SPA member feedback for the Australian Stroke Coalition

Speech Pathology Australia

SPA is a member of The Australian Stroke Coalition (ASC), which has achieved a number of projects since its inception in 2008. Please see the ASC's website for more information regarding past projects: **www.australianstrokecoalition.com.au**

In August this year, SPA members working with clients following stroke were asked to complete a short survey to identify areas of significant interest or concern to speech pathologists. This information was requested to provide input into the ASC strategic planning meeting.

Thank you to the 120 members who completed the survey and contributed to the information SPA provided for the discussion.

A wide range of themes and innovative ideas were provided in members' survey responses. This table represents an amalgam of the most common themes and suggestions, and was taken to the ASC meeting.

Further information of the future plans for the ASC will be provided in 2017. For information regarding SPA's involvement with the ASC, please contact Trish Johnson **tjohnson@ speechpathologyaustralia.org.au**

Questions to guide ASC planning

Future ASC projects	Practical Implementation	Implemented by who	Outcomes
	Practical implementation issues: Does the project fit into one or more of the following categories? • *Product*: e.g. building a website or clinical support tool, • *Research*: e.g. lit review or research project to inform, • *Advocacy*: develop a strategy to influence policy and system change.	Can the project be implemented by the ASC group? Or, would it require external/partnership funding in order to achieve success? If external funding is likely to be needed, please provide suggestions on potential funding sources.	As a member of the ASC, what does success look like? What are the key outcomes that you would like to see from this group over the next three years?

Rehabilitation and ongoing care for stroke survivors

Concern to speech pathologists: More formal lifelong support for stroke survivors, higher profile for allied health involvement, care plans, ongoing rehabilitation.	**Product**: • development of resources to educate stroke survivors and families (and GPs) about the supports that are available, (in a communication accessible format) and if possible individually tailored. Including information regarding community based services and those accessible through NDIS. • a map of availability of supports after discharge to all locations, community, residential care, rural and remote, indigenous and CALD populations.	Collaboration with consumers to identify key themes for development of resources, requires external funding, possibly National Stroke Foundation, local community sponsors, universities, funding bodies (eg NDIS Sector Development Fund www.myplace.ndis.gov.au/ndisstorefront/sector-development-fund.html Possible partnership with IT company to develop education platform or map.	All stroke survivors have access to tailored information in formats that are appropriate to their abilities and need. Possibly an online tool which empowers and supports awareness and access to ongoing lifelong rehabilitation.

Advocacy:
Improved access to evidence based interventions, eg commence rehabilitation in the acute phase; interventions that have been shown to reduce social isolation and improve mental health following stroke (such as communication partner training, improving their communication environment).

Increased access to rehabilitation when and where it is appropriate, eg in RAC when spontaneous recovery is observed; increased access for rural and remote.

Data collection and quality improvement

Significant concern to speech pathologists: Extend data collection as a driver for quality approach into rehabilitation, support beyond a care plan post discharge.	**Research:** Extend data collection to include community based services: • qualitative components, at discharge and after time; • examining the effects of chronic disability post stroke on participation; • re-integration into the community longitudinally and identify gaps in rehabilitation and supports; • data to support workforce planning, eg staffing ratios for optimal rehab outcomes; • intervention regimes for optimal outcomes (eg intensive aphasia rehabilitation); • Efficacy of telehealth services; • different models of care, to identify models of "gold standard" care as related to functional outcomes.	Data from different service delivery models within community based services, to establish outcomes and cost-effectiveness. Not sure how this would be achieved by ASC as may involve partnership between state health departments, health networks and university researchers, NHMRC Partnership grants, National Rural Health Alliance, ARC.	Data supports increased scope of service delivery options for stroke survivors.

Advocacy:
Financial incentives for continuity of care in the community, alternative work models for younger stroke survivors.

Access to quality health care

Significant concern to speech pathologists:
Equity of access to service provision across Australia, despite geographic location and cultural differences

Product:
Showcasing innovative practice to roll out to other locations, eg expansion of communication accessibility resources used in SCOPE Communication Access Network in Victoria
www.scopeaust.org.au/service communication-access-network-can

Improved liaison between allied health and ongoing medical care eg GP, specialists.

Advocacy:
Equity of staffing ratios and access to stroke team with appropriate skill mix in regional and rural areas, indigenous and CALD populations.
Research:
Alternative models of care, eg telepractice (currently only Medical telepractice services subsidised through CDM, no allied health services), online resources.

Lobby government to increase access to services and different models of care under CDM using cost-benefit data, increased financial incentives for case management in the community, possibly by GPs.

Regional scholarships through universities.

Established workforce data for adequate staffing across all areas of Australia including appropriate mix of skills.

Access to services through alternative models of care where access to traditional services is currently limited.