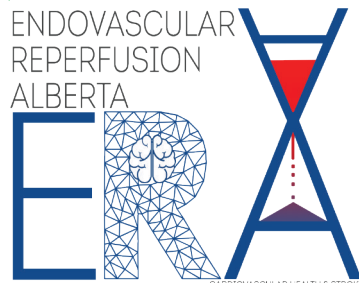


Approximately 400 patients per year with acute ischemic stroke in Alberta would be eligible for this therapy (in 2015, approximately 200 Albertans received EVT).

Acute ischemic stroke inflicts sizeable morbidity and mortality on approximately 5,000 Albertans per year, and the cumulative financial cost of stroke in the first year is estimated at \$370M

For patients that received EVT vs. standard care in the ESCAPE Trial: Overall positive outcomes increased from 30 per cent to 55 per cent. The overall mortality rate was reduced from two in 10 patients for standard treatment of care to one in 10 patients – a 50 per cent reduction



ERA is a provincial strategy for increasing access to Endovascular Therapy (EVT) for patients with acute ischemic stroke.

For patients with large vessel occlusion, intravenous thrombolytic therapy with tissue plasminogen activator (tPA) is the most common treatment in Alberta for acute ischemic stroke. However, EVT provides much greater rates of revascularization and good outcomes when compared to IV tPA alone

ERA has worked with partners to revise EMS triage, transport and communication pathways to include (a) a validated field test and (b) field communication with a stroke neurologist and transport physician to determine best transportation for best patient outcome.

Additional consideration will be given for rapid transportation of patients to Alberta facilities from communities normally served by Health Canada (e.g., First Nations reserves, Canadian Forces bases, federal penitentiaries), as well as bordering provinces. Processes are being developed to manage transportation of patients who are residents of British Columbia and Saskatchewan

Within the available timeframe, this project will aim to achieve the following outcomes:

- 1) Increase proportion of patients eligible for EVT that are transported to CSCs for treatment.
- 2) Implement triage, communication and transport protocols providing coverage to 100% of the Albertan population.
- 3) Increase number of PSCs able to provide 24/7 CTA access for the assessment of EVT eligibility.
- 4) Target median 'door-in-door-out' (DIDO) time at PSCs of less than 45 minutes, with 90% within 60 minutes.
  - a. includes target median 'door-to-needle' (DTN) time of 30 minutes (via QuICR).
- 5) Increase proportion of patients repatriated closer to home for stroke unit equivalent care within 48 hours of EVT once the patient is stabilized (via RAAPID).

The ERA Operations committee reports to the Acute Stroke/TIA Expert Working Group. The ERA Operations committee coordinates via the Cardiovascular Health and Stroke Strategic Clinical Network™ with different committees and working groups involved in the ERA Project in pursuit of the goals and objectives.