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National Standards Program
Australian Commission on Safety and Quality in Health Care
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Sent via email: NSQHSSThirdEdition@safetyandquality.gov.au

Dear Sir/Madam

Australian Commission on Safey and Quality in Health Care consultation on the National Safety and Quality Health Service (NSQHS) Standards (third edition)

Stroke Foundation welcomes the opportunity to provide input into the Australian Commission on Safey and Quality in Health Care (the Commission) first consultation on the NSQHS Standards (the Standards).

While Stroke Foundation strongly supports the current Standards, our submission outlines four key recommendations to help ensure the next edition has a greater impact on driving high performance in Australian health service organisations, and better addresses the needs of stroke patients, their families and carers:

Recommendation 1: *Clinical Governance Standard to be strengthened by the addition of the following action in the item on 'Safety and quality training', 'Health service organisations to adopt an organisation-wide approach to the implementation of the NSQHS Standards into practice.'*

Recommendation 2: *Clinical Governance Standard to be strengthened by modifying Action 1.28 as follows, 'The health service organisation to* ***adopt a Learning Health System approach, including the following appropriately resourced activities****:*

a. *Monitor variation in practice against expected health outcomes.*
b. *Provide feedback to clinicians on variation in practice and health outcomes.*
c. *Review performance against external measures.*
d. *Support clinicians to take part in clinical review of their practice.*
e. *Use information on unwarranted clinical variation to inform improvements in safety and quality systems.*
f. *Record the risks identified from unwarranted clinical variation in the risk management system.'*

Recommendation 3: *Stroke unit certification process to be embedded in the Commission's Acute Stroke Clinical Care Standard (Quality Statement 3 'Stroke unit care').*

Recommendation 4: *Partnering with Consumers Standard to be strengthened by the inclusion of the following point under Action 2.05, 'The health service organisation has processes to identify strategies that address specific needs a patient may have, to facilitate and optimise their participation in shared decision making.'*

The proposed changes would help reinforce consistent nationwide benchmarks for stroke care quality, reduce variations in clinical care delivery, and ultimately decrease preventable death and disability, and the inefficient use of limited resources across the Australian health system.

About Stroke Foundation

Stroke Foundation is a national charity that partners with the community to prevent stroke, save lives and enhance recovery. As the voice of stroke in Australia, we stand alongside survivors of stroke and their families, health professionals, and researchers, and build community awareness, foster new thinking, and support survivors on their journey to live the best possible life after stroke.

There are an estimated 45,785 stroke events in Australia annually.[1] More than 440,000 survivors of stroke are living in Australia.[1] The lifetime costs associated with strokes that occurred in Australia in 2023 exceed $15 billion ($350,000 per person), including healthcare, lost productivity and unpaid carer costs.[1] Research shows that without a concerted effort to improve stroke prevention and awareness, the number of annual stroke events in Australia is expected to reach 72,000 by 2050.[1]

Stroke Foundation advocates for improvements to the health system, and develops and promotes resources to help health professionals deliver world class stroke care. The Standards set the requirements for providing comprehensive care for all patients, including those who experience stroke, and Stroke Foundation welcomes the opportunity to provide input into this consultation process to help shape the next edition of the Standards.

Ensuring uptake of the Standards, as a key component of the Learning Health System approach, for continuous improvement that drives better patient care and outcomes

Anecdotal evidence suggests that awareness of the Standards among stroke clinicians varies by discipline, as well as seniority, with more senior clinicians who are involved with the development and implementation of processes and procedures within a stroke unit, or organisation-wide activities such as hospital accreditation, having greater awareness. It will be important to ensure that health service organisations have processes for the Standards to be broadly embedded into actions within processes of care, to help to deliver excellent healthcare. In the next edition, we recommend the addition of a new action in the *Clinical Governance Standard*.

> ***Recommendation 1:*** *Clinical Governance Standard to be strengthened by the addition of the following action in the item on 'Safety and quality training', 'Health service organisations to adopt an organisation-wide approach to the implementation of the NSQHS Standards into practice.'*

Improving the quality of stroke treatment provided in Australian hospitals is critical to reducing the impact of stroke; however, variation in access to recommended evidence-based stroke care remains a major area of concern.[2] Internationally, application of the Learning Health System (LHS) approach, which utilises a dynamic, multifaceted framework that integrates existing evidence and real-world data to inform clinical decision making, has resulted in improved stroke care and outcomes.[3] Important aspects of a LHS are that it can deliver continuous and near real-time data insights to support improvements in clinical care, it has involvement from all relevant stakeholders, and it supports a culture of continuous review and adaption.[4, 5] As such, it clearly aligns with the objectives of the NSQHS Standards.

In Australia, stroke is one of the only clinical areas that fulfills the majority of LHS components.[6] Advances in research and rapid integration within the *Living Guidelines for Stroke Management* has ensured Australia leads the way in supporting systems that encourage evidence-based care delivery.[7] In addition, acute data systems exist such as the national Acute Stroke Clinical Care Standard and indicators,[8] and the Australian Stroke Clinical Registry (AuSCR).[9] Similar systems for rehabilitation have been developed through the Australasian Rehabilitation Outcomes Centre (AROC).[10] Various quality improvement efforts also exist across several jurisdictions.

In a LHS approach, an active partnership model between consumers, whose lived experience provides unique insights, and clinicians, healthcare administrators, and researchers, is integral for informing meaningful improvements in the quality of care. A key strength of the current Standards is the focus on partnering with consumers in the planning, design, measurement and evaluation of care, which we would encourage the Commission to maintain and further strengthen in the next edition.

Knowledge of performance is critical to identifying gaps in care and helping to prioritise quality improvement activities. Stroke Foundation, together with the Australian and New Zealand Stroke Organisation (ANZSO), co-chair the Australian Stroke Coalition (ASC), which brings together organisations working in stroke treatment and care to tackle agreed priorities, reduce duplication and strengthen the voice for stroke at a national and state and territory level. The ASC, in its position statement on 'The Learning Health System approach in Australia', recommends that[11]:

- all acute and rehabilitation stroke services routinely monitor care by collecting national acute stroke quality of care indicators[8, 9] and/or agreed rehabilitation indicators[10]
- stroke services quality committees regularly review stroke data dashboards that monitor near real time performance
- stroke services compare their performance with national benchmarks and actively drive improvement.

We note that many of the stroke services that applied for stroke unit certification through the *ASC Stroke Unit Certification* program (see below), but were unsuccessful, were not routinely collecting and monitoring performance data, for a number of reasons, including a lack of adequate resourcing. Therefore, there is an opportunity to highlight the responsibility of health service organisations to appropriately resource these activities and support a continuous learning approach, by adding a statement to the *Clinical Governance Standard* in the next edition.

The review of local performance data by clinical teams is an important strategy for driving improvements in evidence-based care delivery[12]; however, the collection and monitoring of stroke data is only useful if acted on to improve care. The development of individualised, evidence-based implementation strategies aimed at improving stroke care, requires an understanding of local issues that both hinder (barriers) and enhance (enablers) care. These strategies include education, facilitated interdisciplinary workshops to develop tailored implementation plans, reminders, improvement collaboratives, consumer mediated strategies, and peer influence (key opinion leaders).[13-16] System strategies, including financial incentives, policy documents (such as agreed frameworks/position statements), or system redesign, should also be used, where relevant.

Stroke Foundation encourages the Commission to continue to engage with Australian health service organisations, and consider ways to amplify implementation initiatives, to ensure the NQSHS Standards and Clinical Care Standards are viewed as essential for the delivery of high quality care, and are widely used. This will involve partnering with key stakeholder organisations to *promote* the Standards, and working with health service organisations and clinicians to facilitate improved *access* to, and *integration* of the Standards into practice. The Commission must communicate the importance of routine monitoring of care, through the collection of data on national clinical care indicators, to health service organisations, who in turn must ensure these activities are adequately resourced.

Stroke unit certification – a system strategy for improving access to evidence-based stroke care

Access to stroke unit care, characterised by provision of highly specialised 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.[17, 18] In line with the Acute Stroke Clinical Care Standard[8] and *Living Clinical Guidelines for Stroke Management*,[19] patients who receive care in a stroke unit are assessed and informed of their risk factors for recurrent stroke, educated about strategies to reduce their risk, and where appropriate, prescribed blood pressure-lowering, lipid-lowering and antithrombotic or anticoagulation medications. They also receive effective discharge care planning, which in addition to educating them about behaviour

modification and medications that can help reduce their stroke risk, provides them, their family members and carers with information on, and referrals to, relevant supports and services in the community.

Importantly, results from Stroke Foundation's National Acute Services Audit have shown that not all self-designated stroke units meet the core requirements for stroke unit care, and having a robust way of evaluating which hospitals have the essential elements of stroke unit care is an important step to ensuring quality care and good patient outcomes. Therefore, the ASC has developed a voluntary system for certification of stroke units in Australian hospitals, which has been piloted and evaluated. The *ASC Stroke Unit Certification* program has the goal of certifying all centres providing stroke care in Australia by 2030, and is currently funded by participating hospitals through a cost-recovery model. This program should be used by all Australian stroke services as a system strategy to improve access to evidence-based stroke care. It is critical that stroke unit certification is endorsed by the Australian Government, and embedded as a mandated, business as usual process within Australian hospitals, with ongoing funding, similar to the hospital accreditation process that is coordinated through the Australian Health Service Safety and Quality Accreditation Scheme.

Once a health service organisation has achieved stroke unit certification, it is critical there are embedded processes for data monitoring, feedback and use, that ensure a high quality of care is sustained, according to certification criteria, and more broadly the national acute stroke quality of care indicators.

Recommendation 2: *Clinical Governance Standard to be strengthened by modifying Action 1.28 as follows, 'The health service organisation to* ***adopt a Learning Health System approach, including the following appropriately resourced activities****:*

a. *Monitor variation in practice against expected health outcomes.*
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Recommendation 3: *Stroke unit certification process to be embedded in the Commission's Acute Stroke Clinical Care Standard (Quality Statement 3 'Stroke unit care').*

Opportunities to improve the integration of stroke services within and across health service organisations

Many of the elements that are essential for delivering effective care across the stroke care continuum, including multidisciplinary communication, collaboration and teamwork, are captured in the *Comprehensive Care Standard*. Currently however, due to a lack of critical systems and processes, stroke clinicians face challenges delivering comprehensive care, including managing specific transitions of care, and ensuring the integration of services, within and across health service organisations.

Early recognition and assessment of stroke symptoms, and the timing and method by which people are transferred to hospital are critical to ensuring optimal outcomes for patients. Prehospital delay remains a significant contributor to suboptimal treatment for stroke, and it is the responsibility of health service organisations, through the development of specific processes and protocols, to improve both the coordination of ambulance and emergency department (ED) services, and prehospital stroke recognition by ambulance and ED staff, in order to expedite effective hyperacute stroke care.

Stroke is a medical emergency. When someone suffers a stroke, every minute counts. Faster diagnosis and treatment saves lives and reduces disability. Importantly however, in many health service organisations, this is still not universally understood by all clinicians, including ED staff, with some still viewing stroke as a medical condition, rather than a medical emergency. Health service organiations have a responsibility to educate all staff about the seriousness, and time-critical nature of stroke, and ensure it is treated with the same urgency as other medical emergencies, such as cardiac arrest.

In 2023, 83 percent of stroke patients were assessed for rehabilitation while in acute care, and 66 percent of these patients were found to have ongoing rehabilitation needs.[20] Of those who are assessed, and are identified as requiring in-patient rehabilitation, it is critical they have timely access to a sub-acute rehabilitation bed, in order to avoid bed block and the associated health and wellbeing and economic costs. Stroke patients who are transported to hospitals outside their local catchment area in order to access endovascular clot retrieval (ECR), face similar challenges. They are unable to access a rehabilitation bed at the ECR hospital because they are out of catchment, and instead must wait for a rehabilitation bed to become available in their local catchment area, sometimes stuck in 'no man's land' and occupying an acute stroke bed for weeks. Health service organisations need to develop clear referral pathways to facilitate earlier assessment and referral for rehabilitation, as well as increase access to rehabilitation beds.

Communicating with consumers and partnering effectively with patients in their own care

As outlined above, an important strength of the current Standards is the focus on partnering with consumers in organisational design and governance, which is key to embedding the LHS approach and improving access to evidence-based care in Australian health service organisations.

Stroke Foundation puts consumers with a lived experience of stroke, including survivors of stroke, their families and carers, at the centre of everything we do. This ensures that our work is relevant, inclusive, accessible, and meets the actual needs and preferences of those with lived experience, ultimately leading to better outcomes. Therefore, we strongly support the focus on effective communication between consumers and clinicians, and partnering with patients in their own care using a person-centred, shared decision making (SDM) approach, in the current Standards, and that this focus is sustained in the next edition.

Person-centred care is focused on delivering care in a way that is responsive to individual patient preferences, needs, beliefs, goals, and values. SDM, where health professionals share the best available medical evidence with patients (and their families and carers where appropriate), and support them to choose the best treatment option for them (including no treatment), is central to person-centred care. Research has identified a wide variety of benefits of SDM for patients, including improved knowledge/understanding, satisfaction, trust, treatment adherence and health outcomes. SDM can also result in benefits for the health system, such as improved satisfaction among health professionals and optimal resource utilisation. It is important to acknowledge however, that there are a number of challenges to practising SDM with survivors of stroke.

For survivors of stroke, cognitive problems (e.g., memory problems or the inability to adequately exercise their judgement), or communication problems (e.g., aphasia) can limit their understanding of complex information about treatment options and their expected outcomes, and therefore hinder their participation in the SDM process. Importantly, the presence of cognitive or communication problems does not necessarily preclude patients from participating in SDM, and there may be specific adjustments that can be made, or strategies that can be adopted, in order to facilitate their involvement in the decision-making process. For example, decision aids, tools that guide patients, families and health professionals through the SDM process, often using visual aids, may be used. Alternatively, where a patient is incapacitated and unable to participate, a surrogate decision maker, often a family member, will need to be involved; however, they may not necessarily be aware of the patient's views, values, beliefs and preferences, making participation in SDM challenging.

Recommendation 4: *Partnering with Consumers Standard to be strengthened by the inclusion of the following point under Action 2.05, 'The health service organisation has processes to identify strategies that address specific needs a patient may have, to facilitate and optimise their participation in shared decision making.'*

In summary, the Standards set out a consistent, nationwide benchmark for the level of care that Australian consumers should expect from health service organisations. While Stroke Foundation strongly supports the current Standards, changes proposed in this submission will help ensure the next edition has a greater impact on driving high performance in Australian health service organisations.

Failure in care delivery for stroke is costly for both the patient and the health system. The inefficient use of limited healthcare resources represents a significant risk for health service organisations and governments. Embedding a LHS approach in the next edition of the Standards will strengthen the use of data to guide quality improvement interventions in health services, reduce variations in care delivery, and ultimately reduce preventable deaths, disability, and recurrent stroke.

Thank you for the opportunity to provide input into this consultation.

Yours sincerely

Dr Lisa Murphy
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Stroke Foundation

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