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The First-ever Canadian Stroke Congress

Over 1000 national and international delegates came together in the Quebec City Convention Centre June 6-8 for the first Canadian Stroke Congress.



The Congress officially began with a Welcome Reception at the Chateau Frontenac Hotel on Sunday evening, after 5 successful pre-conference workshops took place during the day.

Dr. Vladimir Hachinski, an internationally recognized researcher and editor-in-chief of the journal *Stroke*, opened the first Canadian Stroke Congress Monday morning with a call to the country's stroke specialists to work across disciplines, and outside the medical community, to further our knowledge and understanding of stroke. "We need a new approach to get ready to meet the "tsunami" of strokes that is coming as the population ages and our risk factors increase," says Dr. Hachinski. This could include vital new roles for trained members of the public to support health specialists – for example, as "buddies" who support

those at risk of strokes in leading healthier lives. Dr. Hachinski notes that this approach has been successful in areas like weight loss and addiction counseling. "It's time to think outside of doctor's offices and hospitals, and look at new ways we can prevent and manage strokes," he says.

Dr. Samuel Weiss, Director of the Hotchkiss Brain Institute, University of Calgary, presented his current research focus of the regeneration of brain cells in multiple sclerosis and stroke in a talk entitled "Adult Neural Stem Cells and Functional Recovery after Stroke". Dr. Weiss's lab has discovered that stem cells in the brains of laboratory rats can be stimulated by erythropoietin to regenerate and help recover function in areas of the brain damaged by stroke.



Two Canadian stroke services— the Toronto Rehabilitation Institute and the Calgary Stroke Program – were recognized as the first in Canada to earn Stroke Services Distinction from Accreditation Canada.

is awarded to health organizations that meet or exceed the best standards of stroke care. The announcement was made Tuesday at the Canadian Stroke Congress. Pictured above are members of the Calgary Stroke Program present at the Congress. (Story page 3).

The Canadian Stroke Congress provided accreditation for up to 19 hours of section 1 credits of the Royal College Maintenance of Certification Program with the Royal College of Physicians and Surgeons. Materials were made available at the Congress for rehabilitation professionals to seek accreditation with their professional organizations for the sessions attended.



Concurrent session "Advances in Imaging".

On July 30, 2010, the Canadian Stroke Network announced that conference participants and members of CSN may view the webcasting and podcasting of selected presentations from The Stroke Congress. Talks can be viewed at home or office (and even on iPods, iPhones, and iPads while traveling) with a username and password, and participants may even take part in a discussion forum. A variety of talks have already been posted, with more to come.

The University of Laval and Quebec City hosted the first Canadian Stroke Congress
Here are some of the best-known sights of the city.



Université Laval is the oldest centre of education in Canada and was the first institution in North America to offer higher education in French. Its main campus is located in Quebec City, Quebec, the capital of the province, on the outskirts of the historic city.



La Vieille Capitale (Old Capital) is the capital of Quebec and one of the oldest cities in North America. It celebrated the 400th anniversary of its founding in 2008. Quebec City lies on the banks of the Saint Lawrence.



The Château Frontenac, designed by the American architect Bruce Price, was one of a series of "château" style hotels built for the Canadian Pacific Railway company at the end of the 19th and the start of the 20th century.



The Old Quebec Funicular (French: *Funiculaire du Vieux-Québec*) is a funicular railway in the Old Quebec neighbourhood of the city of Quebec in Canada. It links the Haute-Ville (Upper Town) to the Basse-Ville (Lower Town). In 2004 it celebrated 125 years of operating.

Highlights from the Stroke Congress

Under 50? Silent duo could put you at risk for a big stroke.

Silent or covert strokes in young adults with first-ever ischemic stroke are associated with recurrent stroke. As a result of research from Hopital Notre Dame in Montreal, two silent factors – leukoaraiosis and silent brain infarcts – are not so silent any more. Lead investigator, neurologist Dr. Alexandre Poppe, suggests that patients aged 18 to 50 who present with stroke should have brain MRIs to identify those who have experienced silent strokes, in an effort to prevent further damage.

Cost of caring for stroke patients double that of earlier estimates, study finds.

The Canadian Stroke Network's Burden of Ischemic Stroke (BURST) study found that the direct and indirect health-care costs for new stroke patients tally an average \$50,000 in the six-month period following a new stroke. There are about 50,000 new strokes in Canada each year. BURST researchers examined the health-care costs of 232 hospitalized stroke patients in 12 sites across Canada at discharge, three months, and six months, and one year. The study looked at both disabling and non-disabling stroke.

Vacuum cleaner sucks up strokes- New procedure may successfully salvage brain cells for more than just the first 3 hours following stroke.

A clot vacuum cleaner that sucks out stroke-producing blockages from blood vessels in the brain sounds like science fiction. But 27 Calgary patients who were rescued from massive strokes know the endovascular procedure is for real, Dr. Mayank Goyal told the Canadian Stroke Congress. The innovative technique uses a tool called the Penumbra System® of Continuous Aspiration Thrombectomy to break down and gently aspirate stroke-causing blood clots to open up the blocked vessels. If used within a few hours of an ischemic stroke, the process can reverse the effects of stroke by restoring blood flow to the

affected areas of the brain – preventing the permanent loss of brain cells and related brain damage. “

Stroke Recovery goes 3D – Canadian video game takes rehab to the next level.

An innovative use of virtual reality is emerging as a major technique in brain recovery for stroke patients, Dr. Mindy Levin told the Canadian Stroke Congress. Her team's interactive virtual reality training program boosts patients' confidence and increases the success of arm and hand rehabilitation by having them practice movements as part of a video game. “The training program uses kinematics, which measures how well a movement is made,” explains Dr. Levin. “It allows us to understand how recovery is happening.”

Non-intense physical activity can play a key role in reducing depression and boosting the recovery of stroke patients.

You don't always need to build up a big sweat to reap the healing benefits of physical activity. Research has found that even a low-intense exercise program can reduce depression symptoms and boost physical therapy results in recovering stroke patients. “The power of physical activity to raise the spirits of recovering stroke patients is stronger than anyone suspected,” Heart and Stroke Foundation researcher Dr. Jocelyn Harris told Canadian Stroke Congress. The study followed 103 recovering stroke patients who were all receiving regular, standard treatment in hospital.

Virtual visits shrink the distance in stroke rehab.

Telemedicine holds the key to the rehabilitation of people with stroke living in northern, rural, remote Canadian communities, rehabilitation researcher Esmé French told the Canadian Stroke Congress. Those living in many northern communities – which include many Aboriginal residents – have limited, if any, access to stroke rehabilitation, says French, who works at Thunder Bay Regional

Health Sciences Centre and is a professional associate with the School of Rehabilitation Studies at McMaster University. “The unique conditions of northern communities require a unique response from the stroke rehabilitation community. The video technology removes the distance barrier and provides a practical alternative when direct services are not available,” says French. “The experience was rated good-to-excellent by both patients and rehabilitation therapists.” The healthcare, community, and telemedicine partnerships were critical to the success of the program.

Daughters caring for a patient recovering from stroke more prone to depression than sons.

Caring for a parent who has experienced a stroke results in a dramatic shift from the usual parent-child relationship. “Stroke can be particularly challenging for families,” says Marina Bastawrous, a Masters candidate at the University of Toronto. “Taking care of elderly parents can bring out family strengths and family weaknesses.” The adult child-to-parent bond can result in excellent care when a senior has a stroke. But not always, she says. The study found that close and secure relationships with parents predicted better mental health and greater satisfaction in adult child caregivers. “But strained relationships before or following the stroke increases depression in daughters,” she says. “If the relationship between a parent and adult daughter is already strained, a stroke can make things even worse.” The quality of relationships both before and after the stroke had an equally important influence on wellbeing.

For more information, go to: <http://www.canadianstrokenetwork.ca/index.php5/category/news/>

Pilot Project a dress rehearsal for full stroke accreditation

When staff of the Calgary Stroke Program participated in the pilot project for Accreditation Canada's newly developed Stroke Distinction program in September 2009, they didn't know that in less than a year they would be doing it all over again. The Calgary Stroke Program and the Toronto Rehabilitation Institute were Canada's first 2 stroke programs to earn Stroke Services Distinction from Accreditation Canada, presented June 2010 at the 1st Canadian Stroke Congress.

Devika Kashyap, Quality Improvement Consultant, Clinical Neurosciences, Calgary Foothills Hospital, called the pilot project a dress rehearsal. A committee of representatives, from bedside clinicians to management, took 4 months to go through the indicators line by line in preparation for their participation in the pilot. After this thorough review of the criteria, and the work that followed to ensure it was met, the Calgary team felt confident to proceed with an application for full accreditation.

Accreditation Canada requires programs to meet or exceed best practice standards and 10 core indicators, based on Canadian Best Practice Recommendations for Stroke Care 2008. Indicators include total hospital length of

stay, stroke/TIA mortality rates, door-to-needle time for tPA administration, proportion of acute patients discharged to rehabilitation, and a number of others. Calgary applied for comprehensive accreditation, covering acute care, rehabilitation and public programs. On-site evaluators spent a ½-day in each area, conducting formal and informal interviews. Calgary submitted a 'profile', which was reviewed in-house to confirm that the program really did all it said it would do to meet the needs of stroke patients. Obviously, the program was successful.



Calgary Stroke Program medical team cares for patient at FMC.

Ms. Kashyap states that programs must continue to hold to the thresholds set for the 10 core indicators for the 2 years of the certification. Data on the indicators is reported to Accreditation Canada every 6 months.

She says that work on the indicators created great collaboration and became an opportunity for quality improvement within the Calgary Zone.

Michael Suddes, Manager, Calgary Stroke Program, commented on the pride generated by their involvement in the process. He also said "I see this program as a milestone in the ongoing management of stroke care at the provincial and national level."

Sleepless in Quebec City!

NSNC member juggles 2 conferences

As the First Canadian Stroke Congress was winding down, Audrey Gousseau, one of our Council representatives from Manitoba and a member of the Canadian Association of Neuroscience Nurses, was gearing up for the 41st Annual CANN Conference, also in Quebec City and held in conjunction with the Canadian Neurological Sciences Federation's annual congress. Audrey had arrived early in Quebec City to assist with the Stroke Congress pre-conference nursing workshops, then she and a team of Manitoba nurses went to work to put on the CANN conference. Audrey came to Quebec City with an extra suitcase full of conference materials and a "Can-do" attitude. It sounds like the CANN conference was a big success. Audrey writes: "We had 185 registrants, 2 from USA, 3 from Korea. The themed concurrent sessions were on stroke, MS, Pediatric Stroke, and a French track as well. There were 3 award papers and 5 x \$1000.00 travel grants from NNF and little sleep. Quebec City is a beautiful city and we would recommend it to everyone. :) Overall the evaluations were very positive and Manitoba Chapter all came home for a rest after putting the conference on from over the miles."

Karen Waterhouse, President of CANN, acknowledged the hard work of the Manitoba nurses in her opening address. "First and foremost on behalf of the board of directors of CANN, I would like you to please join me in acknowledging the hard work of Program Chair Jodi Dusik-Sharpe and Scientific Chair Janice Nesbitt and their committees in putting together an exciting meeting in this beautiful city. This has been a huge accomplishment for the Manitoba chapter of CANN to plan this meeting from afar with their small but mighty group."

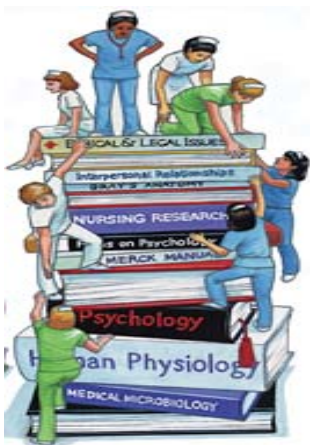
Thanks for all your hard work, Audrey. We are proud to have you as a member of the National Stroke Nursing Council! See you next year in Vancouver, where you won't have to do the work.

The National Stroke Nursing Council presented 3 pre-conference nursing workshops



Best Practice Nursing Care Across the Stroke Continuum was presented in both English and French. This was the first time this workshop was offered in French, presented by Rosa Sourial and Roxanne Cournoyer, NSNC members. Linda Kelloway, also a Council member, presented the English version. Both workshops were well-attended, with 46 in the English workshop and 28 in the French version. Nancy Newcommon, NP Stroke, Calgary Foothills, and Michelle MacKay, Specialty Nurse Practitioner Neurology, QEII Health Sciences Centre, Halifax presented the first ever Stroke Best Practices for Advanced Practice Nurses. 56 Nurse Practitioners, Clinical Nurse Specialists, Educators, RNs, Coordinators and others participated, working from case studies to review best practice stroke management, neuro-anatomy, stroke imaging and other topics. Over half of the participants filled out evaluation forms, representing many years of nursing practice and stroke care. 76% of the respondents indicated the workshop met or exceeded their expectations. When asked to indicate 2 things learned in the session which they would attempt to implement in their practice, respondents indicated using dabigatran, the importance of glucose control, a better understanding of imaging, applying best practices and theory to practice, and a variety of other learning indicators. Some of the participants indicated that the session could be improved by making it a full-day, instead of a half-day session. Overall, the feedback was positive, both from the registrants and from the workshop facilitators. Congratulations to Linda Kelloway and her team for the hard work in creating the workshop. Contact Linda (lkelloway@hsf.on.ca) or the NSNC if you would like to learn how to present this workshop in your area.

Stroke Nurses to Know



The Stroke Nursing News introduced this feature in Spring 2008. We would like to continue to profile Canadian nurses who have completed or are currently enrolled in doctoral studies and have a focus on stroke.

One of the goals of these articles is to help build a community of nurse scientists in Canada and to encourage nurses who might be contemplating doctoral studies by introducing them to mentors and role models. We sincerely appreciate the candor and support of those nurses who have agreed to be profiled.

Thanks to CSN summer intern Rachel Kalbfleisch for writing the article.

Special thanks to Kendra Power in Saskatchewan for the idea. If you know a nurse who should be profiled here, please send your ideas and articles to the editor at Colleen.taralson@albertahealthservices.ca

Return to student life can be 'a challenge': It's worthwhile to consider doctoral studies early in career **By Rachel Kalbfleisch**

With more work experience than many of her fellow students, Dr. Carole White, a long-time member of the Canadian Association of Neuroscience Nurses, should have felt confident beginning her PhD at age 42. But that wasn't always the case. If anything, she says she sometimes felt intimidated by being so much older than the others. And, it was a challenge to return to life as a student. Her recommendation to other nurses: Consider doing doctoral studies early on in your career. "To be competitive with other disciplines for research funding, it's important to do a PhD and to do it early," she says.

Three years after earning her master's degree at the School of Nursing at McGill University, Dr. White returned to begin a PhD. To get a different perspective, she decided to do her doctoral studies in epidemiology and biostatistics, a field she says provides rigorous research training for many different disciplines. "The research questions I asked were the type of questions nurses would ask, so although I continued my training in a different discipline, I never left nursing," she says.

The topic of Dr. White's thesis was the quality of life of family caregivers of stroke survivors. She says her interest in stroke grew from her experience as Clinical Coordinator in the Investigational Stroke Unit at the University Hospital in London Ontario.

Although earning a PhD is in many ways a challenging process, she says her main struggle was re-entering the student role. "My career has constantly flipped back and forth between work and education," says Dr. White. "Going from a managerial position to the student role is always an interesting transition. You have to adapt to the schedule change and the full course load." On top of her intense academic schedule, Dr. White worked eight hours a week and maintained a family life. "Suddenly having to balance all these things is difficult. It's a juggling act," she says. "And it's not just you making sacrifices – your family makes compromises as well."

Dr. White received funding for her doctoral research from both the Heart and Stroke Foundation of Canada and the FRSQ (Fonds de la recherche en santé du Québec). She was also supported by the American Association of Neuroscience Nurses. Dr. White says there are many good sources available and advises PhD students to look for funding.

A member of the Canadian Association of Neuroscience Nurses since 1981, Dr. White has been Professional Practice Representative, board member for Quebec, and a clinical editor for the CANN journal. She was also on the annual meeting scientific committee for several years. Now teaching at the School of Nursing at the University of Texas at San Antonio, she says she's still very closely linked to the association. "I'm still a part of it," she says. "I'm still an active member."



Dr. White is currently doing research into the course of depression after stroke as part of a NIH-funded trial called *Secondary Prevention of Small Sub-cortical Stroke*. She is also an investigator in the Canadian Stroke Network-funded *You Call We Call* trial, a study assessing the impact of a multimodal support intervention after a "mild" stroke.

Interested in the trial, which is still ongoing? <http://www.sps3.org>

Community Stroke Prevention (CSP) Project



"We are standing by a swiftly flowing river. We hear the cry of a drowning man. We jump in, bring him to shore and revive him. We then hear many more cries for help and continue to pull drowning people to safety. Nearly exhausted, it occurs to us that we are so busy downstream saving people, we have not had time to go upstream and find out why they're falling in."

Adapted from a story told by Irving Zola in an article by John B. McKinlay in A Case for Refocusing Upstream: The Political Economy of Illness (1981)

Primary stroke prevention has predominantly focused on individual approaches to lifestyle and behaviour change. Recent research indicates that the environment and the community in which an individual lives has the greatest influence for on-going lifestyle change. Therefore, enhancing environments and creating healthier communities is crucial for all those providing health care in the community.

This poster illustrates the journey of two rural Alberta communities: Carstairs, 70 km north of Calgary (pop. 2,655 - 2006) and High River, 40 km south of Calgary (pop. 11,345 - 2009) in this multi-year pilot project and highlights the critical role of primary prevention in the stroke care continuum.

View the ppt.: http://www.strokestrategy.ab.ca/telehealth_presentations.html

Project Participants

AHS-CHR:

Project Lead- Patti Restoule
(Patti.Restoule@albertahealthservices.ca)

Project Coordinator- Stephanie Patterson
(StephanieM.Patterson@albertahealthservices.ca)



Community Development Coordinators- Tereë Hokanson
(Tereë.Hokanson@albertahealthservices.ca); Karen LaValley
(Karen.LaValley@albertahealthservices.ca)

Partners:

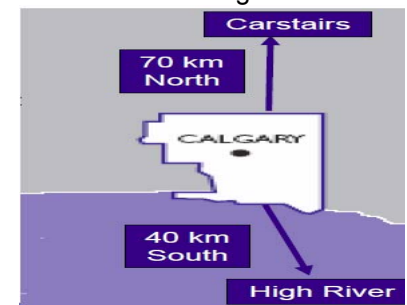


Carstairs: Carstairs Connection (Healthy Community Coalition), The Town of Carstairs, and local organizations and businesses

High River: 4C Coalition



High River: 4C Coalition- Caring Citizens Committed to Healthy Communities (Healthy Community Coalition), The Town of High River, and local businesses and organizations



Community Stroke Prevention (CSP) Project cont ':

Goals:

1. To create supportive physical and social environments which promote healthier lifestyle choices among adults in two rural communities.
2. To enhance community capacity in Carstairs and High River to design, implement and sustain community initiatives for stroke prevention through a whole community approach.
3. To reduce the risk of stroke and other CVD by promoting stress reduction, active living and healthy eating.

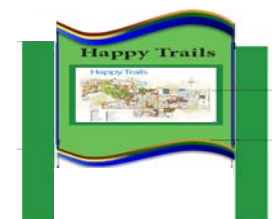
Carstairs

- ▶ Healthy messaging (“Wellness is...”) signs focus-tested, developed and then installed around the indoor arena walking track
- ▶ Health and Wellness “Life Essential Alerts” are published monthly in the Carstairs Courier newspaper
- ▶ ‘Couch to 5 km’ running group and ‘Walk for the Health of It’ walking groups have been established. Walk for the Health of It has increased from 22 members in the first year to 48 members in the second year.
- ▶ Summer Solstice Walk/Run event held in June for the past 2 years: participation increased approximately 50% from year one to year two
- ▶ Neighborhood Party and Healthy Aging Fair in 2007 and 2008
- ▶ Healthy cooking demonstrations at the 2008 Neighborhood Party
- ▶ Sponsorship of guest speaker on community development at dinner event
- ▶ Coalition was nominated for Lieutenant Governor’s leadership award for active communities
- ▶ Successful partnerships led to monthly concerts/coffee houses

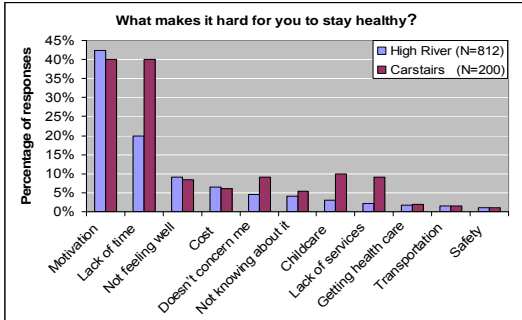


High River

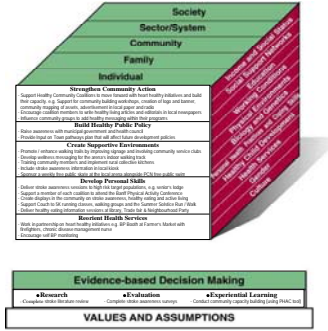
- ▶ Collective Kitchen training completed in June 2008 and two groups are actively ‘cooking’; a second rural facilitator training was held in High River, Feb/March 2009
- ▶ Working in partnership with the town to develop signs for the outdoor walking trails (Happy Trails)
- ▶ Sponsoring a free weekly public skate on Sundays from January to March 2009 alongside the PCN-sponsored free public swim
- ▶ Articles In High River Times newspaper – June, Heart and Stroke Month, and 4C activities
- ▶ Displays on healthy eating and stroke awareness at the library, trade fair and flu clinic
- ▶ Nutrition information sessions at the library (x5) Feb-March 2009
- ▶ Support of 4C coalition with logo, banner, editorial in newspaper, community revitalization and strategic planning workshops
- ▶ Partnering with Heart and Stroke Foundation for BP testing and info sessions for June’s Stroke Awareness Month
- ▶ Working in partnership with firefighters and PCN Chronic Disease Management to provide BP booth at Farmer’s Market in Summer 2009



- Stroke knowledge and awareness surveys have been completed in both communities and 10% of the adult population have been surveyed. When asked about risk factors for stroke that adults can do something about, 90% or higher identified smoking, lack of exercise, an unhealthy diet and being overweight. Only 81% identified high blood pressure as being a risk factor that one can do something about.



The graph shows the variation in barriers to staying healthy identified by the two communities. Motivation and lack of time were the two most common reasons selected.



Population Health Promotion Model Adapted from Hamilton, N. and Bhatti, T. (1996). Population Health Promotion Model. Health Promotion Development Division, Health Canada

Impact of project:

- Coalitions have developed a stronger focus on creating supportive physical and social environments that promote healthier lifestyle choices and enhancing community capacity.
- Support and funding has allowed the coalitions to work towards the goals of the project quicker. It has encouraged the communities to take ownership of the planning and implementation of strategies that promote heart health.
- Created an evaluation framework for the community-building work of the coalitions.
- Encouraged new partnerships and networks.
- Raised the awareness of local municipal governments to the importance of healthy communities and healthy public policy.
- Increased participation in community activities when the barrier of cost was removed.



Know your family history: clear tie between parent's stroke risk and that of their children

Researchers continue to study the data from the Framingham Heart Study, which began in 1948 with the recruitment of over 5000 men and women, age 30-62, in Framingham, Mass. These subjects had not yet developed overt symptoms of cardiovascular disease or had a stroke or heart attack. Since 1948, 5 new cohorts have been added, and the data has been studied on a variety of ways. The most recently-published study appeared in the March 2010 edition of Circulation magazine, and shows a clear link between the occurrence of stroke by age 65 in parents, and subsequent stroke in their offspring.

Research was focused on over 3400 second-generation Framingham Heart Study participants, and identified a 3-fold risk of stroke in offspring of parents who have had a stroke, with this stroke risk persisting after adjustment for conventional stroke markers like age, gender, high blood pressure, diabetes, smoking status and non-stroke cardiovascular problems.

The parents of the study cohort reported 106 strokes by age 65, with the subjects themselves reporting 128 strokes over the 40-year study. The strongest link was found with ischemic stroke occurrence, with 74 parent strokes and 106 offspring strokes diagnosed as ischemic. Parent stroke history was found to be comparable in importance to a history of risk factors such as high blood pressure when predicting stroke risk.

The impact varied somewhat with parental gender. A father's stroke impact on offspring was weaker but equally affected both male and female offspring, while stroke in a mother predicted a stronger risk in female offspring. An increased awareness of family history and attention of other modifiable risk factors can assist in reducing our risk of cardiovascular disease.

E-Learning now available: The Certificate of Stroke Rehabilitation, profiled in Spring 2010, will be available to all

interested stroke practitioners, through the U of A Department of Rehabilitation Medicine, in Spring 2011

There are many on-line sites providing stroke education for healthcare professionals. Here are just a few. Some are free, and other sites required you to pay a fee to access the materials.

Heart and Stroke for Healthcare Professionals, in collaboration with the Ontario Stroke Strategy, provides a number of educational resources at <http://www.heartandstroke.on.ca/site/c.pvI3leNWJwE/b.5384179/k.B2B/B/HCP.htm> or on the Champlain Regional Stroke Program website: http://www.champlainstrokecentre.org/index.php?option=com_content&task=view&id=24&Itemid=27

The Alberta Provincial Stroke Strategy has posted stroke learning modules both on the APSS website and the Blackboard Learning System, Red Deer College. Follow this link to access: http://www.strokestrategy.ab.ca/education_modules.html.

Linda Kelloway, Best Practice Leader, Ontario Stroke Network and NSNC member, worked with the Ontario Stroke System Regional Educators and Apex Innovations to revise Hemispheres™ - The Stroke Competency Series! to reflect Canadian Best Practice Recommendations and environment. The program will be available in the fall of 2010 at <http://www.apexinnovations.com/>.

The National Stroke Association (USA) provides on-line learning opportunities for healthcare professionals in the form of modules, webcasts/webinars and downloadable resources: <http://www.stroke.org/site/PageServer?pagename=meded>.

Follow this link: <http://www.strokecenter.org/prof/index.html> to access resources on the Internet Stroke Center's website.

This link: <http://www.strokeassociation.org/pr/esenter.jhtml?identifier=3030388> takes you to professional resources posted by the American Stroke Association. On this website, and also the NSA website, you can work through your NIHSS certification on-line.

StrokEngine, a site about stroke rehabilitation, provides a number of resources at <http://www.strokengine.ca/>

Stroke Education

Education on best-practices and evidence-based guidelines in stroke rehabilitation helps to increase effectiveness and efficiency in helping stroke survivors to regain function and re-integrate into their home and community lives.

Program Requirements

The program requires completion of three graduate level courses, totaling 9 credits. The courses must be taken in order, with the earlier courses being a pre-requisite of enrollment in subsequent courses. Successful completion of the courses will be noted on a University of Alberta transcript. A Certificate will be granted by the University of Alberta's Faculty of Graduate Studies & Research (FGSR).

Program Eligibility

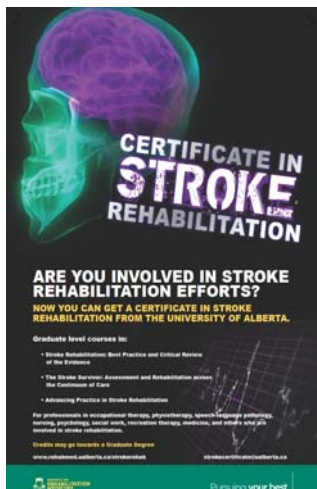
Students will be enrolled as graduate students through the Faculty of Graduate Studies & Research (FGSR). Eligible students include health care professionals who have met FGSR requirements for entrance into Certificate Programs. The program is expected to attract occupational therapists, physiotherapists, speech-language pathologists, nurses, psychologists, social workers, recreation therapists, physicians, and others who are involved in stroke rehabilitation efforts.

Program Overview

Students completing the Certificate in Stroke Rehabilitation will:

- Identify and select strategies to access new and emerging evidence in stroke rehabilitation.
- Identify and apply best practices approaches to interdisciplinary assessment rationale, strategy and outcomes.
- Establish client-centered goals and a team-based plan to meet those goals.
- Identify evidence-based intervention strategies related to their discipline and/or interest and apply this information in a team approach within a context of the workplace.
- Describe the range of outcome measurement frameworks and tools.
- Develop an in-depth knowledge of an evidence-based topic in stroke rehabilitation through literature review, tailored mentoring, and/or networking.
- Demonstrate the skills required to work collaboratively with a practice setting to implement evidence based practice in stroke rehabilitation.
- Develop competence in proposal writing and evaluation.
- Describe factors that may influence the implementation of evidence into practice (evidence, context, facilitation).

For further information about courses and course registration, please contact Shaun Drefs, Certificate Program Coordinator, at 780-492-1587 or strokecertificate@ualberta.ca or see University of Alberta Faculty of Rehabilitation Medicine www.rehabmed.ualberta.ca/stroke rehab.



*"Stroke patients will benefit from rehabilitation programs that will result in improved integration to normal living after stroke. The end result is a better quality of life." Dr. Andrew Demchuk
Director, Calgary Stroke Program*

*"Offering an education program in stroke rehabilitation is a significant way of supporting health professionals in providing optimal care to stroke survivors." Gayle Thompson
Alberta Provincial Stroke Strategy*

Wii games help stroke patients regain lost mobility



Peeling onions and playing tennis on Wii virtual reality videogames may help stroke patients with mild to moderate impairment regain their ability to use their arms and hands, according to a study by Heart and Stroke Foundation funded researcher Dr. Gustavo Saposnik, a neurologist at St. Michael's Hospital in Toronto. The study is the first randomized clinical trial to show that virtual reality is a feasible, safe and potentially effective treatment of stroke. "This study takes us one step closer in understanding the potential benefits of using technology like the Wii in neurorehabilitation," says Dr. Saposnik. His team used Wii Sports (tennis) and Cooking Mama to see if these games could help stroke patients improve their fine motor skills. The idea came to Dr. Saposnik while playing a friendly game of Wii tennis with his five-year-old daughter. At one point, she said, "This is unfair – you have more skills than me!" Being a left-handed player, Dr. Saposnik switched his virtual tennis racket to his right hand. "It was more challenging and I didn't win, but after a few games, I was improving. I realized that this could be something interesting in stroke rehab where people have lost those fine motor skills." Researchers recruited 22 patients within two months of having a stroke and randomized them to either use the Wii or to do recreational therapy, which involves playing cards, bingo or Jenga. Half the group received eight, 60-minute Wii sessions over two weeks. Both groups also received the same amount of therapy – both occupational and physical. The basic principles of rehabilitation involve repetition. Virtual reality games provide repetitive, high-intensity tasks that work to re-activate neurons involved in the brain. "By allowing the users to interact with a simulated environment, they receive instant feedback on their performance while making practice more interesting in a safe environment." At the end of the trial, participants were asked to complete tasks to measure their abilities. The Wii group performed tasks faster, showing more improvement in their fine motor skills. They also had better grip strength. With these promising pilot results, Dr. Saposnik and his team already are working on a larger, randomized study hoping to make recommendations about how stroke patients can speed their

recovery. Disclaimer: Nintendo Co., Ltd., had no involvement in this study. Neither the Heart and Stroke Foundation nor the authors endorse the use of Nintendo products in the treatment of stroke. The information contained in this article is provided for reference and education only and is not intended to be a substitute for a physician's advice, diagnosis or treatment.

Advances in Stroke Treatment: The Wingspan Stent helps restore bloodflow for patients with intracranial atherosclerotic disease

http://www.sciencedaily.com/news/mind_brain/stroke/

More Late-Breaking Research

http://www.sciencedaily.com/news/mind_brain/stroke/

How Dark Chocolate May Guard Against Brain Injury from Stroke



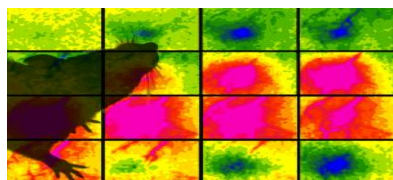
ScienceDaily (May 5, 2010) — Researchers at Johns Hopkins have discovered that a compound in dark chocolate may protect the brain after a stroke by increasing cellular signals already known to shield nerve cells from damage.

Children Can Have Recurrent Strokes

ScienceDaily (Feb. 25, 2010) — Children can have strokes, and the strokes can recur, usually within a month, according to pediatric researchers. Unfortunately, the strokes often go unrecognized the first time, and the child does not receive treatment before the recurrence.

Whisker Stimulation Prevents Strokes in Rats; Stimulating Fingers, Lips and Face May Also Work in Humans

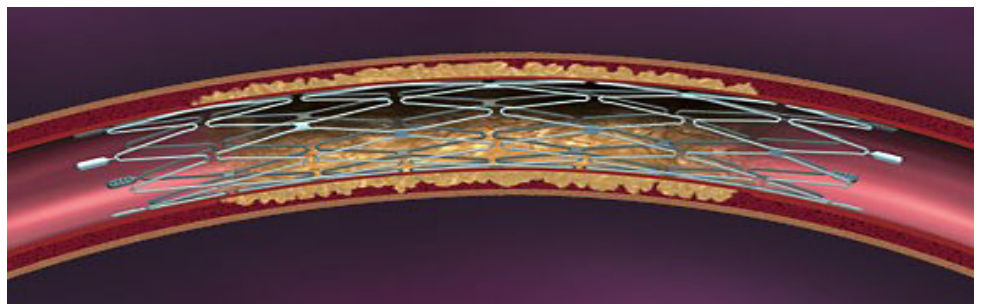
ScienceDaily (July 13, 2010) — Talk about surviving by a whisker. The most common type of stroke can be completely prevented in rats by stimulating a single whisker, according to a new study by UC Irvine researchers.



UCI researchers found that mechanically stroking a single whisker activated a rat's cerebral cortex – seen lighting up in magenta and blue – and prompted obstructed blood to take other routes to the brain. (Credit: Photo illustration by Christopher Lay and Cynthia Chen-Bee)

When a stroke hits, it hits the brain hard -- many times causing paralysis, speech problems, or even death. Now, doctors have a new weapon against this deadly brain attacker. John Dietz is happy to be back on his feet after a surprise stroke left him almost speechless. "I have trouble getting the words out. I know the words in my brain, but I can't get them out. "The artery in John's brain that caused the stroke was almost completely blocked. Now, to save his life a new tiny, flexible stent to open clogged arteries and prevent another stroke from happening is in his brain. Traditional stiff stents are used to treat blockages in the heart and neck. The new wingspan stent, however, is designed for the fragile, curvy arteries in the brain.

Abraham Obuchowski, an interventional neuroradiologist at the University of Maryland Medical Center in Baltimore, says, "The stent is more flexible so it can make the turns to get up into the brain." Neuroradiologists guide the wire-mesh stent with a catheter up the artery in the leg leading to the brain. Then a protective covering is removed and the self-expanding stent props open the clogged artery. "You can actually take it and squeeze it and crush it, and it will pop back into position. So that's what's unique about this stent," Dr. Obuchowski says. The new wingspan stent system is designed for patients with intracranial atherosclerotic disease, or ICAD. Until now, the only treatment option for these patients was medication therapy like aspirin or using a heart stent in the brain. But arteries in the brain are fragile, with many more curves, so it is much harder to get the stent to the blockage site. Steel stents can injure those vessels. The Wingspan stent is made of an alloy of nickel and titanium, which puts less pressure on the blood vessel when it expands.



Wingspan stent placed in brain blood vessel (Image courtesy of Boston Scientific)

Brain Stent for Older Stroke Patients

At one time or another we've all experienced the frustration of lacking the right tool for doing an intricate repair job or trying to make do with "the next best thing." So it's easy to relate to the enthusiasm in Dr. David Fiorella's voice and his animated description of how the new Wingspan Stent System can improve the prognosis and quality of life for stroke patients whose brain arteries have become clogged. Studies have shown that without this intervention, more than 20 percent of a certain population of patients - typically elderly patients who have not responded to conventional treatment such as aspirin or blood thinners - will have another stroke within a year. "It's evident these patients need to have better options for treatment," explains David Fiorella, M.D., Ph.D., a Cleveland Clinic interventional neuroradiologist. Cleveland Clinic is among a select few hospitals around the nation to begin using the Wingspan Stent System to open up clogged brain arteries in adults.

The United States Food and Drug Administration granted expedited approval to the manufacturer to launch use of the Wingspan stent, under what is termed a "humanitarian-device exemption." This exception is granted when there are no other devices for treating a specific condition and the patient population numbers less than 4,000 per year. The stent has only been used on stroke patients who have symptoms such as body weakness, double vision and speech difficulty. Thus far, all eight patients who have received the Wingspan stent at Cleveland Clinic have recovered without complication.

<http://www.clevelandclinic.org/clevelandclinicmagazine/articles/brain.htm>

How can access to acute stroke treatment be a problem in Orlando?



Implementation of Neuroscience Nurse-Led Stroke Team Can Improve Patient Access to Acute Stroke Treatment

Susan Tocco, Mark Sapienza; Orlando Regional Med. Cntr, Orlando, FL

Key Points:

- ▶ Not enough neurologists to provide the expertise in diagnosing stroke
- ▶ Neurosciences nurse with strong assessment skills and support from Neuroscience CNS
- ▶ Neuroscience RN or CNS would be the 1st responder to all (ED and in-patient) stroke alerts
- ▶ Standardized neurologist/nurse communication



[Zoom in to see the tool](#)

Results:

- Implemented from 06/01/ 2005-12/31/2008
- Responded to 1,506 stroke alerts (1,175 ED (78%) & 331 In-patient (22%))
- 73 patients received tPA (sICH rate <3%)
- ~ 30% of stroke alerts had a discharge diagnosis of ischemic stroke
- All eligible ED ischemic stroke patients were recognized and received treatment

Discussion:

- ▶ Stroke alert calls were highly sensitive but not specific
- ▶ Neuro expertise in assessing patients was welcomed
- ▶ Resulted in strong relationships and collaboration with other HC professionals (e.g. ED staff)

Conclusion:

- The high percentage of stroke alert calls unrelated to stroke underscores the importance of having providers with neurological expertise evaluate patients with suspected stroke.
- Implementation of a neuroscience nurse-led stroke team can safely and effectively improve patient access to acute stroke evaluation and treatment

Epilogue: The program five years later:

- ▶ 40% increase in the number of neurologists willing to take stroke call
- ▶ Provided stroke call via telemedicine to a sister community hospital
- ▶ 80% increase in the number of Certified Registered Neuroscience Nurses (CRNNs)
- ▶ Improved recruitment of neuroscience nurses
- ▶ Pursuing Comprehensive Stroke Center status

For more information you are welcome to contact: susan.tocco@orlandohealth.com or mark.sapienza@orlandohealth.com

Editor's comment: I first saw the abstract for this project on the website of the International Stroke Conference, February 2010, San Antonio, but was unable to obtain permission to reprint it. Susan, when contacted, graciously sent me her powerpoint to summarize. I wanted to highlight this project because I think it is an innovative and wonderful use of neuroscience nursing expertise to service an important patient population. For the full abstract, go to <http://strokeconference.americanheart.org/portal/strokeconference/sc/>.

Orlando Regional Medical Center



ORMC is a home to Central Florida's only Level One Trauma Center. Leading edge technology and expertise in oncology, surgery, heart, vascular, stroke, neuro-sciences and orthopedics allow ORMC to provide comprehensive care to the most critically-injured patients throughout the community. Orlando Health Stroke Center, located at ORMC is equipped to deliver care to stroke patients to the level required by the Florida Stroke Act. The Orlando Health Stroke Center is available 24 hours a day, 365 days a year. Beyond the Florida Stroke Act requirements, ORMC provides additional services including: Acute stroke and rapid response teams; specially trained medical teams providing critical care management to patients in the Emergency Department as well as inpatient areas; Inpatient stroke unit staffed with skilled and caring RN's many who have achieved their specialty certification in Neuroscience nursing; Resources from Orlando Health Medical Center's Level One Trauma Center; Neurology coverage 24/7; 24-hour diagnostic imaging; 64-slice Sensation CT Scanner ; 1.5 Tesla MRI; Cerebral angiography coverage 24/7

(information taken from ORMC website: orlandohealth.com/orlandoregionalmedicalcenter)



Save the Dates

7th Annual Krembil Neuroscience Symposium

Toronto

November 25-26, 2010

The Keynote Speaker will be Vicki Evans, Vice-President of the [World Federation of Neuroscience Nurses](http://www.wfnurses.org/).

Go to:

http://www.uhn.ca/about_uhn/nursing/site/conferences/krembil_neuro_symposium.html for more information.

National Stroke Course/CSC Annual Meeting

October 22-24, 2010

Marriott Chateau Champlain Hotel
Montreal, Quebec

Go to

<http://www.strokeconsortium.ca/> for more information.



Cross-Country Updates

(submitted by NSNC provincial representatives)



British Columbia:

The Ministry of Health Services approved \$3million for the 2010/2011 fiscal year, to assist with sustainability and system wide integration of the BC Stroke Strategy. Funding will be primarily used to support new and existing TIA Rapid Access Clinics in the province, continued planning and development of the two telestroke prototypes that currently exist in the province, development of a province-wide Telestroke network, the development and support of a Rehabilitation and Reintegration demonstration project and, lastly, towards the support and development of a third BC Stroke Summit which is tentatively planned for late 2010 or early 2011. A second Current Practice Indicator Project (CPIP) audit is being conducted to evaluate the implementation of Best Practices in Emergency Care for stroke patients. An Acute Cerebrovascular Syndrome (ACVS) Implementation Plan is being developed for the province and a new provincial stroke registry has been signed off by Ministry of Health Services.



Alberta:

Alberta Health Services is currently working to integrate Stroke into the Cardiac and Neurosciences Clinical Network. Funding for the Alberta Provincial Stroke Strategy will end in January 2011, but the stroke systems established by APSS will continue under the new Clinical Network.



Saskatchewan:

The first annual Canadian Stroke Congress was a tremendous success. Presentations were directly focused on the treatment and care of stroke patients with a multi-disciplinary approach. The sessions provided cutting edge new information as well as aspects of the proven Best Practice Guidelines. The beautiful City of Quebec provided a multitude of things to do and places to see. Next time, I'll bring a bigger memory card for my camera!

A poster presentation was made by Shannon Sigfusson (Acting Director of Rehabilitation, Neuroscience and Geriatric Services for Saskatoon Health Region) on the cost savings attributed to the Stroke Prevention Clinic (SPC) located in the Royal University Hospital, Saskatoon. The SPC at RUH uses the ABCD2 Score to triage patients at high risk for stroke. Prior to the availability of the SPC, patients who scored ≥ 4 on the ABCD2 score would have required hospital admission for urgent evaluation. The SPC data base was used to identify the number patients assessed and treated in the SPC who have scored ≥ 4 on the ABCD2 score and did not require hospital admission. Based on the data collected, from July 1, 2009 to March 31, 2010, 147 hospital admissions have been prevented as a direct result of the SPC. With a 4.5 day average length of stay for a patient with a diagnosis of TIA on the RUH Neurosciences Unit, at a cost of \$627.00 per patient day, the total cost of hospital stay prevented due to the work of the SPC was \$412,776.00. The cost of operating the SPC for this time was \$131,516.76, for an overall monetary savings over nine months of \$281,259.24.

The new Stroke Prevention Clinic in Prince Albert continues to grow and develop their clinic to fit their specific needs and resources. Rural centres face many challenges in developing specialized programs such as Stroke Prevention Clinics which require time and the dedication of hard working physicians and staff to succeed. The clinic in Prince Albert is well on its way to achieving its goals. The next newsletter's update will highlight the southern part of the province and the advances being achieved there.



Manitoba:

Linda Kelloway will present an all-day Stroke Workshop in Selkirk, Manitoba, September 23, with nurses from the surrounding hospitals and ERs also attending. The same workshop will be presented in Brandon on September 24 and 25 with staff RNs, ER nurses, and physicians from the surrounding hospitals attending. Dr. Tamayo, a Stroke Neurologist in Brandon and Sherri Loewen, Nurse Manager in the Brandon Stroke Prevention Clinic will be facilitating this workshop. Don Krack, Stroke Strategy Manager for Manitoba (Heart and Stroke Foundation of Manitoba) will help coordinate.



Ontario:

The Ontario Stroke System/Ontario Stroke Network (OSS/OSN) has been busy with activities to address its five strategic directions: Credible Advisor to Improve Stroke Prevention and Care Delivery; Leadership and Coordination; Evaluation to Support Continuous Improvement; Knowledge and Innovation; Best Practices Across the Continuum of Stroke Care. Key initiatives include: The following 3 stroke indicators were included in the Hospital Service Accountability Agreement process as monitoring metrics: readmission rates, stroke unit care and discharge to rehabilitation; Working with representatives from EMS, Regional and District Stroke Centres, Ministry of Health to revise the Paramedic Acute Stroke Prompt Card Protocol to reflect the Canadian Best Practice Recommendations: 2008. Recommendations include: expansion of the thrombolytic window and reduction of the blood glucose from 4.0mmol/L to 3.0mmol/L as part of the exclusion criteria. Provincial implementation is planned for the fall 2010. In addition, a research initiative is underway to evaluate the implementation of the changes to the paramedic acute stroke protocol; Over 11 abstracts submitted by members of the OSS/OSN were accepted for oral or poster presentation at the 2010 Canadian Stroke Congress; The 2008/2009 Ontario Stroke Audit chart abstraction is completed and analysis is underway. The 2010 OSS Technical Report has been released; the development and adoption of a new branding framework, including logo is well underway. The logo has been adopted and we are now nearing completion of the development of our website. Stay tuned for more information in the next edition of the Stroke Nursing News; A Tripartite Workgroup between Heart and Stroke Foundation of Ontario, the Cardiac Care Network and the Ontario Stroke Network has been established to explore opportunities and priorities for the development of a provincial Integrated Vascular Health Strategy; Establishment of a Best Practice Subcommittee on Secondary Prevention and Acute Care to be launched in the fall



Quebec: At the first Canadian stroke congress, the Minister of Health in Quebec, Mr. Yves Bolduc, stated at the opening of this conference that Quebec stroke strategy will be rolled out. Stroke centers will be created as outlined by the Canadian Stroke Network. (A brochure of the Quebec Strategy is pictured left).



New Brunswick: The past year has been very exciting in NB and many events and key strategies came forward. First, in September 2009, the Saint John Regional Hospital of the Horizon Health Network participated in the pilot





Cross-Country Updates, continued from page 11

for the Accreditation Canada Stroke Distinction Survey for acute services. The activity was a positive experience. But we did not stop there. We immediately moved along with a strategic directions meeting which included senior level executives from both regional health authorities, Heart and Stroke Foundation NB, Ambulance NB, representatives from the provincial department of Health, and Elizabeth Woodbury and Bob Smith from the Canadian Stroke Strategy. The two health authorities in the province agreed to support a stroke network within their authority with collaboration between both networks for a provincial initiative. Since then, both networks have been established and a joint meeting has been held with senior executives from both authorities leading the charge. Progress on implementation is reported at this level and strategic directions are determined.

In May, key medical, administrative and clinical representatives as well as the Heart and Stroke foundation executive director attended an information and discussion session on Telectroke. Roche and Sanofi were instrumental in providing the venue for discussion and Dr Mike Sharma was the keynote speaker and contributed to the discussion on developing a telestroke program. We are in the process of developing a proposal for consideration for telestroke for the province. Horizon Health, most particularly Fredericton zone, hosted the second annual stroke education day for the province. Campbellton zone from Health Authority A also hosted a stroke education day in April. Both conferences were successful and well attended. They had registrants from all Atlantic provinces. Both health authorities developed a display for the stroke congress in partnership with Heart and Stroke foundation of New Brunswick. The order sets developed in Health Region A were on display and their French translation copies were a hot commodity. Horizon Health showcased their stroke portal which has been adopted for use in NB by the Dept of Health and is available free of charge to all health facilities in the province. In short, NB is very active and committed to implementing a coordinated integrated stroke strategy. They have had a plan since 2007 and in the past year are aggressively working towards implementation.



Nova Scotia:

Several new stroke positions have been implemented in the 9 District Health Regions: Stroke Coordinators are either in place, or are being hired for each district, a Stroke Navigator and a Stroke Project Manager were hired for the Capital District Health Authority, and many districts have Nurse Practitioners and Physician champions identified. Cardiovascular Health Nova Scotia (CVHNS) has hired a stroke consultant to work with the DHAs. Stroke Programs have been implemented in many health districts, and planning is underway for other districts, with the introduction of best practice guidelines, enhanced staffing and re-organization of services as the cornerstones. Continuing Education activities have been offered. CVNHS and the College of Registered Nurses of Nova Scotia jointly established a stroke telehealth series, televising stroke topics throughout the province.



Prince Edward Island:

In PEI we continue to be very busy rolling out the government approved Organized Stroke Care Model. The current main focus is planning the provincial Secondary Stroke Prevention Clinic Pilot, targeted to open in October, 2010. This final project for phase one is being led by the Prince County Hospital in Summerside. Although the provincial Acute Stroke Unit and the Stroke Rehabilitation Unit officially opened April 28, 2010, work continues in refining processes to ensure Canadian best practice recommendations are realized. Planning for phase two of the Organized Stroke Care Model will begin this fall. It will provide improved out-patient rehabilitation with specialized stroke care at the Queen Elizabeth Hospital in Charlottetown and at the Prince County Hospital in Summerside, targeted for 2011-2012. Phase three is focused on improving community support, with roll-out targeted for 2012-2013. We are very excited in PEI to see the Organized Stroke Care Model take shape. To celebrate, a bus trip was organized to allow staff the opportunity to attend the 1st Canadian Stroke Congress held in Quebec City in June. This was well received and helped to foster continued enthusiasm and momentum for ongoing work.



Newfoundland and Labrador:

This past May, 2010, a post stroke driving session hosted by Eastern Health entertained many Health Professionals within the province, with planning for additional sessions on different topics to follow. As well, the Eastern Health Nursing Stroke Education program is ongoing with Western Newfoundland hoping to deliver a similar program in the near future. Thus far, this program has had great benefits with hopes to continue. At present time, funding is available from the Department of Health to allow salary for a part-time stroke coordinator for Eastern Health. No details yet on who has been awarded this position. Also, chart auditing from all over the province regarding stroke clients has been approved with funding made possible from the Canadian Stroke Network, with help from a variety of persons across NL. The Eastern Health major rehab facility, the Leonard A. Miller Centre, has been successful in continuing with their unit designated for stroke clients only, with great results for both patients and staff. In addition, the stroke congress held in Quebec City was attended by a variety of health professionals throughout the province, with success in returning home to share the outstanding new knowledge with our colleagues and clients.

New Member Profiles:

In May, we welcomed Elaine Edwards, from Thunder Bay, to the council. Jaymi Chernoff, from Kamloops, joined in June. (See sidebar for Jaymi.)

Elaine has practiced in various clinical settings during her 32 year career in nursing. Some of the areas include: medicine, emergency, oncology, cardiac rehabilitation and currently stroke. She has held positions as a staff nurse, clinical instructor, cardiac educator, and currently as the Clinical Stroke Nurse. She has been the Clinical Stroke Nurse with the Northwestern Ontario Regional Stroke Network since the position was established approximately 7 years ago. She currently works at the Thunder Bay Regional Health Sciences Centre, which is the regional, tertiary hospital for Northwestern Ontario. Responsibilities of the Clinical Stroke Nurse include: assessment and participating in the development and monitoring the plan of care for stroke patients; support and mentoring the stroke unit/ED/ICU staff with providing care to the acute stroke patient; program development, monitoring and evaluating evidence based/best practices for stroke patients. Elaine has championed the uptake for the acute stroke-tpa protocol at the Northwestern Ontario Stroke Center and the 3 Telectroke sites in the Region.

Elaine has participated as a panel member for the development of the RAO Best Practice Guideline: Nursing Management of Hypertension and will be participating in the review of the RAO Best Practice Guideline: Stroke Assessment. She is also a member of TBRHSC's Nursing Practice Team.

Elaine's vision is that there will be access to equitable stroke care based on best practices guidelines for all patients throughout Canada. She is familiar with geographical and human resource challenges that many Canadians encounter, as Northwestern Ontario is the size of France and has a smaller population than other regions in Ontario.

Elaine became involved with the Canadian Nursing Council through her commitment to promoting best practices in stroke care. She wanted the opportunity to be involved in stroke care on a broader level, and looks forward to participating on the Council.

Improving Stroke Care Across Interior Health @IH April 2009



L to R: Jaymi Chernoff, TIA Rapid Access Project Lead, and Lori Seeley, Clinical Lead for Stroke & ABI are excited to be part of the new Stroke Management initiative at IH

Jaymi Chernoff has been hired as the TIA Rapid Access Project Lead and is meeting with stakeholders throughout the region to get a clear picture of the right time to move this initiative forward. "It's an exciting project that will benefit a lot of people, and it's going to be interesting to watch it play out," says Jaymi. "We are trying to come up with something new that's going to make access easier, and the process easier for everyone involved." Interior Health recently celebrated the inaugural meeting of the IH Stroke Leadership Committee, with representation from urban and rural settings. This committee will be instrumental in ensuring IH's stroke management strategies are comprehensive and can be effectively managed with the available resources. Members of the Steering Committee and other regional stakeholders recently convened for a two-day strategic planning forum, unabashedly titled Yes We Can! The meeting aimed to identify priorities for changes in practice as the move to improve stroke care within Interior Health continues. "It was a good opportunity to examine our commonalities across the region, in terms of where stroke care is at," says Lori. "It was also a good starting point for this because it's a completely new initiative. Not that stroke care is new, but having it standardized across the region is."

The above article was taken from the Interior Health (BC) #87 April 2009 newsletter (article by Lori Seeley), edited for this edition and reprinted with permission.

Jaymi graduated from Thompson Rivers University, Kamloops, in 2001, after which she moved to Alberta to work for a year as a Burn Unit nurse. She then took a full-time position in ICU at Foothills Medical Centre, Calgary, where she worked for 7 years. It was there that her interest in Neuroscience nursing and Stroke began to develop, staying with her after a move back to BC in 2008. She was successful in applying for a new stroke position in December 2008, that of the first TIA Rapid Access Coordinator in the Interior Health Region. Since being in the role, Jaymi has successfully created 2 new outpatient TIA Rapid Assessment Clinics, and has completed her Masters of Nursing, focusing on nurse-led initiatives and the positive impact they can have on the delivery of healthcare. She currently holds 2 roles within Interior Health – the TIA Coordinator role and Trauma Nurse Coordinator, Royal Inland Hospital, Kamloops. Jaymi says, "In my role as a representative for the National Stroke Nursing Council, it is my goal to continue to build upon the passion and dedication that I have for standardizing and improving stroke care for residents of BC. It is my belief that nurses play an integral role in the care that can be delivered to this population of patients. I am excited to be in a position to become even more involved in the advocacy, delivery and education around the Best Practice Standards for stroke care in order to provide optimal care for all levels of stroke patients."

Contact Information:

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About the National Stroke Nursing Council

The National Stroke Nursing Council was established in late 2005 with the support of the Canadian Stroke Network to promote leadership, communication, advocacy, education and nursing research in the field of stroke.

The Council works to build understanding of the critical role of Canadian stroke nurses, to give a voice to experiences on the frontline and to support the vision of the Canadian Stroke Strategy.

National Stroke Nursing Council

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We want your Stroke Nursing News!

Send stories, photos and ideas for content to Colleen Taralson, Editor at

Colleen.taralson@albertahealthservices.ca

The NSNC is on the Web!

See us at:

www.canadianstrokestrategy.ca
and

www.canadianstrokenetwork.ca

Teri Green, co-chair of the NSNC and Alberta Representative, is also the new editor of the Canadian Journal of Neuroscience Nursing. Send your research articles for publication to

greenit@ucalgary.ca

Where has Penny been?



Penny joined Council member Maridee Garnhum for the opening of PEI's Acute and Rehab Stroke Units in April of this year



Penny and Maridee with Kim Wood, Nurse Manager of the Acute Stroke Unit

Statement of Purpose

To promote leadership, communication, advocacy, education and nursing research in the field of stroke.

Goals

1. To build an understanding of the critical role of stroke nurses in Canada.
2. To give voice to experiences of stroke nurses on the front line.
3. To support the vision of the Canadian Stroke Strategy.

Objectives

- o Build a nationally recognized accessible stroke nursing network
- o Disseminate information and best practice standards to stroke nurses
- o Facilitate implementation of stroke best practices across the continuum of care
- o Promote the value and understanding of the various nursing roles in stroke care

National Stroke Nursing Council Reps from Coast to Coast

British Columbia

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