



Winter Newsletter

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Greetings!

After three years of planning and preparation, stroke patients in British Columbia are seeing on-the-ground benefits from the [BC Stroke Strategy](#).

The Strategy is an integrated plan that takes a coordinated approach to improving stroke along the continuum of care - from [public awareness and primary and secondary prevention](#), through [acute treatment to rehabilitation and community re-integration](#).

In 2006, the [Heart and Stroke Foundation, BC & Yukon](#) began work on the strategy with support from the [Ministry of Health Services](#) and Health Authorities. Now, we have [TIA Rapid Assessment Clinics](#) spreading across the province. [Telestroke](#) is operating in one Health Authority, and being introduced in two more. We've launched a [TeleLearning](#) series, and our [expanded website](#) is up and running.

There is still much to do, but momentum is on our side. We accomplished a lot last year, and will continue to build on our successes through 2010.

Thanks for your ongoing support of the BC Stroke Strategy.

[Mark Collison](#)

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TIA Rapid Assessment Clinics

[TIA Rapid Assessment Clinics](#) specialize in treating Transient Ischemic Attacks (TIA), or mini-strokes. They assess patients who may have had a TIA, give them priority access to diagnostic tests and imaging, ensure they're seen by a neurologist or stroke specialist, and most importantly, educate patients about what they can do to prevent a full-blown stroke. Evidence shows this approach can help reduce the risk of another stroke by up to 80 per cent.

All five health authorities are now working toward or already delivering priority TIA treatment to patients.

- [Vancouver Coastal Health \(VCH\)](#) expanded hours of existing clinics at Vancouver General Hospital and opened a new clinic at St. Paul's Hospital. Lion's Gate Hospital has been working with VCH family practice physicians to streamline TIA specialist referral links. Next year, they plan to maintain the expanded capacity and evaluate the services.
- [Vancouver Island Health Authority \(VIHA\)](#) has expanded hours at Victoria General Hospital and opened a new clinic in Campbell River. As a result, volumes in the VIHA clinics, which have historically seen approximately 1,200 patients per year, have increased by 40 per cent to over 1,600.
- Since opening in February, [Fraser Health's](#) TIA Rapid Assessment Clinics in Abbotsford, Surrey and New Westminster have seen more than 1,200 patients. Next steps are to increase referrals from community physicians and streamline operations and data collection.
- The [Interior Health Authority](#) opened new clinics in Kamloops and Cranbrook this year.
- The [Northern Health Authority](#) is looking at improving the way TIA cases are identified and referred for rapid follow-up, as well as expediting diagnostic tests.

To download an overview of TIA Rapid Assessment Clinics in BC, [click here](#).

Telestroke

[Telestroke](#) is now a reality in BC. Telestroke merges acute stroke therapies and telemedicine to connect stroke specialists directly to emergency room physicians in other communities to evaluate, treat and manage acute strokes.

In July 2009, the province's first Telestroke prototype began operating in the [Vancouver Island Health Authority](#). Since then, 14 patients in Cowichan District and Nanaimo Regional General Hospitals received Telestroke consultations from neurologists at the Victoria General Hospital. Six of those patients received tPA, the clot-busting drug that must be administered within four-and-a-half-hours after the onset of symptoms. This is in keeping with the original estimate that 17-20 patients in Nanaimo and Cowichan would be eligible for tPA annually.

The second Telestroke project is expected to launch in February 2010, between neurologists at Vancouver General Hospital and emergency rooms at Chilliwack and Peace Arch Hospitals. This project will link two Health Authorities ([Vancouver Coastal](#) and [Fraser Health](#)) with tele-videoconferencing, and will provide the clinical and technical model that can be used for Telestroke expansion across the province.

For more information on these projects, [click here](#) for the December 2009 Telestroke update.

Hyperacute (ACVS)

A province-wide Telestroke network is part of the [Acute Cerebrovascular Syndrome \(ACVS\) Care](#) component of the BC Stroke Strategy. The goal of ACVS is to provide optimal hyper-acute stroke care across British Columbia.

This is the backbone of comprehensive and organized stroke care in BC. If

implemented, British Columbians could access optimal stroke care at the right time and in the right place. The key is to develop and implement a stroke-delivery program for each region of the province. The network will be supported by:

- a comprehensive pre-hospital system - i.e. ambulance bypass protocols and hospital designations
- triage protocols for hyper-acute stroke care in the Emergency Department
- a provincial Telestroke network
- diagnostic imaging networks and
- province-wide access to stroke care specialists.

ACVS proposes and has identified four levels of care for hospitals across BC:

- Level 1 Comprehensive Stroke Centres
- Level 2 Regional Stroke Centres
- Level 3 Primary Stroke Centres (Telestroke enabled)
- Level 4 (non-tPA enabled)

Implementing ACVS will require:

- commitment from the provincial government and health authorities
- completion of an implementation plan in 2010
- designated hospital roles and a stroke network
- develop Telestroke capacity and delivery elements for tPA
- transition management and staff training
- outcome and quality monitoring.

Emergency Department Stroke/TIA Protocols

In 2008, the Current Practice Indicator Project (CPIP) identified recommendations to improve the diagnosis and treatment of stroke in Emergency Rooms across BC. As a result, the [Emergency Department Protocol](#) Working Group established stroke/TIA protocols, which have been disseminated to all Health Authorities.

The BC Stroke Strategy invested significant resources and worked with health authorities to encourage awareness and uptake of the protocols. In 2010, the BC Stroke Strategy hopes to conduct another CPIP survey, this time measuring the outcome of hospitals' efforts to implement these protocols over the past two years.

TeleLearning Sessions

The BC Stroke Strategy launched its TeleLearning series last fall. Sessions will be held monthly through spring 2010. The next session will be held on Tuesday, Jan. 26, noon - 1 (PST). Drs. Phillip Teal and Ron Warneboldt will discuss the recently released Guidelines and Protocols Advisory Committee (GPAC) guideline on Stroke and TIA management

To register for the session or view presentations from previous sessions, please visit the [BC Stroke Strategy website](#). If you have a suggestion for a future session, please email the [BCSS coordinator](#).

Prevention: Clinical Practice Guidelines for Primary Care

In September, the provincial Guidelines and Protocols Advisory Committee (GPAC)

released the [Stroke and Transient Ischemic Attack - Management and Prevention Guideline](#). This guideline has been a priority of the BC Stroke Strategy, providing primary care physicians with best practices around managing and treating stroke.

The next step is to ensure that this best practice resource is embedded into clinical practice, and that physicians across BC are aware of it. In December 2009, we mailed a package to all general and family practitioners that included the guideline, information about [TIA Rapid Assessment Services available by Health Authority](#) and an [educational DVD about TIAs](#). We will promote Regional Rounds and Forums to GPs, and on January 29, the BC Stroke Strategy's new [TeleLearning Series](#) will present a session on the guideline. For more information or to register, [click here](#).

We are also developing an accredited, interactive on-line learning module based on the guideline. Stay tuned for more information.

Rehabilitation and Community Re-integration

In 2008, the BC Stroke Strategy assembled a provincial, multi-disciplinary expert panel on [rehabilitation and community re-integration](#). The panel worked with health authorities, the [Ministry of Health Services](#) and non-governmental organizations to identify and develop several project concepts that have been put forward for funding consideration.

In 2010, the [Rehabilitation and Community Re-integration](#) Working Group will:

- develop a Service Delivery Framework
- develop approaches to promote Stroke Units across BC
- assist in the development of Telerehab fees for physiatry, as needed.

Measurement and Evaluation

The [Measurement and Evaluation](#) Working Group ensures that the BCSS builds in appropriate measurement and evaluation elements for all parts of the Strategy, including the Telestroke and Rapid Assessment prototypes.

The Working Group contributed to the [Ministry of Health Services'](#) new world-class Stroke Registry, tracking incidents, treatments and outcomes for patients. The Registry links several health databases and provides reliable data for decision making. The group has also recommended five key stroke indicators that can be used to measure overall stroke care system performance:

- Reduce the proportion of patients who die in hospital or are sent to a long term care facility after being admitted/discharged (principle diagnosis) for ischemic stroke. (If only one composite measure is used it would be this measure of death and dependency.)
- Reduce the age-standardized incidence rate of both ischemic and hemorrhagic stroke (by 10 per cent between 2007/08 and 2011/12).
- Reduce acute care days (this includes a combination of reduced admissions and reduced average length of stay) for admissions in which an ischemic stroke is the principle diagnosis (by 10 per cent between 2007/08 and 2011/12).
- Increase the volume of TIA/mild strokes processed in TIA Rapid Assessment Clinics (by 50 per cent between 2007/08 and 2011/12).
- Increase the number of ischemic stroke patients receiving tPA (to 5 per cent between 2007/08 and 2011/12).

Next Steps

The BC Stroke Strategy has made significant and demonstrable progress so far. Prototypes are operating, expanding and being evaluated. System-wide improvements have been identified, work plans are being executed, there are new learning opportunities and success stories are being promoted. Priorities for the future include:

- embed stroke best practices as a priority within the health care system, with defined performance indicators
- complete and evaluate initial stroke prototype projects and related initiatives
- implement the Acute Cerebrovascular Syndrome (ACVS) plan
- promote rehabilitation and community reintegration projects as funding allows.

Keep in Touch

This new web-based format of the BC Stroke Strategy Newsletter makes it easier to keep in touch with developments and achievements. To continue receiving updates, please [join our mailing list](#). We'll make sure you stay on top of developments in the Stroke Strategy projects and initiatives that interest you.

To comment on or make suggestions about the BCSS [website](#) or newsletter, please [send us an email](#). If you know anyone who might be interested in keeping up to date on Stroke Strategy progress, please use the "Forward email" link below.



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