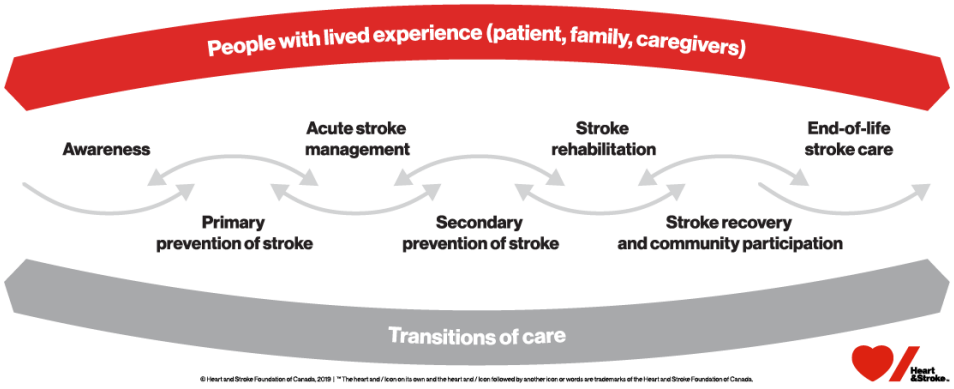
Organized Stroke Care Program

Vision: "Optimal Stroke Care for All Islanders"

The Health PEI Organized Stroke Care Program (OSCP) promotes a coordinated approach for prevention, early assessment and comprehensive care by interdisciplinary health care teams. It provides integrated stroke care on a province wide scale, based on evidence informed practice across the care continuum.



The ***domains of care*** are linked by a system of governance, communications, and evaluation and monitoring. The **Provincial Stroke Steering Committee**, comprised of representatives of HPEI divisions as well as IEMS and Heart and Stroke, is responsible for the strategic oversight of the program. Subcommittees are responsible for making recommendations related to specific areas of practice along the stroke care continuum (Stroke Prevention, Hyperacute/ Acute, Rehabilitation and Community Re Integration). The Professional Development Subcommittee makes recommendations for staff education. Working groups are struck for specific time limited tasks. **The program is supported by the Provincial Stroke Coordination Office** (Provincial Stroke Coordinator, Stroke Coordination Administration Assistant and Stroke Navigator).

Provincial Stroke Coordinator, Trish Helm-Neima *902-218-0549* *provincialstrokecoordination@ihis.org*

The ***clinical components*** of the OSCP function under various branches of the Health PEI organizational structure and through various partnerships.

Program components include:

Awareness

- OSCP partners with Heart & Stroke to increase awareness of stroke as a **medical emergency.** By promoting FAST *Islanders better recognize stroke signs and react by calling **9-1-1** immediately.

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Primary and Secondary Prevention

- OSCP partners with **Primary Care Networks** for prevention and risk factor management. High blood pressure is the number one risk factor for a stroke. Early detection and treatment are important. Risk factors include: high blood pressure, high blood cholesterol, diabetes, smoking, poor eating habits, and physical inactivity.

  Contact your local health centre.

- The **Provincial Secondary Stroke Prevention Clinic** is an outpatient clinic for individuals who have signs and symptoms of a recent TIA or a non-disabling stroke. The main objectives of the clinic are to reduce delays in risk factor management of high-risk TIA patients and to facilitate timely access to medical surgical interventions, if required. The clinic is located at the Polyclinic Professional Centre in Charlottetown with a second site in development in the Summerside area.

  Contact: Phone (902) 368-5506 Fax (902) 368-5511

Acute Stroke Management

Through a partnership with **IEMS**, a call to 9-1-1 ensures care starts **prior** to hospital arrival and is directed to the either Prince County Hospital (PCH) or the Queen Elizabeth Hospital (QEH). These two hospitals have hyperacute stroke services (CT, CTA, and IV thrombolytics). **Pre-arrival notification** by IEMS triggers a **suspect code stroke**, ensuring quick access to best practice acute stroke care. OSCP has interprovincial partnerships with Nova Scotia (Endovascular thrombectomy/EVT) and New Brunswick (neurosurgery care). Acute inpatient services are provided at the **Provincial Acute Stroke Unit** at QEH. Tertiary care can be provided at PCH ICU/IMCU or QEH ICU/CCU.

Stroke Rehabilitation, Recovery and Community Participation

Specialized interdisciplinary stroke rehabilitation supports patients across the continuum of care.

The **Inpatient Stroke Rehabilitation Unit** is located at QEH. Care is provided by an interdisciplinary team of rehab professionals who work with patients and care-givers in "restoration of optimal function and health, the prevention of complications and reintegration of disabled individuals to the community". Patients are referred and assessed for admission on a number of criteria such as ability to participate and goals for rehabilitation.

The **Provincial Ambulatory Stroke Rehabilitation Clinic** is located at QEH and provides rehabilitation assessments to all islanders following stroke. The team consists of Nursing, Occupational therapy, Physiotherapy, Speech therapy, and Physiatry. Clinic team will help to ensure patients receive the right equipment and services, act as a support and link to other teams or services.

District Ambulatory Stroke Rehabilitation provides ongoing intensive ambulatory rehabilitation in collaboration with the Provincial Ambulatory Stroke Rehabilitation Clinic . District teams include Occupational Therapy, Physiotherapy, Speech Therapy as well as Social Work. The District East Ambulatory Stroke Rehabilitation Team is at QEH and the District West Ambulatory Stroke Rehabilitation Team is at the PCH.

Any health professional may send a referral to the Provincial Ambulatory Stroke Rehabilitation Clinic. Referrals may be sent at any time during one's life, after stroke. Physiatry consult requires referral from a physician or nurse practitioner.

Contact : Phone (902) 894-2060 / 2062 Fax: 902-894-2490 Email: PASRC@ihis.org

The **Community Transition Service** Rehabilitation Assistant is currently limited to Kings County and is based out of the Montague Home Care and Support office. This service is designed to both create a therapeutic environment in the client's home and to facilitate further integration of the client into home and community routines.

Community Participation

Having integrated, interdisciplinary care helps address all aspects of life which affect community participation after stroke. OSCP collaborates with many community partners to connect patients and families with evolving community programs and services. Heart & Stroke provides and opportunity for survivors and caregivers to connect online via…. https://www.heartandstroke.ca/heart-disease/recovery-and-support/the-power-of-community

The After Stroke Program of March of Dimes Canada supports survivors and caregivers through a number of programs designed to help "life after stroke". https://www.marchofdimes.ca/en-ca/programs/afterstroke

Virtual Care

Virtual care can be delivered across the continuum, for all patients, with the right context, goals and considerations. **Telestroke** is the use of telecommunication technology to link referring and consulting healthcare sites together for real-time two-way assessment and management of stroke patients. Telestroke is also a mechanism for increasing access to stroke expertise and education for secondary prevention, rehabilitation, and recovery." *Canadian Stroke Best Practice Recommendations: Telestroke Best Practice Guideline Update 2017.* A comprehensive organized stroke care program that includes Telestroke is critical to providing high quality stroke care to all stroke patients throughout each step of the continuum. The implementation of Telestroke services has been an important step in advancing stroke care in PEI.

Stroke Navigator

Stroke Navigation is a service that supports stroke survivors and caregivers to get help from health care professionals and connect with community resources. While typically available post-discharge, patients and families can self-refer at any time. Health professionals and community partners may also refer clients with a phone call or email. The Stroke Navigator will help connect patients and families with appropriate health care professionals and help to access information and community resources.

Contact: Phone (902) 620-3506/ 1-844-871-0634 (toll free) Email: strokenavigator@ihis.org

***Additional information about HPEI's OSCP can be found at* healthpei.ca/stroke**

HPEI Staff can access professional resources via the **Staff Resource Centre/Stroke Orientation**. Resources include: referrals, brochures, protocols, patient & family education and professional development information.