

Clinical Guidelines for Stroke Management

Administrative report

October 2024

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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 and December 2023.

For the Australian Government to ensure that healthcare professionals have up-to-date, best practice clinical advice, the NHMRC requires clinical guidelines be reviewed and updated at least every five years. As a result, 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. More recently funding has been secured by the Australian Living Evidence Consortium allowing the Stroke Foundation to continuing to review literature monthly and maintain the Australian and New Zealand Living Stroke Guidelines.

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 the 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 co-chairs, currently Professor Bruce Campbell and Doctor Elizabeth Lynch.

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 topic (management of atrial fibrillation) was undertaken by the work group members outlined in Table 1. In addition, all consumers 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 self-management topic

A/Prof Elizabeth Lynch	Physiotherapy	Flinders University, SA
Jocelyn White	Occupational therapy	Clarity Occupational Therapy, WA
Dr Tamina Levy	Physiotherapy	Flinders Medical Centre and Flinders University, SA
Dr Tenelle Hodson	Occupational therapy	Griffith University, QLD
Kim Beesley, Paul and Joan Haynes	Consumers	

3. Consumer involvement

Based on feedback from consumers on the Stroke Foundation Consumer 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 Consumer 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 consumer panel are then invited to review and comment on the draft changes.

Responsibilities

People involved on the consumer 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 (Att 2).

5. Systematic literature review

Any stroke related randomised controlled trials or systematic reviews are screened monthly and allocated to each relevant PICO. CDG members advise the final inclusion and determine the potential impact of the evidence to determine if it is a high or low priority workflow. High priority occurs when the new evidence is assessed to potentially impact the overall body of evidence and recommendations. A low priority is given where the new evidence is deemed to not change the recommendation/s or body of evidence. Questions (PICO structure) specifically used in the current update are noted below.

Clinical question	Patient	Intervention	Comparator	Outcomes
Do self-management programs improve outcomes in stroke patients once they return to the community?	All patients with stroke	Self-management programs	No intervention	HRQoL Participation Self-efficacy Health care utilisation

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 advertised the 'Notice of public consultation' publicly on the Stroke Foundation websites – www.strokefoundation.com.au; www.informme.org.au and www.enableme.org.au from 29 January to 13 March. Electronic communications were also sent to all organisations identified by the NHMRC as being mandatory to consult with, advising of the public consultation period (refer to Appendix 1 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 was received via email and the MAGICapp website.

The Stroke Foundation received a small number of responses from individuals and organisations (refer to consultation summary).

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.

Appendix 1: Names of organisations contacted for Public consultation.

Organisation
The Director-General, Chief Executive or Secretary of each state, territory and Commonwealth health department
Pharmaceutical Benefits Advisory Committee (PBAC)
Stroke Foundation consumer council
Content development group – New Zealand
Consumer panel
Australian Stroke Coalition – representatives of the member organisations which includes all relevant professional colleges/associations and state-based stroke clinical networks

Appendix 2: Summary of Conflict of Interest Declarations

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

Name	Discipline	Organisation	Conflicts declared	Date initially provided COI
A/Prof Elizabeth Lynch	Physiotherapy	Flinders University, SA	<i>Other financial and support for travel/meals etc</i> - Receives salary from NHMRC (fellowship) - Receives travel support from University of Adelaide.	Dec 2018
Jocelyn White	Occupational therapy	Clarity Occupational Therapy, WA	<i>Office holder:</i> Clarity Occupational therapy – director <i>Other interests:</i> Appointed to Insurance Commission of WA lifetime care review working group	May 2022
Dr Tamina Levy	Physiotherapy	Flinders Medical Centre and Flinders University	<i>Office holder:</i> Flinders Medical Centre Flinders University Tamina Levy Neurophysiotherapy (private)	May 2022
Dr Tenelle Hodson	Occupational therapy	Griffith University, QLD	<i>Office holder:</i> School of Allied Health sciences, Griffith University (current) School of Health and rehabilitation sciences, University of QLD (previous)	Sep 2020

Consumer Panel

Name	Description	Conflicts declared
Kim Beesley	Stroke survivor	<i>Office holder:</i> <i>Member of Stroke Foundation Consumer Council</i>
Joan Douglas-Haynes	Carer	None declared
Paul Douglas-Haynes	Stroke survivor	None declared