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## **Government Commits to an Organized Stroke Care Model for PEI**

**Charlottetown, PE, April 17, 2009** As unveiled in the Provincial budget, Government has introduced an Organized Stroke Care program to improve the outcomes for Islanders who have suffered a stroke. This program not only makes provision for a dedicated Acute Stroke Care Unit, it goes far beyond the stroke unit and provides a comprehensive prevention and treatment program for stroke survivors. The program will be phased in over four years.

After careful consideration Government has chosen a care delivery model called Organized Stroke Care. This delivery model has been proven to improve patient outcomes after stroke. It promotes a coordinated approach with early assessment, mobilization and rehabilitation for every patient who can benefit.

The number one priority of this Government is health care, said Premier Robert Ghiz, "and the implementation of an Organized Stroke Care model will provide significant support to Islanders and their families who suffer from strokes. We had identified the need for such a model and we are pleased to be moving forward with this important initiative.

The cornerstone of the Organized Stroke Care model is inpatient Stroke Unit Care, which includes management on an Acute Stroke Unit followed by intensive rehabilitation on a Rehabilitation Stroke Unit. Stroke Unit care is provided on specific nursing units, involving collaborative care between health professionals with special interest and expertise in stroke care. To achieve optimal outcomes, this care model must include care on both the Acute Stroke and Rehabilitation Units.

It is recognized that there will be health human resource challenges associated with the implementation of an Organized Stroke Care model. For this reason, Government has chosen a phased in approach over four years. Staffing of stroke care positions may leave vacancies elsewhere in the system, so careful consideration will be taken to move forward in a responsible manner that ensures quality care across the entire system.

The Department of Health, in its leadership role of providing quality, sustainable health care to Islanders, has recognized and supported the priorities of stroke care, as well as the overall prevention and management of chronic disease. The Provinces Strategy for Healthy Living continues to address risk factors for chronic disease, including healthy eating, tobacco reduction, and physical activity.

This is a great day for health care in PEI. said Doug Currie, Minister of Health. I wish to thank the Heart & Stroke Foundation for their ongoing cooperative efforts to improve stroke care for Islanders. This stroke model will not only allow us to provide better care, but, when fully implemented, it will also alleviate some of the current bed pressures on our health system.

In collaboration with health system partners, PEI has already begun to implement various initiatives within the 2006 provincial stroke strategy across the province. These include Ambulance direct transfer policies and implementation of TPA (clot busting drug) protocols at the two major hospitals in PEI. As well, the Heart and Stroke Foundation, Island EMS and Murphys Pharmacies launched a media campaign to increase the awareness of signs and symptoms of stroke.

The Heart and Stroke Foundation and other partners have led many of the activities implemented to date. Government applauds these efforts and recognizes that further advancement of the strategy cannot occur without significant investment by Government.

Phase one (years 1-2) of the program includes a Stroke Unit Care model and a Rehabilitation Stroke Unit to be located on a specifically designated Unit at the Queen Elizabeth Hospital (QEH) in Charlottetown. The QEH was identified because two thirds of stroke occurring in PEI occur in Charlottetown and in Eastern PEI. The QEH is the central referral hospital in PEI, access to neurologists and physiatrists is best at QEH and the Provincial Rehabilitation Unit is already located at the QEH. Island EMS will continue to take patients to either the QEH Emergency Department or the Prince County Hospital (PCH) Emergency Department for initial stabilization in emergency care and critical care.

Also, in phase one, the PCH will run a Secondary Stroke Prevention pilot that is intended to roll-out province wide. The Prevention Unit will be focused on patients who have already had a stroke or TIA which is commonly referred to as a mini stroke. The objective of the prevention care will be to delay future disease events, achieve improvement, promote wellness and enhance the patients quality of life.

Stroke is the 3rd leading cause of death and the leading cause of disability. In PEI there are approximately 340 to 360 strokes annually - this equals about one stroke every day.

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