

What is the KHSC Stroke Distinction Program?

- KHSC achieved the Accreditation Canada Stroke Distinction Award for Acute Stroke Services in 2012, 2014 and 2018. Surveyors visited Emergency, Critical Care, Diagnostic Imaging and Interventional Radiology, the Kidd 7 Acute Stroke Unit, the Secondary Prevention Clinic and asked about transition services and community links.
- The Stroke Distinction Committee meets quarterly to review quarterly stroke performance reports and advise on quality improvement initiatives.
- The program recognizes and affirms Centres that demonstrate excellence and commitment to leadership, safety and innovation in stroke care and prevention.
- The program uses tracer methodology much like the corporate hospital accreditation process but components are based on the Canadian Stroke Best Practice Recommendations (www.strokebestpractices.ca).
- The Stroke Best Practice Recommendations are embedded in everyday KHSC practices and clinical resources (e.g.; order sets, collaborative care plans, and assessment forms).
- KHSC teams continue to recognize the Stroke Distinction process as a framework for continuously improving quality of team care and patient outcomes (e.g.; ED thrombolysis door-to-needle time decreased from 45 to 20 minutes; stroke unit care has been sustained; stroke mortality and readmission rates have each decreased).
- This program has helped KHSC to implement Quality Based Procedures for stroke care.
- The next on-site Stroke Distinction survey visit on **November 2022**.

"Our programs succeed because everyone has committed to the belief that no matter what role we play in the patient's journey, the experience of the patients and their families is the most valuable guide we have to become better. It's that team approach and dedication to excellent patient care that creates a positive and lasting impact for our patients and their families." (Dr. Al Jin)

5 Components of Stroke Distinction	How are we Doing?
1. 103 Standards: Meet 90% or more of 26 high-priority criteria & 75% or more of all criteria.	1. Met criteria for 98 out of 103 Standards. Met all high priority standards.
2. 9 Core Performance Indicators: Achieve 7 out of 9 indicator targets. These include median time to administer tPA and proportion of patients treated on the Kidd 7 Acute Stroke Unit. 2 further Optional Performance Indicators: Submit 2 further indicators: proportion of stroke/TIA patients who receive a brain CT/MRI within 24 hours and percent with complications during inpatient stay including pneumonia, venous thromboembolism, GI bleed, secondary cerebral hemorrhage, pressure ulcers and urinary tract infection.	2. Achieved 8 out of 9 Core Performance Indicators and submitting 2 Optional Indicators every 6 months
3. 14 Protocols: Ensure 60% of best practice protocols are adopted and implemented. The KHSC interprofessional team must demonstrate use of these protocols and show how they are embedded in the health record where appropriate (e.g.; order sets, standardized assessments).	3. All 14 Protocols in place (e.g., swallowing assessment, falls prevention)
4. Innovative Project: Implement at least 1 project that is evidence-based, adds quality, and includes an evaluation that measures sustainability. Findings must be communicated within the organization and externally. The project must be notable for what it could contribute to delivery of stroke services.	4. 'Implemented Endovascular Thrombectomy (EVT)' . Met 5 out of 5 requirements. Many successful quality improvement initiatives also completed.
5. Patient and Family Education: Show evidence of successful patient and family education. This includes ensuring education materials are readily accessed and showing evidence of education in patient documentation.	5. Consistent education processes are documented and include the use of a Stroke Information Package and <i>My Discharge Plan</i> .