

[View this email in your browser](#)

SSBC Bulletin

November 2023



SSBC Team Update - Katie White



After 9 1/2 years of being a SSBC leader provincially and nationally in driving healthcare improvements for people experiencing stroke, Katie White will be leaving our team on Dec 1, 2023.

We are grateful for her incredible leadership, creativity, dedication and compassion. And, as anyone who has worked with her can attest, making us laugh with her wicked sense of humor and fun. We wish her all the best in her new role as the Director of Health Systems with Heart & Stroke Canada.

SSBC Posters at World Stroke Congress

Implementation of a Provincial Stroke Quality Standard

M. Reed Scott, Stroke Services BC

What is a Quality Standard?
A quality standard serves as guiding document that defines formal statements and associated indicators that contribute to delivering high-quality care. It supports:
• People to understand key aspects of high-quality care and to make informed decisions with their health care teams.
• Health care professionals to make decisions about appropriate care and
• Health care organizations to examine their systems and policies and improve the care they provide.
Quality standards focus on areas of the patient journey where the need for improving quality is the greatest.

Background and Aim
The BC Stroke Quality Standard¹, the first provincial quality standard of its kind in Canada, was officially launched in August 2022. Its development was in response to key recommendations from the 2020 Stroke Services BC (SSBC) Provincial Stroke Care Review & Recommendations.
A key aim of the BC Stroke Quality Standard is to transform the way we perceive stroke care and quality by integrating patient experience and cultural safety and humility alongside established stroke best practices including and metrics.

Results
The BC Stroke Quality Standard included nine quality statements and associated measurement indicators. Additionally, a Patient, Caregiver and Family Guide² was developed as a resource for people with stroke, as well as friends and family.

Development Process
The BC Stroke Quality Standard was developed in partnership with the Health Quality BC (HQBC), Stroke Services BC (SSBC), Regional Health Authority leaders, BC Emergency Health Services, First Nations Health Authority, University of British Columbia, and patient partners.
The final draft went out for public consultation prior to finalizing and will be reviewed every three years.

Conclusion
The BC Stroke Quality Standard represents a significant milestone in stroke care improvement in British Columbia by changing the way we measure health system performance and patient outcomes. The future success of this initiative will require ongoing engagement, monitoring, and leadership from Stroke Services BC and its health system partners.

Patient, Caregiver and Family Guide to the Stroke Quality Standard

Footnote:
1. BC Stroke Quality Standard. Stroke Services BC. <https://www.strokebc.ca/quality-standard>
2. Patient, Caregiver and Family Guide to the Stroke Quality Standard. Stroke Services BC. <https://www.strokebc.ca/patient-caregiver-family-guide>

2338 IMPLEMENTING COLLECTION OF POPULATION-BASED PATIENT-REPORTED OUTCOME MEASURES (PROMs) FOR STROKE SURVIVORS: THE BRITISH COLUMBIA EXPERIENCE

S. Arsenault¹, J. Sutherland^{2,3}

Background & Aim
Patient-reported outcome measures are important for understanding the effectiveness of health care services from the patient's perspective of their health and well-being. In 2021, Stroke Services British Columbia (SSBC) and the University of British Columbia partnered with Vancouver Coastal Health & Providence Healthcare to implement PROMs for people experiencing stroke.

Why PROMs?
PROMs are measurement tools that allow patients to provide information on aspects of their health that are most important to them, including symptoms, functional status, quality of life, mental and social well-being and overall health (ICH-2022).
They are important to health care providers to help them understand the health needs or preferences of their patients.
They provide insight on the effectiveness of care from patient perspectives.

Methods
The design of the survey tool considered evidence, expert opinion, compatibility with other health systems, respondent burden, and accessibility.
A core set of PROMs was used to trial and refine the collection process with people with lived experience with the aim to expand measures if there is acceptability among partners. The goal is to collect PROMs for five years following discharge from an acute care. There will be important structures and processes that facilitate patient retention and engagement with the findings.
Finally, there is work in progress to link patient-reported outcomes with other population-based datasets for ongoing quality improvement and health system planning.

Results & Early Findings
The collection of patient-reported outcomes (PROMs) has begun. Discharge dates are identified from the acute electronic medical record in the patients' rehabilitation facility record. Patients are contacted three days after their facility-based episode of care ends.
• Out of 504 eligible patients, 341 stroke survivors have completed PROMs (67% participation rate)
• Participants more likely to be male than female (59% male)
• Participants are more likely to be over 65 years (74% > 65 years)
• There is still difference in age between participants and non-participants.
• Characteristics of participants who agree: larger capacity (energy, time, means) to complete an online or paper survey, or those with a family member or caregiver who is able to assist or participate on behalf of the patient.
• Non-participants self-reported that severe functional impairments and/or having suboptimal prevention willingness ability to participate.
• For some patients, language was a barrier to participation; the prevalence is currently unknown.

Next Steps
[PROMs] will be linked with hospital, emergency and community service data to help interpret results.
Analysis will consider:
• symptoms and function following discharge
• well-being and health outcomes over time
• socioeconomic factors
• cost and health outcomes
The results will provide new information that could be used to drive policy, identify gaps in care, and for service planning across the continuum of care.
We would like to acknowledge our teams, partners and survey participants for their contributions.

Footnote:
1. Arsenault S, Sutherland J. PROMs for Stroke Survivors: A BC Experience. *Stroke Services BC*. <https://www.strokebc.ca/patient-caregiver-family-guide>
2. Sutherland J, Arsenault S. PROMs for Stroke Survivors: A BC Experience. *Stroke Services BC*. <https://www.strokebc.ca/patient-caregiver-family-guide>

SSBC presented two posters at the World Stroke Congress (WSC) in Oct 2023.

- [Implementation of a Provincial Stroke Quality Standard](#)
- [Implementing Collection of Population Based Patient Reported Outcome Measures for Stroke Survivors: The British Columbia Experience](#)

Click on the links above the see the posters in a larger format.

SSBC & Provincial Partners at WSC

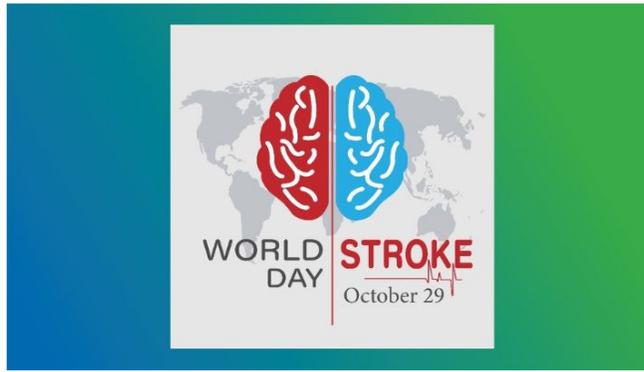


Representatives from across B.C. met at the World Stroke Congress, held in Toronto in October 2023. Following this informal lunch gathering, 25 of the attendees held a “B.C. night” that allowed people across the province to get together and share ideas and network

- Topics of discussion included emerging best practices around the world, and how innovative approaches could be brought back to B.C.

In the picture from left: Kelly Sharp (Vancouver Coastal Health), Alison de Wit (Stroke Services BC), Meggie Guinan (VCH), Katie White (SSBC), Jackie Murray (VCH), Yaser Ahmed (Northern Health), John LeRoy (SSBC) and Sacha Arsenault (SSBC).

SSBC on World Stroke Day - Oct 29, 2023



According to the [World Stroke Campaign](#), 80 million people worldwide have had a stroke and 50 million stroke survivors live with some form of permanent disability. Sunday, Oct. 29 was World Stroke Day, held annually to help remind survivors that they are not alone. This year the World Stroke Organization looked to mobilize the global stroke community to raise awareness and drive action on stroke prevention.

SSBC took up this call releasing a news article and social media posts to spread the word for increased awareness and the importance for [FAST](#) recognition of the symptoms of stroke.

SSBC article: [Stroke is a leading cause of disability worldwide - but that's only part of the story](#)

Webinar: Unseen, Unheard: The mental health impact of stroke on women.



Date: November 21, 2023

Time: 9:00-10:00am

[Register](#)

The purpose of this webinar is to provide healthcare providers and women with lived experience practical tools and resources in order to promote better health outcomes for women after stroke.

- Stroke disproportionately affects women –women have worse outcomes after stroke, more women are living with the effects of stroke and women face more challenges as they recover.

- This live panel discussion will take a deeper dive into how mental health can impact the experiences and recovery of women following stroke.

Please note that this webinar will be recorded and available for viewing on the Heart & Stroke [YouTube Channel](#).

Fundamentals for Quality Improvement Workshop



Date: November 23, 2023

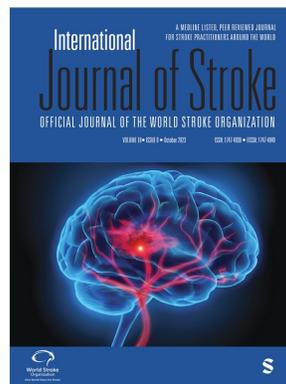
Time: 10am - 4pm

Location: In-person in Kelowna or Online

[Register](#)

The capability to lead improvement is vital to advancing quality in the health care system. This HQBC workshop introduces health care professionals to foundational quality improvement principles and practices required to lead, implement, and sustain quality initiatives within their organization.

International Journal of Stroke October Digital Issue



Highlights include:

- Cognitive difficulties after a stroke in young adults
- Good collaterals and outcomes after EVT for basilar artery occlusion
- White matter hyperintensity reduction in cerebral vessel disease
- And more

Open the full issue [here](#).



What is new in stroke research?

[Guidelines on use of brain stimulation for stroke recovery](#)

Two Canadian research leaders chaired an international roundtable that developed recommendations for preclinical and clinical research.

[No Benefit of Colchicine After Stroke, TIA: CHANCE-3 Trial](#)

The anti-inflammatory agent colchicine, started within 24 hours of acute ischemic stroke or a transient ischemic attack (TIA), was not associated with a reduction in subsequent strokes or other vascular events at 90 days in the CHANCE-3 trial.



Our mailing address is:

Suite 200 -1333 W Broadway,

Vancouver, BC

V6H 4C1

Want to change how you receive these emails?

You can [update your preferences](#) or [unsubscribe](#)