

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

Why YOU Should Attend 2017 Canadian Stroke Congress

Mark your calendar to attend the [Canadian Stroke Congress](#) this year from September 9 – 11th in Calgary. Take advantage of savings to your pocketbook by [registering](#) before the advanced deadline of August 7th.

Many of you may still be unsure about attending. Here are a few reasons why YOU should go:

- **To Learn** – okay, that’s an obvious one, but where else would you have the opportunity to hear, all in one venue, some of the top experts on topics that range across the continuum of stroke care? Learn something new about your area of practice or challenge yourself by taking in a session outside of your area of expertise. Then, take that learning home and apply it to patient care, spark discussion among your colleagues, update the way you do things. Never stop learning!
- **To Network and Meet People with similar interests** – Conferences provide an opportunity for attendees to interact with peers from across the country. There are great people in every province and territory across Canada who are working as hard as you are to improve stroke care for their clients. Talk to them and find out how they’re doing it. Ask if you can stay in touch after Congress. New friends, new ideas!
- **To Be Inspired** – Attending Congress will remind you why you chose to care for stroke patients. Something you hear might affirm that you’re on the right track or show you something new. Either way, you’ll be inspired.
- **To Get Away** – Alright, Calgary is just a hop, skip & jump away and you may even have a friend or relative to bunk with (additional cost savings). Combine it into a visit with friends/family, extend into a mini-holiday to explore the mountains, great restaurants, or even just have a break in routine. It’s just so close – take advantage of it now.

forum in which participants reflecting “bench-to-bedside-to-community” perspectives of stroke can exchange ideas, collaborate, and learn about innovation in stroke prevention, treatment, and recovery”¹ and it’s happening just a few hours down the road. Don’t miss this great opportunity! Register now at www.strokecongress.ca

1. Canadian Stroke Congress 2017 <http://www.strokecongress.ca/about-the-congress/>

Featured Stroke Best Practice Guideline 3.1: Delivery of Inpatient Stroke Rehabilitation

The recommendations state

3.1 Delivery of Inpatient Stroke Rehabilitation

- i. “All patients with stroke should receive rehabilitation therapy as early as possible once they are determined to be rehabilitation ready and they are medically able to participate in active rehabilitation (Evidence Level A), within an active and complex stimulating environment (Evidence Level C).”¹

Rationale provided state

“The timeliness and intensity of inpatient rehabilitation interventions as well as the environment in which they are provided have been found to be significant predictors of patient outcomes post stroke.”¹

What is the Stroke Program, Edmonton Zone doing?

Achieving Stroke Distinction provided Edmonton Zone with an opportunity to celebrate the exceptional care we provide to stroke patients across the continuum of care, while also helping to identify ways we can continue to strive to progress stroke care.

Acute and rehabilitation teams in site-based stroke programs continue to collaboratively work together to identify and evaluate processes to improve timely access to inpatient rehabilitation and maximize the functional gains patients achieve after experiencing stroke.

Over the course of the next several months, teams will be trialing modifications to existing processes, measuring successes, and evaluating outcomes in order to make improvements in patient care.

1. Canadian stroke best practice recommendations: stroke rehabilitation practice guidelines, update 2015. International Journal of Stroke 2016, Vol. 11(4) 459–484.

UPDATES

Alberta Stroke Quality Database

The Alberta Stroke Quality Database was recently updated to enhance search functionality and improve completion and accuracy of information collected.

Please make note of the following updates and new requirements:

1. Patient ULI database search now displays 'Existing Incidences' to prevent duplicate entry.
 - Incidences with matching hospital admission dates should be reviewed to confirm whether additional information needs to be added to the existing record **or** whether a new patient record needs to be created for patient's transferred from another site.
2. Cognitive screening (informal) or assessment (formal) and Swallow Screen 'pass', 'fail' or 'not completed' can now be clearly differentiated and accurately reported.
3. Textbox labels/definitions, drop down lists and validation rules were added or revised to ensure information being collected is as complete and accurate as possible.
4. Additional modifications include:
 - 'Unknown' option added for time of stroke onset
 - Option added to indicate patient was 'transferred from another ward or facility'
 - Added 'admission Alpha-FIM completion'
 - Added discharge dispositions
 - Modified mandatory hospital admission date
 - Removed CT/MRI timestamps

Revised Stroke Distinction Data Collection Forms and updated training manuals are available upon request by contacting [Mary-Lou Halabi](mailto:Mary-Lou.Halabi@albertahealthservices.ca) at 407-2812.

QuICR Update

Inpatient and Walk-in Stroke Management

The 2015 Canadian Stroke Best Practice Recommendations specify that "Hospital in-patients who have a diagnosis of a new stroke confirmed, should be assessed in a timely fashion and receive appropriate access to acute inpatient stroke care dependent upon their level of stroke-related impairment and other presenting medical/surgical conditions."

Current research reveals patients who experience a stroke event while admitted to hospital are typically not treated as quickly or efficiently as strokes presenting to the ED.

Phase 2 of the [QuICR](#) project (a provincial stroke improvement initiative), will focus on inpatient stroke care. The Stroke Program Edmonton Zone (SPEZ) has already developed a zonal algorithm for management of walk-in and inpatient strokes, which has been shared as an example, with QuICR collaborators. SPEZ will be working with all Edmonton Zone sites to customize their site-specific inpatient stroke response. Staff recognition and prompt reaction to the signs & symptoms of stroke, with clearly established procedures, will ensure timely treatment and better patient outcomes.

1. Canadian Stroke Best Practice Recommendations: Acute Inpatient Stroke Care Guidelines, Update 2015. International Journal of Stroke 2016, Vol. 11(2) 239–252.

Stroke Ambulance Update

Stroke Ambulance wins the [Paramedics Chiefs of Canada \(PCC\) Award of Excellence for Innovative Treatment/Technology!](#) Congratulations to everyone involved in this huge accomplishment!

Since its implementation at the UAH on February 6th, the Stroke Ambulance (SA) 2-year pilot project, ACHIEVE, has been involved in the care of 31 patients within rural Alberta and Edmonton Zone. Please see [video](#) for education about Phase I of this project.

Thank you to the dedicated clinicians who make up the SA Team.



What's New in Stroke Clinical Trials at the UAH?

A number of studies involving stroke are currently being conducted at the UAH, including:

- The POINT study compares treatment with ASA to treatment with ASA plus clopidogrel (antiplatelet medication) when introduced within 12 hours of minor stroke or TIA, and continued for 3 months. This study mimics the CHANCE study conducted in China that was found to be positive.
- The NAVIGATE trial compares the use of ASA vs. rivaroxaban (new oral anticoagulant) given within six months of ischemic stroke and continuing for 2-3 years.
- ReSpect ESUS compares the use of dabigatran (new anticoagulant) vs. ASA over the same time period.
- The RESPECT PFO study is closing. Patients with patent foramen ovale were randomized to either have their PFO closed or continue on best medical therapy. Preliminary data shows that PFO closure within certain populations decreases the risk of repeat stroke. A similar trial REDUCE is still in follow up.
- Atrial fibrillation registry, tracking the use of anticoagulant therapy after the diagnosis.
- ACHIEVE study is tracking the use of IV t-PA (clot-busting medication) within our custom designed & equipped Stroke Ambulance to evaluate patient outcomes with earlier treatment.
- DATAS II (Dabigatran Following Transient ischemic attack and Minor stroke II) trial is a phase II multicenter randomized trial comparing aspirin with dabigatran in patients with acute ischemic stroke/TIA, with the aim of determining if dabigatran is safe and if it is more effective than aspirin in preventing new strokes.
- Phase IV registry studies looking at demonstrating the safety of early anticoagulation with dabigatran (Canadian Pradaxa Acute Stroke Safety study) and apixaban (Eliquis Acute Stroke Safety study) following cardioembolic stroke.

- ICHADAPT II (Intracerebral hemorrhage acutely decreasing pressure trial II), to determine the effects of aggressive versus conservative blood pressure treatment strategies.
- The Stroke Genomics and Genetics translational research program is dedicated to improving the understanding and ability to treat patients with stroke, utilizing a multipronged approach, by developing personalized molecular tools to improve stroke diagnosis, and developing novel therapies to reduce the impact of stroke. Stroke is a heterogeneous disorder, with each patient having unique aspects to their presentation, response to vascular risk factors, cause of stroke, risk for complications, and response to treatment. A focus of this research involves the study of how genes are expressed in patients with stroke in relation to this variation, as well as how to better prevent and treat stroke by understanding how a person's genetic makeup programs their response to vascular risk factors, acute stroke insult and therapies used to treat stroke.

Continuing Education

September 9–11 [2017 Canadian Stroke Congress](#)

October 5 NIHSS Certification
*Register on Telehealth Scheduler

October 7–8 [Vascular Days](#)

October 30–31 [AHS Quality & Safety Summit 2017](#)

October 17–20, 2018 [11th World Stroke Congress](#)

Webinar [Functional Electrical Stimulation \(FES\) in the Stroke Patient Population](#)

On-Going Education

Acute Stroke Case Rounds (Calgary Stroke Program)
* register on the Telehealth Scheduler

On-line Courses: Available on My Learning Link
Hypertension - Chronic Disease Management (CDM)
Dyslipidemia - Chronic Disease Management (CDM)

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:
Oct 11th, 2017



Topic:
10 years with Stroke Survivors:
What I have Learned
(My ReTEDment Talk)

Presenter:
Sandra F. Large, M.Sc., R.Psych.
Psychologist, AHS
Glenrose Rehabilitation Hospital
(Retired)

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

Everyone is welcome!

To sign up to attend via Telehealth at your site, please go to <https://vcscheduler.ca/register?id=959673-9673>