

## Annual Report 2011—2012

### Introduction

The Australian Stroke Coalition (ASC) has been working together since 2008 to improve stroke care, reduce duplication amongst groups and strengthen the voice for stroke care at a national and state level. This is the fourth annual report for the ASC. This report details activities of the ASC up until the 30 June 2012.

### Operations

#### *Annual face-to-face meeting*

Twenty-seven delegates attended the fifth annual ASC face-to-face meeting and reviewed current activities including the “My Stroke Care Plan” pilot, TIA models of care paper, Stroke Specific Education Framework and the rehabilitation assessment project and set new goals for the coming year. There were a number of new member representatives this time and the level of engagement throughout the meeting was very high.

#### *ASC membership and ASC representatives*

There were changes to ASC membership in 2011-12. 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 were sent to Mandy Thrift and Erin Godecke for their support and commitment.

In other member organisations, Helen Dewey and Janelle Devereux have re-placed Chris Bladin and Sonia Denisenko as Victorian Stroke Clinical Network representatives. Sandra Lever has replaced Pip Galland for Stroke Services NSW. Alas-dair McDonald replaced Chris Levi as the Royal Austral-asian College of Physicians representative. Rohan Grim-ley replaced Kong Goh for the Queensland Statewide Stroke Network and consumer representative Annette McGrath has replaced Paul Howells. Thank you to all outgoing ASC representatives for your time, commitment and enthusiasm.

#### *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.

- Membership and representative changes
- Changes in structure e.g. project teams

### **Communications**

### **Networks**

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**

The ASC web content was moved from the National Stroke Foundation (NSF) website to a dedicated ASC site. The development of the website was kindly funded by NSF. The new address is [www.australianstrokecoalition.com.au](http://www.australianstrokecoalition.com.au). The site contains information about member organisations and their representatives and copies of all reports, minutes, projects and publications as well as a signup facility for the ASC newsletter. Members are encouraged to use the site to promote their education, training and events. The site is administered by the ASC secretariat – Leah Wright ([lwright@strokefoundation.com.au](mailto:lwright@strokefoundation.com.au)) and all requests should be sent to this address.

### ***Government submission***

The ASC provided a comprehensive submission to the Australian Commission on Safety and Quality in Health Care. The submission was in response to the public consultation document Australian Safety and Quality Goals for Health Care. Amongst other things, the submission supported the Commission's proposal to include stroke as a priority for the goal that people receive appropriate, evidence-based care.

### **Projects**

#### ***Stroke rehabilitation assessment tool for acute settings***

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 ASC Rehabilitation working group met on the 4 July 2012 to finalise the evaluation report and the assessment tool and further discuss implementation. The tool and education package will be completed within the month and then the documentation for the tool and education package will be professionally designed which will be funded by the Queensland Stroke Network.

Implementation will be targeted toward all sites that admit stroke patients and will also be supported by a PhD project.

Susan Hillier presented an oral abstract at the SSA Annual Scientific Meeting 2011 entitled - *Comprehensive assessment for stroke rehabilitation – A new Australian model*. An oral abstract presenting the pilot results has been accepted by the Stroke 2012 scientific committee.

#### ***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 template has been developed for use in all hospitals in Australia. The template was piloted in a number of public and private hospitals across Australia.

The Care Plan has been modified based on the feedback from the pilot. The Care Plan forms one component of a new comprehensive written resource for stroke survivors and carers know as My Stroke Journey (MSJ) which is currently being piloted by the NSF across Australia.

The pilot is progressing well with the 21 participating sites piloting close to 200 packs. Hospitals are now disseminating surveys to stroke survivors and carer participants. Health professional evaluation interviews will occur over the coming few weeks. Implementation is planned for September.

An oral abstract has been accepted by the Stroke 2012 scientific committee.

### ***Stroke-specific education framework implementation***

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 National 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.

A number of professional organisations have decided to use the principles of the framework in developing their education and training. Some of the State Clinical Networks including NSW, Victoria and SA have endorsed the framework and will use it to assist them to develop their education and training.

Working Group chair Andrew Lee presented an oral abstract at the SSA Annual Scientific meeting entitled *A nationally agreed stroke-specific education framework: Let's use it.*

### **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 the various models of care for TIA in Australia.

The discussion paper has been circulated to the project team for review and feedback and their comments have been integrated. The paper has been circulated to the rest of the project team again and then will be circulated to a wider audience for further consultation. It is anticipated that the paper will be completed late August 2012. An oral abstract has been accepted by the Stroke 2012 scientific committee.

### **First 48 hrs project**

The aim of this project is to provide evidence-based models of care to assist clinicians to provide best practice in the first 48 hours of stroke care. Drafting of the paper has commenced.