

A fair go for stroke

Queensland Election
Platform 2017



strokefoundation.org.au

Rodney from Gladstone, stroke survivor

The challenge for Queensland

State of stroke in Queensland

Number of strokes: 10,334

Number of stroke survivors: 90,255
(19% of Australia's stroke population)

Number of working age (under 65) stroke survivors: 27,076

Stroke risk in Queensland (% of total population)

High blood pressure:
854,872 (17%)

High cholesterol:
1,277,138 (26%)

Physical inactivity:
2,218,929 (45%)



Number of hospitals delivering time critical endovascular clot retrieval (ECR) therapy:

- › Brisbane and Gold Coast = **3**
- › Regional Queensland = **ZERO**



1 in 2

Almost 50% of the stroke survivors who wanted to return to work were not provided with support to do so



Risk of repeat hospitalisation increasing through poor home transition planning:

- › One in three leave hospital without a care plan
- › Eighty-three percent of rehabilitation sites report having no structured home transition process



Only 5%

of Queensland patients with a clot-caused stroke receive clot busting thrombolysis treatment

Best Australian hospitals reach **20%**



Proposals at a glance

The Stroke Foundation is calling for the next Queensland Government to build on the work done to prevent, treat and beat stroke by investing an additional \$4.61 million over three years in programs that will deliver health care benefits directly to Queenslanders.

Proposal: FAST community action to reduce stroke and speed up treatment

Investment: \$1.5 million over three years (additional \$450,000 over three years for Aboriginal and Torres Strait Islander people extension)

Benefit: Investment will empower community volunteers to deliver the StrokeSafe message right across Queensland educating their peers about stroke risk factors and the FAST (Face, Arms, Speech, Time) message. This will be supported by a targeted local promotional campaign.

Result: When someone suffers a stroke, every minute counts. FAST access to treatment means a greater chance of recovery and decreased costs for our health system.

Proposal: Queensland telestroke and endovascular clot retrieval service

Investment: \$2 million over two years (plus scoping and costing of endovascular clot retrieval implementation)

Benefit: Ensuring Queenslanders, no matter where they live, have access to the latest treatments in acute stroke management.

Result: More regional Queenslanders surviving, avoid disability and recovering from stroke. Reducing stroke's burden on our communities and the health system.

Proposal: A fair go for young stroke survivors

Investment: \$660,000

Benefit: A nation-leading multifaceted strategy to support the unmet needs of young stroke survivors.

Result: Young stroke survivors empowered to maximise life after stroke, supported to grow and thrive, to get back to work and contribute to the community. Reducing stroke's burden on government.

Proposal: Build on the initial investment in *My health for life*

Benefit: Detecting chronic diseases early will save lives and save unnecessary costs to the health system by helping people to reduce their risk of developing heart attack, stroke or type 2 diabetes. Avoiding unnecessary hospital visits will save our health system significantly.

Result: Investing in a statewide prevention initiative we can act to avoid the rising tide of chronic disease faced by Queensland Hospitals.

A call to action

Stroke can be treated and it can be beaten, but only if patients are able to access high quality stroke treatment fast.

This year Queenslanders will suffer more than 10,000 strokes. Many of these will be experienced by people living in regional areas. Currently, there is no guarantee that all patients will have access to the high quality, evidence based care we know saves lives and reduces disability. In fact, we know many will not.

The next Queensland Government has an opportunity to vastly improve access to stroke treatment and support in the state so more patients survive, avoid disability and recover.

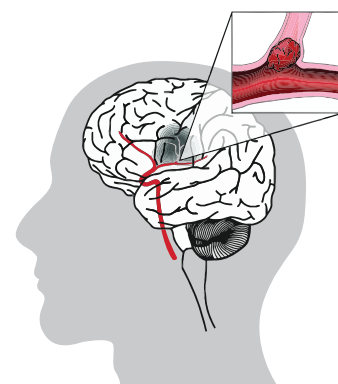
The stroke challenge looms large in our state.

Stroke Foundation calls on the next Queensland Government to commit to action that will save lives.

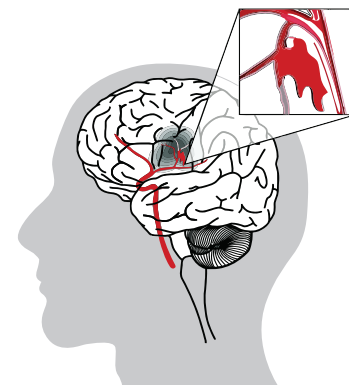
State government investment in chronic disease prevention, access to stroke units and the quality of stroke care has delivered results, however there is still much more to be done. The next State Government must take these initiatives further to stem the tide of this devastating disease.

What is stroke?

Stroke attacks the brain – our most vital organ. A stroke occurs when blood supply to the brain is cut off because of a clot blocking an artery (ischaemic stroke) or due to a burst artery (haemorrhagic stroke). When blood supply to the brain is blocked brain cells begin to die at a rate of up to 1.9 million each minute. Every stroke is different depending on where in the brain it strikes and how severe it is. What is common is the devastation it can cause to the survivor, their carer and family. It is one of the leading causes of disability for Australians.



**Ischaemic stroke
(clot)**



**Haemorrhagic stroke
(bleed)**

Five stroke facts

- › Stroke kills more women than breast cancer and more men than prostate cancer.
- › One in six people will have a stroke in their lifetime.
- › A stroke occurs in Australia every nine minutes.
- › One in three stroke survivors are of working age.
- › Sixty-five percent of those living with stroke also suffer a disability that impedes their ability to carry out daily living activities unassisted.

Taking action

The Stroke Foundation calls on the next Queensland Government to invest an additional \$4.61 million over three years to ensure all Queenslanders can access the best in stroke treatment and have a fair go at living well after stroke.

1. FAST action to reduce stroke and speed up treatment

Objective: Ensure every Queensland household has someone who knows the signs of stroke

Investment: \$1.5 million over three years

When someone suffers a stroke every minute counts. FAST access to treatment means a greater chance of recovery and decreased costs for our health system. When a stroke does occur the best outcomes are achieved when treatment is received quickly. Too often treatment is delayed due to a lack of awareness about the stroke signs and symptoms.

Stroke Foundation's F.A.S.T. (Face, Arms, Speech and Time) community education campaign will raise vital awareness of stroke risk factors and the signs of stroke in large urban centres and small regional communities across Queensland. It is ready for an immediate roll-out.



Stroke Foundation's F.A.S.T. community education campaign has been proven to directly result in increased awareness of the signs of stroke and calls to emergency services.

FAST messages for Aboriginal and Torres Strait Islanders

Aboriginal and Torres Strait Islanders have stroke rates three times greater than that of other Australians.

A multifaceted approach would include:

- › FAST program specifically for Aboriginal and Torres Strait Islanders.
- › Aboriginal and Torres Strait Islander Ambassadors to spread StrokeSafe messages to local communities.
- › Culturally appropriate resources for use by Queensland health services.

Additional investment = \$450,000 over three years

2. Fair access to the best in stroke treatment for all Queenslanders

Objective: Through technology, ensure all Queenslanders have access to the best stroke treatment and care, regardless of where they live

Investment: Telemedicine - \$2 million over two years
Endovascular clot retrieval (ECR) plan developed and costed
Permanent stroke coordinators for regional hospitals with stroke units

Where you live shouldn't impact your access to the best in stroke treatment and specialised care.

Stroke is a serious medical emergency requiring urgent medical attention, but with the right treatment at the right time, many people are able to recover from stroke. Recent advancements in 'time is brain' therapies save lives and reduce disability in stroke survivors.

Currently, most of Queensland does not have access to time critical treatments and it is costing Queenslanders their lives. Only five percent of eligible stroke patients receive life-saving but time-critical clot-busting treatments. Endovascular clot retrieval is currently only available in South East Queensland. If you are in a regional area, access to this game changing treatment is virtually non-existent.

There is a solution:

- › Queensland stroke telemedicine service – telemedicine enables fast assessment of suspected stroke patients in regional areas by metropolitan based stroke specialists. Regionally based clinicians are supported in administering thrombolysis treatment and/or arranging transfer to a comprehensive stroke centre for endovascular clot retrieval treatment.
- › Comprehensive statewide endovascular clot retrieval treatment system – ECR is technically challenging and should only be performed by highly trained specialists. ECR is currently delivered in South East Queensland but the service capabilities of existing infrastructure are insufficient to meet the rapidly increasing demands. There is also the need to develop a statewide protocol to ensure eligible patients access a statewide ECR centre.

Latest 'Time is brain' therapies

- › Thrombolysis (clot dissolving treatment) must be administered within the first 4.5 hours of stroke symptoms occurring. It involves administering a drug to break down a clot that prevents blood from reaching the brain.
- › Endovascular clot retrieval (ECR) needs to be delivered within six hours of stroke symptoms occurring. ECR involves removing large clots blocking a brain vessel via a mechanical device. ECR has shown to be highly effective when combined with thrombolysis (or alone in patients ineligible for thrombolysis).

Stroke is preventable and treatable. I don't want anyone to suffer the impact of stroke unnecessarily. I also want all Queenslanders to have access to the best quality of care no matter where they live. If it wasn't for the excellent medical care I received at hospital, I believe stroke would have had a greater impact on me and my family.

- **Shelagh**, stroke survivor



3. A fair go for young stroke survivors

Objective: Ensure young Queenslanders are supported to live well after stroke

Investment: \$660,000

Stroke affects all ages - attacking the brain of babies, children, parents and grandparents. All Queenslanders need and deserve the opportunity to live their best life after stroke.

Childhood stroke

For a childhood stroke survivor and their loved ones, the impact of stroke can literally last a lifetime. Stroke can leave its mark on every element of family life. The family also has to live with increased fear of a future stroke.

Currently, Queensland families are left to face this challenge largely alone. Families need specialised resources and a statewide service plan to address the unique needs of children who have had a stroke.

Working age stroke

Young stroke survivors have unique unmet needs and need tailored supports to optimise their physical, psychological and social skills. Investing in a multifaceted strategy, including an action plan, to address the unmet needs of young stroke survivors in Queensland includes:

- › A statewide FAST strategy specifically targeting young adults.
 - › Targeted resources to support younger stroke survivors .
 - › Online training resources supporting health professionals respond to young stroke.
- › One in three stroke survivors is aged under 65.
- › Ninety-five percent of young stroke survivors report having ongoing needs after their stroke.
- › Eighty-eight percent of young stroke survivors report unmet needs across health, everyday living, leisure activities, employment and finance – greater than older stroke survivors.

4. Build on the initial investment in *My health for life*

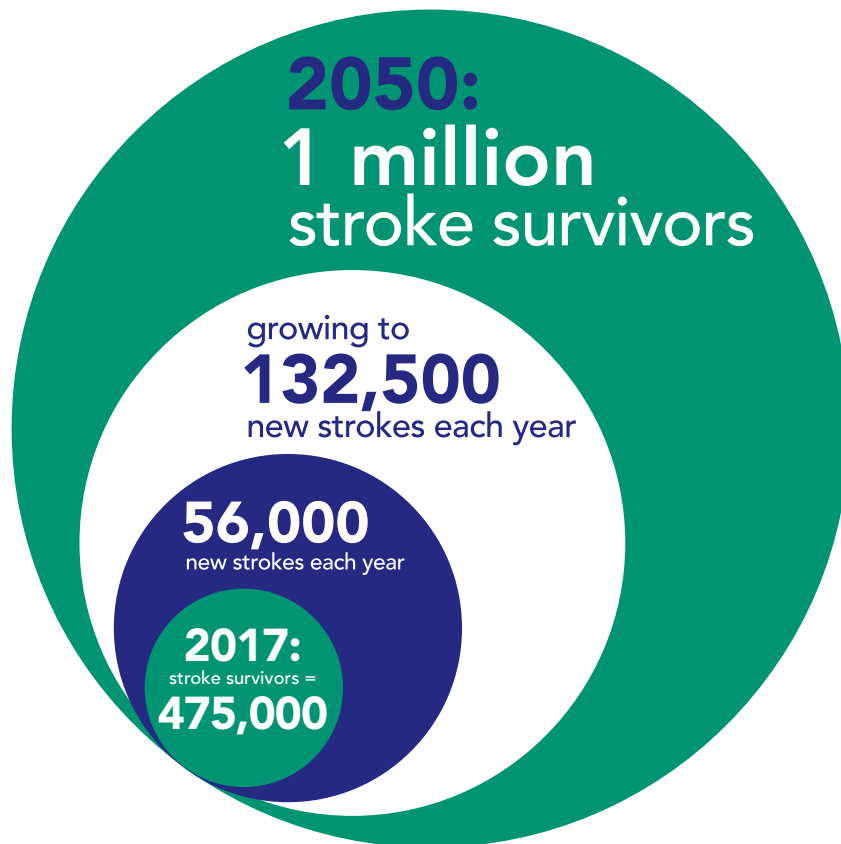
Objective: Stem the rising tide of chronic disease and its impact on our health system

My health for life is delivered by an alliance non-government organisations with the financial support of the Queensland Government. It supports Queenslanders to take responsibility for their own health and facilitates incorporating healthier behaviours into our community. Those identified as being at risk of a heart attack, stroke or developing type 2 diabetes are referred into a six month program to help them to improve their lifestyles.





In early stages of implementation, all indicators show it is having an impact. Prevention needs to be a long term commitment across terms of government. *My health for life* must be funded beyond 2020.



Stroke in Australia



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

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