

For Immediate release: Tuesday, Oct. 4, 2011 12:01 ET

Telestroke the next best thing to being there, study finds

Innovative technology improves care and reduces costs

OTTAWA, Oct. 4, 2011 – The use of long-distance video and data hookups to link remote community hospitals with stroke neurologists in large centres provides the same level of care as having everyone in the same room, according to a new study presented today at the Canadian Stroke Congress.

The study found that rural patients examined with the aid of a technology called Telestroke received an important stroke drug, tPA, at the same rate as patients treated in specialized urban centres, says Dr. Thomas Jeerakathil, a neurologist at the University of Alberta Hospital. The drug tPA (tissue plasminogen activator) is used to break up blood clots. It can help reverse stroke damage if administered within 4.5 hours of the onset of symptoms.

Besides providing better care to remote communities, early projections show that Telestroke resulted in more than \$1 million in health-care savings over four years, Dr. Jeerakathil says.

“Telestroke is a way to bring the expert out to the rural centre to provide treatment that wouldn’t otherwise be available,” Dr. Jeerakathil says. “And there is no delay in treatment despite the time required to set up video conferencing equipment and examine CT scans and blood work.”

In the study, an initiative of the Alberta Provincial Stroke Strategy, University of Alberta Hospital neurologists observed the use of Telestroke in 10 primary stroke centres throughout remote parts of Northern Alberta over a four-year period.

During this time, tPA was administered to more than 500 people and, of those, 119 patients were treated with the help of Telestroke. Without access to the technology, these patients would have gone without treatment or been transferred to a bigger hospital and faced delays, says Dr. Jeerakathil.

Effective Telestroke treatment in remote areas contributed to a 50-per-cent decrease in emergency room transfers from rural areas to the University Hospital in Edmonton, says Dr. Jeerakathil. Some remote hospitals reported a decrease in transfers as high as 92 per cent.

“Cost savings are occurring while outcomes are improving and stroke mortality is decreasing in the province,” says Dr. Jeerakathil.

Telestroke allows small hospitals to be designated as primary stroke centres with many of the services of a major stroke unit. These primary stroke centres have a small sectioned off area with staff specially trained in stroke care, 24-hour access to a CT scan and the ability to give tPA.

“Telestroke is severely under-utilized in Canada,” says Dr. Antoine Hakim, CEO and Scientific Director of the Canadian Stroke Network. “An audit of stroke care in Canada showed that fewer than 1 per cent of stroke patients received a Telestroke consultation. This study undeniably proves that Telestroke saves both lives and money.”

“Providing stroke patients fast and seamless access to stroke services regardless of where one lives in Canada will save lives and reduce disability,” says Heart and Stroke Foundation spokesperson Dr. Michael Hill. “Telestroke is another way that technology allows for an easy, cost-effective way to bridge geographic barriers to smoothly link stroke specialists with communities where on-site stroke care does not exist.”

There are about 50,000 new strokes in Canada each year and 315,000 Canadians living with the after-effects of a stroke.

-30-

The **Canadian Stroke Network** (canadianstrokenetwork.ca) is a national research network headquartered at the University of Ottawa. It includes scientists, clinicians and health-policy experts committed to reducing the impact of stroke.

The **Heart and Stroke Foundation** (heartandstroke.ca), a volunteer-based health charity, leads in eliminating heart disease and stroke and reducing their impact through the advancement of research and its application, the promotion of healthy living, and advocacy.

For more information and/or interviews, contact

The CSC 2011 MEDIA OFFICE (OCTOBER 3 and 4) at 613-288-9555

Cathy Campbell, Director of Communications, Canadian Stroke Network
613-562-5696 (office); 613-852-2303 (cell)

Congress information and media registration is at www.strokecongress.ca