



Executive Summary

National Stroke Audit Rehabilitation Services Report 2018

strokefoundation.org.au

At a glance

National Rehabilitation Framework

For the first time
4 services achieved all
10 elements



BUT

1 in 5 services
met less than half the
Framework elements



Gaps in management



of patients
experienced **mood
impairment or
disturbance**



**No assessment
for depression
and anxiety**

**1 in 3
services**



**No access to
clinical or
neuropsychologists**

**1 in 2
patients**



With **urinary
incontinence** had no
management plan

120

Stroke Rehabilitation services

9,420

Patient admissions

3,651

Case notes

Insufficient therapy

Only **51%** of services



reported delivering 2 or more
hours of **active therapy**
daily as per guidelines

Unprepared for life after stroke

80%



NOT given information about intimacy
after stroke

41%



NOT offered assistance to return to work
(for those who wanted to)

40%



NOT given basic information about stroke
rehabilitation **OR** lifestyle advice to
prevent another stroke

26%



of carers **NOT** offered training to cope
with physical and emotional aspects
of caring

Executive Summary

Rehabilitation of people with a stroke is a process aimed at enabling survivors to reach and maintain their optimal physical, sensory, intellectual, psychological and social functional wellbeing. Rehabilitation provides people who have had a stroke with the tools they need to attain independence and self-determination – the tools survivors need to live well after stroke.

The 2018 National Stroke Audit Rehabilitation Services provides a vigorous and representative assessment of inpatient rehabilitation services in Australia. The Audit highlights areas where the system is working well and reports on areas where improvements or changes are needed. It is the only report of its kind in Australia, tracking the performance of stroke care against evidence-based Clinical Guidelines and the *National Rehabilitation Stroke Services Framework 2013*. The report also highlights changes in stroke treatment and care over the past decade since the Audit began.

Clinicians, healthcare administrators and governments alike utilise the data in this report to review services and clinical care in order to improve the quality of stroke management throughout Australia. This report maps stroke care against the *Clinical Guidelines for Stroke Management 2010*, which has now been superseded by the 2017 version. Thus, providing an informed baseline for future audits against the updated evidence-based, best practice guidelines.

The Audit collected data in two parts:

- › Survey of resources, processes and infrastructure completed by 120 stroke rehabilitation services.
- › Retrospective audit of 3,651 case notes (from 109 services).

Public and private services participating in the Stroke Foundation 2018 National Audit Rehabilitation Services reported 9,450 stroke patient admissions in the previous 12 months.

Organisation of rehabilitation services

The 2018 Audit finds that Australian stroke survivors are continuing to be denied the quality rehabilitation care as recommended in best practice guidelines. Reflective of the acute audit results, there were significant gaps in stroke care and inequalities in services across Australia.

It is important to note there was improvement since the last audit – small improvements have been made across most areas of the Audit. Most encouraging was for the first time four services achieved all 10 elements of the National Rehabilitation Services Framework. This means they had the recommended resources and systems to deliver best practice care, including but not limited to:

- › using evidence-based clinical guidelines to inform practice.
- › delivery of patient care within a dedicated stroke or neuro-rehabilitation unit.
- › involving patients in their goal setting and delivering written care plans.
- › systems for transfer of care.
- › follow-up care for patients and support for carers.

In shocking contrast, 25 services (21%) met less than half of the Framework elements, meaning many services were not resourced or organised to deliver optimal care.

This is unacceptable. It is a reasonable expectation for any service delivering stroke rehabilitation to meet the requirements of the Framework.

Supporting clinicians to deliver evidence-based care

Clinicians should be supported to continually gain knowledge and skills based on the best available evidence yet only 69% of sites offered education related to stroke management. It is concerning almost one-third of services have not embedded evidence-based stroke care as outlined in the guidelines and do not have systems to monitor evidence-based adherence.

The system must also be able to support enough therapy to give patients the best opportunity to recover. Only half (51%) of sites reported routinely providing two or more hours (16% reported 3+ hours) of daily therapy with updated guidelines recommending at least two hours of active practice. One-third of services also reported they had no documented process or system to ensure patients received recommended intensity of practice.

Other areas of concern within current services included:

- › Only 13 (11%) of rehabilitation services reported providing care in specific, geographically defined stroke units. On the day of the Organisational Survey, 712 patients were admitted to a rehabilitation service, yet just 87 (12%) were cared for on a dedicated stroke rehabilitation unit. Further resources dedicated to neurological rehabilitation are warranted.
- › Patients individual needs were not being identified when they entered rehabilitation, particularly depression and anxiety caused by the stroke, and around one-third of services did not have a standardised and early assessment for rehabilitation or effective links with acute services.
- › Two-thirds of services reported no processes for the transfer or follow-up of patients following discharge – survivors and their families were on their own, despite 66% of patients being referred on for further rehabilitation after inpatient care.

Patient-centred, best practice care

Where the Organisation Survey looks at the resources and systems needed to deliver best practice care, the Clinical Audit maps patient care provided against best-practice, recommended Clinical Guidelines.

Rehabilitation services have made great gains in moving to a more patient centred approach to care. A total of 94% of services reported involving their patients in goal setting, increased from 79% in 2012. There was also excellent access or involvement of physiotherapists, occupational therapists and speech pathologists, social workers and dieticians to assist in achieving these goals.

This indicates an emphasis on patients' physical recovery and goals centred around areas such as walking, upper limb movement, communication and daily living activities.

Recovery beyond the physical

A stroke attacks the brain, and its impact extends well beyond the physical. Mood changes, such as depression, frequently occurs following a stroke.

Anxiety, emotional, personality and behavioural changes are also common, and can cause problems with community participation and in relationships with family and carers. Yet, patients' psychological wellbeing has been consistently under scrutinised since the Audit's inception.

One third of services reported no access to clinical or neuropsychologists in stroke rehabilitation. This was increasingly concerning when this Audit found around 50% of patients had some degree of mood impairment.

Assessment of mood has risen slowly from 34% in 2012 to 56% in 2018. However, the psychological needs of stroke survivors simply cannot be ignored.

Recovery is a journey

The ultimate aim of effective rehabilitation is to enable survivors to live a life of their choosing whether it be through education, returning to work, an active retirement, family or community life.

Audit results indicated survivors were not being supported beyond their immediate needs. Indications included:

- › 20% of patients were discharged home without collaboratively developed plans for their ongoing recovery.
- › 38% of patients were not being provided with tailored information to assist in their recovery. We know this information is available: 97% of services reported offering these resources but families were not receiving it.
- › 41% of survivors were reported to have urinary incontinence, yet only half with identified problems had a documented management plan.
- › Only 20% of patients were offered written information about the impact of stroke on intimate relationships.
- › Almost half (41%) of survivors who worked prior to stroke were not offered assistance to return to work if they wanted to. In contrast 91% of survivors were provided with assistance to return to driving after stroke, indicating excellent care can be delivered nationally.

No survivor journeys alone

Stroke happens in an instant, changing the lives of the survivor and their loved ones forever. There is no time to prepare for the journey ahead. Carers, who are most often family members, play a critical role in every element of a survivor's recovery and life after stroke.

However, carers were too often forgotten in the transition home.

The number of carers receiving the relevant training has plateaued at 74%, probably in part due to the fact only 63% of carers had a documented assessment of their needs (down from 84% in 2014).

There must be increased recognition that stroke impacts well beyond the individual survivor – too many families continue to be devastated by this disease.

Stroke prevention

Four in 10 stroke survivors will go on to experience another stroke within a decade, yet research shows more than 80 percent of strokes may be prevented. Rehabilitation services play a critical role in secondary stroke prevention including lifestyle education and the importance of medication compliance.

Audit results indicated that services have acted in response to previous Audit recommendations and the Guidelines. More patients are now being prescribed vital medication to assist in

the prevention of stroke (anti-clot 94%, blood pressure 79%, cholesterol 85%) on discharge from hospital. However, four in every 10 patients were still not being provided with education on lifestyle changes that may impact stroke risk. This has improved from the 2014 audit results, but it is still not good enough. Stroke survivors must be provided the opportunity to live well, including avoiding recurrent stroke.

The opportunity

International evidence indicates more Australians are set to experience stroke at younger ages. The good news is that advancements in stroke treatment mean more Australians are surviving stroke than ever before.

Therefore the role of rehabilitation in stroke is increasing in importance. The release of the Clinical Guidelines for Stroke Management 2017 shows what world-class, best practice stroke care looks like. Now, we must ensure all Australian patients with stroke have access to it.

The Audit provides a foundation for clinicians, healthcare administrators and government to build upon. The Australian healthcare system must adapt to support healthcare professionals in the delivery of best practice stroke care and improve how resources are utilised to deliver the best outcomes for all Australians. All Australians and their families need and deserve the opportunity to live well after stroke.

Recommendations

1. Review stroke service coordination and links to ensure a streamlined flow of care based on patient's individual needs.
2. Ensure clinicians receive ongoing, stroke-specific education and training in line with the Clinical Guidelines for Stroke Management.
3. Ensure services are organised to provide more therapy during and after inpatient rehabilitation to maximise the opportunity for recovery.
4. Ensure the psychological wellbeing of all patients is assessed and appropriate support is provided, recognising stroke recovery extends beyond the physical.
5. Prepare survivors for the life of their choosing through education, support, service linkages and planning for recovery within and beyond inpatient rehabilitation.
6. Provide more recognition of the role of carers in the recovery journey, including assessments and training.

The full National Stroke Audit Rehabilitation Services Report 2018 can be downloaded at informme.org.au/stroke-data



How to get more involved

-  **Give time** – become a volunteer.
-  **Raise funds** – donate or hold a fundraising event.
-  **Speak up** – join our advocacy team.
-  **Leave a lasting legacy** – include a gift in your Will.
-  **Know your numbers** – check your health regularly.
-  **Stay informed** – keep up-to-date and share our message.

Contact us

-  **StrokeLine 1800 STROKE (1800 787 653)**
-  **strokefoundation.org.au**
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