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This material has been reviewed and approved by patient partners with the Patient Voices Network.

# Patient, Caregiver and Family Guide

to the  
Stroke  
Quality  
Standard

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BC PATIENT SAFETY  
& QUALITY COUNCIL

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## What is Stroke?

A stroke happens when blood stops flowing to any part of the brain, damaging brain cells. The effects of a stroke depend on the part of the brain that was damaged and the amount of damage done.<sup>1</sup> Types of stroke include:

- ▲ **Ischemic stroke** – when a blockage or blood clot stops blood flow to the brain.
- ▲ **Hemorrhagic stroke** (also referred to as a bleed in the brain or spontaneous nontraumatic intracerebral hemorrhage) – when a blood vessel in the brain is damaged or weakened, stopping blood flow to the brain.
- ▲ **Transient Ischemic Attack (TIA)** – when a small clot briefly blocks blood flow to the brain. This is sometimes called a mini-stroke and is a medical emergency because it is a warning sign that a larger stroke may occur.<sup>1</sup>

A stroke is a medical emergency and anyone having a stroke, including a TIA, needs urgent medical treatment.

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See bold text like “**Ischemic stroke**” above?

That means we’ve included a definition for that term in our glossary on page 6.

## What is the Stroke Quality Standard?

The **Stroke Quality Standard** is made up of nine quality statements that describe the care you should receive or be offered if you have a stroke.

This document describes each quality statement and what it means to you. You can use this information with your care team to make decisions about your care.

To see the **Stroke Quality Standard** go to [bcpsqc.ca](http://bcpsqc.ca).



## CROSS CONTINUUM

### Quality Statement 1

People with stroke experience a care journey in the health care system that is respectful and **culturally safe**.

#### What it Means to You

If you are a person with stroke, the care you receive should be culturally safe and respectful. You should expect your stroke care to be professional and respectful regardless of your personal identity. Health care teams should strive to work with you and consider your individual circumstances, histories, needs and preferences. Encounters with **health care professionals** throughout your care journey should demonstrate **cultural humility**: a process where providers examine how their assumptions, beliefs and privileges might influence the way they practice.

### Quality Statement 2

People with stroke and their chosen caregivers and/or family collaborate with the care team to develop a **care plan** and work together to evaluate and update it throughout the patient journey.

#### What it Means to You

If you are a person with stroke, your care plan should be developed and written with you, your chosen caregivers and/or family and your care team. This plan should be available for you to read and discuss changes throughout your journey. The care plan should support your recovery and include your goals, upcoming tests and ways to minimize risk of another stroke. This plan should also include the named contact of your primary health care provider.

### Quality Statement 3

A person with stroke and their chosen caregivers and/or family are engaged in education and training to support them from the onset of their stroke and throughout their recovery.

#### What it Means to You

If you are a person with stroke, their chosen caregivers and/or family, education and training on stroke will be available to you. This should include education on risk factors, treatment, recovery and skills to manage at home. Relevant education and training should be offered throughout your care journey.



## EARLY RECOGNITION Quality Statement 4

People with symptoms of a stroke are recognized early and offered timely transport to the most appropriate care.

### What it Means to You

Stroke is a medical emergency. If you or another person experiences any of the following **FAST** signs call 9-1-1 immediately:<sup>2</sup>

**F** **ace** is it drooping?

**A** **rms** can you raise both?

**S** **peech** is it slurred or jumbled?

**T** **ime** to call 9-1-1 right away.

Act **FAST** because the quicker you act, the more of the person you save.

@Heart and Stroke Foundation of Canada, 2018

Other symptoms of stroke include sudden onset of:

- ▲ Weakness, numbness or incoordination (not coordinated) on one side of the body
- ▲ Loss of vision (cannot see) in one or both eyes
- ▲ Severe headache
- ▲ Loss of memory or confusion
- ▲ Episode of dizziness and unsteadiness

If you think someone is having a stroke, they need to be seen by a health care professional right away so they can receive the care they need.

## ACUTE CARE Quality Statement 5

A person with acute stroke is offered rapid assessment and treatment depending on their type of stroke when presenting to the emergency department, as outlined by the **Canadian Stroke Best Practice Recommendations**.

### What it Means to You

If you are suspected of having a stroke you will be reviewed to confirm and determine the type of stroke. To find out what type of stroke you have, you will need a brain scan.

The two main types of strokes are:

- ▲ Ischemic stroke – caused by a blood clot blocking a blood vessel. If your stroke is caused by a blood clot, treatment to restore blood flow in the brain will be considered. This treatment may include medicine to dissolve the clot (**thrombolysis**) or surgery to remove the clot (**endovascular thrombectomy or EVT**).<sup>1</sup>
- ▲ Hemorrhagic stroke – caused by bleeding in the brain. If your stroke is caused by a bleed in the brain, treatment to stop bleeding and relieve pressure in the brain will be considered. This treatment may include surgery and/or managing your blood pressure and the way your blood clots.<sup>1</sup>

These treatments may not be appropriate for everyone. The care team will work with you and your chosen caregivers and/or family on what treatment is best for you and they will ask for consent to provide treatment where possible. Treatment of stroke is a medical emergency and time critical.



## Quality Statement 6

A person with stroke is offered **stroke unit care** as defined by the best available evidence.

### What it Means to You

Stroke unit care involves a team of various health care professionals with stroke expertise. The team should include physicians, nurses, occupational therapists, physiotherapists, speech-language pathologists, pharmacists, social workers and dietitians. Some members of this team may see you in person and others may see you virtually. If you are a person with stroke, you should be offered stroke unit care. Depending on where you are in the province, you may need to be transferred to a hospital with this capacity. You and your chosen caregivers and/or family will be involved in the decision to transfer to a hospital that can offer stroke unit care.

## SECONDARY PREVENTION Quality Statement 7

A person with stroke (including TIA) is assessed by a health care professional when they present to a health care facility to determine appropriate care or the need for urgent referral to mitigate the risk of recurrent stroke.

### What it Means to You

If you have a stroke (including TIA), you are at risk of having another stroke, which could lead to more disability or loss of life.

If you are a person with stroke (including TIA), you should be reviewed by a health care professional when presenting to a health care facility to determine the risk of another stroke. Tests may be ordered to help inform possible treatments. A health care professional will talk to you about possible treatments to help minimize the risk of another stroke.

If you are admitted to hospital, you will be offered treatment to minimize your risk of another stroke. You and your chosen caregivers and/or family will be involved in education on what stroke is and what you can do to minimize your risk of another stroke. This education may include changes to your diet, exercise or taking medicine. You should be provided with clear and accessible information about stroke and its risk factors so you can review it later.

If you are not admitted to hospital you may be given an urgent referral to another health care facility so you can be seen by a health care professional with expertise in stroke. They will work with you to decide on treatment and talk about ways to minimize your risk of another stroke.



## REHABILITATION & RECOVERY Quality Statement 8

People with stroke have access to **interdisciplinary** rehabilitation in alignment with the **Canadian Stroke Best Practice Recommendations** throughout their care journey.

### What it Means to You

Rehabilitation is a process in the stroke recovery journey to help regain skills that were lost due to stroke. Rehabilitation may occur at any point of the patient journey, including in health care facilities, ambulatory clinics, community programs and more.

If you are a person with stroke admitted to hospital, you should have an initial rehabilitation review by health care professionals with expertise in rehabilitation as soon as possible after admission. This usually happens within 48 hours of hospital admission, however this will depend on your condition. The rehabilitation team may include **physiatrists** or other physicians with expertise in stroke rehabilitation, occupational therapists, physiotherapists, speech-language pathologists, nurses, social workers and dietitians. Depending on where you are, some of the rehabilitation team may see you in person or virtually.

If you are a person with stroke and not admitted to hospital, you should be screened to see if you need to be referred to an outpatient or community-based rehabilitation service.

## COMMUNITY REINTEGRATION Quality Statement 9

People with stroke have a health and social care needs review performed at least twice within the first year after hospital discharge, and then annually by the provider identified in the care plan.

### What it Means to You

If you are a person with stroke, you should be assessed on your readiness to return to the community before being discharged from hospital care. This means assessing you and your chosen caregivers and/or family's comfort with the skills and knowledge that will support you to live safely in the community, as well as assessing your health. A plan should be made for you to follow up with a health care professional in the community to see if you need any other support. Follow-up should occur twice in the first year after your stroke, and then once annually. You should be provided with information on who to contact if you need to talk to someone about your health before your next review. This may be your primary care provider or another health care professional, depending on your circumstance and where you are.



## Definitions

TERM	DEFINITION
<b>care plan</b>	A plan to outline a person’s stroke care journey. It is developed with the person with stroke, their chosen caregivers and/ or family and the health care team. It includes specific therapy goals, upcoming investigations and daily therapy activities. <sup>8</sup>
<b>cultural humility</b>	A process of self-reflection to understand personal and systemic biases and to develop and maintain respectful processes and relationships based on mutual trust. Cultural humility involves humbly acknowledging oneself as a learner when it comes to understanding another’s experience. <sup>3</sup>
<b>cultural safety</b>	An outcome based on respectful engagement that recognizes and strives to address power imbalances inherent in the health care system. It results in an environment free of racism and discrimination, where people feel safe when receiving health care. <sup>3</sup>
<b>dimensions of quality</b>	<p>Quality is defined by seven dimensions that span the full continuum of care:</p> <ul style="list-style-type: none"> <li>▲ <b>Respect:</b> honouring a person’s choices, needs and values</li> <li>▲ <b>Safety:</b> avoiding harm and fostering security</li> <li>▲ <b>Accessibility:</b> ease with which health and wellness services are reached</li> <li>▲ <b>Appropriateness:</b> care is specific to a person’s or community’s context</li> <li>▲ <b>Effectiveness:</b> care is known to achieve intended outcomes</li> <li>▲ <b>Equity:</b> fair distribution of services and benefits according to population need</li> <li>▲ <b>Efficiency:</b> optimal and sustainable use of resources to yield maximum value <sup>4</sup></li> </ul>
<b>endovascular thrombectomy (EVT)</b>	A surgical procedure used to remove a blood clot in a blood vessel. <sup>5</sup>
<b>FAST signs</b>	<p><b>FAST</b> is an acronym used to highlight the most common signs of a stroke:</p> <p><b>Face</b> is it dropping?  <b>Arms</b> can you raise both?  <b>Speech</b> is it slurred or jumbled?  <b>Time</b> to call 911 right away.<sup>2</sup></p>



<b>TERM</b>	<b>DEFINITION</b>
<b>health care professionals</b>	Health care professionals provide essential services to promote health, prevent diseases and deliver health care services based on the needs of the person. <sup>6</sup>
<b>interdisciplinary team</b>	A team of health care professionals dedicated to the care of a person with stroke. The team will include physicians, nurses, allied health professionals such as physiotherapists, speech-language pathologists, pharmacists, social workers and dietitians, to name a few. <sup>7</sup>
<b>ischemic stroke</b>	A stroke which occurs when the blood supply to the brain is disrupted, normally due to a blood clot. <sup>1</sup>
<b>physiatrist</b>	A physician who specializes in the field of physical medicine and rehabilitation. <sup>9</sup>
<b>recovery</b>	Stroke recovery is a process which includes seven steps: exercise and mobility, communication and language, social interaction, thinking, memory and perception, support, healthy lifestyle, and navigating the health care system. <sup>10</sup>
<b>rehabilitation</b>	A process in the stroke recovery journey to help regain skills that were lost due to stroke. <sup>11</sup>
<b>spontaneous intracerebral hemorrhage (hemorrhagic stroke)</b>	Bleeding in the brain without a known specific cause. <sup>1</sup>
<b>stroke</b>	A disruption of blood supply to the brain — either through a blockage due to clot (ischemic), or bleeding (hemorrhagic). The amount of brain affected by the stroke and the type of symptoms a person experiences depends on where the blockage or bleed occurs. In both cases, if the blood supply is not restored quickly, the affected part of the brain dies, causing disability or death. <sup>1</sup>
<b>stroke unit care</b>	A stroke unit is a specialized, geographically defined hospital unit dedicated to the management of stroke patients and staffed by an experienced interdisciplinary stroke team. <sup>12</sup>
<b>thrombolysis</b>	Medication used to break up a blood clot to allow blood to begin flowing properly again. <sup>10</sup>
<b>transient ischemic attack (TIA)</b>	A “mini-stroke” when blood flow to the brain stops for a short period of time. A TIA is an important sign of a problem with blood flow to the brain and should be treated as an emergency. <sup>1</sup>



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