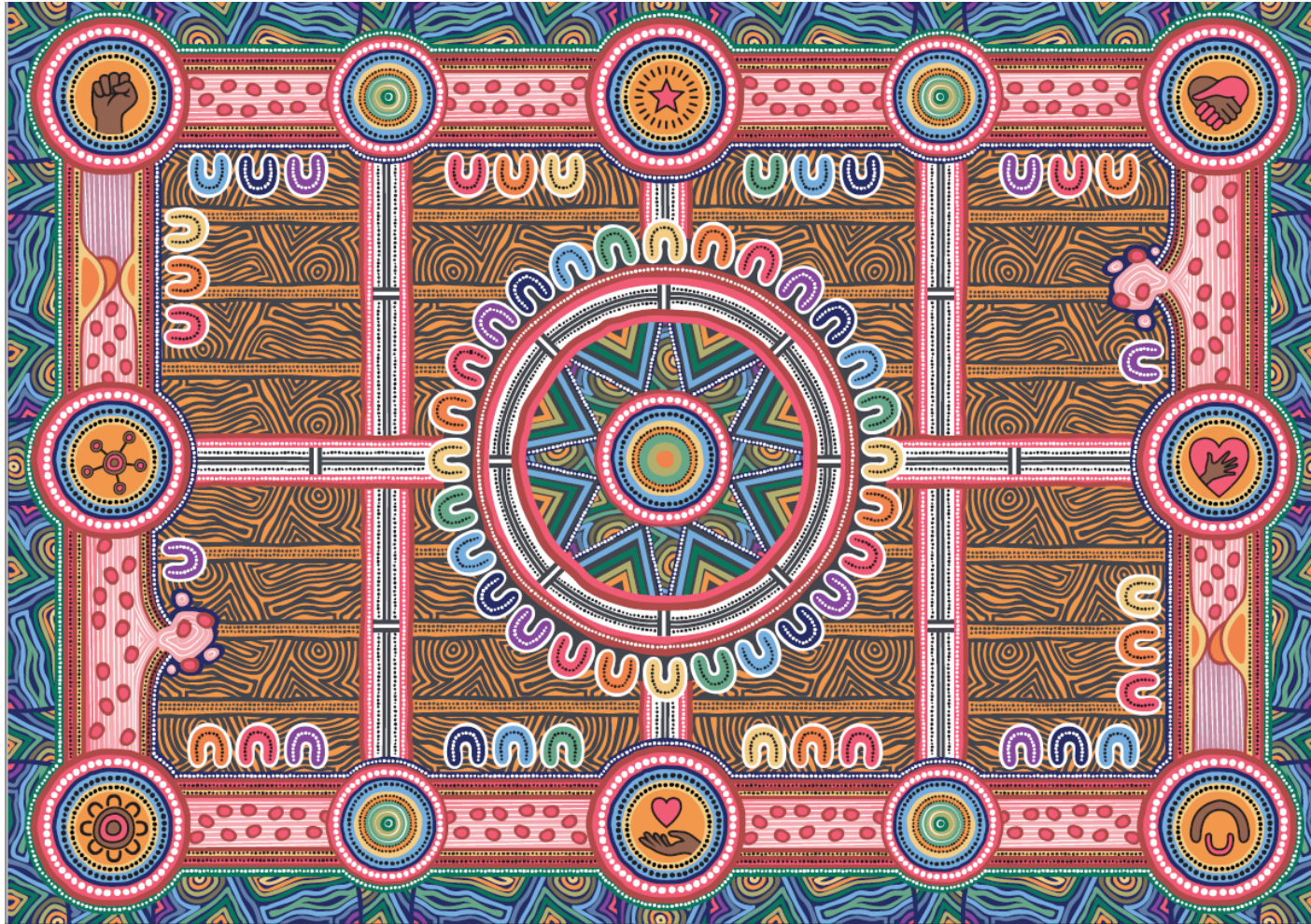


Advocating for initiatives to prevent, treat and beat stroke at a national level

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

Dr Lisa Murphy

CEO | Stroke Foundation Australia



Artist: Carissa Paglino

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...

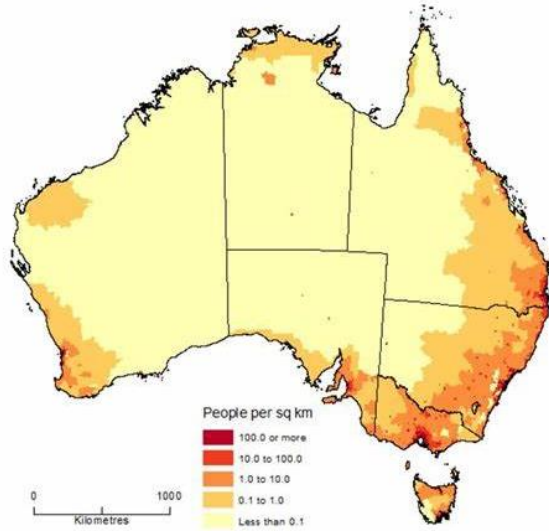
- *Every country is different: Australia*
- *Data is power: National Stroke Audit*
- *From little things big things grow: Living Stroke Guidelines*
- *Pack some supplies we are in for a long trip: Telestroke*
- *Bring government along on the ride: Stroke Unit Certification*
- *It's better together: National Targets and National Hypertension Taskforce*
- *You won't get anywhere without lived experts!*

Every country is different!

Australia

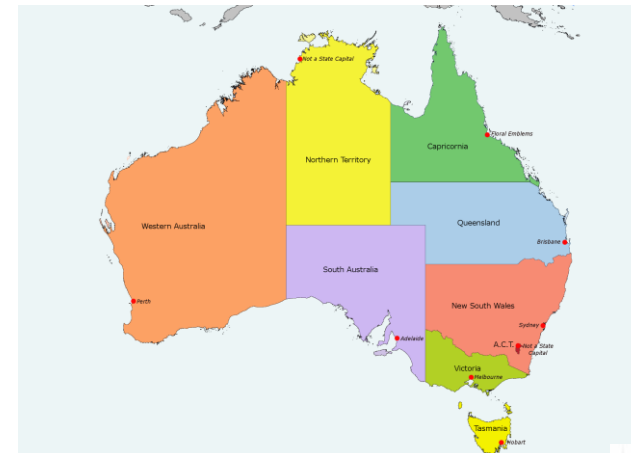


It's big....



...population density on the Eastern seaboard....

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

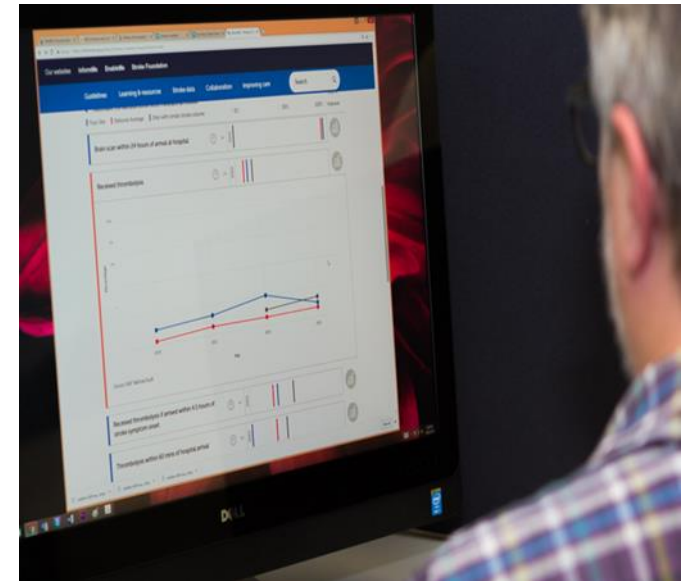


..*Stroke Gap* – inequity between Indigenous and non-Indigenous Australians.



Data is power!

National Stroke Audit | background



National Stroke Audit | improved patient care and outcomes

- 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



National Stroke Audit | improved patient care and outcomes

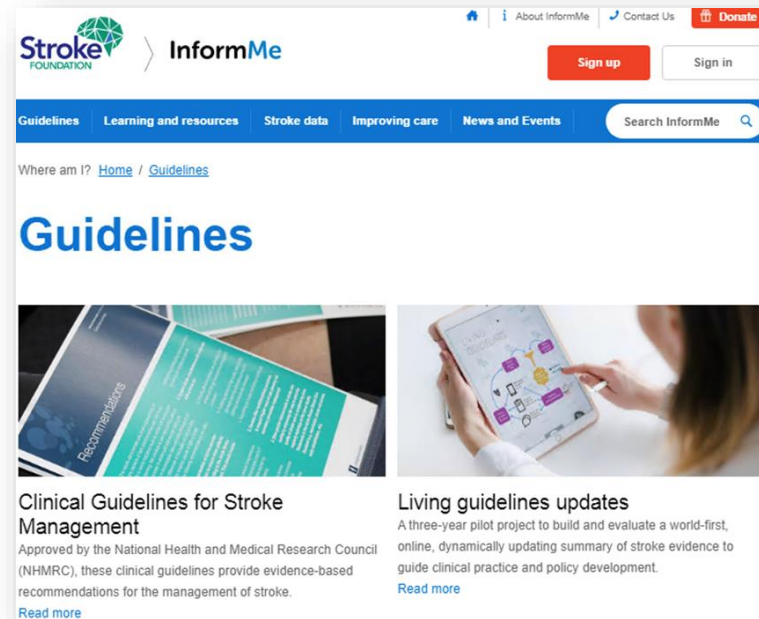
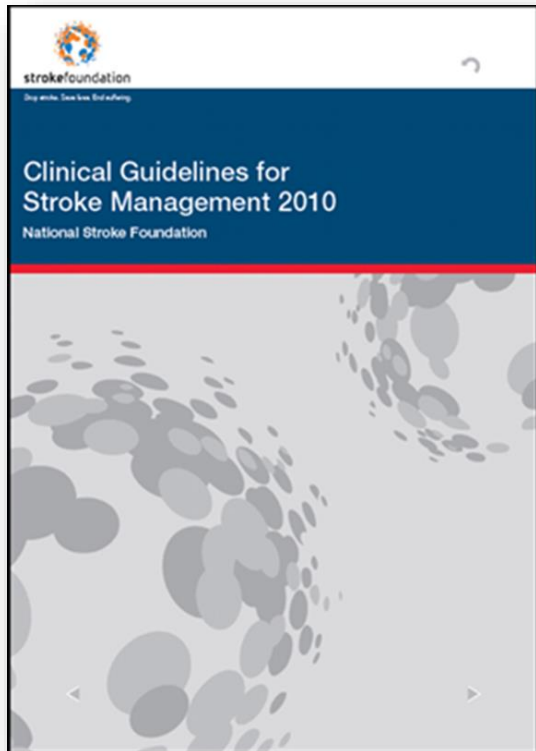
76% (87/115) use telehealth services for acute assessment/treatment (31 provide service to other hospitals)

	Formal telestroke service 25 hospitals N=860 cases	No formal telestroke service 13 hospitals N=412 cases
Thrombolysis (IS)	76/723 (11%)	23/294 (8%)
Thrombolysis within 60 mins of hospital arrival	19/76 (25%)	2/23 (9%)
Median door to needle time (hours:minutes) (median, Q1, Q3)	1:14 (1, 1:45)	1:47 (1:27, 2:17)
Median time from onset to thrombolysis (hours:minutes) (median, Q1, Q3)	2:48 (2:13, 3:32)	3:47 (2:32, 4:41)



From little things big things grow!

National Stroke Guidelines



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



AUSTRALIAN
LIVING EVIDENCE
CONSORTIUM

Living Evidence:
Accelerating research to
point-of-care



livingevidence.org.au

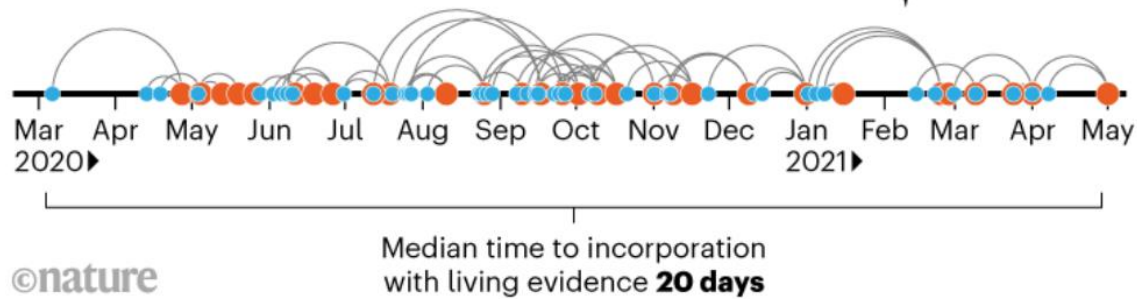
National COVID-19 Clinical Evidence Taskforce



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.

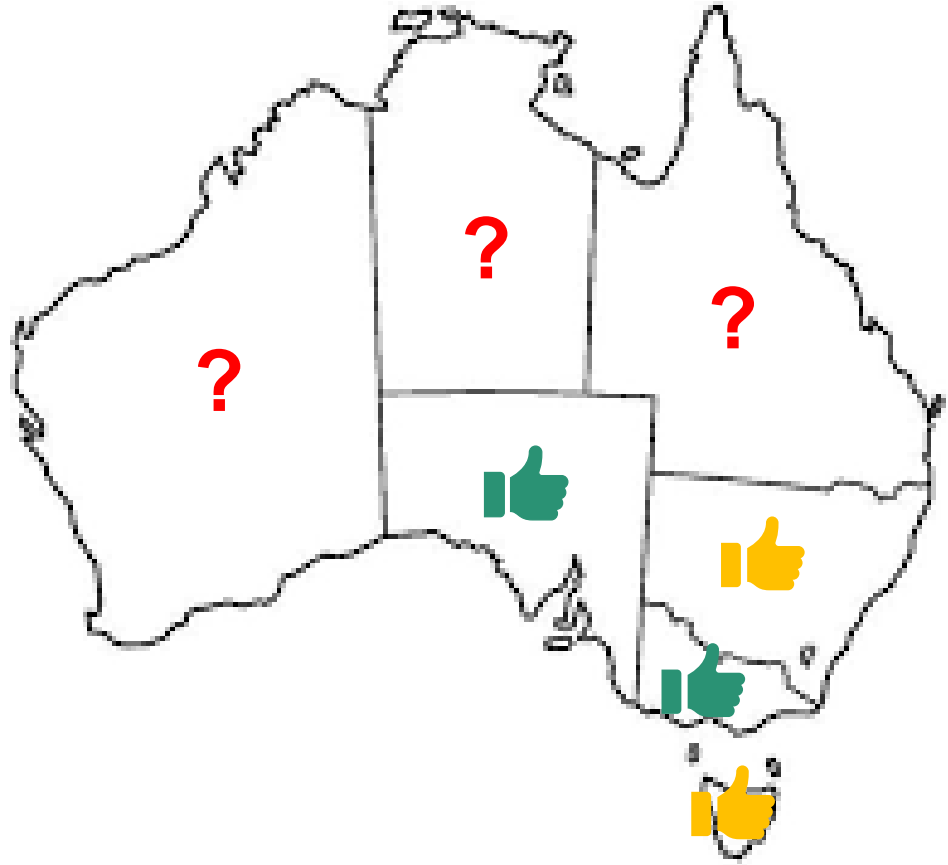


Pack some supplies, we are in for a long trip

Australian Stroke Telehealth Network | 2010



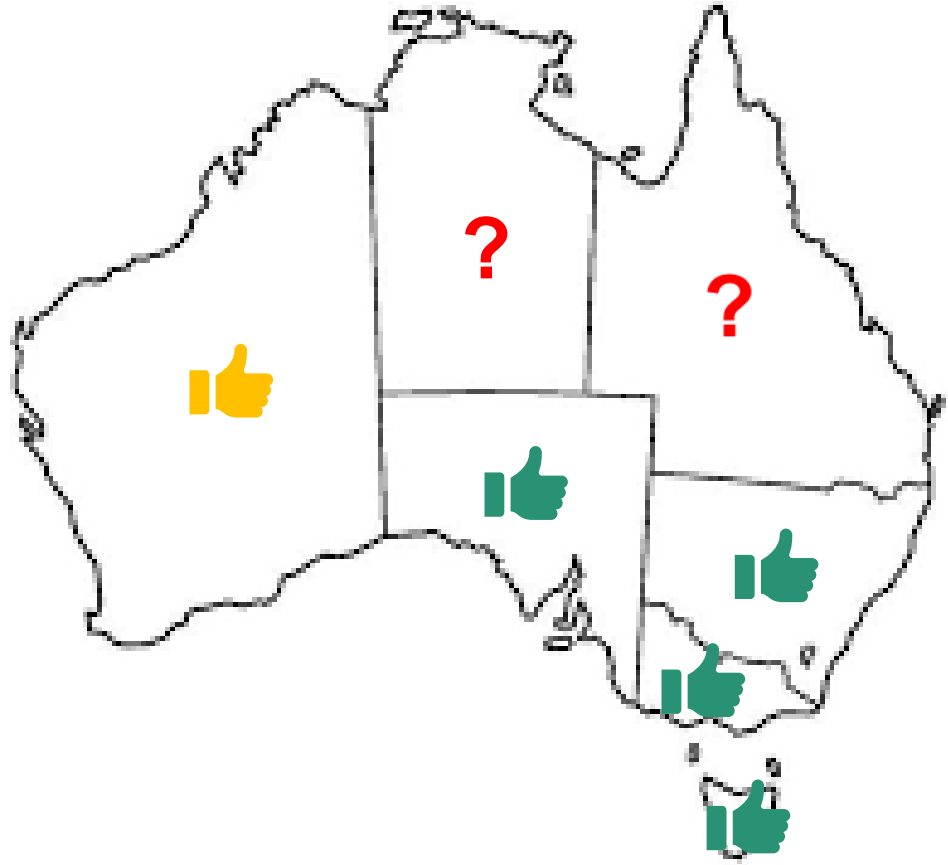
Australian Stroke Telehealth Network | 2018



Australian Stroke Telehealth Network | 2019



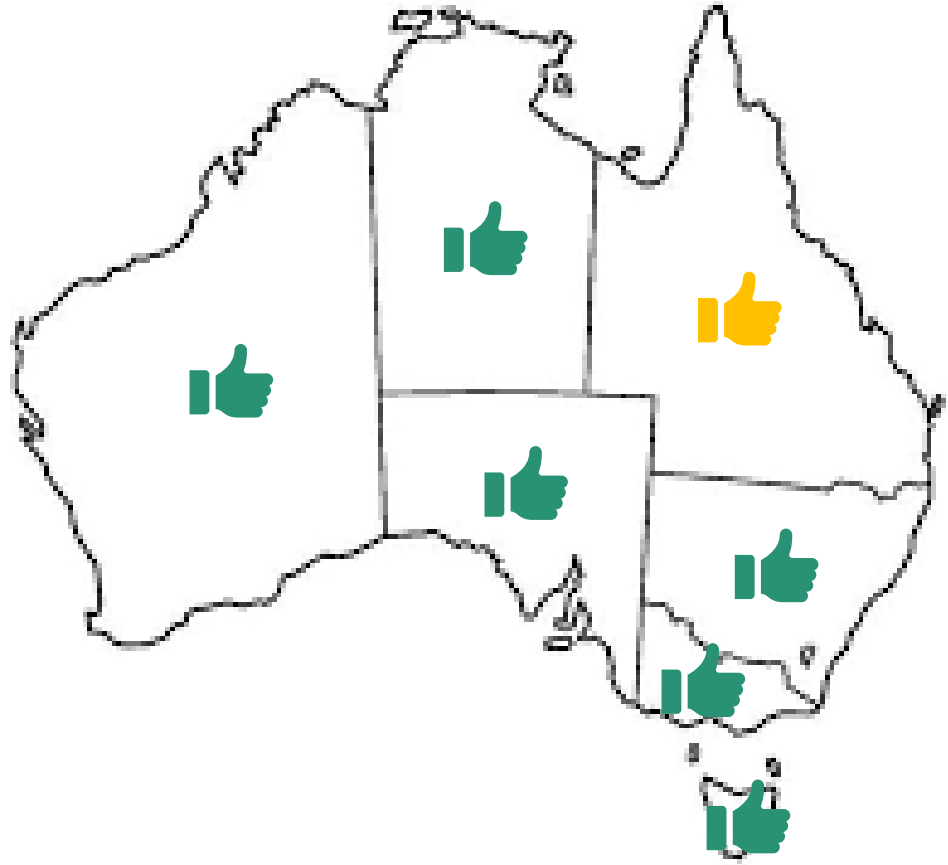
Australian Stroke Telehealth Network | 2020



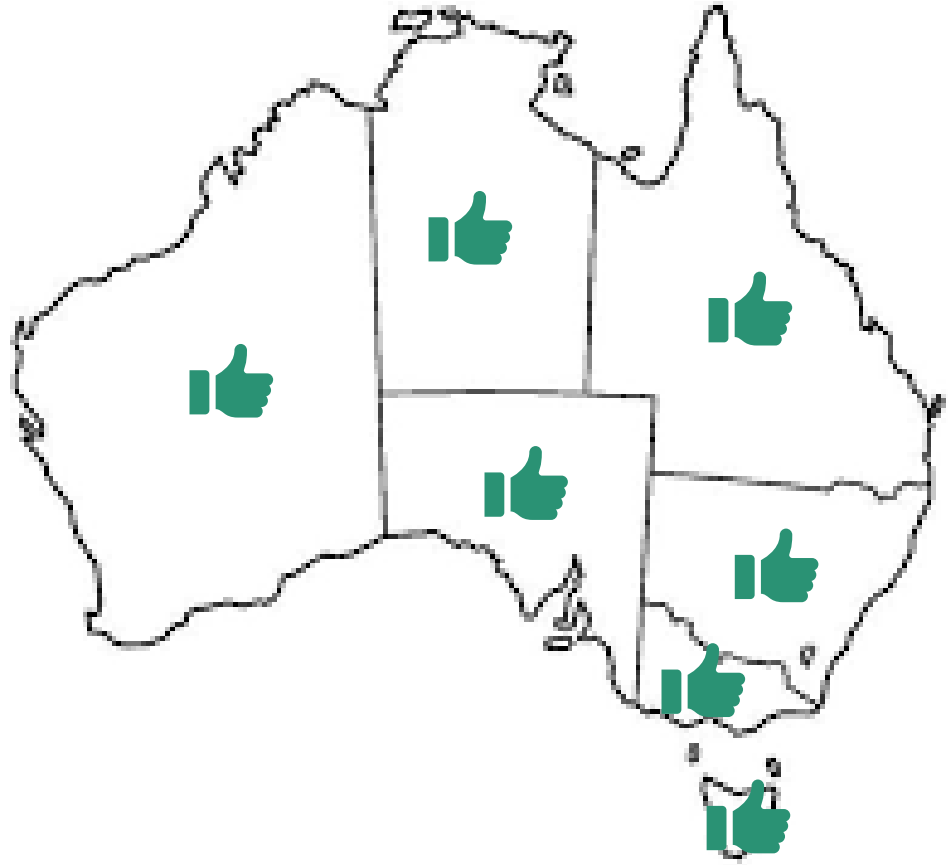
Australian Stroke Telehealth Network | 2021



Australian Stroke Telehealth Network | 2022



Australian Stroke Telehealth Network | 2023



Bring government along for the ride!

Stroke Unit Certification



NATIONAL STRATEGIC ACTION PLAN FOR HEART DISEASE AND STROKE

September 2020

2.2.4

Improve access to specialised stroke units

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.

Stages



Background definitions document and draft application process (November 2021)



Employment of a half-time 50:50 SF and SSA funded half-time project officer (July 2022)



Establish steering and adjudication committee (Sept 2022), terms of reference, site info, workflow and finalise application form



Open pilot of pilot to select sites by end of 2022

All states and territory leads asked to nominate one site
Mix of CSCs PSCs and SCRGHs Stroke unit care

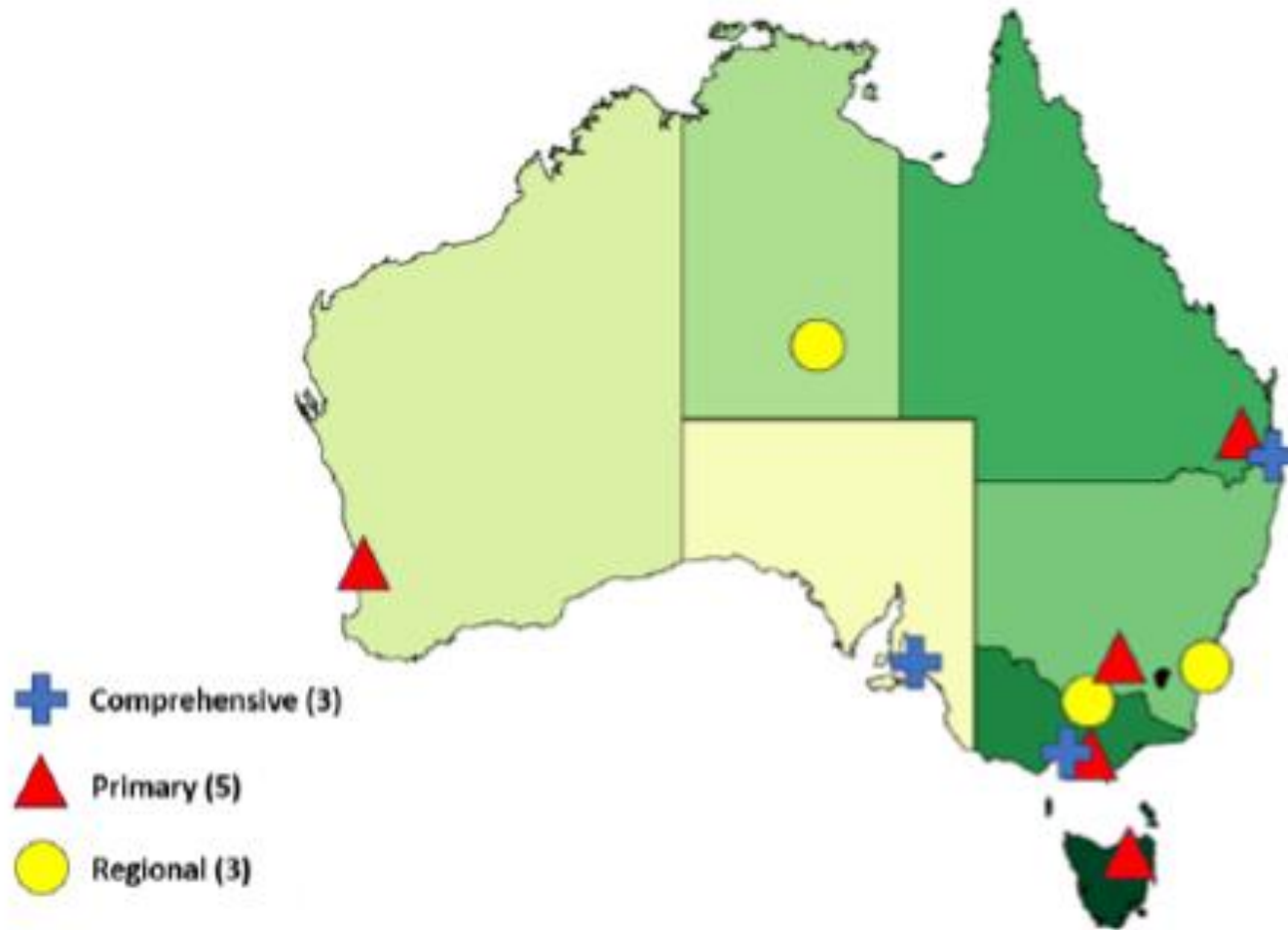


Expand to other sites (2023)



Evaluate and present to government for ongoing funding of project (mid 2023 -)

11 hospitals Certified to date



The Lisa Wettington Acute Stroke Treatment and Research Centre



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 - 2022⁸

Patients who received stroke unit care



Many Australians still cannot access Stroke Unit care

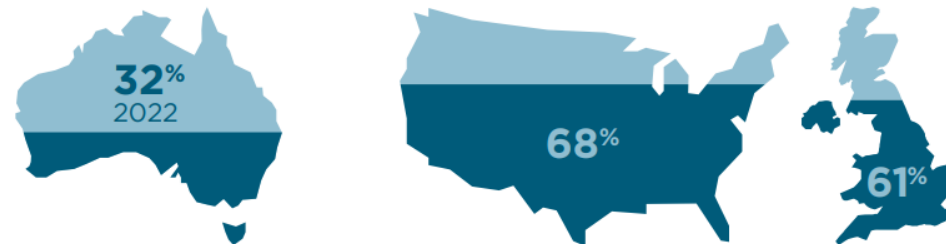
Endovascular clot retrieval door-to-puncture times for primary presenters



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

Thrombolysis in 60 minutes (door-to-needle)

Door-to-needle within 60 minutes lags internationally⁸⁻¹¹



8. Preliminary Australian Stroke Clinical Registry data from draft 2023 Annual report. 9. Xian Y et al. Stroke. 2022;53:1328–38. 10. Sentinel Stroke National Audit Programme (SSNAP) National results, April 2021 - March 2022. Available from: <https://www.strokeaudit.org/Results2/Clinical-audit/National-Results.aspx>. 11. NHS National Services Scotland. Scottish Stroke Improvement Report-2023 (based on 2022 data). Available from: <https://www.publichealthscotland.scot/media/20499/ssip-june2023-english.pdf>

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)

National Hypertension Taskforce

Goal: Improve hypertension control rates in Australia from 32% to at least 70% by 2030

Perspectives

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 Schutte^{1,2}



Ruth Webster^{2,3}



Garry Jennings⁴

Markus P Schlaich⁵

MJA 216 (2) • 7 February 2022



It's always better together!



Advocacy is a journey...

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