

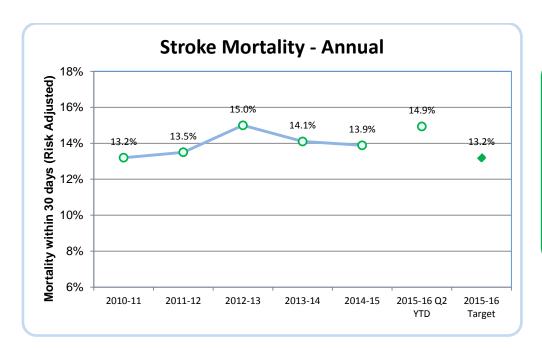
Stroke Mortality

Measure Definition

The probability of dying in hospital within 30 days for patients admitted because of stroke. This measure represents hospital deaths occurring within 30 days of first admission to a hospital with a diagnosis of stroke. This measure is adjusted for age, sex and other conditions.

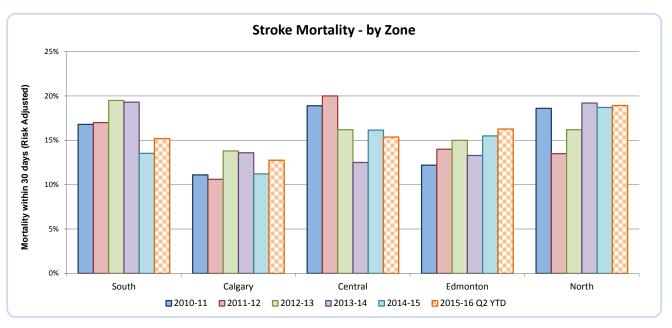
Understanding this Measure

Stroke is a significant cause of death and disability in the Canadian population. This rate may be influenced by a number of factors, including effectiveness of emergency treatments and quality of care in hospitals.



How Do We Compare?

Alberta ranked 4th best nationally out of ten provinces, and better than the national rate.





Stroke Mortality – Actions

Provincial/ Strategic Clinical Network (SCN)	 Continued preparation for transition to operations for the stroke unit equivalent care (SUEC) at 13 primary stroke centres and early supported discharge (ESD) at 5 primary stroke centres. This initiative is part of the Stroke Action Plan – supported by the Cardiovascular Health and Stroke SCN. Redesign aspects of the provincial stroke system of care to improve access to endovascular therapy. Implement local process improvements to improve Door-to-Needle (DTN) times for tPA for acute stroke; and reduce median DTN times.
South	 Continued implementation, monitoring, and evaluation of Rural Stroke Action plan: ESD, SUEC and community support of stroke patients. Continue work with SCN to implement best practices in stroke care.
Calgary	 Continued improvement in DTN times for tPA for acute stroke; and a reduction in median DTN times. Incorporate quality review of Alberta stroke strategy guidelines in the action plan including SUEC at primary stroke centres. Significant increase in access to endovascular therapy for patients at Foothills Medical Centre.
Central	 DTN times for tPA administration in suitable stroke candidates continues to show marked improvement through the QuICR study with several times under 30 minutes. Standardized education and process review of Hyperacute Stroke Algorithms was delivered via tele-education to other Primary Stroke Centers and urban facilities. Interdisciplinary stroke rounds continue to support improved communication of patient status at Red Deer Regional Hospital Centre (RDRHC). Stroke Early Supportive Discharge Program continues at RDRHC. Stroke Rehab services continue at RDRHC and Two Hills, as well as Primary Stroke Centers' services in Wainwright, Lloydminster and Camrose.
Edmonton	 Completed TIA (Transient Ischemic Attack) urgent imaging order sets and process maps for evaluation. Stroke Clinic Triage process changed to allow registered nurses to triage rather than waiting for the fellow or physician. This allows for patients to be triaged and booked into clinic on the same day.
North	 Stroke Collaborative work continues. DTN times of 26 and 28 minutes achieved in the last quarter.

Continued preparation for transition to operations for the

IN SUMMARY

Two zones have shown an improvement in Q2 year to date compared to the same time as last year.

AHS aims to reduce median door-to-needle (DTN) time—the total time from when a patient enters the emergency room, is given a stroke diagnosis, and receives tPA—to 60 minutes or less. Administering the clot-busting drug tPA within 60 minutes of a stroke has shown to reduce mortality, reduce treatment complications, lessen disabilities and shorten inpatient hospital stays.

DID YOU KNOW

The Stroke Action Plan (SAP) addresses the quality of and access to stroke care in rural and small urban stroke centres across Alberta. SAP includes initiatives such as creating standards for stroke unit equivalent care (SUEC) for small rural centres and facilitating early supported discharge (ESD) from acute care by delivering expert stroke rehabilitation into community-based services

Endovascular therapy is a stroke treatment that removes the large stroke-causing clots from the brain, and substantially improves the chance for a better outcome for patients.



Stroke Mortality – Zone Details

The probability of dying in hospital within 30 days for patients admitted because of stroke. This measure represents hospital deaths occurring within 30 days of first admission to a hospital with a diagnosis of stroke. This measure is risk adjusted for age, sex and other conditions.

		2013-14	2014-15	Q2 YTD			2045.46
Stroke Mortality within 30 days	2012-13			2014-15 Last Year	2015-16 Current	Trend *	2015-16 Target
Provincial	15.0%	14.1%	13.9%	14.5%	14.9%	4	13.2%
South Zone	19.5%	19.3%	12.5%	14.0%	15.2%	V	14.8%
Calgary Zone	13.8%	13.6%	11.7%	11.1%	12.8%	V	12.3%
Central Zone	16.2%	12.5%	16.3%	18.6%	15.4%	↑	14.3%
Edmonton Zone	15.0%	13.3%	14.7%	16.2%	16.3%	V	13.3%
North Zone	16.2%	19.2%	20.3%	19.0%	18.9%	1	14.5%

***Trend:** \uparrow Improvement \rightarrow Stability ↓ Area requires additional focus

	2012-13	2013-14		Q2 YTD	
Stroke Cases (Index)*			2014-15	2014-15 Last Year	2015-16 Current
Provincial	3,329	3,316	3,568	1,791	1,755
South Zone	198	242	285	149	131
Calgary Zone	1,313	1,251	1,311	653	638
Central Zone	314	299	326	151	174
Edmonton Zone	1,265	1,305	1,410	722	703
North Zone	239	219	236	116	109

^{*}Total number of hospital stays where a first stroke was diagnosed.