



# A better plan for stroke for all Queenslanders

Pre-Budget Submission  
2024–25

*Queensland survivor of stroke  
Marcus Burgess and his son Benji.*

[strokefoundation.org.au](https://strokefoundation.org.au)

# About Stroke Foundation

## **Stroke Foundation is a national charity that partners with the community to prevent, treat and beat stroke.**

Stroke Foundation is a national charity that partners with the community to prevent, treat and beat stroke. We stand alongside survivors of stroke and their families, healthcare professionals and researchers. We build community awareness and foster new thinking and innovative treatments. We support survivors on their journey to live the best possible life after stroke. We are the trusted voice of stroke in Australia, and we work to:

- › Raise awareness of the risk factors and signs of stroke, and promote healthy lifestyles.
- › Improve treatment for stroke to save lives and reduce disability.
- › Improve life after stroke for survivors.
- › Encourage and facilitate stroke research.
- › Advocate for initiatives to prevent, treat and beat stroke.
- › Raise funds from the community, corporate sector and government to continue our mission.

Our work aligns with three key pillars, Prevention, Treatment and Recovery, as outlined in our strategic plan, [Stroke Strategy 2024](#).

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# Introduction

In 2020, more than 5,000 Queenslanders experienced stroke for the first time, and there were more than 87,000 survivors of stroke living in our community – many with an ongoing disability.<sup>1</sup> Unless action is taken, it is estimated by 2050, Queenslanders will experience an additional 5,000 new strokes annually, and there will be an additional 83,000 survivors of stroke living in the community.<sup>1</sup>

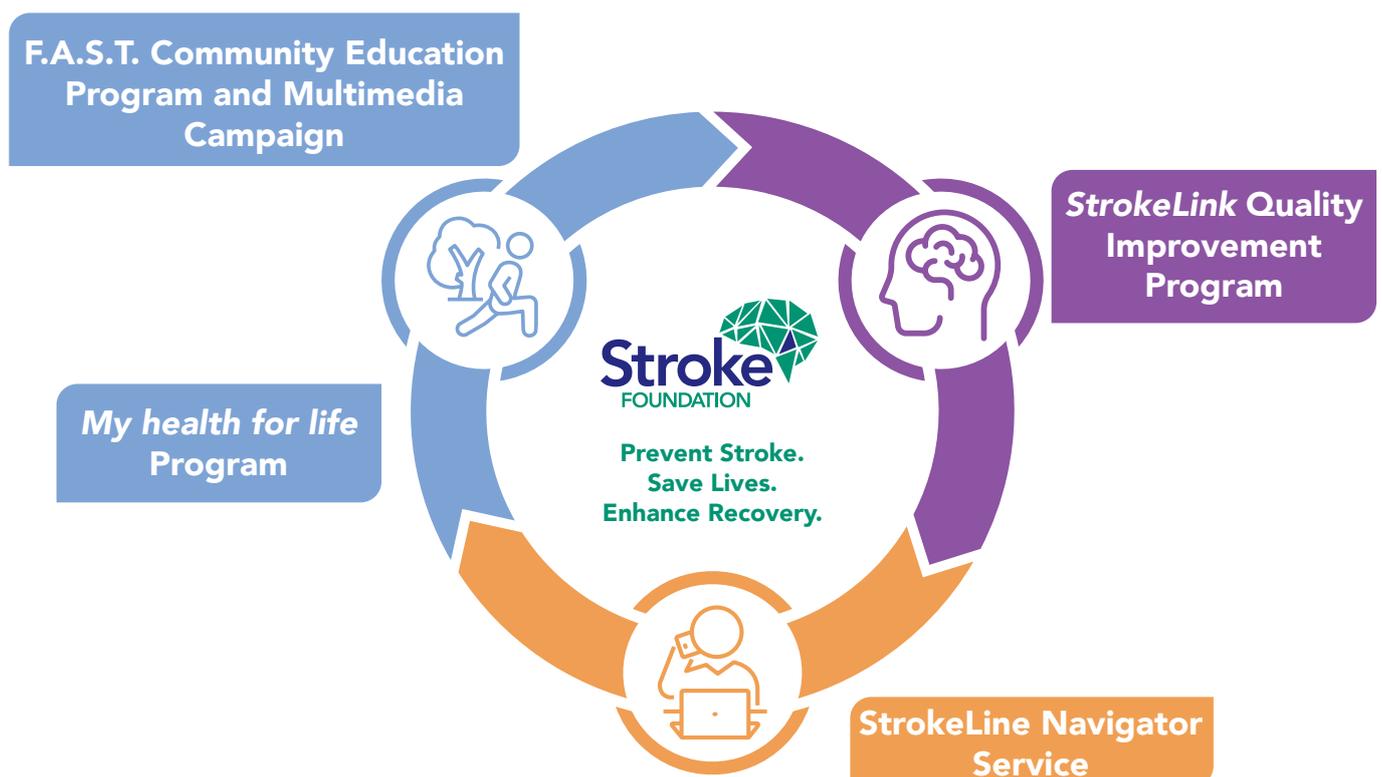
One of the key modifiable risk factors for stroke is high blood pressure. Importantly, more than 897,000 Queenslanders are living with high blood pressure,<sup>1</sup> and many don't know it. In addition, 586,500 Queenslanders are daily smokers, 422,300 have high cholesterol, 796,700 are physically inactive, and 2,698,600 are overweight or obese<sup>1</sup> – putting them at an increased risk of stroke.

Stroke Foundation has identified the four key initiatives that need to be implemented in order to prevent, treat and beat stroke in Queensland.

We have developed highly effective, evidence-based programs that will ensure Queenslanders know how to reduce their risk of preventable stroke, recognise the F.A.S.T. signs of stroke to reach hospital in time to receive world-class, best-practice stroke treatment and care, and are able to successfully transition from hospital to home and onto recovery to live the best possible life after stroke (Figure 1).

**Stroke Foundation is proud to be partnering with the Queensland Government to deliver the successful *StrokeLink* and *My health for life* programs; however, there is an opportunity to build on this significant investment by supporting the *F.A.S.T. Community Education Program* and *Multimedia Campaign* and *StrokeLine Navigator Service*, to strengthen stroke prevention, treatment and recovery, ensuring more Queenslanders are able to avoid, survive, and recover from stroke.**

Figure 1. The four key initiatives for preventing, treating and beating stroke in Queensland



# Summary of key budget proposals

Proposal	Investment	Page
<b>Prevention: Fewer preventable strokes in Queensland</b>		
<p><i>F.A.S.T. (Face, Arms, Speech, Time) Community Education Program and Multimedia Campaign.</i></p> <p>Ensure more Queenslanders know how to reduce their stroke risk, and recognise the signs of stroke.</p>	\$250,000 p.a. (over four years)	6
<p><i>Continue the My health for life Program.</i></p> <p>Continue to empower Queenslanders to stay well and lessen their risk of developing conditions such as stroke, type 2 diabetes, heart disease, high cholesterol and high blood pressure.</p>	To be discussed with government for a four-year period.	8
<b>Treatment: Ensure all Queenslanders have access to evidence-based stroke treatment</b>		
<p><i>StrokeLink Program.</i></p> <p>This program, which is currently funded by the Queensland Government, uses national, state-wide, and local data, and expertise and training, to empower Queensland health professionals to deliver evidence-based, best-practice stroke care. The program is funded for 3 years (2023–2026), with the possibility of a two-year extension.</p>	\$600,000 p.a.* (over three years)	
<b>Recovery: Enhance recovery to help Queenslanders achieve better outcomes after stroke</b>		
<p><i>StrokeLine Navigator Service.</i></p> <p>Facilitate improved continuity of care, and ensure Queensland survivors of stroke are connected to the services, supports, and information they need to achieve their best possible recovery and avoid hospital readmission.</p>	\$300,000 p.a. (over four years)	12

\*Plus indexation

# Fewer preventable strokes in Queensland

More than 80 percent of strokes can be prevented,<sup>2</sup> and stroke prevention remains the most effective means of reducing the burden of stroke in Queensland.

Importantly, we know that many preventive health interventions are cost-effective, and for every dollar invested in prevention there is a \$14 return.<sup>3</sup>

Stroke Foundation is committed to reducing the number of preventable strokes in our community, by empowering more Queenslanders to recognise the risk factors for stroke that can be changed, and in doing so increase their chances of preventing stroke. **Specifically, our goal is to ensure that by 2024, 65 percent of adult Queenslanders will know the stroke risks they can change.**

Stroke Foundation delivers campaigns and programs to raise awareness of important modifiable risk factors for stroke such as high blood pressure. Stroke Foundation's annual 'Australia's Biggest Blood Pressure Check (ABBPC)' campaign raises public awareness of the link between high blood pressure and stroke, and empowers Australians to know their stroke risk and understand how to manage it by getting a free health check at a pharmacy or their general practice. Since the beginning of ABBPC in 2014, over one million Australians have received a free health check.

By changing behaviours such as smoking or physical inactivity, individuals can lower their chances of developing chronic conditions such as stroke, and behaviour change support which can help people adopt healthier lifestyles is a key component of primary stroke prevention. **Stroke Foundation is proud to be partnering with the Queensland Government and the Healthier Queensland Alliance to deliver the successful *My health for life* behaviour modification program, which is helping stem the rising tide of chronic conditions and its impact on our state's health system.**

Stroke Foundation has developed a similar behaviour modification program aimed at secondary stroke prevention, called *Living Well After Stroke*. This program is currently being delivered in Queensland with funding from the Federal Government, and is helping Queensland survivors of stroke reduce their risk of future stroke.

Stroke Foundation's StrokeSafe Speaker program, which is funded through public donations in Queensland, delivers presentations across Australia to community groups, workplaces, and as part of special events. Talks are delivered by trained volunteers to raise awareness of what stroke is, how to reduce stroke risk, and how to recognise the signs of stroke (using the F.A.S.T. test). **Thousands of Queenslanders have received life-saving messages about stroke through these presentations, delivered by volunteer speakers who have either had a stroke themselves or are close to someone who has.** StrokeSafe presentations are a key component of Stroke Foundation's highly effective F.A.S.T. Community Education Program, that is currently being delivered in Tasmania, Western Australia, New South Wales and the Australian Capital Territory, with funding from governments in each of these jurisdictions. In these jurisdictions, where governments provide funding, we are able to train more StrokeSafe speakers, deliver more presentations, and reach a greater number of people in the community.

**We are calling on the Queensland Government to invest in Stroke Foundation's evidence-based F.A.S.T. (Face, Arms, Speech, Time) Community Education Program and Multimedia Campaign, and to continue to invest in the successful *My health for life* Program, to reduce the number of preventable strokes in our community, and ensure more Queenslanders know the life-saving F.A.S.T. signs of stroke.**

# F.A.S.T. (Face, Arms, Speech, Time) Community Education Program and Multimedia Campaign

**Investment:** \$250,000 per annum over four years.

We know that the Queensland Government is committed to ensuring that Queenslanders are among the healthiest people in the world by 2026, by improving their health and wellbeing through concerted action to promote healthy behaviours and prevent illness. Stoke Foundation's *F.A.S.T. (Face, Arms, Speech, Time) Community Education Program and Multimedia Campaign* will help the Queensland Government to realise the vision of the *My health, Queensland's future: Advancing health 2026* strategy.

F.A.S.T. education campaigns are proven to increase awareness of the signs of stroke, and calls to emergency services, nationally<sup>4</sup> and internationally.<sup>5, 6</sup> Furthermore, in Tasmania, where the State Government has been funding the F.A.S.T. Community Education Program for five years, the unprompted community awareness of the F.A.S.T. signs of stroke has grown to be significantly higher than in all other states and territories.<sup>7</sup>

## The rationale

Stroke is a medical emergency, and faster diagnosis and treatment saves lives and results in improved quality of life. When someone suffers a stroke, every minute counts. F.A.S.T. access to treatment means a greater chance of recovery and decreased costs for our health system.

Importantly, only 36 percent of Queensland stroke patients arrive at hospital within the 4.5-hour window for clot-dissolving treatment (thrombolysis).<sup>8</sup> There is a clear lack of awareness in the Queensland community about stroke and the need for it to be treated as a medical emergency.

The 2023 Stroke Foundation F.A.S.T. Signs and Stroke Awareness Survey reported on the unprompted awareness of the F.A.S.T. signs of stroke in the Queensland community, and showed that 55 percent knew speech difficulties were a sign, 42 percent knew facial drooping was a sign, and 10 percent knew an inability to lift both arms was a sign.<sup>7</sup>

It is critical Queenslanders understand that if they or someone they know experience the signs of stroke, including facial drooping, arm weakness, or speech changes, they must call triple zero (000) immediately. The newly announced Queensland Telestroke Service will ensure Queenslanders in regional areas of our state have 24/7 access to stroke specialists, so it is essential they know the F.A.S.T. message.

## The program

Stroke Foundation's **F.A.S.T. (Face, Arms, Speech, and Time) Community Education Program** establishes awareness and increases people's knowledge of the signs of stroke. We recruit, train, and provide support to local volunteers to raise awareness in the community about stroke, including the signs of stroke, and the

prevention of chronic conditions, through the delivery of StrokeSafe presentations. Through the compelling voice of those impacted by stroke, we increase knowledge and help to ensure patients get to hospital in the critical time window for life-saving stroke treatment.

In addition to delivering StrokeSafe presentations, volunteers will set up displays and activities at community events and in health settings, distribute F.A.S.T. resources (including bookmarks, fridge magnets, wallet cards, posters, and 'Understand and Prevent Stroke' booklets), and gain local workplace support, which will facilitate improved awareness about the signs of stroke and dispatches of ambulances.

A **F.A.S.T. Multimedia Campaign** will be rolled out across the state, which will include an integrated multi-channel advertising campaign, as well as F.A.S.T. stories delivered via a mainstream media campaign.

**Queensland Government investment in Stroke Foundation's F.A.S.T. Community Education Program and Multimedia Campaign will increase awareness of what stroke is, how to reduce stroke risk, and how to recognise the F.A.S.T. signs of stroke, in the Queensland community. It will also strengthen and maximise existing Queensland Government investments in stroke quality improvement activities, treatment pathways and protocols, and infrastructure, including the Queensland Telestroke Service, targeting those regional communities covered by the Service, and ensuring residents know the signs of stroke, and the importance of calling triple zero (000) immediately.**

# Eddie's Story

## **Eddie was 49 when he suffered a stroke.**

He was at home when he began to experience the telltale F.A.S.T. (Face, Arms, Speech and Time) signs of stroke.

"I went to stand up and felt light-headed. I noticed I couldn't raise my left arm. I tried to get up again, but my legs collapsed from underneath me," said Eddie.

Thankfully, Eddie's wife Caroline was at home at the time. She had participated in a first aid course at work only the day before, where she had learnt about the signs of stroke.

She knew what to do, kept Eddie calm, and called triple zero (000).

"I have no doubt she saved my life, if not my life, she was able to greatly improve my quality of life by getting me the help I needed quickly," said Eddie.

"I didn't realise younger people had strokes, but the reality is, they can happen to anyone, at any time," said Eddie.

Eddie says he's fighting stroke by facing challenges he once thought impossible.

"Being back at work was a big achievement of mine. It's been really great to have some independence."

"My next goal is to make it to the top of Mount Wellington. That would be the pinnacle of my recovery journey."



# Continue the *My health for life* Program

**Investment:** To be discussed with government for a four-year period.

We know the Queensland Government is committed to keeping Queenslanders healthy, and understands that if interventions are made at the right time, in the right way, it is possible to shift the burden of chronic conditions and make Queensland Australia's healthiest state.

Stroke Foundation is proud to be partnering with the Queensland Government and the Healthier Queensland Alliance to deliver the successful *My health for life* behaviour modification program. This program is empowering Queenslanders to stay well, and enabling chronic conditions to be detected early, helping participants to reduce their risk of developing stroke, heart disease and type 2 diabetes, and avoid unnecessary hospital admissions, delivering savings to our health system.

**It is critical the Queensland Government continue to fund the *My health for life* program beyond 2024, in order to secure the enormous gains that have been made so far in establishing and rolling out this program state-wide.**

Highlights of the program from July 2021 to December 2022 include:

- › **More than 22,854 people** throughout Queensland have been engaged in a conversation about their health through **completing a chronic disease risk assessment.**
- › More than **5,951 people have enrolled in the intensive program**, and of those who have commenced the program, **more than 3,206 have completed it.** Currently **over 200 participants per week are completing the program**, and making changes to their lifestyle, including losing weight.
- › More than **30 locally-based healthcare organisations are actively involved** in delivering the program in their communities, targeting prevention as a key activity.

- › **67 percent** of participants reported a **reduced waist circumference** during the program. Of those who were obese or overweight, 14 percent lost more than 5 percent of their weight by the completion of the program.
- › Participants **increased consumption of fruit** (53 percent ate two serves of fruit a day at program completion) **and vegetables** (19 percent ate five serves or more of vegetables a day at program completion), and **35 percent reduced consumption of sugar-sweetened beverages.**
- › **47 percent** of participants were **physically active for 150 minutes or more per week** at program completion.

**Continued funding of the program for another four years will enable hundreds of thousands of Queenslanders per year to engage in risk assessments and conversations, leading to in excess of 60,000 people at risk completing the program. Extending funding for the program will also enable it to be strengthened, allowing for further inroads to be made in the prevention of chronic conditions in regional, Indigenous and culturally and linguistically diverse communities across the state.**



# Ensure all Queenslanders have access to evidence-based stroke treatment

Stroke is a medical emergency, requiring urgent medical attention; however, with the right treatment at the right time, many people can recover from stroke. 'Time is brain' stroke treatments, including thrombolysis (clot-dissolving treatment) and endovascular thrombectomy (blood clot removal treatment), are saving lives and reducing disability in survivors of stroke.

**Modelling commissioned by Stroke Foundation, and undertaken by Deloitte Access Economics, has shown that if the endovascular thrombectomy rate in the Australian population was increased from its current rate of 3 percent to a target rate of 10 percent, the potential savings from meeting this benchmark in 2020 were estimated to be \$455 million over five years (in net present value terms).<sup>9</sup>**

An increase in the endovascular thrombectomy rate would mean more patients who might otherwise require a lifetime of disability support being able to live independently, return to work, and resume social and community participation. These benefits and the accompanying cost savings would accrue to individual survivors of stroke and their families and carers, as well as Federal and State and Territory governments, employers, and society more broadly.<sup>9</sup>

Endovascular thrombectomy is a highly effective treatment with evidence of benefit in selected patients with large vessel occlusion,<sup>10</sup> but it requires highly specialised teams, and is restricted to comprehensive stroke centres. In Queensland, endovascular thrombectomy is provided to 8 percent of all reported ischaemic stroke patients, while thrombolysis is provided to 7 percent of all reported ischaemic stroke patients.<sup>8</sup> **The Queensland Government's investment in the 24/7 Endovascular Thrombectomy Service for North Queensland represents a huge step forward in reducing the number of patients from North and North West Queensland that require long-distance transfers to the South East of the state in order to access endovascular thrombectomy.**

We know that regional Australians are 17 percent more likely to suffer a stroke than those in metropolitan areas.<sup>1</sup> In Queensland, 34 percent of the population live outside the South East corner of the state, and almost 18 percent live in areas classified as outer regional, remote or very remote.<sup>11</sup>

As such, Stroke Foundation applauds the State Government's recent commitment to the roll-out of a Queensland Telestroke Service, which will ensure all Queenslanders are able to access emergency stroke treatment when they need it, regardless of where they live.

Building on time-critical treatment, access to stroke unit care, characterised by provision of care in one location by a multidisciplinary team including medical, nursing and allied health professionals with expertise in stroke, is proven to make the biggest difference to patient outcomes following stroke, both in hospital and after.<sup>12, 13</sup> In Queensland, 77 percent of stroke patients are able to access stroke unit care<sup>8</sup>; however, this should be improved to over 80 percent.

**The Australian Stroke Coalition (ASC), co-chaired by Stroke Foundation and the Australian and New Zealand Stroke Organisation, has developed a voluntary system for certification of stroke units in Australian hospitals, which has now been piloted. Two Queensland hospitals, Gold Coast University Hospital and Logan Hospital, were successful in achieving certification during this pilot. The ASC Stroke Unit Certification Program is now an ongoing initiative, with the goal of certifying all centres providing stroke care in Australia by 2030.**

While many of the structural elements of good systems of care are in place, more could be done to improve processes of care. Improving the quality of stroke treatment and care provided in Queensland hospitals is critical to reducing the burden of stroke on survivors, their families and carers, and our community and health system.

As such, Stroke Foundation is proud to be partnering with the Queensland Government to deliver the successful *StrokeLink* quality improvement program, which is focused on closing the gap between guidelines and practice. Queensland Government investment in this program (including the collection of data as part of the Australian Stroke Clinical Registry), which has been supporting hospitals across the state since 2007, has contributed to substantial improvements in the delivery of best-practice stroke treatment and care.<sup>14, 15</sup> This program is delivering on a key objective of the *My health, Queensland's future: Advancing health 2026* strategy, improving access to quality and safe healthcare, by empowering the workforce and supporting a culture of continuous improvement.

Queensland stroke clinicians also benefit from a variety of Stroke Foundation resources and initiatives which are designed to support them to improve the quality of stroke treatment and care. These include:

- › The *National Stroke Audit*, which commenced in 2007, and provides longitudinal data on the clinical performance of Australian hospitals. Data is provided in an accessible format to help hospitals identify where improvements are required, lobby for change and celebrate success.

- › *Clinical Guidelines for Stroke Management*, which provide recommendations for best-practice stroke treatment and care, based on the latest research. Technology and processes developed and piloted during a federal government funded research project have enabled the Guidelines to evolve into a 'living' model, where individual recommendations are updated as soon as new relevant evidence becomes available.
- › *InformMe*, Stroke Foundation's dedicated website for health professionals working in stroke treatment and care, which in addition to housing the Clinical Guidelines for Stroke Management and National Stroke Audit data, includes over 50 e-Learning professional development modules covering a wide variety of topics.
- › The *National Webinar Series*, which provides web-based education on a range of topics for health professionals working in stroke treatment and care across Australia, including in regional and remote areas. Over 90 percent of clinicians who participated in the webinars reported feeling more confident in identifying their current practice gaps after the sessions.



# Enhance recovery to help Queenslanders achieve better outcomes after stroke

The impact of stroke is far reaching, and well beyond discharge from hospital a significant proportion of survivors of stroke have yet to make a full recovery. Many survivors speak of falling into a 'black hole' once they are discharged from hospital. The often profound and prolonged brain injury resulting from stroke can severely impact a survivor's ability to navigate an often-complex health and welfare system. This can add time and frustration to their recovery, and lead to poorer health outcomes, and hospital readmissions.

Continuity of care is an issue for survivors of stroke once discharged from hospital, and one of the major challenges to improving continuity of care is inconsistent discharge planning from the hospital system.

**Importantly, 45 percent of Queensland survivors of stroke are discharged from hospital without a discharge care plan.<sup>8</sup> As a result, they and their families and carers often do not receive critical information on secondary prevention, follow-up, rehabilitation, and relevant supports and services which exist in the community.**

Stroke Foundation is committed to reaching out to those impacted by stroke to ensure more Queenslanders can connect with and access trustworthy information, resources, and post-stroke support. **Specifically, our goal is to ensure that by 2024, 85 percent of Queenslanders will be connected to Stroke Foundation and enabled to navigate the ongoing support they need to achieve better outcomes after stroke.**

Thousands of Queenslanders benefit from Stroke Foundation's suite of resources and services which are designed to support survivors of stroke, their families and carers following discharge from hospital, and are provided thanks to the generous support of Stroke Foundation donors and partners.

These include:

- › *EnableMe*, Stroke Foundation's recovery website, which has been co-designed with survivors of stroke and carers. This provides videos, podcasts and fact sheets on a wide range of topics impacting daily life after stroke, a community forum to ask questions and share

experiences, a tool to set and track personal goals for recovery, and an online helpdesk to ask questions of Stroke Foundation health professionals. In 2022, over 76,000 survivors of stroke, their families, carers and health professionals, accessed 330,000 pages of information through *EnableMe*.

- › *My Stroke Journey*, a resource delivered by our hospital partners in the first few days after a person's stroke, which is used throughout their admission in education and care planning. This free resource also supports the transition from hospital to the community, and includes information on preparing for discharge and available supports and services. In 2022, 163 hospitals delivered this resource to almost 25,000 Australians. *My Stroke Journey* is now a suite of resources, with versions available in both standard and easy English, and for Aboriginal and Torres Strait Islander peoples, and parents and carers of children who have had a stroke.
- › *StrokeLine*, a service that provides free expert information, advice, support and referral on stroke prevention, treatment and recovery to the general public and to survivors of stroke, their families, and carers. *StrokeLine* delivers services via telephone, email, social media and *EnableMe*, and aims to equip people to take action as required; however, if the individual contacting the service is vulnerable or at risk, *StrokeLine's* health professionals coordinate their care and follow-up as needed.

Stroke Foundation is now delivering a digitally enabled *StrokeLine Navigator Service* with outreach capabilities. We are calling on the Queensland Government to invest in this service, which will mean more Queensland survivors of stroke, their families, and carers will be able to access the information, advice, support, referral, and care coordination they need to achieve their best possible recovery.

# StrokeLine Navigator Service

**Investment:** \$300,000 per annum over four years.

We know the Queensland Government is committed to ensuring that all levels of our state's health system work better for consumers and their families. Stroke Foundation's *StrokeLine Navigator Service* will help the Queensland Government to deliver on a key objective of the *My health, Queensland's future: Advancing health 2026* strategy, ensuring better coordinated and connected healthcare, with a focus on reducing preventable hospitalisations.

## The rationale

Navigating the complex health system after leaving hospital is often one of the greatest barriers to success that Queensland survivors of stroke face in their recovery journey.

In Queensland, 45 percent of survivors of stroke leave hospital without a discharge care plan, and 28 percent leave hospital without education on how to avoid another stroke through behaviour change for modifiable risk factors.<sup>8</sup> This leaves many Queenslanders unable to achieve their best possible recovery, manage their health, and achieve better outcomes after stroke.

We know there is unfulfilled demand for services from survivors of stroke who cannot easily navigate the health system after leaving hospital. In the last two years, there has been an increase in the complexity of calls into our StrokeLine information and support helpline. Specifically, there are an increasing number of vulnerable survivors calling StrokeLine for advice and support, who in addition to trying to manage the consequences of their stroke, are also facing challenges with issues such as homelessness and social isolation. This highlights a clear need for State Government investment in a service that reaches out to all Queenslanders impacted by stroke, and their families and carers, after their return home from hospital, and ensures survivors of stroke have a smooth transition from hospital into the community.

This service will facilitate improved continuity of care, and ensure survivors are connected to the appropriate services and supports, and have the information they need to achieve their best possible recovery and avoid hospital readmission due to complications or recurrent stroke. This is particularly important for vulnerable survivors, and those with poor outcomes following their stroke.

## The service

Stroke Foundation's **StrokeLine Navigator Service** will ensure every Queensland survivor of stroke is contacted following their discharge from hospital, and provided with the appropriate level of information and support. In order to make certain no survivor falls through the cracks, we will work with Queensland Health to ensure the appropriate notification systems are in place, and Stroke Foundation is automatically notified each time a survivor of stroke is discharged from hospital. Survivors will be able to opt out of referral to the service if they so choose.

The service will facilitate care coordination, including referrals to other service providers and outpatient appointments, as well as improved survivor knowledge, self-efficacy, health literacy and social connection. It will also be focused on reducing the burden on family members and carers and improving their quality of life and wellbeing.

The service will offer a personalised, two-tier service, depending on the participant's level of need:

- › For those at low risk of hospital readmission and poor physical, social, and mental health outcomes, there will be two 'lighter touch' options:
  - › A tailored, self-directed digital solution.
  - › A peer support solution, where survivors of stroke are matched in a structured, supportive relationship with a trained, more experienced survivor of stroke peer mentor. Interactions will be either face-to-face, online, and/or by phone, depending on individual preferences.
- › For those at medium to high risk of hospital readmission and poor physical, social, and mental health outcomes, there will be an intensive, health professional-led solution.

While some participants may only require one consultation with the service, others may require one or more follow-up consultations, depending on the complexity of their needs.

The Navigators who will be responsible for delivering the program day-to-day will be a mix of nurses and allied health professionals such as occupational therapists, social workers, physiotherapists, and speech pathologists. As we have learned through the many years of delivering the *StrokeLine* service, it is critical all Navigators understand stroke and the stroke support service network, to connect survivors with the supports they need.

**Queensland Government investment in the StrokeLine Navigator Service will ensure more Queenslanders, regardless of where they live, are supported to manage their stroke recovery, achieve better outcomes, return to work (where possible), and resume social and community participation. This will have benefits for survivors of stroke, their families and carers, and our community, as well as our state's health system and economy.**



# Bertha's Story

## **Bertha was 72 when she suffered a stroke.**

After spending 2 weeks in inpatient rehabilitation following her discharge from hospital, she returned home, and was contacted by Stroke Foundation's StrokeLine Navigator Service.

During the initial phone call, Bertha told the Navigator health professional that she was finding it incredibly difficult to find services to support her with the ongoing impact of her stroke now that she was home. In particular, she needed assistance accessing occupational therapy, physiotherapy, and home help services, information and resources on vision loss, as well as some support to be able to go for a walk.

The Navigator health professional listened to Bertha's concerns, and provided her with information about stroke and stroke risk factors, as well as services to contact for support. Bertha was also encouraged to follow up with services she was still waiting to hear from.

Specifically, the Navigator health professional informed her that she could access a Mental Health Care plan through her GP if she felt she needed mental health support, and also encouraged her to contact Centrelink to discuss financial support that she may be eligible for due to the ongoing impact of her stroke.



Once the initial call was complete, the Navigator health professional looked into further supports and services that might be available to Bertha in her local area.

The StrokeLine Navigator Service contacted Bertha again the following week, and she confirmed that she had success in accessing some of the resources and supports she required.

The Navigator health professional then provided Bertha with further resources and information via email, which included general information on stroke, resources to support her to manage her vision loss including the Stroke Foundation 'Vision Loss After Stroke' fact sheet and information on Guide Dogs Australia, as well as information on occupational therapy and physiotherapy services available in her local area.

# References

1. Deloitte Access Economics. 2020. No postcode untouched, Stroke in Australia 2020.
2. O'Donnell MJ, Chin SL, Rangarajan S et al; INTERSTROKE investigators. Global and regional effects of potentially modifiable risk factors associated with acute stroke in 32 countries (INTERSTROKE): a case-control study. *Lancet*. 2016. 88:761-775.
3. Masters R, Anwar E, Collins B, Cookson R. Return on investment of public health interventions: a systematic review. *Journal of Epidemiology and Community Health*. 2017. 71:827-834.
4. Stroke Foundation. 2014. Evaluation of F.A.S.T. Campaign – Report to Australian Government Department of Health.
5. Nicolson M. 2022. 2019-2021 Stroke F.A.S.T. Campaign Evaluation: Interim report. Wellington, New Zealand: Te Hiringa Hauora | Health Promotion Agency.
6. Fuel. 2016. Evaluation of Department of Health UK Act F.A.S.T. Campaign (February 2009 – March 2016).
7. YouGov. 2023. Stroke Foundation F.A.S.T. Signs and Stroke Awareness Survey Report 2023.
8. Stroke Foundation. 2023. National Stroke Audit Acute Services Report 2023. Melbourne, Australia. (*National Stroke Audit Acute Services Report to be published in November 2023*)
9. Deloitte Access Economics. 2020. The economic impact of stroke in Australia, 2020.
10. Stroke Foundation. 2021. Clinical Guidelines for Stroke Management. Melbourne, Australia.
11. Clinical Excellence Queensland. 2022. Queensland Health Telehealth Program. Available at: <https://clinicalexcellence.qld.gov.au/improvement-exchange/queensland-health-telehealth-program>
12. Langhorne P, Ramachandra S; Stroke Unit Trialists' Collaboration. Organised inpatient (stroke unit) care for stroke: network meta-analysis. *Cochrane Database of Systematic Reviews*. 2020. 4:CD000197.
13. Stroke Unit Trialists' Collaboration. Organised inpatient (stroke unit) care for stroke. *Cochrane Database of Systematic Reviews*. 2013. 9:CD000197.
14. Cadilhac DA, Grimley R, Kilkenny MF et al. Multicenter, Prospective, Controlled, Before-and-After, Quality Improvement Study (Stroke123) of Acute Stroke Care. *Stroke*. 2019. 50:1525-1530.
15. Monash University and The Florey Institute of Neuroscience and Mental Health. 2018. Queensland Stroke Quality Improvement Program (QSQIP) End of Project Evaluation – Report to the Queensland Government.



#### Contact us

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-  [strokefoundation.org.au](https://strokefoundation.org.au)
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#### How to get more involved

-  **Give time** – become a volunteer.
-  **Raise funds** – donate or hold a fundraising event.
-  **Speak up** – join our advocacy team.
-  **Leave a lasting legacy** – include a gift in your Will.
-  **Know your numbers** – check your health regularly.
-  **Stay informed** – keep up-to-date and share our message.