

Submission to the Tasmanian Government's 'Our Healthcare Future – Advancing Tasmania's Health' Consultation

Introduction

Tasmania has the highest per capita incidence of first stroke nationally.¹ In 2020, Tasmanians experienced more than 660 first-time strokes¹, and there were more than 11,000 survivors of stroke living in the community¹, 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 annually¹, and there will be more than 16,000 survivors of stroke living in the community.¹

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.

Stroke Foundation provided a submission to the initial public consultation on *'Our Healthcare Future'* in 2021, and as the voice of stroke in Australia, welcomes the opportunity to provide a submission in response to the current Exposure Draft. We strongly support the *'Our Healthcare Future'* 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 submission highlights how Stroke Foundation is currently working with the Tasmanian Government to realise some of the strategic ambitions that have been identified as part of the *'Our Healthcare Future'* consultation process, as well as the opportunities that exist to build on and expand this important work in order to realise more of these ambitions.

We look forward to continuing to work with the Tasmanian Government in order to deliver stroke prevention, treatment and support for all Tasmanians.

Better and more accessible community care

Stroke Foundation's Stroke Outreach Program (StOP) – a focus on follow-up to enable system navigation and continuity of care, ensuring survivors of stroke are supported to live well after stroke

Over 660 Tasmanians experienced stroke for the first time in 2020.¹ More than 11,000 survivors of stroke are living in our community.¹

Ten percent of survivors of stroke will have a subsequent stroke in the first year and 25 percent in the five years following.²

Clinical Guidelines for Stroke Management state that survivors of stroke should be informed about the risk of recurrent stroke and how to reduce this risk.³ Evidence-based approaches to achieve this are well established.

The Tasmanian Government is leading the way in follow-up and risk factor recognition, 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. This follow-up service is now delivered in a number of other states. 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

- 9 sites state-wide referring to StOP.
- Annually, 200 Tasmanian survivors of stroke and their families benefit from StOP.
- Overall, 33 percent of completed StOP calls require some additional input from StOP, such as contacting a person or agency (e.g. the referring hospital), or providing participants with written information (e.g. Stroke Foundation fact sheets) or contact details for additional services (e.g. StrokeLine).
- Blood pressure (26 percent), cholesterol (18 percent) and arterial fibrillation (14 percent) are the most common 'risk factors' StOP patients present with, while ischaemic stroke is the most prevalent type of stroke.
- The provision of 'support' was identified by StOP callers as the major benefit of the call, followed by the provision of 'knowledge'.

“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

The Tasmanian Government’s continued investment in Stroke Foundation’s StOP Program is enabling it to be further embedded in Tasmanian hospitals, securing more referrals and benefiting more Tasmanian survivors of stroke and their families. StOP will also be a referral service for the Living Well After Stroke Program, and will enable those with critical risk factors for subsequent stroke to access this behavioural change program.

Strengthening prevention

The 'My Health for Life' Program – a focus on behaviour change to empower Tasmanians to stay well and lessen their risk of developing chronic conditions such as stroke

The stroke risk in Tasmania is significant¹:

- **116,100** residents are living with high blood pressure.
- **51,000** residents are living with high cholesterol.
- **306,000** residents are overweight or obese.
- **67,00** residents are smokers.
- **80,700** residents are physically inactive.

Yet over 80 percent of strokes can be prevented.⁴

When people are identified as high risk for chronic diseases such as stroke, it is critical there are proven, effective lifestyle modification programs, underpinned by validated behaviour change models, that GPs can refer them to. One such example is the *My Health for Life* program, an evidence-based, free, Queensland Government-funded behaviour modification program, for people at high-risk of developing a chronic disease.

My Health for Life has been developed using the validated Health Action Process Approach (HAPA) model for behaviour change. Stroke Foundation is partnering with the Healthier Queensland Alliance and the Queensland Government to deliver this program, which 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 the health system. To date, over 210,000 Queenslanders have been engaged in a conversation about their health by undergoing a chronic disease risk assessment, more than 16,000 are currently enrolled in the program, and over 10,000 have completed the program. Importantly, program participants have demonstrated sustained improvements in outcomes such as waist circumference, and the ability to meet Australian physical activity guidelines.

Tasmanian Government investment in effective, evidence-based programs such as this can reduce the number of preventable strokes in the community, by identifying and better managing those at risk of stroke.

The 'Living Well After Stroke' Program – a stroke secondary prevention behaviour change program, empowering Tasmanians to stay well and lessen their risk of developing further strokes

Stroke Foundation has developed a similar behaviour modification program aimed at secondary stroke prevention, called *Living Well After Stroke*. This program, which is currently being piloted in Queensland with funding from the Federal Government, is focused on survivors of stroke who have

experienced a mild stroke, with no referral for ongoing rehabilitation, and an identified need to change health behaviours to reduce their risk of future stroke.

People are at higher risk after their first stroke, yet many do not receive effective intervention for health behaviour change. In the community, many people find appropriate evidence-informed interventions unavailable or difficult to access, coupled with low health literacy. The ‘Living Well After Stroke’ Program will address this health care gap and support Tasmanians to improve their health outcomes, improving post-discharge support, by delivering education and support for sustainable behaviour change, as well as better coordinated care.

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.³

In Tasmania, there is a need for services that address behaviour modification for the reduction of stroke risk factors, to reduce further stroke or transient ischaemic attack (TIA).

For those with mild stroke, and no 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.

To reduce the risk of subsequent stroke, the ‘Living Well After Stroke’ Program will target health behaviours related to physical activity, diet, consumption of alcohol and smoking. This will be done through an evidence-based, person-centred, HAPA, that supports people to build motivation, set goals, plan, and implement and track health behaviour change. HAPA has been shown to be an effective model for people with chronic illness and disability.⁵ A focus on mental health, and accessing treatment and support when needed, underpins the program.

Table 1 Overview of sessions with an allied health professional as part of the ‘Living Well After Stroke’ Program

Session 1	Engagement, education, and choosing health behaviours to focus on.
Session 2	Motivation, intention setting and development of SMART (specific, measurable, achievable, relevant, and time-bound) goals.
Session 3	Individualised action plan.
Session 4	Monitoring progress.
Session 5	Tackling setbacks.
Session 6	Celebrating and setting new goals.
Session 7	Online resources to maintain and build on change.

Acute and primary care settings can identify individuals with risk factors for further stroke and refer them to the 'Living Well After Stroke' Program. Participants' GPs (with their consent) will be provided with information about the participant's goals and activities, supporting effective medical management of risk factors, including increased prescribing of, and adherence to, medication, and improved continuity of care.

Participants will receive a mix of individual and group assessments and interventions, delivered face-to-face and/or via telehealth. Education and interventions will be tailored to each individual, in line with their needs and preferences. Existing Stroke Foundation products and services will deliver ongoing information and support to participants after they complete the Program.

Stroke Foundation is well placed to lead the translation of an evidence-based, person-centred approach into practice in Tasmania. We have existing, effective relationships with acute and rehabilitation stroke services that are delivering our products and referring to our services. Stroke Foundation is already delivering stroke follow-up programs in three states and territories, with referral systems in place with stroke services. We successfully deliver the Stroke Outreach Program (StOP) in Tasmania, which will facilitate engagement with acute and rehabilitation settings and the 'Living Well After Stroke' Program.

Partnering with consumers and clinicians

Stroke Foundation's Tasmanian F.A.S.T. 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, 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

- 18 volunteers trained as StrokeSafe speakers, delivering free education sessions to community groups and workplaces, and attending events in target communities across the state.
- Significant local media coverage.
- Partnerships developed with the University of Tasmania, Metro Tasmania, Libraries Tasmania, Red Cross, Meals on Wheels, Corumbene Care, Catholic Care, local workplaces and community groups.

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).
- 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.

In 2021:

- There were 41 news items published/broadcast in Tasmania, as well as 176 Tasmanian posts on social media.
- A total of 52 StrokeSafe talks and information booths were held across the state (Northwest, North and South of Tasmania), reaching 852 people (including a CALD audience of 80 people). The uptake of online presentations continued to be low in Tasmania.
- A total of 612 attendees (84 percent) at StrokeSafe talks completed pre and post questionnaires. There was a 51 percent increase in the number of participants who reported a 'Good Knowledge' of stroke, with 96 percent of attendees reporting the presentations had increased their knowledge of how to recognise the signs of stroke.
- A total of 4,750 F.A.S.T. resources were delivered to the community across Tasmania.

In 2022 (January to June):

- A total of 2,400 F.A.S.T. resources were delivered to the community across Tasmania.
- A total of 16 StrokeSafe talks and information booths were held (numbers impacted by suspension of community volunteering from January to mid-March), including information booths at four libraries in southern Tasmania during Men's Health Week (June 13-19), reaching 250 people. Fifty percent of StrokeSafe talks and information booths were held in rural and remote areas across Tasmania, and 69 percent were held in SEIFA 1-4 locations across the state.

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 unprompted, 60 percent of Tasmanians identified speech difficulties as a sign of stroke, 49 percent identified facial drooping, and 10 percent identified an inability to lift both arms.⁶ **Importantly, Tasmania had the highest unprompted awareness of the signs of stroke, compared with all other states and territories.**⁶

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.⁷

Stroke Foundation proposes that the Tasmanian Government further invest in a F.A.S.T. Multimedia Education Campaign, including television, radio and social media advertisements, as well as F.A.S.T messaging on public transport. This will support and strengthen the work of the current F.A.S.T. Community Education Program, and ensure even more Tasmanians understand how to recognise a stroke when it occurs, and how vital it is to call an ambulance.

The Tasmanian Government's continued investment in Stroke Foundation's F.A.S.T. Community Education Program is strengthening other Government investments in stroke services. This includes providing support for the 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.

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

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.

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 engage in Stroke Foundation Audit and AuSCR reporting.
- 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.**
- The *National Webinar Series* is a pivotal component of the Tasmanian CoP. The series was piloted in 2020 to enable education continuity throughout the COVID-19 pandemic. The pilot delivered 10 webinars to 1,200 health professionals from over 200 stroke sites nationally.
- Twenty four webinars have been presented in the last 12 months, and over 120 Tasmanian clinicians have participated. Webinar topics have been a combination of 'core' topics, including 'My Stroke Journey', 'Secondary Prevention', and 'Stroke Foundation Resources', as well as specialist topics, including 'Delirium and Stroke', 'QUIT', 'Sensory Loss', 'Audit Data', and 'Discharge Care Planning'. In follow-up surveys, the majority of participants (92 percent) reported that they 'intend to use the webinar knowledge to improve my clinical practice'.
- The Tasmanian Stroke Network continues to facilitate state planning. Stroke Foundation is supporting the development of the Royal Hobart Hospital's 'Go Home Plan' as one initiative of the Network.

The Tasmanian Government's continued investment in Stroke Foundation's CoP StrokeLink Program is helping embed the Program, strengthening clinical leadership, and facilitating improvements in stroke treatment and care across Tasmania.

Building the health workforce

The world-leading 'Living Evidence' initiative

Stroke Foundation is part of the Australian Living Evidence Consortium, a collaboration bringing together experts in evidence synthesis, guideline development and digital technologies, to build a revolutionary new system for delivering reliable, accessible, up-to-date evidence in health. Technology and processes Stroke Foundation developed and piloted (Phase One) with Cochrane Australia, as part of the Living Guidelines for Stroke Management, enabled the Cochrane team to pivot quickly to establish a National Taskforce supporting Australian clinicians with accessible, evidence-based living guidelines for the clinical management of patients with COVID-19.

The Consortium has developed a business case to leverage investment in the Living Guidelines for COVID-19, and deliver Phase Two of the initiative over four years. Phase Two of the program will be comprised of the following four pillars:

- Pillar 1: Establishing a national Living Evidence support hub.
- Pillar 2: Building a Living Evidence digital technologies platform.
- Pillar 3: Develop and maintain living guidelines (to NHMRC standards) for five of Australia's most high-burden diseases.
- Pillar 4: Getting the latest evidence to where it is needed.

The Consortium is seeking contributions from Commonwealth and State and Territory Governments, and philanthropic organisations. The Consortium will dedicate significant in-kind contributions, existing capabilities, and existing research funding and partnerships.

Investment in Phase Two of the Living Evidence initiative will deliver:

- 80 percent reduction in time from research publication to incorporation in evidence-based guidelines.
- 50 percent reduction in time to complete key tasks, 25 percent reduction in time to update guidelines.
- 300 percent increase in patients and clinicians involved in guideline development.
- 300 percent increase in guideline users, and 30,000 monthly users of decision aids and tools.

Tasmanian Government investment in Phase Two of the Living Evidence initiative will enable the 'living' approach for the Clinical Guidelines for Stroke Management to continue to evolve, equipping stroke clinicians with the knowledge to drive quality improvement in treatment and care across Tasmania. Living guidelines ensure clinical recommendations are streamlined, up-to-date and accessible when and where they are needed. The model has the potential for worldwide adaptation and paves the way for future innovation for a range of health conditions.

Delivering the health infrastructure of the future

Dedicated stroke units at the three major Tasmanian public hospitals

Tasmanian Government investment and policy commitment to infrastructure and resourcing for dedicated stroke units at the North West Regional Hospital, Launceston General Hospital and Royal Hobart Hospital, will deliver Tasmanians the best opportunity to survive and live well after stroke.

This year an estimated 665 Tasmanians will experience a stroke for the first time.¹ 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.¹

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.⁸ 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. There is evidence from studies in Australian settings that stroke units are cost-effective compared to other ward care.^{9,10}

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. Only 54 percent of Tasmanian stroke patients are treated in a stroke unit, compared with 73 percent nationally.⁷

Three of the major public hospitals in Tasmania require a commitment to reorganisation of services to deliver:

- Dedicated, co-located stroke beds.
- A stroke focussed 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 and commitment to stroke unit care, and access to specialist, on-going timely treatment, will ensure residents in the state have access to the best possible stroke care closer to home.

References

1. Deloitte Access Economics. (2020). No postcode untouched, Stroke in Australia 2020.
2. Hardie K et al. (2004). Ten-year risk of first recurrent stroke and disability after first-ever stroke in the Perth Community Stroke Study. *Stroke*. 35: 731-735.
3. Stroke Foundation (2022). Clinical Guidelines for Stroke Management. Melbourne, Australia.
4. O'Donnell MJ et al. (2016). Global and regional effects of potentially modifiable risk factors associated with acute stroke in 32 countries (INTERSTROKE): a case-control study. *Lancet*. 388: 761–775.
5. Schwarzer R et al. (2011). Mechanisms of health behaviour change in persons with chronic illness or disability: the Health Action Process Approach (HAPA). *Rehabilitation Psychology*. 56: 161-170.
6. YouGov. (2021). Stroke Foundation 2021 F.A.S.T. Signs and Stroke Awareness Survey Report.
7. Stroke Foundation. (2021). National Stroke Audit Acute Services Report 2021. Melbourne, Australia.
8. Stroke Unit Trialists' Collaboration. (2013). Organised inpatient (stroke unit) care for stroke. *Cochrane Database of Systematic Reviews*. 9: CD000197.
9. Zhai S et al. (2017). The cost-effectiveness of a Stroke Unit in providing enhanced patient outcomes in an Australian teaching hospital. *Journal of Stroke and Cerebrovascular Disease*. 26: 2362-2368.
10. Moodie M et al; SCOPES Study Group. (2006). Economic evaluation of Australian stroke services: a prospective, multicenter study comparing dedicated stroke units with other care modalities. *Stroke*. 37: 2790-2795.

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