



Canadian Stroke Network

Réseau canadien contre
les accidents cérébrovasculaires



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News Release

Tuesday, Feb. 26, 2008

Saskatchewan stroke report urges action to save lives, prevent disability and reduce health costs

REGINA – Feb 26, 2008 – Access to organized stroke care in Saskatchewan could prevent more than 5,000 strokes, prevent disability in 3,000 Saskatchewan residents and save the provincial health-care system \$500 million over 10 years, according to a new report released today by the Heart and Stroke Foundation of Saskatchewan and the Canadian Stroke Network.

Stroke is Saskatchewan's leading cause of adult disability and the third-leading cause of death. Yet, prevention measures, stroke treatments and health practices that could save lives, reduce disability and save millions in health-care costs are not routinely being used. Not only that, care varies greatly from hospital to hospital and health region to health region, according to the report entitled *Saskatchewan Integrated Stroke Strategy: Health System Transformation and Stroke Prevention and Care in Saskatchewan*.

The report's recommendations include significant changes across the spectrum of stroke care -- from prevention to rapid emergency response, use of clot-busting therapies, establishment of organized stroke units and the use of early and intensive rehabilitation.

"Over the past decade research has uncovered groundbreaking new findings on stroke prevention and care – yet, in too many cases, stroke care is still being done the same way it was 10 or 15 years ago," says Dr. Jim Thornhill, Chair of Saskatchewan's Integrated Stroke Strategy (ISS) Committee. "Now is the time to act. We have the knowledge to prevent some strokes, to halt others in their tracks, and to help people recover abilities faster and more completely than ever before."

The ISS is part of a national effort called the Canadian Stroke Strategy, a partnership between the Canadian Stroke Network and the Heart and Stroke Foundation of Canada to improve the level and quality of stroke prevention, treatment and rehabilitation and to ensure that the best research evidence is put into practice.

In releasing the report, Lucy Buller, CEO of the Heart and Stroke Foundation of Saskatchewan, notes "the changes recommended in the report would not add costs to an already overburdened health-care system. Simply put, the more disabling strokes we prevent, treat early, and rehabilitate early and intensively, the fewer people will require long-term hospital or at-home care. This will reduce pressure on the health system, especially rural facilities, and the money saved can help meet other pressing needs."

Provinces in which an integrated stroke system has been adopted have seen measurable evidence of better outcomes for stroke patients. In Ontario, where a provincial strategy has been in place since 2000, there has been a 21-per-cent decrease in stroke patients requiring inpatient care and 25-per-cent decrease in those requiring ongoing home care. In addition, increased public knowledge of the signs of a stroke has resulted in more stroke patients getting emergency care faster, resulting in more rapid assessments, treatments and better outcomes.

“It’s time for governments to invest in and commit to organized stroke care to ensure that people, no matter where they live, have access to optimal prevention and treatment,” says Elizabeth Woodbury, Executive Director of the Canadian Stroke Strategy.

New research from the Canadian Stroke Network released this week shows a striking link between organized care and reductions of in-hospital mortality. The study, presented at the International Stroke Conference in New Orleans, concluded that nine out of 10 in-hospital deaths could be prevented within the first week following stroke by putting organized care in place. The study also showed that escalating levels of access to organized care were associated with improved stroke survival and that even when patients receiving higher levels of care had more severe strokes, their outcome was better. As well, by adding early intensive rehabilitation, length of hospital stay, referrals to long-term care and levels of disability are all reduced.

“The reality is that patients are not getting the care we know could be provided,” says Dr. Antoine Hakim, CEO and Scientific Director of the Canadian Stroke Network. “It shouldn’t matter where you live in Canada; there is a moral obligation to ensure that all people have access to the best care available. We need to put that in place.”

“We are impressed with the tremendous work of the Stroke Committee here in Saskatchewan”, says Sally Brown, CEO of the Heart and Stroke Foundation of Canada, a partner in the Canadian Stroke Strategy. “Together with the Canadian Stroke Network we’re supporting the development of organized stroke care in every province so that everyone can benefit from the best care, no matter where they live.”

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About the Heart and Stroke Foundation: of Saskatchewan

The Heart and Stroke Foundation of Saskatchewan is a leading funder of heart and stroke research in Saskatchewan and supports world-class projects aimed at improving stroke prevention and management, to give people at risk of stroke or who suffer a stroke to have their best chance at recovery.

About the Canadian Stroke Network (www.canadianstrokenetwork.ca)

The Canadian Stroke Network includes more than 100 of Canada’s leading scientists and clinicians from 24 universities who work collaboratively on various aspects of stroke. The Network, which is headquartered at the University of Ottawa, also includes partners from industry, the non-profit sector, provincial and federal governments. The Canadian Stroke Network, one of Canada’s Networks of Centres of Excellence, is committed to reducing the physical, social and economic impact of stroke on the lives of individual Canadians and on society as a whole.

For information contact:

Cathy Campbell, Canadian Stroke Network: 613-562-5696

Rhae Ann Bromley, Heart and Stroke Foundation of Saskatchewan 306-630-9509 (mobile)