

Turning the tide on stroke

Tasmanian Election
Platform 2021

*Tasmanian survivor
of stroke Jake Vincent*

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strokefoundation.org.au

The challenge for Tasmania

State of stroke:¹

- › **665** Tasmanians experienced a stroke for the first time in 2020.
- › **11,242** survivors of stroke living in the community.
- › **217** Tasmanians lost their lives to stroke in 2020.

Stroke risk in Tasmania:¹

- › Overweight and obesity: **306,000**
- › High blood pressure: **116,100**
- › Daily smoking: **67,000**
- › No physical activity: **80,700**

Stroke services in Tasmania

Some parts are performing well:²

- ✓ Through the Tasmanian Stroke Telemedicine Service, 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.
- ✓ 77 percent of patients are assessed by physiotherapy, and 63 percent of patients are assessed by occupational therapy, within 48 hours, compared with 73 percent and 57 percent nationally.²
- ✓ 80 percent of patients discharged with a diagnosis of stroke from a Tasmanian hospital, receive a Stroke Foundation Stroke Outreach Program (StOP) service within 21 days of discharge.

Other areas have room for improvement:²

- ✗ 58 percent of patients are treated in a stroke unit, compared with 67 percent nationally.
- ✗ 57 percent of patients are discharged from hospital with vital advice on what they can do to reduce their risk of another stroke, compared with 72 percent nationally.
- ✗ 34 percent of patients are discharged from hospital with a care plan, compared with 69 percent nationally.
- ✗ 13 percent of Tasmanians recognised two signs of stroke unprompted.⁶

At a glance

Stroke Foundation is calling for the next Tasmanian Government to continue the strong investment in stroke treatment and care, building on the solid foundation that has been established, to ensure more Tasmanians avoid, survive and live well after stroke.

Proposal 1

Implement a Stroke Foundation 'Living Well in our Community' Program in Tasmania.

This Program will enable stroke risk to be detected early, and will deliver education and support for behaviour change, to help Tasmanians stay healthy.

Investment: \$755,000 over four years.

Result: Tasmanians will be empowered to stay well, lessen their risk of developing stroke or recurrent stroke, and avoid unnecessary hospital admissions, delivering savings to our health system and economy.

Proposal 3

Support the world-leading Living Evidence initiative.

Building on the success of the 'Living Evidence' Phase One pilot project, and enabling the 'living' approach for the Clinical Guidelines for Stroke Management to continue to be refined, and evolve, increasing the utility of these guidelines for clinicians.

Investment: \$600,000 over four years.

Result: Equipping Tasmanian stroke clinicians with accessible, up-to-date, evidence-based guidance for stroke management, driving quality improvement in treatment and care across the state.

Proposal 2

Deliver a Stroke Foundation F.A.S.T. Multimedia Education Campaign.

This campaign will support and strengthen the work of the current Tasmanian F.A.S.T. Community Education Program, and the Tasmanian Stroke Telemedicine Service, providing vital health messages about stroke.

Investment: \$500,000 over four years.

Result: More Tasmanians knowing the signs of stroke and the importance of calling triple zero (000) immediately, and accessing emergency stroke treatment.

Proposal 4

Deliver a dedicated Stroke Unit at three major Tasmanian public hospitals.

Ensuring all Tasmanians have access to the best in stroke treatment and care close to home.

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Introduction

Tasmanians know all too well the devastating impact that a stroke can have. As Tasmania has the highest per capita incidence of first stroke nationally¹, the time for investment in prevention and treatment of stroke in Tasmania has never been more important.

In 2020, more than 660 Tasmanians experienced a stroke for the first time.¹ Alarming, we know that four in 10 survivors of stroke will go on to experience another stroke within a decade.³ This is why it is crucial to act now and ensure that survivors get the best possible care after they leave hospital – improving their quality of life and health outcomes.

This Election Platform recognises that without action, it is estimated that the number of strokes in Australia will nearly double by 2050.¹ The policy recommendations set out are aimed toward increasing community awareness of stroke symptoms to improve fast access to treatment; supporting survivors to live well after stroke; and improving care and supporting health professionals through innovative, world-leading approaches.

The Stroke Foundation acknowledges that in recent years the Tasmanian Government have invested in critical initiatives to support stroke, including:

- › **StrokeConnect Tasmania**
- › **F.A.S.T. community education**
- › **StrokeLink Community of Practice**
- › **Stroke Outreach Program (StOP)**

These programs are making a real difference to the lives of the people who are touched by this work.

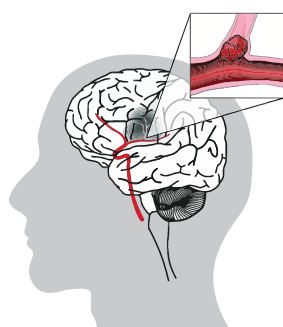
Now, as we work to future-proof our health system and turn the tide on stroke in Tasmania, we look forward to continuing to work with the next Government to ensure Tasmanians receive the best possible healthcare, where and when they need it most.

What is a stroke?

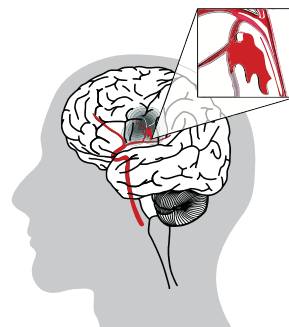
Stroke attacks the brain – our most vital organ. A stroke occurs when blood supply to the brain is cut off because of a clot blocking an artery (ischaemic stroke) or due to a burst artery (haemorrhagic stroke).

When blood supply to the brain is blocked brain cells begin to die at a rate of **up to 1.9 million each minute**.⁴

Every stroke is different depending on where in the brain it strikes and how severe it is. What is common is the devastation it can cause to the survivor, their carer and family.



Clot
(Ischaemic stroke)



Bleed
(Intracerebral haemorrhage)

Stroke attacks the brain, the human control centre, changing the lives of the individual and their loved ones forever.

Proposal 1

Implement a Stroke Foundation 'Living Well in our Community' Program in Tasmania.

Investment: \$755,000 over four years.

Impact: Tasmanian Government investment in the Stroke Foundation 'Living Well in our Community' Program will reduce the number of strokes in Tasmania, and the number of survivors of stroke going on to experience a subsequent stroke, benefiting our community, health system and the economy.

Tasmania has the highest per capita incidence of first stroke nationally¹, significantly impacting the community and health sector.

More than 660 Tasmanians experienced stroke for the first time in 2020.¹ Fifteen percent of people will have another stroke in the five years after their first stroke.³ At this time, a unique opportunity exists to support health behaviour change.

People are at higher risk after their first stroke, yet many don't 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. This is why the 'Living Well in our Community' Program will support Tasmanians to improve their health outcomes.

More than 80 percent of strokes can be prevented.⁵ The Clinical Guidelines for Stroke Management state stroke patients should be assessed and informed of their risk factors for recurrent stroke, and educated about strategies to reduce their risk. 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 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 gaps after experiencing a first stroke.

The 'Living Well in our Community' Program will improve post-discharge support, by delivering education and support for behaviour change, as well as better coordinated care, and will focus on Tasmanian survivors of stroke who have:

- › Experienced a mild stroke, with no referral for ongoing rehabilitation.
- › An identified need to change health behaviours to reduce their risk of future stroke.

The program will also focus on those with risk factors for stroke who have an identified need to change health behaviours to reduce their risk of a first stroke.

The program will target health behaviours including physical activity, healthy diet, safer consumption of alcohol and smoking cessation. This will be done through an evidence-based, person-centred, Health Action Process Approach (HAPA), that supports people to build motivation, set goals, plan, and implement and track health behaviour changes. A focus on mental health, and accessing treatment and support when needed, underpins the program.

Anita's story

Montrose resident Anita Kerrison was 50 when she suffered a stroke in early 2019.

Anita had just started a job as an Adventure Coordinator in an Early Childhood Service, which involved taking kids on camps to facilitate their learning in a fun and interactive way.

"I really loved the role, as I have always been an adventurous, active person, and I love the outdoors," Anita said.

Anita's stroke remained undiagnosed for 3 days, during which she lost all movement on the right-hand side of her body.

"My stroke was caused by high blood pressure, which is a key risk factor for stroke, but which I didn't realise I had," she said.

It took Anita eight months to get her high blood pressure under control.

Anita was shocked that she had suffered a stroke, and was very upset she couldn't work in the job she loved. She remembers saying to a friend "I feel broken, but I am

not going to let this beat me". She was determined to recover well and return to work.

With the amazing support of Rehab health professionals, and a great deal of determination, Anita was able to return to work as an Adventure Coordinator in June 2019, six months after her stroke. She still suffers from fatigue occasionally, but is determined to challenge herself and live life to the fullest doing what she loves.

Understanding the importance of a healthy lifestyle, and physical activity to her stroke recovery, in 2020, Anita signed up for Stride4Stroke, Stroke Foundation's annual physical activity campaign that raises funds for vital programs. She set herself a challenge to walk 5km a day throughout November.

"I have been given a second chance at life and I am not going to waste it."

"My stroke was caused by high blood pressure, which is a key risk factor for stroke, but which I didn't realise I had."

**Tasmanian survivor of stroke
Anita Kerrison**



Proposal 2

Deliver a Stroke Foundation F.A.S.T. Multimedia Education Campaign.

Investment: \$500,000 over four years.

Impact: Tasmanian Government investment in a Stroke Foundation F.A.S.T. (Face, Arms, Speech, and Time) Multimedia Education Campaign will ensure more Tasmanians understand how to recognise a stroke when it occurs, and how vital it is to call an ambulance.

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. Only 36 percent of Tasmanians with stroke are arriving at hospital within the 4.5-hour window for clot-dissolving treatment.²



A recent Stroke Foundation study of awareness of the signs of stroke found that when unprompted, 13% of Tasmanians recalled two or more signs of stroke. There is more work to be done to raise awareness.⁶

A Tasmanian Government investment in a Stroke Foundation F.A.S.T. Multimedia Education Campaign 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.

It is proposed that this F.A.S.T. Multimedia Education Campaign will include television, radio and social media advertisements, as well as F.A.S.T. messaging on public transport.

Internationally, a dramatic reduction (as much as 80 percent in some countries) has been observed in the number of acute stroke admissions during the current COVID-19 pandemic, compared to the same period in 2019.⁷ In Australia, there have been significant reductions in stroke presentations during 2020.⁸ 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.

A Tasmanian F.A.S.T. Multimedia Education Campaign will build on the important work already being undertaken in the state as part of the F.A.S.T. Community Education Program, and 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.

Jake's story

Kingston resident Jake Vincent was just 22 when he suffered a stroke in March 2020.

"It had been a great night. I'd been to a concert and then hung out with my mates in town afterwards. It was late so I decided to call it a night and head back to my girlfriend Sidney's house with her," said Jake.

As Jake was getting ready for bed, he experienced a sudden, throbbing headache. Thinking little of it, he got up to get some paracetamol from the other side of the room, and fell over. Jake picked himself up, thinking he'd had a little too much to drink, but fell over again, this time onto the bed.

Sidney woke, and saw that Jake had a facial droop, was unable to move the left-side of his body and was slurring his words. She remembered the F.A.S.T. signs of stroke that her Grandma Dot had taught her as a child, and called an ambulance immediately.

The paramedics arrived within 10 minutes. Jake was seen immediately upon arrival at hospital, where a brain scan confirmed he had suffered a stroke and he was given a blood clot busting drug.

Jake spent two days in hospital, including one day in the Intensive Care Unit, before being discharged.

"Jake still has issues with fatigue and anxiety, but we know the outcome could have been far worse if we delayed seeking medical treatment," said Sidney.

Jake is now back at work full-time, and delivers StrokeSafe talks to community groups in Tasmania, educating others about stroke and how to prevent it.

"Stroke doesn't discriminate. I was young and had no risk factors. I'm grateful beyond words to Sidney, and I urge everyone to know the F.A.S.T. (Face, Arms, Speech, Time) signs of stroke, as the knowledge could save someone's life one day."

"Stroke doesn't discriminate. I was young and had no risk factors..."

**Tasmanian survivor of stroke
Jake with girlfriend Sidney**



Proposal 3

Support the world-leading Living Evidence initiative.

Investment: \$600,000 over four years.

Impact: 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.

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 has developed and piloted (Phase One) with Cochrane Australia, as part of the Living Guidelines for Stroke Management, have 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 commencing in 2021/22.**

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's needed.

The Consortium is seeking \$22.5 million in contributions from Commonwealth, State and Territory Governments, and philanthropic organisations, with proposed contributions of: **\$8 million from the Commonwealth; \$10 million from jurisdictions; \$4.5 million from 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.

Proposal 4

Deliver a dedicated Stroke Unit at three major Tasmanian public hospitals.

Impact: 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.⁹ 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.^{10, 11}

In Tasmania, only 58 percent of stroke patients are treated in a stroke unit, compared with 67 percent nationally.²

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.

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About the Stroke Foundation

The Stroke Foundation is a national charity that partners with the community to prevent, treat and beat stroke. We stand alongside stroke survivors and their families, healthcare professionals and researchers. We build community awareness and foster new thinking. We support survivors on their journey to live the best possible life after stroke.



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