

Stop stroke. Save lives. End suffering.



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5 May 2014

Research Director
Health and Community Services Committee
Parliament House
George Street
Brisbane QLD 4000

Dear Sir / Madam

Re: Inquiry into Telehealth Services in Queensland

The National Stroke Foundation (NSF) would like to make a submission to the Health and Community Services Committee regarding the Inquiry into Telehealth Services in Queensland.

The NSF is a not-for-profit organisation that works with stroke survivors, carers, health professionals, government and the public to reduce the impact of stroke on the Australian community. We are the voice of stroke in Australia. Our mission is to stop stroke, save lives and end suffering.

We would like to provide information specific to stroke that addresses the following terms of references:

Models of service delivery

Telehealth facilities play an important part in the delivery of stroke care, particularly in rural centres. They may be used to access ongoing professional development and to enable rural practitioners to access clinical expertise from urban centres. Moreover, such technology can be used to assist in diagnosis with tele-radiology or to enable an urban-based practitioner to review a patient in a rural setting.

The Clinical Guidelines for Stroke Management 2010¹ make specific recommendations for the use of Telemedicine and Networks in stroke. These are:

- a) All health services which include regional or rural centres caring for stroke patients should use networks which link large stroke specialist centres with smaller regional and rural centres. Grade C
- b) These networks should be used to help establish appropriate stroke services along with protocols governing rapid assessment, telestroke services and rapid transfers. Grade C
- c) Where no on-site stroke medical specialists are available, telestroke consultation should be used to assess eligibility for acute stroke therapies and/or transfer to stroke specialist centres. Grade B
- d) Telestroke can be used to improve assessment and management of rehabilitation where there is limited access to on-site stroke rehabilitation expertise. Grade C

¹ National Stroke Foundation. Clinical Guidelines for Stroke Management 2010. Melbourne, Australia.

Recent national stroke audits have shown that access to Telehealth services is high, particularly in Queensland. Nationally in 2013, 73% of hospitals had access to telehealth for clinical support with 88% of QLD hospitals having access. 88% of hospitals nationally had access to telehealth for professional development with 94% of QLD hospitals having access.

Challenges for telehealth

The NSF coordinated National Stroke Audit indicates the vast majority of hospitals have access to telehealth facilities. However, it is noted that having the infrastructure is only one part of the use and challenges such as going IT challenges (lines dropping out etc) may impact on the usefulness of the infrastructure. There is also a need for adequate training and support for staff –a challenge in current environment where clinical service time is continually pushed. Quality of care and patient outcomes should always remain the central focus of any health service and clearly must also be central to this review. The draft Terms of Reference appear appropriate to elucidate such issues.

Outcomes of trials and pilot projects

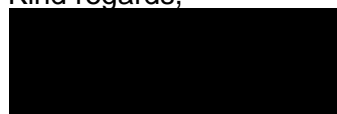
There are ongoing projects specifically in stroke aiming to assess the feasibility and roll out of telehealth facilities for stroke (focussed on acute assessment and treatment with thrombolysis therapy) based in other states which may be useful to consider. The Florey Institute of Neuroscience and Mental Health - Stroke Telemedicine Program includes three projects that involve the provision of specialist advice. The Victorian Stroke Telemedicine (VST) - Loddon Mallee project follows on from the initial Bendigo Health VST project. Funded by the Victorian Government under a Broadband Enabled Innovation Program (BEIP) grant in partnership with the VSCN, the VST-Loddon Mallee project will provide specialist advice to stroke clinicians at Bendigo, Echuca, Swan Hill and Mildura hospitals. The overall aim is to facilitate improved and timely clinical assessments and decision-making for treating patients with acute stroke, particularly in the use of thrombolysis. At the conclusion of the 2 year BEIP funding, Loddon Mallee health services will continue to receive support under the broader VicStroke Project, which is funded by the Federal Government's Health and Hospital Fund until 2018.

Further a recent review was published in a leading international stroke journal which may be of interest to the committee. This review was published by two Australian experts involved in the above research

trials. <http://stroke.ahajournals.org/content/early/2014/04/23/STROKEAHA.114.003825.full.pdf?papetoc>

Finally, we support the work of the QLD Statewide Stroke Clinical Network who have been working to improve telehealth/telelysis services. We hope this review will provide a way to provide the necessary support to achieve the outcomes being measured through other telehealth programs given the recent restructure within the department (and loss of support staff specifically for telehealth).

Kind regards,



Kelvin Hill
National Manger of Clinical Programs