

Secretariat report – August 2011

ASC executive

The ASC executive met on the 19/04/2011 following the face-to-face meeting and decided to continue with the existing projects (Rehabilitation needs assessment; My Stroke Care Plan and SSEF) for the first half of 2011 and delay the acute and workforce projects until the second half of 2011.

A further ASC executive meeting was held on the 13/07/2011, however Mark Parsons (China) and Susan Hillier (urgent matter) were unable to attend. Andrew Lee attended long enough to present his SSEF implementation proposal – see below for detail.

As planning for the acute projects was seen to be important it was agreed that an offline meeting between the secretariat and Mark Parsons would be arranged and that follow-up regarding the proposals for the acute projects would be facilitated via email. A meeting with Mark Parsons and Chris Levi was held in Newcastle on 09/08/2011 – see below for detail.

Rehabilitation project

Stroke rehabilitation assessment tool for the acute setting

The Stroke rehabilitation assessment tool has been piloted at a number of sites across Australia including Westmead Hospital; Flinders Medical Centre; Royal Perth, Wagga Wagga Base Hospital and Royal Women's and Brisbane Hospital. Telephone follow-up evaluations have commenced for some centres.

At the last working group meeting (22/8/2011), it was agreed that the WG members would provide feedback on Susan's discussion paper in 2 weeks (see attached) and then this document would be sent to the ASC executive for their guidance. In the meantime, two additional sites will be recruited to ensure pilot has been carried out in all states. Once the pilot is completed, a report would be finalized.

Issues

- Difficulty engaging sites to start the pilot. Perception is that the process will take too long and will not value add.
- Difficulty getting sites to complete the assessment forms. Feedback from some sites is that nursing and allied health are supportive but medical are not.

Community care projects

My Stroke Care Plan

The pilot for My Stroke Care Plan has been completed and is now being evaluated.

- All care plans to be trialed with consumers have been complete – 40 in all
- All sites have sent back their health professional feedback forms on individual care plans
- 3 out of 4 health professional interviews have been completed – having trouble pinning down Launceston Hospital, booked in for Friday 12th.
- Rebecca has received 1 set of consumer evaluation feedback forms, all sites have sent them out and we are hopeful of getting about a 70 – 80% response rate.
- Issues from health professional so far relate to:
 - Some repetition between sections
 - Medication list not very helpful, repeats info given to the pt separately
 - Might be a bit long
 - Needs to be modifiable locally – need to think about how this would be done
 - Need for training re goal setting
- Given that only 40 have been trialed and the tool will require changes, it needs to be considered whether another pilot period is required. Perhaps this could be included more formally as part of the consumer resource pilot.

Stroke Specific Education Framework

The SSEF was sent to all ASC member organisations for consultation. Following finalization, an implementation plan was written and was disseminated to promote use of the SSEF.

At the last executive meeting (13/07/2011), Andrew Lee presented a model for implementation. Andrew suggested that two implementation project teams be formed - one for medical and one for nursing / allied health – to assist the implementation process. The executive agreed and a project plan has been written by the secretariat. Andrew Lee is yet to sign off on the plan before it is provided to the ASC executive.

The past two WG meetings have been cancelled due to conflicts with the chair's schedule. The last meeting is currently being rescheduled and the secretariat is waiting on advice from the chair.

Acute projects

Evidence-based position statement on models of care for TIA

This position paper will include primary and secondary (hospital-based) models of care and the integration of these two models of care. The primary focus will be secondary care in hospitals. The project team will be chaired by Mark Parsons and consultation will be very broad once the position paper has been drafted.

Steps taken to-date

1. 5/04/2011 - ASC determined nature of project
2. 19/04/2011 – ASC executive ratified decision of ASC and agreed to commence project in second half of 2011
3. 13/07/2011 – due to lack of attendance at ASC executive meeting, ASC executive chair agreed that offline meeting required with Mark Parsons to plan project
4. 09/08/2011 – meeting held in Newcastle with Mark Parson and Chris Levi. Scope discussed including Mark as chair and team membership. Next steps agreed.
5. 25/08/2011 – draft project plan complete – requires input from Mark and Chris L. before being sent to ASC executive. Feedback expected by cob 29/08/2011.

Implementation of effective stroke care in the first 48 hours

This paper will be a practical guide to implementing evidence-based best practice clinical care in the first 48 hours post-stroke. The paper will focus on physiological variable management and include pre-hospital care, in-hospital care, telethrombolysis, and the thrombolysis implementation project (TIPS) audit process. The project team chair (Chris Bladin) has been proposed but not informed at this time. Again, once the paper has been drafted, consultation will be broad.

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3. 13/07/2011 – due to lack of attendance at ASC executive meeting, ASC executive chair agreed that offline meeting required with Mark Parsons to plan project
4. 09/08/2011 – meeting held in Newcastle with Mark Parson and Chris Levi. Scope discussed including potential chair and team membership. Next steps agreed.
5. 25/08/2011 – draft project plan in work.

General communication

Newsletter

The Autumn edition of the ASC newsletter was published on the NSF website. The next edition is due in September.

Dissemination

The ASC has been used to disseminate numerous communications including media messages, job notices and other stroke related issues.