Advocating for initiatives to prevent, treat and beat stroke at a national level

Harnessing civil society organizations to drive improvements in stroke treatment, research and policy advancement

Dr Lisa Murphy
CEO | Stroke Foundation Australia
I would like to acknowledge the Traditional Owners and Custodians of Country throughout Australia and acknowledge their continuing connection to land, water, sky and community. And pay my respect to the peoples, cultures, and Elders past and present for they hold the memories, culture and hope of their peoples.

I would like to acknowledge that I am joining you from the lands of the Wurundjeri people of the Kulin Nation.
Advocacy is a journey...

Every country is different: Australia

Data is power: National Stroke Audit

From little things big things grow: Living Stroke Guidelines

Pack some supplies we are in for a long trip: Telestroke

Bring government along on the ride: Stroke Unit Certification

It’s better together: National Targets and National Hypertension Taskforce

You won’t get anywhere without lived experts!
Every country is different!
It’s big….

…population density on the Eastern seaboard….

..divided into states and territories with health funding delivered at a state and territory level….

Data is power!
National Stroke Audit | background
Overall improvements found in the quality of acute care provided over last 10 years

Continued monitoring is important to identify gaps in practice and equity of access issues

Proactive, data-driven and theory-informed efforts to reduce the gaps are ongoing
76% (87/115) use telehealth services for acute assessment/treatment (31 provide service to other hospitals)

<table>
<thead>
<tr>
<th></th>
<th>Formal telestroke service 25 hospitals N=860 cases</th>
<th>No formal telestroke service 13 hospitals N=412 cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thrombolysis (IS)</td>
<td>76/723 (11%)</td>
<td>23/294 (8%)</td>
</tr>
<tr>
<td>Thrombolysis within 60 mins of hospital arrival</td>
<td>19/76 (25%)</td>
<td>2/23 (9%)</td>
</tr>
<tr>
<td>Median door to needle time (hours:minutes) (median, Q1, Q3)</td>
<td>1:14 (1, 1:45)</td>
<td>1:47 (1:27, 2:17)</td>
</tr>
<tr>
<td>Median time from onset to thrombolysis (hours:minutes) (median, Q1, Q3)</td>
<td>2:48 (2:13, 3:32)</td>
<td>3:47 (2:32, 4:41)</td>
</tr>
</tbody>
</table>
From little things big things grow!
An estimated 321 Australian lives were saved or life limiting disability avoided following severe stroke in 2020 due to practice change from updated national guidance.
Australian Living Evidence Consortium

Living Evidence: Accelerating research to point-of-care

livingevidence.org.au
COVID-19

Learning from the stroke experience, Australian COVID-19 guidelines launched using living evidence, often updating weekly.

Around 20,000 COVID-19 papers have been screened and 300 selected for incorporation.

Median time to incorporation with living evidence 20 days

Source: Kelvin Hill, Heidi Li, Simon Turner, Jordi Elliott, Andrew Duan

Elliot J et al 2021, Nature
Pack some supplies, we are in for a long trip
Australian Stroke Telehealth Network | 2010
Australian Stroke Telehealth Network | 2018
Australian Stroke Telehealth Network | 2020
Australian Stroke Telehealth Network | 2022
Australian Stroke Telehealth Network | 2023
Bring government along for the ride!
Given the substantial evidence that organised inpatient stroke units benefit stroke patients, we need to ensure equitable access to consistent quality care in these units, including for priority populations, with culturally appropriate access for Aboriginal and Torres Strait Islander peoples and CALD populations.

- Map existing stroke units to stroke incidence and population need and develop a plan to improve stroke unit access from 67% to 90%.
- Develop a national accreditation framework based on national standards for stroke unit services.
- Align accreditation of stroke units with financial incentives, and, where necessary, provide support for stroke units to improve their quality of care.
- Ensure stroke units are adequately resourced with appropriate multidisciplinary care teams including stroke care coordinators and allied health staff.
<table>
<thead>
<tr>
<th>Stages</th>
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<tbody>
<tr>
<td><strong>Background definitions document and draft application process (November 2021)</strong></td>
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<tr>
<td><strong>Employment of a half-time 50:50 SF and SSA funded half-time project officer (July 2022)</strong></td>
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<tr>
<td><strong>Establish steering and adjudication committee (Sept 2022), terms of reference, site info, workflow and finalise application form</strong></td>
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<tr>
<td><strong>Open pilot of pilot to select sites by end of 2022</strong></td>
</tr>
<tr>
<td><strong>Expand to other sites (2023)</strong></td>
</tr>
<tr>
<td><strong>Evaluate and present to government for ongoing funding of project (mid 2023 - …..)</strong></td>
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</tbody>
</table>

- All states and territory leads asked to nominate one site
- Mix of CSCs PSCs and SCRGHs Stroke unit care
11 hospitals Certified to date
Where to now?

- Further pilot funding (0.2FTE 50:50 SF and SSA)
- Completion of report
- Possibly come under ANZAN/FRACP banner – mimic trauma verification
- Open to further sites (10% of national total already done)
- Incorporate into ACSQHC Stroke Standards
- Feed into 2023 Stroke Framework
- Incorporate Aotearoa/New Zealand sites/framework
- 2024 – introduce cost-recovery charge
- By 2030 certify all centres in Australia providing stroke care
It’s always better together!
National Targets for Acute Stroke

National Performance of Australian Hospitals - 2022

Patients who received stroke unit care

- 79% Metro
- 61% Regional

Many Australians still cannot access Stroke Unit care

Endovascular clot retrieval
door-to-puncture times for primary presenters

- 115 mins

Arrival to arterial puncture time in large vessel occlusion stroke could be substantially hastened

Thrombolysis in 60 minutes (door-to-needle)

- 32% 2022
- 68%
- 61%

Door-to-needle within 60 minutes lags internationally

Proposed National Targets

By 2030

- National median endovascular clot retrieval door to puncture time <30mins* for transfers
- National median thrombolysis door to needle time <60mins
- National median door in door out time for endovascular clot retrieval <60mins
- National median endovascular clot retrieval door to puncture time <90mins for primary presenters
- Certified stroke unit care provided to >90% of patients with primary stroke diagnosis

*Where same-crew ambulance door-in and door-out transfer is possible. Outer regional services retrieving via road should aim for a DIDO time of 75 minutes (hospitals requiring aero-retrieval service are not included in this target)
Goal: Improve hypertension control rates in Australia from 32% to at least 70% by 2030

National Hypertension Taskforce

Uncontrolled blood pressure in Australia: a call to action

A national commitment to improved blood pressure control would lead to significant health and economic gains

Aletta E Schutte¹ ²
Ruth Webster³ ⁴
Garry Jennings⁵
Markus P Schlaich⁶

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