

# Bridging the stroke divide – a better plan for stroke

Tasmania Election Platform 2018



[strokefoundation.org.au](http://strokefoundation.org.au)

Photo © Chris Crerar

Tasmanian stroke survivor Jenny Ferrier and husband Jim.

# The challenge for Tasmania

## The stroke challenge looms large in Tasmania

Number of strokes: 1,453

Number of stroke survivors: 12,384

Tasmania has the highest incidence of stroke per capita in Australia.

## Stroke risk in Tasmania (% of total population)

High blood pressure:  
108,202 (19%)

High cholesterol:  
152,990 (27%)

Physical inactivity:  
262,290 (46%)

Tasmanians are among Australians at highest risk of stroke, and are likely to suffer some of the poorest outcomes due to stroke treatment and care lagging behind the rest of Australia.

### First response



Only 24% of eligible patients reach hospital within the 4.5 hour window to receive clot-busting thrombolysis treatment

Only 8% of patients with ischaemic stroke (caused by a clot) receive clot-busting thrombolysis treatment (national average 13%, best hospitals 25%)

### Hospital care



No 24/7 clot removal treatment (endovascular thrombectomy) available in the state

56% of patients receive stroke unit care – amongst the lowest in Australia (national average 69%)

### Post acute care



Only 52% of patients have an assessment for rehabilitation performed (national average 59%)

83% of patients are identified as needing ongoing rehabilitation, but only 44% are referred on

44% of patients are discharged without vital advice on what they can do to reduce their risk of another stroke

# At a glance

The Stroke Foundation is calling for the next Tasmanian Government to bridge the stroke care divide by investing an additional \$1.3 million over four years to prevent, treat and beat stroke.

**1.**

## **F.A.S.T. community education to reduce stroke and speed up treatment**

Empowering community volunteers to deliver the StrokeSafe and F.A.S.T. (Face, Arms, Speech, Time) messages across Tasmania.

**Investment: \$240,000 over four years.**

**Result:** When someone suffers a stroke, every minute counts. F.A.S.T. access to treatment means a better chance of recovery and decreased costs for our health system.

**2.**

## **Tasmanian Telestroke Network and endovascular thrombectomy service**

Ensuring Tasmanians, no matter where they live, have access to the latest treatments in acute stroke management.

**Investment: \$390,000 over four years (for equipment and implementation support, plus scoping and costing of endovascular thrombectomy plan).**

**Result:** More Tasmanians surviving, avoiding disability and recovering from stroke, reducing stroke's burden on our communities and the health system.

**3.**

## **Stroke care closer to home**

A new stroke unit at the North West Regional Hospital in Burnie for access to the best stroke care.

**Result:** More Tasmanians surviving stroke, being independent and living at home after stroke, delivering savings to the health system.

**4.**

## **Standing by stroke survivors and their families – Tasmanian Stroke Patient Follow-up Service**

A dedicated telephone service reaching out to stroke survivors and carers once they return home.

**Investment: \$408,000 over four years.**

**Result:** Ensures all stroke survivors and carers are connected with and supported to access the information, resources and services they need to manage their recovery.

**5.**

## **A better plan for stroke treatment and care in Tasmania**

Establish a Tasmanian 'Community of Practice' for stroke, providing clinical leadership to improve access to best-practice stroke care across the state.

**Investment: \$240,000 over four years.**

**Result:** Closing the gap between guidelines and practice to ensure world's best, quality and safety of stroke services in Tasmania.

# A call to action

Stroke can be prevented, it can be treated, and it can be beaten, but only if patients are able to access high quality stroke treatment fast.

This year Tasmanians will experience almost 1,500 strokes.<sup>1</sup> Many of these will be experienced by people living outside of Hobart. Currently, there is no guarantee that all patients will have access to the high quality, evidence-based care we know saves lives and reduces disability. In fact, we know most will not.

**The next Tasmanian Government has an opportunity to deliver a better health plan, improving access to stroke treatment and support in the state so more patients survive, avoid disability and recover.**

**The stroke challenge looms large in our state.**

**Stroke Foundation calls on the next Tasmanian Government to commit to action that will save lives and reduce disability.**

## What is stroke?

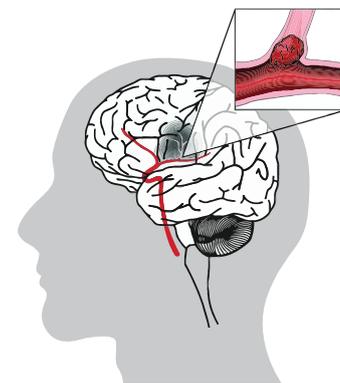
Stroke attacks the brain – our most vital organ. A stroke occurs when blood supply to the brain is cut off because of a clot blocking an artery (ischaemic stroke) or due to a burst artery (haemorrhagic stroke). When blood supply to the brain is blocked brain cells begin to die at a rate of up to 1.9 million each minute.<sup>2</sup>

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 one of the leading causes of disability for Australians.<sup>3</sup>

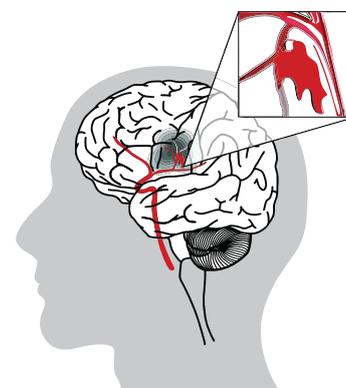
**The Stroke Foundation calls on the next Tasmanian Government to invest an additional \$1.3 million over four years to deliver a stronger health system for all Tasmanians impacted by stroke.**

## References

1. Deloitte Access Economics. (2017). Stroke in Australia – No postcode untouched.
2. Saver JL. (2006). Time is brain – quantified. *Stroke*; 37(1): 263-6.
3. Deloitte Access Economics. (2013). The economic impact of stroke in Australia.
4. Australian Bureau of Statistics. (2008). Health Literacy, Australia, 2006. cat. no. 4233.0, ABS, Canberra.
5. National Academy on an Aging Society. (1999). Fact Sheet: Low health literacy skills increase annual health care expenditures by \$73 billion. Available at: [http://www.civicingement.org/agingsociety/publications/fact/fact\\_low.html](http://www.civicingagement.org/agingsociety/publications/fact/fact_low.html)
6. Stroke Unit Trialists' Collaboration: Organised inpatient (stroke unit) care for stroke. *Cochrane Database of Systematic Reviews*. (2013). Issue 9.



**Clot**  
(Ischaemic stroke)



**Bleed**  
(Haemorrhagic or  
Intracerebral stroke)

# 1.

## F.A.S.T. education to reduce stroke and speed up treatment

**Objective:** Ensure every Tasmanian household has someone who knows the signs of stroke.

**Investment required:** \$240,000 over four years.

Tasmanians have the highest risk of stroke in the country (per capita)<sup>1</sup>:

- More than 100,000 Tasmanians are living with high blood pressure – the biggest modifiable risk factor.
- More than 150,000 have high cholesterol.
- More than 260,000 are physically inactive.

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**. When a stroke does occur the best outcomes are achieved when treatment is received quickly. Too often treatment is delayed due to a lack of awareness about the signs and symptoms of stroke.

Stroke Foundation's F.A.S.T. (Face, Arms, Speech and Time) community education campaign will raise vital awareness of stroke risk factors and the signs of stroke in urban centres and small regional communities across Tasmania. We have a pool of **Tasmanian volunteers**, and existing stroke resources and materials which means the program is ready for roll out immediately.

The poster features the Stroke Foundation logo at the top right. The main heading reads 'Recognise STROKE Think F.A.S.T.' Below this, four panels illustrate the FAST acronym: 'F' (FACE) with a photo of a woman's face, 'A' (ARMS) with a photo of hands, 'S' (SPEECH) with a photo of a person's mouth, and 'T' (TIME) with a photo of a smartphone. At the bottom, it says 'If you see any of these symptoms Act FAST call 000'.

This globally adopted message has proven results locally and internationally with a **return on marketing investment as high as 28:1**.

## F.A.S.T. message for vulnerable Tasmanians

Around 63% of Tasmanian adults do not have adequate health literacy to meet the demands of everyday life.<sup>4</sup>

Inadequate health literacy is more prevalent among vulnerable populations, such as the elderly, minorities, people with lower education and those with chronic disease. Consequences of inadequate health literacy include poor self-management, higher medical costs due to more medication and treatment errors, more frequent hospitalisation and longer hospital stays.<sup>5</sup>

The State Government **currently supports and must continue to** support the Stroke Foundation's delivery of F.A.S.T. awareness raising activities in vulnerable communities.

# 2.

## Fair access to the best in stroke treatment for all Tasmanians

**Objective:** Utilise technology to ensure all Tasmanians have access to the best stroke treatment and care, regardless of where they live.

**Investment:** Tasmanian Telestroke Network – \$390,000 over four years (equipment and roll-out support).

State-wide Ambulance and patient transfer protocols.

Endovascular thrombectomy plan developed and costed.

Permanent stroke coordinators for regional hospitals with stroke units.

All Tasmanians deserve high quality healthcare close to home. Where you live should not impact your access to the best in stroke treatment and specialised care.

Stroke is a serious medical emergency requiring urgent medical attention, but with the right treatment at the right time, many people can recover from stroke. Recent advancements in 'time is brain' therapies **save lives and reduce disability** in stroke survivors.

**Currently, not all Tasmanians have access to time-critical treatments and it is costing lives.**

The Royal Hobart Hospital and the Launceston General Hospital are equipped to treat patients with thrombolysis (clot-busting treatment), but not enough Tasmanians have access to it. The Royal Hobart Hospital has clot retrieval treatment (endovascular thrombectomy), but again access is very limited – the procedure is **only available during the week and within business hours**, and access for Tasmanians living **outside of Hobart is non-existent**.

**There is a solution:**

- › **Tasmanian Telestroke Network** – telemedicine enables fast assessment of suspected stroke patients in regional areas by metropolitan based stroke specialists. Regionally based clinicians are supported in administering clot-busting thrombolysis treatment and/or arranging transfer to a comprehensive stroke centre for clot removal. Ongoing investment in a Tasmanian stroke telemedicine service will reduce the impact on acute services in Hobart.
- › **Comprehensive state-wide endovascular thrombectomy plan** – endovascular thrombectomy is a technically challenging procedure and should only be performed by highly trained specialists. The treatment is currently delivered in Hobart, although it is not available 24/7. There is a need to develop a state-wide plan to ensure all eligible patients have access to this treatment in Tasmania 24/7, or if required can be transported to Victoria for treatment.

**"The first three months were the hardest, I couldn't do much around the home."**

**Jenny, Tasmanian stroke survivor**

### Latest 'time is brain' therapies

- › **Thrombolysis** (clot busting treatment) administered in the first 4.5 hours of stroke symptoms to break down a clot in the brain.
- › **Endovascular thrombectomy** (clot removal treatment) takes out large clots using a tiny mechanical device guided through the arteries to the brain. It must be delivered within six hours of stroke symptoms and is highly effective.

# 3.

## Stroke care closer to home

**Objective:** A new stroke unit at North West Regional Hospital in Burnie ensuring all Tasmanians have access to the best possible stroke care.

Tasmanians in the north west of the state are being denied the best possible opportunity to live well after stroke. **Stroke units are proven to make the biggest difference** to patient outcomes following stroke, both in hospital and after.<sup>6</sup> The North West Regional Hospital requires a reorganisation of services to deliver:

- › Dedicated, co-located stroke beds.
- › An interdisciplinary team including a medical lead, stroke unit coordinator, nurses and allied health professionals who work together to improve patient outcomes following stroke.

# 4.

## Standing by stroke survivors and their families – Tasmanian Stroke Patient Follow-up Service

**Objective:** Ensure stroke survivors and their families are supported to live well after stroke.

**Investment:** \$408,000 over four years.

Education, advice and care planning are essential to ensuring stroke survivors are equipped to participate in their treatment, stay well and manage their long-term recovery. Audit results show many patients do not receive a care plan, adequate information or referrals to make the transition home and continue on their recovery journey.

The Stroke Foundation Stroke Patient Follow-up Service is a telephone service reaching out to stroke survivors and their families once they return home. It is **proven to support families to manage stroke recovery** by addressing gaps in information and providing appropriate community rehabilitation and other support services referrals.

# 5.

## Better quality stroke treatment and care in Tasmania

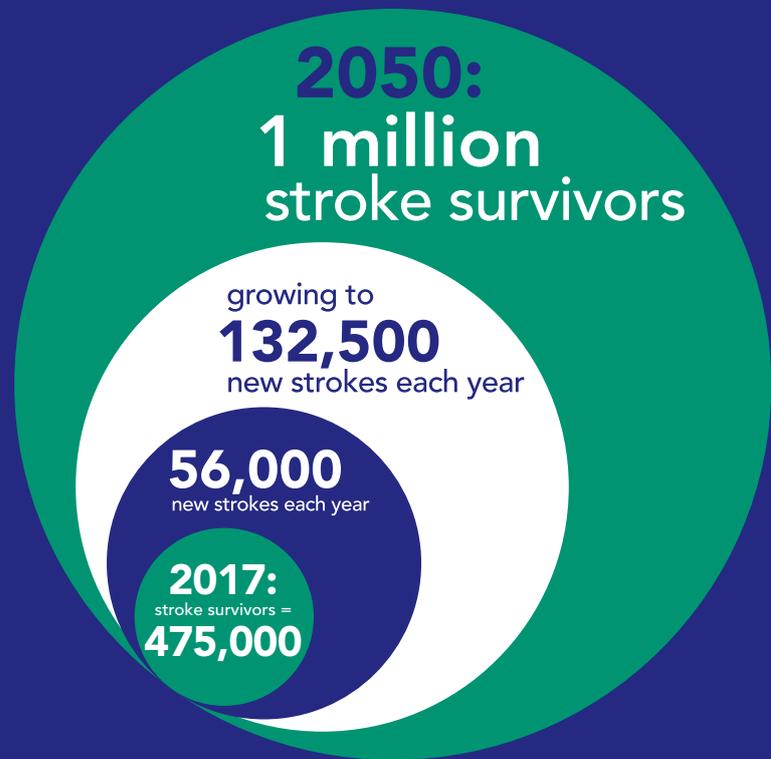
**Objective:** Close the gap between guidelines and practice and ensure the ongoing quality and safety of stroke services in Tasmania.

**Investment:** \$240,000 over four years.

Tasmanians are dying or being left disabled as a result of stroke because the care they receive is not in line with best-practice guidelines. A stronger stroke treatment and care system is needed and will be delivered through:

- › **Tasmanian 'Community of Practice' for Stroke** – a unifying clinical voice with multidisciplinary state-wide representation. The 'Community of Practice' will provide the leadership needed to improve access to best-practice stroke care across the state, facilitate clinical engagement, and support system-wide and localised quality improvement.
- › **Stroke Care Coach for hospitals** – building on the current Stroke Foundation hospital engagement program, this specialist support program is focused on empowering hospitals to lead data-driven quality improvement by linking hospital staff and their patients with resources, training and information.

# Stroke in Australia



## Five stroke facts

- › Stroke kills more women than breast cancer and more men than prostate cancer.
- › One in six people will have a stroke in their lifetime.
- › In 2017 an estimated 56,000 strokes occurred – one every nine minutes.
- › One in three stroke survivors are of working age.
- › 65% of those living with stroke also suffer a disability that impedes their ability to carry out daily living activities unassisted.

## About the Stroke Foundation

The Stroke Foundation is a national charity that partners with the community to prevent, treat and beat stroke. We stand alongside stroke survivors and their families, healthcare professionals and researchers. We build community awareness and foster new thinking. We support survivors on their journey to live the best possible life after stroke.



### How to get more involved

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

### Contact us

-  03 9670 1000
-  [strokefoundation.org.au](http://strokefoundation.org.au)
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