The Victorian Stroke Clinical Network

Sonia Denisenko: Manager, VSCN
Adele Mollo: Manager and Western Health Facilitator
Patrick Groot: Southwest Health Care Facilitator
Overview

- What is the Victorian Stroke Clinical Network
- What Program activities are we involved in?
- What Facilitator activities are we involved in
- What opportunities are there for YOU to be involved?
The Victorian Stroke Clinical Network

- Stroke Care Strategy for Victoria released Sept. 2007 (Stroke Week)
- 28 Recommendations
- Government commitment of $5 million over 4 years
- Establishment of the Victorian Stroke Clinical Network (VSCN) in October 2007
Underlying principles
- Improve access to services
- Improve patient care
- Promote patient centred continuum of care
- Reduce professional and organisational boundaries
- Promote evidence based approach
- REDUCE CLINICAL VARIATION
VSCN Governance Structure

- Clinical Lead: Prof. Christopher Bladin
- Consumers
- Clinicians - Medical, Nursing & Allied Health
- Health Service Executives
- Researchers and Academics
- NGO – National Stroke Foundation
- Representation – Acute/Subacute, Metropolitan/Regional
VSCN Program Initiatives

Department of Health

VSCN Leadership Group

Program Implementation

Professional Education
Dysphagia Screening
Subacute Services
Telemedicine
TIA Management
Consumer Issues
Program Milestones to date

• **Implementation:**
  – Launch of the Strategy and inception of the VSCN committee supported by the program manager
  – 9 sites have been funded for stroke network facilitators

• **Public Awareness Campaign:** The Victorian Stroke Care Strategy has funded the National Stroke Foundation FAST campaign for 4 years

• **Workforce training and education:**
  – 13 post graduate scholarships awarded in 2009.
  – Supported education events for over 300 clinicians in 2009.
  – 36 scholarship recipients for the ANNA forum, partners in this event. (200 attendees)
  – Developing the online Medical Education tool
• **Dysphagia screening project**: has identified and endorsed a tool, and developed a training package which will be available in early 2010.

• **Telemedicine**: Partners in the Victorian Stroke Telemedicine Project - $1.2 Million initiative commencing in Bendigo 2010 for implementation of telemedicine for thrombolysis

• **Sub-acute services**: audit completed examining CRAFT data & LOS, rehabilitation qualitative survey: reports to be released ASAP

• **Improving TIA management**: Partners with the ED Clinical Network in the improving TIA management in ED project – launched Feb 2010

• **Improving care across the continuum**: The “Enhancing Stroke Care” initiative – launched Feb 2010
Program plans - 2010

- Clinical Networks Conference: March 17-19
- Launch the Victorian Dysphagia Screening tool – April 2010
- Launch of the medical education e-learning package: April 2010
- Implementation of the Victorian Stroke Telemedicine project at Bendigo and across the Loddon Mallee region.
- Development of a Stroke “Interdisciplinary Care Tool Kit”
- Supporting the Stroke Society of Australasia Conference – Melbourne, September 1-3
Recommendation 27
Clinical facilitators should be appointed on a time-limited basis to:
• develop protocols identified in the recommendations above
• oversee the implementation of protocols by stroke care providers
• facilitate appropriate/relevant education, training and support
• contribute to the development of stroke-specific education programs.
VSCN Facilitator Initiatives

Department of Health

VSCN Leadership Group

Facilitator Implementation

Gap Analysis  Stroke Units  tPA/TIA services  Professional education  Protocols and Pathways  Consumer Involvement
The VSCN Facilitator team

- Adele Mollo – Western Health, Footscray
- Kirsten Phillips – Peninsular Health, Frankston
- Stacey Baldac – Northern Health, Epping
- Sharan Ermel & Leanne Munns – Bendigo Health
- Erin Schreenan – La Trobe Regional, Traralgon
- Pat Groot – Southwest Healthcare -Warnambool
- Sharon Hakkennes – Barwon Health, Geelong
- Belinda Bilney – Ballarat Health
- Sian Hudson – Goulburn Valley Health, Shepparton
The VSCN Facilitator team

- **BENDIGO**
  - 1 EFT
- **BALLARAT**
  - 0.5 EFT
- **WILLAMBOOL**
  - 0.5 EFT
- **GEELONG**
  - 0.5 EFT
- **PENINSULA**
  - 1 EFT
- **TRARALGON**
  - 0.5 EFT
- **SHEPPARTON**
  - 0.5 EFT
- **ALBURY/WODONGA**
  - 0.5 EFT

**Metropolitan Map**

- **Gippsland**
- **Glenelg**
- **Hume**
- **South West**
- **Western**
- **Northern**
- **Peninsula**
- **Wimmera**

**Facilities**

- **Western Region**
- **Northern Region**
- **Eastern Region**
- **Murray Region**

**Network Sites**

- **Ballarat Health Services**
- **Geelong Health Service**
- **Albury & Wodonga Health**
- **Hume Health**
- **Tasmanian Health Services**
- **Gippsland Health Service**
- **South West Region**
- **South West Healthcare**

**Network Partners**

- **Department of Health**
- **National Stroke Foundation**
- **Stroke Foundation of Australia**

**Network Services**

- **Stroke Prevention**
- **Stroke Treatment**
- **Stroke Rehabilitation**
- **Post-Stroke Support**

**Network Themes**

- **Stroke Awareness**
- **Stroke Prevention**
- **Stroke Rehabilitation**
- **Stroke Research**

**Network Impact**

- **Reduction in Stroke Incidence**
- **Improvement in Stroke Outcomes**
- **Enhanced Quality of Life for Stroke Survivors**

**Network Collaborations**

- **Healthcare Providers**
- **Government Agencies**
- **Voluntary Organizations**
- **Community Groups**
VSCN Facilitator’s Milestones to date

- May – June 2008: Appointment of 8 Stroke Clinical Facilitators across Victoria
- Feb 2010: 9 Facilitators in post – recruiting to one site
- Gap Analysis completed 9 sites
- Thrombolysis - 5 sites
- Acute Stroke Units (ASU) - 6 sites
- TIA audits at 7 sites
- TIA Clinics - 3 sites
- Clinical Practice Guidelines / Pathways / protocols – all sites
- Stroke specific Education Seminars all sites
- Stroke Support groups established at 3 sites
The Victorian Stroke Clinical Network

Department of Health

VSCN Leadership Group

Program Implementation
- Professional Education
- Dysphagia Screening
- Subacute Services
- Telemedicine
- TIA Management
- Consumer Issues

Facilitator Implementation
- Gap Analysis
- Stroke Units
- tPA/TIA services
- Professional Education
- Protocols & Pathways
- Consumer involvement
Current Opportunities

Communication:
• TODAY! – Meet your local facilitator!
• Stroke Clinical Network - Email merge
• Clinical Network’s & Stroke Clinical Network Newsletters
• Clinical Networks Conference

Involvement:
• Enhancing Stroke Care funding
• Post Graduate Scholarships
Recommendation 26

The capacity of the system should be increased to provide safe and high quality stroke care.

This should be done by:

• developing stroke – specific education programs targeted at both specialist and general stroke care workforce
• encouraging and supporting staff providing stroke care to undertake appropriate education, training and research

THANK YOU!

Sonia.Denisenko@health.vic.gov.au
Adele Mollo
Stroke Clinical Network Facilitator

The Western Health Experience!
People in our region have the highest level of underlying illness in Metro Melbourne.

Males have the highest rates of cardiovascular disease and mental illness.

Local population suffers from high rates of obesity and diabetes.
Cultural Diversity

• 33.9% born overseas

• 16% NESB

• > 100 languages

• 20% of migrants who have moved to Victoria have moved to the West
Western Health
Western Health Stroke & TIA Data

Western Sunshine Wtown Total

2006 - 07
2007 - 08
2008 - 09
Total
### Where did we start?

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<td>• Leading education and research initiatives</td>
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<td>• EDUCATION &amp; RESEARCH</td>
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<td>• Interventions / TIA</td>
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<tr>
<td>• Stroke physician</td>
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<td>• Stroke nursing – Stroke Care Coordinator</td>
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<td>• Neuropsychology</td>
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<td>• Occupational therapy, speech pathology &amp; dietician</td>
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<td>• SPECIALISED DIAGNOSIS / TREATMENT</td>
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<td>• Rapid triage of stroke/TIA</td>
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<td>• Capacity to deliver stroke thrombolysis</td>
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<td>• Outpatient TIA/neurovascular clinic</td>
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<td>• SERVICE/CARE ORGANISATION &amp; PHYSICAL FACILITIES</td>
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<td>• Acute stroke care co-located in an inpatient ward</td>
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<td>+</td>
<td>+</td>
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<td>• Intensive Care/High Dependency Unit</td>
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<td>• Stroke Care Facilitator</td>
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<td>• Telemedicine facilities for clinical &amp; professional support</td>
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<tr>
<td>• Participating in education and research initiatives</td>
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Governance

Western Health Stroke Strategy Steering Committee

- Acute Intervention Sub Committee
- Clinical Practice Sub Committee
- Sub Acute Sub Committee
- Acute Stroke Unit Sub Committee
- Workforce Education Sub Committee
- Data Systems Sub Committee
ASU outcomes

ASU - 4 Acute Stroke beds

Ward Relocation: (Gym)

Admission/Discharge/Transfer Policy

ASU IDT Meeting – Function & Structure model

Family Meeting – Structure & Function model

ASU – Clinical Pathway
Acute Intervention outcomes

Rapid Triage Protocol for stroke & TIA

Thrombolysis Protocol implemented April 09

Thrombolysis Rate 0 – 11%

TIA CPG implemented November 09

TIA Clinic November 09
Stroke Workforce outcomes

Recruitment - Head of Neurology
Recruitment - 1.0 EFT Stroke Neurologist
Recruitment - Stroke Nurse Coordinator
Recruitment – Neurology NUM
Increase 1.0 - 1.5 EFT Social Work
Collaborative Physio / OT assessment policy
Stroke Nurse Practitioner – Model submitted
Clinical Practice across the continuum

Patient/Carer Information 41%

Continence CPG – 25%

NSF - Organisational & Clinical Audit

Stroke Self Management Program
Workforce Education outcomes

Workforce Survey

Stroke Education Seminar – Annual

Continuing Professional Development Program
Challenges?

Momentum
Moving change to sustainability
Governance to ensure outcomes
Avoiding project saturation
Where to from here.....

Sub acute focus

Mood – 4%

VSCN – Enhancing stroke care project submission

Evaluate, Evaluate, Evaluate!

“I like your attitude, Harris.”
THANK YOU

adele.mollo@health.vic.gov.au

OR

Adele.Mollo@wh.org.au
Patrick Groot: Southwest Health Care Facilitator

The VSCN – A Regional Perspective
Regional TIA and Stroke incidence

<table>
<thead>
<tr>
<th>Year</th>
<th>TIA</th>
<th>Stroke</th>
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<tbody>
<tr>
<td>2006/07</td>
<td>92</td>
<td>188</td>
</tr>
<tr>
<td>2007/08</td>
<td>96</td>
<td>162</td>
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<tr>
<td>2008/09</td>
<td>89</td>
<td>202</td>
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</table>

- Regional growth rate in stroke incidence of around 7%
South Western’s Baseline Context

- 10 health services of varying size and capacity
- 3 with CT scanner, 1 of which has 24/7 cover & reporting
- Warrnambool (SWH) enhanced stroke care capacity
South West Healthcare

- Adoption of evidence-based stroke practice
- ROAST 2004
- Stroke Liaison 2005
- Stroke Unit model of care 2005
- IV Thrombolysis for AIS 2006
• Of 202 stroke presentations in SW in 2008/09, 117 (57%) treated at Warrnambool
• Reflects gradual increase of regional presentations to SWH to access stroke service
<table>
<thead>
<tr>
<th>Year</th>
<th>TIA</th>
<th>Stroke</th>
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<tr>
<td>WDHS</td>
<td>6</td>
<td>35</td>
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<tr>
<td>PDH</td>
<td>10</td>
<td>26</td>
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<tr>
<td>7 remaining smaller HSs</td>
<td>0-8 strokes</td>
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Stroke Network Facilitator in post May 2008

- Stakeholders identified and collaborating as South West Stroke Advisory Group (SWSAG)
- 3 sites complete Recommendation Gap Analysis
- Regional and local priorities for stroke care enhancement identified
Regional Priorities

• Support WDHS in investigating stroke unit care & thrombolysis
• Support PDH in protocol/practice enhancement, inc’ transfer protocols
• Foster GP, AV & HS awareness re’ access points to the appropriate stroke care resources in SW
Regional Priorities

- Assist Warrnambool with ongoing incorporation of evidence into practice & enhance SWH’s role as a regional hub in stroke care
- Essentially all health services in the SW will become part of the Stroke Clinical Network
Local Priorities: Warrnambool

- TIA management
- ED management stroke/TIA
- Admission rate to ASU
- Sub-acute stroke management
- Discharge planning/Community follow up & supports
- Staff education
Local Priorities: Hamilton

- Hyperacute management including thrombolysis model
- Collocation/stroke unit model of care
- Interdisciplinary stroke team
- Performance monitoring
- Stroke self-management program
- Staff education
Local Priorities: Portland

- Hyperacute – rapid triage
- Transfer of thrombolysis candidates
- Radiology – rapid reporting
- Interdisciplinary care
- Review rehab’ resources/protocols
- Monitor KPI’s
- Staff education
Outcomes

• SWH, WDHS, PDH & AV all members of SWSAG
• Collaborative approach
• Education by SWH clinicians for WDHS staff
• WDHS-thrombolyse, collocation model & interdisciplinary team
Outcomes

- WDHS clinician engages in RMIT stroke unit
- SWH ongoing incorporation of evidence, stroke liaison .5FTE & CNC
- PDH late starters but now engaged
- Regional stakeholder awareness of stroke care resource distribution
Outcomes

• Improved local and regional access to available evidence-based stroke care resources
• Improved outcomes post TIA and stroke
• Remains significant room for improvement