This edition of the Stroke Nursing News marks the second year of publication. We hope that you find it helpful and that it connects you to information to help you with your practice.

As always, a newsletter like this is only as good as its content so we are grateful to the many people who have contributed articles and ideas for articles. In particular we would like to thank the great people within the Provincial Stroke Strategies across Canada who have shared the exciting stories of their progress in building integrated stroke strategies, and the Canadian Stroke Network and Canadian Stroke Strategy teams. We could not do this without your support and encouragement. Special thanks go to Cathy Campbell, Director of Communications at the Canadian Stroke Network and to our dedicated translation team of Marie-France Saint-Cyr and Jan Carbon.

We hope that the newsletter continues to provide you and your colleagues with helpful information. We will do our best to disseminate it to you every month if possible given our busy schedules and we ask your forgiveness for the occasional month we are late publishing it.

We would like to extend our best to you and your families for 2008. Keep up the great work that you do!

The members
National Stroke Nursing Council
January 2008
Save the Dates!

Canadian Association of Neuroscience Nurses
39th Annual Meeting and Scientific Sessions

Synapses in the City: Making the Connections

June 17–20, 2008 Victoria, British Columbia

Critical Dates: All abstracts for poster presentations must be received by February 11, 2008.

Health-care executive Elizabeth Woodbury has been named Executive Director of the Canadian Stroke Strategy, a joint initiative of the Canadian Stroke Network and Heart and Stroke Foundation of Canada. Elizabeth brings a wealth of experience to the CSS as she has served as vice-president of Women’s College Hospital in Toronto, CEO of community hospitals and worked in management with the Ontario Ministry of Health and Long-term Care. "Elizabeth’s skill as a health-care executive working on systems change and managing relationships with governments and hospitals will prove invaluable,” says Dr. Antoine Hakim, CEO and Scientific Director of the Canadian Stroke Network. “Most regions, provinces and territories are moving past the development stage of their stroke strategies and Elizabeth has the perfect hands-on experience to be able to help with implementation.” “Elizabeth’s knowledge of the stroke strategy implementation in Ontario and her engaging communications style will be tremendous assets at a critical juncture in the development of this key national health strategy,” says Sally Brown, CEO of the Heart and Stroke Foundation of Canada. “We are delighted to have her come on board to lead the CSS team.” “I am very excited about joining the dedicated team driving this critically important strategy and working with partners across Canada to optimize stroke care and improve lives,” Ms. Woodbury says. The Canadian Stroke Strategy provides the resources for regions, provinces and territories to put in place their own unique plans to deal with stroke and to reform the health-care system. Resources include the latest research evidence about what works in stroke care; training and education programs for health professionals; tools to evaluate and monitor how well hospitals are delivering care; and public education and awareness.

Ms. Woodbury replaces Debra Lynkowski, who left the position in September to become CEO of the Canadian Public Health Association. She formally assumed her post on Jan. 7 and can be reached at elizabeth@canadianstroke network.ca. Her mailing address is 451 Smyth Road, Ottawa, ON, K1H 8M5. You can also reach her through Laurie Cameron at 613-562-5800, ext. 8318.

We all welcome her aboard!

Reprinted from Brainwaves

Stroke Best Practices Update Underway

Work on the Canadian Best Practice Recommendations for Stroke Care - 2008 version is underway under the leadership of Dr. Patrice Lindsay, CSN Performance & Standards Specialist, and Dr. Stephen Phillips and Ms. Alison McDonald, co-chairs of the Best Practices Working Group. Recommendations from the 2006 version are being reviewed, revised and updated and additional areas for inclusion in the 2008 version are being identified. Groups have been formed to consider Stroke Prevention, Pre-Hospital Care, Acute Inpatient Care, and Cognitive/Dementia. These groups are meeting regularly via teleconference and working diligently to develop guidelines for inclusion in the 2008 version.

Teri Green, Co-Chair of the National Stroke Nursing Council, and Dr. Gord Gubbitz from the Queen Elizabeth II Health Centre in Halifax are chairing the Acute Inpatient Care Group.

Reprinted from Brainwaves
Roxanne Cournoyer joins Council as representative from Quebec

Teri Green and Cindy Bolton, NSNC Co-Chairs are pleased to announce that Roxanne Cournoyer has joined Rosa Sourial as a representative for the province of Quebec.

Roxanne is a Case Manager Nurse in Neurology working with the stroke population at the Centre hospitalier de l'Université de Montréal (CHUM), or University of Montreal Hospital Center, one of the two major hospital networks in the Montreal Stroke Network (the other being the McGill University Health Centre). Her position involves the coordination of care for patients and their families across the healthcare continuum. She oversees the delivery of care in the Emergency Department, including the use of r-tPA, and provides continuing education through workshops and lectures in a variety of forums to nurses working with the stroke population.

Roxanne holds a Masters degree in Nursing Science from the University of Montreal and is a lecturer in the Faculty of Nursing.

She is the recipient of the prix excellence from the Ordre régional des infirmières et infirmiers de Montréal-Laval for the stroke project “Une équipe d'intervention interprofessionnelle auprès des patients atteints d’AVC aigus : pour une prise en charge immédiate, continue et optimale”, juin 2004, sponsored by Innovation clinique 3M.


Roxanne can be reached by email at roxanne.cournoyer.chum@ssss.gouv.qc.ca

Welcome Roxanne!

Linda Kelloway to continue as Education Consultant

Mary Elizabeth Harriman, Associate Executive Director for the Heart and Stroke Foundation of Canada, announced that Linda Kelloway’s role as an education consultant in support of the Heart and Stroke Foundation and Canadian Stroke Strategy Stroke professional education efforts will continue in 2008. In 2007, with support from the Canadian Stroke Network, Linda led the development of the Acute Stroke Management Resource and the Canadian Stroke Strategy Best Practice Recommendations Toolkit. Going forward Linda will build on this success achieved in 2007 and will develop additional resources for the national stroke professional education program.

Linda will be working one day a week on stroke professional education. In this capacity she will be working closely with Bev Powell-Vinden, HSFO Manager Stroke Care Delivery. The balance of Linda’s time will be spent as the Regional Stroke Education and Research Coordinator for the Ontario Stroke System’s Central South stroke region and is based at the Hamilton Health Sciences Centre.

Linda is an Advanced Practice Nurse, with a developed interest and expertise in adult education. She holds a Masters in Nursing and a Certification in Neuroscience Nursing from the Canadian Nurses Association. She has functioned in the role of Clinical Educator within an acute care setting and most recently as one of the Ontario Stroke System’s Regional Education Consultants. She is a member of the CSS Professional Development and Training Group and the National Stroke Nursing Council. Contact Linda at lkelloway@hsf.on.ca
Did you Know?

SALT and SODIUM

Salt is sodium chloride

- 1 level teaspoon of salt contains just over 6 grams of salt
- 6 grams of salt contains about 2300 milligrams (mg) of sodium
- 2300 mg is the Tolerable Upper Intake Level of dietary sodium – the maximum amount per day consistent with good health

National Guidelines for Adequate Intakes of sodium by age:

- 1-3 years: 1000 mg per day
- 4-8 years: 1,200 mg per day
- 9-50 years: 1,500 mg per day
- 50-70 years: 1,300 mg per day
- 70 years: 1,200 mg per day

How much sodium is in your food?

Visit Health Canada’s Canadian Nutrient File website and search food categories (such as fast food, snacks and breakfast cereals) by sodium content. You may find the results surprising.

http://www.hc-sc.gc.ca/fn-an/nutrition/fiche-nutritionnelle-data/index_e.html
5.3 COMPONENTS OF INPATIENT STROKE REHABILITATION

- All patients with stroke should begin rehabilitation therapy as early as possible once medical stability is reached. (AHS/ASA; Evidence Level I)
- Patients should undergo as much therapy appropriate to their needs as they are willing and able to tolerate. (RCP; Evidence Level A)
- The team should promote the practice of skills gained in therapy into the patient’s daily routine in a consistent manner. (RCP; Evidence Level A)
- Therapy should include repetitive and intense use of novel tasks that challenge the patient to acquire necessary motor skills to use the involved limb during functional tasks and activities. (SCORE; Evidence Level A)
- Stroke unit teams should conduct at least one formal interdisciplinary meeting per week at which patient problems are identified, rehabilitation goals set, progress monitored, and support after discharge planned. (SIGN 64; Evidence Level B)

RATIONALE

To obtain the benefits of inpatient stroke rehabilitation units, a number of important components must be present. Both animal and human research suggests that the earlier rehabilitation starts the better the outcome. In fact, people who start rehabilitation later may never recover as much as those who start early. Early and enhanced intensive rehabilitation care for both acute or subacute stroke survivors improves arm and leg motor recovery, walking mobility, and functional status, including independence in self-care and participation in leisure activities. It is important that the rehabilitation be tailored to the tasks that need to be retrained; it is not adequate to focus on muscle strengthening alone. Another vital component is that all the professionals involved work together as a coordinated specialized team, meeting regularly to discuss the rehabilitation goals and progress. This ensures the whole team takes advantage of the opportunity to work on goals throughout the day, and makes it easier to identify potential barriers to discharge.

SYSTEM IMPLICATIONS

- Organized stroke care available including stroke units with critical mass of trained staff, interdisciplinary team during the rehabilitation period following stroke.
- Initial assessment performed by clinicians experienced in stroke and stroke rehabilitation.
- Timely access to specialized, interdisciplinary stroke rehabilitation services.
- Timely access to appropriate type and intensity of rehabilitation for stroke survivors.
- Optimization of strategies to prevent the recurrence of stroke.
- Stroke rehabilitation support provided to caregivers.
- Long term rehabilitation services widely available in nursing and continuing care facilities, and in outpatient and community programs.
- Definition, dissemination, and implementation of best practices for stroke rehabilitation across the continuum of care.
- Mechanisms for ongoing monitoring and evaluation, with a feedback loop for interpretation of findings and opportunities for quality improvement.
The National Stroke Nursing Council was established in late 2005 with the support of the Canadian Stroke Network to promote leadership, communication, advocacy, education and nursing research in the field of stroke.

The Council works to build understanding of the critical role of Canadian stroke nurses, to give a voice to experiences on the frontline and to support the vision of the Canadian Stroke Strategy.

**Objectives**

- Build a nationally recognized accessible stroke nursing network
- Disseminate information and best practice standards to stroke nurses
- Facilitate implementation of stroke best practices across the continuum of care
- Promote the value and understanding of the various nursing roles in stroke care

**Goals**

1. To build an understanding of the critical role of stroke nurses in Canada.
2. To give voice to experiences of stroke nurses on the front line.
3. To support the vision of the Canadian Stroke Strategy.

**National Stroke Nursing Council Reps from Coast to Coast**

**British Columbia**

Jody Yuzik, Patient Services Coordinator Rehabilitation, GF Strong Rehabilitation, Vancouver, BC

Jody.yuzik@vch.ca

**Alberta**

Rhonda Hardy-Joel, Acute Nurse Practitioner, Regional Stroke, Capital Health, Edmonton, AB

Rhonda.HardyJoel@capitalhealth.ca

Teri Green, Council Co-Chair, Foothills Medical Centre, Calgary Health Region, Calgary AB

Teri.green@calgaryhealthregion.ca

**Saskatchewan**

Brenda Kwiatkowski, Stroke Clinic Coordinator, Royal University Hospital, Saskatoon, SK

Brenda.kwiatkowski@saskatoonhealthregion.ca

**Manitoba**

Audrey Gousseau, Cerebrovascular Nurse Clinician, Health Sciences Centre, Winnipeg MB

agousseau@exchange.hsc.mb.ca

**Ontario**

Cindy Bolton, Council Co-Chair, Project Manager Kingston General Hospital, Kingston, ON

boltonc@kgh.kari.net

Linda Kelloway, Stroke Education and Research Coordinator, Hamilton Health Sciences Centre

Linda.kelloway@hhsc.ca

**Quebec**

Rosa Sourial, Clinical Nurse Specialist, McGill University Health Centre, Montreal, Quebec

Rosa.sourial@muhc.mcgill.ca

**New Brunswick**

Patti Gallagher, Clinical Nurse Specialist, Saint John Regional Hospital, Saint John NB

galpa@req2.health.nb.ca

**Nova Scotia**

Michelle MacKay, Specialty Nurse Practitioner Neurology QEII Health Sciences Centre, Halifax NS

Michelle.mackay@cdha.nshealth.ca

**Prince Edward Island**

Maridee Garnhum, Medical Nurse Manager Queen Elizabeth Hospital Charlottetown, PEI

mgarnhum@ihis.org

**Newfoundland and Labrador**

An update on the representative will be available in February

nsnc@canadianstrokestrategy.ca

We want your Stroke Nursing News!

Send stories, photos and ideas for content to Cindy Bolton, Editor at boltonc@kgh.kari.net

The NSNC is on the Web!

See us at: www.canadianstrokestrategy.ca and www.canadianstrokenetwork.ca