



Coordinator's Corner:

Hello and Welcome to the 2nd edition of **Stroke Signals**

The ongoing work of creating excellence in our care of patients and families with stroke has received a boost by participating in Stroke Distinction.

The Stroke Summit in March was well attended and it was wonderful to see the buzz in the room as people worked together to create a vision for the future of stroke care and a start to the action plans for improvement. Working groups are gathering and will be proposing changes for further improvements in care.

It's hard to believe how fast a year can go by! Thank you to all of you who have contributed to the Organized Stroke Care Program over the last year. It's been an immense pleasure to work with you!

Thank you to Ann, Carolyn and Tina for their support over the past months.

Welcome back Reta!

Trish

2018 PEI Cardiovascular Conference & Stroke Workshop

Thursday, May 10, & Friday, May 11, 2018
 Holland College, Charlottetown, PEI



REGISTRATION EXTENDED

Registration closing Wednesday, May 2, 2018

Conference Pricing

EARLY BIRD - by April 13, 2018

	Health PEI Staff	Non Health PEI Staff	Student
Day 1 (May 10) ONLY	<input type="checkbox"/> \$75	<input type="checkbox"/> \$125	<input type="checkbox"/> \$50
Day 2 (May 11) ONLY	<input type="checkbox"/> \$75	<input type="checkbox"/> \$125	<input type="checkbox"/> \$50
BOTH (May 10-11)	<input type="checkbox"/> \$125	<input type="checkbox"/> \$250	<input type="checkbox"/> \$75

REGULAR - after April 14, 2018 *Registration closes May 2, 2018

	Health PEI Staff	Non- Health PEI Staff	Student
Day 1 (May 10) ONLY	<input type="checkbox"/> \$100	<input type="checkbox"/> \$150	<input type="checkbox"/> \$75
Day 2 (May 11) ONLY	<input type="checkbox"/> \$100	<input type="checkbox"/> \$150	<input type="checkbox"/> \$75
BOTH (May 10& 11)	<input type="checkbox"/> \$150	<input type="checkbox"/> \$300	<input type="checkbox"/> \$100

DID YOU KNOW?

Health PEI is gearing up for Accreditation Canada's Stroke Distinction process for the first time! Quality improvement is an ongoing process as we prepare for the survey visit OCTOBER 1-5, 2018

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Patient & Family Advisors

We are delighted to welcome the following individuals as Patient/Family Advisors:

- Bev Cornish
- Carl Arsenault
- Allan Morrison

An essential ingredient to high quality healthcare is actively including the voice of patients and families in the work we do; we are thrilled that they are choosing to share their time, skills and experience of stroke care and recovery to improve quality, safety and health outcomes.

DID YOU KNOW?

The **Stroke Distinction** program was launched in March 2010 and incorporates standards of excellence, *Canadian Best Practice Recommendations for Stroke Care* and in-depth, stroke-specific performance indicators and protocols.

DID YOU KNOW?

There are **3 sets of standards** that the Organized Stroke Care Program will be rated on as part of the Stroke Distinction Program:

- Acute Stroke Services
- Inpatient Stroke Rehabilitation Services
- Integrated System of Services to People with Stroke

DID YOU KNOW?

To participate in the Stroke Distinction program, an organization must already be accredited through the Qmentum accreditation program.

Organizations that wish to participate must also have a dedicated stroke services program or unit and dedicated stroke services staff.

DID YOU KNOW?

The following determine whether Stroke Distinction will be awarded:

1. The degree of compliance with the standards
2. The achievement of performance indicator thresholds
3. The implementation of stroke protocols or clinical practice guidelines
4. Commitment to excellence and innovation
5. Commitment to client & family education

DID YOU KNOW?

The educational capacity will be evaluated based on:

Client educational materials are available and accessible; available in a variety of languages; available in appropriate formats

Clients report receiving education regarding their stroke, recovery, and self-management

A standardized tool is used to document components of education; a consistent location in client chart; documentation of education provided by each healthcare profession with specific content recorded

Staff Learning Opportunities

Monthly learning sessions are available via telestroke on the Second Thursday of the month at 12:15. Archived presentations are available on You Tube channel via the following secure link: <https://tinyurl.com/rehabstafftraining>

May 10th *Ottawa Model for Smoking Cessation/ Smokers' Helpline*
Presenter TBD



11thAnnual World Stroke Congress

**Montreal, Canada
October 17th-20th, 2018**

Contact your manager regarding the application process

Stroke Summit 2018

The Stroke Summit 2018 was held on March 2, 2018 at the Murchinson Center in Charlottetown, PEI. There was representation from across the HPEI Organized Stroke Care Program (OSCP), including all aspects of stroke care continuum from primary prevention to the return to community post stroke.

- Hyperacute / acute (27)
- Heart & Stroke (1)
- Outpatient or community services (22)
- Quality and Risk (2).
- Inpatient rehabilitation (14)
- IEMS (1)

The goals of the Summit were to:

- inform and engage staff in the Stroke Distinction Program through Accreditation Canada;
- develop action items in response to the self-assessment of compliance with the Standards for Distinction;
- create a vision for the HPEI OSCP

Our guest speaker, Mr. Allan Morrison set the tone for the day as he spoke gratefully of how the OSCP supported and cared for him and his family through his stroke journey. His insight and the impact of his story was a common theme throughout the day.

Dr Patrice Lindsay, Director of Stroke, Heart & Stroke Foundation of Canada painted a picture of stroke care around the world, in Canada and in PEI. She discussed the Stroke Distinction Program and the importance of best practice care across the continuum in reducing mortality and improving outcomes.



Kelley Rayner, Dr. Patrice Lindsay, Trish Helm-Neima

Attendees were updated on the status of our performance Indicators and the results of the Distinction standards and protocol self-assessment red flags. The components of the Distinction program were reviewed: standards, indicators, protocols, the excellence and innovation project and the emphasis on client and family education.

The afternoon was facilitated by Jaycee Sabapathy and Rod Stanley who led engaging work group discussions related to vision and action planning.



Staff working together to create a vision for Organized Stroke Care Program (OSCP)

Participant evaluations were generally positive with the following noteworthy comments/ suggestions:

- I think it was a good opportunity to remind us that we all have to work together to achieve distinction.
- It was great to have an opportunity to provide feedback and feel like it is actually being heard.
- Dr. Lindsay definitely helped to clarify stroke distinction and what that means for us. I felt the last activity in the afternoon was great to hear other discipline's and areas perspectives and how to go about problem solving some of the issues we have. Hopefully the information will be helpful in this process.
- Location was convenient with ample, easy parking. Easy registration. Sufficient room. The speakers were the absolute best part ...informative and knowledgeable. Having patient representation should be mandatory to hear the patients' point of view.
- Getting together annually for a day would be an asset to the overall stroke team.

Stroke Indicator Dashboard

Core Performance Indicators	Threshold	FY 2017-2018 1 st Semi		2016-2017				
		PCH	QEH	All Hospitals				
Stroke Mortality Rates In-Hospital within 30 days all cause	<22%	6/95 (6%)	16/159 (10%)	8.5%				
% of ischemic stroke clients who receive acute thrombolytic (tPA)	7%	0/34 (0%)	14/69 (20%)	13.6%				
Median time to administration of acute thrombolytic agent	50% within 60 minutes	N/A	5/14 (36%)	3%				
% of clients treated on stroke unit - (Acute and/or IP Rehab)	≥ 75%	28/46 (61%)	91/108 (84%)	79%				
Length of stay in an acute care hospital setting for clients admitted following an acute stroke event	Median ≤ 14 days	6	6	5				
Length of stay in an inpatient rehabilitation setting for clients admitted following an acute stroke event	Median ≥ 14 days		21 (database & NRS)	19				
Readmission to acute care for stroke related causes	≤ 12%	0/91 (0%)	0/135 (0%)	1%				
% of acute stroke clients discharged to inpatient rehabilitation	≥ 15%	8/31 (26%)	25/71 (35%)	34%				
% of ischemic stroke and TIA clients prescribed antithrombotic therapy	≥ 90%	85/85 (100%)	120/125 (96%)	N/A				
% of clients with initial dysphagia screening at admission (TorBSST)	≥ 85%	35/37 (95%)	78/87 (90%)	95%				
Optional Performance Indicators								
% of acute stroke and TIA clients who receive brain CT or MRI within 24 hours of hospital arrival	≥ 90%	88/95 (93%)	139/154 (90%)	N/A				
% of stroke clients admitted to inpatient rehabilitation who receive an assessment for falls risk and have it documented in their hospital record	≥ 90%		33/33 (100%)	100%				
Stroke Type	PCH & QEH IP plus ED ONLY*	PCH & QEH ED ONLY	PCH & QEH IP	PCH		QEH		IP
				IP plus ED ONLY	IP	IP plus ED ONLY	IP	
Ischemic (n)	118	15	103	41	34	77	69	236
Subarachnoid hemorrhage (n)	5	0	5	1	1	4	4	5
Intra cerebral hemorrhage (n)	18	2	16	3	2	15	14	23
Transient Ischemic Attack (n)	108	73	35	50	10	58	25	76
Total stroke and TIA (N)	249	90	159	95	47	154	112	340

* Inpatients (IP) – admitted to acute care; ED ONLY – discharged from ED (not admitted as an inpatient)