

3 July 2020



Committee Secretary  
Health, Communities, Disability Services and  
Domestic and Family Violence Prevention Committee  
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Sent via email: [health@parliament.qld.gov.au](mailto:health@parliament.qld.gov.au)

Dear Sir/Madam

**Re: Inquiry into the Queensland Government's health response to COVID-19**

As the voice of stroke in Australia, Stroke Foundation welcomes the Inquiry into the Queensland (QLD) Government's health response to COVID-19.

In responding to the inquiry, Stroke Foundation recognises this pandemic was unprecedented and required a rapid and co-ordinated response. It has impacted the whole community and will continue to require a whole of Government - both federal and state - response until effective vaccination and treatment pathways are developed.

Stroke Foundation commends the QLD Government for its participation in the national cabinet's coordinated and bipartisan response. Further, we applaud the QLD Government for its quick action in implementing the QLD Whole-of-Government Pandemic Plan, investing in boosting capacity while continuing to deliver one of the best health systems in the world.

This includes the Government's investment in StrokeLine Outreach. The QLD Government was quick to recognise hospital stroke care is being disrupted, and patients may have less access to stroke units and specialist rehabilitation, as well as shorter lengths of stay. Stroke education and discharge planning may not be delivered as usual. Patients with stroke may need additional support once they return home. These circumstances can potentially lead to poorer outcomes into the future, resulting in an increased burden on the health system, community and economy.

In partnership with the QLD Government, Stroke Foundation is closing these gaps by delivering support and health information, and connecting families impacted by stroke with the services they need. This is increasing capacity within the health system while ensuring Queenslanders with stroke recover, stay safe and remain well through StrokeLine Outreach.

To maximise this innovation for the community, health system and economy, we support continued investment in services where benefits are proven.

QLD Government investment in the expansion of fever clinics, emergency department capacity, acute care services and regional aeromedical services for our remote communities, has meant QLD's health system has been able to tackle this pandemic head on.

Queensland's response to COVID-19 has benefited the community, and has also highlighted challenges and solutions:

- **Significant uptake in telehealth services, particularly in the community setting.** The Government has an opportunity to maximise this investment and experience by enabling telehealth to be a more integrated part of primary and community care delivery into the future. The community benefit of the expansion of Medical Benefits Schedule (MBS) items to include allied and mental health has been demonstrated during the COVID-19 pandemic. We encourage the QLD Government to join us in advocating to the Federal Government to extend the telehealth MBS items on an ongoing basis.
- **Anxiety in the community associated with COVID-19 has seen a decline in people attending their primary care providers** for chronic disease management, routine pathology and investigations.
- **Delays in calling ambulance services and fewer emergency hospital presentations** for minor stroke, which in some cases has led to devastating consequences including loss of life and preventable disability.
- **Stroke units in hospitals repurposed as COVID-19 beds** in preparation for an influx of critical care patients. Thankfully, our effective community response to suppress COVID-19 has prevented our hospitals from being overwhelmed, which has been the case in other countries around the world. However, the impact of these changes on patients with stroke could be far reaching, with delays in emergency treatment, care by non-specialist stroke teams, and early discharge with minimal rehabilitation.

As the QLD Government prepares for further relaxing of COVID-19 restrictions in July 2020, we have an opportunity to build on the positive momentum in telehealth and address some of the adverse impacts the pandemic has had on stroke and other chronic diseases.

This year, there will be almost 10,400 strokes in QLD, and there are more than 90,000 stroke survivors living in our community<sup>1</sup> - many with an ongoing disability. Those who have experienced stroke are vulnerable to severe symptoms, complications and death from COVID-19.

Learnings and opportunities from the current COVID-19 pandemic include:

#### 1. **Think F.A.S.T., Act F.A.S.T.**

Stroke is a serious medical emergency, requiring urgent attention. When someone suffers a stroke every minute counts. F.A.S.T. access to treatment means a greater chance of recovery and decreased costs for our health system.

Internationally, a dramatic reduction (as much as 80 percent in some countries) in the number of acute stroke admissions during the pandemic compared to the same period in 2019, has been observed.<sup>2</sup> Anecdotal evidence indicates a similar pattern in Australia. This is likely due to patients not wishing to overburden the hospital system, or fearing infection with COVID-19 if they are referred to hospital.

It is critical Queenslanders understand if they or someone they know experiences the signs of stroke, including facial drooping, arm weakness, or speech changes, they must call triple zero (000) immediately.

*Recommendation:*

- a. The QLD Chief Health Officer to continue to urge people not to avoid hospital if they are unwell, and reassure the public that hospitals will not be overburdened by patients seeking emergency medical treatment.
- b. Increased investment in F.A.S.T. (Face. Arms. Speech. Time) signs of stroke education, empowering Queenslanders to seek help at the first sign of stroke.

## **2. Access to time-critical reperfusion therapies and dedicated stroke unit care**

When a stroke does occur the best outcomes are achieved when treatment is received quickly. Recent advancements in 'time is brain' stroke treatments are saving lives and reducing disability in stroke survivors. Importantly however, health professionals from across the country are reporting delays in the diagnosis and treatment of patients with stroke during this pandemic.

Hospital emergency departments have been physically divided into parallel streams (e.g. respiratory and non-respiratory) and emergency 'code stroke' patients are placed in different streams based on their COVID-19 risk.

The infection control requirements for safe delivery of endovascular clot retrieval (ECR) need to be carefully designed to avoid delaying or preventing access to this time-critical treatment. While appropriate protection of staff from COVID-19 exposure is essential, the results of delaying time-critical stroke treatment by even a few minutes can have potentially catastrophic consequences on the long-term outcome for patients.

Building on time-critical stroke treatment, access to a dedicated stroke unit makes the biggest difference to patient outcomes following stroke. Stroke unit care is characterised by provision of care in one location by an interdisciplinary team including medical, nursing and allied health professionals with expertise in stroke. Increasingly, members report specialised stroke units are being converted into COVID-19 wards or are being repurposed to accommodate system-wide changes in bed allocations. Stroke Unit staff are being redeployed to other areas of the hospital.

Dismantling geographically co-located stroke units and redeployment of specialist staff will affect the lives of Queenslanders impacted by stroke and their families. It will put patients at risk of increased disability and death following a stroke. It will also increase length of stay and bed utilisation by stroke patients, reducing hospital patient flow. It is also essential that access to rehabilitation services is maintained to optimise patient outcomes and promote patient flow out of acute inpatient beds.

Importantly, in order for us to truly understand the impact COVID-19 is having on the delivery of best-practice stroke treatment and care, we must be able to measure the rate at which best-practice care is being delivered. In addition, systems that improve adherence to best-practice care and are proven to improve outcomes need to be

developed. As such, Stroke Foundation would like to gratefully acknowledge the QLD Government's ongoing investment in its proven StrokeLink program. This program is supporting the state's health professionals to translate stroke registry data into real quality, safety and health outcomes.

*Recommendation:*

The State Government to emphasise the need for QLD hospitals to:

- a. Implement clinical pathways for rapid access to stroke reperfusion treatments which maintain the safety of staff and provide the best outcome for patients.
- b. Maintain geographically defined stroke units staffed by specialised medical, nursing and allied health professionals to provide evidence-based stroke care.

### **3. Telehealth for stroke emergency and rehabilitation services**

Telehealth has significant potential for closing gaps in care for vulnerable patients, and regional and rural Australians, and Stroke Foundation applauds both the Federal and QLD Governments, and health services, for enabling the delivery of stroke rehabilitation services via telehealth in response to the restrictions imposed by COVID-19. This has meant more Queensland stroke survivors have been supported and empowered to live their best possible life after stroke.

Importantly, for the 34 percent of Queenslanders who live outside the South East corner of the state, access to game-changing stroke treatments such as ECR, which are proven to save lives and reduce disability, is virtually non-existent. The establishment of a state-wide telestroke service, analogous to those that have been implemented by governments in Victoria, South Australia, New South Wales, Western Australia and Tasmania, is critical to ensuring Queenslanders living in regional, rural and remote areas of the state have improved access to time-critical stroke treatments.

Stroke Foundation welcomes and supports the expansion of telehealth for stroke emergency and rehabilitation services, and we urge its continued use beyond the pandemic. This will be facilitated by the fact QLD has one of the largest managed telehealth networks in Australia, which currently supports more than 60 clinical specialities and sub-specialties.

*Recommendation:*

- a. The QLD Government to continue to recognise the benefits of telehealth, expanding its use for stroke in emergency and rehabilitation services, now and after this pandemic is over.

### **4. Living Guidelines for COVID-19**

Stroke Foundation is proud to have partnered with Cochrane Australia to pave the way for the world's first 'living guidelines' to help clinicians manage COVID-19.

Technology and processes Stroke Foundation has developed and piloted with Cochrane Australia, as part of a Living Guidelines for Stroke Management pilot project, has enabled the Cochrane team to pivot quickly to establish a [National Taskforce](#) supporting Australian clinicians with accessible, evidence-based guidance for the clinical management of patients with COVID-19.

The Living Clinical Guidelines for Stroke Management draw on latest evidence synthesis technologies developed by Cochrane Australia, partners and world-leading software platforms (Covidence and MAGICapp).

Living guidelines ensure clinical recommendations are streamlined, up-to-date and accessible when and where they are needed. They empower QLD health professionals to deliver evidenced-based treatment and care to save lives and improve outcomes.

The model has the potential for worldwide adaptation and paves the way for future innovation for a range of healthcare conditions. Stroke Foundation is part of the [Australian Living Evidence Consortium](#), a collaboration bringing together experts in evidence synthesis, guideline development and digital technologies to build a revolutionary new system for delivering reliable, accessible, up-to-date evidence in health.

*Recommendation:*

- a. The QLD Government to support the continued development of living guidelines for stroke management and COVID-19 and the expansion of this innovation to benefit a range of other conditions.

The COVID-19 pandemic is unprecedented. The QLD Government must be applauded for its cooperative and bipartisan immediate response to the crisis, including its significant investment in initiatives to boost the health system. Prioritising the health and wellbeing of the community has resulted in the spread of the virus being reduced in our state.

We now have an opportunity to strengthen the Government's response. Stroke Foundation looks forward to continuing to partner with the QLD Government to keep Queenslanders healthy, by improving stroke and chronic disease prevention, treatment and care. Together we can stem the tide of stroke and chronic disease in our state, save lives and deliver a more sustainable health system.

Thank you for the opportunity to input on this inquiry. If you require any further information, please do not hesitate to contact me via email [REDACTED] or phone [REDACTED]

Yours sincerely



Andrea Sanders  
**State Manager, Queensland and Northern Territory**  
Stroke Foundation

**About Stroke Foundation**

Stroke Foundation is a national charity that partners with the community to prevent stroke, save lives and enhance recovery. We do this through raising awareness, facilitating research and supporting stroke survivors. Stroke Foundation is dedicated to empowering health professionals to deliver high quality best-practice care to stroke patients. We advocate for better systems, processes and resources to help health professionals deliver world class stroke care.

## References

1. Deloitte Access Economics. 2017. Stroke in Australia – No postcode untouched.
2. Markus HS, Brainin M. COVID-19 and stroke-A global World Stroke Organization perspective [published online ahead of print, 2020 Apr 29]. Int J Stroke. 2020.