

# ALBERTA PROVINCIAL STROKE STRATEGY PILLAR COMPONENTS

| APSS PILLARS KEY COMPONENTS OF OPTIMAL STROKE CARE   |  |  |   |
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| Health Promotion and Disease Prevention  | Emergency Services and Acute Care  | Rehabilitation and Reintegration   | Provincial Evaluation and Quality Assurance   |
| <p><b>Primary Prevention</b></p> <ul style="list-style-type: none"> <li>▪ Population health programs to decrease the development of risk factors</li> <li>▪ Primary prevention programs focused on established disease risk factors for stroke (hypertension, cholesterol, diabetes, AF)</li> <li>▪ Management of risk factors (leverage existing initiatives Chronic Disease Management, Primary Care Networks, Health Link etc.)</li> </ul> <p><b>Awareness</b></p> <ul style="list-style-type: none"> <li>▪ Organized public awareness programs on signs of stroke and emergency response</li> </ul> <p><b>Secondary Prevention</b></p> <ul style="list-style-type: none"> <li>▪ Secondary stroke prevention for high risk individuals (TIA, previous strokes, other high risk populations) including a plan for lifestyle modification, pharmacotherapy, access to education resources and communication with family physician</li> <li>▪ Early carotid revascularization</li> </ul> | <p><b>Acute Episode</b></p> <p><b>Notification and Response of EMS</b></p> <ul style="list-style-type: none"> <li>▪ EMS awareness, rapid assessment and transport protocols to nearest primary or comprehensive stroke centre</li> </ul> <p><b>Acute Treatment of Stroke in ED</b></p> <ul style="list-style-type: none"> <li>▪ Non-primary stroke hospitals have written protocols to transfer patients in timely way to the appropriate destination</li> <li>▪ Protocols and stroke team for acute stroke in ED</li> <li>▪ Timely neuroimaging</li> <li>▪ Early and appropriate acute stroke care +tPA within 3 hours/or -tPA</li> </ul> <p><b>Inpatient Care for Stroke Admissions</b></p> <ul style="list-style-type: none"> <li>▪ Stroke unit or geographically designated beds</li> <li>▪ Evidence-based pathways/protocols to ensure organized interventions, targeting prevention of complications and ensuring early mobilization and rehabilitation</li> <li>▪ Multidisciplinary stroke team with enhanced knowledge of stroke care and mandate to coordinate care</li> <li>▪ Notification of family physician during all phases of care</li> <li>▪ Early discharge planning and smooth transitions to ensure appropriate and timely access to service (education, support, follow-up instructions, primary care arrangements)</li> <li>▪ Standardized information and processes transferred to ensure continuity of care and case management</li> </ul> | <p><b>Inpatient Rehabilitation</b></p> <ul style="list-style-type: none"> <li>▪ Standardized (system) screening evaluation to determine impairments and most appropriate level of rehabilitation</li> <li>▪ Comprehensive rehab plan to initiate early, intensive, coordinated multidisciplinary stroke rehab. Recovering movement, daily activities, communication</li> <li>▪ Rehab plan reflects severity of stroke</li> <li>▪ Early discharge planning and smooth transitions (education, support, follow-up instructions, primary care arrangements, secondary prevention services)</li> <li>▪ Standardized information and processes transferred to ensure continuity of care and case management</li> </ul> <p><b>Going Home - Post-Discharge Rehabilitation and Care</b></p> <ul style="list-style-type: none"> <li>▪ Ensure appropriate level of rehabilitation in various settings</li> <li>▪ Follow-up at regular intervals</li> <li>▪ OPT/Community Rehab</li> <li>▪ Home Care</li> <li>▪ Care Centres and Assisted Living</li> </ul> <p><b>Stroke 'Thrivers'/Community Reintegration</b></p> <ul style="list-style-type: none"> <li>▪ Becoming social, dealing with emotions, returning to work, getting around</li> <li>▪ Support from families and friends</li> <li>▪ Caregiver support and education</li> </ul> | <p><b>Monitoring and Evaluation</b></p> <ul style="list-style-type: none"> <li>▪ Strategy Evaluation Framework (Performance measures for stroke components (Outcomes and Implementation)</li> <li>▪ Provincial Approach</li> </ul> <p>Specific Activities</p> <ul style="list-style-type: none"> <li>▪ Quality of Data - Validation of Stroke Diagnostic Codes</li> <li>▪ Stroke Audit Tools</li> <li>▪ Registry/Chart Review audit for baseline and outcomes</li> <li>▪ Stroke Surveillance Systems</li> </ul> |