



## ***Stroke Quality Standard Public Consultation***

*The Stroke Quality Standard* will define the stroke care that people should expect to receive or be offered, regardless of who they are or where they are treated in British Columbia.

This public consultation survey enables you to have your say on what is important for stroke care in BC and further improve the draft *Stroke Quality Standard*.

The survey will take around 20 minutes and contains questions about the draft *Stroke Quality Standard* documents, [available here](#).

You can find more information about quality standards by visiting the Council's [website](#).

Public consultation is open until **May 25**. The feedback received during the public consultation will be presented to the Stroke Standard Development Committee to determine final edits to the *Stroke Quality Standard*.

Please note the survey is anonymous and your participation is voluntary. You may refuse to take part or exit the survey at any time. We value your thoughts and appreciate you taking the time to do the survey. Please return completed survey to [qualitystandards@bcpsqc.ca](mailto:qualitystandards@bcpsqc.ca) or mail to:

**BC Patient Safety & Quality Council**

**201-750 Pender St W**

**Vancouver, BC**

**V6C 2T8**

*The BC Patient Safety & Quality Council will collect personal information via Checkbox under section 26 (c) of the Freedom of Information and Protection of Privacy Act for the purposes of Stroke Quality Standard. If you have any questions about the collection of your personal information please contact: Edward Elkins, Leader Analytics & Strategic Initiatives, at 604.802.5793*

# Demographics

**Which best describes your role (within the capacity that you are responding to this survey)?**

- Academic/researcher
- Allied Health Professional
- Board Member/Senior Executive team
- Director/Executive Director
- Nurse
- Patient partner/Caregiver/Family member
- Pharmacist
- Physician
- Manager/Leader
- Other (please specify)

**Do you work for a health care organization?**

- Yes
- No

**If yes, please indicate the health care organization.**

- First Nations Health Authority
- Fraser Health Authority
- Interior Health Authority
- Ministry of Health
- Northern Health Authority
- Providence Health Care
- Provincial Health Services Authority
- Vancouver Island Health Authority
- Vancouver Coastal Health Authority
- Other (please specify)

**Are you responding as an individual or on behalf of this organization?**

- Yes
- No
- N/A

**Which of the following best describes where you are located?**

Fraser Valley/Lower Mainland

Interior BC

Northern BC

Vancouver Island region

Outside BC or national organization (please specify)

**Do you identify as Indigenous? (First Nations, Metis or Inuit)**

*Why are we asking this? We acknowledge that Indigenous voices are important to making a better health care system. We also know that Indigenous peoples are disproportionately affected by stroke in BC. This information will be used to inform the final quality standard document, including the areas concerning cultural safety and equity.*

Yes

No

Prefer not to answer

# Quality Standards

## Cross-Continuum:

**Quality Statement 1:** *People with stroke experience a care journey in the healthcare system that is respectful and culturally safe.*

**Does the quality statement adequately describe a priority area for improvement related to stroke?**

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

**How could the quality statement be improved?**

**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.*

**Does the quality statement adequately describe a priority area for improvement related to stroke?**

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

**How could the quality statement be improved?**

**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.*

**Does the quality statement adequately describe a priority area for improvement related to stroke?**

Strongly Agree

Agree

Neutral

Disagree

Strongly Disagree

**How could the quality statement be improved?**

# Quality Standards

## Early Recognition:

**Quality Statement 4:** *People with symptoms of a stroke are recognized early and offered timely transport to the most appropriate care.*

**Does the quality statement adequately describe a priority area for improvement related to stroke?**

Strongly Agree

Agree

Neutral

Disagree

Strongly Disagree

**How could the quality statement be improved?**

# Quality Standards

## 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.*

**Does the quality statement adequately describe a priority area for improvement related to stroke?**

Strongly Agree

Agree

Neutral

Disagree

Strongly Disagree

**How could the quality statement be improved?**

**Quality Statement 6:** *A person with stroke is offered stroke unit care as defined by the best available evidence.*

**Does the quality statement adequately describe a priority area for improvement related to stroke?**

Strongly Agree

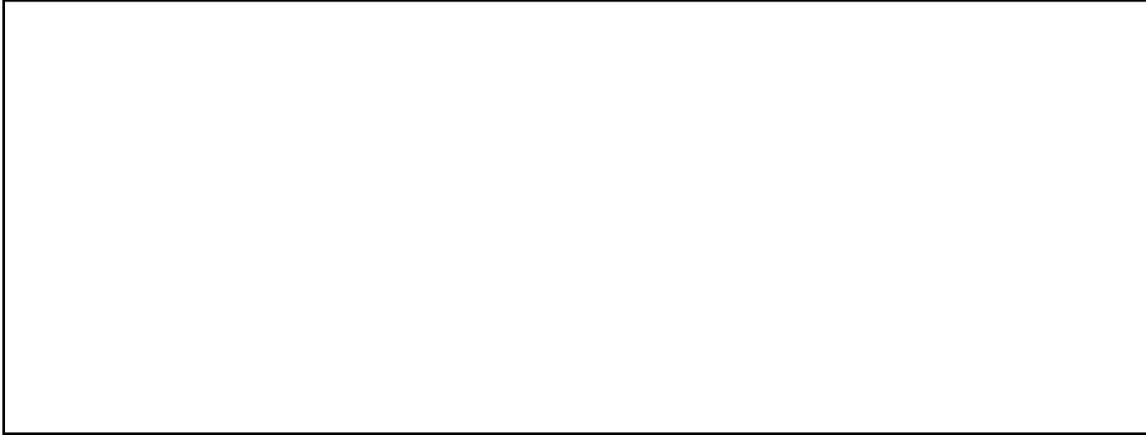
Agree

Neutral

Disagree

Strongly Disagree

**How could the quality statement be improved?**

A large, empty rectangular box with a thin black border, intended for a user to write their response to the question above. The box is currently blank.

# Quality Standards

## 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.*

**Does the quality statement adequately describe a priority area for improvement related to stroke?**

Strongly Agree

Agree

Neutral

Disagree

Strongly Disagree

**How could the quality statement be improved?**

# Quality Standards

## 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.*

**Does the quality statement adequately describe a priority area for improvement related to stroke?**

Strongly Agree

Agree

Neutral

Disagree

Strongly Disagree

**How could the quality statement be improved?**

# Quality Standards

## 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.*

**Does the quality statement adequately describe a priority area for improvement related to stroke?**

Strongly Agree

Agree

Neutral

Disagree

Strongly Disagree

**How could the quality statement be improved**

# Quality Standards

The quality statements aim to target priority areas for improvement related to the care that people should be offered when they are at risk of having a stroke, experiencing a stroke or recovering from a stroke.

Are there priority areas for improvement related to stroke care that are not included in the draft quality statements?

Yes

No

If yes, please specify.

***The Stroke Quality Standard*** aims to promote cultural safety and equity within stroke care in BC.

Do you think cultural safety and equity considerations are adequately described in the document?

Strongly Agree

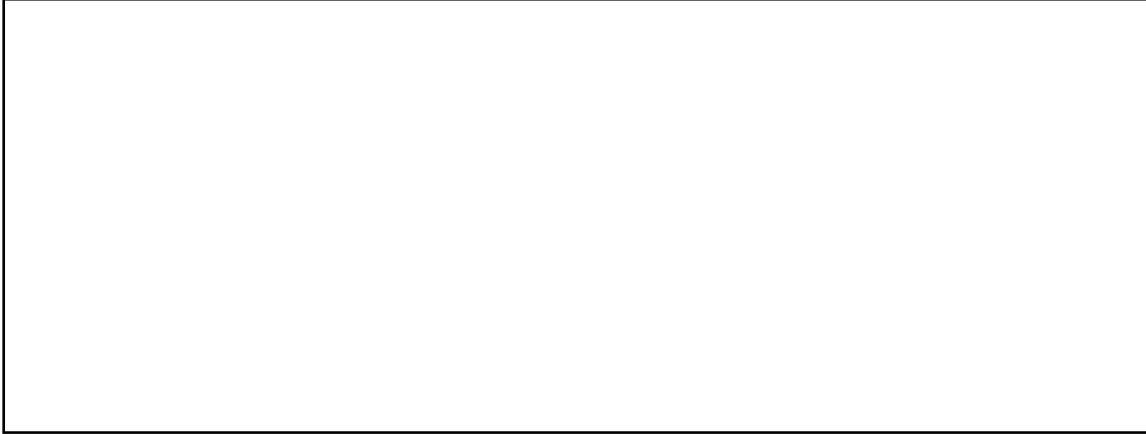
Agree

Neutral

Disagree

Strongly Disagree

**How could this be improved?**

A large, empty rectangular box with a thin black border, intended for the user to provide their suggestions for improvement.

# Resources

[The Patient, Caregiver and Family Guide](#) is intended to assist people experiencing stroke, their caregivers and family in partnering with their health care team by describing what to expect at different stages of the patient journey.

Is the guide informative and useful?

Strongly Agree

Agree

Neutral

Disagree

Strongly Disagree

How could this be improved?

# Indicators

Quality statements will be monitored using associated quality indicators to track if care is meeting the standard or being improved. Quality indicators are intended to measure the progress towards meeting each quality statement.

Do you want to provide comments on the indicators? (if no, please skip to page 23)

Yes

No

## Cross-Continuum:

*Indicator(s) for Quality Statement 1:*

1. Proportion of people with stroke who report experiencing culturally safe care.

Does the indicator measure information that could be used to track progress towards meeting the statement?

Strongly Agree

Agree

Neutral

Disagree

Strongly Disagree

If neutral, disagree or strongly disagree please explain why and provide suggestions for additional indicators or revisions to current indicators.

***Indicator(s) for Quality Statement 2:***

**2. Proportion of people with a final diagnosis of stroke who report being involved in care planning throughout their hospital admission.**

**Does the indicator measure information that could be used to track progress towards meeting the statement?**

Strongly Agree

Agree

Neutral

Disagree

Strongly Disagree

**If neutral, disagree or strongly disagree please explain why and provide suggestions for additional indicators or revisions to current indicators.**

***Indicator(s) for Quality Statement 3:***

**3a. Proportion of people with a final diagnosis of stroke who report being involved in education and training related to the ongoing management of their condition.**

**3b. Evidence of local arrangements and protocols for providing education and training to people with stroke.**

**Do the indicators measure information that could be used to track progress towards meeting the statement?**

Strongly Agree

Agree

Neutral

Disagree

Strongly Disagree

If neutral, disagree or strongly disagree please explain why and provide suggestions for additional indicators or revisions to current indicators.

## Early Recognition:

### *Indicator(s) for Quality Statement 4:*

- 4a. Proportion of people suspected of stroke who are assessed using a validated screening tool by BC Emergency Health Services (BCEHS).
- 4b. Proportion of acute stroke patients transported by BCEHS to a stroke-enabled hospital (i.e., designated hyperacute stroke treatment centre) as first hospital destination.

Do the indicators measure information that could be used to track progress towards meeting the statement?

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

If neutral, disagree or strongly disagree please explain why and provide suggestions for additional indicators or revisions to current indicators.

## Acute Care:

### *Indicator(s) for Quality Statement 5:*

- 5a. Proportion of people suspected of acute stroke that receive initial brain imaging (CT or CTA) within 30 minutes or less of hospital arrival
- 5b. Proportion of people with ischemic stroke who received thrombolysis within 60 minutes or less of arrival to hospital.
- 5c. Proportion of people with ischemic stroke who receive endovascular thrombectomy within 90 minutes or less of arrival to hospital.

**Do the indicators measure information that could be used to track progress towards meeting the statement?**

Strongly Agree

Agree

Neutral

Disagree

Strongly Disagree

**If neutral, disagree or strongly disagree please explain why and provide suggestions for additional indicators or revisions to current indicators.**

***Indicator(s) for Quality Statement 6:***

**6. Proportion of people with stroke who were admitted to a stroke unit.**

**Does the indicator measure information that could be used to track progress towards meeting the statement**

Strongly Agree

Agree

Neutral

Disagree

Strongly Disagree

**If neutral, disagree or strongly disagree please explain why and provide suggestions for additional indicators or revisions to current indicators.**

## Secondary Prevention:

### *Indicator(s) for Quality Statement 7:*

- 7a. Proportion of patients with TIA or non-disabling stroke who are investigated and discharged from the emergency department who are referred to organized secondary stroke prevention services at discharge.
- 7b. Proportion of patients with TIA or non-disabling stroke with a very high or high risk of recurrent stroke who receive brain and vascular imaging within 24 hours of the first contact with the health care system.
- 7c. Proportion of people with a final diagnosis of ischemic stroke or TIA prescribed antithrombotic therapy on discharge from acute care.

Do the indicators measure information that could be used to track progress towards meeting the statement?

Strongly Agree

Agree

Neutral

Disagree

Strongly Disagree

If neutral, disagree or strongly disagree please explain why and provide suggestions for additional indicators or revisions to current indicators.

## Rehabilitation & Recovery:

### *Indicator(s) for Quality Statement 8:*

- 8a. Proportion of stroke patients with a rehabilitation assessment within 48 hours of hospital admission for acute stroke by at least one rehabilitation professional with expertise in stroke as appropriate to patient needs.
- 8b. Proportion of acute stroke patients discharged/transferred from acute care to an inpatient rehabilitation unit.
- 8c. Proportion of stroke patients discharged to the community who receive a referral for outpatient rehabilitation before discharge from acute and/or inpatient rehabilitation (either facility-based-or community-based programs).

Do the indicators measure information that could be used to track progress towards meeting the statement?

Strongly Agree

Agree

Neutral

Disagree

Strongly Disagree

**If neutral, disagree or strongly disagree please explain why and provide suggestions for additional indicators or revisions to current indicators.**

## Community Reintegration:

### *Indicator(s) for Quality Statement 9:*

- 9a. Proportion of people with stroke readmitted to an emergency department or acute inpatient care for reasons related to failure to thrive, following an initial stroke hospital stay.
- 9b. Proportion of people with stroke who report having their stroke care needs reviewed with their primary care provider within the first year following discharge from hospital.

Do the indicators measure information that could be used to track progress towards meeting the statement?

Strongly Agree

Agree

Neutral

Disagree

Strongly Disagree

If neutral, disagree or strongly disagree please explain why and provide suggestions for additional indicators or revisions to current indicators.

## Additional Questions

Do you have any other comments you would like to make about this quality standard?

End of survey: Thank you for your feedback. We will review responses and use the feedback to finalize the Stroke Quality Standard. We are unable to respond to individual queries or comments.