

# Stroke Care Clinical Network

## Consumer news

July 2009

### Welcome

Welcome to this edition of the Stroke Care Clinical Network Consumer newsletter. This newsletter aims to update you about the activities of the Victorian Stroke Clinical Network (VSCN).

### Stroke network facilitator report

Each month the Stroke Network Facilitators (SNF) provide a report on their progress and achievements against the stroke strategy recommendations.

This newsletter we bring to you updates from Northern Health and South West Health.

### Northern Health

Northern Health is situated across the Northern metropolitan regions of Melbourne and the Stroke Network Facilitator at Northern Health is Linda Francis.

There are five campuses within Northern Health:

- The Northern Hospital
- Bundoora Extended Care Centre
- Broadmeadows Health Service
- Craigieburn Health Service
- Panch Health Service.

The Northern Health catchment population is culturally diverse with 34.7 percent of the population speaking a language other than English at home compared to 27.9 percent for the Melbourne statistical district. Northern Health also has the largest number of Aboriginal and Torres Strait Islander people compared to any Victorian region.

The total number of stroke separations at Northern Health for 2007/08 was 211 and 104 for Transient Ischemic Attack (TIA). Importantly, the rate of growth for the Northern population catchment is predicted to be as high as 1.8 percent. Therefore, Northern Health will need to accommodate a significantly higher number of stroke patients in the future.

### Inside this issue:

Welcome 1

Stroke network facilitator report

- Northern Health 1
- South West Health 2

National Stroke Foundation FAST campaign 2008 3

What are Clinical Networks 4

Website 4

A comprehensive gap analysis between current service provision for stroke care and evidence based recommendations has been conducted. Following this, a Stroke Strategy Steering Committee and working parties were developed. Northern Health Stroke Strategy Steering Committee identified four priority areas for development following the gap analysis:

- 1) To establish and develop an acute stroke unit at The Northern and to address areas that interface with the rehabilitation sites.
- 2) Establish and develop a TIA clinic and TIA evidence based recommendations and pathways.
- 3) Develop a stroke education (for patients and family) pathway across the continuum of care.
- 4) To have a decision made on delivery of thrombolysis on site or formal transfer protocol with another health service.

Recent developments in these areas include:

- 1) An acute stroke unit room has been designated. A working party has been formed and works to develop policies and protocols for the acute stroke unit have commenced.
- 2) An outpatient TIA clinic has been designated. Work to develop pathways and protocols to establish the clinic have commenced.
- 3) A working party to address patient education for stroke has been formed across acute and rehabilitation sites.
- 4) A process to map out key requirements for The Northern Hospital to deliver thrombolysis in a safe manner has commenced.

Northern Health has an enthusiastic and dedicated team that is working hard to develop these priority areas. We look forward to more exciting developments in stroke care at Northern Health.


## **South West Health, Warrnambool**

The Stroke Network Facilitator at South West Health is Patrick Groot.

South West Healthcare (SWH), Warrnambool campus services approximately 100,000 of the South West's population of Victoria. SWH has campuses in Camperdown and Lismore, and receive patients from Timboon, Cobden, and Camperdown up to Lismore on the north east border. They also extend care north to Mortlake and west to Port Fairy. SWH adjoin the other major health services hinterlands to the west of Western District Health Service, Hamilton (in the Southern Grampians region) and Portland District Health west on the coast.

South West Healthcare, Warrnambool sees on average 100 acute stroke and 40 Transient Ischemic Attack (TIA) presentations per annum. Via the Stroke Liaison position the service at South West Healthcare (SWH) endeavours to make early contact with stroke survivors and their family members. Stroke Liaison makes early contact when a patient presents with stroke.

Assessments are made and the patient and family members are informed of current findings and the plan of care. The patient and family members are encouraged to ask questions and provide valuable feedback which facilitates involvement in the decision making process. Within the first day or two an individualised 'Stroke Information and Management Plan' is compiled which relies heavily on National Stroke Foundation (NSF) publications. South West Health has actively worked with the local Stroke Support Group (SSG) to encourage stroke survivors to make links with the group. Unfortunately a number of initiatives have not been successful and consequently a pilot project was implemented whereby stroke patients, about to be discharged, signed consents for SSG follow up by phone at six weeks post discharge. We are about to evaluate the outcomes of this pilot, however, anecdotally it can be reported that the number of linkages to the SSG were dramatically increased.



As part of stroke liaison's normal activities, stroke survivors are contacted by phone at three months post discharge from hospital. At this time we are able to determine if the SSG has been in touch and indeed if a meeting has been attended. While there was an increase in recent stroke survivors attending the monthly meeting of the SSG, several people indicated that the support group did not meet their particular needs. It has become evident that while the largely social activities of the SSG are valid and have great benefit in reducing social isolation, not all stroke survivor needs are catered for.

It is, therefore, hoped that the National Stroke Foundation pilot stroke specific self management program will be incorporated into practice at South West Health. At this point we have a commitment from the NSF to at least consider roll out to the South West later this year.

The evaluation from this trial will provide vital information about the success and benefits that stroke specific self management programs provide to stroke survivors and their carers.

Further information about the National Stroke Foundation 'Dream, Believe, Achieve' Chronic Condition Self Management trial and those in Metropolitan Melbourne will be reported in later newsletters.

## **National Stroke Foundation – FAST campaign 2008**

Stroke Week is held in September each year, and is critical to public education and awareness of stroke including the understanding of the *FAST* (Face, Arm, Speech and Time) campaign. The National Stroke Foundation (NSF), supported by the Victorian state government, is the primary body for the delivery of the *FAST* campaign. Mass media across different mediums and in partnership with other organisations help promote the message throughout Victoria. The impact of the national campaign on awareness levels about stroke, including advertising communications and changes in awareness and knowledge levels, is monitored annually through a national awareness survey.

The survey is undertaken at the end of the six week campaign period and in 2008 sampled 2,591 people aged over 40 years nationally with 1002 respondents from both metropolitan and rural Victoria.

The survey results support that the *FAST* campaign is improving awareness about the signs of stroke among Victorians. Results indicate that where there has been a targeted mass media campaign about the signs of stroke there have been higher levels of knowledge and awareness when compared to the national average.

Key findings reported in the National Stroke Foundation *FAST* campaign evaluation report include:

The number of Victorian respondents who could identify at least three correct signs spontaneously increased significantly to 36 percent from 31 percent in 2007.

The top mentioned correct signs of stroke, when unprompted were 'speech difficulties' (41 percent) and 'paralysis/weakness of the arm or face' (21 percent and 20 percent respectively) the signs in *FAST*.

Decreases were seen among incorrect mentions: 'pain in the arm' (16 percent to 18 percent), 'chest pain' (10 percent to 7 percent) and 'Swallowing difficulties' (4 percent to 2 percent).

Among all Victorians, 1 in 3 (35 percent) were aware of *FAST* in relation to stroke, higher than the national average of less than one in four (24 percent)

'Advertising or in the media' was the main communication medium for gaining awareness of *FAST*, with 79 percent of Victorian respondents having heard of *FAST* this way.

In 2008, just over half of Victorian respondents (53 percent) said they had seen or heard advertising for stroke which is significantly higher than the national total of 43 percent.

The proportion of respondents in Victoria who correctly responded they would call 000 in case of a stroke was 88 percent. The national average is 86 percent.

## What are 'Clinical Networks'?

Clinical Networks by definition from the Department of Human Services is:

*"Interested groups and individuals working across organisations and professions to solve complex problems we couldn't solve on our own, with a focus on Clinical Variation".*

In July 2007 the Victorian Government endorsed a health reform program with Clinical Service Networks as a key deliverable. These networks will contribute to the ongoing reform of the health system to ensure that all Victorians continue to have access to a high standard of health care.

Five networks, Cancer, Emergency, Maternity, Renal and Stroke were established in 2007. Recently Cardiac and Paediatric networks have also been established.

Each network is supported by a core membership of consumers and carers, clinicians, health services, primary care, allied health, population health professionals, research and academics and relevant non-government and private sector organisations. For the stroke clinical network the National Stroke Foundation is a key stakeholder.

Key guiding principals for Clinical Networks include:

- Engaging clinical leaders and key stakeholders in state wide service planning, policy and clinical reforms.
- Focusing on the patient and the community by increasing participation, partnerships, communication and responsibility.
- Improving patient care in terms of quality, access, appropriateness and integration.
- Providing a focus on improving and promoting links between country and metropolitan health services.
- Ensure accountability and reporting.

## 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

# SPREAD THE WORD!

## Accessibility

If you would like to receive this publication in an accessible format, please phone (03) 9096 1327 using the National Relay Service 13 36 77 if required, or email [clinicalnetworks@dhs.vic.gov.au](mailto:clinicalnetworks@dhs.vic.gov.au)

This document is also available in PDF format on the internet at [www.health.vic.gov.au/clinicalnetworks](http://www.health.vic.gov.au/clinicalnetworks)