

Abstract

Through the use of an appreciative inquiry, approximately 11 health care professionals from each of the 7 health regions with access to CT Imaging in Saskatchewan were interviewed regarding the current implementation of the *Canadian Best Practice Recommendations for Stroke Care, 2010*. It was found that 3 of the 7 health regions are currently implementing a significant number of these recommendations. However, it is recommended that all health regions of interest improve in areas of stroke prevention and care.

Background

- Stroke is the third leading cause of death in Saskatchewan (1).
- In Saskatchewan, approximately 2000 people suffer acute stroke each year; roughly 300 of these individuals die (2).
- A cerebrovascular event commonly occurs in two ways, an interruption in blood flow to the brain (ischemic stroke) or the rupture of blood vessels causing neuronal death (hemorrhagic stroke). Approximately 80% of all strokes are ischemic strokes (5). These strokes are characterized by a blood clot forming in arteries leading to or within the brain.
- In 2000, stroke cost the Canadian government approximately 665 million dollars in direct costs and 2.1 billion dollars in indirect costs (4,5).

Objective

- To investigate the current implementation of the *Canadian Best Practice Recommendations for Stroke Care, 2010* within Health Regions across Saskatchewan with access to Computer Tomography (CT) Services.

References

1. Public Health Agency of Canada. www.phac-aspc.gc.ca Retrieved August 21, 2011.
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4. Public Health Agency of Canada. *Tracking Heart Disease and Stroke in Canada, 2009*. www.phac-aspc.gc.ca Retrieved September 8, 2011.
5. The Heart and Stroke Foundation of Saskatchewan. *Saskatchewan Integrated Stroke Strategy: Health System Transformation and Stroke Prevention and Care in Saskatchewan*. February 2008.

Implementation of the *Canadian Best Practice Recommendations for Stroke Care, 2010* within Health Regions Across Saskatchewan with Access to Computer Tomography (CT) Services.

(Practicum Placement Through the Saskatchewan Health Quality Council)

Methods

- Initial visits with senior management were made to four of the seven health regions of interest.
- Through the use of an Appreciative Inquiry, connections (face to face, phone interview or teleconference) were made with key health care professionals within these regions.
- An Appreciative Inquiry (AI) is a communication approach that focuses on the successes, strengths and visions within each health region allowing various members to relay information regarding a specific topic or issue (i.e. Stroke) in a comfortable environment free of judgment (3).
- An AI conversation outline, including a stroke best practice checklist, were used to guide each conversation and collect relevant information.

Results

Canadian Best Practice Recommendations for Stroke Care, 2010	Health Region						
	CHR	FHHR	PAPHR	PNRHA	RQHR	SktnH R	SHR
•7 Categories •36 Recommendations •Multiple Sub-recommendations							
Public Awareness (1.0)							
1 Recommendation	0	0	1	0	0	0	0
Prevention of Stroke (2.0)							
7 Recommendations	0	0	6	4	7	7	7
Hyper-Acute Stroke Management (3.0)							
8 Recommendations	1	5	1	5	7	7	7
Acute Stroke Management (4.0)							
3 Recommendations	2	2	2	2	2	2	2
Stroke Rehabilitation (5.0)							
6 Recommendations	3	2	2	3	6	3	4
Managing Stroke Care Transitions (6.0)							
6 Recommendations	1	0	4	1	6	5	4
Cross-Continuum Topics in Stroke Management (7.0)							
5 Recommendations	3	1	3	3	5	4	4
Total							
36 Recommendations	10	10	19	18	33	28	28

Discussion

- Through stroke prevention, early treatment, early rehabilitation and community programming the financial burden that stroke elicits on the Canadian health care system will lighten (5).
- If the province of Saskatchewan accepts, implements and consistently utilizes a provincial stroke strategy approximately 500 million dollars over ten years of health care system costs could be avoided (5).
- More over, if the province correctly utilizes the stroke strategy it could potentially prevent 5162 initial strokes, 1864 deaths, 2898 disabilities due to stroke and save 12000 life years (5).

Recommendations

- Health regions need to improve services for stroke patients and start connecting with each other regarding successful stroke services. Encouraging health regions to connect with one another may increase the awareness of the lack of services within certain areas of Saskatchewan.
- Communication may provide access to efficient health care services of greater quality, while maintaining within current budgets.
- Raising stroke awareness will empower the general population and increase the standards of stroke care.
- Access to neurological expertise will truly benefit all health regions in accurately and adequately assessing, diagnosing and treating TIA's and stroke.

Limitations

- Notable limitations include the sample size, selection bias, information bias and the limited time involved.
- The size of the sample of individuals from each of the seven health regions of interest was very small, an average of nine individuals per health region.
- Individuals interviewed were not randomly selected and they were referred based on their knowledge of the stroke care within their designated health region (Selection & Information Bias).
- The season (Summer) and amount of time to complete the project (4 months) were limiting.