Stroke care strategy for Victoria
The consumer focus
Stroke care strategy for Victoria

Stroke is a debilitating condition that often results in ongoing disability or death. In most cases, the effects of stroke are greater than just the medical condition – it is complex and challenging and has a significant impact on individuals, carers and our wider community. Victorian hospitals treat more than 14,000 people for stroke and related conditions every year. The number of people requiring stroke care will continue to grow as the population ages.

Improving health outcomes for all Victorians has been the major driving force behind the achievements of the health sector and the Victorian Government. The Stroke care strategy for Victoria provides a framework for how stroke services should be organised to enhance the delivery of stroke care.

The strategy outlines how we are improving the way we care for people who have had a stroke and change our approach to the management of stroke care so that the health system is more responsive to patients’ needs and the needs of their carers.

The establishment and implementation of the framework now means Victorians will receive more consistent stroke care with better linkages between stroke care providers and improved access to new treatments. As well as enhanced stroke prevention strategies, a better skilled stroke care workforce and improved community support mechanisms.

The Stroke care strategy for Victoria is another example of the Victorian Government’s excellence in healthcare programs and will result in a more streamlined and effective system for the delivery of stroke care during the next five to 10 years.

Hon Bronwyn Pike MP
Minister for Health
<table>
<thead>
<tr>
<th>Contents</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction</td>
<td>1</td>
</tr>
<tr>
<td>About stroke</td>
<td>2</td>
</tr>
<tr>
<td>Stroke care in Victoria</td>
<td>3</td>
</tr>
<tr>
<td>The Stroke care strategy for Victoria</td>
<td>3</td>
</tr>
<tr>
<td>The recommendations at a glance</td>
<td>4</td>
</tr>
<tr>
<td>Recommendations for consumers</td>
<td>5</td>
</tr>
<tr>
<td>High quality written information about stroke</td>
<td>5</td>
</tr>
<tr>
<td>Coordinating your care</td>
<td>6</td>
</tr>
<tr>
<td>Returning to the community</td>
<td>7</td>
</tr>
<tr>
<td>Where to from here?</td>
<td>8</td>
</tr>
</tbody>
</table>
Introduction

Stroke is on the rise. Not just in Victoria, but across Australia and the world. Almost 15,000 Victorians a year have either a stroke or transient ischaemic attack (TIA), which is often called a ‘warning stroke’ or ‘mini stroke’. Although fewer Australians are dying from stroke, more people are suffering from stroke. Providing fast treatment and the best ongoing care after the stroke will give survivors their greatest chance of avoiding another stroke and improving their quality of life.

So the Victorian Government is doing something about it.

In 2006, the Department of Human Services (department) assembled a team of Victoria’s finest stroke experts to assist in developing a plan for guiding our stroke care services over the next five to 10 years. They worked with health professionals, stroke care providers and the National Stroke Foundation. They also consulted with stroke survivors and their families. The result is the Stroke care strategy for Victoria.

The Stroke care strategy for Victoria gives an overview of our current stroke care services and makes 28 recommendations for improvements. These improvements are primarily targeted at the public health system and focus on immediate and medium term needs. The full document is available on the Department of Human Services’ website at www.health.vic.gov.au/strokecare/strokecare or by phoning the department (see further information at the end of this brochure). A summary version has also been produced and is also available online or from the department.

This consumer booklet has been developed for survivors of stroke, their families and carers and other interested Victorians. It summarises those parts of the Stroke care strategy for Victoria that are most relevant to consumers and highlights recommendations related to patient care.
Stroke mainly affects people aged over 45, with almost 80 per cent of all stroke-related deaths occurring in those aged over 75. About one thousand people die within one month of having a stroke and one-third die within 12 months. For survivors, stroke often results in some form of ongoing disability such as impaired vision, speech problems, memory loss or paralysis. About 30 per cent of survivors have another stroke within a year.

Most strokes are caused by a blood clot in the brain, others from bleeding into the brain. There is now treatment available to break down blood clots. If treatment is provided within three hours, this can result in significant improvements that lead to lower levels of disability and lessen the long-term impact for the stroke survivor and carer.
Stroke care in Victoria

Victoria’s public hospitals currently treat about 12,000 of our estimated 15,000 strokes and TIAs each year. Improved stroke treatment therapies, including better medications, means the number of people dying from stroke is decreasing, although the number of Victorians having a stroke or TIA continues to rise with our growing and ageing population.

Most (82 per cent) hospital–based stroke care is provided in public hospitals. Care for stroke survivors after they leave hospital is provided by experts that assess and manage the often complex and disabling impact of stroke. They try to help people regain independence and improve their quality of life. The services might be provided in a hospital bed, a person’s home, a hospital outpatient clinic or a residential care facility. This type of care is increasingly being delivered in the community through centre-based or home-based services.

Stroke care is a particularly challenging area for both those providing the care and those receiving it. Most people who have had a stroke in Victoria are currently treated by many health professionals at a number of different locations. At present there is no Victorian–wide coordination in the delivery of stroke care. There are no widely adopted protocols and sometimes even clinicians within the same hospital use different approaches.

The Stroke care strategy for Victoria

The Stroke care strategy for Victoria provides a blueprint to guide Victoria’s future stroke service system. It was developed by the Department of Human Services under the guidance of Victoria’s best stroke experts and sets out 28 recommendations for delivering stroke services over the next five to 10 years.

The recommendations are targeted at hospitals, GPs, the Department of Human Services and other professional bodies. The Stroke care strategy aims to improve the way stroke services are provided in Victoria and to make sure we have the workforce we need to provide them.

The Stroke care strategy for Victoria was developed taking into account:

• our population is ageing, leading to an increase in the number of people having a stroke
• more strokes mean a greater impact on individuals, their carers and families and Victoria as a whole
• the diagnosis and treatment of stroke is becoming more complex
• there are new and better treatments available and the use of these treatments needs to be widely available
• stroke treatment is costing more
• there is an Australia-wide shortage of skilled medical, nursing and allied health expertise in all areas, including stroke care.
## The recommendations at a glance

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<tr>
<th>Recommendation</th>
</tr>
</thead>
<tbody>
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<td>Hospitals and GPs should better manage known risk factors for stroke, such as a TIA</td>
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<td>Public education campaigns to increase community awareness about stroke should be developed</td>
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<td>Specialised clinics for better assessment and follow-up of people who are at risk or who have already had a stroke should be established</td>
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<td>Stroke should always be treated as a medical emergency and stroke thrombolysis – using specialised ‘clot-busting’ drugs – should be more widely available</td>
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<td>Hospitals should follow clinical practice guidelines to increase consistency in stroke care</td>
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<td>Stroke services should provide culturally-sensitive patient care</td>
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<td>GPs should be more involved in post-stroke care as early as possible</td>
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<td>In hospitals, stroke care should be provided by specialist teams</td>
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<td>Sub-acute care and rehabilitation should also be provided by a specialist team with access to the full range of medical and nursing services</td>
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<td>Four levels of stroke services should be introduced to ensure timely access to the level of care required</td>
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<td>When medically fit, stroke patients should be transferred to health facilities close to where they live</td>
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<td>The Department of Human Services should look at improving ‘telemedicine’ facilities (such as phone conferences, email and video-conferencing) across the state so that clinicians and other health providers – especially in remote areas – have instant access to expert advice</td>
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<td>Patients should be given information about stroke to help them make the right decisions about their own care</td>
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<td>Stroke patients and their families should have one point of contact</td>
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<td>Guidelines should be developed and implemented to help establish self-management programs and stroke support groups for long-term care</td>
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<td>More clinicians should be trained in stroke care</td>
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<td>A specialist Victorian project manager should be appointed to implement the Stroke care strategy for Victoria recommendations as well as specialist clinical facilitators in local areas.</td>
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Recommendations for consumers

The Stroke care strategy for Victoria makes important recommendations for survivors of stroke, their carers and families, and the broader community.

High quality written information about stroke

People who have had a stroke their carers and families want quality written information about the causes of stroke, treatment options and the associated risks of those treatments.

The time spent in hospital after a stroke can be overwhelming – not just for the stroke survivor, but also for their friends and family. They can be told too much too soon. Often it is not until days or weeks after leaving hospital that a stroke survivor or family member begins to understand what has happened to them. Then they start asking ‘why’ and how they will get ongoing treatment and support.

The National Stroke Foundation has developed the Stroke Survivor Kit and other booklets to help stroke survivors and their families. Some hospitals provide their own written information about stroke but not everybody gets the material they need. The Stroke care strategy for Victoria recommends that patients, carers and families be given a stroke information kit and treatment options so they can take part in decision making and ensure that personal choices, values and beliefs are considered.

The kit should contain information such as:

• signs and symptoms of stroke and TIA
• preventing a second stroke
• locations and contact details of community stroke support groups/programs
• details of community services providing/supporting self-management programs
• details of community services providing relevant ongoing care and support
• details of carer support programs
• information and contact details for the National Stroke Foundation and state stroke associations
• relevant websites.
Coordinating your care

Ideally, patient care needs to follow a clear path that meets patients’ medical and personal needs. This ‘continuity of care’ can only be achieved when all health professionals are aware of the patients’ medical history, agree on how each patient should be managed and the patient knows who will be caring for them in the future.

Stroke care is complex and often requires input from a number of different health professionals at different times, for different reasons and in different locations. It is easy for patients and their carers to become confused. One of the best ways to reduce confusion is to nominate one stroke professional as the single point of contact for the patient, carer or family member and clinicians providing the care. Some hospitals have already set up a model where a team member plots a course through the health system with the patient and their families. This person is responsible for making sure there is ongoing communication between the stroke care providers, the patients and their carers/family members. They also coordinate other needs of patients and their carers such as counseling and pastoral care (including staff who speak the patient’s language and understand their cultural background).

The Department of Human Services sees this as an ideal model and it is recommended in the Stroke care strategy for Victoria that all hospitals across Victoria adopt it when caring for stroke patients. The Department of Human Services has also committed to helping hospitals set up coordinated models of care.
Returning to the community

Stroke survivors and their carers often experience an intense and difficult lifestyle adjustment when they return home. They often struggle, not just because of the disabilities that can be caused by the stroke but because they don’t know that there are community-based services and programs that can provide support for the grief and fear associated with disability, lifestyle change and loss of independence. If not addressed, these feelings can sometimes lead to depression.

All Australian states have established stroke support groups. These groups may also provide stroke survivors and their families with telephone support, organised activities, newsletters and hospitals visits.

Organisations such as the National Stroke Foundation and The Stroke Association of Victoria provide professional and peer support to these groups, as well as individual stroke survivors and their carers. The problem is that information about these organisations, programs and services is not readily available.

The Stroke care strategy for Victoria recommends this information should be readily available for stroke survivors and their carers when they are discharged from hospital.

In addition to stroke-specific support services, all levels of government offer a range of community-based programs that might assist stroke survivors and their carers once they return home.

The services include the Home and Community Care program (a joint Commonwealth and State Government initiative) and the Aids and Equipment program (Victorian Department of Human Services). Information about them is available through hospital social workers, occupational therapists, GPs and local councils.

Self-management programs are another support that was found to be under-promoted when developing the Stroke care strategy for Victoria. These programs can help stroke survivors to get their lives back on track after stroke. At the end of a self-management program, stroke survivors usually:

- better understand their condition
- follow a treatment plan (care plan) agreed with their health professionals
- actively share in decision making with health professionals
- monitor and manage signs and symptoms of their condition
- manage the impact of the condition on their physical, emotional and social life
- adopt lifestyles that promote health.
Again, the Stroke care strategy for Victoria recommends that stroke survivors and their carers/family members are provided with more information about these programs.

Finally, the Stroke care strategy for Victoria also recognises the often overlooked needs of carers. Friends and family members who look after stroke survivors themselves often require support such as Meals on Wheels or respite care. Carers Australia and other similar organisations not only provide information, education programs and skill development for carers to be able to give the best care they can, but also help them to look after their own wellbeing. Again, information about these should be readily accessible.

Where to from here?

The Stroke care strategy for Victoria illustrates the ideal way that stroke care should be managed in Victoria over the next five to 10 years. The Department of Human Services has developed an implementation plan to ensure the recommendations become a reality.

The implementation plan assigns responsibility for implementing the Stroke care strategy for Victoria on a recommendation-by-recommendation basis. It clearly outlines tasks, timeframes and how the success of each recommendation will be measured. Some undertakings have been allocated to the department, while others responsible include health services, ambulance services and professional bodies, including the National Stroke Foundation and the General Practice Divisions of Victoria, which represents Victoria’s GPs.
Further information

For more information about stroke care or to download a copy of the Stroke strategy for Victoria, visit www.health.vic.gov.au/strokecare

For a printed copy of the Stroke care strategy for Victoria, phone Dr Paul Fennessy at the Department of Human Services on (03) 9096 2142 or email: strokecare@dhs.vic.gov.au

Other helpful contacts

National Stroke Foundation

Stroke helpline: 1800 787 653

Website: www.strokefoundation.com.au

The Stroke Survivor Kit, information about stroke prevention and recovery can be ordered through the website.

Stroke Association of Victoria

Support line: (03) 9670 1117 (8.00am to 7.00pm daily)

Website: http://home.vicnet.net.au/~stroke