

Heart and Stroke Initiatives and Community Paramedics

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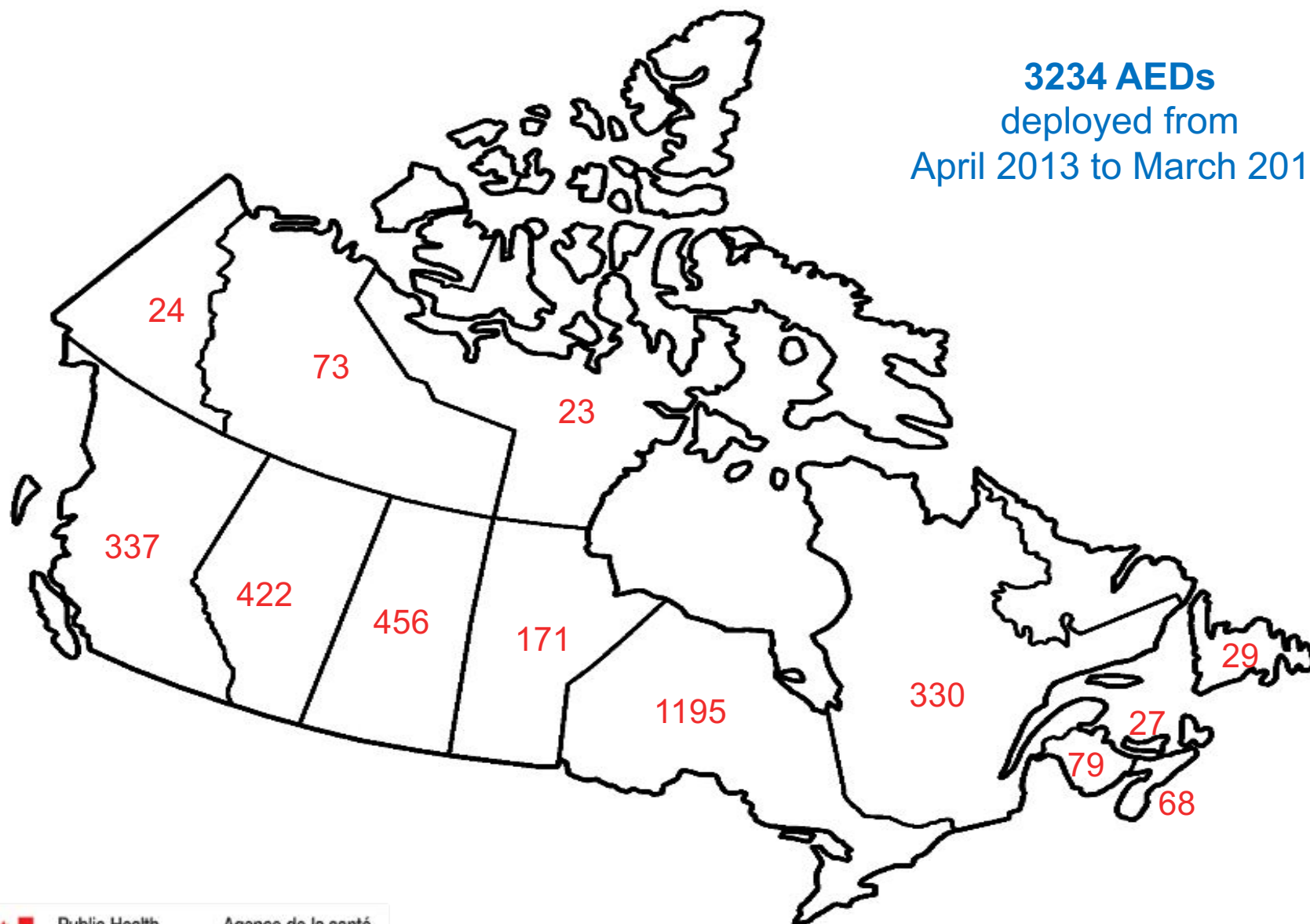
1. Providing Canadians with skills & confidence



- ▶ Paramedic services across the country work together with local and provincial Heart and Stroke offices to deliver CPR, AED and First Aid training and associated services
 - BC EHS
 - Winnipeg Fire and Paramedic Services and Paramedics Association of Manitoba

2. Equip public places with AEDs

3234 AEDs
deployed from
April 2013 to March 2016



3. Best practices for emergency response



- ▶ Guidelines Update for ECC and CPR
 - rigorous 5-year review process
 - International Liaison Committee on Resuscitation, or ILCOR
 - Look at science from the perspective of ‘what changes in practice or systems have the most potential to save lives? ... Where can we have the most impact on improving patient outcomes?’

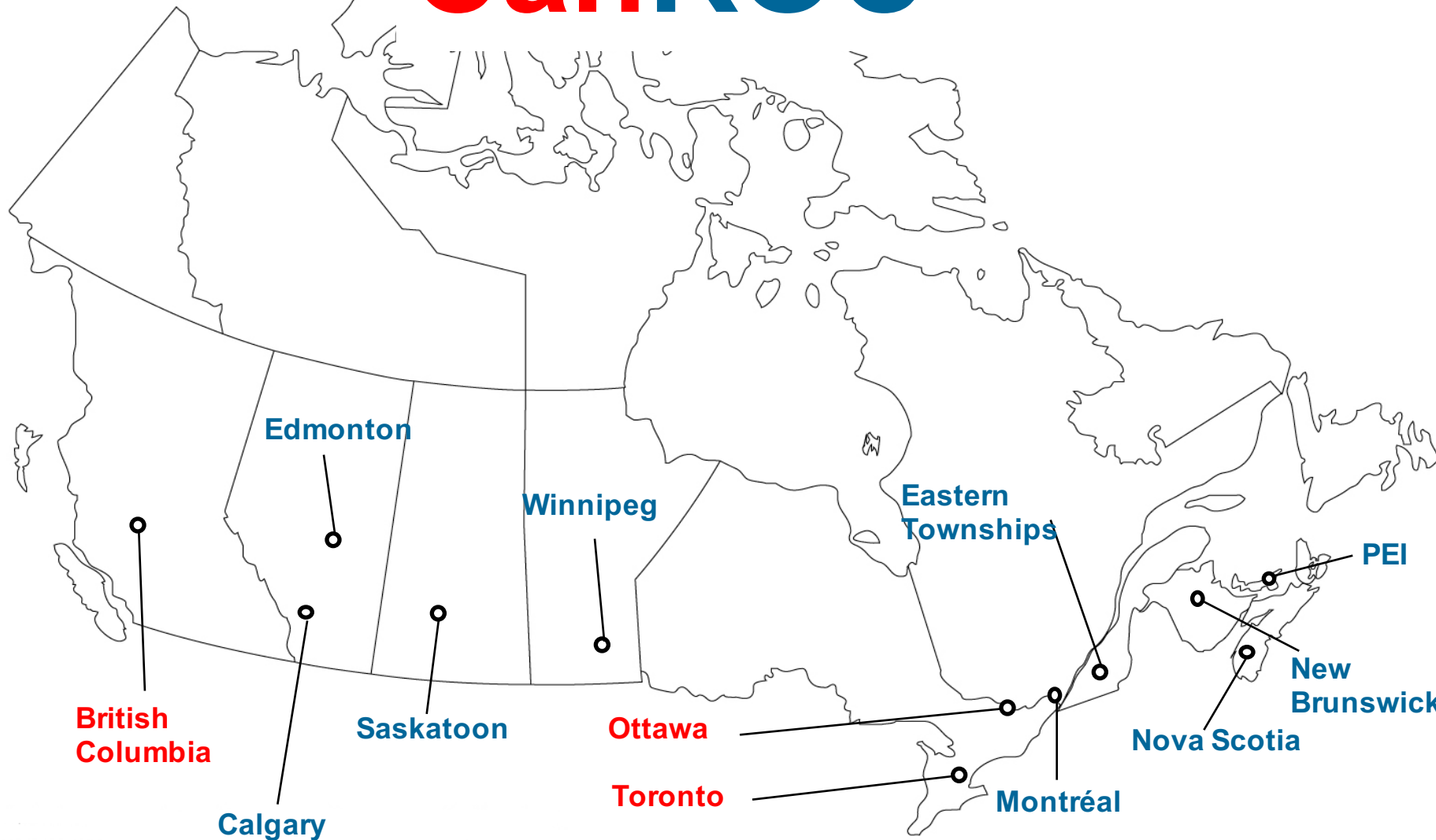
3. Best practices for emergency response



- ▶ Adult Chain of Survival split into two chains: one for in-hospital and one for **out-of-hospital systems of care**
- ▶ New Basic Life Support training incorporates a dual stream design supporting education to both **pre-hospital** and in-facility providers

- ▶ Direct involvement of paramedics in research
 - Continuous Chest Compression vs. 30:2
 - Amiodarone vs. Lidocaine vs. Placebo in VF
 - Effectiveness of Airway Interventions in Out-of-Hospital Cardiac Arrest

CanROC



Stroke and Paramedicine

ACCESS TO STROKE CARE:

THE CRITICAL FIRST HOURS



THE HEART AND STROKE FOUNDATION 2015 STROKE REPORT



Impact of Stroke Care in Canada

Population 35.2 million

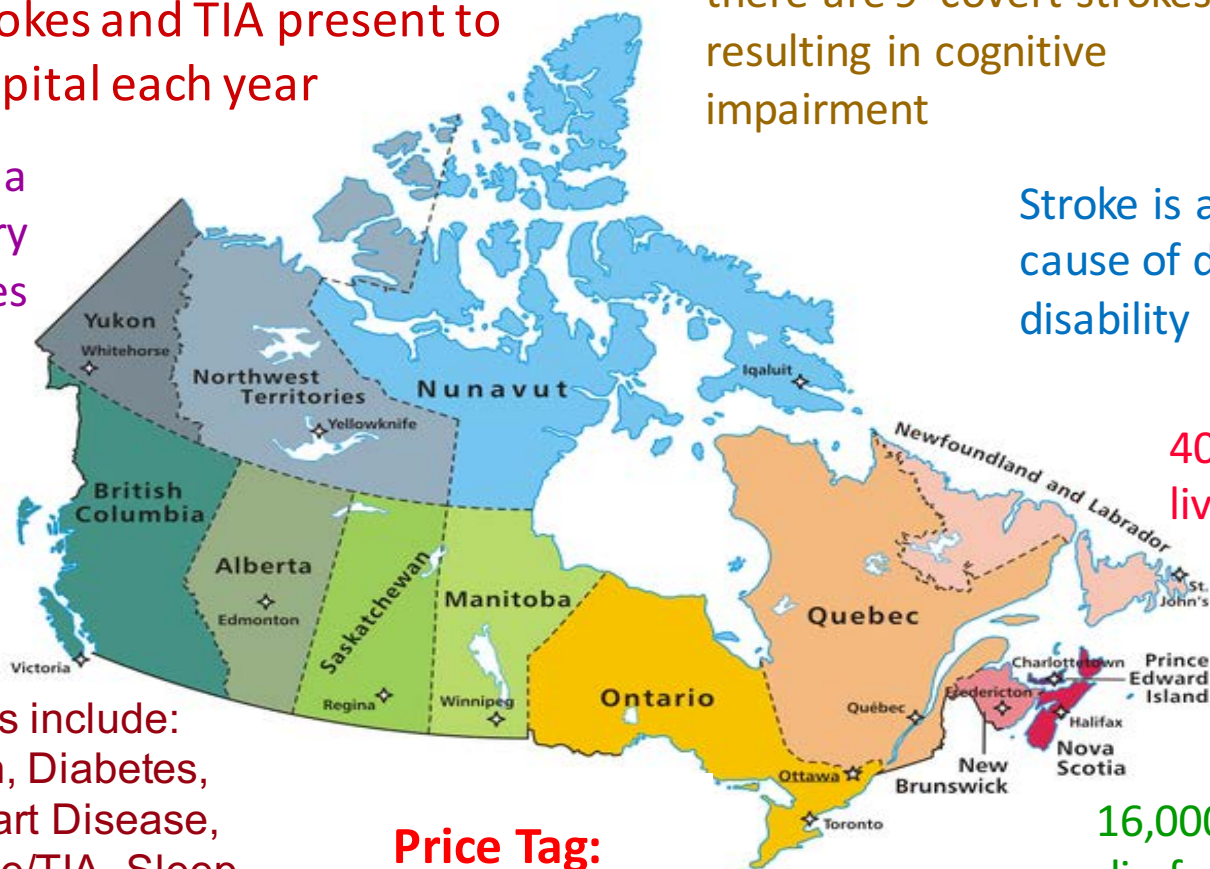
62,000 overt
strokes and TIA present to
hospital each year

For every symptomatic stroke
there are 9 'covert' strokes
resulting in cognitive
impairment

Someone has a
stroke every
9 minutes

Stroke is a leading
cause of death and
disability

20% chance of
second stroke
within 2 years



405,000 Canadians
living with stroke

Risk Factors include:
Hypertension, Diabetes,
Smoking, Heart Disease,
Previous Stroke/TIA, Sleep
Apnea, & Atrial Fibrillation

Price Tag:
\$3.6 billion annually

16,000 Canadians
die from stroke
each year

Key Message

- ▶ The public needs to know that when a stroke is witnessed or suspected, the first thing they should do is call PARAMEDICS
- ▶ Help to educate Canadians by incorporating this message in your community outreach



B. Shift from “Five” to FAST



Weakness – **Sudden** loss of strength or sudden numbness in the face, arm or leg, even if temporary.



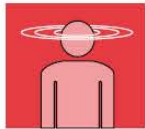
Trouble speaking – **Sudden** difficulty speaking or understanding or sudden confusion, even if temporary.



Vision problems – **Sudden** trouble with vision, even if temporary.



Headache – **Sudden** severe and unusual headache.



Dizziness – **Sudden** loss of balance, especially with any of the above signs.

LEARN THE SIGNS OF STROKE

FACE is it drooping?
ARM can you raise both?
SPEECH is it slurred or jumbled?
TIME to call 9-1-1 right away.

ACT **F A S T** BECAUSE THE QUICKER YOU ACT,
THE MORE OF THE PERSON YOU SAVE.

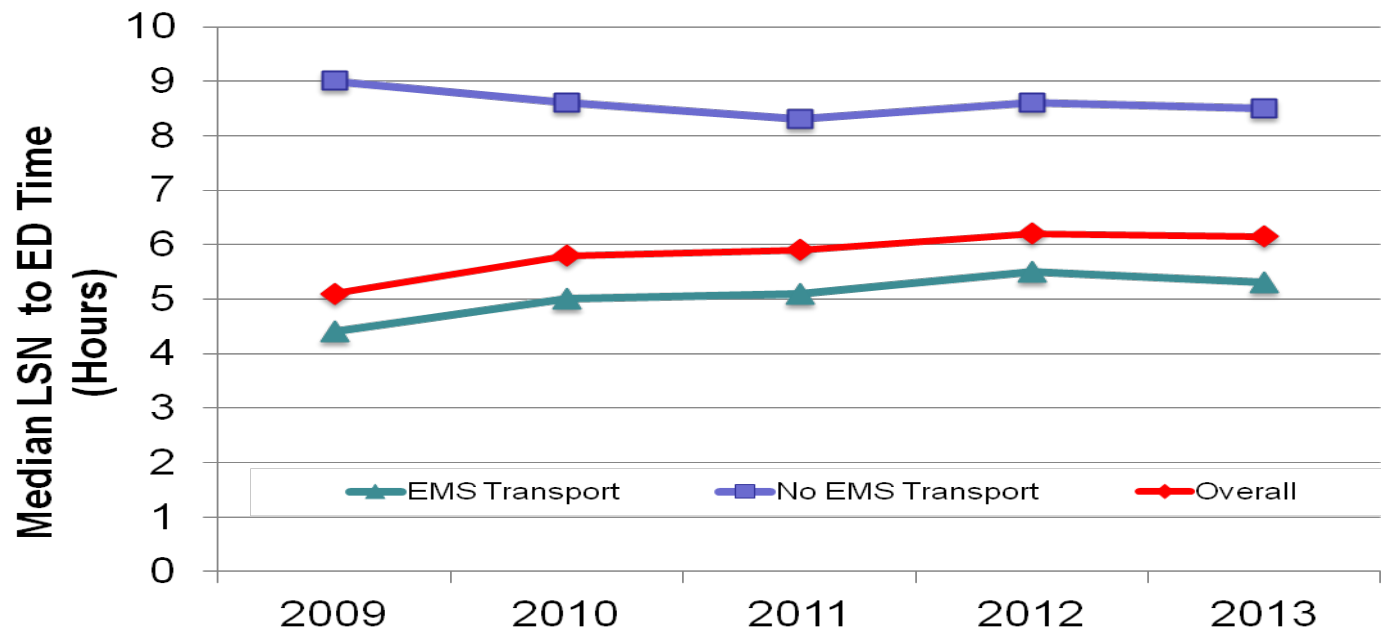
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Late 1990's

2014



Time from stroke onset to hospital (ED) arrival



Percentage of stroke patients arriving to the ED by EMS

CAN	BC	AB	SK	MB	ON	QC	NB	NS	PEI	NL
69%	67%	75%	64%	65%	69%	*	62%	73%	64%	68%

Mobile stroke unit



New drug trial puts possible stroke treatment in the hands of paramedics UHN 2014

- ▶ A new Canadian-developed neuroprotectant drug, NA-1, shows promise in containing the damage done to the brain after an acute stroke.
- ▶ As part of a clinical trial called FRONTIER, **the drug is being administered by paramedics** to stroke patients who are within a three-hour window of symptom onset.
- ▶ Design: Double-blind, NA-1 vs placebo
- ▶ Primary Outcome: modified Rankin Score at 90 days
- ▶ Secondary outcomes: NIHSS score at 90 days, return to baseline function within 24 hours, Barthel Index at 90 days



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CANADIAN STROKE CONGRESS Quebec City | strokecongress.ca

