

The Stroke Program, Edmonton Zone (SPEZ) quarterly newsletter provides current information and updates to healthcare providers working within stroke care.

### Stroke Unit Care

An article recently published in the journal *Stroke* presented a retrospective look at two Edmonton hospitals and their impact on stroke outcomes. Data analysis from two community hospitals considered mortality, discharge disposition, length of stay, and complications, all adjusted for age, sex, and medical comorbidities, on 805 patients admitted between 2003 and 2009 with a diagnosis of stroke (as defined by the *International Classification of Disease, 10th Edition*, codes). One of the sites established a stroke care unit (SCU) in January of 2007, and the study population was subsequently divided into two cohorts, phase 1 from 2003 to 2006 and phase 2 from 2007 to 2009, as defined by this date.

Results of the study showed that patient mortality decreased significantly from 17.1% to 8.3% after SCU implementation, whereas it remained ≈19% at the control hospital. The Stroke Care Unit (SCU) also increased the odds that patients would be discharged home independently without increasing length of stay. The authors concluded that establishing a SCU in a community hospital not only increases the survival of stroke patients, but also the proportion of patients discharged home to live independently. Dr. Brian Buck, stroke neurologist and one of the studies authors, was quoted by American College of Physicians Hospitalist as saying that the standardized nature of care in SCUs may be what makes a difference in outcomes. "Standardized protocols and order sets provide structure, and you develop an expertise among the staff, not just physicians but nurses, rehabilitative staff, and others."



"With very little change and no new infrastructure or technology, community hospitals can have an impact," Dr. Buck said. "Most interventions that make a difference are things that every hospital can do."

1. *Stroke*. 2014 Jan; 45(1):211-6. Impact of stroke care unit on patient outcomes in a community hospital. Tamm A, Siddiqui M, Shuaib A, Butcher K, Jassal R, Muratoglu M, Buck BH.

2. Stroke units: not just for big hospitals anymore. Terry D'Arrigo, April ACP Hospitalist.

### Featured Stroke Best Practice Guideline 4.1.1: Stroke Unit Care

#### The Recommendation states

- i. "Patients should be admitted to a stroke unit which is a specialized, geographically defined hospital unit dedicated to the management of stroke patients."
- ii. "The core interprofessional team on the stroke unit should consist of healthcare professionals with stroke expertise including physicians, nursing, occupational therapy, physiotherapy, speech-language pathology, social work, and clinical nutrition (dietitian)."
- iii. "The interprofessional team should assess patients within 48 hours of admission to hospital and formulate a management plan."

#### Rationale states

"Stroke unit care reduces the likelihood of death and disability by as much as 30 per cent for men and women of any age with mild, moderate, or severe stroke. Stroke unit care is characterized by a coordinated interprofessional team approach for preventing stroke complications, preventing stroke recurrence, accelerating mobilization, and providing early rehabilitation therapy. Evidence suggests that stroke patients treated on acute stroke units have fewer complications, earlier mobilization, and pneumonia is recognized earlier. Patients should be treated in a geographically defined unit, as care through stroke pathways and by roving stroke teams do not provide the same benefit as stroke units."

<http://www.strokebestpractices.ca/index.php/acute-stroke-management/stroke-unit-care-2/>

#### What is the Stroke Program, Edmonton Zone doing?

Stroke Distinction may soon be coming to your facility. SPEZ is pursuing **Stroke Services Distinction** from Accreditation Canada during 2014/15. Stroke Services Distinction is awarded to health organizations which meet or exceed the best practice standards for stroke care and can demonstrate competency in 10 core indicators, one of which relates to the management of stroke patients on dedicated stroke units, as discussed in the previous article.

Three sets of Stroke Distinction standards exist: "Acute Stroke Services", "Inpatient Stroke Rehabilitation Services" and "Providing an Integrated System of Services to People with Stroke". Learn more at <http://www.accreditation.ca/stroke-distinction>

### June is National Stroke Month

#### Stroke In-Services being offered in June:

Increase your awareness of stroke care during Stroke Month in June.

The Stroke Program, Edmonton Zone is offering in-services on the following topics:

- TIA Recognition and Management
- The Value of Utilizing Stroke Order Sets
- Oral Care For Stroke Patients
- Post-Stroke Fatigue
- Post-Stroke Depression Screening
- Post-Stroke Cognitive Screening
- Review of Alpha-FIM Data
- Post-Stroke Dysphagia Screening (TOR-BSST)
- Stroke Resources

Attending a stroke in-service will provide you with an update in the provision of optimal, standardized stroke care.

Book your in-service now by contacting the Stroke Program, Edmonton Zone at 780-407-3041 or [StrokeProgramEdmontonZone@albertahealthservices.ca](mailto:StrokeProgramEdmontonZone@albertahealthservices.ca)

#### Stroke Month Display

Are you interested in having a stroke display at your site during Stroke Month in June?

Contact us to make arrangements at 780-407-3041 or [StrokeProgramEdmontonZone@albertahealthservices.ca](mailto:StrokeProgramEdmontonZone@albertahealthservices.ca)

### 2014 Canadian Stroke Congress

The [5th annual Canadian Stroke Congress](#) will be taking place **October 4 – 7, 2014** in Vancouver.

#### Important Dates:

- |                                  |  |
|----------------------------------|--|
| <b>May 20<sup>th</sup></b>       | Registration and accommodation opens                       |
| <b>June 18<sup>th</sup></b>      | Late breaking & featured clinical trials submission opens  |
| <b>July 18<sup>th</sup></b>      | Late breaking & featured clinical trials submission closes |
| <b>August 8<sup>th</sup></b>     | Early bird registration closes                             |
| <b>September 30<sup>th</sup></b> | Online registration closes                                 |

Please note that SPEZ will not be providing educational scholarships to attend this meeting.

### Continuing Education

**June 6<sup>th</sup>** Stroke Prevention Clinic Educational Half Day, Edmonton Zone (everyone welcome)  
\* register on the Telehealth Scheduler

**June 7 & 8<sup>th</sup>** [Biomechanics of the Hand: An Analytical Approach to Hand Rehabilitation](#)

#### On-Going Education

Acute Stroke Case Rounds (Calgary Stroke Program)  
First Friday of every month \* register on the Telehealth Scheduler

#### On-line Courses

[Hypertension & Dyslipidemia Courses](#)

#### University of Alberta Webcasts

["Brain Training": Are There Clinical Applications?](#)

[Understanding Sleep and its Relationship to Health: An Introduction for Health Care Providers](#)

University of Alberta Inter-professional Online Graduate Level Certification Courses:

- [Stroke Rehabilitation](#)
- [Pain Management](#)
- [Diagnostic Imaging Course for Physiotherapists](#)

### Edmonton Rehabilitation Rounds

#### June 11, 2014

"Intensive Muscle Strengthening for Dysphagia: Case in Point", presented by Dr. Stuart Cleary from the Department of Speech Pathology and Audiology in the Faculty of Rehabilitation Medicine at the University of Alberta

#### Access to Previously Recorded Rehab Rounds

Visit AHS InView (found on Insite) to view archived recordings of previous Rehabilitation Rounds

### What's New?

- Stroke Service/Resource Directory on Inform Alberta, [Edmonton Resources for Stroke](#)
- Depression Screening currently being piloted at the GRH, RAH Unit 53, and SESD
- New resource added to the Stroke/TIA Patient Information package: What to Expect After Stroke