To whom it may concern

Re: Transforming Health discussion paper

I am pleased to provide this letter of support to South Australian Stroke Clinical Network’s (SASCN) submission to the above discussion paper on behalf of the National Stroke Foundation (NSF). This letter of support should be read in conjunction with the SASCN submission.

For any queries on this submission please contact the Director, Policy and Advocacy Rebecca Smith on rsmith@strokefoundation.com.au or 03 9918 7217.

The NSF supports the view that there must be sufficient hospitals beds to provide all people with stroke with timely, evidence-based hyper-acute and acute stroke care, with the appropriate levels of staff, and appropriate levels of expertise in stroke management. Specialised stroke units are the most important intervention that gives stroke patients the best chance to optimise their recovery. However, there are many people that are unable to access stroke unit care at present in South Australia. Additionally, as is indicated by the SASCN, some stroke units in South Australia are not resourced appropriately and are unable to provide best practice care. For instance, stroke patients may not be assessed by a physiotherapist or may not receive appropriate information upon discharge from hospital.

The NSF supports any measures taken that will lead to equitable and timely access to both acute and rehabilitation services.

With regards to travelling further to get the right care, the NSF would like to reiterate SASCN’s message that ‘time is brain’ for stroke survivors. Of particular importance is the fact that thrombolysis (clot busting treatment) is not able to be given after 4.5 hours from the onset of stroke symptoms. It is therefore essential that stroke patients be admitted to hospital as quickly as possible.

The NSF fully endorses the move to ensure appropriate hospital services are available seven days per week ideally in a dedicated stroke service.
The NSF strongly supports SASCN’s comments on the review and monitoring of stroke survivors in their community setting. In addition to the phone surveillance mentioned by the SASCN, the NSF is advocating for more follow-up visits by a health professional once a stroke patient has returned to their home to assess how they are coping on a psychological and emotional level.

In addition to the submission provided by the SASCN, the NSF would also like to make a couple of points with regards current work in stroke happening at a national level.

Firstly we’d like to highlight the Acute Stroke Clinical Care Standards developed by the Australian Commission on Safety and Quality in Health Care. The standards which are currently being finalised should be implemented in all hospitals treating stroke patients.

Secondly I’d like to recommend the work currently being undertaken by the Australian Stroke Coalition (ASC) with regards stroke data collection. It is the view of the ASC that there should be a nationally consistent approach to stroke data collection. Specifically the ASC is calling for a framework that supports funded, standardised and mandated data collection for stroke that is linked to evidence-based quality improvement.

Yours Sincerely

Dr Erin Lalor
Chief Executive Officer