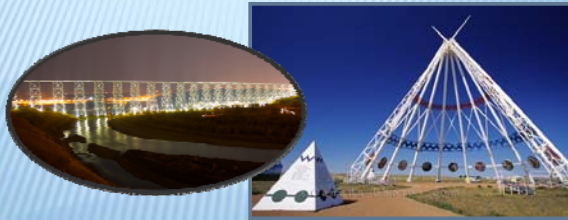


STROKE CARE IMPROVEMENTS: A SOUTHERN PERSPECTIVE



Prepared for APSS Momentum and Milestones Symposium
January 21, 2011

ALBERTA PROVINCIAL STROKE STRATEGY (APSS)

Stroke Systems of Care – Key Components
APSS Pillar Recommendations

See: www.strokestrategy.ab.ca
"APSS Pillar Recommendation Checklist"

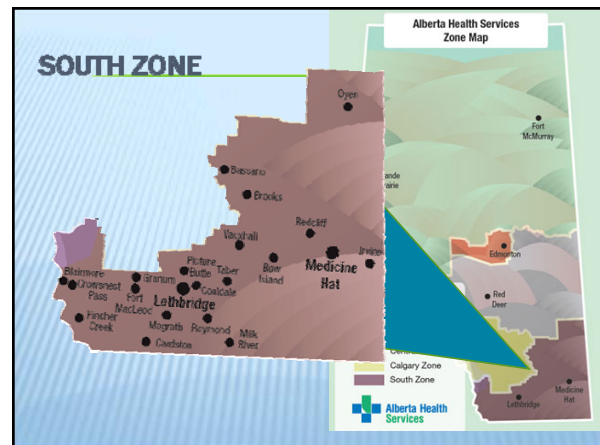
Pillar 2 Emergency Response and Acute Care – Key Component

#11	All hospitals in Alberta have written protocols for acute stroke management in ED	#14	'Stroke Team' or staff with enhanced knowledge of stroke care
#12	Inpatient protocol or clinical pathways/maps for acute stroke patients to ensure organized application of interventions in for all stroke patients regardless of location (medical, rehabilitation, psychosocial, transition)	#15	Secondary stroke prevention protocols and patient education to prevent complications
#13	Stroke unit or geographically designated beds for stroke patients	#17	Psychosocial support and patient/caregiver education

Pillar 3 Rehabilitation and Community Integration – Key Component

#20	Patients receive a comprehensive screening and/or assessment to prevent complications and deal with common post-stroke issues in the acute phase	#23	Stroke rehabilitation settings have the appropriate mix of team members to meet the needs of patients
#21	All stroke patients receive a screen for swallowing problems in the acute phase	#24	Comprehensive evaluation and rehabilitation interventions to meet common post-stroke issues including psychosocial and communicative needs
#22	Patients receive post-stroke rehabilitation in the most appropriate setting to meet their needs		

SOUTH ZONE



Complications Post Stroke

How common are post stroke complications?

- ❖ Aspiration pneumonia – 40%
- ❖ Depression – 30%
- ❖ Falls – 25%
- ❖ Deep Vein Thrombus (DVT) – 6%
- ❖ Pressure Ulcer – 3%
- ❖ Urinary tract infection (UTI) – 40%
- ❖ Musculoskeletal pain – 30%
- ❖ Malnutrition - 16%
- ❖ Seizure – 4%

Faaast FAQs for Stroke Nurses(2007), Heart and Stroke Foundation

All hospitals in Alberta have written protocols for acute stroke management in ED

In the Emergency Department there has been development and/or revision of:

- ❖ Emergency Physician's Orders
- ❖ Emergency Department Acute Stroke/TIA Management
- ❖ Thrombolytic Inclusion/Exclusion Criteria
- ❖ Physician Admission Orders for Acute Stroke with tPA
- ❖ Physician Admission Orders for Acute Stroke/TIA



Inpatient protocol or clinical pathways/maps for acute stroke patients to ensure organized application of interventions in for all stroke patients regardless of location (medical, rehabilitation, psychosocial, transition)

On the inpatient unit there has been development and/or revision of:

- ❖ Acute Stroke/TIA Nursing Care Plan
- ❖ Clinical Flow Chart
- ❖ Acute Stroke/TIA Daily Systems Assessment Form
- ❖ Discharge Care Plan for Stroke and TIA

Stroke unit or geographically designated beds for stroke patients

Lethbridge has a medical unit designated the stroke unit where all neurological patients are admitted. **Medicine Hat** also has clustered stroke beds on a medical unit with telemetry capabilities.

- ❖ This allows for a concentrated education focus for staff
- ❖ Rehab staff are able to develop expertise in the area of stroke
- ❖ Patients can interact with other stroke survivors

'Stroke Team' or staff with enhanced knowledge of stroke care

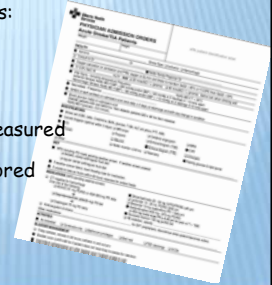
Staff are supported as much as possible in their education needs:

- ❖ Stroke knowledge exam for nursing staff
- ❖ National Institute of Health Stroke Scale (NIHSS) training
- ❖ Educational binders
- ❖ Workshops or presentations on neuro at least once/year
- ❖ Stroke Navigator (**Medicine Hat**)
- ❖ Stroke Coordinator (**Lethbridge**)

Secondary stroke prevention protocols and patient education to prevent complications

Stroke/TIA Physician Order Sets reflect the prevention of complications:

- ❖ BP is monitored
- ❖ Neurological status is measured
- ❖ Glucose levels are monitored



Secondary stroke prevention protocols and patient education to prevent complications – Continued

- ❖ Swallowing ability is screened and followed by SLP
- ❖ Catheter use and continence is addressed
- ❖ DVT prevention tools are recommended
- ❖ Mobility to prevent muscle pain and pressure ulcer
- ❖ Early referral to rehabilitation services

Psychosocial support and patient/caregiver education

Many patient and family education resources developed:

- ❖ Admission package for Stroke/TIA patients or family
- ❖ An education corner was developed
- ❖ A public stroke display board
- ❖ HUTV offers stroke programming
- ❖ DVD's of stroke information is available
- ❖ A stroke information audio CD is available



Patients receive a comprehensive screening and/or assessment to prevent complications and deal with common post-stroke issues in the acute phase

Appropriate use of order sets and protocol ensures that stroke patients receive a multidisciplinary approach:

- ❖ Recommended investigations are automatically ordered with customization available
- ❖ PT, OT and SLP are automatically ordered and will assess for future needs or involvement
- ❖ Alpha - FIM has been implemented

All stroke patients receive a screen for swallowing problems in the acute phase

TOR-BSST was chosen as the swallow screening tool to be used:

- ❖ A variety of disciplines across the former region were chosen to receive training and be monitored
- ❖ Most patients now are screened for swallowing before receiving medications or food.



Patients receive post-stroke rehabilitation in the most appropriate setting to meet their needs

All patients are considered for the rehabilitation program:

- ❖ Automatic referral built into the physician order set
- ❖ Assessments by Rehab services and clinical stability determines suitability for the program
- ❖ Some patients require recovery in the sub acute unit of the hospital prior to going to the rehab program

Stroke rehabilitation settings have the appropriate mix of team members to meet the needs of patients

Stroke patients are cared for by a multidisciplinary team:

- ❖ Using protocol and order sets ensure appropriate services
- ❖ Nursing staff recognize the need for appropriate care and request it when necessary
- ❖ Daily multidisciplinary rounds enhance patient care



Comprehensive evaluation and rehabilitation interventions to meet common post-stroke issues including psychosocial and communicative needs

A multidisciplinary approach to care meets all the needs of stroke survivors:

- ❖ Rounds allows us to discuss not only clinical care needs but psychosocial and discharge needs of the patient and family as well
- ❖ Living with Stroke program
- ❖ Referrals to chronic disease programs
 - ❖ Living Healthy Program (**Medicine Hat**)
 - ❖ Building Healthy Lifestyles (**Lethbridge**)

Neurological changes can occur slowly and with subtle consequences - or be fast and devastating.

Faaast FAQs for Stroke Nurses(2007), Heart and Stroke Foundation

The brain has a tremendous ability to recover but it needs help. If you do nothing, nothing will happen.

Getting on With the Rest of Your Life After Stroke (2009), Canadian Stroke Network

Thank you!