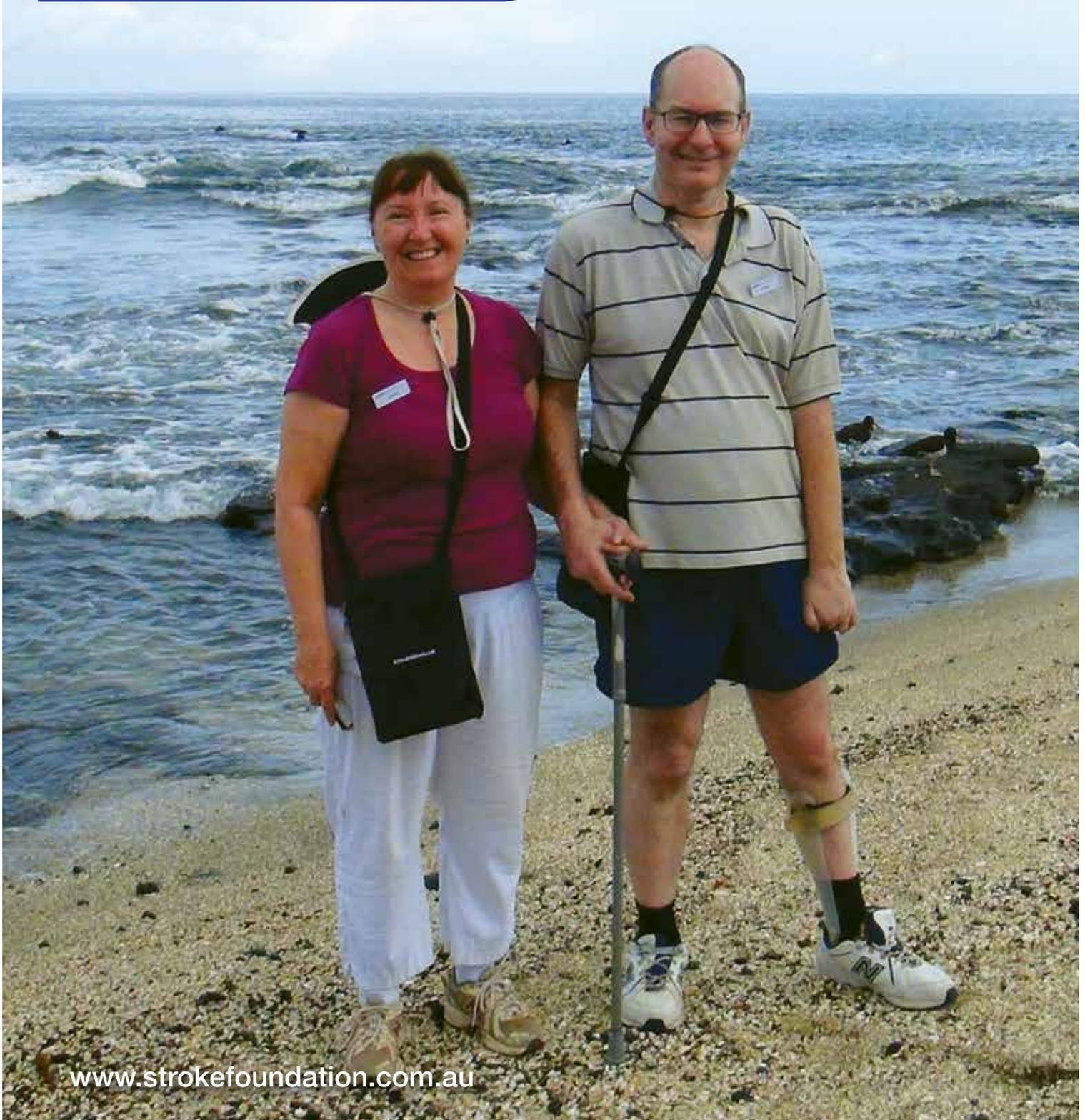




strokefoundation

Tackling a rising tide

Real solutions to reduce stroke's impact



www.strokefoundation.com.au

The challenge

1996

Australian Health Ministers name **stroke** as a national health priority

20 YEARS OF INACTION...

2016

Stroke has become a national health **emergency**

Clot busting drugs



Ischaemic stroke patients receiving clot busting drugs through thrombolysis.

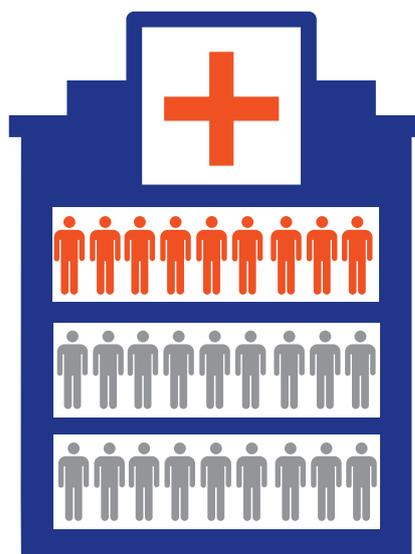


Patients receiving thrombolysis within 60 minutes of hospital arrival.

Patient care

Of **30,000** patients,

almost **20,000**



do not receive the full benefits of stroke unit care.

Leaving hospital

44%

discharged with no care plan.

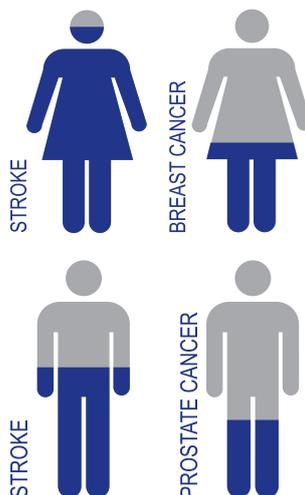


1/3

discharged with no prevention medication.



Stroke kills



more women than breast cancer.

more men than prostate cancer.

The solution

PROGRAM

Time-critical stroke treatment – FAST campaign

All Australians are stroke smart

BENEFITS

\$10 million over four years

Investment delivers the FAST (Face, Arms, Speech, Time) campaign nationally making Australians aware of stroke signs and how they need to respond.

Result: When someone suffers a stroke every minute counts. Fast access to treatment means a greater chance of recovery and decreased costs for our health system.

National rollout of the StrokeConnect program

Post hospital support Australia-wide

\$20 million over four years

Investment will provide a follow up program for all stroke survivors after they leave hospital. This will ensure they are connected to the services and people they need to make maximum recovery and reduce the likelihood of return to hospital from recurrent strokes.

Result: Over 5,000 survivors regaining their functional independence contributing to a cost saving to the health system of \$30m per year.

InformMe: A world-leading online portal for stroke health professionals

Shared best practice

\$4 million over four years

Investment delivers a portal to share access to best practice stroke care knowledge between hospital clinicians, those working in the community and GPs.

Result: Improved individual health professional practice targeting local quality improvement.

Expansion of telemedicine pilot programs for stroke

Equal care for regional Australians

\$2.2 million over two years

Investment will expand the reach of specialist stroke services into regional areas.

Result: More patients in regional areas will have access to specialist expertise currently only available in capital cities.

A trusted monitor of Australian stroke care standards

Decision making data

\$6.4 million over four years

Investment will deliver a data collection and reporting system to regularly monitor care quality in hospitals.

Result: Up to 2,000 fewer cases of stroke-induced disability and over \$50m in economic savings per year realised if best-practice acute care is provided.

Update absolute risk cardiovascular prevention guidelines

Agreed care standards

\$1.2 million

Investment will update clinical recommendations ensuring treatment and management of chronic disease risk is delivered according to the latest evidence.

Result: Better management of population risk for chronic disease leading to reduced incidence of heart, stroke and other vascular conditions.



A call to action

The current state of stroke care is resulting in unnecessary death and disability for thousands of Australians.

An immediate \$44 million investment over four years is urgently needed to address gaps in stroke treatment and care identified by the 2015 National Stroke Audit. Well developed programs are ready to roll out with appropriate government funding. The benefit from this investment will be enormous.

In addition we call on all Australian governments to develop a costed national plan to close gaps in stroke care permanently.

What is a stroke?

Stroke attacks the brain – our most vital organ. A stroke occurs when blood supply to the brain is cut off because of a clot blocking an artery (ischaemic stroke) or due to a burst artery (haemorrhagic stroke). When blood supply to the brain is blocked brain cells begin to die at a rate of 1.9 million each minute.

Every stroke is different depending on where in the brain it strikes and how severe it is. What is common is the devastation it can cause to the survivor, their carer and family. It remains one of the leading causes of disability for Australians.

1996 – 2016 20 years without true action

2016 marks 20 years since stroke was made a national health priority by Australian Health Ministers. Despite development of countless state and national strategies there has never been funding for a coordinated national plan of action.

There has been growth in stroke unit numbers, increased coordination of clinical advice through development of state clinical networks and major breakthroughs in life-saving treatment. However, there remains a huge variation in care quality and thousands of Australians are not receiving the care known to save lives.

The 2015 National Stroke Audit results show current stroke clinical practice falls well short of the shared definition of high-quality. Alarming the standard has barely improved in the past two years.

There is now a significant opportunity to reduce the impact of stroke; to improve the quality of care provided by the hospital system; to ensure equity of care across urban and regional areas; and to give all survivors the support and information they desperately need after their stroke.

Taking action

1. FAST access to time critical treatment

Time=Brain when it comes to stroke. Every minute of delay in treatment results in more brain cells dying, raising the likelihood of death or a lifetime of disability. All Australians need to be able to recognise the signs of stroke and call an ambulance immediately.

The FAST campaign (FAST stands for Face, Arms, Speech and Time to act) is a crucial tool to achieve this. Since 2007 the Stroke Foundation has used the FAST test to raise awareness and drive urgent action.

An initial national rollout supported by the Australian Government during 2013/14 found stroke sign awareness was improved. However sustained effort is needed given three-in-ten Australians don't know to call an ambulance if stroke is suspected.

Ongoing national promotion of the FAST message through advertising and regional community talks will build on past successes so Australians can spot a stroke and act FAST.

2. StrokeConnect for stroke survivors

For survivors of stroke there is no comprehensive support program in Australia offering follow up by liaison workers or community nurses as with other health conditions. Patients are not supported after hospital discharge to recover quickly from their stroke. Instead they live with disability and have other needs impacting on their ability to actively participate in society.

The StrokeConnect program:

- Works with hospitals to provide targeted information for stroke patients upon discharge – preparing them for life after stroke.
- Provides a phone call to every stroke survivor (estimated at 25,000 per year) in the period following discharge from hospital to home.
- Supports patients to identify and access local services that support better and quicker recovery.

3. InformMe for stroke health professionals

There have been significant advancements in the treatment and care guidelines for acute stroke. Health professionals and hospitals also put in their best efforts. Yet there is still limited improvement in stroke care and services in Australia.

InformMe is an innovative online portal designed to support stroke health care professionals to improve their practice. It helps all clinicians working in stroke care including treating physicians, physiotherapists, neurologists, rehabilitation consultants, nurses, speech pathologists, occupational therapists, social workers, psychologists and dietitians.

The portal was developed by the Stroke Foundation with support of philanthropic partners. Government support will now add:

- Contemporary evidence education and training modules.
- Improved maintenance of quality care data.
- Improved functionality for better interactions between health professionals.

Taking action *continued*

4. Expansion of telemedicine pilot programs

Telemedicine stroke services have already been trialed in Victoria but can benefit all regional Australians. The Victorian Stroke Telemedicine (VST) Program is demonstrating the ability to facilitate rapid clinical decision-making and treatment of stroke by seamlessly connecting rural and regional emergency departments to a roster of Melbourne-based neurologists.

Using state-of-the-art mobile computing technology and software a neurologist can remotely examine patients at the bedside, review brain imaging and provide rapid diagnosis and treatment advice irrespective of their geographic location.

Similar telestroke services are well established in Europe and North America. An expansion of the telemedicine stroke pilot program in Australia will see stroke specialists available 24/7, crossing state borders and demonstrating the potential for a truly national network of acute stroke specialists.

5. Monitoring stroke care quality to target quality improvement

Around 20,000 stroke patients per year do not receive the full benefits of quality hospital care they should expect. Only seven percent of ischaemic stroke patients receive life-saving clot busting medication. Up to one-third do not get medication on discharge to prevent secondary stroke. Up to half of patients are discharged without a care plan.

Alarming there has been little improvement in this care data in the last two years. More regular monitoring of stroke care is required so quality improvement can be targeted at the right areas of care.

A ready-made solution for this exists. A consistent and efficient data collection system is available to empower local hospital services to embed quality improvement into their practice.

6. Updating absolute risk cardiovascular prevention guidelines

The cardiovascular prevention guidelines are an authoritative source of information by health professionals for the management of absolute cardiovascular disease risk. They support clinicians to assess risk of heart attack or stroke among the general population (45 years and over) and improve early detection.

The guidelines now require updating to ensure health professionals maximise a patient's chances of avoiding long-term cardiovascular disease.

Without updated evidence-based guidelines patient care could be compromised leading to increased hospitalisations.



Return on investment

Initial funding of \$44 million would deliver a swift reduction in stroke suffering. Fewer people will die from stroke and fewer will be left with a lifetime of acquired disability.

All survivors of stroke will get access to vital recovery information and support they currently miss out on. More patients will get treatment that saves lives. Greater access to quality stroke care will be offered in regional areas. Hospitals will be empowered to improve their practice and more strokes will be prevented through better primary care prevention.

Significant savings in the health system will be realised if action is taken to address the gaps in care now.

Following up patients could contribute to savings in the order of \$30 million per year. Improving care to meet national standards would also contribute to savings of around \$50 million per year.

This would include over 2,000 fewer cases of Australians with a disability due to improved hospital care. Around 1,300 survivors per year could also regain their independence as a result of routine follow up. These Australians will avoid a life of dependence and suffering resulting from their stroke.

A call for leadership

There is no single solution to improving stroke care. It is a complex problem requiring input from all levels of government. Stroke care crosses the continuum of health care services from community based support to primary care to hospitals.

A concerted and organised national approach is required to ensure quality stroke care is provided to all parts of Australia including often neglected regional areas.

In addition to the modest \$44 million investment the Stroke Foundation is calling on the Federal Government to spearhead efforts to bring all Australian governments together through COAG to develop detailed costings for a national plan to close gaps in stroke care permanently.

2055: 1 million stroke survivors

growing to
135,000
new strokes each year

+50,000
new strokes each year

2015:
stroke survivors =
450,000

The Stroke Foundation is a national not-for-profit organisation that aims to stop stroke, save lives and end suffering and is the only charity dedicated exclusively to stroke.

We are committed to raising awareness, preventing stroke, facilitating research, improving treatment and making life better for stroke survivors.



strokefoundation

Get involved



Give time

Become a volunteer



Speak up

Join our advocacy team to #FightStroke



Become a donor

Help fund stroke prevention and support



Know your numbers

Check your health regularly



Raise funds

Hold a community fundraising event



Stay informed

Keep up-to-date and share our message



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Front cover photograph - Karen and Kevin English