

27 May 2020



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Sent via email: covid.sen@aph.gov.au

Dear Sir/Madam

Re: Senate Select Committee Inquiry into the Australian Government's response to the COVID-19 pandemic

As the voice of stroke in Australia, Stroke Foundation welcomes the Senate Select Committee Inquiry into the Australian Government's response to the COVID-19 pandemic.

In responding to the inquiry, Stroke Foundation recognises this pandemic was unprecedented and required a rapid and co-ordinated response. It has impacted the whole community and will continue to require a whole of Government response until effective vaccination and treatment pathways are developed.

Stroke Foundation commends the Government for its quick action in response to the pandemic. This includes leading a national cabinet, coordinated and bipartisan response and prioritising the health and wellbeing of Australians.

The social distancing restrictions and infection prevention systems of care implemented across our health system have led to positive and negative outcomes. On the positive side, we have seen a significant uptake in telehealth services, particularly in the community, which provides Government with an opportunity to build on this experience and enable telehealth to be a more integrated part of primary and community care delivery for the future. This includes reviewing the supporting MBS item changes and making these permanently available, particular to Allied Health professionals working in the community.

On the negative side, anxiety in the community associated with COVID-19 has seen a decline in people attending their primary care providers for chronic disease management, routine pathology and investigations. We have also noted delays in calling ambulance services and fewer emergency hospital presentations for minor stroke which has in some cases led to devastating consequences including loss of life and preventable disability.

Within our Hospitals, some stroke units were repurposed as COVID-19 beds in preparation for an influx of critical care patients. Thankfully, our effective community response to suppress COVID-19 has prevented our hospitals from being overwhelmed, which has been the case in other countries around the world. However, the impact of these changes on patients with

stroke could be far reaching, with delays in emergency treatment, care by non-specialist stroke teams, and early discharge with minimal rehabilitation.

As Governments implement the national three step plan to relax COVID-19 restrictions, we have an opportunity to build on the positive momentum in telehealth and address some of the adverse impacts on stroke and other chronic diseases.

This year there will be more than 56,000 strokes in Australia, and there are more than 475,000 stroke survivors living in our community¹ - many with an ongoing disability. Those who have experienced stroke are vulnerable to severe symptoms, complications and death from COVID-19.

Learnings and opportunities from the current COVID-19 pandemic include:

1. Think F.A.S.T., Act F.A.S.T.

Stroke is a serious medical emergency, requiring urgent attention. 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.

Internationally, a dramatic reduction (as much as 80 percent in some countries) in the number of acute stroke admissions during the pandemic compared to the same period in 2019, has been observed.² Anecdotal evidence indicates a similar pattern in Australia. This is likely due to patients not wishing to overburden the hospital system, or fearing infection with COVID-19 if they are referred to hospital.

It is critical people understand if they or someone they know experiences the signs of stroke, including facial drooping, arm weakness, or speech changes, they must call triple zero (000) immediately.

Recommendation:

- a. The Chief Medical Officer, and all State and Territory Chief Health Officers, continue to urge people not to avoid hospital if they are unwell, and reassure the public that hospitals will not be overburdened by patients seeking emergency medical treatment.

2. Access to time-critical reperfusion therapies and dedicated stroke unit care

When a stroke does occur the best outcomes are achieved when treatment is received quickly. Recent advancements in 'time is brain' stroke treatments are saving lives and reducing disability in stroke survivors. Importantly however, health professionals from across the country are reporting delays in the diagnosis and treatment of patients with stroke during this pandemic.

Hospital emergency departments have been physically divided into parallel streams (e.g. respiratory and non-respiratory) and emergency 'code stroke' patients are placed in different streams based on their COVID-19 risk.

The infection control requirements for safe delivery of endovascular clot retrieval (ECR) need to be carefully designed to avoid delaying or preventing access to this time-critical treatment. While appropriate protection of staff from COVID-19 exposure is essential, the results of delaying time-critical stroke treatment by even a few

minutes can have potentially catastrophic consequences on the long-term outcome for patients.

Building on time-critical stroke treatment, access to a dedicated stroke unit makes the biggest difference to patient outcomes following stroke. Stroke unit care is characterised by provision of care in one location by an interdisciplinary team including medical, nursing and allied health professionals with expertise in stroke. Increasingly, members report specialised stroke units are being converted into COVID-19 wards or are being repurposed to accommodate system-wide changes in bed allocations. Stroke Unit staff are being redeployed to other areas of the hospital.

Dismantling geographically co-located stroke units and redeployment of specialist staff will affect the lives of Australians impacted by stroke and their families. It will put patients at risk of increased disability and death following a stroke. It will also increase length of stay and bed utilisation by stroke patients, reducing hospital patient flow. It is also essential that access to rehabilitation services is maintained to optimise patient outcomes and promote patient flow out of acute inpatient beds.

Recommendation:

Federal, and State and Territory governments, to emphasise the need for Australian hospitals to:

- a. Implement clinical pathways for rapid access to stroke reperfusion treatments which maintain the safety of staff and provide the best outcome for patients.
- b. Maintain geographically defined stroke units staffed by specialised medical, nursing and allied health professionals to provide evidence-based stroke care.

3. Telehealth for stroke rehabilitation

Telehealth has significant potential for closing gaps in care for vulnerable patients, and regional and rural Australians, and Stroke Foundation applauds Governments and health services for recognising the potential for telehealth in response to the restrictions imposed by COVID-19.

Advancements in acute stroke treatment mean more Australians are now surviving stroke, and there is an increasing demand for high-quality rehabilitation services that will support and empower survivors to recover and live their best possible life after stroke. Stroke Foundation welcomes and supports the expansion of telehealth for stroke rehabilitation services, and we urge its continued use beyond the pandemic.

Recommendation:

- a. The Federal Government to recognise the benefits of telehealth, expanding its use for stroke in emergency and rehabilitation services, now and after this pandemic is over.

4. Living Guidelines for COVID-19

Stroke Foundation is proud to have partnered with Cochrane Australia to pave the way for the world's first 'living guidelines' to help clinicians manage COVID-19.

Technology and processes Stroke Foundation has developed and piloted with Cochrane Australia, as part of a Living Guidelines for Stroke Management pilot project, has enabled the Cochrane team to pivot quickly to establish a [National Taskforce](#) supporting Australian clinicians with accessible, evidence-based guidance for the clinical management of patients with COVID-19.

The Living Clinical Guidelines for Stroke Management draw on latest evidence synthesis technologies developed by Cochrane Australia, partners and world-leading software platforms (Covidence and MAGICapp).

Living guidelines ensure clinical recommendations are streamlined, up-to-date and accessible when and where they are needed. They empower health professionals to deliver evidenced-based treatment and care nationally to save lives and improve outcomes.

The model has the potential for worldwide adaptation and paves the way for future innovation for a range of healthcare conditions. Stroke Foundation is part of the [Australian Living Evidence Consortium](#), a collaboration bringing together experts in evidence synthesis, guideline development and digital technologies to build a revolutionary new system for delivering reliable, accessible, up-to-date evidence in health.

Recommendation:

- a. Federal and State and Territory Governments support the continued development of living guidelines for stroke management and COVID-19 and expand this innovation to benefit a range of other conditions.

The COVID-19 pandemic is unprecedented. Government at both the Federal and State and Territory level must be applauded for its cooperative and bipartisan immediate response to the crisis. Prioritising the health and wellbeing of the community has resulted in the spread of the virus being reduced.

We now have an opportunity to build on the Government response, which includes continued cooperation and prioritising the health and wellbeing of all Australians. This includes improved stroke and chronic disease prevention, treatment and care. Together we can stem the tide of stroke and chronic disease in this country and save lives.

Thank you for the opportunity to input on this Inquiry.

Yours sincerely



Sharon McGowan
Chief Executive Officer
Stroke Foundation

About Stroke Foundation

Stroke Foundation is a national charity that partners with the community to prevent stroke, save lives and enhance recovery. We do this through raising awareness, facilitating research and supporting stroke survivors. Stroke Foundation is dedicated to empowering health professionals to deliver high quality best-practice care to stroke patients. We advocate for better systems, processes and resources to help health professionals deliver world class stroke care.

References

1. Deloitte Access Economics. 2017. Stroke in Australia – No postcode untouched.
2. Markus HS, Brainin M. COVID-19 and stroke-A global World Stroke Organization perspective [published online ahead of print, 2020 Apr 29]. Int J Stroke. 2020.