



Australian  
College of  
Nursing

Voice of influence

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Dear Professor Picone

**Re: Draft *Clinical Care Standard for Stroke***

Australian College of Nursing (ACN) is pleased to provide feedback on the draft *Clinical Care Standard for Stroke* developed by the Australian Commission on Safety and Quality in Health Care (the Commission).

As a key national organisation representing nurses, many of whom are involved in the care of people who have suffered from strokes, ACN welcomes the development of the *Clinical Care Standard*. Overall, ACN believes the document provides relevant and clear guidance for consumers, clinicians and health services and will contribute to improving care for patients with stroke. ACN encourages the Commission to implement an awareness campaign to promote adoption of the finalised Standard.

ACN's feedback on the *Clinical Care Standard* is attached.

Please do not hesitate to contact me for further information or discussion on this matter.

Yours sincerely

Kathleen McLaughlin FACN  
Executive Manager Member Relations

23 May 2014





SUBMISSION DATE: 23 May 2014

## Submission to consultation on draft *Clinical Care Standard for Stroke*

Australian College of Nursing (ACN) thanks the Australian Commission on Safety and Quality in Health Care (the Commission) for the opportunity to review the draft *Clinical Care Standard for Stroke* (the draft Standard). ACN contacted its members with expertise in stroke care to evaluate the draft Standard and members believe that it provides clear and concise guidance to consumers, clinicians and health services.

ACN notes that for the acute phase of stroke care the draft Standard focusses on thrombolysis, omitting supportive physical and psychological care that ACN believes should be included as essential components of acute stroke care. For example, the draft Standard should reflect that patients with acute stroke require careful, evidence-based management of fever, hyperglycaemia and swallowing dysfunction. We include a reference to a study to this effect by Professor Sandy Middleton published in *The Lancet* in a footnote below<sup>1</sup>. However, the Clinical Care Standard should also provide guidance on other supportive physical care patients require following acute stroke such as addressing reduced mobility and/or incontinence. Reduced mobility and incontinence are examples only and the Clinical Care Standard Stroke Topic Working Group may want to identify other conditions requiring supportive physical care for inclusion in the Standard. Further, patients with acute stroke are experiencing a potentially life threatening condition with symptoms that may be deeply distressing for them and their families. ACN is of the view that the acute stroke Clinical Care Standard should include guidance on how to recognise and address patients' psychological distress.

Patients with acute stroke require the skills of a multidisciplinary team of health care professionals. ACN recommends that the draft Standard makes reference to the role of the multidisciplinary team in acute stroke care and the different disciplines of health care professionals an acute stroke team should comprise. ACN responds below to the questions the Commission posed about the draft Standard.

### ***How well does each quality statement cover the key aspects of care that it describes?***

ACN members consistently evaluated the draft Standard's quality statements as providing clear and concise guidance for clinicians. Members also noted the strong alignment between the Commission's draft Standard and the National Stroke Foundation's *Clinical Guidelines for Stroke Management 2010*.

Obtaining informed consent for thrombolytic treatment following acute stroke can be a difficult issue for clinicians if the patient is cognitively impaired. ACN suggests that *Quality statement 2 – Thrombolysis* include a statement on gaining consent.

<sup>1</sup> Middleton, S, McElduff, P, Ward, J, Grimshaw, J M, Dale, S, D'Este, C et.al. 2011 'Implementation of evidence-based treatment protocols to manage fever, hyperglycaemia, and swallowing dysfunction in acute stroke (QASC): a cluster randomized controlled trial.' *The Lancet* vol.378, pp.1699-1706.



ACN proposes that the Commission's dissemination strategy include acute stroke and rehabilitation services, providers of acute medical care as well as relevant consumer organisations, government program areas and professional peak bodies such as: Stroke Society of Australasia, National Stroke Foundation, Stroke Services NSW, QLD Stroke Clinical Network, Victorian Stroke Care Network, SA Stroke Network, WA Stroke Network, Tasmania Stroke Network, Australian Physiotherapy Association, Australasian College of Emergency Medicine, Australian College of Nursing, Dieticians Association of Australia, Occupational Therapy Australia, Royal Australasian College of Physicians, Australian and New Zealand Association of Neurologists, Australasian Faculty of Rehabilitation Medicine, Speech Pathology Australia, the Council of Ambulance Authorities.

***Do you have any general comments in relation to each Clinical Care Standard?***

*Quality statement 2 – Thrombolysis:* ACN would like to highlight a number of recent clinical studies from Australia and the United States that indicate that the shortest possible 'door-to-needle-time' reduces stroke patients' mortality and improves their long term outcome. Internationally health services are changing their clinical practices for the diagnosis and treatment of acute stroke in order to minimize 'door-to-needle' time. ACN references three studies in the footnote below<sup>2</sup>. ACN hopes that Australia will continue to work towards shortening 'door-to-needle' times.

*Quality statement 7 – Individualised care plan:* Include under 'Consumers', 'Clinicians' and 'Health services' that patients and/or carers should be provided with additional sources of take home information (e.g. the National Stroke Foundation's *My Stroke Journey Information* pack).

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<sup>2</sup> Meretoja, A, Keshtkaran, M, Saver, JL, Tatlisumak, T, Parsons, MW, Kaste, M et al. 2014 'Stroke Thrombolysis: save a minute, save a day' *Stroke* <http://stroke.ahsjournals.org/content/early/2014/03/13/STROKEAHA.113.002910>  
Saver, JL, Fonarow, GC, Smith, EE, Reeves, MJ, Grau-Sepulveda, MV, Pan, W et al. 2013 'Time to treatment with intravenous tissue plasminogen activator and outcome from acute ischemic stroke', *JAMA*, vol.309, no, 23, pp.2480-2488.  
Fonarow, GC, Zhao, X, Smith, EE, Saver, JL, Reeves, MJ, Deepak, L et al. 2014 'Door-to-needle times for tissue plasminogen activator administration and clinical outcomes in acute ischemic stroke before and after quality improvement initiative', *JAMA*, vol. 311, no. 16, pp. 1632 – 1640.