

Since 2006, the Heart and Stroke Foundation of BC and Yukon, in conjunction with the [Ministry of Health Services](#) and the provincial Health Authorities, has managed the BC Stroke Strategy. The Strategy covers the continuum of stroke care – from prevention through acute care to rehabilitation. With prototype projects already running and more in the planning phase, implementation of the BC Stroke Strategy is well underway.

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## TIA Rapid Assessment Clinics

Transient Ischemic Attack (TIA) Rapid Assessment Clinics specialize in identifying and treating TIAs, helping prevent a full-blown stroke. As part of the BC Stroke Strategy, new TIA Rapid Assessment clinics are coming on-line, existing clinics are expanding and Health Authorities are looking to standardize stroke services across their service areas.

### Fraser Health Authority

In February 2009, the Fraser Health Authority launched three TIA prototype clinics with \$350,000 from the BC Stroke Strategy. The network of clinics provides outpatient service through **Royal Columbian, Surrey Memorial** and **Abbotsford Regional Hospitals**. TIA patients can now be referred to a clinic for follow up by family physicians or after being discharged from an emergency department.

### Vancouver Island Health Authority

The North Island Stroke Clinic is now operating in Campbell River from 8 a.m. to 8 p.m., Tuesday to Friday, and the Stroke Rapid Assessment Unit at the **Victoria General Hospital** extended its hours from four to five days a week. As of January 2009, new patient visits have increased from 817 to 1,151 per year as a result of extended hours.

### Vancouver Coastal Health

The **Vancouver General Hospital** has also expanded its clinic hours, growing from 2.5 to four days a week. **Lion's Gate**

**Hospital** will hire a nurse to build stronger links between general practitioners and neurologists, and create standardized protocols, referral forms and educational materials.

**St Paul's Hospital** is developing a "stroke pathway" within the Emergency Department, allowing TIA patients to receive a consult from a neurologist and appropriate imaging within 24 hours of entering the unit. The hospital has also opened an outpatient assessment clinic one day a week.

### Interior Health Authority

The Interior Health Authority is assessing how people with TIA symptoms are treated across its service area. The goals are to standardize the care-delivery approach to stroke; improve patient tracking, referral and access to diagnostics; provide timely follow up of high risk patients; and increase the consistency of assessment and patient care across the region.

### Northern Health Authority

The Northern Health Authority has hired a clinical lead and a neurologist to work with its stroke steering committee to identify current stroke practices and protocols. The goal is to offer standardized TIA care across the Authority to the degree possible, and to improve access to primary stroke care.

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## Telestroke

The Telestroke team has been very busy implementing two Telestroke prototypes in BC. Neurologists based at **Victoria General Hospital** will provide acute stroke video-consultations to **Cowichan District Hospital** and **Nanaimo Regional General Hospital**. This project will launch this summer/fall, in partnership with the **Vancouver Island Health Authority** and the assistance of BC Stroke Strategy funding and Telestroke support team. On the Lower Mainland, Vancouver Coastal Health Authority will provide neurological consulting services to two referring hospitals in the Fraser Health Authority with the launch date yet to be determined.

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## Measurement and Evaluation

The Measurement and Evaluation Working Group has worked closely with the Ministry of Health Services to design a new BC Stroke Registry, making it easier to identify stroke cases in existing administrative databases. The group has recommended changes to the way stroke cases are tracked, providing more accurate information about the patterns of stroke incidence and prevalence in BC.

The group has also identified five core indicators to evaluate BC's progress in preventing and treating stroke. These indicators include disability and mortality outcomes for stroke patients, length of hospital stay, use of Rapid TIA clinics and the number of eligible patients receiving tPA (clot-busting drug).

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## Rehabilitation and Community Reintegration

Utilizing a series of expert panels, the Rehabilitation team has developed plans for four prototype projects to test innovations in rehabilitation and survivor services available to stroke patients:

- to allow patients to receive community based rehabilitation services after they've been discharged from hospital;
- to improve access and coordination of community resources and supports for stroke survivors returning home;
- to build on the Telestroke initiative by developing and introducing Telerehab, giving therapists in rural or remote communities access to specialists in larger centres; and
- to identify the standards and levels of stroke care patients can expect in hospitals across the province.

The request for funding for these projects is currently with the Ministry of Health Services.

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## Emergency Department Protocols

More than 100 urgent care and Emergency Departments across British Columbia are working toward a standardized approach to stroke care. The Emergency Department Protocol Working Group is assisting each Health Authority. Standardized physician order sets have been developed to help achieve a more consistent approach to manage the acute stroke and high risk TIA patients. The order sets have been reviewed by multiple stakeholder groups within each Health Authority. Both on-line

and site-based educational programs have been developed for physicians and nurses. Finally, several inter-disciplinary Stroke Collaboratives have been completed, allowing sites within Health Authorities to meet and discuss best practices in emergency department stroke care management.

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## Acute Cerebral Vascular Syndrome (ACVS) Care

At the request of the BC Ministry of Health Services, a consensus statement has been developed and formally released. *Providing Optimal Stroke/Acute Cerebral Vascular Syndrome Care in BC: A Clinical Leadership Consensus Statement* outlines the four key components necessary to provide optimal stroke/ACVS care, including defining what pre-hospital and acute hospital care should be available. This document will be used to develop a provincial model to deliver optimal hyper-acute stroke care in BC.

In addition, a formal consensus statement has been developed by the *BC Section of Emergency Medicine: Position Statement: Emergency Physician Thrombolysis for Acute Stroke, Jan. 2009*. This will support Emergency Department physicians in administering the clot busting drug tPA. The Emergency Medicine Section of the BC Medical Association has endorsed the statement, and will circulate it to physicians in Emergency Departments across British Columbia.

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## Ongoing:

Since November, the Stroke Strategy has supported a series of presentations to senior Ministry of Health staff and health authority administrators, providing updates on progress and requesting funding for other aspects of the strategy.

We're also busy building a more comprehensive website ([www.bcstrokestrategy.ca](http://www.bcstrokestrategy.ca)) to keep professionals, patients, families and our partners up to date on stroke prevention, treatment and rehabilitation activities. When complete, the site will be a one-stop shop for comprehensive information, resources and status of the BC Stroke Strategy and all prototype projects.

So the BC Stroke Strategy is well on its way and rapidly building momentum! Stay tuned to the website for breaking news and project updates. For updates about the Stroke Strategy and postings on our website, send us a note to join our distribution list: ([info@bcstrokestrategy.ca](mailto:info@bcstrokestrategy.ca))