Subacute Stroke Initiative – 2016

Victorian Stroke Clinical Network

Background

Victorian Stroke Clinical Network (VSCN)

The VSCN was established in 2007 so that "the knowledge, wisdom and experience of clinicians is used to better plan and deliver more responsive, effective and efficient services across Victoria".

The VSCN works in partnership with clinicians, the Department of Health and Human Services and other stakeholders to achieve a coordinated, integrated and responsive system that provides the highest standard of health care for stroke survivors in Victoria.

A focus for the VSCN is to implement evidence-based care and reduce inappropriate variation in clinical practice, by encouraging activities such as the implementation of new and sustainable models of care.

Funding opportunity

The Heart Attack and Stroke Initiative allocated $21.9 million to the improvement of Victoria's response to heart disease and stroke, over four years from 2013 - 2017. An allocation of $650,000 per annum over the 2015-16 and 2016-17 financial years has been reserved for Victorian subacute, community or ambulatory stroke services to develop and embed evidence based and sustainable models of care. An initial round of applications was received in the second half of 2015. A formal evaluation was conducted of the applications taking into account their alignment with current evidence based practice themes and the Rehabilitation Stroke Services Framework. Findings from the evaluation were embedded into the 2016 application documentation.

Process

The VSCN offered funding to participating organisations to implement and embed, evidence based models of care for their subacute or community stroke services, or to build capacity within existing models. Inter-agency partnerships, particularly targeting community health services, were viewed favourably. Agencies were encouraged to refer to existing successful rehabilitation models and evidence based models as outlined in the National Stroke Foundation Rehabilitation Stroke Services Framework 2013.

As a result of the formal evaluation undertaken in 2015, the key focus of projects for the 2016 round of Expressions of Interest (EOI) was specified as follows;

Implementation of

- early supported discharge (ESD) programs
- enriched inpatient environment models
- Allied Health Assistant (AHA) role delegation/substitution models
- cognitive and/or mood rehabilitation models
- a proven model of care as defined by the Rehabilitation Stroke Services Framework 2013

Agencies were encouraged to refer to existing successful rehabilitation models and evidence based models as outlined in the National Stroke Foundation Rehabilitation Stroke Services Framework 2013. Projects were required to respond to a gap in organisational need identified by National Stroke Foundation Clinical Audit or specific and relevant evidence. Projects needed to align with best practice, and facilitate appropriate and timely access to stroke care.

Project funding was specified to be in the range of $50,000 to $150,000, and align to project scope. After project completion, no further funding would be provided to sustain changes to service models. As such, project design must ensure sustainable change. The VSCN reserved the right to negotiate project key deliverables and budget allocation before confirming final project funding. Services were able to submit applications for several projects, but had to lodge a separate application for each topic.

Documentation to support the EOI process was released on 22 February, 2016. Clinicians and health services were notified by the VSCN email list (circulated to 1,300 clinicians across Victoria), and via the Department's Rehabilitation and Hospital at Home Services, Health Independence Programs (managers of ambulatory care services) and inpatient executives email lists. The EOI submission process closed on 4 April, 2016.

Projects must respond to a gap in organisational needs identified by National Stroke Foundation Clinical Audit or specific and relevant evidence. Projects should also be aligned with best practice, and facilitate appropriate and timely access to stroke care.

About the Subacute Stroke Initiative

Initiative goal

Victorian subacute stroke services will aim to implement and embed new models of stroke care that translate evidence into practice.

Initiative objectives

1. To improve patient outcomes by translating evidence-based principles of stroke care into practice;
2. To improve service efficiency by implementing new and proven models of care in Victorian subacute stroke services based on existing successful programs;
3. To ensure project outputs are well-embedded in services, to provide sustainability due to the absence of ongoing funding; and
4. To facilitate sharing of project experiences, learning and outcomes between various stroke services and clinicians. The VSCN was established in 2007 so that "the knowledge, wisdom and experience of clinicians is used to better plan and deliver more responsive, effective and efficient services across Victoria".

Site objectives

Project objectives will be specific to each subacute stroke service, depending on the nature of the project initiative being implemented. Emphasis should be placed on making project objectives sustainable, so changes to service procedures are absorbed into usual practice after project conclusion.

Project scope

- This funding is targeted at Victorian subacute stroke services routinely providing subacute, community or ambulatory care to patients with stroke or transient ischemic attack (TIA). Sites seeing ≥ 50 clients per annum will be given preference. Projects which support sustainable interagency partnerships are encouraged.
- Funding is non-recurrent. As such, ongoing costs associated with the project are to be borne by the health service.

Project timeline

Projects funding is for a maximum of 18 months duration, commencing May 2016.

Project budget

Individual project funding will be within the range of $50K to $150K, (as previously outlined), with payments structured over a maximum of 18 months. Payments will be dependent upon delivery of key project outcomes and structured as follows:

Project methodology

Quality indicators

All sites should use methodology consistent with the health service's quality standards and improvement principles, as they apply to the specific project. Relevant quality, redesign and improvement personnel should be engaged in project governance in order to achieve this standard.

Reporting requirements

Sites will be expected to submit:

- A project plan;
- Quarterly project progress reports, comprising:

  - A report, and

  - A brief summary of learnings, issues and solutions to date;

  - Key milestone confirmation for payments and

- An end of project report, comprising:
  - A final report, and

  - Project learnings, issues and solutions.

All services will be required to present their project findings at VSCN steering groups and a public forum. Where appropriate health service redesign methodology should be used**.**

Project roles and responsibilities

The VSCN will:

- Provide the agreed funding to participating sites at project commencement and at intervals described above.
- Work with participating health services to ensure overall state wide project objectives are met; and
- Share and spread information, results and resources regarding the project.

All participating health services will be responsible for:

General responsibilities:
- Working effectively with key stakeholders within their organisation to communicate effectively, develop agreed project plans and deliver the outcomes;
- Regularly communicating through Project Leads about project progress in order to keep projects on track;
- Sharing knowledge and expertise including on data collection and analysis; and
- Meeting all reporting/milestone requirements.

Project responsibilities:

Preparation and planning
- Assemble a project team and identify a Project Lead;
- Develop local project reporting lines and timetable within the organisation;
- Obtain ethics approval if required; and
- Develop a project plan.

Implementation of the project
- Complete the project within the specified project timelines;
- Develop a range of communication mechanisms to ensure stroke (and other) staff are aware of and engaged in the project;
- Develop a means to sustain the change; and
- Complete project feedback and reporting.

At the conclusion of the project
- Share results, tools and processes within your health service and with others;
- Present project findings at VSCN steering groups and a public forum.

Priority for funding

Priority will be given to submissions from health services:
- Providing subacute care to ≥ 50 patients with stroke or TIA, per annum;
- Clearly linking project objectives to gaps identified in National Stroke Foundation Clinical Audits or other recently gathered data; and
- Demonstrating a commitment to ongoing quality improvement in the care for patients with stroke;
- Providing a clear outline of the work to be completed and the required budget;
- Demonstrate use of existing resources and expertise
- Clear links to improving patient care in one (or more) of the key project areas
- Forming sustainable partnerships between agencies to deliver improved patient outcomes
- Health services will have a requirement to disseminate outcomes from their projects via the VSCN.

Further information

Please direct enquiries about the project to:
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