

# Submission to the Tasmanian Government's 'Our Healthcare Future' Consultation



## Submission summary

Tasmanians are among Australians at highest risk of stroke.<sup>1</sup> This year alone, Tasmanians will experience more than 660 first-time strokes<sup>1</sup>, and there are more than 11,000 survivors of stroke living in the community<sup>1</sup>, many with an ongoing disability. Unless 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<sup>1</sup>, and there will be more than 16,000 survivors of stroke living in the community.<sup>1</sup>

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.

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. (Face, Arms, Speech, and Time) Community Education program, the establishment of a Community of Practice to drive better quality stroke treatment, and a survivor of stroke outreach program.

As the voice of stroke in Australia, Stroke Foundation applauds the Tasmanian Government's commitment to the immediate actions outlined in the 'Our Healthcare Future' Consultation Paper, aimed at addressing the challenges facing the state's healthcare system. Stroke Foundation welcomes the opportunity to build on the important work already being undertaken in the state. We look forward to working with the Tasmanian Government to achieve the reform initiatives outlined in the Consultation Paper, ensuring we deliver stroke prevention, treatment and support for all Tasmanians.

Recommendations outlined in this submission have the potential to improve, and in some cases save, the lives of Tasmanian survivors of stroke. In turn, this will reduce stroke's burden on our community, healthcare system and economy:

**Recommendation 1: Continued Tasmanian Government investment in Stroke Foundation's F.A.S.T. (Face, Arms, Speech, and Time) Community Education program, and Stroke Outreach Program (StOP).** These programs will ensure more Tasmanians understand how to prevent stroke, recognise a stroke when it occurs, and how vital it is to call an ambulance. They will also ensure Tasmanian survivors of stroke are empowered to live well after stroke and avoid recurrent stroke.

**Recommendation 2: Tasmanian Government investment in Royal Hobart Hospital's digital discharge 'Going Home' plan.** The plan will ensure the needs of Greater Hobart survivors of stroke (and their carers) are appropriately assessed, and that they have the knowledge and access to services required to reduce their stroke risk and successfully reintegrate into the community.

**Recommendation 3: Tasmanian Government investment in a new stroke unit at the North West Regional Hospital in Burnie.** The new stroke unit will deliver Tasmanians living in the north west of the state the best opportunity to survive and live well after stroke.

**Recommendation 4: Continued State Government investment in the Tasmanian Stroke Telemedicine Service.** This will ensure the Service is sustainable, and is able to continue to provide equitable access to acute stroke services across Tasmania.

**Recommendation 5: Continued Tasmanian Government investment in Stroke Foundation's Tasmanian Stroke Community of Practice StrokeLink Program.** StrokeLink boosts the capacity of clinical leaders in stroke to drive quality improvement in treatment and care across the state, through shared data, knowledge and best-practice examples.

**Recommendation 6: State Government investment in Stroke Foundation's Tasmanian survivor of stroke Peer Support Program.** This will facilitate improved quality of life for survivors of stroke, and help them cope with the debilitating consequences of stroke.

## Improvement Area 1 – Better Community Care

**Reform Initiative 1: Increase and better target our investment to the right care, place and time to maximise the benefits to patients.**

**Recommendation 1:** Continued Tasmanian Government investment in Stroke Foundation’s F.A.S.T. (Face, Arms, Speech, and Time) Community Education program, and Stroke Outreach Program (StOP). These programs will ensure more Tasmanians understand how to prevent stroke, recognise a stroke when it occurs, and how vital it is to call an ambulance. They will also ensure Tasmanian survivors of stroke are empowered to live well after stroke and avoid recurrent stroke.

*Stroke Foundation’s Tasmanian F.A.S.T. Community Education Program – reducing stroke and speeding up treatment*

### Consultation questions addressed

- How can we better incorporate preventative health and health literacy initiatives into current and future care, across the range of settings, including acute, community, primary and private?
- How do we provide clear pathways into our health system so that patients are accessing the most appropriate care for them?



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.

Internationally, a dramatic reduction (as much as 80 percent in some countries) in the number of acute stroke admissions during the current COVID-19 pandemic compared to the same period in 2019, has been observed.<sup>2</sup> Anecdotal evidence indicates a similar pattern in Australia. This is likely due to patients not wishing to overburden the hospital system or fearing infection with COVID-19 if they are referred to hospital.

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 increase knowledge and help 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.

### **Achievements to date**

- 12 volunteers trained as StrokeSafe speakers, delivering free education sessions to community groups and workplaces, and attending events in target communities across the state.
- In 2019:
  - F.A.S.T. events were held across the Huon Valley, including information sessions and StrokeSafe talks. Based on the results of pre and post questionnaires completed by attendees at StrokeSafe talks, there was a 36 percent increase in the number of participants who recognised the three F.A.S.T. signs of stroke.
  - More than 15,000 F.A.S.T. resources (bookmarks, wallet cards, fridge magnets and 'Understand and Prevent Stroke' booklets) delivered by StrokeSafe volunteers to organisations in the Huon Valley and Launceston, including pharmacies, general practice surgeries, community health centres, workplaces, businesses, local and state government organisations, as well as households.
  - 60 buses with internal F.A.S.T. advertising, and one F.A.S.T. branded bus, in Launceston, raising awareness of the signs of stroke in support of National Stroke Week.
- In 2020:
  - Despite the COVID-19 pandemic, there was 100 percent retention of Stroke Foundation volunteers throughout 2020.
  - A total of 16 StrokeSafe talks and information booths were held across the state, including in the isolated and at-risk communities of Southern Midlands, Great Lakes, Derwent Valley and Scottsdale, reaching 237 people. The number of events was less than the average prior to COVID-19, as we did not return to community presentations until July 2020, and not all community groups had returned to face-to-face activities. The uptake of online presentations was a low in Tasmania.

- Based on the results of pre and post questionnaires completed by attendees at StrokeSafe talks, there was a 59 percent increase in the number of participants who reported a 'Good Knowledge' of stroke, with 93 percent of attendees reporting the presentations had increased their knowledge of how to recognise the signs of stroke.
  - A strong partnership was established with aged care provider Corumbene Care, resulting in the delivery of a successful series of 'Health Literacy' days (including StrokeSafe talks and health checks) in three at-risk regional areas of southern Tasmania (Campania in the Southern Midlands, Miena in the remote Central Highlands, and New Norfolk). This partnership will continue in 2021.
  - A total of 3,406 F.A.S.T. resources were delivered to the community, including 725 F.A.S.T. magnets delivered by volunteers and supporters to households via letter box drop in the suburb of New Norfolk in the at-risk community of Derwent Valley.
- Significant local media coverage.
  - Partnerships developed with the University of Tasmania, Metro Tasmania, Libraries Tasmania, Red Cross, Meals on Wheels, local workplaces and community groups.

The F.A.S.T. Community Education Program in Tasmania is delivering results. A recent Stroke Foundation study of awareness of the signs of stroke found when prompted, 78 percent of Tasmanians identified facial drooping and speech difficulties as signs of stroke, and 63 percent were aware an inability to lift both arms was a sign of stroke.<sup>3</sup>

However, there is still more to be done. Only 36 percent of Tasmanians with stroke are arriving at hospital within the 4.5-hour window for clot-dissolving treatment.<sup>4</sup>

**Continued Tasmanian Government investment in Stroke Foundation's F.A.S.T. Community Education Program will strengthen other Government investments in stroke services. This includes providing support for the new Tasmanian Stroke Telemedicine Service, targeting those regional communities covered by the Service, ensuring residents know the signs of stroke, and the importance of calling triple zero (000) immediately.**

"By partnering with the Stroke Foundation in Huonville, Cygnet and Geeveston, we have increased the health literacy of our Huon Valley communities. The F.A.S.T. pop-up information stands in Huonville Library generated much discussion about the signs of stroke. We look forward to continued engagement with the Stroke Foundation in 2019."  
David Gutteridge, Huonville Library Manager.



*Stroke Foundation's Tasmanian Stroke Outreach Program (StOP) - ensuring Tasmanian survivors of stroke (and their families and carers) are supported to live well after stroke and avoid recurrent stroke*

### **Consultation questions addressed**

- How can we shift the focus from hospital-based care to better care in the community?
- How can we facilitate increased access to primary healthcare?
- How can we improve integration across all parts of our health system and its key interfaces (e.g., primary health, mental health, disability services, aged care and acute care)?

Four in 10 survivors of stroke will go on to have another stroke within a decade<sup>5</sup>, yet 80 percent of strokes can be prevented.<sup>6</sup> Importantly, around half of Tasmanian survivors of stroke are discharged from hospital without vital advice on what they can do to reduce their risk of another stroke.<sup>4</sup>

The Tasmanian Government is leading the way in recurrent stroke prevention by partnering with Stroke Foundation to deliver the StOP Program across the state.

The first program of its kind, StOP delivers planned, individualised and coordinated education at a key point in an individual's stroke journey. It targets survivors of stroke post-discharge from hospital, when they are highly motivated to act but often lack the knowledge and skills needed to effectively reduce their risk of subsequent stroke and live well. It provides mood screening and promotes attendance at outpatient appointments and connections with primary care, to ensure ongoing medical management. The Program also provides education and support for hospital clinicians to enable them to deliver effective secondary prevention education and planning to every patient, every time.

### **Achievements to date**

- 12 sites state-wide referring to StOP.
- 80 percent of patients discharged with a diagnosis of stroke from a Tasmanian hospital receive a StOP service within 21 days of discharge.
- Annually, over 200 Tasmanian survivors of stroke and their families benefit from StOP. Referrals have been consistently over 100 survivors of stroke in each 6-month reporting period.
- A review of the program, undertaken in June 2020, demonstrated that referrers valued the program and supported its continuation.
- 17 percent increase in participant knowledge of individual risk factors.
- 16 percent increase in participant confidence in managing their individual risk factors.
- 10 percent of participants have been identified as vulnerable or at risk.
- 22 percent of participants needed care coordination, including referrals to other service providers and outpatient appointments.

*“That follow up at home is so important to our area, as StOP callers may be the only person that is stroke focused that the survivor of stroke speaks to post discharge.”*

**Tasmanian StOP Referrer**

**Continued Tasmanian Government investment in Stroke Foundation’s StOP Program will enable it to be further embedded in Tasmanian hospitals, securing more referrals and benefiting more Tasmanian survivors of stroke and their families.**

## **Janet’s Story**

Janet, 50, was referred to the Stroke Foundation’s Stroke Outreach Program (StOP) by the local hospital on her discharge home.

A StOP call was made to Janet 14 days after she returned home.

Janet told the StOP health professional she initially thought her stroke was a migraine. Janet had a history of migraines, and was confused and fearful of having another stroke.

The StOP health professional listened to Janet’s concerns, and provided education and advice on the management of stroke risk factors and life after stroke. Janet was encouraged to call triple zero (000) immediately if she was unsure or if she noticed stroke signs.

Janet said there was a wait to see the local neurologist, so the StOP health professional talked about other options. Janet was informed about the Stroke Foundation StrokeLine service, where she could access further free advice from health professionals.

The StOP health professional recommended Janet visit her GP for ongoing blood pressure and cholesterol checks. Janet was also provided with local contacts for physiotherapy and exercise physiology, to look at an appropriate exercise regime. All of Janet’s upcoming appointments and medications were reviewed and explained.

A summary letter was sent to Janet’s GP from StOP.

## *Improved access to telehealth stroke rehabilitation services for Tasmanian stroke survivors*

### **Consultation question addressed**

- How can we make better use of telehealth, so people can receive care closer to home?

We know that since the COVID-19 pandemic began, Australian stroke patients have been discharged early from hospital, and have been missing out on critical rehabilitation therapy in hospital, and in the community, due to social distancing. As such, Stroke Foundation has continued to advocate strongly for telehealth Medicare Benefits Schedule (MBS) item numbers specifically for allied health therapy throughout the pandemic, and has developed a repository of telehealth resources for use by stroke care and rehabilitation professionals, located on its online platform InformMe, providing information on:

- COVID-19 telehealth MBS items that can be claimed.
- Communication tools/accessible healthcare communication materials and resources that may be needed by people with aphasia and/or cognitive difficulties.
- How to set up and run a successful telerehab session, with links to guidelines and tips on effective communication.
- Relevant research papers.

The community benefit of the expansion of MBS items to include allied and mental health has been demonstrated during the COVID-19 pandemic, and Stroke Foundation applauds the Federal Government for implementing these changes. Stroke Foundation also applauds the Tasmanian Government for upgrading Tasmania's telehealth platform to expand capacity across the state, and accommodate the increase in demand for telehealth services provided through the Tasmanian Health Service during this period. Collectively, these actions have enabled the delivery of stroke rehabilitation services via telehealth in response to the restrictions imposed by COVID-19, and have meant more Tasmanian survivors of stroke have been supported and empowered to live their best possible life after stroke.

**Telehealth has significant potential for closing gaps in care for vulnerable Tasmanians, including those living in regional and rural parts of the state, and Stroke Foundation strongly supports:**

- **the Federal Government's commitment to permanently list telehealth allied health and mental health items on the MBS.**
- **the Tasmanian Government's commitment to immediate action on the development and implementation of a Telehealth Strategy for Tasmania, aimed at providing high quality patient care and integrating service delivery across acute, subacute, primary and community care.**

## Improvement Area 2 – Modernising Tasmania’s Health System

**Reform Initiative 2: Invest in modern ICT infrastructure to digitally transform our hospitals, improve patient information outcomes and better manage our workforce.**

**Recommendation 2:** *Tasmanian Government investment in Royal Hobart Hospital’s digital discharge ‘Going Home’ plan. The plan will ensure the needs of Greater Hobart survivors of stroke (and their carers) are appropriately assessed, and that they have the knowledge and access to services required to reduce their stroke risk and successfully reintegrate into the community.*

### *Royal Hobart Hospital’s Digital Discharge Plan – ‘Going Home Plan’*

#### **Consultation questions addressed**

- What digitisation opportunities should be prioritised in a Health ICT Plan 2020-2030 and why?
- What information would help to improve your experience as a patient or consumer interacting with public hospital or health services in Tasmania?
- How can we use technology to empower patients with their own self-care?
- What is the key paper or manual administrative process that would provide the most benefit to digitise/bring online?

Effective discharge care planning is crucial for successfully reintegrating survivors of stroke into the community, and maximises independence, minimises social isolation and ensures that the needs of the patient and carer are addressed. It relies on good communication between team members, survivors of stroke, families, carers, and community service providers, using patient-held discharge care plans and check lists.

Discharge care planning covers a variety of areas, including educating patients about lifestyle modifications and medications that can help reduce their stroke risk, and providing survivors of stroke, their family members and carers with information on relevant supports and services in the community.

Evidence indicates that effective discharge care planning, which is recommended in the Clinical Guidelines for Stroke Management and is an indicator in the Acute Stroke Clinical Care Standard<sup>7</sup>, can reduce hospital readmission and length of stay.<sup>8,9</sup> Importantly however, only 34 percent of Tasmanian survivors of stroke are discharged from hospital with a care plan, compared with 69 percent nationally.<sup>4</sup>

Stroke Foundation has been working closely with and supporting the Royal Hobart Hospital in its development of a digital discharge plan, the Going Home Plan. Stroke Foundation has engaged with Tasmanian survivors of stroke to incorporate their feedback during the development of the discharge plan. We have also incorporated input from a range of allied health specialisations into the development of the discharge plan, including occupational therapy, physiotherapy, speech pathology,

dietetics, nursing, social work and pharmacy. Stroke Foundation has also been able to provide specialised (Speech Pathology) consultation on the text and formatting of the document, to ensure it is accessible to stroke survivors who have communication difficulties. This model has been designed collaboratively and could be considered for roll out in other Tasmanian hospitals.

*“Having a plan was very important to me, as it gave me a sense of being less scared and more in control of my life. Ideally it should replace confusion with clear, simple and ‘do-able’ steps.”*

***Survivor of stroke, Tasmania***

**Tasmanian government investment in the Royal Hobart Hospital’s digital discharge ‘Going Home’ plan, will help equip Tasmanian survivors of stroke with the tools and support they need to continue their recovery journey and live well after leaving hospital.**

## Improvement Area 3 – Planning for the Future

### Reform Initiative 3a: Develop a long-term health infrastructure strategy for Tasmania.

**Recommendation 3:** *Tasmanian Government investment in a new stroke unit at the North West Regional Hospital in Burnie. The new stroke unit will deliver Tasmanians living in the north west of the state the best opportunity to survive and live well after stroke.*

**Recommendation 4:** *Continued State Government investment in the Tasmanian Stroke Telemedicine Service. This will ensure the Service is sustainable, and is able to continue to provide equitable access to acute stroke services across Tasmania.*

#### Consultation questions addressed

- What are the major priorities that should be considered in the development of a 20-year infrastructure strategy to ensure the right care is provided in the right place and at the right time?
- How should the Government ensure we achieve the right balance of infrastructure investment across the range of care settings including acute, subacute and care delivered in the community?

#### *A new stroke unit at North West Regional Hospital in Burnie - stroke care closer to home*

This year an estimated 665 Tasmanians will experience a stroke for the first time.<sup>1</sup> Many of these will be experienced by people living outside of Hobart. In fact, regional Australians are 17 percent more likely to suffer a stroke than those in metropolitan areas.<sup>1</sup>

Currently, there is no guarantee that all Tasmanians will have access to the high quality, evidence-based stroke care we know saves lives and reduces disability. Tasmanians in the north west of the state are being denied the best possible opportunity to live well after stroke.

Building on time-critical stroke treatment, access to a dedicated stroke unit is proven to make the biggest difference to patient outcomes following stroke, both in hospital and after.<sup>10</sup> Stroke unit care is characterised by provision of care in one location by an interdisciplinary team including medical, nursing and allied health professionals with expertise in stroke. In Tasmania, only 58 percent of stroke patients are treated in a stroke unit, compared with 67 percent nationally.<sup>4</sup>

The North West Regional Hospital in Burnie 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.

**Tasmanian government investment in a new stroke unit at North West Regional Hospital will ensure residents in the state's north west have access to the best possible stroke care closer to home.**

*The Tasmanian Stroke Telemedicine Service (delivered in collaboration with the Victorian Stroke Telemedicine Service) - fair access to the best in stroke treatment for all Tasmanians*

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 are saving lives and reducing disability in stroke survivors.

The Royal Hobart Hospital, Launceston General Hospital and North West Regional Hospital in Burnie, are equipped to treat patients with thrombolysis (clot-busting treatment), but not enough Tasmanians have access to it. Only 22 percent of Tasmanians who experience an ischaemic stroke, and arrive within 4.5 hours of symptom onset, are treated with thrombolysis, compared with 26 percent nationally.<sup>4</sup>

The Royal Hobart Hospital is equipped to treat patients with endovascular clot retrieval (endovascular thrombectomy), but again access is very limited – the procedure is only available during the week and within business hours. Until recently, access to endovascular clot retrieval treatment for Tasmanians living outside of Hobart was virtually non-existent.

The state government’s investment in a Tasmanian Stroke Telemedicine Service, launched in March 2020, has meant that clinicians at the North West Regional Hospital, and the Launceston General Hospital, now have immediate 24/7 access to skilled neurologists, via the Victorian Stroke Telemedicine Service, for decision support to assist in the acute management of stroke patients. Clinicians at these hospitals are supported in administering clot-busting thrombolysis treatment and/or arranging transfer of patients to Hobart, or Victoria, for clot removal.

The implementation of this Service has been funded through a combination of the Telehealth Tasmanian Capital Fund, and a philanthropic donation from the Elphinstone Group, which contributed to the purchase of new telemedicine equipment.

**Achievements to date (1 March to 30 November 2020)**

- 210 VST consultations
- 130 (62 percent) consultations resulted in a diagnosis of stroke, 29 consultations (14 percent) resulted in a diagnosis other than stroke, and in 51 consultations (24 percent) a diagnosis could not be determined.
- For the 119 ischaemic strokes that were diagnosed, 24 were recommended for thrombolysis, and 11 were recommended for endovascular clot retrieval.

**Ongoing State Government investment in the Tasmanian Stroke Telemedicine Service will reduce the pressure on acute stroke services in Hobart and ensure patients in northern Tasmania continue to have 24/7 access to dedicated stroke services.**

### **Reform Initiative 3c: Strengthen the clinical and consumer voice in health service planning.**

**Recommendation 5:** *Continued Tasmanian Government investment in Stroke Foundation's Tasmanian Stroke Community of Practice StrokeLink Program. StrokeLink boosts the capacity of clinical leaders in stroke to drive quality improvement in treatment and care across the State, through shared data, knowledge and best-practice examples.*

**Recommendation 6:** *State Government investment in Stroke Foundation's Tasmanian survivor of stroke Peer Support Program. This will facilitate improved quality of life for survivors of stroke, and help them cope with the debilitating consequences of stroke.*

*Stroke Foundation's Tasmanian Stroke Community of Practice (CoP) StrokeLink Program - providing a better plan for stroke treatment and care in Tasmania*

#### **Consultation question addressed**

- How can we better engage meaningfully and effectively with consumers and other key stakeholders in health service planning, delivery and quality improvement?

Stroke Foundation has developed a cost-effective, continuous improvement model that utilises local and national data, expertise and training to empower health professionals to deliver evidence-based stroke care across Tasmania.

Stroke Foundation's Community of Practice (CoP) StrokeLink Program supports clinical leaders in stroke to drive quality improvement through shared data, knowledge and best-practice examples.

The initial focus of the CoP was to engage in site-specific workshops and identify opportunities to foster north and south collaboration between hospitals. This has now been achieved, with 6 CoP workshops completed across the State in 2019, and the three major hospitals now engaged in a state-wide quality improvement project.

During CoP workshops, site-specific Australian Stroke Clinical Registry (AuSCR) data was presented and discussed in the identification of 'processes of care' staff felt warranted improvement. Based on these discussions, Action Plans have been developed at each hospital. Participants consistently identified the following aspects of the workshops as the most valuable:

- The benchmarking of site-specific AuSCR data against comparable sites and against best practice guidelines.
- The opportunity to participate in planning with their multi-disciplinary team members.
- The opportunity to engage in state-wide collaboration with colleagues in other hospitals.

#### **Achievements to date**

- Three major hospitals engaged in audit and feedback.

- The first facilitated CoP change workshops were held in 2019, fostering collaboration between hospitals. Hospitals agreed on practice gaps and strategies for change and developed quality improvement plans. Importantly, 94 percent of health professionals reported greater confidence in identifying practice gaps after the workshops.
- A state-wide forum to further foster the CoP was run in 2019, with positive feedback from participants, who felt it was very valuable.
- Between July and December 2020, 11 webinars were delivered as part of the National Stroke Education Webinar Series, covering a range of topics, including Stroke Foundation's 'My Stroke Journey' and 'Our Family's Stroke Journey' resources, 'Risk factors and secondary prevention', 'Delirium and stroke', and 'National Rehabilitation Audit Data'.
- The webinars were promoted to 12 sites across Tasmania, and 178 Tasmanian health professionals attended a webinar. Results from post-webinar evaluation surveys showed 93 percent of attendees felt more confident about having secondary prevention conversations with patients, and 98 percent of attendees valued hearing how other sites approached secondary stroke prevention.

Next steps:

- Education and resource sharing.
- Follow-up on progress and support to overcome challenges.
- Specific strategies to showcase and share successes across services. This includes annual state-wide stroke forums, bringing together local clinicians and researchers with national and international experts.
- Stroke Foundation is supporting the development of the Royal Hobart Hospital's digital discharge plan, 'Go Home Plan', as discharge planning has been identified as an area for improvement.

**Continued Tasmanian Government investment in Stroke Foundation's CoP StrokeLink Program will help embed the Program, strengthening clinical leadership and allowing sufficient time for improvements in stroke treatment and care to be seen across Tasmania, maximising the return on the Government's investment.**

## *Stroke Foundation's Tasmanian survivor of stroke Peer Support Program*

### **Consultation questions addressed**

- How can we strengthen and optimise consumer engagement and participation at all levels of healthcare including:
  - a. Personal: participation and engagement in a person's own care
  - b. Local: participation and engagement in service improvement at a local level
  - c. Policy and service system: participation and engagement in planning, developing, reviewing, evaluating and reforming services at a system level?
- Are there particular models of consumer engagement and participation that we should consider?

Mood disorders frequently occur following stroke. One-third of survivors of stroke will experience depression<sup>11</sup>, and between 18 and 25 percent will experience anxiety.<sup>12</sup> Between 10 and 30 percent of patients will experience post-traumatic stress reactions.<sup>13-15</sup> Mood disorders in stroke patients are associated with reduced participation in rehabilitation, higher rates of mortality and increased disability.<sup>16</sup>

For many survivors of stroke, their stroke-related disabilities, including 'hidden' disabilities such as mood disorders, can hamper a return to work, and have a significant social impact. Importantly however, research indicates that the psychosocial consequences of stroke are not effectively addressed.<sup>17</sup>

A positive relationship has been demonstrated between perceived social support and survivors' health-related quality of life<sup>18</sup>, and there is growing evidence that peer-led interventions may be an effective way of helping survivors of stroke cope with the debilitating consequences stroke.<sup>19, 20</sup>

Peer support groups for stroke patients and carers can offer therapeutic benefits including empowerment and inspiration, a sense of belonging, learning new ways to cope, feeling helpful, feeling secure, being able to express feelings, and a sense of increased agency and independence.<sup>19</sup>

The Stroke Foundation has developed a Tasmanian survivor of stroke Peer Support Program, in consultation with, and in response to gaps identified by, Tasmanian survivors of stroke. Utilising health and community referral partners, we will identify vulnerable new survivors of stroke discharged from hospitals in Hobart, Launceston, and/or Burnie, based on interest and demand, and match them in a structured, supportive relationship with a trained, more experienced survivor of stroke Peer Mentor.

Interactions will be either face-to-face, online, and/or by phone, depending on individual preferences and COVID-safe protocols. This Program combines social connection, and mental health and other practical supports, to strengthen a survivor's ability to cope with their psycho-social challenges post-stroke and realise positive gains in their recovery efforts. Following their participation in the Program, empowered mentees will have the opportunity to become Peer Mentors themselves.

**Tasmanian government investment in Stroke Foundation’s Tasmanian survivor of stroke Peer Support Program, will provide Tasmanian survivors of stroke with the social and other supports they need to manage the many complex challenges they face in their recovery from stroke.**

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