

Provincial stroke strategy improves care for rural residents in Nova Scotia

1 October 2012

Stroke patients in rural Nova Scotia receive better treatment and are less likely to end up in long-term care facilities than they were before the province's stroke strategy was rolled out in 2008, according to a study presented today at the Canadian Stroke Congress.

Nova Scotia's [stroke](#) strategy – a plan to provide optimal stroke [care](#) across the province—led to the creation of designated stroke units in hospitals, interprofessional stroke teams, district stroke coordinators, and the application of Canadian Best Practice Recommendations for Stroke Care.

In 2005, South West Health district was designated as the test site for the province's plan to improve stroke care. Two other rural districts, South Shore Health and Annapolis Valley Health, came on board beginning in 2008. Stroke programs are now available across Nova Scotia.

Data collected from the three districts for 2004-2005, 2009-2010 and 2010-2011 show improvements in many areas, says Dr. Stephen Phillips, a neurologist in the Nova Scotia Capital District Health Authority and a clinical advisor for [Cardiovascular Health](#) Nova Scotia.

"We were very struck by how quickly we were able to detect change," says Dr. Phillips. "And we were pleased to see that in the South West Health District, where the program has been running since 2005, the improvements have been sustained."

Some of the improvements seen in these three rural health districts include:

- Sixty-seven per cent of all [stroke patients](#) received treatment in stroke units compared to none in 2004/05. (Stroke units are specialized hospital units with a dedicated stroke team and resources. They have been shown to reduce disability and

death from stroke by as much as 30%);

- Patients received swallowing tests 61 per cent of the time in 2010/2011, up from 28 per cent in 2004/2005. (Swallowing tests can reduce complications such as pneumonia and dehydration.);
- The percentage of patients discharged to long-term care facilities was cut almost in half from 12 per cent to seven per cent.

One of the greatest benefits of the stroke strategy is that the changes didn't come at a high cost to the province, says Katie White, Stroke Consultant with [Cardiovascular Health](#) Nova Scotia.

"This was more about reorganizing care based on the resources we have with relatively small funding enhancements rather than major new investments in care." says White.

"Improving [stroke care](#) doesn't have to be expensive," says Dr. Michael Hill, co-chair of the Canadian Stroke Congress. "There are ways to use the resources already in place to improve results."

"With 50,000 strokes occurring in Canada this year, the advancements of such stroke strategies are real success stories," says Ian Joiner, the director of stroke for the Heart and Stroke Foundation. "We know that 90 per cent of adults have at least one risk factor for stroke. Prevention and research efforts as part of the strategy are important for healthy, quality years of life."

The Canadian Stroke Congress is a joint initiative of the Canadian Stroke Network, Heart and Stroke Foundation of Canada and the Canadian Stroke Consortium.

Provided by Heart and Stroke Foundation of Canada

APA citation: Provincial stroke strategy improves care for rural residents in Nova Scotia (2012, October 1) retrieved 24 November 2022 from <https://medicalxpress.com/news/2012-10-provincial-strategy-rural-residents-nova.html>

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