

Dissemination and implementation plan

Clinical Guidelines for Stroke Management

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1 Background

The Stroke Foundation has been developing stroke guidelines since 2002. In order for the Australian Government to ensure up-to-date, best practice clinical advice is provided and maintained to healthcare professionals, the NHMRC requires clinical guidelines be kept current and relevant by reviewing and updating regularly. As a result, the Stroke Foundation has moved to be a 'Living' guideline that continually reviews and updates recommendations in response to new evidence. This commenced in July 2018 with an initial three-year funded project by the Australian Government Department via the Medical Research Future Fund.

The Living Guidelines cover the most critical topics for effective management of stroke, relevant to the Australian and New Zealand context, and include aspects of stroke management across the continuum of care including pre-hospital, assessment and diagnosis, acute medical and surgical, secondary prevention, rehabilitation, discharge planning, community participation, and management of TIA. Some issues are dealt with in more detail, particularly where current management is at variance with best management, or where the evidence needs translation into practice.

The primary goal of the Guidelines is to help healthcare professionals improve the quality of the stroke care they provide.

This ***Dissemination and Implementation Plan*** details the information required by the NHMRC in accordance with the requirements of the *NHMRC 2016 Standard for developing clinical practice guidelines*.

2 Dissemination of the Guidelines

Reviewing current evidence and developing evidence-based recommendations for clinical care are only the first steps to ensuring that evidence-based quality stroke care is available. Following publication, the Guidelines must be disseminated to all those involved in stroke care to inform and assist stroke care delivery.

The Guidelines are intended for use by healthcare professionals, administrators, funders and policy makers who plan, organise and deliver care for people with stroke or TIA during all phases of recovery.

2.1 Target audience

The target audience for the Guidelines includes:

- Clinicians working directly within hospital and community settings (including public and private facilities);
- General practitioners and other community health providers;
- Emergency services (i.e. ambulance services);
- Hospital administrators;
- State health departments;
- Medical, nursing and allied health university programs; and
- Consumers.

2.2 Dissemination plan

Initial dissemination of any updated recommendations will take place via the following mechanisms:

- Official launch (including information via various media platforms);
- Circulation electronically to members of the Australian Stroke Coalition; (representatives of all state based clinical networks, and professional bodies including nursing, medical, ambulance and allied health);

- Distribution to all organisations who have previously endorsed the Guidelines (if directly relevant to current update);
- Distribution via the regular guidelines summary email sent to healthcare professionals (approximately 27,000 clinicians and trainees);
- Detailed information will be placed on the Stroke Foundation's healthcare professional website InformMe.org.au;
- Publication of a content summary within relevant journals will be considered such as the summary published in the MJA last year (English et al 2022 Med J Aust 2022; 216 (10): 510-514. doi: 10.5694/mja2.51520);
- Presentation at national stroke conferences; and
- Information about the updated guidelines will be integrated within the Stroke Foundation's EnableMe website (which is dedicated to consumers) and the main Stroke Foundation website.

3 Implementation of the Guidelines

In considering implementation of the Guidelines at a local level, healthcare professionals are encouraged to identify the barriers, enablers and facilitators to evidence-based practice within their own environment and determine the best strategy for local needs. Where change is required, initial and ongoing education is essential and is relevant to all recommendations in the Guidelines.

Evidence-based implementation strategies described in the literature are used to facilitate use of the Guidelines in practice. The Stroke Foundation has previously developed a framework for implementation, *Implementing the Clinical Guidelines for Stroke Management: A guide to changing practice for stroke clinicians* [1], which will continue to be promoted for use.

3.1 Implementation strategies

Implementation strategies we suggest to facilitate use of the Guidelines include:

- Education sessions: for example, hosting interdisciplinary face-to-face meetings/seminars/workshops or internet-based webinars. Resources will be developed to assist facilitators with identifying barriers and solutions in the implementation phase. We currently plan a national webinar related to new or updated guideline recommendations. These often utilise key opinion leaders and allow live question and answers. Education specific to general practice is offered using an online webinar format that allows local stroke experts to share updated information and local resources related to best practice stroke care. Furthermore, education at national conferences focused on implementation considerations is used. Finally, on-demand education is available on InformMe related to guideline topics which are updated to keep consistent with the recommendations.
- Education outreach visits: for example, a peer support model using centres viewed as 'champions' in aspects of stroke management may be used to assist other centres locally. In QLD and TAS we provide the 'StrokeLink' program which facilitates quality improvement sessions with hospital teams.
- Audit and feedback: data from the Australian Stroke Clinical Registry are fundamental to the implementation of these guidelines. Data dashboards for many aspects of acute care and now available for sites participating in the

Registry. Furthermore, patient outcomes data is collected and reported for rehabilitation by the Australasian Rehabilitation Outcomes Centre (AROC).

- Team meetings and working group meetings: for example, regular meetings of key stakeholders and team members should be used once local teams have identified key areas of quality improvement activities and commenced planning strategies for change.

A systematic review of the above strategies appear to have modest effectiveness in implementing evidence-based care but it is unclear if single interventions are any better or worse than multiple interventions [2]. Thus, all of the above strategies may be used where appropriate for implementation of the Guidelines. Implementation related to the National Acute Stroke Care Standards is also actively included [3].

3.2 Implementation support

The Stroke Foundation strongly recommends a systematic approach to identifying gaps in service delivery, understanding local barriers or enablers to reducing those gaps, and developing a clear plan of action to improve stroke services. The Stroke Foundation is committed to supporting routine monitoring of adherence to the Guidelines via the Australian Stroke Clinical Registry and providing a centralised online portal to provide healthcare professionals with education, tools and resources, opportunities to share ideas, review data, and develop an action plans for quality improvement.

In addition, existing resources and networks can also support implementation of the Guidelines:

- The *Acute and Rehabilitation Stroke Services Frameworks*, which outlines how acute and rehabilitation stroke services, and stroke units in particular, should be organised in different parts of Australia and the resources that may be needed (available at [National Stroke Services Frameworks | InformMe - Stroke Foundation](#));
- The Australian Stroke Coalition, which brings together representatives from groups and organisations working in the stroke field, such as clinical networks and professional associations/colleges, and works to tackle agreed priorities to improve stroke care, reduce duplication between groups and strengthen the voice for stroke care at a national and state level (see australianstrokecoalition.com.au); and
- Clinical networks, in NSW, QLD, SA, WA, TAS and VIC, which can help to take a more systems wide approach to quality stroke care.

4 References

- [1] Stroke Foundation, "Implementing the Clinical Guidelines for Stroke Management: A guide to changing practice for stroke clinicians," Melbourne, Australia, 2011.
- [2] Grimshaw JM, Eccles MP, Lavis JN, Hill SJ & Squires JE, "Knowledge translation of research findings," *Implementation Science*, vol. 7, p. 50, 2012.
- [3] NHMRC, "Standards for developing clinical practice guidelines," Canberra, 2016.
- [4] Australian Commission on Safety and Quality in Health Care, "Acute Stroke Clinical Care Standard," Canberra, 2019.