

Summer Newsletter

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Greetings!

We are very pleased to announce that the Ministry of Health Services has approved \$3 million for the 2010/11 fiscal year to assist with sustainability and system-wide integration of the BC Stroke Strategy. This funding will primarily be used to:

- sustain the increased capacity that has been achieved by the Health Authorities in the area of Rapid TIA Assessment work over the past two years
- provide planning and development necessary for building on the two telestroke prototypes and expand to a province-wide network
- support pre-implementation work related to the Acute Cerebrovascular Syndrome (ACVS) strategy, pending approval of the ACVS implementation and provincial and regional stroke plan
- support a Rehabilitation & Reintegration demonstration project, to be defined and approved by the R&R Working group.

Funding may also be used to support the third BC Stroke Summit, which is tentatively planned for late 2010 or early 2011. The Summit would showcase results from the prototype projects, provide details about the regional stroke action plan and confirm a new BCSS governance and operating model.

This \$3 million investment is in addition to more than \$4 million provided by the BC government to fund BCSS activities to date. For updates on the considerable progress we've made in the past four years, please take a few minutes to review this newsletter. It's impressive to see how all our efforts have come together, and how many of our goals we've accomplished. One of the fun projects this year was producing the [Roadmap to the BCSS \(pdf\)](#) for the [Canadian Stroke Congress](#), outlined [below](#). It's a bright and colourful overview of what we've been working so hard on for the past four years.

Thanks for your ongoing support of the BC Stroke Strategy.

[Mark Collison](#)

Co-Chair, BC Stroke Strategy
Heart and Stroke Foundation, BC & Yukon

TIA Rapid Assessment

In 2008, there were only two TIA Rapid Assessment Clinics in BC: Victoria General Hospital and Vancouver General Hospital. Both clinics operated part time, and provided service to 2800 patients with suspected TIA/minor stroke. As a direct result of capacity-building support provided by the BCSS, these clinics expanded operating hours; two new clinics were added at St. Paul's Hospital in Vancouver and on the North of Vancouver Island; three new clinics were introduced in the Fraser Valley; and two clinics have opened in the Interior. For details about clinic locations, hours and contacts, [download this information sheet](#).

Along with these nine clinics, three TIA secondary prevention models are operating in BC, allowing for regional variations and flexibility:

- **The Clinic Model** - Suspected TIAs/minor strokes are referred for Neurology follow-up from Emergency Departments or General Practitioners to a stand-alone out-patient clinic. Some clinics require diagnostic imaging prior to the visit, others include it as part of the clinic visit. The Fraser Health Authority has stand-alone clinics, using a central intake system to assign the patient to the next available appointment, regardless of where the patient lives.
- **The ED Work-Up Model** - The patient is admitted to a 12 hour holding/observation area in the Emergency Department. Diagnostic tests are ordered and the neurology consult occurs on-site before discharge. Any further follow-up is handled in a TIA clinic or in the neurologist's office. St. Paul's hospital in Vancouver uses this model.
- **The Triage Model** - This is prevalent in rural areas with limited access to a neurologist. Standard protocols have been developed to guide a TIA/minor stroke follow-up process. Patients are identified in Emergency Departments or by General Practitioners and referred to a central triage/navigator nurse who does the initial follow up, confers with the patient and the available neurologist, orders tests and sets up an appointment with the available neurologist. Prince George is using this approach.

Highlights from the BCSS evaluation of the TIA clinics show:

- The number of patients with suspected TIA/minor stroke accessing TIA Rapid Assessment services has more than doubled to 5,667 per year during the two year prototype period.
- Given appropriate funding, leadership and co-operation between regional health authorities, further expansion of clinics and other secondary prevention models is possible and beneficial.
- There are areas for improvement:
 - The length of time between the TIA event and the clinic appointment needs to be shortened. In 2009/10, just 15% of patients were seen within 48 hours. An important barrier is the limited number of days that many of the clinics are operational. Patients should be seen within 48 hours of having a TIA in order to fully benefit from the risk reduction these clinics provide.
 - Despite the doubling in the number of TIA/minor stroke patients treated in these clinics, a further doubling would be required to treat all 6,000 incident TIA/minor strokes that occur annually in the province.

Telestroke has been operating in British Columbia for just over a year, providing stroke patients in Nanaimo, Duncan, Chilliwack and White Rock quick access to neurologists. From June 2009 to March 2010, 27 patients have used the Vancouver Island Health Authority Telestroke project. Eleven received tPA, the revolutionary clot busting drug. The project between Vancouver Coastal and Fraser Health Authorities has been operating since April 2010, and has seen 10 patients, 5 of whom received tPA.

On February 25, 2010, the second Telestroke prototype in BC began operating - this one between two health authorities. Vancouver Coastal and Fraser Health are building the model that can be used to introduce Telestroke to t-PA-enabled hospitals across British Columbia. A significant BC "first" achievement was working across two Health Authority firewalls for an "on demand" emergency telehealth application.

FH VCH Telestroke Launch mock



On April 9, Chilliwack MLA John Les (on the monitor above, Right) attended the official launch, standing in as the stroke patient diagnosed by Dr. Phil Teal (on monitor, left). Kevin Harrison, Regional Stroke Coordinator for Fraser Health, manages the technology. After the presentation, [MLA Les stood in the BC Legislature](#) and gave a Member's Statement on the value of Telestroke to the community.

View the [News Release](#) and [Backgrounder](#).

Stroke Registry

The BCSS's Measurement and Evaluation Working Group and the [Ministry of Health Services](#) are in the final "tweaking" stage in the development of the Acute Cerebrovascular Syndrome (ACVS) Registry. The registry links provincial hospitalization and physician billing data over the past 17 years, providing access to information that until now, was largely buried in databanks. It was developed in collaboration with the [Canadian Stroke Network](#) and the [Public Health Agency of Canada](#).

The registry:

- captures the number of patients with newly diagnosed stroke and TIA as well as the number of patients currently living with the after-effects of their stroke,
- assesses trends over longer periods of time, and

- identifies the conversion of TIAs/minor strokes into full blown strokes requiring hospitalization.

Data is available at four levels: provincial, health authority, health service delivery area and local health areas.

The following preliminary results are examples of the kind of reports that can be run:

- Since 2002, the age-standardized incidence of hospitalized stroke in BC has decreased by 20% (hemorrhagic) and 28% (ischemic).
- Average length of hospital stay for ischemic stroke patients decreased by 24%.
- In 2008/09, 4.2% of incident hospitalized ischemic stroke patients were treated with tPA. Prior to the BCSS registry, this provincial rate of use of the "clot busting drug" was unavailable. Registry data means we can now track the use of tPA in BC.
- The number of people with a first TIA/minor stroke has increased by 31% over the past eight years, highlighting the need to enhance rapid assessment and treatment options.
- The number of British Columbians living with the after effects of stroke has increased from 31,000 to 47,000, indicating the need for secondary prevention to reduce the risk of a subsequent stroke.
- While death rates following a stroke have decreased, more than one-quarter of stroke patients die while in hospital following their stroke.

Data drawn from the registry will be used to plan for optimal care in all regions of the province, develop a cost-avoidance model, and to measure and evaluate stroke treatment and outcomes in BC. In future, it may be linked to Pharmanet and Emergency Department data, providing detailed and long-term evaluation of stroke interventions, including tPA and carotid endarterectomy.

CEO Stroke Primer

In July 2009, Health Authority CEOs and Ministry of Health Services senior leadership asked the BCSS to provide "current state" stroke metrics, identify priority interventions to improve stroke care across the regions and provide a plan to implement the recommendations.

This work is now almost complete. The Stroke Action Plan, provincial and regional stroke metrics, cost avoidance modeling and a recommended BCSS governance and operating structure will be ready for review by senior Ministry and Health Authority leadership in the early fall.

TeleLearning Sessions

The BCSS TeleLearning series is growing in popularity. Since our first session in October 2009, more than 600 people have participated in the educational video conferences. Several sessions have been accredited by the College of Family Physicians. Presentations and some videos (including the June 17 R&R Service Delivery Framework) are available on the [BCSS TeleLearning webpage](#).

- Canadian Best Practice Recommendations for Stroke Care - 2008 Update
- Understanding Management of TIAs in BC
- GPAC Guidelines on Stroke and TIA
- Demystifying tPA for Stroke Treatment
- BC Stroke Rehabilitation & Reintegration Service Delivery Framework: An Overview

Planning is already underway for the upcoming sessions on Telestroke, the new

Acute Cerebrovascular Syndrome (ACVS) Action Plan

In July 2009, Health Authority CEOs asked the BCSS to develop a three-year Stroke Action Plan. It will guide coordinated provincial and regional approaches to implement necessary health care delivery changes to improve hyperacute and acute care for ACVS across the province.

The Action Plan will cover all activities required within the first 48-72 hours of a stroke, including getting to the right hospital, accessing Telestroke and tPA, referring patients with mini-strokes to TIA Rapid Assessment Clinics, admission to a stroke unit and early-stroke rehabilitation best practices.

The ACVS Action Plan will be ready for Health Authority and Ministry senior leadership to review in the Fall.

Rehabilitation and Community Reintegration

Over the past six months, the Rehabilitation and Community Reintegration Working Group has developed a Service Delivery Framework. The Framework leads discussion around future allocation of rehabilitation and reintegration resources in a continuous "sequence" of care for stroke survivors, from the stroke event to living in the community post-stroke. The [Rehabilitation and Reintegration Service Delivery Framework](#):

- sets out the stages and levels of care, defines levels of service, access criteria for rehabilitation services and transitions to community rehabilitation care and support for stroke survivors;
- helps guide the structuring and allocation of stroke care resources across BC's health care system. Based on best practice standards, the Framework provides a Clinical Leadership Consensus Document for BC;
- provides health authorities with a roadmap to develop rehabilitation service delivery plans for stroke care within their region, and improve coordination within and between health regions and community groups to achieve best outcomes for stroke survivors.

The [Addendum](#) to the Service Delivery Framework provides additional clinical, definitional and service-planning considerations supplementary to the Framework and relevant to special needs of stroke survivors.

If you have comments or feedback on the Framework, please contact info@bcstrokestrategy.ca

Canadian Stroke Congress

Four BC Stroke Strategy initiatives were profiled at the [Canadian Stroke Congress](#) in June. Rapid TIA units, Measurement and Evaluation, St. Paul's Hospital TIA Pathway and the BC Stroke Registry. Download the [Abstracts here](#).

One of the highlights of the Summit was the poster room, where provinces and territories documented their progress to date in developing and implementing stroke strategies. The BCSS's bright, colourful and comprehensive [Roadmap to the BC Stroke Strategy](#) shows every twist and turn, accomplishment and challenge over the past four years.

EMS Best Practice Resource

The Canadian Stroke Strategy has released the [Emergency Medical Services Management of Suspected Stroke Patients](#), which encourages the uptake and implementation of the Canadian Stroke Strategy best practice recommendation for emergency medical services.

Heart and Stroke Foundation Stroke Warning Signs Campaign

On June 1, the Heart and Stroke Foundation of BC & Yukon launched a two-year public awareness campaigns on the Warning Signs of Stroke. The campaign features a great [television ad](#) on Global, CBC, CTV, CHEK, A Channel, Omni and Joy TV, a [website](#), print and radio ads, posters and outreach to health care providers, community groups, the BC Ambulance Service, pharmacies, Health Authorities and doctors' offices.

The campaign website (www.signsofstroke.ca) has already generated lots of interest. In less than two weeks, more than 1,000 unique visitors viewed the site.

The campaign was primarily funded by the Heart and Stroke Foundation of BC & Yukon, with generous support from our sponsors: AstraZeneca, Pfizer Canada, Boehringer Ingelheim, Merck Frosst, and Sanofi-Aventis Canada. It [was launched at the BC Legislature](#) during the Heart and Stroke Foundation's annual MLA Big Bike fundraising ride. Check out [this promotional video](#).

Keep in Touch

This 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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