QLD Election Platform 2020



Working together towards world-class health services for regional Queenslanders

Queensland stroke survivor Rachael Urguhart

At a glance



Stroke Foundation is calling for the next Queensland (QLD) Government to invest in a better working, more connected health system to improve the health and wellbeing of regional Queenslanders.

Proposal 1.

Targeted F.A.S.T. (Face, Arms, Speech, and Time) Stroke Community Education in regional QLD.

F.A.S.T. Stroke Community Education will raise vital awareness signs of stroke and stroke risk factors, empowering regional Queenslanders to prevent stroke and seek treatment when stroke strikes. Investment: \$130,000 per annum over 4 years.

Result: A healthier Queensland. Regional Queenslanders preventing and living well after stroke.

Proposal 2.

QLD State-wide Telestroke Service and Care Pathway.

Telestroke enabling emergency assessment of stroke patients and boosting the capacity of our regional clinicians. Backed by a clear care pathway, Queenslanders will have a seamless transition to specialist treatment in our major hospitals where needed.

Investment: \$21 million over 3.5 years for 20 sites.

Result: Regional Queenslanders surviving and recovering from stroke. A high quality, timely and safe health system.

Proposal 3.

Continuing My health for life.

Continuing to empower Queenslanders stay well and lessen their risk of developing conditions such as type 2 diabetes, heart disease, stroke, high cholesterol and high blood pressure. **Result:** Keeping Queenslanders healthy and out of hospital through innovation and partnerships.

The challenge for Queensland

Stroke risk in Queensland (% of total population)¹

- > High blood pressure: 802,200 (22%)
 - > Obesity: 1,188,800 (32%)
 - > Physical inactivity: 880,200 (24%)

State of stroke^{2*}

- > Number of strokes: 10,334
- > Number of stroke survivors: 90,255
- > Number of working age (under 65 years) stroke survivors: 27,076

Queensland Government investment in data collection and quality improvement program StrokeLink has delivered results for our cities, now we can take these learnings and tailor them to our regions.

Patient access to	Metro ³	Regional ³
Stroke Unit care	86% (increase from 58% in 2009–2012)	60%
Clot dissolving treatment	10% (increase from 7% in 2009–2012)	8%
Clot retrieval treatment	3 hospitals delivering 24/7	Zero access
Education on preventing recurrent stroke	70%	63% 1 in 3 did not receive education about behaviour change for modifiable risk factors

*Please note Stroke Foundation is set to release an update of this report in October 2020.

Delivering for our regional communities

Stroke Foundation is calling on the next QLD Government to boost health services in regional Queensland and get our health system working for people with stroke.

Government investment in improved chronic disease prevention, stroke treatment and care has delivered results for those in the city. Now we have an opportunity to strengthen these efforts by delivering connected, high quality, safe and timely stroke treatment, and care to our regions.

In 2020 our state faced the devastating bushfires and coronavirus (COVID-19) pandemic. Our regional communities were hit hardest by these challenges. Government was quick to initiate an emergency response, uniting the state and leading the way to keep Queenslanders safe.

We now have an opportunity to take learnings from these challenges and apply them for the betterment of our state now and into the future.

Investment in prevention of stroke – and chronic disease - and access to treatments will deliver dividends for Queenslanders, the community and the economy.

We look forward to continuing to partner with the next Government to keep Queenslanders with stroke safe and well.

Queenslanders who have experienced stroke are among our community's most vulnerable to severe symptoms, complications and death from COVID-19.

Stroke Foundation would like to gratefully acknowledge the QLD Government's ongoing investment in:

- StrokeLink Program boosting the capacity of our clinicans and the quality of care.
- StrokeLine Outreach Program Supporting those impacted by stroke on their return home.

These programs are helping to address the negative impact of the pandemic on the quality of stroke treatment and care.

What is 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 up to 1.9 million each minute.⁴

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 is the leading cause of adult disability for Australians.⁵



Clot (Ischaemic stroke)



Bleed (Intracerebral haemorrhage)

Stroke attacks the brain, the human control centre, changing the lives of the individual and their loved ones forever.



Proposal 1.

Targeted F.A.S.T. (Face, Arms, Speech, and Time) Stroke Community Education in regional QLD.

Investment: \$130,000 per annum for 4 years.

Stroke Foundation will partner with the QLD Government to deliver targeted F.A.S.T. Stroke Community Education in regional areas of our state. It will reach some of our state's most vulnerable and ensure investments in health services are maximised.

Stroke is a serious medical emergency, requiring urgent attention. When someone suffers a stroke every minute counts. Timely access to treatment means greater chance of recovery and decreased costs to our community and health system.

Currently, just 35 percent of Queenslanders living in inner regional areas are arriving at hospital within 4.5 hours of symptom onset.³

Too often treatment is delayed, simply because people do not recognise the signs of stroke are a medical emergency. It is critical people understand if they or someone they know experiences the signs of stroke including facial drooping, arm weakness, or speech changes, they must dial triple zero (000) immediately.

F.A.S.T. education campaigns have proven to directly result in increased awareness of the signs of stroke and calls to emergency services nationally⁶ and internationally.⁷

Preliminary data shows hospitals are experiencing a serious reduction in the number of stroke admissions during the current pandemic.⁸ This is likely due to patients not wishing to be a burden to the hospital system, or fearing infection with COVID-19 if they go to hospital.



F.A.S.T. Community Education has been developed and is ready to be rolled out in regional QLD.

Activities will include:

- > Partnering with local government and community organisations.
- > Recruiting, training and providing support to local volunteers to share their own stroke experienced and increase awareness among others.
- > Produce and disseminate F.A.S.T. signs of stroke marketing materials.
- > Being part of community events.
- > Local media and digital advertising.

Stroke Foundation currently has 15 volunteer speakers in regional QLD who are trained and ready to deliver community talks. With the support of the Government, this pool of volunteers will be expanded, enabling more targeted talks to be delivered in regional QLD, and more community members to be empowered to live well. This work will strengthen the work of Health and Wellbeing Queensland.





Rachael's story

Townsville resident Rachael Urqhart, 28 knows the importance of recognising the F.A.S.T. signs and calling triple zero.

Rachael suffered a stroke at the age of 24.

On the day of her stroke, Rachael remembers lying in bed with her hand above her head and not being able to bring her arm back down. Rachael tried to get up – but couldn't stand – and fell to the floor. The left side of Rachael's body was paralysed.

Terrified, and alone at home, Rachael realised she needed help. Rachael managed to get her mobile phone. Screaming, Rachael called her father, telling him she couldn't feel the left side of her body. Rachael's father, a former paramedic, immediately recognised the F.A.S.T. signs of stroke and dialled triple zero (000).



Once at hospital, doctors diagnosed Rachael and she was able to access time-critical stroke treatment. As a result, Rachael regained movement in the left side of her body that night and has since made a full recovery.

Rachael credits her father's quick thinking and knowledge of the F.A.S.T. signs of stroke with saving her life.

Rachael is passionate about raising awareness of stroke, and the fact stroke can happen to anyone at any age.

"Stroke doesn't discriminate. I was 24 and relatively healthy at the time, and stroke just wasn't on my radar, " Rachael said.

Proposal 2.

QLD State-wide Telestroke Service and Care Pathway.

Investment: \$21 million over 3.5 years for 20 sites.

The QLD State-wide Telestroke Service and Care Pathway will bring the latest in emergency stroke treatment to all Queenslanders. It will save lives and improve outcomes from stroke.

Stroke can be treated. QLD is among those leading the way in implementing the latest innovations in life-saving stroke therapies, including clot retrieval. However, not all access is equal.

Emergency stroke treatment is non-existent for Queenslanders living in regional, rural and remote areas of our state.

Telehealth will connect regional and rural clinicians to city based specialists to help diagnose and treat stroke quicker and close to home. Backed by a clear care pathway, when patients need more specialised health services, they will have a seamless transition from regional health to specialist treatment in our major hospitals. The pathway will link in our regional and metropolitan health services with the Queensland Ambulance Service and Retrieval Services Queensland.

Our state has one of the largest managed telehealth networks in Australia. Telehealth came to the fore in managing disease during the COVID-19 pandemic. We can capitalise on this established expertise and infrastructure.



When blood supply to the brain is blocked brain cells begin to die at a rate of up to **1.9 million** each minute

The benefits of telestroke in emergency stroke treatment are well recognised. State Governments in Victoria, South Australia, New South Wales, Western Australia and Tasmania have implemented, or are trialling, state-wide telestroke services to improve outcomes from stroke.

F.A.S.T. Community Education will build on the delivery of the State-wide Telestroke Service and Care Pathway. The first step in accessing emergency stroke treatment is dialling triple zero (000).

Data shows the establishment of the QLD State-wide Telestroke Service and Care Pathway would equate to \$9.9M saved over 10 years, of which \$6.8M would be attributed to direct medical cost savings.

Kevin's story

This July, Kevin Stevenson, 45, from Mackay, suffered a stroke while working as a paramedic and nurse at a mine in the rural town of Dysart.

Kevin woke up around 4am to get ready for his shift. While in the shower he started to feel dizzy after getting out, Kevin looked in the mirror and saw the left side of his face was drooping. He was also having trouble dressing himself. Kevin knew there was something seriously wrong.

He made his way to the camp mess for breakfast, where a colleague, recognised Kevin's facial droop and slurred speech were signs of stroke. Kevin's colleague got him to the local hospital.



Once at the hospital, around 4.50am, the on-call doctor examined Kevin and diagnosed and treated him for Bell's Palsy.

The hospital did not have a CT (Computed Tomography) brain scanner.

A transfer to the nearest big hospital was organised as they were better placed to treat Kevin. However, there were no ambulances available for a road transfer and an air transfer was delayed due to two emergencies. All the while the stroke was attacking Kevin's brain.

Kevin finally arrived at Mackay Base Hospital more than nine hours after his initial symptoms. Kevin underwent brain scans, and doctors identified he had suffered a stroke. All the time that had past meant treatment options were limited.

The doctors sat and watched.

Kevin was lucky, his stroke had resolved itself and his brain recovered. Today, Kevin is back at work and continuing rehabilitation.

"I am incredibly lucky to have made such a great recovery, but it shouldn't come down to luck. People living in regional and rural Queensland shouldn't be missing out on treatment for stroke just because of where they live," Kevin said.

Proposal 3.

Continuing My health for life.

Stroke Foundation urges the next Government to continue to empower Queenslanders to stay well and lessen their risk of developing conditions such as type 2 diabetes, heart disease, stroke, high cholesterol and high blood pressure.

Stroke Foundation is proud to be partnering with the Healthier Queensland Alliance and the QLD Government to deliver *My health for life* behaviour modification.

<i>My health for life</i> is delivering results:	At the completion of the program:	Six months after completion of the program:
16,658 Queenslanders have enrolled in the program.	70 percent of participants reduced their waist circumference.	48 percent of participants further decreased their waist circumference.
10,620 participants have completed the program.	49 percent of participants met Australian physical activity guidelines.	83 percent of participants met Australian physical activity guidelines.
210,791 chronic disease risk assessments have been undertaken.		

More than one third of all deaths in QLD are due to chronic conditions and are lifestyle-related. Importantly, we know that Queenslanders living with the impact of stroke and other chronic illnesses are among our community's most vulnerable to COVID-19.

My health for life is helping to keep Queenslanders safe and be healthier. It enables chronic disease to be detected early, helping participants to reduce their risk of developing stroke, heart disease and type 2 diabetes, and avoid unnecessary hospital admissions, delivering savings to our health system.



Continued funding for another four years will enable 45,000 people per year to engage in risk assessments and conversations, leading to in excess of 4,000 people at risk completing the program.

Queenslanders living in regional and remote areas have a higher burden of chronic disease than those living in metropolitan areas. Extending funding for the program will enable it to be strengthened, allowing for further inroads to be made in chronic disease prevention in regional communities across the state.

We know the QLD Government is committed to keeping Queenslanders healthy, and understands that if interventions are made at the right time, in the right way, it is possible to shift the burden of chronic disease and make QLD Australia's healthiest state.

It is critical the QLD Government continue to fund *My health for life* beyond 2021, in order to secure the enormous gains made so far in establishing and rolling out this program state-wide.



Amelia's story

Amelia does not have time to get sick. A husband, three boys, a dog, a full-time job and a blossoming business on the side, leaves her little time for anything else.

Even the thought of focussing on her health was enough to make this time-poor mum, and multi-tasker, feel guilty. Shouldn't she be thinking of or doing something else?

When *My health for life* was offered as a workplace program, Amelia jumped at the opportunity to take part.

"It was a no-brainer," Amelia said.



"I'm a busy person but my health is paramount because I don't have time to stop.

"The beauty of this program is that you can choose how you want to participate as there is the option of groups or phone coaching and it's free. When it was offered at my workplace as a workplace wellness initiative, I jumped at it.

"I didn't have to travel anywhere special, worry about parking, getting to work in time or getting home for the kids. It was easy," she said.

My health for life was delivered by a professional health coach in small group sessions at Amelia's workplace during work time. Any misgivings she had about doing a workplace wellness program with colleagues disappeared after the first session.

"I could choose what to share and there was plenty of discussion, laughs and learnings along the way. I felt entirely comfortable," Amelia said.

Amelia says the program changed her thinking. It reminded her that good health is a gift and not a chore on her 'to do' list. So, she no longer feels guilty about closing the door on home and going for a walk or building in some 'me time' during her busy week. In fact, she considers it a necessity to living and working well.

References

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About the Stroke Foundation

The Stroke Foundation is a national charity that partners with the community to prevent, treat and beat stroke. We do this through raising awareness, facilitating research and supporting stroke survivors.

Contact

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How to get more involved

- **Give time** become a volunteer.
- **Raise funds** donate or hold a fundraising event.
- Speak up join our advocacy team.
- Y Leave a lasting legacy include a gift in your Will.
- **Chow your numbers** check your health regularly.
- Stay informed keep up-to-date and share our message.

Contact us

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