

# Stroke Care Clinical Network Consumer Report

January 2009

## Welcome

Welcome to the January newsletter for the Department of Human Services, Victorian Stroke Clinical Network (VSCN). 2009 marks the commencement of the VSCN second year and we look forward to bringing you all the latest and exciting developments.

## National Stroke Week 15-21 September



*Professor Chris Bladin with Kim Durose and her husband Matt*

The 2008 Stroke Week has been a success and health services are using this as an opportunity to highlight their stroke services and raise the profile of stroke and its risk factors in their local community. Once again the VSCN has provided the National Stroke Foundation (NSF) with \$300,000 to augment its mass media 'FAST' campaign in Victoria to enhance public awareness of the signs and symptoms of stroke, and emphasize the message that stroke is a medical emergency. The Minister for Health launched Victoria's Stroke Week on 16 September 2008 at the invitation of the Stroke Foundation.

[www.health.vic.gov.au/clinicalnetworks](http://www.health.vic.gov.au/clinicalnetworks)  
Department of Human Services



*Health Minister Daniel Andrews promoting the dial 000 message*

'FAST' educates people to identify the signs of stroke and the need for FAST action.

If you recognise the signs of **STROKE** act

**F** **Facial weakness**  
Can the person smile?  
Has their mouth or eye drooped?

**A** **Arm weakness**  
Can the person raise both arms?

**S** **Speech difficulty**  
Can the person speak clearly  
and understand what you say?

**T** **Time to act fast**  
If you recognise the signs  
of stroke, call 000 immediately.

**Call 000**

### The signs of stroke are:

- Weakness, numbness or paralysis of the face, arm or leg
- Difficulty speaking or understanding
- Dizziness and loss of balance
- Loss of vision
- Headache, usually severe and abrupt
- Difficulty swallowing

### Act FAST

If you experience the signs of stroke or recognise them in someone else, call 000 immediately. Fast action can prevent further damage to the brain and help someone make a full recovery.



For more information call 1800 787 653 or visit [www.strokefoundation.com.au](http://www.strokefoundation.com.au).

The National Stroke Foundation acknowledges the support from our valued partners including Southern Cross Broadcasting, Conax and News Limited and we thank them.

A Victorian  
Government  
initiative



Similar funding was provided to the NSF in 2007 and resulted in Victorians having greater exposure to the television, radio and print media campaign than other states. The Victorian public received up to six times more exposure to the FAST campaign than NSW residents, and over five million Victorians were reached, in some form by this important public health message. Evaluation of the 2007 campaign demonstrated that the Victorian public were more able to correctly identify the signs of stroke, and correctly name two symptoms of stroke than the national average. 89 percent of Victorians surveyed correctly responded they would call 000 if a stroke was suspected.

### Stroke support groups

During Stroke Week, Adele Mollo (VSCN Stroke Facilitator Team Coordinator) and Sally Daff had the pleasure of meeting the Boroondara Stroke Support Group at their September meeting. Adele gave an excellent consumer presentation on the Stroke Clinical Network and the Stroke Strategy. Members were most interested in the progress of the VSCN and feedback suggests that members are very keen to have regular updates. During Stroke Week, Boroondara Stroke Support Group launched their new Stroke Support Group Information Pack for members in the Boroondara area. Congratulations to this active and dedicated committee on this well researched and quality publication.

### Stroke Clinical Network Sub Committees

Within the VSCN, speciality subcommittees and working parties has been established to address specific issues within the recommendations of the stroke care strategy. One of these groups is the Consumer Working Party. This working party has noted the key findings on patient and carer needs and as a result is addressing recommendations 22 and 25 in the strategy.

One component of Recommendation 25 is promoting self management programs for long term care of the patient. You may ask what self management is and what are self management programs? Self management is about people being actively involved in their own health care. There are six recognised principles of self management:

1. Have knowledge of their condition.
2. Follow a care plan agreed with their health professionals.
3. Actively share in decision making with health professionals.
4. Monitor and manage signs and symptoms of their condition.
5. Manage the impact of the condition on their physical, emotional and social life.
6. Adopt lifestyles that promote health.

Self management programs are for people with chronic disease and generally operate in a community health setting by specially trained chronic disease workers. A number of self management models exist and evidence clearly demonstrates the effectiveness of these programs with improved health outcomes, improved levels of self-efficacy and improvement in quality of life. Unfortunately many stroke survivors with cognitive problems and/or those with severe disabilities may not necessarily have the same improved outcomes. With this in mind, the working party is exploring options of stroke specific self management programs that may better suit the needs of stroke survivors.

Generic Chronic Disease Self Management programs are often available through Community Health services. To find out more contact your local community health service or ask your GP if there is a suitable program available near you. The SCN will keep you informed on developments in stroke specific chronic disease self management programs.

### Stroke Network facilitator report

Each newsletter we hope to give you a snapshot on developments from the Stroke Network Facilitators. This months report is from the Loddon Mallee Region - incorporating Bendigo Health.

The Loddon Mallee region is situated in the North-west of Victoria and extends from Mildura in the far north, to the Macedon Ranges in the south. It is the largest geographical DHS region in Victoria, encompassing a quarter of the state. It has a population of over 307,000, approximately 15% of which are over 65 years of age.

Bendigo Health is the regional tertiary health and referral service for the Loddon Mallee Region, and is located 145km from Melbourne. It has approximately 3,100 employees across acute, sub-acute, community and continuing care, spread across 11 cities and towns. Last year, Bendigo Health had almost 30,000 separations for a total of 211,880 bed days, and the emergency department handled over 43,000 presentations, an 11% increase from the previous year. The latest department data reveals that Loddon Mallee has over 600 stroke cases per year. In the last financial year over half of these presented to the emergency department at Bendigo Health, resulting in 240 cases being admitted.

In May 2008, two Stroke Network Facilitators were appointed to the Loddon Mallee region. As part of their role at Bendigo Health, a collaborative analysis of available stroke services was undertaken; this highlighted the strengths, and opportunities for development, of stroke services within this facility. Two committees have been convened to develop, prioritise and implement work plans to optimise Stroke Services across Bendigo Health. The key priority areas identified through this process include:

1. Development of policies and procedures governing the use of thrombolysis for ischemic stroke patients.
2. Development and introduction of a sustainable stroke unit model of care, directed by the National Stroke Foundation guidelines and current literary evidence.
3. Development of an evidence-based assessment and management plan for TIA presentations and admissions.
4. Collaboration and cohesion across the continuum of care.
5. An out-of-hours Dysphagia screening service.

The Stroke Unit trial is set to begin early next year, and the Thrombolysis documents are being prepared for final submission to the Clinical Standards Group meeting. Work surrounding the introduction and trialling of a Dysphagia Screening tool is progressing in collaboration with both Medical and Speech Pathology services. There is an enthusiastic multi-disciplinary team at Bendigo Health who are keen to optimise the suite of available stroke services, not only locally but across the region.

The process of assisting health services to evaluate current stroke service provision, capacity and demand is currently being undertaken by the Stroke Network Facilitators across the Loddon Mallee region. Thus far, Kerang and Swan Hill have been engaged in this process. The next health services to be engaged include Echuca and Cohuna, with further health service visits planned for the New Year to further this evaluation process. As a part of this process a Region wide Stroke Steering Committee will be formed with representation from each health service in the region.

### **Dysphagia Screening Project**

Dysphagia (difficulty in swallowing) is common after stroke and is frequently associated with increased risk of complications such as aspiration pneumonia, airway obstruction, dehydration and malnutrition. Early identification is important. The National Stroke Foundation Clinical Guidelines for Acute Stroke Management (2007) states that patients should be screened for swallowing difficulties before being given food, drink or oral medications. Screening should be undertaken by personnel specifically trained in swallowing screening.

The aim of the VSCN Dysphagia Screening Project is to review current practices, benchmark against national practices and develop a model for a consistent approach to dysphagia screening across Victoria that is in line with best evidence care.

A survey investigating current practice with dysphagia screening for acute stroke patients has been conducted across the state.

A response rate of 76 percent was achieved. Only 32 percent of health services report conducting dysphagia screening. Out of the health services that do conduct dysphagia screening the type of tools used vary widely and only a small proportion use validated tools. For those health services not conducting screening many significant barriers and issues were reported that constrain its implementation.

A detailed analysis of the data along with the project plan is currently in development. The department is also forming a Dysphagia Screening Steering Committee and a working party to support the development of a model for a consistent approach to dysphagia screening across Victoria. Please feel free to ask any questions by emailing Linda Francis at [Linda.Francis@dhs.vic.gov.au](mailto:Linda.Francis@dhs.vic.gov.au).

## Accessibility

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## Stoke Palliative Care Project

This project (with a Commonwealth grant) aims to improve access to palliative care for people who have had a stroke and their carers. Project partners include; Melbourne Health, Melbourne City Mission, the West Metropolitan Palliative Care Consortium and DHS (Cancer and Palliative Care Unit & VSCN).

Melbourne Health palliative care consultancy team recently recruited a Stroke Palliative Care Research Nurse to manage the palliative care/stroke project. We will provide further updates as the project develops.

## Website

The Victorian Stroke Clinical Network has a new website. To find out all the latest news and developments go to [www.health.vic.gov.au/clinicalnetworks/stroke](http://www.health.vic.gov.au/clinicalnetworks/stroke)

Sally Daff  
Consumer Representative  
Stroke Clinical Network