Stroke FOUNDATION

Clinical Guidelines for Stroke Management

Administrative report

September 2026

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1. Background

The Stroke Foundation has been developing stroke guidelines since 2002. The *Clinical Guidelines for Stroke Management 2017* were approved by the National Health and Medical Research Council (NHMRC) in July 2017, with further changes approved in November 2017, July 2018, November 2019, February 2021, July 2021, December 2021, August 2022, December 2022, July 2023, December 2023, January 2025, April 2025, September 2025, April 2026 and August 2026.

To ensure the currency of recommendations, the Stroke Foundation in partnership with Cochrane Australia tested a model of continually reviewing and updating recommendations in response to new evidence. This project commenced in July 2018 and concluded in June 2021 and was funded by the Australian Government Department of Health via the Medical Research Future Fund. Following on from this, funding was secured by the Australian Living Evidence Consortium allowing the Stroke Foundation to continue to review literature monthly and maintain the Australian and New Zealand Living Clinical Guidelines for Stroke Management (the Living Stroke Guidelines). However, from 2024 the Stroke Foundation has been funding the living guidelines from public donations while it advocates for ongoing government funding.

This Administrative report details the information required by the NHMRC in accordance with the requirements of the *2016 NHMRC Standards for Guidelines*.

2. Content Development Group (CDG)

In September 2018, the Stroke Foundation called for an Expression of Interest (EOI) for healthcare professionals to be involved in the development of living guidelines. Requests for EOI were sent to all previous people involved in the 2017 update, as well as stroke care-related professional organisations (via representatives on the Australian Stroke Coalition). The EOI was also advertised on the Stroke Foundation's website and in our healthcare professional newsletter. Further EOI's have been circulated annually. The criteria for selection were:

• Good working relationship with their professional organisation,

• Extensive networks of peers to seek input as needed,

• Strong clinical expertise/experience with a very good practical knowledge of current practice,

• Detailed knowledge of research design and critical appraisal of evidence,

• Familiarity with systematic reviews and development of clinical guidelines, and

• Willingness and ability to commit to the necessary time commitment of this project (over a minimum 24-month period).

Applications in writing were assessed against the selection criteria by members of the Stroke Foundation Project Team and discussed with the relevant discipline leads (who sit on the steering committee).

The Content Development Group (CDG) and associated working groups are responsible for:

- reviewing the framework of the existing guidelines
- determining any new clinical questions
- identifying, reviewing and classifying relevant literature
- reviewing extracted data from the literature including evidence summaries, rationale and practical information

- reviewing draft updates to existing guidelines or new recommendations
- evaluating and responding to feedback from the consultation process.

An overview of the roles and responsibilities and guidelines governance is provided in the Methodology Paper.

Review of the current topics (dysphagia interventions and weakness) was undertaken by the work group members outlined in Table 1. In addition, all lived experience members and relevant discipline working group members were asked to review draft changes and provide comments. Finally, the multidisciplinary Content Steering Committee signed off on the content prior to public consultation and discussed and agreed to the final copy after feedback was considered. A list of Steering Committee members is located at: https://informme.org.au/guidelines/clinical-guidelines-for-stroke-management/guidelines-development-process

Table 1: Content Development Working Group Members specifically involved in the dysphagia interventions and weakness topics

Dr Davide de Sousa	Physiotherapy	Ryde Hospital, NSW
A/Prof Elizabeth Lynch	Physiotherapy	Flinders University, SA
Dr Emma Finch	Speech pathology	University of Queensland, QLD
Dr Joanne Murray	Speech pathology	Flinders University, SA
Katina Swan	Speech pathology	Edith Cowan University, WA
Dr Sharon Kramer	Physiotherapy	Swinburne University of Technology, VIC
Ms Simone Dorsch	Physiotherapy	Australian Catholic University, NSW
Dr Thoshen Kandasamy	Physiotherapy	SA Health and Flinders University, SA
Hannah Derwent, Sally Byatt	Lived experience (dysphagia treatment)	
Eric Knapp, Kylie Head, Toni Afaras, Samantha Owen	Lived experience (weakness)	

3. Consumer involvement

Based on feedback from consumers on the Stroke Foundation Lived Experience Council, an innovative model of consumer involvement is used which involves a panel of consumers as 'lived experts' and who are active members of the CDG. The Guidelines CDG Lived Experience Panel ensures options, values and preferences of consumers are central to the review and update of any clinical recommendations.

For each topic being updated, 2-4 individuals from the panel with experience of the topic are included along with clinical experts to update the recommendations. The whole lived experience panel are then invited to review and comment on the draft changes. When more members are needed, the EOI is advertised on the Stroke Foundation's website and in relevant newsletters and/or on social media

platforms. All individuals will receive orientation training via teleconference and be provided with written materials, and are able to request extra assistance, a refresher session or materials whenever needed.

Responsibilities

People involved on the lived experience panel will be responsible for:

- Periodically providing input into questions the guidelines answers (and the research literature is searched specifically for). This may involve helping rank the most important outcomes we want to search for in the research.
- Review and comment on updated summaries of research, specifically information related to patient values and preferences.
- Input into draft updates to any background text, specifically related to practical considerations and consumer considerations.
- Respond to feedback from the public consultation (in cooperation with the interdisciplinary group).

4. Managing conflicts of interest

The Guidelines are managed in accordance with the Stroke Foundation *Conflict of Interest Policy*, which is based on the NHMRC *Identifying and Managing Conflicts of Interest of Prospective Members* and *Members of NHMRC Committees and Working Groups Developing Guidelines* documents. Working group members are asked to review and update (at least annually) their previously disclosed potential conflicts of interest (COI). The form and policy will be provided to NHMRC for review along with summary of potential COIs (Appendix 1).

5. Systematic literature review

Any stroke related randomised controlled trials or systematic reviews are screened monthly and allocated to each relevant PICO. The working group in collaboration with CDG members identify if a new publication is likely to impact the overall body of evidence and lead to a change of the recommendations in which case it is fast tracked as a high priority. For new evidence that is unlikely to require a change to recommendations monthly allocation accumulates for six months at which point the CDG members are requested to review and advise the final inclusion and determine the potential impact of the evidence. Questions (PICO structure) specifically used in the current update are noted below.

Table 2: Questions in PICO structure for dysphagiainterventions and weakness

Clinical question	Patient	Intervention	Comparator	Outcomes
Which interventions improve outcomes in stroke patients with dysphagia?	All stroke patients with dysphagia	Interventions to reduce dysphagia	No intervention	Death Institutionlisation rate Improved swallowing function QOL Nutritional status Carer burden

What interventions for strength improve outcomes for stroke survivors?	All stroke patients with reduced strength	Rehabilitation	No intervention	ADL Walking ability AND arm function Strength Adverse events

6. Practice Statements (Consensus-based recommendations) and Practice Points

For some topics, a systematic review of the available evidence was conducted, but there was either a lack of evidence or insufficient quality of evidence on which to base a recommendation. In cases where the CDG determined that recommendations were important, statements and advice about topics were developed based on consensus and expert opinion (guided by any underlying or indirect evidence). These statements were labelled as 'Practice statements' and correspond to the 'consensus-based recommendations' outlined in the NHMRC procedures and requirements. These statements should be regarded with greater discretion by guideline users.

For topics outside the search strategy (i.e. where no direct systematic literature search was conducted), additional considerations are provided. These are labelled 'Info Box' and correspond to 'practice points' outlined in the NHMRC procedures and requirements.

Final decisions about Practice Statements (Consensus-based recommendations) and Practice Points were made using informal group processes after open discussion facilitated by the Co-Chairs. If there was divergent opinion with respect to Practice Statements (Consensus-based recommendations) and Practice Points, they were not included in the guideline.

7. Public consultation

The Stroke Foundation conducted the public consultation process in accordance with Section 14A of the *Commonwealth National Health and Medical Research Council Act 1992* and accompanying regulations.

We will advertise the 'Notice of public consultation' publicly on the Stroke Foundation websites – www.strokefoundation.com.au; www.informme.org.au and www.enableme.org.au on 30 September for the public consultation period from 24 September 2026 to 30 October 2026. Electronic communications will be sent to all organisations identified by the NHMRC as being mandatory to consult with, advising of the public consultation period (refer to Appendix 2 for a list of these organisations). Electronic communications were also sent to all professional and consumer organisations via the Australian Stroke Coalition and Stroke Foundation newsletter list (~27,000 health professionals). Feedback will be received via email and the MAGICapp website.

The Stroke Foundation will receive responses from individuals and organisations and provide in a final version of this document.

All individuals and organisations that provided feedback during the public consultation period will be contacted via letter and thanked for their input and advised of the action taken by the CDG in response to their feedback.

8. Dissemination

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.

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;
- 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.

9. Implementation

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.

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 deliver

national webinars that facilitate uptake of guideline recommendations in priority areas. 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 occur regularly to review data, identify gaps and drive quality improvement activities.

A systematic review of the above strategies appears 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].

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 and resources that facilitate quality improvement.

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

- The Acute and Rehabilitation Stroke Services Frameworks outline 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 (ASC), brings together representatives from groups and organisations working in the stroke field, such as clinical networks and professional associations/colleges. The ASC 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, help drive a systems wide approach to quality stroke care.

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] Australian Commission on Safety and Quality in Health Care, “Acute Stroke Clinical Care Standard,” Canberra, 2019.

Appendix 1: Summary of Conflict of Interest Declarations

Clinical Working Groups (Note: COI is formally reviewed annually)

Name	Discipline	Organisation	Conflicts declared	Date COI initially provided/ last updated
Dr David de Sousa	Physiotherapy	Ryde Hospital, NSW	*Office holder:* Northern Sydney Local Health District	Nov 2019 / Mar 2025
A/Prof Elizabeth Lynch	Physiotherapy	Flinders University, SA	*Other financial and support for travel/meals etc* - Receives salary from NHMRC (fellowship) - Receives travel support from University of Adelaide.	Nov 2018
Dr Emma Finch	Speech pathology	University of Queensland, QLD	*Office holder:* - Senior Research Development Officer, West Moreton Health, Queensland Health (currently on secondment from this role) - public health service - Advanced Speech Pathologist (Rehabilitation), West Moreton Health, Queensland Health (currently on secondment from this role) - public health service - Acting Director of Allied Health Research, Health Workforce Division, Department of Health, Queensland Health (current secondment to this role)- public health service	Oct 2018 / Mar 2026
Dr Joanne Murray	Speech pathology	Flinders University, SA	None declared	Nov 2018 / Mar 2025
Katina Swan	Speech pathology	Edith Cowan University, WA	*Office holder:*	Jun 2022

			St John of God Health Care (private) – non for profit Edith Cowan University	
Dr Sharon Kramer	Physiotherapy	Swinburne University of Technology, VIC	None declared	Oct 2019 / Mar 2025
Ms Simone Dorsch	Physiotherapy	Australian Catholic University, NSW	*Office holder:* - **Chairperson National Neurology Group (NSW) of the Australian Physiotherapy Association** – private company. - No relationship to the guidelines/no perceived conflict of interest - **Chairperson Training and Education committee PEDro** (produced by the Institute for Musculoskeletal Health School of Public Health at the University of Sydney and hosted by Neuroscience Research Australia [NeuRA]). - No relationship to the guidelines/no perceived conflict of interest. - **Presenter with The StrokeEd Collaboration, Sydney, NSW**. Conducts fee-for-servies workshops and lectures for allied health professionals in Aust and overseas. StrokeEd's mission is to teach evidence based stroke rehabilitation in order to optimise recovery post-stroke – it is not a registered company or businesss. - No relationship to the guidelines/ no conflict of interest	Nov 2019
Dr Thoshen Kandasamy	Physiotherapy	SA Health and Flinders University, SA	*Office holder:* SA health	May 2025

Lived Experience Panel

Name	Description	Conflicts declared
Antonia Afaras	Stroke survivor	*Office holder:* Member of Stroke Foundation Lived Experience Council
Eric Knapp	Stroke survivor	None declared
Hannah Derwent	Stroke survivor	None declared
Kylie Head	Stroke survivor and carer	*Office holder:* On the Table Consulting – Coaching patients and families that experience stroke, rehabilitation and community reintegration *Nature of Business: Sole trader business providing consulting services* *Position Held: Sole trader, owner.* *Agreements:* Paid role as co-chair for the New Zealand consumer panel for the New Zealand Stroke Foundation, Lived Experience Advisory Panel (LEAP). *Other interests:* • Co-Chair of the New Zealand Stroke Foundation Consumer Panel (2024) • Member of the Whaikaha Eligibility for Disability Support Services Advisory Group (2024) • Group Chair of the New Zealand Stroke Clot Retrieval Consumer Panel (2022-2023) • Member of the Pharmacy Council Standards Working Group (2023) • Consumer Advocate for New Zealand Critical Care Service Planning (2022)

		• Consumer Co-design for New Zealand Stroke Rehabilitation Strategy Planning (2021) • Consumer Board Member for New Zealand Endovascular Clot Retrieval (2020) • Consumer Co-lead for Northern Region Endovascular Clot Retrieval (2015-2017) • Consumer Network Board Member for Health Navigator (Healthify) (Since 2016) • Board Member for Northern Region Stroke Network (since 2016) • Clinical Panel Member for National Stroke Network (since 2015)
Sally Byatt	Stroke survivor	None declared
Samantha Owen	Stroke survivor	None declared

Appendix 2: Names of organisations to be contacted for public consultation.

Organisation
The Director-General, Chief Executive or Secretary of each state, territory and Commonwealth health department
Stroke Guidelines Lived Experience panel
Australian Stroke Coalition – representatives of the member organisations which includes all relevant professional colleges/associations and state-based stroke clinical networks
New Zealand National Stroke Network