

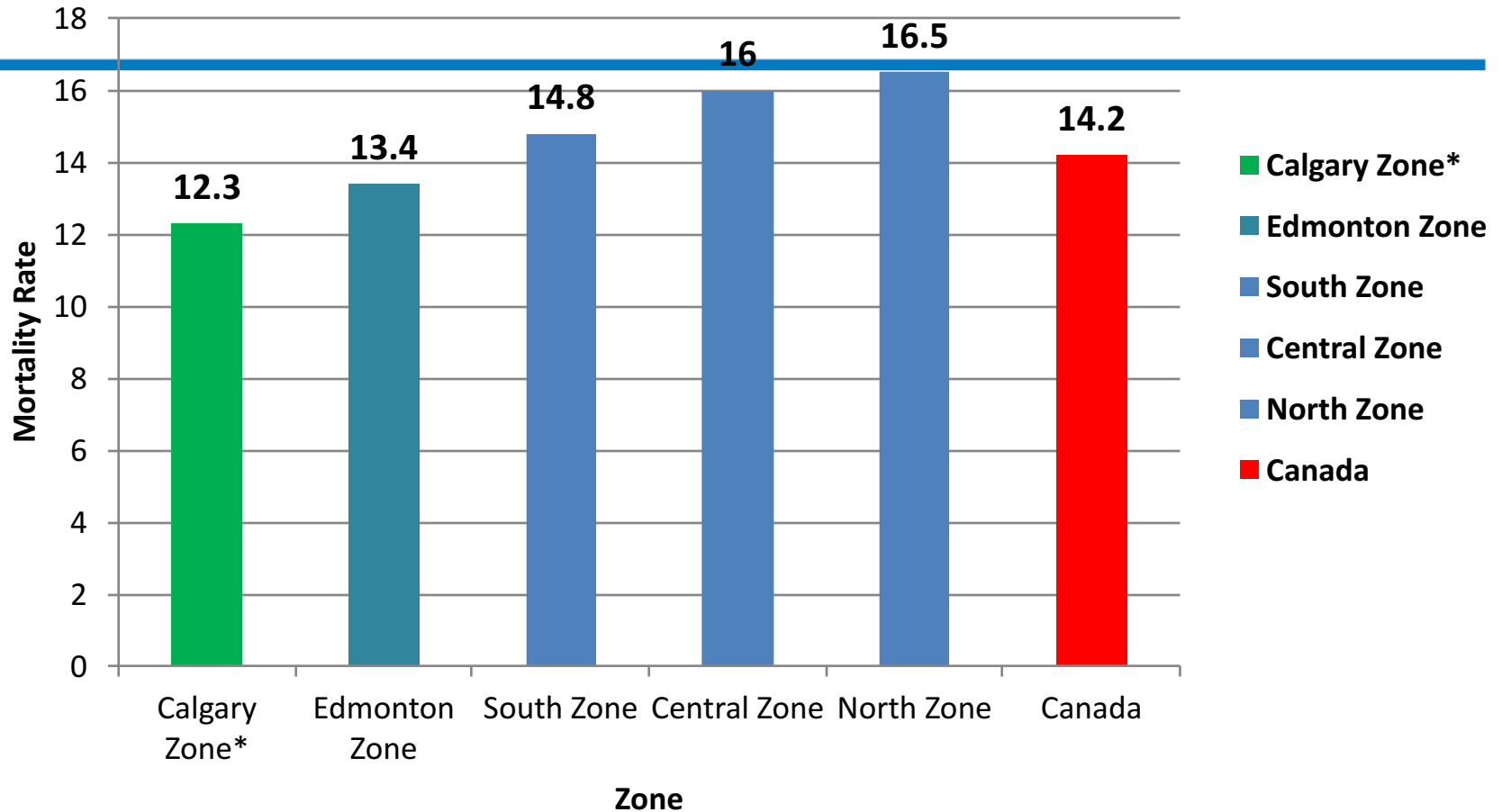
QuICR Closing Celebration: Lessons for AHS

*Perspective from the Cardiovascular Health & Stroke
Strategic Clinical Network[®] Stroke Action Plan (SAP)*

Moving quality work into practice

Leveraging future progress

30-Day Stroke In-Hospital Mortality (2012)



**Statistically different from the average (Canada) rate ($p < 0.05$)*

What is the issue?

Stroke is devastating and costly:

- Average stroke costs system \$50,000 in direct and indirect costs in first 6 months
- Strokes cause considerable disability and most stroke patients require rehab to return to normal functioning

BUT

- “Stroke unit care” and intense/expert community stroke rehab was not available outside of Edmonton and Calgary

Project Objectives

To improve the quality of, and access to, stroke care in Alberta by:

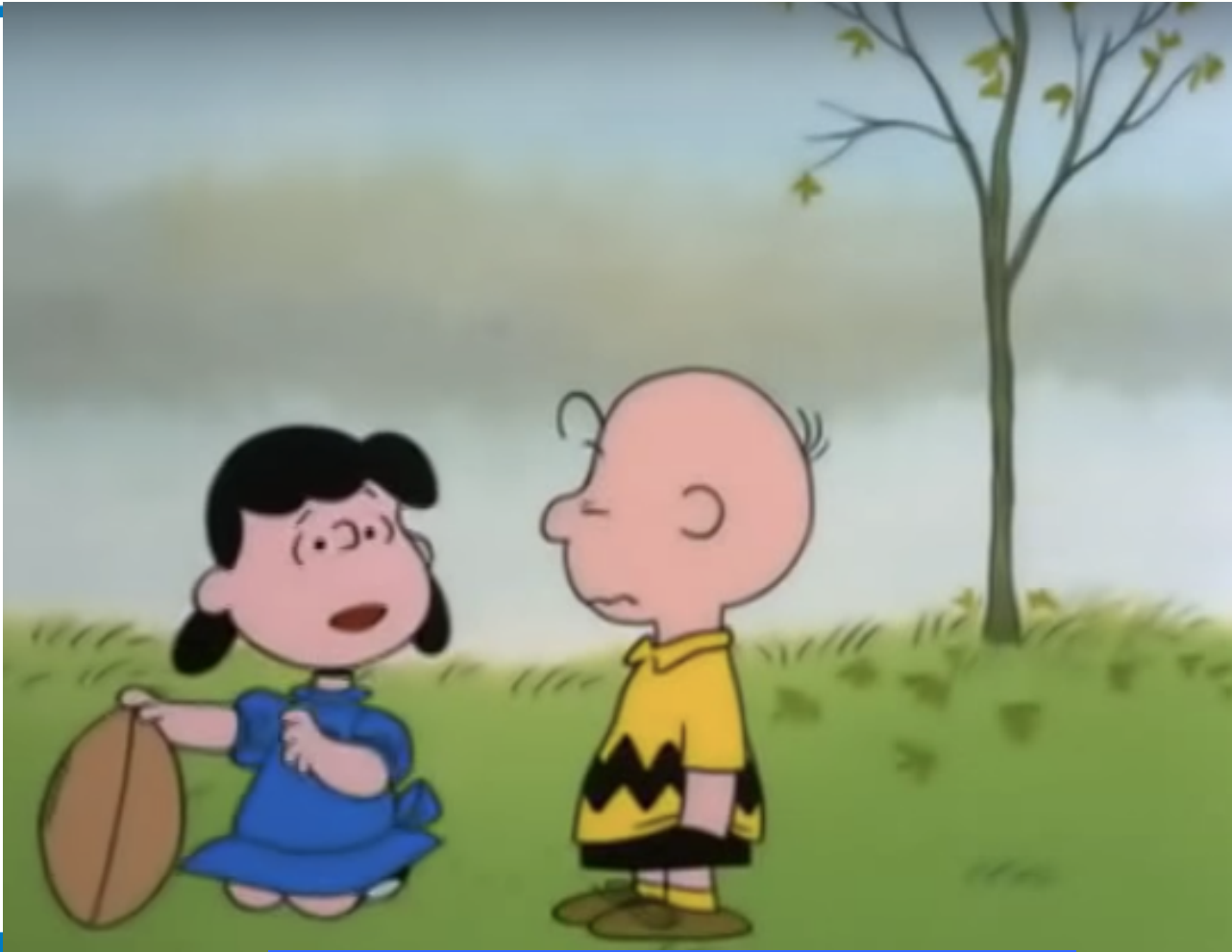
- Developing and implementing national guidelines for Stroke Unit Equivalent Care (SUEC) for all stroke patients accessing 13 rural and small urban sites
- Implementing a community-based stroke rehabilitation service that includes Early Supported Discharge (ESD) and Community Rehabilitation (CR) for mild to moderate stroke patients at 5 of the 13 identified sites



Project Funding – the Carrot

	North Zone	Central Zone	South Zone	Prov. Project support
# of FTE	11.0	15.6	12.7	5.0
# of positions	19	24	22	5
Salaries and Benefits	\$1,096,293	\$1,483,646	\$1,183,885	\$522,149
Non-comp total project				\$278,000
			Total	\$4,285,973

Pilot Projects – How often has this happened to you?



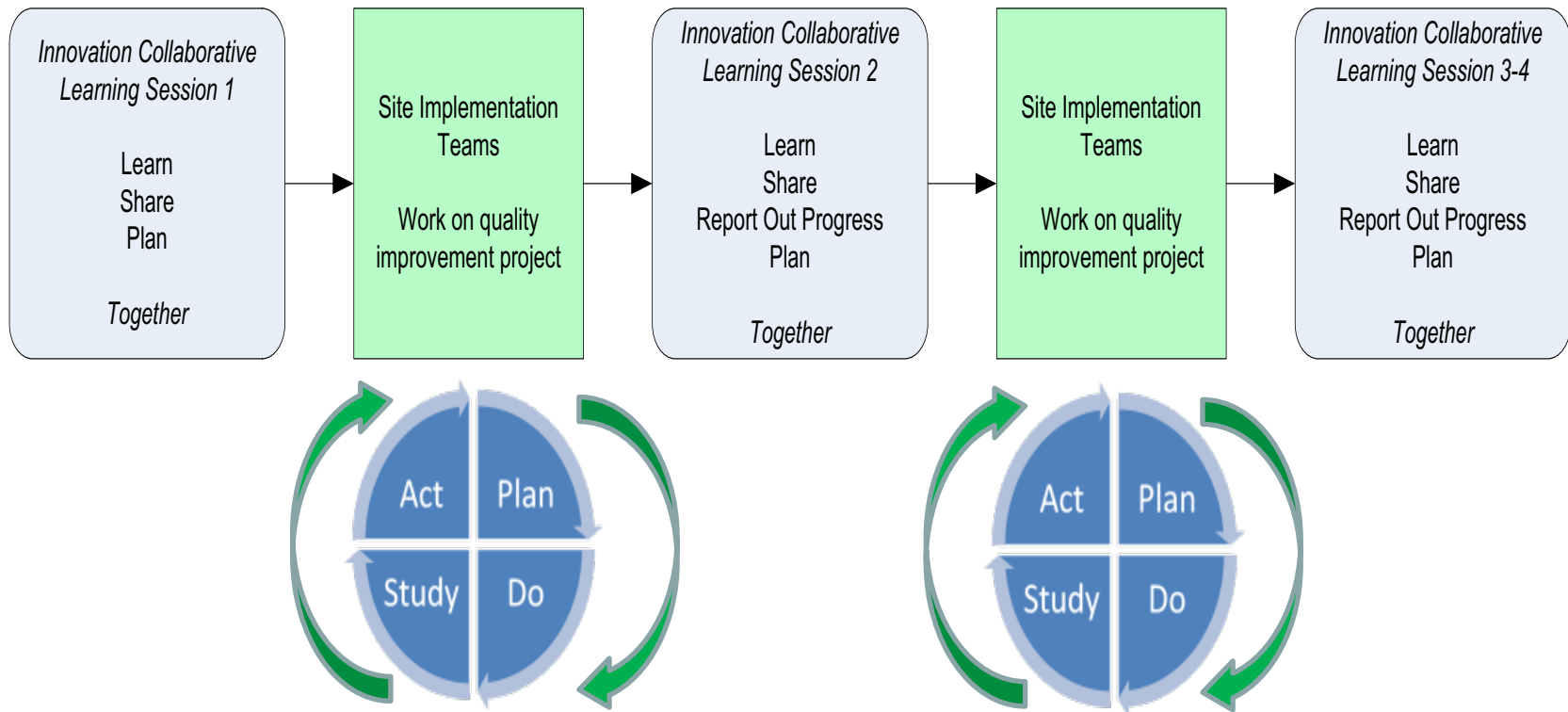
A Charlie Brown Thanksgiving (1973)

The Pilot was successful....The funding has ended. Operationalize it!



How did we achieve success?

Improvement/Innovation Collaboratives



Balanced Scorecard Methodology

QUALITY DIMENSION	ACCESSIBLE	APPROPRIATE	EFFECTIVE	EFFICIENT	APPROPRIATE	SAFETY	ACCEPTABLE	ACCEPTABLE	SAFETY	SAFETY	ACCESSIBLE		
SELECTED MEASURE :	Median wait from hospital to ESD intake	% stroke patients for whom stroke ordersets were implemented on admission	Average number of therapy hours per stroke patient per day	Reduction in median & mean acute care length of stay	% of clients that would refer friends/family to ESD program	% of Caregivers/support persons who feel that the stroke survivor is safe in home	% of stroke patients who feel they participated in decision making about their treatment	% of acute stroke patients who were provided with written stroke information	% of stroke patients who are screened for depression	% of stroke patients receiving a swallowing screen prior to any oral intake on admission	% of stroke patients receiving a 72 hour assessment		
PERFORMANCE LEVEL	Project Required Data				ESD			SUEC					
10 (Targeted Ideal)	2 days	100%	3.0	3.0	9.5/0							10	
9	2.1	92%	2.9	2.85	9.6/3	95	77	95	95	90	80	80(65%)	9
8	2.2	87%	2.8	2.75	10.0/8.5	90	73	90	90	80	70	70	8
7	2.3	72%	2.6	2.5	10.3/8.8	85	70	85	85	70	60	60	7
6	2.45	57%	2.4	2.25	10.5/9.0	80	65	80	80	60	50	50	6
5	2.6	42%	2.2	2.0	11/9.5	75	60	75	75	40	40	40	5
4	2.75	28%	2	1.75	11.5/9.6	70	55	70	70% (71.4%)	20 (11.1%)	30	30	4
3 ("AS IS" at Start)	3	27.3%	1.75	1.5 (1.5/1)	11.9/10	60%	50%	60%	60%	0%	%	0%	3
2	3.5	9 (7.4%)	1.5	1.0	4.0	50	40	50	50	0		0	2
1	4	4	1	0.5	2.5	60	30	40	40	0		0	1
WEIGHTING (%)	10%	10%	10%	10%		10%	10%	10%	10%	10%		10%	= 100 (%)

Choose your Best Practice indicator

Target

Current status

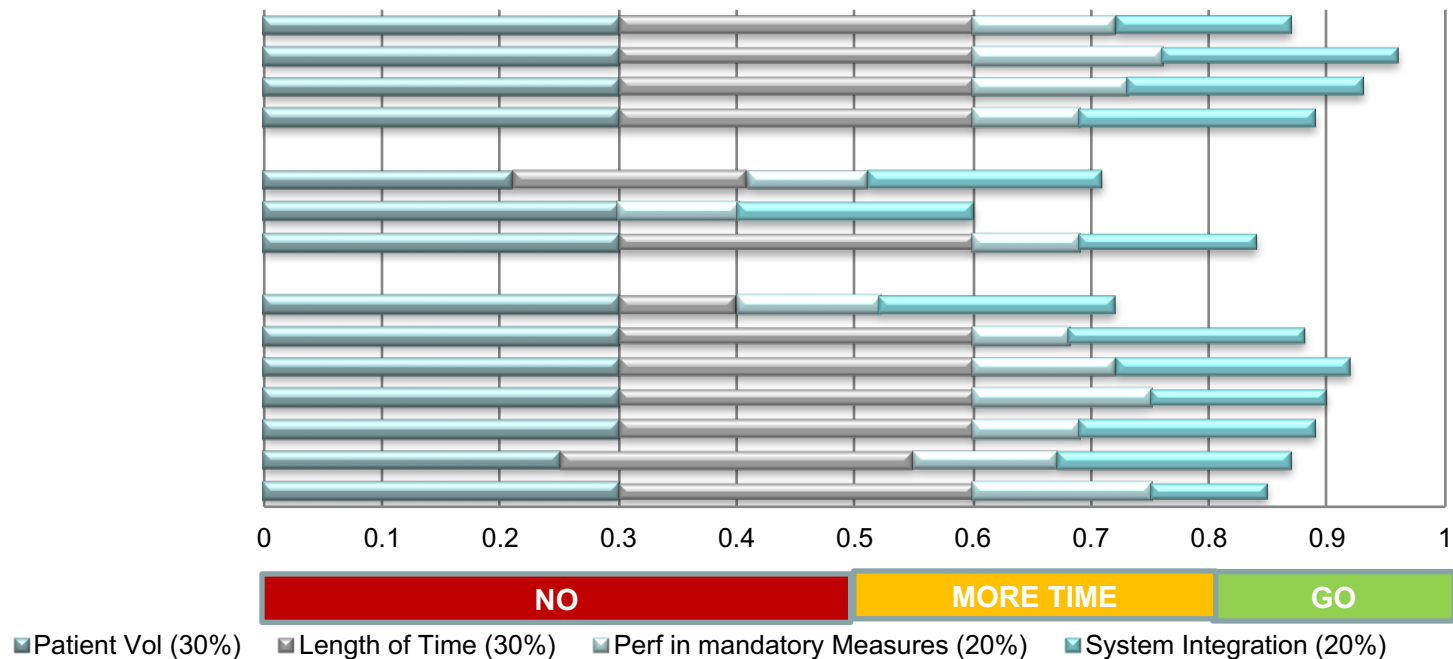
Baseline

ACHIEVED! TEAM TO CELEBRATE SUCCESS

= Real time feedback for front-line staff on quality improvement

Robust and Stringent Evaluation

SAP- Visual Progress Report for Transition to Operations



SAP Outcomes

- ✓ Standardized orders set use 48% to 77%
- ✓ Rehab assessment within 48 hours – 74% to 88%
- ✓ Median LOS 6 days to 5 days (17% drop) – 3377 bed days saved
- ✓ Swallowing screens before first oral intake – 28% to 68%
- ✓ ESD patients per year -- 0 to 161
- ✓ SUEC patients per year – 0 to 1060 across all sites
- ✓ Long term care admissions dropped by 28%



Project Funding – the Reward

	North Zone	Central Zone	South Zone	Total
# of FTE	11.0	15.6	11.9	38.5
# of positions	19	24	20	63
Transferred Salaries and Benefits	\$1,096,293	\$1,483,646	\$1,095,385	\$3,675,324
Transferred Non-comp	\$48,000	\$102,000	\$60,000	\$210,000
			Grand total to sites	\$3,885,324

Funding follows good outcomes and data

Key success factors

1. Initial funding put site staff in place; SCN provided solid project support to train and set sites up for sustainability
2. Innovation Collaborative provided QI improvement processes (scorecard methodology, staff education)
3. Embedded stringent project evaluation that will demonstrate compelling evidence to justify permanent funding and sustainability

Results- Patient and caregiver experience

- “Receiving care in the home helps a lot. It really helps, because you’re in your own environment and you’re not so afraid...you’re happy.” – Edna, Camrose
- “It’s just an amazing program. They actually treat the whole person, not just the physical, but the emotional and mental, and not just the patient, but also the spouse” - Jane, Grande Prairie (Caregiver)
- “It is also more viable from a financial standpoint by implementing shorter stays in hospital and all the expenses incurred by such, as well as the convenience for families.” – Elwood, Red Deer

Clinician feedback

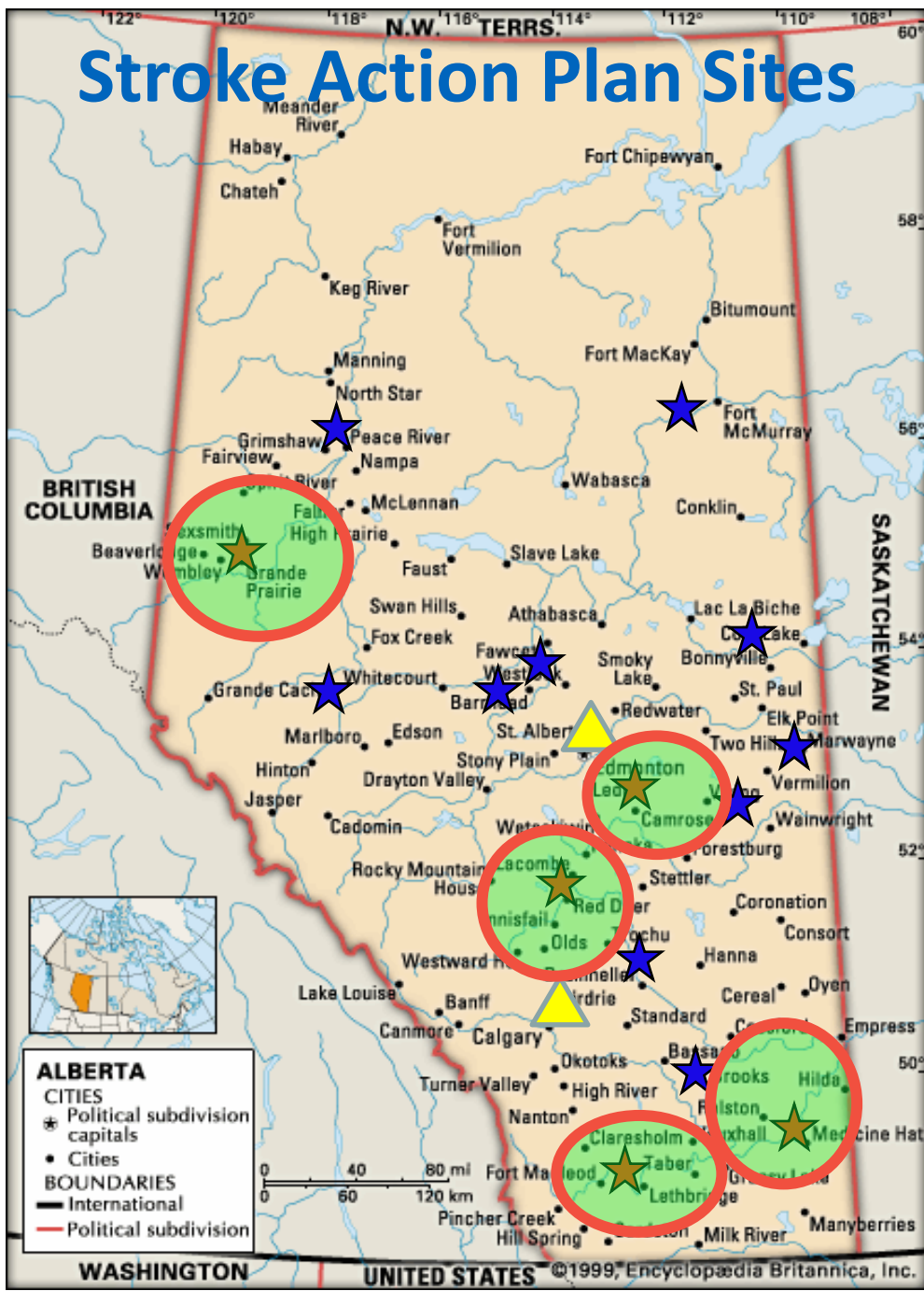
- “It’s a dream come true” to work on a team like this to be able to work with truly client-centred practice directly in the home- Karen, Lethbridge
- “We didn’t work on walking or stairs, I helped him play the piano again at HIS own piano – this was worth 1000 stairs for his mental health.” Carla, Red Deer
- “I have never in all my years felt this level of team cohesiveness before and it directly benefits the patient” Sarah, Camrose

Stroke Action Plan Sites




▲ Pre-SAP – Stroke Unit Care; ESD teams


Stroke Action Plan Sites



 **Pre-SAP** – Stroke Unit Care

 **Phase 1** (Sites receiving both SUEC/ESD)

 ESD radius

 **Phase II** (Sites receiving SUEC only)

ALBERTA
CITIES
* Political subdivision capitals
• Cities
BOUNDARIES
— International
— Political subdivision

0 40 80 mi
0 60 120 km

WELCOMING HOME STROKE THERAPY

Pilot program in Grande Prairie sends out a team of health care experts to help area stroke patients

Story and photo by Kirsten Goruk |

John Kruger isn't willing to let the stroke he had keep him from using his life. That's why he's thankful for a new pilot

completed the program from their own homes. The 10-member Stroke Early Supported Discharge team includes occupational and



Chat TV 05 Sept 14 with Nate Koch



Stroke patients recover faster in new program

By Murray Given

The new Early Discharge Stroke Program is making a huge difference in patient's lives and speeds up recovery times.

Covenant Health St. Mary's Hospital Camrose improves stroke survivors' care experience because staff there understand the personal and societal costs of stroke on patients, families and communities.

Camrose has one of five pilot Stroke Early Supported Discharge Teams led by Alberta Health Services Cardiovascular Health and Stroke Strategic Clinical



Murray Given, Camrose Reporter
Covenant Health St. Mary's Hospital, Camrose, Saskatchewan

working around the yard," said Edna. "I purchased a KitchenAid machine to help me because I love baking and they helped me with different ideas what to make with it and learning things."

The team also taught the couple on how minimize risk of having a future stroke. The two-month process was very educational for Edna. Not only did she learn how to take of herself better, she learned a new skill in sewing.

"I have always wanted to sew. I'm making an apron," Edna said. "We talked about sewing and how it helped with motor skills and memory.

STROKE ACTION PLAN STANDARDIZES CARE

Rural and smaller sites receiving same care as in large urban centres

Story and photo by Colin Zak |

After having a stroke in November, Elwood Kirpatrick just wanted to get home and back to his normal life. Kirpatrick was able to do just that, thanks to the Stroke Action Plan – a province-wide initiative designed to improve the quality of inpatient and community care for stroke patients in rural and small urban areas.

Stroke rehabilitation team helps clients recover

By Jessica Ryan, Camrose Canadian
Wednesday, September 10, 2014 10:41:39 MDT AM



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Stroke survivor Elwood Kirpatrick performs a motor skills test as therapy assistant Jolene Boutin observes. Boutin is part of the multidisciplinary Early Supported Discharge team that does in-home rehabilitation with Red Deer stroke patients.

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Kirpatrick was able to do just that, thanks to the Stroke Action Plan – a province-wide initiative designed to improve the quality of inpatient and community care for stroke patients in rural and small urban areas.

The Stroke Action Plan uses provincial standards to ensure inpatient stroke care in small urban and rural settings is equivalent to the care delivered in larger centres, and that patients have early access to rehabilitation services following admission for stroke, including in-home rehabilitation known as Early Supported Discharge.

"After I returned home from the hospital, they were at my house the following day to start my rehab," says the 77-year-old Red Deer man.

"Every day, I was visited at home by a qualified team that would do all the necessary treatments to get me back to my normal lifestyle. I usually had two visits a day, five days a week."

The in-home rehabilitation team includes physiotherapists, occupational therapists, speech therapists, therapy assistants, nurses, recreational therapists and social workers.

This program, available in Red Deer, has succeeded by halving the average length of hospital stays for stroke patients in Calgary and Edmonton. Red Deer is the first centre in Alberta to implement the initiative, which will be rolled out to communities across the province.

"Early Supported Discharge not only allows patients to return home sooner and regain their independence, but allows them to receive con-

comprehensive rehabilitation," says Jeff Wright, an Alberta Health Services (AHS) occupational therapist and the project leader.

So far, 20 stroke survivors in the Red Deer area have been helped by Early Supported Discharge since it launched last August.

As part of the Stroke Action Plan, Grande Prairie, Camrose, Lethbridge and Medicine Hat will receive enhancements to both inpatient and outpatient services, including the addition of Early Supported Discharge teams.

For patients who have had mild, moderate and severe strokes, this means improved care both during and after their stay in hospital.

Smaller centres – Peace River, Westlock, Fort McMurray, Cold Lake, Wainwright, Lloydminster and Brooks – will receive enhancements of inpatient services for stroke patients, as well as improved stroke training and education.

"The Stroke Action Plan was developed by the Cardiovascular Health and Stroke Strategic Clinical Network (SCN) of AHS.

"One of our goals is to improve the prevention, treatment and management of heart disease and stroke across the province," says Dr. Blair O'Neill, Senior Medical Director of the Cardiovascular Health and Stroke SCN. "The Stroke Action Plan will ensure stroke patients receive the same level of care everywhere – rural and urban."

For Kirpatrick, it translated into a faster recovery after his stroke.

"I'm so excited by my progress. I can now walk on my own up and down the steps, my speech is returning to normal and I feel good about myself." ■

Strategic Clinical Networks (SCNs)
Alberta's engines of innovation.
Learn more at www.albertahealthservices.ca/scn

Today over 2100 patients from across Alberta

Since Stroke Action Plan

- QuICR
- ESCAPE trial
- Stroke Ambulance
- ERA
- Stroke Distinction Award for EZ/AHS

Lessons Learned

- Cardiovascular Health and Stroke SCN has been effective at accelerating improved stroke care
- CV and Stroke have been synergistic
- Best Practices can be scaled and spread
- Leveraging the research community to improve quality of care