Alberta Health Services

Stroke Program, Edmonton Zone

STROKEDMONTON

Fall 2013
Volume 2 Issue 4

AHS SPEZ Buzz

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

Feature Program

Integrated Home Living Stroke Early Supported Discharge Team (SESD): A home-based rehabilitation service for post-stroke adults

The Stroke Early Supported Discharge (SESD) Team is approaching its 5th year of providing client focused in-home rehabilitation for post-stroke adults in Greater Edmonton. What started in 2009 as a pilot project to assist in decreasing the length of acute care stay for stroke patients has now become an effective link in the comprehensive stroke care continuum in Edmonton, providing inclusive rehabilitation services for over 140 clients in the last year.

Clients seen by the stroke services at the University of Alberta, Royal Alexandra, Grey Nuns Community Hospitals or Glenrose Rehabilitation Hospital, who are medically stable and therefore ready for discharge except for ongoing rehab needs, are assessed for and referred to SESD for ongoing therapy upon discharge. These stroke survivors have mild to moderate deficits requiring ongoing rehabilitation and either have circumstances which prevent them from attending available outpatient ambulatory programs or in-home therapy best meets their current needs.

The client actively participates in setting the goals for therapy. The team of stroke specialists including Occupational Therapists, Physical Therapist, Social Worker, Speech-Language Pathologist and Therapist Assistants then work with the client for up to 6 weeks. In-home and community based interventions are provided to address barriers, prepare clients and their families for ambulatory rehabilitation services; and increase community reintegration.

A sample scenario…

A typical client might be at work and suddenly find he has word-finding issues, arm and leg weakness and incoordination. He will be rushed to the hospital where he receives acute stroke care as per the Canadian Best Practice Recommendations for Stroke Care. Once he is medically stable he no longer needs acute care but is still unable to: communicate what he wants to say; manage stairs safely; and complete the tasks needed to return to work, including getting to work. His family really would like to have him at home. He is referred to SESD.

He is seen for initial assessment including completion of the Canadian Occupational Performance Measure. He and his wife participate in establishing his goals for therapy which include: improve his ability to verbally communicate with family members; increase safety in mobility at home and in the work place; increase bilateral fine motor control to return to using the tools of his trade; he and his wife will receive assistance to cope with financial and other changes due to stroke; and find a way to get to work or appointments.

The members of the team will provide an interdisciplinary approach, with a therapy assistant providing transdisciplinary intervention. This might involve treatment sessions in the home, work place, on public transit, and/or at the gym he used to work out in. If the client is unable to return to work for an extended period, there might be a goal for exploring alternative interests as well.

Discharge planning begins at intake to ensure the client's ongoing needs are addressed, including any necessary referrals to ambulatory care and community services.

As part of the Integrated Home Living Program, SESD referrals are made through Community Care Access. Care Coordinators or other designates fax the Hospital to Home Care referral along with the Stroke Early Supported Discharge Fax Cover Sheet.

If you have questions, please contact the SESD Team Lead, Jodi Roberts, at 780-342-8649.

To learn more about stroke early supported discharge, please click on the links below for references:
http://www.ncbi.nlm.nih.gov/pubmed/?term=stroke+early+supported+discharge
http://strokengine.ca/intervention/beta/index.php?page=topic&subpage=indepth&id=88&status=367

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Featured Stroke Best Practice Guideline:
Dysphagia Management

In the 2012-13 Update of the Canadian Best Practice Recommendations for Stroke Care, practitioners will find **four different recommendations** addressing dysphagia screening and management:

3.1.1: Addresses Emergency Department Management. Patients should remain NPO until a swallow screen is completed, "as early as possible".

4.1.1: Speaks to management of the admitted patient, and states "the interprofessional team should assess patients within 48 hours of admission to hospital and formulate a management plan." A list of recommended screening tools can be found on table 4.2 (see website below).

4.2.6 & **5.7.2**: Refer to managing nutrition and dysphagia in acute and rehabilitation care respectively.

Find the full recommendations at www.strokebestpractices.ca

Dysphagia is common after stroke and is a marker of poor prognosis, increasing the risk of chest infection, malnutrition, persistent disability, prolonged hospital stay, institutionalization on discharge, and mortality.[1,5–7,9,10] **Early identification is important.** The literature suggests that swallowing difficulties can affect 22% to 65% of patients, depending on methods of assessment used,[1–7] and may persist in some patients for many months.[8,9]

Maximize a stroke patient's chance of recovery. Follow Best Practice for Stroke Care by screening early, maintaining patients "nothing by mouth" until screening is complete, using a validated stroke screening tool (e.g. TOR-BSST) and following the dietician's recommended guidelines for feeding and nutrition.

For more information, please refer to the Canadian Best Practice Recommendations for Stroke Care, 2012-13 Update, Section 5.7 (new): Assessment & Management of Dysphagia and Malnutrition Following Stroke
http://www.strokebestpractices.ca/index.php/stroke-rehabilitation/assessment-

1. Gordon C, Langton Hewer R, Wade DT. Dysphagia in acute stroke. *BMJ.*1987; 295: 411–414.
2. Kidd D, Lawson J, Nesbitt R, MacMahon J. Aspiration in acute stroke: a clinical study with videofluoroscopy. *QJM.* 1993; 86: 825–829.
3. Daniels SK, Brailey K, Priestly DH, Herrington LR, Weisberg LA, Foundas AL. Aspiration in patients with acute stroke. *Arch Phys Med Rehabil.* 1998; 79:14–19.
4. Smithard DG, O'Neill PA, Park C, England R, Renwick DS, Wyatt R, Morris J, Martin DF. Can bedside assessment reliably exclude aspiration following acute stroke? *Age Ageing.* 1998; 27: 99–106.
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6. Barer DH. The natural history and functional consequences of dysphagia after hemispheric stroke. *J Neurol Neurosurg Psychiatry.* 1989; 52: 236–241.
7. Hinds NP, Wiles CM. Assessment of swallowing and referral to speech and language therapists in acute stroke. *QJM.* 1998; 91: 829–835.
8. Smithard DG, O'Neill PA, England RE, Park CL, Wyatt R, Martin DF, Morris J. The natural history of dysphagia following a stroke. *Dysphagia.* 1997; 12:188–193.
9. Nilsson H, Ekberg O, Olsson R, Hindfelt B. Dysphagia in stroke: a prospective study of quantitative aspects of swallowing in dysphagic patients. *Dysphagia.* 1998; 13: 32–38.
10. Holas MA, DePippo KL, Reding MJ. Aspiration and relative risk of medical complications following stroke. *Arch Neurol.* 1994; 51: 1051–1053.

Continuing Education

Calgary Stroke Program, Acute Stroke Case Rounds (held monthly)
– see attachment

2013 Canadian Stroke Congress in conjunction with **Vascular 2013: October 17-20th in Montreal**, for more information go to http://www.vascular2013.ca/

Maximizing Neuroplasticity through intensity, psychology and task adaptation in neurologic and geriatric rehabilitation: February 8, 2014
–see attachment

U of A online graduate level Certificate in Stroke Rehabilitation:
http://www.rehabilitation.ualberta.ca/en/ContinuingProfessionalEducation/CertificateinStrokeRehabilitation.aspx

Centers for Disease Control and Prevention Strength Training for Older Adults: Growing Stronger
http://www.cdc.gov/physicalactivity/downloads/growing_stronger.pdf

Choices & Changes: Motivational Interviewing
http://cdm.absorbtraining.ca/courses/CHR/choiceschanges.pdf

Edmonton Stroke Rehabilitation Rounds

2nd Wednesday of every month from 1200-1300 at the Mazankowski Alberta Heart Institute (MAHI) room 2A6.066 or via Telehealth.

Our first session for the upcoming 2013/14 series is on **Wednesday, September 11th, 2013**. Mary Anne Ostapovitch BSc. PT, Program Director of the Association for the Rehabilitation of the Brain Injured (ARBI) Program and her team in Calgary will be presenting a case study.

To register for September's session please go to:
https://vcscheduler.ca/schedule20/register/register.aspx?id=471096-1096

Registration **deadline is September 10th at 1200 MST**. Please remember to sign up on the Telehealth Scheduler to ensure handouts can be distributed prior to the session.

If you would like to present a case with your team, please contact Gail Elton-Smith at 780-407-8729, or Gail.EltonSmith@albertahealthservices.ca

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2013 Canadian Stroke Congress

The 4th annual Canadian Stroke Congress will take place in Montreal **October 17 – 20, 2013** in conjunction with **Vascular 2013.**

Vascular 2013 will bring together, in one location, the Canadian Stroke Congress, Canadian Cardiovascular Congress, the Canadian Diabetes Association/Canadian Society of Endocrinology & Metabolism Professional Conference, and the Canadian Hypertension Congress. This will be an unforgettable world-class event promoting vascular health and care, education and research.

The 2013 Hnatyshyn Lecture will be delivered by Dr. Antoine Hakim, Canadian Stroke Network (CSN) Scientific Director, and will consist of a retrospective on the impact of the CSN and how it has achieved change in stroke research and care across Canada.

Advance registration costs (prior to September 23rd) are $305 (Trainee), $450 (Allied Health, Nurse, Pharmacist), and $550 (MD, PhD, Researcher).

For more information on the program, registration or accommodations, please visit:
www.strokecongress.ca

Important Dates:

- **September 23:** Advance registration rates end
- **October 16:** 1200 hrs.: Registration opens
  2000 hrs.: Welcome Reception
- **October 17:** Opening Ceremony &
  Ramon J. Hnatyshyn Lecture
- **October 18:** Vascular Day
- **October 19:** Conclusion of Stroke Congress
- **October 20:** Delegates may attend sessions being offered at the Canadian Cardiovascular Congress, the Canadian Diabetes Association/Canadian Society of Endocrinology & Metabolism Progessional Conference or the Canadian Hypertension Congress

Stroke/TIA Patient Information Package

Please watch for the newly revised and updated Stroke/TIA Patient Information Packages that will soon be available on all stroke units in the Edmonton Zone.

Canadian Best Practice Recommendations for Stroke Care, section 6.2, indicates “education is an integral part of stroke care that must be addressed at all stages across the continuum and at all transition points of stroke care …”, and that “education about stroke facilitates better understanding and supports coping and self-management”.

Help ensure the best possible outcome for your stroke patients with this valuable information. **Please review and provide the package to all stroke/TIA patients prior to hospital discharge.**

Packages can be obtained by contacting the Stroke Program, Edmonton Zone at 780-407-3041 or StrokeProgramEdmontonZone@albertahealthservices.ca

SPEZ Buzz Fast Fact

‘The Truth About Fast Food Sandwiches’, published in the August 26th edition of WebMD reports on the **10 Worst Sandwiches** and is definitely worth taking a peek at, http://www.webmd.com/diet/ss/slideshow-worst-sandwiches-and-wraps?ecd=wnl_men_082613&ctr=wnl-men-082613_ld-stry&mb= Here is one example:

Quiznos: Worst Bet - The regular-size ***Tuna Melt Deli Sub,*** loaded with mayo and cheese, contains more fat than most people should eat in a day. It weighs in at 1,220 calories, 94 g fat, 19 g saturated fat, and 1,370 mg sodium. If you choose the large size, you'll get 1,740 calories, more than most women need in an entire day. The fat jumps up to 135 grams.