

Title	Organization of Stroke Care Services: Review of the Evidence, Policies and Experiences
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Aim

The ministère de la Santé et des Services sociaux asked the Agence d'évaluation des technologies et des modes d'intervention en santé (AETMIS), now the Institut national d'excellence en santé et en services sociaux (INESSS), to provide a perspective on the best way to organize stroke care services and to provide details on the structural entities, and their components, that should be part of the continuum of care. At the same time, the ministry established a working group of experts in the field with the mandate to support the implementation of the continuum of care, and AETMIS worked in collaboration with this group.

Conclusions and results

At the end of this assessment, INESSS identified several points of consensus on the expected characteristics of the main structures that should provide services along the continuum of stroke care, and on the optimal pathways for patients or clients in the hyperacute, acute, post-acute phases and rehabilitation. Relating these to the particular context of Quebec allowed for concrete proposals chiefly regarding the following points:

- hierarchical organization of acute care hospitals, with links for patient transfer;
- timely access to diagnostic imaging;
- development of stroke units in all secondary and tertiary acute care hospitals with the critical
- volume of patients required to maintain expertise;
- timely access to thrombolysis through the use of prehospital service pathways;
- clinical decision support and local administration of intravenous thrombolysis through telemedicine in primary acute care hospitals unequipped with stroke units in remote regions;
- early rehabilitation for all stroke patients, regardless of the type of hospital where they are admitted;
- participation of patients and their families/informal caregivers throughout the care process;
- planning of early supported discharge;
- equitable eligibility criteria for specialized rehabilitation services, whether offered in an institution, on an outpatient basis, or at home;
- access to local follow-up services offered by CSSS (Centres de santé et de services sociaux), including community reintegration support and non-specialized rehabilitation, after the specialized rehabilitation stage;
- timely access to secondary prevention clinics linked to hospital services and primary care;

- application of clinical practice guidelines by all healthcare professionals;
- periodic performance measurement, coupled with feedback to all stakeholders concerned.

Methods

The nature of the given mandate and the abundance of information on these topics in general, the literature search and data extraction focused on practice guideline documents, existing systematic reviews and healthcare policies and experiences in stroke observed outside Quebec.

Critical analysis of these documents and their reviews of the evidence formed the basis of the extraction of data for this report. Information on the Quebec context arose from the 2008 advisory report on development of the continuum of stroke care services in Quebec and from interactions with the MSSS expert working group as its work progressed (in the period 2009-2010).

The stroke care experiences of three healthcare systems – England, Australia and Ontario – were examined for this report. The criteria for selecting these jurisdictions were the following: existence of a well-developed stroke/TIA (transient ischemic attack) care policy, availability of literature on stroke care organization, and evaluation of performance of the stroke/TIA strategy.

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