A Canadian KT Collaboration

One in three patients with stroke have aphasia.¹ Stroke is the single greatest cause of disability in most Western nations and presents a significant global health care burden.² Stroke teams with aphasia have longer lengths of stay, higher costs of care, lower rates of returning home and less favourable outcomes overall.³ Aphasia is included in the top ten stroke research priorities³ and a large Canadian study identified aphasia as the primary factor that negatively impacts quality of life for stroke patients.⁴ In contrast to recommendations for most physical interventions, stroke guidelines around the world, including Canada, have had relatively few references to aphasia management. Out goal was to address this issue.

Evaluating Practice Evidence

A national group of aphasia researchers, stroke thought leaders, and practitioners gathered existing evidence synthesis and BPRs from around the country to inform the development of a set of best practice recommendations for stroke and aphasia. These were subsequently incorporated into the Canadian Stroke Best Practice Recommendations (Spring 2013).⁵

In relation to BPRs

The Canadian Stroke and Aphasia Team, along with invited knowledge users from across Canada (including PWA, researchers, educators, health care providers, and policy makers) met prior to the 2013 Canadian Stroke Congress to answer the question: What stroke and aphasia best practices are ready to mobilize from research and recommendations to practice?

Using stakeholder input regarding readiness, ease and impact on the health system, as well as those deemed not yet ready, the team made a decision to move three of the nine BPRs. The remaining six BPRs as well as two additional guidelines were included because of the logical relationships to BPR #1; first, BPR #1 (training for stroke care providers about aphasia) and second, BPR #6 (training and support for families).
The team aims to adapt SC²A³ for the early acute care hospital setting. The goal is to enable the ‘critical conversations’ essential to quality of care and key family relationships. Objectives may include: 1) To adapt and evaluate an intervention relevant to acute care that improves the ability of stroke care providers to communicate effectively with patients with aphasia; and, 2) To adapt and evaluate an intervention that improves the ability of a stroke team to support and teach families of patients with aphasia in the acute care setting to communicate successfully.
The team anticipates that a project of this nature will provide valuable insights into how the implementation of the BPRs can be effectively customized to acute care settings. The overarching goal is to develop a practical and relevant intervention program for stroke teams which will also result in more positive experiences reported by family members. Studies will also explore the translation of BPRs to front line practice in other interventions and will allow generalization of research in stroke rehabilitation research, and assessment tools.


LEGEND:
- Team decision regarding priorities for mobilization based on readiness, evidence, and impact

One Year Attributable Cost of Ischemic Stroke Patients

What is strokes in Canada and to influence actual practice in stroke
outcomes overall

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PLANNING GRANT ACCOMPLISHMENTS

A decision was therefore made to develop comprehensive best practice recommendations (BPRs) for stroke and aphasia in Canada and to influence actual practice in stroke care. A team of stroke and aphasia thought leaders secured a Canadian Institute of Health Research (CIHR) Knowledge Transfer and Exchange (KTE) Planning Grant (2012-07) to lay the groundwork to move this agenda forward.

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