

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

Nutrition Management in Stroke

Malnutrition is defined as inadequate intake of protein/energy over a period of time resulting in loss of fat and/or muscle stores and can lead to:

- Functional impairment
- Delayed recovery
- Increased risk of infection and other complications
- Slowed growth and development in children
- Increased risk of mortality

In a recent (2013) Canadian Malnutrition Task Force (CMTF) study, 45% of medical and surgical patients were malnourished when admitted to Canadian hospitals. This multicentre study had 1,000 patients from 18 sites, which included three Alberta sites: Foothills Medical Centre, Royal Alexandra Hospital and Sturgeon Community Hospital. The study also showed that severely malnourished patients have a length of stay that is 3 days longer and costs on average \$2,000/day more than well-nourished patients.

The facts on prevalence of malnutrition demonstrate this is an important patient issue that must be addressed. Therefore, Alberta Health Services is implementing a framework that includes Detection, Prevention and Treatment of malnutrition to improve quality care and patient outcomes. Screening for risk of malnutrition is being implemented across the province as the opportunity arises. In most adult inpatient settings this includes using the Malnutrition Screening Tool (MST). By identifying patients at risk of malnutrition early during their hospital admission, referrals to Registered Dietitians can be triggered earlier and we can begin to help the patient to improve their nutritional status and recovery.¹

Persons experiencing stroke are also at risk for malnutrition. Some stroke survivors may experience a loss of appetite, and for others, eating may be difficult due to impaired swallowing or limited mobility.

Patients may present to hospital already in a state of malnutrition, as a British Council study in 2000 demonstrated of stroke patients in the UK. "About a fifth of patients with acute stroke are malnourished on admission to hospital²," with other studies reporting

malnutrition within ranges of 6 - 62% in stroke populations.³

Not only is an initial nutritional assessment recommended upon admission, but consideration must also be given to the importance of routine monitoring of the patient's nutritional status throughout the duration of their hospital stay.

Nutritional screening and consults to appropriate members of the inter-disciplinary team is recommended within the Canadian Stroke Best Practice Recommendations:

- [Acute Inpatient Stroke Care Guidelines, Update 2015](#)
- [Stroke Rehabilitation Practice Guidelines, Update 2015](#)

Malnutrition occurs commonly among hospitalized patients and is associated with increased length of stay, poorer functional outcomes, increased complications and higher mortality.⁴ Nurses, Speech Language Pathologists, Dietitians and Occupational Therapists all have a role in ensuring that at-risk patients are identified, and provided with the most appropriate diet and tools to meet their nutritional needs.

Clinicians have a role in improving outcomes through nutrition by screening for malnutrition on admission and by following and adjusting the patient's nutritional plan, as necessary, throughout their hospitalization.

1. Nutrition Services Edmonton Zone, May 2016
2. British Medical Bulletin 2000, 56 (No 2) 466-475
3. Stroke, vol. 40, no. 3, pp. e66-e74, 2009
4. Management of Dysphagia in Acute Stroke: Nutrition Screening for Stroke Survivors 2005, Heart and Stroke Foundation of Ontario

Featured Stroke Best Practice Guideline Nutrition & Dysphagia

The recommendations state

2.6. Acute Inpatient Stroke Care Guidelines

- i. "Interprofessional team members should be trained to complete initial swallowing screening for all stroke patients to ensure patients are screened in a timely manner (Evidence Level C).
- ii. The swallowing, nutritional and hydration status of stroke patients should be screened as early as possible, ideally on the day of admission, using validated screening tools (Evidence Level B).

iii. Abnormal results from the initial or ongoing swallowing screens should prompt referral to a speech language pathologist, occupational therapist and/or dietitian for more detailed assessment and management of swallowing, nutritional and hydration status (Evidence Level C). An individualized management plan should be developed to address therapy for dysphagia, nutrition needs and specialized nutrition plans (Evidence Level C).

7.2. Stroke Rehabilitation Practice Guidelines

- i. Patients should be screened for pre-morbid malnutrition within 48 h of admission using a valid screening tool.
 - a) Patients should be rescreened for changes in nutritional status throughout inpatient admission and prior to discharge, as well as periodically in outpatient and community settings (Evidence Level C).

2.6. & 7.2. Stroke patients with suspected nutritional concerns, hydration deficits, dysphagia, or other comorbidities that may affect nutrition should be referred to a dietitian for recommendations.

What is the Stroke Program, Edmonton Zone doing?

The Stroke Program Edmonton Zone and the acute sites participating in Stroke Distinction (UAH, GNCH, RAH, GRH) are collaborating with Nutrition Services Edmonton Zone to implement malnutrition screening for stroke patients.

The Stroke order sets are currently being revised to include mandatory malnutrition screening upon admission, using a validated tool. AHS sites and programs will be using the Malnutrition Screening Tool (MST), while Covenant sites will be using the Integrated Nutrition Screen for Acute Care (INPAC). Both tools include an algorithm to direct staff on appropriate interventions for stroke patients at risk of malnutrition.

Improvement Collaborative Learning Session #1

On April 6, over 60 physicians and staff from UAH, GNCH, RAH, and GRH (the four sites working towards Stroke Distinction from Accreditation Canada) were brought together for the first Learning Session (LS1) of the Improvement Collaborative. SPEZ and the CvHS SCN worked together to facilitate a day that examined the Canadian Best Practice Guidelines, Stroke Distinction requirements, EZ data on stroke care, and how to go about achieving quality improvement in stroke care. Each program also identified areas of quality improvement they wanted to achieve and created action plans to that end.

Stroke Service Excellence Teams (SSET) at each site have been working towards their identified targeted action plans. Teams meet regularly to review their performance and continue to implement improvement plans (PDSA) towards their goals. Sites are already seeing engaged teams working towards shared goals and achieving some of the objectives.

On June 16, a second Learning Session (LS2) is scheduled to take place. Staff and physicians from all 4 sites will be brought together to share their successes and challenges in implementing their action plans and achieving their goals. Sessions on common learning and implementation issues will be facilitated by experts and there will be an opportunity to update goals and action plans.

June is National Stroke Month

Be sure to visit the Stroke month display at your site, located in both the **main foyer & inpatient units** on the dates below. Please also encourage patients and their families to visit these displays for stroke specific information, resources and risk reduction tips.

June 6 – 10 th	Glenrose Rehabilitation Hospital
June 13 – 16 th	Royal Alexandra Hospital
June 20 – 23 rd	Grey Nuns Community Hospital
June 27 – July 1 st	University of Alberta Hospital



Continuing Education

- June 8th** YOUR BRAIN ON STORY: Leading Change. Inspiring Action
* Register on Telehealth scheduler
- June 9th** [The Long & Winding Road: Updates from the Provincial OT Driving Working Group](#)
- June 9th** [Stroke Report 2016: the Stroke and Dementia Connection](#)
- June 22nd** YOUR BRAIN ON STORY: Leading Change. Inspiring Action
* Register on Telehealth scheduler
- August 20-21st** Assessing and Treating the Weaker Upper Extremity Post-Stroke, contact dmjot@telus.net
- October 20-21st** [Alberta Therapeutic Recreation Association \(ATRA\) Symposium](#)
- November 18th** [8th Biennial Edmonton Zone Nursing Research Day – “Integrating Research and Quality Improvement Into Clinical Practice”](#)
- 2017**
June 2-3rd [Driver Screening – Increasing Occupational Therapy Competency](#)

On-Going Education

- Rehab Rounds: 2nd Wednesday of every month from 1200 – 1300
* Register on the Telehealth Scheduler
- Acute Stroke Case Rounds (Calgary Stroke Program)
First Friday of every month
* register on the Telehealth Scheduler

Stroke Rehabilitation Rounds

June 8th, 2016 from 12:00 - 13:00:

Tim Seefeldt, Journalist and Stroke Survivor, and Nadine Gall MSc., Lead, Clinical Standards, Provincial Addiction and Mental Health, AHS will be presenting "Your Brain on Story - Leading Change and Inspiring Action."

Come listen to Tim relate his powerful story of his experience with the healthcare system and subsequent struggle to regain his life after stroke, followed by Nadine who will explore how these stories can be used as powerful tools for engagement and change.

* *PLEASE NOTE:* Rehab Rounds will break over the summer and resume in October 2016. If you and/or your team would like to present a case or have ideas for topics or speakers, please contact Gail Elton-Smith at gail.eltonsmith@ahs.ca.

2016 Canadian Stroke Congress

Mark your calendar to attend the 7th annual [Canadian Stroke Congress](#), taking place September 15 – 17th at the Convention Centre in historic Québec City.

We are pleased to announce that the Hnatyshyn Lecture entitled “Stroke Rehabilitation at Crossroads” will be given by Dr. Robert Teasell. Dr. Teasell is the principal investigator for [Evidence Based-Review of Stroke Rehabilitation](#), [Acquired Brain Injury Evidence-Based Review](#) (ERABI) and the [Spinal Cord Injury Rehabilitation Evidence](#). More details regarding the content of the talk will be made available mid-July.

Important Dates:

- May 17th** Registration & Accommodation Opens
- June 2nd** Abstract Presenters Notified
- July 15th** Early Bird Deadline
- August 11th** Advance Deadline



Edmonton Stroke Rehabilitation Rounds

Stroke Rehab Rounds will be held on the *second Wednesday of the month* at noon. Rounds will be case-oriented to increase interactivity and draw on the expertise that is available throughout Alberta.

Next session:

June 8th, 2016
12:00-13:00

Topic:

Your Brain on Story:
Leading Change. Inspiring
Action

Presenters:

Tim Seefeldt-Journalist and Stroke
Survivor
Nadine Gall MSc. - Lead, Clinical
Standards, Provincial Addiction and
Mental Health, AHS

Everyone is welcome!



For more information or to present at an upcoming session, please contact the Stroke Program, Edmonton Zone at 780-407-8729 or email gail.eltonsmith@ahs.ca

Sign up to attend via Telehealth at your site at:

<https://vcscheduler.ca/schedule20/register/register.aspx?id=752542-2542>