

A better plan for stroke for all Australians

Pre-Budget Submission
2023–24



About Stroke Foundation

The Stroke Foundation is a national charity that partners with the community to prevent, treat and beat stroke. We stand alongside survivors of stroke and their families, healthcare professionals and researchers. We build community awareness and foster new thinking and innovative treatments. We support survivors on their journey to live the best possible life after stroke. We are the trusted voice of stroke in Australia, and we work to:

- Raise awareness of the risk factors and signs of stroke, and promote healthy lifestyles.
- Improve treatment for stroke to save lives and reduce disability.
- Improve life after stroke for survivors.
- Encourage and facilitate stroke research.
- Advocate for initiatives to prevent, treat and beat stroke.
- Raise funds from the community, corporate sector and government to continue our mission.

Our work aligns with three key pillars, Prevention, Treatment and Recovery, as outlined in our strategic plan, [Stroke Strategy 2024](#).

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Introduction

In 2020, 27,428 Australians experienced stroke for the first time, and there were more than 445,000 survivors of stroke living in our community - many with an ongoing disability.¹ Unless action is taken, it is estimated by 2050, Australians will experience an additional 23,154 new strokes annually, and there will be an additional 374,849 survivors of stroke living in the community.¹

One of the key modifiable risk factors for stroke is high blood pressure. Importantly, 4,728,100 Australians are living with high blood pressure¹, and many don't know it. In addition, 2,790,800 Australians are daily smokers, 2,472,000 have high cholesterol, 3,127,900 are physically inactive, and 13,775,000 are overweight or obese¹ – putting them at an increased risk of stroke.

Stroke Foundation is proud to be partnering with the Australian Government to deliver the F.A.S.T. Community Education Program and Multimedia Campaign for regional and culturally and linguistically diverse (CALD) communities, as well as the Living Well After Stroke Program. This submission outlines a number of proposals that provide further opportunities for Stroke Foundation to work with the Australian Government to strengthen stroke prevention, treatment and recovery, so more Australians are able to avoid, survive, and recover from stroke.

Summary of key budget proposals

Proposal	Investment	Page
Pillar 1 Prevention: Fewer preventable strokes in Australia		
<i>Continue and expand the F.A.S.T. (Face, Arms, Speech, Time) Community Education Program and Multimedia Campaign for regional and culturally and linguistically diverse (CALD) communities.</i>	\$250,000 p.a. (over four years)	7
<i>F.A.S.T. National Advertising Campaign.</i> Ensure more Australians know how to reduce their stroke risk, and recognise the signs of stroke.	\$5 million (over 12 months)	10
Pillar 2 Treatment: Ensure all Australians have access to evidence-based stroke treatment		
<i>Tailored Health Professional Education Program.</i> Deliver tailored, web-based educational resources for Australian health professionals, which address their specific needs and identified practice gaps.	\$350,000 p.a. (over four years)	15
Pillar 3 Recovery: Enhance recovery to help Australians live well after stroke		
<i>StrokeConnect Navigator Program.</i> Facilitate improved continuity of care, and ensure Australian survivors of stroke are connected to the services, supports, and information they need to achieve their best possible recovery and avoid hospital readmission.	\$1.65 million p.a. (over four years)	19

Fewer preventable strokes in Australia

Eighty percent of strokes can be prevented², and stroke prevention remains the most effective means of reducing the burden of stroke in Australia.

Importantly, we know that many preventive health interventions are cost-effective, and for every dollar invested in prevention there is a \$14 return.³

Stroke Foundation is committed to reducing the number of preventable strokes in our community, by empowering more Australians to recognise the risk factors for stroke that can be changed, and in doing so increase their chances of preventing stroke. **Specifically, our goal is to ensure that by 2024, 65 percent of adult Australians will know the stroke risks they can change.**

Stroke Foundation delivers campaigns and programs to raise awareness of important modifiable risk factors for stroke such as high blood pressure. Stroke Foundation's annual 'Australia's Biggest Blood Pressure Check (ABBPC)' campaign raises public awareness of the link between high blood pressure and stroke, and empowers Australians to know their stroke risk and understand how to manage it by getting a free health check at a pharmacy or their general practice. Since the beginning of ABBPC in 2014, over one million Australians have received a free health check.

Stroke Foundation is proud to be partnering with the Australian Government to deliver the F.A.S.T. (Face, Arms, Speech, Time) Community Education Program and Multimedia Campaign for regional and culturally and linguistically diverse (CALD) communities. Millions of Australians have received life-saving messages about stroke, how to reduce stroke risk, and how to recognise the signs of stroke (using the F.A.S.T. test), as a result of this program.

Stroke Foundation is also proud to be partnering with the Australian Government to deliver *Living Well After Stroke*, a behaviour modification program aimed at secondary stroke prevention, which is currently being piloted in Queensland.

We are calling on the Australian Government to continue and expand its investment in the F.A.S.T. Community Education Program and Multimedia Campaign for regional and CALD communities, as well as invest in a F.A.S.T. National Advertising Campaign, to reduce the number of preventable strokes in our community, and ensure more Australians know the F.A.S.T. signs of stroke.

These initiatives will deliver on key objectives and actions of the Australian Government's *National Strategic Action Plan for Heart Disease and Stroke*, including:

- **Objective 1.2 Address risk factors for heart disease and stroke to encourage all Australians to live healthier lives.**
 - ◆ **Action 1.2.1 Build on and strengthen existing work to reduce tobacco use and exposure to tobacco smoke in the community.**
 - ◆ **Action 1.2.2 Ensure Australians are supported to be physically active.**

- ◆ **Action 1.2.3 Promote healthy eating patterns to address heart disease and stroke risk factors.**
- **Objective 1.3 Increase awareness and understanding of heart disease and stroke within the Australian community.**
- ◆ **Action 1.3.1 Implement nation-wide, targeted education and awareness campaigns, including in priority populations.**

Continue and expand the F.A.S.T. (Face, Arms, Speech, Time) Community Education Program and Multimedia Campaign for regional and culturally and linguistically diverse (CALD) communities.

Investment: \$250,000 per annum over four years.



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 Australians understand that if they or someone they know experience the signs of stroke, including facial drooping, arm weakness, or speech changes, they must call triple zero (000) immediately.

Stroke Foundation is proud to be partnering with the Australian Government to deliver the F.A.S.T. Community Education Program and Multimedia Campaign for regional and CALD communities, two priority populations with an increased risk of stroke. We know that regional Australians are 17 percent more likely to suffer a stroke than those in metropolitan areas¹, while those in CALD communities often experience a higher burden of chronic disease, including stroke, due to barriers which impact their ability to access health services and the information they need to make informed decisions about their health.

The target audience for this program is people aged 40 and over, living in 10 regional federal electorates (Mallee, Barker, Braddon, Lyne, Hinkler, Flinders, Page, Wide Bay, Capricornia and Forrest), and CALD communities speaking eight languages (Greek, Arabic, Cantonese, Hindi, Italian, Mandarin, Vietnamese and Korean), which have been selected because of their higher prevalence of stroke.

The F.A.S.T. Community Education Program 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 presentations. 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 presentations, volunteers set up displays and activities at community events, and distribute F.A.S.T. resources, which facilitates improved awareness about the signs of stroke and dispatches of ambulances.

The multimedia campaign has included F.A.S.T. ads in English and the eight CALD languages, which have been run across print, social and digital media, and radio, F.A.S.T. digital display banners, as well as a partnership with TVSN showcasing a F.A.S.T. television commercial.

A major part of this program has been the translation into eight CALD languages of F.A.S.T. resources, 'All about stroke' factsheets, StrokeSafe speaker presentation slides and speaking notes, and creative assets across print, social and digital media, and radio.

Key achievements in 2022

- 58 StrokeSafe community education sessions were delivered across 10 regional federal electorates.
- 46 StrokeSafe community education sessions were delivered across eight CALD communities.
- A F.A.S.T. CALD advertising campaign ran from March to May, to raise awareness of the signs of stroke in Mandarin, Vietnamese, Cantonese, and Arabic speaking communities. The campaign ran on print (Australian Chinese Daily), radio (SBS Vietnamese, Arabic, and Mandarin, 2moror Arabic, and 2AC Mandarin) and digital (IQIYI, WeChat, and Facebook) platforms, and successfully reached the target audiences with in-language materials both online and offline.
- Translated F.A.S.T. magnets, bookmarks, wallet cards and A4 posters in eight CALD languages were made available on Stroke Foundation's online store.
- A F.A.S.T. regional federal electorate radio advertising campaign ran during September and October. The campaign delivered more than 1.2 million impressions, reaching 264,578 people at a frequency of x4.57 (majority aged 45-54).
- In collaboration with the Combined Pensioners and Superannuants Association (CPSA), Chinese, Arabic and Vietnamese translated versions of the StrokeSafe presentation were used in talks as part of their Health Promotion Service for Older People (HPSOP) Program.

The F.A.S.T. Community Education Program and Multimedia Campaign for regional and CALD communities is delivering results, with demonstrated improvements in public awareness of the signs of stroke; however, more must be done to increase the number of Australians who are able to receive life-saving stroke treatment sooner.

Importantly, only 37 percent of Australian stroke patients arrive at hospital within the 4.5 hour window for clot-dissolving treatment (thrombolysis).⁴

The results of the 2022 Stroke Foundation F.A.S.T. Signs and Stroke Awareness Survey reported on the unprompted awareness of the F.A.S.T. signs of stroke in the Australian community⁵:

- 38 percent knew none of the common signs of stroke.
- 40 percent knew facial drooping was a sign.
- 10 percent knew an inability to lift both arms was a sign. This is despite the fact that difficulty moving arms was the most common impairment for stroke patients on admission to hospital.⁴
- 51 percent knew speech difficulties were a sign.

The F.A.S.T. Community Education Program and Multimedia Campaign for regional and CALD communities has been funded by a one-off, four-year grant, that will end in December 2023, and in order to build on what has already been achieved, Stroke Foundation is calling on the Australian Government to continue and expand its investment in this important work. This will enable more volunteer StrokeSafe speakers from these communities to be recruited and trained, and the multimedia campaign to be expanded, increasing awareness of what stroke is, how to reduce stroke risk, how to recognise the F.A.S.T. signs of stroke, and the importance of calling triple zero (000) immediately.

F.A.S.T. (Face, Arms, Speech, Time) National Advertising Campaign.

Investment: \$5 million over 12 months.

Stroke Foundation is calling on the Australian Government to invest in a nationwide advertising campaign to lift national awareness of the signs of stroke.

The Campaign

This investment will deliver a **national TV advertising campaign**, which will be crucial for driving awareness and long-term recall of the F.A.S.T. message in the target audience. This will provide nationwide coverage over 12 months in all capital cities, with content showing during peak viewing times.

We know that the use of other channels, in combination with TV, can help to reinforce and strengthen understanding of key messages. As such, the TV advertising campaign will be supported by our existing channels, through an **online community education campaign** that will run concurrently, and **F.A.S.T. advertisements and other digital marketing resources across radio, and social media channels**, including Facebook and Instagram.

A formal campaign evaluation plan will be developed. The key outcome measure will be awareness of the F.A.S.T. signs of stroke (unprompted and prompted), as measured in Stroke Foundation's annual F.A.S.T. Signs and Stroke Awareness Survey. Other specific outcome measures will be determined prior to the commencement of the campaign.

Proven success

F.A.S.T. advertising campaigns are proven to increase awareness of the signs of stroke, and calls to emergency services, nationally⁶ and internationally.^{7,8}

At the end of Stroke Foundation's last F.A.S.T. national advertising campaign in 2013–14, which was funded by the Australian Government (\$2 million), it was found that among the target audience⁶:

- there was an increase in the awareness of the signs of stroke, from 35 percent to 39 percent, which equated to almost one million people, and was reflected as an immediate 0.5 percent increase in calls to ambulance services for stroke emergencies
- 87 percent of people could recognise one or more signs of stroke
- the number of people who said they would call an ambulance if a stroke was suspected increased from 70 percent to 76 percent.

In New South Wales, where the State Government has been funding F.A.S.T. Community Education in regional areas, to support the roll out of the Statewide Telestroke Service, a regional F.A.S.T. TV advertising campaign was launched in August 2021. The campaign, which was broadcast on WIN (Nine regional) in 16 regional communities, saw an over-

delivery on Target Audience Rating Points (proportion of the target audience exposed to the campaign) across all markets. Importantly, the results of the 2022 Stroke Foundation F.A.S.T. Signs and Stroke Awareness Survey reported that the unprompted awareness of the F.A.S.T. signs of stroke in regional areas of New South Wales was higher than in metropolitan areas.⁵ For example, unprompted, 72 percent of residents in regional New South Wales could recognise at least one of the signs of stroke, compared with 53 percent of residents in metropolitan areas.⁵

F.A.S.T. advertising campaigns support well established scientific findings that significant and continuous exposure to public health messages over several years leads to gradual improvement in population awareness and knowledge.

Australian Government investment in a F.A.S.T. National Advertising Campaign will increase the number of Australians who understand how to recognise a stroke when it occurs, and how vital it is to call an ambulance immediately. This campaign will support and strengthen the work of Stroke Foundation's F.A.S.T. Community Education Program, which is being delivered nationally and at a state and territory level, and will ensure life-saving information on the signs of stroke reaches a broader audience, using a national platform and a single message.

Jake's Story

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.

"Stroke doesn't discriminate. It doesn't matter what age you are. 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."



**Survivor of stroke
Jake Vincent and his girlfriend
Sidney.**

Ensure all Australians have access to evidence-based stroke treatment

Stroke is a medical emergency, requiring urgent medical attention; however, with the right treatment at the right time, many people can recover from stroke. 'Time is brain' stroke treatments, including thrombolysis (clot-dissolving treatment) and endovascular thrombectomy (blood clot removal treatment), are saving lives and reducing disability in survivors of stroke.

Modelling commissioned by Stroke Foundation, and undertaken by Deloitte Access Economics, has shown that if the endovascular thrombectomy rate in the Australian population was increased from its current rate of 3 percent to a target rate of 10 percent, the potential savings from meeting this benchmark in 2020 were estimated to be \$455 million over five years (in net present value terms).⁹

An increase in the endovascular thrombectomy rate would mean more patients who might otherwise require a lifetime of disability support being able to live independently, return to work, and resume social and community participation. These benefits and the accompanying cost savings would accrue to individual survivors of stroke and their families and carers, as well as federal and state and territory governments, employers, and society more broadly.⁹

Endovascular thrombectomy is a highly effective treatment with evidence of benefit in selected patients with large vessel occlusion¹⁰, but it requires highly specialised teams, and is restricted to comprehensive stroke centres. In Australia, this treatment is provided to approximately 8 percent of all reported ischaemic stroke patients.⁴ Currently, 11 percent of all reported ischaemic stroke patients in Australia receive thrombolysis⁴; however, more needs to be done to increase timely access to this treatment, which remains suboptimal.

Building on time-critical treatment, access to stroke unit care, characterised by provision of care in one location by a multidisciplinary team including medical, nursing and allied health professionals with expertise in stroke, is proven to make the biggest difference to patient outcomes following stroke, both in hospital and after.^{11, 12} In Australia, 73 percent of stroke patients are able to access stroke unit care⁴; however, this should be improved to over 80 percent.

Improving the quality of stroke treatment and care provided in Australian hospitals is critical to reducing the burden of stroke on survivors, their families and carers, and our community and health system. Stroke Foundation is committed to supporting hospitals and health professionals across Australia to strengthen their capabilities in the delivery of best-practice, evidence-based stroke treatment and care.

Australian stroke clinicians benefit from a variety of Stroke Foundation resources and initiatives which are designed to support them to improve the quality of stroke treatment and care, and are provided thanks largely to the generous support of Stroke Foundation donors and partners. These include:

- The *National Stroke Audit*, which commenced in 2007, and provides longitudinal data on the clinical performance of Australian hospitals. Data is provided in an accessible format to help hospitals identify where improvements are required, lobby for change and celebrate success.

- *Clinical Guidelines for Stroke Management*, which provide recommendations for best-practice stroke treatment and care, based on the latest research. Technology and processes developed and piloted during a Federal Government funded research project (Phase One) have enabled the Guidelines to evolve into a 'living' model, where individual recommendations are updated as soon as new relevant evidence becomes available.
- *InformMe*, Stroke Foundation's dedicated website for health professionals working in stroke treatment and care, which in addition to housing the Clinical Guidelines for Stroke Management and National Stroke Audit data, includes over 50 e-Learning professional development modules covering a wide variety of topics.
- The *National Webinar Series*, which provides web-based education on a range of topics for health professionals working in stroke treatment and care across Australia, including in regional and remote areas. Over 90 percent of clinicians who participated in the webinars reported feeling more confident in identifying their current practice gaps after the sessions.

Stroke Foundation has also developed *StrokeLink*, a stroke quality improvement program focused on closing the gap between guidelines and practice. This program has been supporting hospitals across Queensland since 2007, with funding from the Queensland Government, and has contributed to substantial improvements in the delivery of best-practice stroke treatment and care.^{13, 14}

Stroke Foundation is part of the Australian Living Evidence Consortium (The 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. The Consortium has developed a business case to deliver Phase Two of the Living Evidence initiative, and continue to evolve the 'living' approach for the Clinical Guidelines for Stroke Management. The Consortium is seeking a \$10 million investment from the Australian Government to undertake this work, in addition to contributions from state and territory governments, and philanthropic organisations.

Evidence-based clinical guidelines are critical to the delivery of safe, effective, high-quality, and consistent healthcare.

We are calling on the Australian Government to invest in a Tailored Health Professional Education Program, which will support Australian stroke clinicians in the translation of clinical guidelines, and ensure they have the knowledge and tools they need to drive quality improvement in treatment and care.

The Tailored Health Professional Education Program will deliver on a key objective and action of the Australian Government's *National Strategic Action Plan for Heart Disease and Stroke*:

- **Objective 4.2 Develop a platform to rapidly translate research evidence into clinical practice and policy.**
 - ◆ **Action 4.2.2 Develop a nationally consistent approach to support health professionals in the translation of clinical guidelines.**

Tailored Health Professional Education Program for Australian stroke clinicians.

Investment: \$350,000 per annum over four years.

Australian Government investment is needed in initiatives that improve access to best-practice stroke treatment and care across the country, and contribute to the delivery of value-based healthcare, by facilitating clinical engagement, and providing health professionals with up-to-date and clinically relevant information and education.

We understand that Australian health professionals involved in the delivery of stroke treatment and care receive stroke-specific professional education through a number of channels. This includes informal channels such as colleagues at their hospital, as well as formal channels such as InformMe e-Learning modules, hospital-level training programs, and annual forums or workshops delivered at national conferences, or by local health districts or networks, state stroke networks or communities of practice. Importantly however, there is little data on the number and type of stroke-specific professional education activities individual health professionals access and complete.

Stroke Foundation has a number of education resources which have been developed with subject matter experts. We are also in the process of developing a suite of new generation education resources that cater to the needs of today's busy stroke care teams, which will facilitate on-demand:

- tailored, individualised, learning paths
- training packages accredited by Stroke Foundation
- monitoring of staff training progress
- mobile-friendly learning modules.

The content will be customisable and intuitive, enabling adaptation to health professionals' changing needs for on-the-job expertise that seamlessly translates in real time to improved stroke patient care outcomes. This solution supports the growing shift in the health sector towards a greater emphasis on patient-centred care, and will pave the way for real-time translation of health professional education into practice.

Importantly, the program will also support country clinicians around Australia, increasing their confidence and improving their decision-making when dealing with complex neurological conditions such as stroke.

Key deliverables

The tailored educational resources developed for, and delivered through this program could include, but not be limited to:

- Online learning modules on InformMe.
- Webinars.

- Podcasts.
- Videos.

The number and type of educational resources delivered, and the specific clinical areas covered in these resources, will vary from hospital to hospital, depending on a number of factors including individual site circumstances and needs, and identified gaps in treatment and care at these sites.

Evaluation

A formal evaluation plan will be developed, and the program will be monitored throughout for continuous improvement. Specific outcome measures will be determined at the commencement of the program, and could include, but not be limited to:

- The number of health professionals who engage in, and successfully complete, tailored educational activities.
- Quantitative and qualitative participant feedback on the quality and utility of tailored educational activities, including:
 - ◆ whether the information provided was relevant to their hospital
 - ◆ changes in their confidence in identifying current practice gaps
 - ◆ changes in their knowledge of, and confidence in managing, specific aspects of stroke treatment and care.
- Quantitative and qualitative feedback from country clinicians regarding changes in their confidence and decision-making ability when dealing with complex neurological conditions such as stroke.

Australian Government investment in the Tailored Health Professional Education Program will help close the gap between guidelines and practice, and empower Australian health professionals to deliver evidence-based, best-practice stroke treatment and care across the country.

Enhance recovery to help Australians live well after stroke

The impact of stroke is far reaching, and well beyond discharge from hospital a significant proportion of survivors of stroke have yet to make a full recovery. Many survivors speak of falling into a 'black hole' once they are discharged from hospital. The often profound and prolonged brain injury resulting from stroke can severely impact a survivor's ability to navigate an often-complex health and welfare system. This can add time and frustration to their recovery, and lead to poorer health outcomes, and hospital readmissions.

Continuity of care is an issue for survivors of stroke once discharged from hospital, and one of the major challenges to improving continuity of care is inconsistent discharge planning from the hospital system.

Importantly, 24 percent of Australian survivors of stroke are discharged from hospital without a discharge care plan.⁴ As a result, they and their families and carers often do not receive critical information on secondary prevention, rehabilitation, and relevant supports and services which exist in the community.

Stroke Foundation is committed to reaching out to those impacted by stroke to ensure more Australians can connect with and access trustworthy information, resources, and post-stroke support. **Specifically, our goal is to ensure that by 2024, 85 percent of Australians will be connected to Stroke Foundation and enabled to navigate the ongoing support they need to live well after stroke.**

Thousands of Australians benefit from Stroke Foundation's suite of resources and services which are designed to support survivors of stroke, their families and carers following discharge from hospital, and are provided thanks to the generous support of Stroke Foundation donors and partners. These include:

- *EnableMe*, Stroke Foundation's recovery website with over 11,000 registered users. This online resource, co-designed with survivors of stroke and carers, provides videos, podcasts and fact sheets on a wide range of topics impacting daily life after stroke, a community forum to ask questions and share experiences, a tool to set and track personal goals for recovery, and an online helpdesk to ask questions of Stroke Foundation health professionals.
- *My Stroke Journey*, a resource delivered by our hospital partners in the first few days after a person's stroke, which is used throughout their admission in education and care planning. This free resource also supports the transition from hospital to the community, and includes information on preparing for discharge and available supports and services. In 2021, 147 hospitals delivered this resource to more than 23,000 Australians. *My Stroke Journey* is now a suite of resources, with versions available in both standard and easy English, and for Aboriginal and Torres Strait Islander peoples, and parents and carers of children who have had a stroke.
- *StrokeLine*, a service that provides free expert information, advice, support and referral on stroke prevention, treatment and recovery to the general public and to survivors of stroke, their families, and carers. *StrokeLine* delivers services via telephone, email, social media and *EnableMe*, and aims to equip people to take

action as required; however, if the individual contacting the service is vulnerable or at risk, *StrokeLine*'s health professionals coordinate their care and follow-up as needed.

Stroke Foundation is expanding its inbound *StrokeLine* service, building on existing capabilities to deliver a digitally enabled and enhanced, equitable, and accessible StrokeConnect Navigator Program with outreach capabilities. Australian Government investment in this program will mean more Australian survivors of stroke, their families, and carers will be able to access the information, advice, support, referral, and care coordination they need to achieve their best possible recovery.

The StrokeConnect Navigator Program will deliver on key objectives and actions of the Australian Government's *National Strategic Action Plan for Heart Disease and Stroke*, including:

- **Objective 3.2 Improve the patient and carer journey from hospital to community, through multidisciplinary, coordinated care.**
 - ◆ **Action 3.2.1 Improve transition of care from hospital to the community.**
 - ◆ **Action 3.2.2 Improve post-discharge support services for people with heart disease and stroke, and their carers.**
- **Objective 3.3 Support Australians with heart disease and stroke to make the best recovery possible, to be well, to actively engage with the community and to optimally return to education, work, or retirement.**
 - ◆ **Action 3.3.1 Ensure access to tailored health information for all Australians.**
 - ◆ **Action 3.3.2 Provide peer and emotional support mechanisms for people living with heart disease and stroke, and their carers.**

StrokeConnect Navigator Program.

Investment: \$1.65 million per annum over four years.

Background

Navigating the complex health system after leaving hospital is often one of the greatest barriers to success that Australian survivors of stroke face in their recovery journey.

We know that 24 percent of Australian survivors of stroke leave hospital without a discharge care plan, and 22 percent leave hospital without education on how to avoid another stroke through behaviour change for modifiable risk factors.⁴

This leaves many Australians unable to achieve their best possible recovery, manage their health, and live well after stroke.

Stroke Foundation delivers a variety of products and services for survivors of stroke, their families and carers, including the *My Stroke Journey* suite of resources, *EnableMe*, and *StrokeLine* service; however, based on our own existing services' data, we know there is unfulfilled demand for services from survivors of stroke who cannot easily navigate the health system after leaving hospital. For example, since January 2022, only 623 survivors of stroke have received an outreach service (outbound), and 2,457 self-referred to the *StrokeLine* (inbound) service. This is only a small percentage of the nearly 450,000 Australians living with stroke, and the more than 27,000 having a stroke for the first time this year, suggesting that a significant number of survivors are not accessing the support services available that could assist in their recovery after stroke.

This highlights a clear need for Australian Government investment in a program that reaches out to all Australians impacted by stroke, and their families and carers, after their return home from hospital, and ensures survivors of stroke have a smooth transition from hospital into the community. This program should facilitate improved continuity of care, and ensure survivors are connected to the appropriate services and supports, and have the information they need to achieve their best possible recovery and avoid hospital readmission due to complications or recurrent stroke. This is particularly important for vulnerable survivors, and those with poor outcomes following their stroke.

The Program

Australian Government investment will enable us to extend our flagship *StrokeLine* inbound information and support service, and implement our new outbound, continuity of care service, under the StrokeConnect Navigator Program. This will include technological upgrades, increased digital health capabilities, and additional health professional 'Stroke Navigators', who will:

- Ensure the inbound service manages all enquiries in a timely and appropriate way, increasing the capacity of hospital teams as they prepare survivors for discharge.
- Deliver an equitable, proactive outreach service to provide continuity of care and connection.

The development of this program has been informed by learnings gained from evaluations of current state-based outreach services delivered by Stroke Foundation in Tasmania and the Australian Capital Territory. The program will facilitate care coordination, including referrals to other service providers and outpatient appointments, as well as improved survivor knowledge, self-efficacy, health literacy and social connection. The StrokeConnect Navigator Program will also be focused on reducing the burden on family members and carers of survivors of stroke and improving their quality of life and wellbeing.

Stroke Foundation has allocated internal funding to enable a limited roll-out of this program, but is seeking support from the Australian Government to enable it to be scaled-up, and therefore reach more of the estimated 30,000 stroke patients admitted to Australian hospitals each year, as well as their families and carers.

Referrals

Currently, Stroke Foundation's state-based outreach programs in Tasmania and the Australian Capital Territory rely on referrals from hospital-based stroke nurses. Stroke Foundation *StrokeLink* Hospital Engagement Coordinators have strong, long-standing relationships with hospitals and stroke units across the country; however, the current approach relies on hospital teams providing the right information to every survivor of stroke, and puts the responsibility on survivors, their family members and carers, to make contact with the programs.

The goal of Stroke Foundation's StrokeConnect Navigator Program will be to ensure every Australian survivor of stroke is contacted following their discharge from hospital, and provided with the appropriate level of information and support. Therefore, in order to make certain no survivor falls through the cracks, we propose to work with state and territory health departments to ensure that the appropriate notification systems are in place, and Stroke Foundation is automatically notified each time a survivor of stroke is discharged from hospital. Survivors will be able to opt out of referral to the program if they so choose. In addition, Stroke Foundation will continue to promote the *StrokeLine* inbound service through Australian hospitals and stroke units, community partners, and social media.

Staffing and delivery

Patients with chronic and complex conditions such as stroke are likely to require treatment and care from several different health professionals. The skills and knowledge of multidisciplinary health professional teams are critical in helping survivors of stroke manage their condition and maximise their level of functioning. Therefore, the 'Stroke Navigators' who will be responsible for delivering the program day-to-day will be a mix of nurses and allied health professionals such as occupational therapists, social workers, physiotherapists, and speech pathologists. As we have learned through the many years of delivering the *StrokeLine* service, it is critical for all 'Stroke Navigators' to understand stroke and the stroke support service network, in order to be able to connect survivors with the supports they need.

Australian Government funding is critical to enabling Stroke Foundation to recruit, train, and retain health professionals to deliver the program who have the appropriate knowledge and experience in stroke, in what is an extremely competitive employment market.

The StrokeConnect Navigator Program will offer a personalised, two-tier service, depending on the participant's level of need:

- For those at low risk of hospital readmission and poor physical, social, and mental health outcomes, there will be two 'lighter touch' options:
 - ◆ A tailored, self-directed digital solution.
 - ◆ A peer support solution, where survivors of stroke are matched 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.
- For those at medium to high risk of hospital readmission and poor physical, social, and mental health outcomes, there will be an intensive, health professional-led solution.

While some participants may only require one consultation with the program, others may require one or more follow-up consultations, depending on the complexity of their needs.

Evaluation

A formal evaluation plan will be developed, and the program will be monitored throughout for continuous improvement. Specific outcomes to be measured will be determined at the commencement of the program, and could include, but not be limited to:

- Number of outbound client referrals made and actioned.
- Number of inbound client contacts made and actioned.
- Client satisfaction with the service.
- Number and type of supports provided by the service (e.g. referrals to other service providers, or provision of information on secondary stroke prevention).
- Knowledge, self-efficacy, and health literacy, of survivors of stroke using the service.
- Health-related quality of life, emotional wellbeing, levels of distress, and rates of anxiety and depression, of survivors of stroke using the service.
- Social connection and return to work, of survivors of stroke using the service.
- Quality of life, physical and emotional wellbeing, and involvement in recovery and rehabilitation, for family members or carers using the service.
- Rates of secondary stroke and hospital readmission, in survivors of stroke using the service.

Australian Government investment in the StrokeConnect Navigator Program will ensure more Australians, regardless of where they live, are supported to manage their stroke recovery, live well, return to work (where possible), and resume social and community participation. This will have benefits for survivors of stroke, their families and carers, and our community, as well as our nation's health system and economy.

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How to get more involved

-  **Give time** – become a volunteer.
-  **Raise funds** – donate or hold a fundraising event.
-  **Speak up** – join our advocacy team.
-  **Leave a lasting legacy** – include a gift in your Will.
-  **Know your numbers** – check your health regularly.
-  **Stay informed** – keep up-to-date and share our message.