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Dr Stephen Duckett
Chair
Review of Hospital Safety and Quality Assurance in Victoria

Sent via email to qualitysafetyreview@dhhs.vic.gov.au

Dear Review Panel,

Re: Review of Hospital Safety and Quality Assurance in Victoria

Thank you for the opportunity to submit comment to this review. The Stroke Foundation is a not for profit organisation that works with stroke survivors, carers, health professionals, the public and governments to reduce the impact of stroke on the Australian community.

Stroke is one of Australia's biggest killers and a leading cause of disability. It is estimated there were almost 50,000 new and recurrent strokes¹ in Australia and 35,300 hospital admissions due to stroke.² The cost burden of stroke is estimated to be around \$5 billion per year.³ Every year, over 13,000 Victorians will suffer a stroke.

The hospital care received by every Victorian who suffers a stroke is crucial not only to their survival, but to their quality of life and their long-term recovery. Despite significant advancements in the treatment for acute stroke and the best efforts of health professionals and hospitals, many people are missing out on best practice care. We know that the gap between the stroke care recommended in Australian guidelines and what actually happens in our health care systems is resulting in increasing costs and greater burden of death and disability associated with stroke.

¹ Deloitte Access Economics – Stroke in Australia: No postcode untouched, 2014.

² Australian Institute of Health and Welfare 2013. Stroke and its management in Australia: an update. Cardiovascular disease series no. 37. Cat. no. CVD 61. Canberra: AIHW.

³ Deloitte Access Economics – The economic impact of stroke in Australia, 2013.

The National Stroke Foundation's 2015 Acute Services Audit revealed that despite significant advancements in the treatment and care guidelines for stroke, health professionals remain ill-equipped and hospitals are under resourced to deliver best practice care for stroke patients.

The Stroke Foundation provides the following information under the two themes in the discussion paper that we hope will help inform your review panel and help strengthen monitoring of the safety and quality of care in Victorian public hospitals.

Theme 1: Fostering and supporting a culture of continuous improvement and clinical excellence.

Stroke Clinical Network

- The Stroke Foundation experience working with stroke clinical networks in Victoria, New South Wales, Queensland, South Australia and, most recently in Tasmania, has always been mutually rewarding. In our view, the collective clinical voice that forms the stroke networks provides crucial unfiltered advice to government regarding frontline experience as well as driving improvement from the ground up. Importantly the multi-disciplinary nature of the clinical networks ensures that the voices are not confined to one part of the health system and include those from acute care, rehabilitation, community care, ambulance, neurology allied health and consumers.
- The Stroke Foundation advocates strongly for better systems of stroke management and support in particular through routine monitoring of the quality of care (via national audits of stroke care and ongoing clinical registry data) and development of local and national policy solutions. Stroke clinical networks are a vital part of this process. They serve as a locally knowledgeable and engaged stakeholder group available to discuss audit findings and contribute to policy development and the provision of advice to state governments.
- The Stroke Clinical Network in Victoria has been an effective voice for the stroke community and pivotal in the development of the stroke care system in Victoria which is among the better performing state systems in Australia.
- The role of the Victorian Stroke Clinical Network (VSCN) is to take a 'whole of Victoria' approach to enhance implementation of the Stroke Care Strategy for Victoria. This strategy launched in 2007 has not been reviewed and having a strategic stroke clinical improvement plan would greatly enhance the ability of the stroke clinical network to be more effectively focused on improving the safety and quality of care to patients. Quality outcomes, metrics and evaluation are important components of maintaining a patient centred approach in stroke care and the Victorian Stroke Clinical Network (VSCN) is well placed to support this should it choose to develop a stroke clinical improvement plan that reviews the outcomes of the national audit and AuSCR and develops key performance indicators to monitor and review stroke service delivery.

Defining Best Practice

The Stroke Foundation *Clinical Guidelines for Stroke Management 2010* (the Guidelines), *The Acute Stroke Clinical Standard* (the Stroke Standard) and *National Acute Stroke Framework 2015* and the *Rehabilitation Stroke Services Framework 2013* (the Frameworks) provide the basis for localising stroke care.

- The *Clinical Guidelines for Stroke Management 2010* (the Guidelines) developed by the Stroke Foundation provide a guide to appropriate practice based on evidence-based recommendations for clinical care and are approved by the National Health and Medical Research Council (NHMRC). Following funding from the Federal government the Guidelines are being reviewed and a revised set of guidelines will be available in 2017.
- The *Acute Stroke Clinical Standard* (the Standard), developed by the Australian Commission on Safety and Quality in Health Care, provides a set of suggested indicators to assist with local implementation of the Acute Stroke Clinical Care Standard. Clinicians and health services can use the indicators to monitor the implementation of quality statements, and support improvement as needed.
- The *National Acute Stroke Framework 2015* and the *Rehabilitation Stroke Services Framework 2013* (the Frameworks) developed by the Stroke Foundation aims to improve the quality of Australian acute and rehabilitation stroke services by outlining recommended structures, networks, settings and criteria for monitoring. The frameworks also provides a definition of stroke unit care, discusses regional stroke responsibility, workforce and resource requirements and finally safety and quality improvement.
- Together the Guidelines and the Standard form the basis of the National Stroke Audit, determining what data is collected. This Audit is a Stroke Foundation initiative, conducted annually as part of our commitment to promoting the delivery of evidence-based care for stroke.
- Audit information each year is shared with the State Health Minister, the Clinical Network and each participating site. Reports sent to hospitals provide detailed benchmarking for nationally agreed indicators, allowing hospital sites to better understand exactly how well they are performing and stimulate quality improvement efforts.
- Audit results have consistently shown a gap between clinical care that is recommended in best practice guidelines and what actually happens in the Australian health care systems. This gap results in increased costs and greater burden of disability associated with stroke.
- There are Victorians dying or being left disabled unnecessarily from stroke because the care they receive is not in line with best-practice guidelines.

Closing the Gaps in Care

- Providing better access to evidence based care would provide benefits to the individual, carers and society as well as large potential cost offsets by reducing the resources required to provide stroke care.
- The Stroke Foundation has developed an online portal called InformMe to support local quality improvement efforts. InformMe provides hospitals with access to the Guidelines, and to their Audit data, along with tools and resources to support them to make real improvements to stroke treatment and care. The recent launch of InformMe has created a unique opportunity to influence the quality of stroke treatment and care. This opportunity will only be realised if clinicians working in stroke access this tool to drive improvement.

- In addition to InformMe, the Stroke Foundation has developed *enableme* as an online tool for consumers and My Stroke Journey for use with stroke patients in hospital. These resources help health professionals and stroke survivors to have evidence based information, quality practice and up to date resources to support recovery.
- We know that providing resources is often not enough to change practice and that providing data alone does not mean that practice changes. We need to ensure that stroke clinicians know about InformMe, are engaged in the benefits and equipped to make the most of what InformMe has to offer. Hospital engagement is critical to achieving this. Hospital clinicians are time poor, and work in dynamic environments, with many competing demands. Engaging stroke clinicians takes considerable effort and resources, however we know from our experience of implementing StrokeLink in Queensland that it works.
- StrokeLink is a Queensland government funded quality improvement program delivered by the Stroke Foundation in Queensland to help bridge the gap between stroke clinical evidence, national audit and AuSCR data and supporting improvements in practice. The program provides stroke teams with workshops presenting hospital performance data, providing help for stroke teams to develop action plans to address prioritised gaps in care and on-going support to change practice. Sharing guidance and lessons learned in exemplar hospitals with those hospitals who need support is an integral part of this program.
- The Australian Stroke Clinical Registry (AuSCR) data analysed by Monash University shows that for those hospitals who had developed an action plan, on 5 out of 7 indicators, the proportion of stroke patients adhering to the indicators, increased significantly in 2014/2015 compared to 2013. In contrast, the group that did not have an action plan showed a significant increase in only 2 of 7 indicators.
- Overall, at a program level, the StrokeLink program is making a valuable contribution to Queensland's key stroke unit hospitals. It is achieving this by providing health professionals working in stroke care with the tools, confidence and support to address areas of their practice that do not yet meet clinical guidelines. Importantly, comments from clinicians involved in the program have been almost entirely positive. Such an approach in Victoria, could help to take improvement opportunities identified in audit data into better practice and improve adherence to clinical guidelines and improve outcomes for stroke survivors

Theme 4: Advancing Transparency

The Stroke Foundation through its public release of the national audit data supports the concept of more transparency to support quality and safety. To this end the Stroke Foundation publishes the full national audit report nationally and provides more detailed information to State Health departments.

In November 2015, the Stroke Foundation wrote to the Hon Jill Hennessy, Minister for Health to inform her of the impending release of the 2015 National Stroke Audit report which unfortunately shows limited improvement in the quality of Victorian stroke care over the past two years. Variation in hospital care is leading to unnecessary death, disability and community suffering resulting from stroke.

The National Stroke Audit 2015 report shows, for the first time, stroke care in Australian hospitals against the new Acute Stroke Clinical Care Standard launched in the same year. It

reports changes in stroke care since 2007, and provides a baseline picture of care against the Standard. It also highlights areas that require urgent focus for improvement.

The 2015 National Stroke Audit report was released in December by the Chair of the Commission on Safety and Quality in Healthcare.

Key findings from the report pertaining to Victoria include:

- Access to stroke units has declined in past two years and it is estimated that almost 4,800 Victorian patients are denied access to the full benefit that stroke unit care provides. More than half of these patients (around 2,800) did not get stroke unit care at all.
- Discharge care also appears to be an issue with data showing that provision of appropriate medication on discharge, carer support needs assessment and provision of written care plans are all areas for improvement.
- Access to acute therapy including thrombolysis is also an area that requires additional focus. While the 11% rate is above the national average there has been no improvement on this indicator in the past 2 years.

In light of these findings the National Stroke Foundation's recommendations to the Victorian government include:

- Focus on improving access to stroke units by ensuring there are an appropriate number of stroke beds in the right locations.
- Ensure that all hospitals providing stroke care employ a medical lead and a stroke coordinator.
- Focus efforts to improve access to hyper acute therapy including ensuring thrombolysis and endovascular clot retrieval is available in appropriate locations 24/7.
- Ensure that there are systems to routinely monitor care quality. Investment in the Australian Stroke Clinical Registry has been welcomed and will deliver ongoing monitoring of key indicators however, modest further investment in data management will increase the ability of hospitals to undertake continuous quality improvement.

In February 2016, the Stroke Foundation sent out individual reports to hospital sites that participated in the 2015 Acute Audit and gave a presentation of the state results by deidentified hospital site to the Victorian Stroke Clinical Network. The stroke network has asked for the site reports to be identified in the state summary and this will be arranged once permission from each participating hospital site is obtained.

In future the Stroke Foundation will automatically seek this permission for identified hospital data sharing with the Victorian Clinical Stroke Network on registration of each hospital into the online data collection tool. In 2016, following the rehabilitation audit, we will also share the site audit reports with the Chief Executive of each participating hospital. Previously we have expected that hospital site audit coordinators will do this however, we do not know if this happens routinely.

We know where state networks have shared identified hospital audit results e.g. in Queensland, they have been better equipped to support improvement in stroke unit care for hospitals that are struggling to meet the guidelines and networks, can direct their continuous improvement efforts to those areas that are going to make a significant difference.

Recommendations

- The Stroke Foundation *Clinical Guidelines for Stroke Management 2010* (the Guidelines), The *Acute Stroke Clinical Standard* (the Stroke Standard) and *National Acute Stroke Framework 2015* and the *Rehabilitation Stroke Services Framework 2013* (the Frameworks) provide the basis for localising stroke care. The Department of Health and Human Services via the Victorian Stroke Clinical Network (VSCN) should review the Stroke Care Strategy 2007 and develop a Stroke Clinical Improvement Plan for Victoria that takes account of the Guidelines, the Stroke Standard and the Frameworks as well as, the outcomes of the national audit and the metrics available from AuSCR. This strategic stroke improvement plan would develop key performance indicators to monitor, improve and review stroke service delivery in Victoria.
- The Department of Health and Human Services should support a Quality Improvement program to help bridge the gap between stroke clinical evidence, national audit and AuSCR data and through this program support improvements in practice. Such a program (called StrokeLink in Queensland) provides stroke teams with workshops presenting hospital performance data, providing help for stroke teams to develop action plans to address prioritised gaps in care and on-going support to change practice. Sharing guidance and lessons learned from exemplar hospitals with those hospitals who need support is an integral part of this program. Such an approach in Victoria, could help to take improvement opportunities identified in audit data into better practice and improve adherence to clinical guidelines and improve outcomes for stroke survivors

The Department of Health and Human Services has a responsibility to effectively respond to the national audit results and to determine how they are going to address these results in a systematic way to improve the safety and quality of care to the 13,000 people every year who suffer stroke in Victoria. Without this approach stroke care in Victoria will continue to stagnate.

Our sincere thanks for the invitation to comment on the Review of Hospital Safety and Quality Assurance in Victoria and we welcome the opportunity to discuss our comments with you in more detail should you require further clarification.

Yours sincerely,



Sharon McGowan,
CEO