

## Secretariat report - April 2012

### 1. Current project updates

#### ***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 project firstly assessed current practice and collated evidence from Australia and overseas for various approaches to facilitate rehabilitation. A survey was piloted in January 2010 and disseminated nationally in April 2010. The survey evaluated the processes used for assessing a stroke survivor's rehabilitation needs beyond the acute setting. It was sent to all sites that participated in the 2009 National Stroke Audit Acute Services and answered 'yes' to the question "Does your hospital routinely assess all patients for the need for further rehabilitation?" The results were collated and a report was written. Secondly, a literature review was conducted to establish broad evidence for indicators for rehabilitation and the best practice models of service delivery being reported. Using the information from these two sources and the input of the expert working group, the assessment process was developed incorporating a decision-making pathway with supporting assessment tools. The assessment process was piloted in six hospitals across Australia. Telephone follow-up evaluations have been completed for all sites. Next steps include:

- Complete the evaluation report;
- Modify the pathway and the supporting package based on feedback; and
- Implementation.

The ASC executive has agreed that the pathway should be implemented nationally. The pathway may also be used as part of a PhD research project. An abstract has been submitted to the SSA scientific committee.

For more information contact ASC secretariat Leah Wright ([lwright@strokefoundation.com.au](mailto:lwright@strokefoundation.com.au)) or current Rehabilitation working group chairperson, Dr Susan Hillier ([susan.hillier@unisa.edu.au](mailto:susan.hillier@unisa.edu.au)).

#### ***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. Health care professional feedback has been received and consumer evaluations have been completed. A report summarising the results and providing a rationale for modifying the Care Plan was also completed and ratified by the working group members. The Care Plan has been modified based on the feedback from the pilot. The Care Plan will form one component of a new comprehensive written resource for stroke survivors and carers to be piloted by the NSF in 2012.

The new hard-copy consumer resource will provide evidence-based information that meets the needs of the stroke survivor and carers at day one, point of hospital discharge and while living in the community. The resource will:

- increase understanding of stroke and treatments
- encourage and facilitate survivor/carer participation in decision making
- provide practical strategies for managing life after stroke.

An abstract has been submitted to the SSA scientific committee. For more information, contact ASC secretariat Leah Wright ([lwright@strokefoundation.com.au](mailto:lwright@strokefoundation.com.au)) or Rebecca Naylor ([rnaylor@strokefoundation.com.au](mailto:rnaylor@strokefoundation.com.au)).

### ***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 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.

The SSEF was presented by Andrew Lee at the SSA conference and this has generated interest in its use. It has also been disseminated to all ASC member organisations for incorporation into their training and PD curricula. Next steps include:

- ASC secretariat to work with ASC organisations to promote the use of the SSEF; and
- Andrew Lee and working group to submit a journal article to the MJA.

For more information contact ASC secretariat ([lwright@strokefoundation.com.au](mailto:lwright@strokefoundation.com.au)) or Workforce, training and professional development working group chairperson, Andrew Lee ([Andrew.Lee@health.sa.gov.au](mailto:Andrew.Lee@health.sa.gov.au)).

### ***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 evidence-based best practice models of care for TIA. The position paper is currently with the project team for review and feedback. An abstract has been submitted to the SSA scientific committee. It is anticipated that the paper will be completed late June 2012.

### ***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. A project plan has been finalised and the project team has been recruited. Drafting of the paper will commence shortly.

## **2.0 Communications**

### ***ASC Newsletter***

The last newsletter was published in January 2012 following the full ASC representatives teleconference in December 2011. The newsletter generated a lot of interest in the work of the ASC, particularly in relation to the Rehabilitation assessment pathway and My Stroke Care Plan. The next newsletter will be published late April following the ASC face-to-face meeting.

## **3.0 Operations**

### ***ASC meetings***

The ASC executive met via teleconference on 29 February 2012 to plan the next ASC representatives face-to-face meeting scheduled for the 4 April in Sydney.

### ***Change in ASC representatives***

There have been some changes to ASC representatives since the teleconference in December 2011. They are as follows:

Dietitians Association of Australia - Amy Lewis (replaced Kate Paul)

Victorian Stroke Clinical Network - Helen Dewey and Janelle Devereaux (replaced Chris Bladin and Sonia Denisenko)

Stroke Services NSW - Sandra Lever (replaced Pip Galland)

Royal Australasian College of Physicians - Alasdair McDonald (replaced Chris Levi)

Queensland Statewide Stroke Network – Rohan Grimley (replaced Kong Goh)

Consumer representative – Annette McGrath (replaced Paul Howells)

## **4.0 Other**

### ***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.