Presentation content reviewed within the meeting; main points of discussion:

- Through a series of meetings an expert panel of over 50 participants was held over a three-month period last summer. This resulted in plans for four prototype projects by identifying gaps in care in communities and ways to close them. Plans including establishing a service delivery framework by identifying standards and priorities; developing a community rehab project; enhancing re-integration resources and support services; and developing a stroke TeleRehab project.
- TeleRehab can piggyback on the Telestroke project. Can take the opportunity now to use existing videoconferencing infrastructure at the health authority level and get familiar with the equipment and potential for use.
- Developing the service delivery framework outlining how things should look like could provide leverage and impetus to improving stroke rehabilitation across the province.
- Fee codes for TeleRehab will need to be looked at as it is not currently fee-for-service.
- Funding for these projects is estimated at $4.5 million. Request for funding is currently before the Ministry of Health Services and health authorities.

Agenda Topic: BC Stroke Recovery Association – BC Stroke Recovery Association: Bobbi Hoadley (2:15 – 2:45)

Presentation content reviewed within the meeting; main points of discussion:

- Working toward stable partnerships in fulfilling the mandate of SRABC. Sources of funding have been confirmed and are more sustainable.
- Smaller branches in more rural areas require more support than branches in urban centres as they have fewer resources and internal supports. SRABC is ensuring that resources are growing throughout the province.
- Looking to develop evidence based approach to SRABC work and consistency in messaging to survivors and their families.
- Outlined ways that the SRABC has aligned with BCSS's Rehab and Reintegration:
    - Assist in developing networks among survivors, families and healthcare providers to facilitate communication within a client-centered approach.
    - Increase awareness and availability of community programs that would benefit survivors and caregivers.
    - Strengthen links between hospital-based and community-based rehabilitation care to facilitate return to the community. Improve communication among professional rehabilitation groups in BC, community services and the SRABC.
    - Enhance and raise awareness of SRABC.

Agenda Topic: New Business – Stroke Units and Accreditation: Todd Collier (2:45 – 3:00)

- Todd Collier and Prathap Raghavan together with the Canadian Stroke Strategy are currently working on an *Implementation of Stroke Units* document. The document will outline national minimum standards for setting up stroke units and will be included in the 2010 version of Canadian Stroke Strategy Best Practices.
- Establishing a measurement and monitoring system was discussed, including the need to identify key process and outcome performance measures, data sources and frequency of monitoring, and a quality assurance program on a routine basis. There is a need to ensure standardization and validity when data is collected and reported across institutions and provinces, and a vehicle with which to capture this data that should be centralized.
- It was suggested that the Stroke Guidance System be explored that can be used to disseminate knowledge on best practices and to capture data at point of care (this avoids double data entry).

<u>Action Item:</u>

- Distribute copy of the *Implementation of Stroke Units* document to the group for review and feedback when it is in a releasable stage.

Agenda Topic: New Business – GPAC Stroke/TIA Guidelines: Mark Collison (3:00 – 3:10)

Presentation content reviewed within the meeting; main points of discussion:

- BC (GPAC) guidelines on stroke/TIA prevention and management have not been released yet. Likely to be released this summer.
- GPAC typically does not reinforce awareness and uptake of the guidelines by physicians.
- Opportunity to link the guidelines with BCSS and increase the likelihood of adoption into clinical practice.
- Ideas on clinical uptake were presented. Additional activities where the BCSS could lend support include regional speaker forums and rounds, TeleLearning, the BCMJ, an accredited web-based interactive learning module and a practice support program.

Agenda Topic: New Business – TeleLearning Series: Mary Stambulic (3:10 – 3:20)

Presentation content reviewed within the meeting; main points of discussion:

- TeleLearning is a vehicle that can be used to disseminate information and transfer knowledge to physicians, nurses and health care providers by use of a two-way, live videoconferencing technology currently in place at many hospitals.
- A proposed calendar was presented for five series beginning in mid-to-late September. Each session is budgeted at about $500 per session and includes a stipend for speakers of $200 per session.
- Group acknowledged that telelearning is an excellent way to disseminate information and that a series should be planned for stroke nurses.

Agenda Topic: New Business – Communication Plan: Barb Carver (3:20 – 3:35)

Presentation content reviewed within the meeting; main points of discussion:

- Communications plan will be distributed for information and feedback.
- Documents are now being uploaded onto the backend of the website for access by the group.
- Looking at ideas such as uploading FHA's DVD onto YouTube or onto BCSS website; advertising TeleLearning sessions on the website.
- Budget is estimated at $35,000.

Agenda Topic: New Business – Special Stroke Issue: Devin Harris (3:35 – 3:45)

Presentation content reviewed within the meeting; main points of discussion:

- The BCMJ is circulated to all BCMA members with full online content (not indexed however). The BCMJ is interested in a Stroke/TIA themed issue. Devin is looking for interested contributors with a multi-disciplinary, multi-specialty approach from the Stroke Strategy members as it is an opportunity to disseminate information on BCSS. This issue could also act as a means to highlight the GPAC stroke/TIA guidelines.
- A theme issue comprises of 10 to 14 articles totaling 8,000-15,000 words plus a guest editorial ("The Provincial Stoke Strategy").
- The timeline for the issue would be 6-12 months with a publication delay of 6-9 months.
- Deadline for submissions is the end of September.
- Suggested topics include: EDPWG; TIA pathway; secondary strokes; local information on TIA clinics; telestroke; rehabilitation; ACVS in BC; GPAC guidelines.

Agenda Topic: BCSS Over Next Six Months: Diane Layton (3:45 – 3:55)

Presentation content reviewed within the meeting; main points of discussion:

- Despite uncertainty around additional funding, political priorities and environmental change, assumptions were made that project funding will continue until March 2010, prototypes will be implemented and evaluation will be completed and the stroke registry updated.
- Moving forward with ACVS strategy, and rehabilitation and reintegration is contingent on new funding.
- Reconfiguring the Telestroke team and approval process for expanding telestroke at VCHA/FHA is an anticipated change.
- Consistent data, HA resources, privacy barriers and funding for audits are ongoing issues in evaluation.
- Delays in start-up and consistent reporting remain outstanding issues in TIA.

Meeting Recap & Next Steps – Mark Collison & Valerie Tregillus (3:25 – 3:35)

- Mark has requested a meeting with the new Minister of Health Services, the Honourable Kevin Falcon (date unknown) to brief the minister on the BCSS, the need for more funding and the avoided health costs incurred through an organized, coordinated strategy.
- Will be presenting the BCSS's "asks" to the leadership committee, which includes having the BCSS embedded in letters of agreement, work plans and service agreements with the health authorities and Ministry of Health Services.
- Will be looking at the Strategy budget to support new business items, including reinforcing GPAC; implementing the communications plan; the BCMJ articles, fee codes for TeleRehab; completion of the telestroke prototype; initiating rehabilitation service delivery framework.
- Depending on receptivity to the ACVS strategy by the health authority CEOs, part II (development of an implementation plan) may commence this fall.
- Next working group meetings for Telestroke in late September; for Evaluation in the fall; and TIA rapid assessment in the fall as well.
- Plan to continue to communicate internally with newsletters, updates, bulletins, etc. concerning the Stroke Strategy either through the website or the backend of the website.
- Next meeting to be scheduled for December 2009/January 2010.

Meeting Adjourned 4:10 pm

Prepared by:
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July 20, 2009