



strokefoundation

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Dear Committee Secretary,

Re: Inquiry into the prevalence of different types of speech, language and communication disorders and speech pathology services in Australia.

I am pleased to provide this response to the above Inquiry on behalf of the National Stroke Foundation. For any queries on this submission please contact the Director, Advocacy Rebecca Smith on rsmith@strokefoundation.com.au or 0466 217 988.

Executive Summary

Speech, language, communication and swallowing issues are very common health impacts resulting from stroke with over half of stroke patients found to have a speech/communication deficit upon admission to hospital.

These deficits are often a long term concern for those who suffer from stroke with a survey of stroke survivors living in the community showing widespread need for speech and communication support. Over half of survivors reported a need for support relating to speech and nearly 6-in-10 of those reported experiencing unmet need.

Quality of care relating to speech and communication issues in Australian hospitals is variable and there is room for significant improvement to ensure that care better meets best practice guidelines.

Pleasingly a very high proportion of hospitals that participate in the Stroke Foundation National Stroke Audit report that they provide patients access to a speech pathologist.

While 83% of eligible stroke patients in Australia received a speech pathology assessment only 65% received it within the recommended 48 hour timeframe following admission. This was worse in hospitals without a stroke unit (52%) and in rural hospitals (54%).

Also of concern is the fact that nearly half of patients are being given food, drink or oral medication before they are swallow-screened by a speech pathologist, putting them at risk of serious complications. This is a 5 percentage point reduction compared with 2011.

We have limited data on speech pathology services available to stroke survivors once they are discharged home from hospital but we know from survivor survey data that there is widespread need for support and that it is very often going unmet.

The Stroke Foundation recommends that hospitals be supported to actively monitor the quality of care they provide and to work on a process of continual improvement. We must strive to ensure that all patients receive appropriate speech and communication assessment and treatment including swallowing assessments. If the barrier to good care relates to a lack of speech pathology staff then strategies to increase therapist numbers must be adopted.

The Stroke Foundation also recommends that efforts are made to improve access to speech pathology services in the community setting to meet the high levels of unmet need that we know exists. Better access will come from better follow up of survivors to support linkage to services combined with efforts to increase the availability and affordability of speech pathology services tailored to stroke survivors.

About the National Stroke Foundation

The National Stroke Foundation (NSF) is a not-for-profit organisation that works with stroke survivors, carers, health professionals, governments, and the public to specifically minimise the impact of stroke, a disease which will affect one in six people worldwide in their lifetime and which affects one Australian every ten minutes.

In delivering programs and services the NSF operates across the full spectrum of preventative health, acute care and sub-acute patient support.

Speech pathology is a vital health service for stroke patients given how common it is for stroke to cause various speech, language, communication and swallowing issues.

This submission seeks to outline the Stroke Foundation's understanding of the prevalence of these issues among stroke patients; the availability and adequacy of speech pathology services provided to stroke patients; the provision and adequacy of private speech pathology services for stroke patients, the social and economic cost of failing to treat these disorders and what the projected demand might be for stroke related speech pathology services.

Data sources

In responding to this Inquiry the Stroke Foundation is relying on information from a range of sources including our national audit of stroke services, findings from a survey of stroke survivors and carers and economic analysis of stroke in Australia conducted by Deloitte Access Economics.

- **National Stroke Audit**

The National Stroke Foundation conducts an annual audit of stroke services in Australian hospitals alternating each year between acute and rehabilitation settings.

The acute audit comprises of an Organisational Survey Report and a Clinical Audit Report while the rehabilitation report is a single report.

The audit is designed to measure the quality of services provided to stroke patients by comparing actual services delivered against those recommended in Clinical Guidelines for stroke care. These audits include assessment of speech pathology services.

- **Stroke Survivor Survey**

The National Stroke Foundation commissioned a survey of Australian stroke survivors and carers to better understand personal needs relating to their stroke and how well these needs are being met. The findings were summarised in a report that was finalised in 2013.

- **Economic Impact of Stroke in Australia**

The National Stroke Foundation commissioned Deloitte Access Economics to investigate the economic impact of stroke in Australia and the findings were summarised in a report released publicly in 2013.

Response to Terms of Reference

a. the prevalence of different types of speech, language and communication disorders and swallowing difficulties in Australia;

The National Stroke Audit, Clinical Audit Report 2013¹ found:

- 55% of stroke patients admitted to Australian hospitals for acute stroke were assessed as having a speech/communication deficit on admission.
- Based on AIHW hospital admission numbers for stroke this would equate to 19,400 patients per year.
- 42% (8150) of these were deemed to have aphasia.

The 2012 Rehabilitation Services Report² found:

- 31% of those who needed further inpatient rehabilitation were reported to still have aphasia on admission to rehabilitation.

The stroke survivor and carer survey³ found that:

- 40% of survivors (an estimated 168,000 Australians) reported a swallowing need and 44% of those (74,000) had some of their swallowing needs unmet
- 52% (420,000 Australians) reported speech need with 58% of those (243,500) experiencing unmet speech need
- 38% (160,000 Australians) reported a reading need with 69% of those (110,000) experiencing unmet need relating to reading.

The survey found that speech related need is variable across the country:

- need is greatest in QLD where 62% of survivors (52,500 Queenslanders) reported speech needs with 66% of those (34,600) experiencing unmet need
- unmet need is greatest in WA with 48% of survivors (22,000 Western Australians) reporting a need with 71% (15,600) of those experiencing unmet need.

b. the incidence of these disorders by demographic group (paediatric, Aboriginal and Torres Strait Islander people, people with disabilities and people from culturally and linguistically diverse communities);

The Stroke Foundation does not currently have data on this subject.

c. the availability and adequacy of speech pathology services provided by the Commonwealth, state and local governments across health, aged care, education, disability and correctional services;

The Australian Government approved Clinical Guidelines for Stroke Management⁴ recommends speech pathology assessment of eligible stroke patients within 48 hours.

The National Stroke Audit, Clinical Audit Report 2013⁵ found:

¹ National Stroke Foundation. National Stroke Audit – Acute Services Clinical Audit Report 2013. Melbourne, Australia. (unpublished at time of submission)

² National Stroke Foundation. National Stroke Audit – Rehabilitation Services Report 2012. Melbourne, Australia.

³ National Stroke Foundation, The needs of stroke survivors in Australia, September 2013

⁴ National Stroke Foundation, Clinical Guidelines for Stroke Management 2012, Melbourne Australia.

⁵ National Stroke Foundation. National Stroke Audit – Acute Services Clinical Audit Report 2013. Melbourne, Australia. (unpublished at time of submission)

- 83% of patients were assessed by a therapist but only 65% within 48 hours
- The 48-hour assessment window was met more often in hospitals with a stroke unit (67%) than in hospitals without a stroke unit (52%); and in urban hospitals (66%) compared with rural hospitals (54%)
- Smaller hospitals (those admitting under 50 stroke patients per year) fared worst in meeting the 48hr assessment target (40% of patients).

The guidelines also recommend swallowing screening or assessment of stroke patients within 24 hours and before being given food, drink or oral medication to prevent complications associated with dysphagia such as increased risk of aspiration pneumonia, dehydration and malnutrition.

The Clinical Audit Report 2013⁶ found:

- 79% of patients received a swallow screen or assessment during admission but only 56% received this within 24 hours and only 52% before being given food, drink or oral medication. The 52% stat is down 5% compared with 2011 and is now equivalent to 2009 levels.

It is recommended that hospitals maintain appropriate protocols for locally agreed assessment of impairments and the National Stroke Audit Organisational Survey Report 2013⁷ found:

- 77% of acute hospitals across Australia report protocols for communication deficits after stroke. This was higher in hospitals with a stroke unit (91%) compared with hospitals without a stroke unit (62%)

Multi-disciplinary assessment and care are important in early assessment and rehabilitation of stroke patients. Speech pathology services are a key element in this and the Organisational Survey⁸ and Rehabilitation Survey⁹ found:

- 94% of hospitals reported access to a speech pathologist. In hospitals with a stroke unit this was 100% compared with 88% in hospitals without a stroke unit.
- 100% of rehabilitation hospitals reported access to speech pathology services.
- The median speech pathologist FTE for a ten-bed stroke unit was 0.88.

It is important that hospitals maintain protocols to facilitate referral of stroke patients to allied health professionals including speech pathologists. It is also recommended that allied health professionals be included in regular stroke team meetings. The Organisational Survey¹⁰ found:

- 88% of hospitals in 2013 had protocols to facilitate referral. This compares favourably with the 2009 result of 77%.
- 25% of hospitals without a stroke unit do not maintain allied health referral protocols and similarly 26% of rural hospitals don't.
- Speech pathologists are reported to be attending stroke team meetings to discuss and plan patient care in 73% of acute hospitals¹¹. This occurs in 88% of rehabilitation centres¹²

d. the provision and adequacy of private speech pathology services in Australia;

National Stroke Foundation audit data shows that 100% of private and public rehabilitation hospitals provide access to speech pathology services¹³. However speech pathologists are much more likely to attend regular team meetings to discuss and plan patient care in public rehabilitation hospitals (93%) compared with private rehabilitation centres (54%).¹⁴

⁶ National Stroke Foundation. National Stroke Audit – Acute Services Clinical Audit Report 2013. Melbourne, Australia. (unpublished at time of submission)

⁷ National Stroke Foundation. National Stroke Audit – Acute Services Organisational Survey Report 2013. Melbourne, Australia.

⁸ Ibid.

⁹ National Stroke Foundation. National Stroke Audit – Rehabilitation Services Report 2012. Melbourne, Australia.

¹⁰ National Stroke Foundation. National Stroke Audit – Acute Services Organisational Survey Report 2013. Melbourne, Australia.

¹¹ Ibid.

¹² National Stroke Foundation. National Stroke Audit – Rehabilitation Services Report 2012. Melbourne, Australia.

¹³ Ibid.

¹⁴ Ibid.

The Stroke Foundation does not have data regarding access to specialized private speech pathologists in the community.

e. evidence of the social and economic cost of failing to treat communication and swallowing disorders; and

Poorly managed acute swallowing care relating to stroke can lead to severe complications such as aspiration pneumonia, dehydration and malnutrition. This in turn can lead to chest infections, death, disability, longer hospital stays and increased number of discharges to nursing homes. (p81 stroke clinical guidelines). This in turn has significant social and economic cost. Not treating communication deficits such as aphasia can lead to increased isolation and depression also increasing social and economic costs of stroke.

f. the projected demand for speech pathology services in Australia.

It is estimated that in 2012 there were around 420,000 Australians living with the effects of stroke. Two-thirds of these survivors live with a disability that impedes their ability to carry out activities of daily living unassisted¹⁵.

The Stroke Foundation commissioned survey of stroke survivors found that 40% of survivors reported needing support relating to swallowing need, 52% reported needs relating to speech and 38% reported needing support relating to reading.

With an ageing population it is projected that by 2032 the number of survivors will reach 709,000. If the rate of need remains static (which is an ambitious assumption if the level of speech pathology service availability doesn't grow in a commensurate fashion) then it can be estimated that in 2032 there will be approximately:

- 280,000 stroke survivors with swallowing needs;
- 370,000 stroke survivors with speech needs; and
- 270,000 stroke survivors with reading needs.

Recommendations

While the vast majority of hospitals that treat stroke patients do make speech pathology services available there is variability in the quality of care provided. Australian Government approved clinical guidelines outline best-practice models of care and unfortunately there are many patients in Australian hospitals that do not receive appropriate speech and communication assessment and treatment.

The National Stroke Foundation recommends that all Australian Governments should commit to supporting Australian hospitals to monitor the quality of stroke care they provide against best-practice guidelines. In addition hospitals should be supported to implement quality improvement processes that target gaps in stroke care including appropriate models of speech pathology support.

Following discharge home from hospital stroke survivors report significant levels of unmet need in relation to speech, language and communication issues. This unmet need exists because stroke survivors face significant difficulties accessing services due to a disjointed community care sector and a general lack of publicly and privately funded support services

If a stroke survivor is able to access publicly funded services then the Stroke Foundation understands that the level of support provided is usually far short of that required to aid recovery.

The alternative is for stroke survivors to seek privately funded speech pathology services which are not only an expensive option but also difficult to source. The Stroke Foundation has been advised by

¹⁵ Deloitte Access Economics, The economic impact of stroke in Australia, 2013

Speech Pathology Australia that only around 38% of therapists who work in private practice work with adult clients and only 18% see people over the age of 65 years. Of those therapists, we are not aware of the level of specialisation in stroke.

The Stroke Foundation recommends that stroke survivors be better supported to access communication support services that are vital to aid recovery from stroke. This support should include better follow up of stroke patients for needs assessment along with implementation of strategies to increase the level of publicly funded speech pathology services for older Australians. If it is found that the lack of services relates to a shortage of speech pathology professionals then we would support workforce strategies to combat the issue.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Erin Lalor', written in a cursive style.

Dr Erin Lalor
Chief Executive Officer