media release

strokefoundation

National audit reveals gaps in treating stroke − Australia's second biggest killer

The National Stroke Foundation says a national audit of stroke care in Australia has highlighted gaps in services for stroke, raising concerns about care for stroke patients in some parts of the country.

Stroke Foundation Chief Executive, Dr Erin Lalor said today the audit showed that 22 additional specialised stroke care units were needed in Australian hospitals.

There were 86 hospitals treating sufficient stroke patients each year to require a specialised team of doctors, nurses and other health professionals but only 64 were providing the dedicated stroke unit service. The Stroke Foundation's audit covered 206 Australian hospitals, about ninety per cent of hospitals providing acute stroke care.

States that need more stroke units are: Victoria missing eight; Queensland six; New South Wales five; South Australia one; Western Australia one; Northern Territory one.

It is estimated that a further 700 lives could be saved from either death or severe disability each year if all stroke patients are treated in stroke units. Yet only about half of stroke patients admitted to hospital get onto a stroke unit.

"We know that patients in a stroke unit are more likely to survive and be less disabled but even in hospitals with a stroke unit, nearly a third of patients were on non-specialised wards," Dr Lalor said.

"The Stroke Foundation has been working with governments and health professionals to increase the number of stroke units and it is encouraging that the number has increased since our last audit two years ago but still far too many Australians die from stroke or are left severely disabled."

"Every day we lack these units is another day of stroke patients receiving sub-standard care," Dr Lalor said.

Australians suffer more than 60,000 strokes annually, contributing to about 10 per cent of the nation's deaths. The economic cost of stroke is $2.14 billion.

"Stroke units can reduce the impact of stroke and they provide cost savings," Dr Lalor said.

A rapid response to stroke is critical to "saving brain" after a stroke. This includes fast recognition of the signs of stroke, early CT brain imaging and thrombolysis.

Dr Lalor said most hospitals admitting stroke patients were able to use CT immediately but one third of rural hospitals managing stroke patients did so without any access to CT.

The national audit revealed limitations to rapid hospital treatment with only one in five hospitals having arrangements with local ambulance services. Half of the hospitals did not have routine processes in their emergency departments to ensure stroke patients were seen quickly.

There were also gaps when patients left hospital. More than one-third of hospitals did not routinely assess patient needs for further rehabilitation. Only half the hospitals routinely gave stroke patients a plan for care after they left hospital.

As a result of the audit, the Stroke Foundation is calling for:

- more and better stroke units
- improved networking with rural hospitals
- improved process for ambulance and emergency department to ensure a rapid reponse
- post stroke assessment for rehabilitation needs and better discharge planning
- ongoing education for all stroke clinicians.

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