



strokefoundation

27 February 2015

Transforming Health  
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To whom it may concern

**Re: Transforming Health proposals paper**

The National Stroke Foundation (NSF) welcomes the opportunity to provide feedback on the proposed changes to stroke services in South Australia (SA) as outlined in the Transforming Health proposal paper. For any queries on this submission please contact NSF Advocacy Manager Scott Stirling on [sstirling@strokefoundation.com.au](mailto:ssirling@strokefoundation.com.au) or 03 9918 7238.

The NSF welcomes reform that will lead to a better-resourced system that delivers higher quality stroke care in line with NHRMC approved stroke clinical guidelines and the pending Acute Stroke Clinical Care Standards. We also welcome any changes that will bring stroke service structure in line with the existing NSF Acute Stroke Services Framework 2011. On this note please be advised that this Framework is currently under review by the NSF with a consultation draft expected to be available for circulation very shortly. We will forward a copy of the consultation draft when it is available.

While there are further details regarding the stroke service proposal that we would seek clarity about, in general the NSF agrees with the principles behind this reform.

The NSF welcomes an expansion of stroke services to address identified gaps and variability in care – particularly after-hours. In addition we would like to highlight that there is an opportunity in the current reorganization to embed good stroke data collection practices and improve the quality of stroke data overall.

Work on a national approach to stroke data collection linked to quality improvement is currently well advanced including development of a new tool that will simplify the data collection process. We would welcome an opportunity to put forward a proposal regarding this to the South Australian Government.

While we are, in principle, supportive of the proposals outlined in Transforming Health there are some points that we would seek further clarity about.

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1. 24/7 Service at Royal Adelaide Hospital (RAH)
  - a. We would be interested to understand what is included in the 24/7 Royal Adelaide RAH service. Is it proposed to include full stroke unit staffing or will the hyperacute unit focus on delivery of thrombolysis (tPA)?
  - b. Introduction of specialist after-hours stroke care at the RAH is a great step forward. We would like clarification as to whether resident out-of hours medical staff at RAH be at registrar or consultant neurologist level?
2. RAH stroke unit size
  - a. Our view is that it is vital the RAH stroke unit is large enough and ring fenced<sup>1</sup> – like coronary care – to ensure that it is a functioning unit able to meet demand. Will the stroke unit be ring fenced - like coronary care – and be a dedicated functioning unit that is able to take all stroke patients?
  - b. We are keen to understand what modelling has been done around bed numbers required to cater for after-hours demand at the RAH.
3. Staffing and integration with Flinders and Lyell McEwin
  - a. We are interested to know whether there has been consideration regarding management of patient flow at the RAH given the expected higher demand that will come with being an after-hours stroke hub. For example after revascularisation and when the patient is stable, are there any plans to provide an orderly transfer back to the local stroke unit?
  - b. While understanding that Flinders and Lyell McEwin will not have 24/7 stroke services we would be keen to understand what staffing there will be to support out-of-hours management of stroke patients (in addition to dedicated nursing staff who routinely work on the stroke unit who we assume will be included)
4. Single Service Multiple Site
  - a. We are keen to understand what is meant by a 'single service, multiple site model stroke service'. Does this model provide an opportunity for more integration of services, data collection, quality improvement and the like? Are there plans for a more flexible approach to staffing and specialist availability?
5. There doesn't seem to be reference to regional stroke care in this document. We would be interested to understand if there are plans to look at regional stroke care at a future point in time?

Significant reform to the health system is never an easy process and while we would welcome an opportunity to discuss the above points with the South Australian Government in due course we also applaud the commitment behind this reform process.

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<sup>1</sup> Ring fencing here is defined as the separation of stroke unit beds so that they are available for stroke patients only and thereby ensuring beds are always available.