



strokefoundation

Australian Stroke Coalition



ASC NEWS—SUMMER 2012 EDITION

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ASC Operations

ASC Teleconference—8 December 2011

The ASC met via teleconference on 8 December 2011 for their biannual meeting. Fifteen members attended the meeting to discuss the progress of current ASC projects, operational matters and issues for progression at the 2012 face-to-face meeting. For the minutes of this meeting [click here](#)

ASC membership and ASC representatives

There were changes to ASC membership in 2011. The Australasian College of Emergency Medicine (ACEM) requested that they be changed to Associate Membership. The WA Stroke Network has dissolved, however WA will continue to be represented by Andrew Granger and Jacquie Ancliffe. Following changes to their executive, the SSA are now represented by Richard Lindley, who will co-chair the ASC, and Tissa Wijeratne, who will replace Erin Godecke. Formal thanks from the co-chairs has been sent to Mandy Thrift and Erin Godecke for their support and commitment.

Terms of reference

The ASC Terms of reference, ASC Working group Terms of reference and IP Policy have been changed to reflect the inclusion of project teams as an entity.

Communications

All states that have a Clinical Network (Queensland, NSW, SA and Victoria) have agreed to include the ASC as an agenda item at their committee meetings. The ASC secretariat has started providing written reports for tabling at these meetings.

ASC website

Discussion is currently underway about how and when to move all ASC content from the NSF website to a dedicated ASC micro site.

Current Projects

Stroke rehabilitation assessment tool for the acute setting

The ASC has determined that every person who has a stroke will be assessed for their rehabilitation needs.

The ASC Rehabilitation working group commenced a project to develop a nationally consistent assessment process for post acute rehabilitation needs. The aim of this project is to document a recommended process and develop a tool to facilitate the assessment of stroke survivors' rehabilitation needs while still in the acute setting.

The project firstly assessed current practice and collated evidence from Australia and overseas for various approaches to facilitate rehabilitation. A survey was piloted in January 2010 and disseminated nationally in April 2010. The survey evaluated the processes used for assessing a stroke survivor's rehabilitation needs beyond the acute setting. It was sent to all sites that participated in the 2009 National Stroke Audit Acute Services and answered 'yes' to the question "Does your hospital routinely assess all patients for the need for further rehabilitation?" The results were collated and a report was written.

Secondly, a literature review was conducted to establish broad evidence for indicators for rehabilitation and the best practice models of service delivery being reported.

Using the information from these two sources and the input of the expert working group, the assessment process was developed incorporating a decision-making pathway with supporting assessment tools. The assessment process was piloted in six hospitals across Australia. Telephone follow-up evaluations have been completed for all sites except Victoria. The next steps are to complete the evaluation report; modify the pathway and the supporting package based on feedback and then implementation. The ASC executive has agreed that the pathway should be implemented nationally and they have also agreed for the pathway to be evaluated as part of a PhD research project.

For more information contact ASC secretariat Leah Wright (lwright@strokefoundation.com.au) or current Rehabilitation working group chairperson, Dr Susan Hillier (susan.hillier@unisa.edu.au).

My Stroke Care Plan

A priority of the ASC is to ensure that all patients experience a well-coordinated and supported discharge and that stroke survivors have access to appropriate care that meets their needs.

My Stroke Care Plan was piloted in a number of public and private hospitals across Australia. Health care professional feedback has been received and consumer evaluations have been completed. A report summarising the results and providing a rationale for modifying the Care Plan was also completed and ratified by the working group members. The Care Plan has been modified based on the feedback from the pilot.

The Care Plan will form one component of a new comprehensive written resource for stroke survivors and carers and piloted by the NSF in 2012.

The new hard-copy consumer resource will provide evidence-based information that meets the needs of the stroke survivor and carers at day one, point of hospital discharge and while living in the community. The resource will:

- increase understanding of stroke and treatments
- encourage and facilitate survivor/carer participation in decision making
- provide practical strategies for managing life after stroke.

For more information, contact ASC secretariat Leah Wright (lwright@strokefoundation.com.au) or Rebecca Naylor (rnaylor@strokefoundation.com.au).

Stroke-Specific Education Framework

The ASC has identified Workforce, Professional Development and Training as one its priority areas. Currently, Australia currently has no nationally agreed strategy or framework for stroke education needs.

The ASC has developed a Stroke-Specific Education Framework (SSEF) that aims to:

- assist education providers to develop consistent stroke training, programs and curriculum for all stroke clinicians
- increase the number of stroke clinicians participating in recognised training that furthers their specialisation in stroke
- encourage delivery of evidence-based stroke care as outlined in the national stroke guidelines by encouraging stroke-specific education.

The SSEF is based around the Stroke Continuum and relates to the 14 elements of care. It has been developed to promote strong inter-professional education and training, and those who use the framework are encouraged to apply the framework in that context.

The SSEF was presented by Andrew Lee at the SSA conference and this has generated interest in its use. It has also been disseminated to all ASC member organisations for incorporation into their training and PD curricula. The secretariat will work further with ASC organisations during 2012 to promote the use of the SSEF and Andrew Lee will submit a journal article to the MJA on behalf of the working group.

For more information contact ASC secretariat (lwright@strokefoundation.com.au) or current Workforce, training and professional development working group chairperson, Andrew Lee (Andrew.Lee@health.sa.gov.au).

TIA models of care project

The ASC has identified acute care and, in particular, management of transient ischaemic attack (TIA) as a priority. To assist in the implementation of the NHMRC Guideline recommendations for the management of patients with TIA in the local setting, a project team has been formed to develop a national consensus statement to outline evidence-based best practice models of care for TIA.

The position paper is currently being drafted and is due for completion mid-March 2012.

ASC Member Organisation reports

Prior to the teleconference, ASC members reported on the work their organisations have been doing in stroke for the past six months:

Consumer representation

Consumers are represented by Eleanor Horton. Recruitment is currently underway for a second consumer representative following the resignation of Paul Howells.

Eleanor is a long-standing member of stroke support groups and the carer of a stroke survivor for the past eleven years. Over the past 12 months, Eleanor has been a consumer representative on the Queensland State Stroke Clinical Network and has attended the stroke forum. Eleanor also attended the SmartStrokes Conference and facilitated group sessions at this conference.

The next ASC meeting will be a face-to-face meeting and will be held in Sydney on Wednesday, 4 April 2012.

Australian Physiotherapy Association (APA)

The APA National Neurology Group (NNG) is represented by Associate Professor Julie Bernhardt, Director, AVERT Early Intervention Research Program, National Stroke Research Institute.

The NNG have developed an acute care and upper limb management booklet and revamped the 'stroke card' to promote stroke rehabilitation as the original card was about prevention.

The NNG Level 1 course is run biannually at least in every state. The main focus is on stroke and it is targeted at those returning to work or graduates in their first 2 years.

For their full report [click here](#)

Tasmanian Branch ASUN (TASSUN)

The Tasmanian stroke network is represented by Dr Helen Castley, Head of Stroke Services, Royal Hobart Hospital.

A dedicated Stroke Registrar position was created at the Royal Hobart Hospital for 2011. A training day was held for nurses working on the Acute Stroke Unit.

For their full report [click here](#)

Council of Ambulance Authorities (CAA)

The CAA is represented by Dr Hugh Grantham, Executive Director, Clinical Services, South Australian Ambulance Service.

All ambulance services across Australia have agreed to respond to stroke as a high priority call.

Stroke Services NSW (SSNSW)

SSNSW is represented by Mark Longworth, Manager Statewide Stroke Services NSW, Agency for Clinical Innovation, and Pip Galland, Stroke Liaison Officer, Westmead Hospital and Co-chair of SSNSW.

This year the final evaluation report of the NSW Rural Stroke Project was completed. The project was commenced in 2006 to enhance the provision of evidence based stroke care in rural areas of NSW. The third and final report supports enhancing stroke care within the existing Rural Stroke Services by demonstrating evidence-based stroke care within the current 'hub and spoke' model after stroke service enhancements were instrumented. The NSW Rural Stroke Project may be used to guide the enhancement of stroke service provision in other rural areas of Australia.

For their full report [click here](#)

Occupational Therapy Australia Limited (OTAL)

OTA is represented by Dr Louise Gustaffson, Undergraduate Program Coordinator, Division of Occupational Therapy, School of Health and Rehabilitation Sciences, The University of Queensland

Members of OTAL participated in Stroke Awareness week activities around the country. Two members were interviewed for radio during this period. For their full [report click here](#)

Western Australia

Western Australia is represented by Andrew Granger and Jacqueline Ancliffe.

No clinical stroke network has existed for over a year in WA. It has been strongly advocated to DOH that any planned improvements can only be achieved by in and implementation via an appropriately resourced network with access to appropriate levels of management at DOH. The strengths of the SA network and their recent changes have been used as a 'locally relevant' comparator. For their full report [click here](#)

Victorian Stroke Clinical Network (VSCN)

The Victorian Stroke Clinical Network (VSCN) is now represented by Janelle Devereaux Manager, Victorian Stroke Clinical Network, and Professor Chris Bladin, Director of Neuroscience and Head of Acute Stroke Unit, Department of Neurosciences, Box Hill Hospital.

The VSCN are partners in the Victorian Stroke Telemedicine (VST) Project, a \$1.2 Million initiative which commenced in Bendigo in 2010 for implementation of telemedicine for thrombolysis. For their full report [click here](#)

Queensland Statewide Stroke Network

The Queensland Statewide Stroke Network is represented by Greg Cadigan, Principal Project Officer, and Dr Kong Goh, Rehabilitation Physician, Royal Brisbane and Women's Hospital.

The Queensland Rural Stroke Outreach Service has been granted project funding through the COAG Closing the Gap funding initiative to support the development of two Indigenous Stroke Units, one in the north of the state and one in the south.

National Stroke Foundation (NSF)

NSF is represented by Dr Erin Lalor, Chief Executive Officer, and Chris Price, Divisional Director – Stroke Services.

The National Stroke Foundation (NSF) recently published the results of the National Stroke Audit in the Organisational Survey Report 2011 and Clinical Audit Report 2011. This year, 188 hospitals participated in the Organisational Survey and 108 of these participated in the Clinical Audit. These hospitals provide care for the majority of stroke admissions

In Australia and the results are therefore representative of the state of acute stroke care nationally.

A total of 3,548 patient medical records were audited by clinicians at hospitals providing care for acute stroke. Results indicate that while there have been significant improvements in many key areas of stroke management over time, considerable work is still required.

Key findings include:

- Only 7% of patients with ischaemic stroke were thrombolysed with recombinant tissue plasminogen activator (rt-PA). One of the reasons for this was delay in getting to an appropriate hospital. When successful in clearing the blood clot, this treatment is known to increase the chance of a better outcome following stroke by 30%.
- Only one-third of people with stroke arrive at hospital within three hours of stroke onset. Prompt assessment and treatment on a stroke unit in hospital saves lives. Better funding is needed for broad community awareness campaigns.
- Only 60% of people with acute stroke receive stroke unit care. Those who do not receive stroke unit care are more likely to suffer permanent disability than those treated on a stroke unit.
- The audit shows there is an urgent need for federal and state governments to devote greater resources to stroke care to reduce the impact of Australia's second biggest killer.

A cornerstone for improving stroke care in Australia is increasing the number of stroke units in hospitals admitting large numbers of patients. This will improve access to specialised staff and evidence-based treatments such as thrombolysis.

You can download the reports from the website at www.strokefoundation.com.au/health-professionals

Recruitment for the 2012 Rehabilitation Audit is underway. For further information contact Elizabeth Ritchie: eritchie@strokefoundation.com.au

For their full report [click here](#)

South Australian Stroke Clinical Network

The South Australian Stroke Clinical Network is represented by Dr Andrew Lee, Regional Director of Stroke Medicine, Flinders Medical Centre, Repatriation General Hospital and Noarlunga Hospital and Dr Susan Hillier, Senior Lecturer – Biomechanics and Neuroscience, School of Health Sciences, University of South Australia.

A data and quality working group has been established and is collating stroke data sources to pool into a

centralised database to minimise duplication. Preference will be given to parameters length of KPIs stratified by process and outcome. The mandate is to incorporate national data systems that include the minimum data set and AuSCR. The initial proposal is to amend electronic discharge summaries to include a field tick box to identify stroke. The Network has been successful in changing coding practice at the stroke unit hospitals. Delivery of intravenous thrombolysis will be coded.

For their full report [click here](#)

Royal College of Nursing Australia (RCNA)

The RCNA is represented by Sandra Lever, Rehabilitation Clinical Nurse Consultant at the Royal Rehabilitation Centre Sydney.

RCNA activities have included the ongoing support for representation of nursing and active participation in the ASC working groups and project teams. The RCNA continues to monitor local, state and national issues relevant to stroke and opportunities to promote any nursing and/or nurse-led service delivery and innovations in relation to stroke.

For their full report [click here](#)

Stroke Society of Australasia (SSA)

The Stroke Society of Australasia is represented by Professor Richard Lindley, Moran Foundation for Older Australians and Professor of Geriatric Medicine, Sydney University; Dr Mark Parsons, Senior Staff Neurologist John Hunter Hospital; and Dr Tissa Wijeratne, Consultant Neurologist and Director, Stroke Unit at Western Hospital.

The annual scientific meeting of the Stroke Society was held in Adelaide in September and was a great success. Some 350 delegates enjoyed a particularly friendly meeting. The conference had been largely organised without a formal conference organising company which had been somewhat controversial within the Society but we await to hear the final financial outcome of this "experiment". At the Annual General Meeting, the membership ratified the Executive's recommendation to put in a bid for the 2016 World Stroke Congress and the Society would be interested to hear from other stroke groups, for their ideas around such a bid. Please contact the Society's President, Richard Lindley (Richard.lindley@sydney.edu.au).

The 2012 meeting will be held with Smart Strokes in Sydney (<http://www.stroke2012.com.au>) from 29–31 August 2012 at the Sydney Convention and Exhibition Centre, Darling Harbour, Sydney. For their full report [click here](#)