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Sent via email: ourhealthcarefuture@health.tas.gov.au

Dear Sir/Madam

Re: Long-Term Plan for Healthcare in Tasmania 2040 Exposure Draft

Stroke Foundation is a national charity that partners with the community to prevent stroke, save lives and enhance recovery. We do this through raising awareness, facilitating research, and supporting survivors of stroke. Stroke Foundation is dedicated to empowering health professionals to deliver high quality best-practice care to stroke patients. We advocate for better systems, processes, and resources to help health professionals deliver world class stroke care.

As the voice of stroke in Australia, Stroke Foundation welcomes the opportunity to provide input on the 'Long-Term Plan for Healthcare in Tasmania 2040' Exposure Draft, and congratulates the Tasmanian Department of Health for taking a long-term view.

Tasmania has the highest per capita incidence of first stroke nationally.¹ In 2020, Tasmanians experienced more than 660 first-time strokes, and there were more than 11,000 survivors of stroke living in the community, many with an ongoing disability.¹ Unless further action is taken, it is estimated that by 2050 the number of first-time strokes experienced by Tasmanians will be nearly 1,000 strokes annually, and there will be more than 16,000 survivors of stroke living in the community.¹

Stroke Foundation strongly supports the Tasmanian Government's vision that 'all Tasmanians are supported by a world class, innovative and integrated health system', as well as the stated need for the Tasmanian health system to be consumer centred, collaborative, innovative, integrated, equitable, and evidence-based, in order for this vision to be achieved.

Our response below highlights how Stroke Foundation is currently working with the Tasmanian Government to realise many of the action areas and associated priority initiatives that have been identified in the Plan, as well as the opportunities that exist to build on and expand this important work to realise more of these ambitions, in order to reduce stroke's burden on our community, healthcare system and economy.

Action Area 2 Providing the Right Care, in the Right Place, at the Right Time

Priority Initiative 2.2 More care in the home and community

Stroke Foundation agrees that the capacity of the hospital system is stretched and other models of care are needed. Navigating the complex health system after leaving hospital is often one of the greatest barriers to success that Tasmanian survivors of stroke face in their recovery journey. We know that 71 percent of Tasmanian survivors of stroke leave hospital without a discharge care plan.² This leaves many Tasmanians unable to achieve their best possible recovery, manage their health, and live well after stroke. Therefore, while we agree with models of care that support continuity and

seamless transfer of care, sufficient services with enough capacity to meet the needs of people with chronic conditions such as stroke are needed. In addition, assistance to find and access the right services is needed, which is the focus of Stroke Foundation's *StrokeConnect Navigator Program*.

StrokeConnect Navigator Program – Enhancing recovery to help Tasmanians live well after stroke

Tasmanian Government investment is enabling us to extend our flagship *StrokeLine* inbound information and support service, and implement our new outbound, continuity of care service, under the *StrokeConnect Navigator Program*. The goal of this Program is to make sure Tasmanian survivors of stroke are contacted following their discharge from hospital, connected to the appropriate services and supports, and have the information they need, ensuring they have a smooth transition from hospital into the community and are able to avoid hospital readmission due to complications or recurrent stroke.

The Program facilitates care coordination, including referrals to other service providers and outpatient appointments, as well as improved survivor knowledge, self-efficacy, health literacy and social connection. It is also focused on reducing the burden on family members and carers of survivors of stroke and improving their quality of life and wellbeing.

The *StrokeConnect Navigator Program* offers a personalised, two-tier service, depending on the participant's level of need:

- For those at low risk of hospital readmission and poor physical, social, and mental health outcomes, there is a 'lighter touch', tailored, self-directed digital solution.
- For those at medium to high risk of hospital readmission and poor physical, social, and mental health outcomes, there is an intensive, health professional-led solution.

While some participants may only require one consultation with the Program, others may require follow-up consultations, depending on the complexity of their needs.

Tasmanian Government investment in the *StrokeConnect Navigator Program* is ensuring more Tasmanians, regardless of where they live, are supported to manage their stroke recovery, live well, return to work (where possible), and resume social and community participation. This has benefits for survivors of stroke, their families and carers, and our community, as well as our state's health system and economy. We therefore support the priority initiative focused on more care in the home and community, as long as navigation services continue to be supported.

Living Well After Stroke Program – Reducing the risk of recurrent stroke through effective secondary prevention

In 2020, there were more than 600 first-time strokes in Tasmania, and there were more than 11,000 survivors of stroke living in our community¹; however, more than 80 percent of strokes can be prevented³, providing a unique opportunity to support health behaviour change and prevent subsequent stroke.

People are at higher risk after their first stroke, and the Clinical Guidelines for Stroke Management state that stroke patients should be assessed and informed of their risk factors for recurrent stroke and educated about strategies to reduce their risk.⁴ Despite this, once in the community, many survivors of stroke find appropriate evidence-informed health behaviour change interventions unavailable or difficult to access.

For those with mild stroke, and no inpatient rehabilitation admission, short lengths of stay in hospital reduce opportunities for health behaviour education and intervention. After discharge, there is no clear pathway for effective, evidence-based education and intervention to support health behaviour change. This underserved group is at risk of falling through the cracks after experiencing a first stroke.

State Government investment in Stroke Foundation's *Living Well After Stroke Program* is providing Tasmanian survivors of stroke who have not been referred to inpatient rehabilitation with a clear pathway to lifestyle risk management after discharge from hospital. The Program is equipping survivors with a toolkit of transferrable behaviour change skills and strategies to support long-term self-management, and reduce their risk of future stroke, reducing the burden of stroke in our community, and ensuring a more sustainable health system.

Further models of follow-up after discharge from hospital are required, but we agree with this priority initiative focused on extending care into the home and community settings.

Priority Initiative 2.4 Strengthening prevention and early intervention

Prevention is always better than downstream recovery and we strongly support this priority initiative. We are supportive of new programs, including collaborative research projects such as the StopStroke project that is being led by Tasmanian researchers. Further ways to embed comprehensive risk assessment and earlier management to prevent cardiovascular disease are essential. Stroke Foundation is a partner in the *My Health for Life Program* in Queensland, led by Diabetes Queensland. This evidence-based, behaviour modification program enables chronic disease to be detected early, helping participants to reduce their risk of developing stroke, heart disease and type 2 diabetes, and is achieving substantial improvements across Queensland. Programs such as this, which involve collaboration between chronic disease areas with shared risk factors, will be important in advancing this priority initiative.

F.A.S.T. (Face, Arms, Speech, and Time) Community Education Program – Reducing stroke and speeding up treatment

Stroke is a time-critical illness and faster diagnosis and treatment saves lives and results in improved quality of life. When someone suffers a stroke every minute counts. F.A.S.T. access to treatment means a greater chance of recovery and decreased costs for our health system.

It is critical Tasmanians understand if they or someone they know experiences the signs of stroke, including facial drooping, arm weakness, or speech changes, they must call triple zero (000) immediately.

Stroke Foundation's *F.A.S.T. (Face, Arms, Speech, and Time) Community Education Program*, which is currently being delivered in Tasmania with the support of the Tasmanian Government, recruits, trains and provides support to local volunteers to raise awareness in the community about stroke, including the signs of stroke, and chronic disease prevention, through the delivery of StrokeSafe talks. Through the compelling voice of those impacted by stroke, we are increasing knowledge and helping to ensure patients get to hospital in the critical time window for life-saving stroke treatment.

In addition to delivering StrokeSafe talks, volunteers set up displays and activities at community events, distribute F.A.S.T. collateral (bookmarks, fridge magnets, wallet cards and 'Understand and Prevent Stroke' booklets), gain local workplace support, and engage local media, which facilitates improved awareness about the signs of stroke and dispatches of ambulances.

The *F.A.S.T. Community Education Program* in Tasmania is delivering results. A recent Stroke Foundation study of the awareness of the F.A.S.T. signs of stroke found the unprompted community awareness in Tasmania was significantly higher than in all other states and territories⁵:

- 54 percent knew facial drooping was a sign, compared with 40 percent nationally.
- 12 percent knew an inability to lift both arms was a sign, compared with 10 percent nationally.
- 64 percent knew speech difficulties were a sign, compared with 51 percent nationally.

However, there is still more to be done. Only 38 percent of Tasmanians with stroke are arriving at hospital within the 4.5-hour window for clot-dissolving treatment.²

Stroke Foundation supports this priority initiative. Importantly however, ongoing efforts focused on improving the health literacy of Tasmanians, as well as public awareness campaigns such as the *F.A.S.T. Multimedia Education Campaign*, will ensure even more Tasmanians understand how to recognise a stroke when it occurs, and how vital it is to call an ambulance.

Action Area 3 Designed with Our Partners to Proactively Meet Demand

Priority Initiative 3.3 Partnering with clinicians

Action Area 4 Investing in Our Future to Deliver Sustainable and Efficient Services

Priority Initiative 4.1 Value based healthcare

Action Area 6 Delivered by a Valued and Supported Workforce

Priority Initiative 6.1 Increasing capacity

Partnering with all relevant stakeholders, including clinicians and consumers, is critical, and Stroke Foundation supports the concepts of co-development and value based healthcare, as well as educating and empowering health professionals, who are at the centre of good healthcare. We also strongly suggest that healthcare delivery must be evidence-based, to not only translate research into clinical care, but to create a whole system where learning is central and innovation and research are embedded and encouraged.

StrokeLink Program - Providing a better plan for stroke treatment and care in Tasmania

Stroke is a medical emergency, requiring urgent medical attention; however, with the right treatment at the right time, many people can recover from stroke. 'Time is brain' stroke treatments are saving lives and reducing disability in survivors of stroke.

Building on time-critical treatments such as thrombolysis (clot-dissolving treatment) and endovascular thrombectomy (blood clot removal treatment), access to stroke unit care, characterised by provision of care in one location by a multidisciplinary team including medical, nursing and allied health professionals with expertise in stroke, is proven to make the biggest difference to patient outcomes following stroke, both in hospital and after.^{6, 7} Importantly, only 54 percent of Tasmanian stroke patients are able to access stroke unit care, which is well below the national average.² More work needs to be done to improve access to stroke unit care in our state.

Improving the quality of stroke treatment and care provided in Tasmanian hospitals is critical to reducing the burden of stroke on survivors, their families and carers, and our community and health system. Stroke Foundation is committed to supporting hospitals and health professionals across Tasmania to strengthen their capabilities in the delivery of best-practice, evidence-based stroke treatment and care.

Research has shown that strategies to improve the delivery of evidence-based care require a multifaceted approach.⁸ Firstly, the best-practice care that should be delivered needs to be clearly defined.⁸ Secondly, the rate at which best-practice care is delivered must be measured.⁸ Thirdly, systems that improve adherence to best-practice care, and are proven to improve outcomes, need to be developed.⁸

Stroke Foundation's *StrokeLink Program*, which is currently being delivered in Tasmania with the support of the Tasmanian Government, is a cost-effective, continuous quality improvement model that

utilises national, state-wide, and local data, and expertise and training, to empower health professionals to deliver evidence-based stroke care.

A *Learning Health System*, involving ongoing cyclical processes, where practice is turned into data, which is then analysed to generate new knowledge, which in turn is implemented into practice, has been identified as an important element in improving the quality, safety and efficiency of care.⁹ The multifaceted *StrokeLink* quality improvement program is supporting a stroke *Learning Health System* in Tasmania, which should improve the quality, safety, effectiveness and accessibility of stroke care provided, leading to better health outcomes for patients, and a subsequent reduction in the burden of stroke on our health system and community.

Action Area 5 Enabled by Digital Technology and Infrastructure

Priority Initiative 5.1 Digital health transformation

Healthcare must continue to modernise and utilise the benefits of technology. Stroke Foundation strongly supports the use of digital health to better support patients and clinicians. We have been working closely with the Tasmanian Department of Health and the Royal Hobart Hospital on the development of a digital discharge '*Going Home Plan*'. Stroke Foundation engaged with Tasmanian survivors of stroke to incorporate their feedback during the development of the plan, and it has been designed with accessibility in mind for those who have cognitive, communication and visual deficits post-stroke. Tasmanian Government investment in the Royal Hobart Hospital's digital discharge '*Going Home Plan*' will ensure survivors of stroke (and their carers) in Greater Hobart have their needs appropriately assessed and have the knowledge and access to services required to reduce their stroke risk and successfully reintegrate into the community. This model has been designed collaboratively and could be considered for roll out in other Tasmanian hospitals.

Stroke Foundation has contributed to work undertaken by the Australian Cardiovascular Alliance towards the development of a *near real-time cardiovascular disease data dashboard* for Tasmania, which could be used to guide improvements in patient outcomes and identify investment needs.

We also strongly support the use of *efficient linkage of administrative and clinical data* to monitor and drive improvements in care. The Tasmanian Department of Health supports the *Australian Stroke Clinical Registry*, that includes a large robust dataset with state and national comparisons and live data accessible to hospitals, which is used by the *StrokeLink* program to identify priority areas for improvement, and which is fundamental to helping hospitals monitor care as outlined in the Acute Stroke Clinical Standard.¹⁰

Stroke Foundation gratefully acknowledges the ongoing funding received from the Tasmanian Government, which has enabled us to maintain a local presence in the state and provide Tasmanian survivors of stroke with valuable information and support. Further to this, we are proud to be partnering with the Tasmanian Government in taking action to address the state's stroke burden. A strong foundation has been established with the delivery of the *F.A.S.T. Community Education* program, *Living Well After Stroke* secondary prevention program, *StrokeConnect Navigator* outreach program, and *StrokeLink* program to drive better quality stroke treatment.

As the voice of stroke in Australia, Stroke Foundation applauds the Tasmanian Government's commitment to the action areas and associated priority initiatives outlined in the Plan, aimed at addressing the challenges facing the state's healthcare system. We look forward to continuing to work with the Tasmanian Government to achieve the reform initiatives outlined in the Plan, ensuring we deliver stroke prevention, treatment and support for all Tasmanians.

Thank you for the opportunity to provide input into the 'Long-Term Plan for Healthcare in Tasmania 2040' Exposure Draft.

Yours sincerely

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

Kelvin Hill
Acting Executive Director Stroke Services and Research
Stroke Foundation

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