

Effective April 1 2017, Updated Stroke QBP Clinical Handbook released

Background

In February 2016, Health Quality Ontario (HQO) recommended that the Ministry “publicly fund stent retrievers and thromboaspiration devices for mechanical thrombectomy in patients with acute ischemic stroke, in selected stroke centres identified by the Ontario Stroke Network (OSN)”. This recommendation has been reflected in an updated [Quality-Based Procedures \(QBP\): Clinical Handbook for Stroke \(Acute and Postacute\)](#), which has now been released by the [Ministry of Health and Long-Term Care](#) (MOHLTC), along with [Health Quality Ontario](#) (HQO) and the [Ontario Stroke Network](#) (OSN). The handbook will be effective April 1 2017.

Endovascular Treatment (EVT) involves mechanical clot disruption (embolectomy) carried out by specialists with neurointervention expertise (e.g. neuroradiologist, neurosurgeons, neurologists). It is a highly specialized and time-sensitive procedure that requires rapid triage, assessment and imaging (CT/CTA) of eligible patients who present with potentially disabling, acute neurological symptoms suggestive of an acute stroke within six (6.0) hours of symptom onset.

A provincial process has been established to support regional access to EVT that builds on existing processes for accessing tPA (e.g. through bypass and walk-in protocols) and considers time, distance, clinical presentation, imaging and use of [Criticall Ontario](#) to facilitate referral and transfer.

What’s New: Stroke QBP Handbook

Best practice recommendations for Endovascular Treatment were added to the acute episode of care, specifically Modules 1-3. Additionally, the Ontario Stroke Network revised Stroke Unit definition has been added to Module 3a, as well as clarification on the timing for [AlphaFIM](#)[®]. The Post Acute Care Modules found in section titled “Recommended Practices for TIA and Minor (Non-disabling) Stroke” were removed and can be found in the Post Acute Care section.

Specific Changes:

Recommendation 1.2.2: Change to the treatment window timing

Recommendation 1.2.3: Rapid brain imaging including CTA

Recommendation 1.2.4: Multiphase CTA

Recommendation 1.2.5: Rapid brain imaging interpreted by a provider with expertise

Recommendation 2.3.1: Reference to new cross-continuum modules

Recommendation 2.4.1: OHTAC recommendation on the management of patients with TIA

Recommendation 2.4.2: TIA patients to consider for admission

Recommendation 2.4.4: Acetylsalicylic acid in patients who failed the NPO (*nil per os*, or nothing by mouth) screen

Recommendation 2.5.2: Revision of door-to-needle timing of tissue plasminogen activator administration

Recommendation 2.6.1: Change to the treatment window timing

Recommendation 2.6.3: EVT Imaging Criteria

Recommendation 2.6.4: Use of EVT and thrombolysis

ABOUT THE ONTARIO STROKE NETWORK / CARDIAC CARE NETWORK

As of April 1, 2016, the [Ontario Stroke Network](#) (OSN) and [Cardiac Care Network of Ontario](#) (CCN) have come together as a single entity to ensure a comprehensive and integrated approach to cardiac, vascular and stroke care in Ontario. The Cardiac Care Network of Ontario is a system support to the MOHLTC, Local Health Integration Networks, hospitals, and care providers dedicated to improving quality, efficiency, access and equity in the delivery of the continuum of cardiovascular services in Ontario.

- Recommendation 2.6.5: EVT Centre Criteria
- Recommendation 2.6.6: EVT post procedural care
- Recommendation 2.6.7: Stroke unit care for EVT patients
- Recommendation 3.1.1: OSN Stroke Unit definition
- Recommendation 3.2.1: Early mobilization recommendation updated
- Recommendation 3.2.2: Timing for AlphaFIM®

Site Implications

As of April 1, 2017, a provincial process will be in place for accessing EVT. An evaluation and reporting process is under development. There are three different types of sites relating to the EVT process, each with different responsibilities:

| Site Description | Responsibilities |
|-------------------------|---|
| No direct role in EVT | Non-tPA site, would access tPA through typical process for access to tPA (bypass and walk-in protocol) |
| Referring sites for EVT | <ol style="list-style-type: none"> 1. tPA delivery sites will contact CritiCall Ontario to request a consultation for EVT with the Stroke Endovascular Team. 2. Telestroke sites for tPA consultation will contact CritiCall Ontario to request a consultation with the Telestroke Neurologist prior to requesting consultation for EVT. Ensure Criticall consultation is clearly documented in the chart. Health records technicians review stroke special project field documentation, in particular Telestroke field. |
| Intervention sites | <ol style="list-style-type: none"> 1. Provide EVT aligned with recommendations in the Handbook; with reporting to Cardiac Care Network for evaluation and quality assurance. 2. Ensure quality of EVT coding in patient medical records captures key processes of EVT care (eg. Stroke symptom onset, groin puncture time). Health records technicians review the EVT CCI codes. Ensure quality of EVT coding in patient medical records captures key processes of EVT care (eg. Stroke symptom onset, groin puncture time). Health records technicians review the EVT CCI codes. |

What's Next?

The Stroke Services of the Cardiac Care Network of Ontario will be holding two webinars to review the changes to the Update Stroke QBP Handbook with a focus on the Clinical Implementation of EVT in Ontario

There will be two clinical webinars hosted by HQO to support clinical implementation. The first webinar will take place on **March 29, 2017 0830-1000** and the second **April 19, 2017 1430-1600**. Further detail for both webinars is available via the links below. A webinar to support financial implementation will follow.

March 29th: <https://attendee.gotowebinar.com/register/1106778681304474369>

April 19th: <https://attendee.gotowebinar.com/register/2221735148916056065>

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Frequently Asked Questions:

1. What Centres are currently providing EVT in Ontario?

There are 10 hospitals providing EVT in Ontario. Seven hospitals provide EVT 24/7 and three hospitals offer limited access dependent on EVT specialists' availability.

| EVT Hospitals: 24/7 | EVT Hospitals: Non 24/7 |
|--|--|
| Hamilton Health Sciences | Thunder Bay Regional Health Sciences Centre - single interventionalist |
| London Health Sciences Centre | Windsor Regional Hospital - single interventionalist |
| St Michael's Hospital | Kingston General Hospital - Mon-Fri 8-4 |
| Sunnybrook Health Sciences Centre | |
| The Ottawa Hospital-Civic Campus | |
| Trillium Health Partners | |
| University Health Network-Toronto Western Hospital | |

2. What is the role of CritiCall Ontario?

- a) CritiCall Ontario will facilitate consultation between the referring site and the intervention site.
- b) CritiCall Ontario will facilitate the patient transport coordination once confirmed.

3. Where can questions for the Ministry be directed?

- a) Questions to the Ministry can be sent to Allison Costello at Allison.costello@ontario.ca.

4. Where can questions re clinical implementation be directed?

- a) Clinical implementation questions can be sent to CCN/OSN at strokeinfo@ccn.on.ca.

5. Where can I find the Handbook?

- a) The Handbook can be found at http://ontariostrokenetwork.ca/qbp_update.

6. Will EVT Centres be provided with funding for the provision of EVT?

To increase capacity for EVT in Ontario, the Ministry is determining the best approach to support this new procedure as part of the Quality-Based Procedure payment for Stroke care. Funding information will be confirmed at a later date.

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