



Ms Rosio Cordova
Program Director
ACSQHC
GPO Box 5480
Sydney NSW 2001
Email: ccs@safetyandquality.gov.au

Dear Rosio,

Re: Draft Clinical Care Standard for Stroke Consultation - March 2014

Established in 1924, the Australian Nursing and Midwifery Federation (ANMF) is the largest professional and industrial organisation in Australia for nurses and midwives, with Branches in each State and Territory of Australia. The core business of the ANMF is the professional and industrial representation of our members and the professions of nursing and midwifery.

With a membership of over 230,000 nurses, midwives and assistants in nursing, our members are employed in a wide range of settings in urban, rural and remote locations in public and private health and aged care.

The ANMF takes a leadership role for the nursing and midwifery professions by participating in the development of policy relating to nursing and midwifery practice, professionalism, regulation, education, training, workforce, and socio-economic welfare; health and aged care, community services, veterans' affairs, workplace health and safety, industrial relations, social justice, human rights, immigration, foreign affairs and law reform.

The ANMF is pleased to have the opportunity to comment on the *Consultation Draft: Clinical Care Standard for Stroke March 2014* (the Consultation draft).

General Comments

The development of this national standard by the Australian Commission on Safety and Quality in Health Care (ACSQHC) is commendable. As a general comment, the Consultation draft provides sound guiding principles for clinicians and is written in a way that consumers can understand.

Specific issues

Palliative care

ANMF is concerned at the omissions in this Consultation draft to address quality end-of-life care for those many people who are not likely to recover from their stroke and for whom ongoing high-level intervention is likely to be futile.

In our opinion, this is an omission requiring immediate redress. We say this particularly in light of the ACSQHC's recent consultation on the development of the *Australian Commission on Safety and Quality in Health Care National Consensus Statement: Essential Elements for Safe and High Quality End-of-Life Care in Acute Hospitals January 2014*.

A statement guiding de-escalation of acute intervention and a clear statement on referral to or engagement of expert palliative care must be included. Failure to address dying people in this draft sends a message to clinicians and the public alike that everyone recovers from stroke. This is simply not accurate.

Canberra Office

Unit 3, or PO Box 4239
28 Eyre Street
Kingston ACT 2604
Australia

T +612 6232 6533
F +612 6232 6610
E anmfcanberra@anmf.org.au
W www.anmf.org.au

Melbourne Office

Level 1, 365 Queen Street
Melbourne VIC 3000
Australia

T +613 9602 8500
F +613 9602 8567
E anmfmelbourne@anmf.org.au
W www.anmf.org.au

ANMF Journals

**Australian Nursing and
Midwifery Journal**

E anmj@anmf.org.au

**Australian Journal of
Advanced Nursing**

E ajan@anmf.org.au

ABN 41 816 898 298



Advance care planning

People surviving a stroke require encouragement, advice and support to move from an informal advance care plan to legal arrangements for advance care planning. These are formal powers given to their chosen attorney, under state and territory laws, to make decisions on their behalf.

Such powers should include lifestyle, care and living arrangements and not be limited to financial arrangements and medical treatment. While decision making around resuscitation is important, for many people, stroke care continues well into the future. All manner of people and carers are involved in this long-term process. An informal advance care plan or formal powers setting out only financial arrangements and medical treatment wishes are inadequate.

An additional quality statement must be drafted to address advance care planning.

Quality Statement 1

Consumers: A consumer or their carer may be misled by the word “immediately”. It may not be possible for health professionals to immediately assess for stroke if there are critical life-support issues to be addressed. The “first person” to provide care may not be a clinician. This sentence needs to be amended accordingly.

Quality Statement 2

There should be consideration and recognition given to geographical constraints to meeting this standard when developing organisational systems and protocols.

Quality Statement 4

Consumers: The sentence should be amended to say:
“If you have had a stroke, your rehabilitation needs and goals will be assessed and ideally your therapy will start within 24 hours of your entering the hospital.”

Quality Statement 7

Consumers: the draft statement requires the addition of the words *a rehabilitation/support plan* in the second sentence so it reads “A tailored care plan will be developed with you and this will include *a rehabilitation/support plan*, information about patient’s risk factors, any equipment you need, and the contact details of ongoing support services available in your community.”

Further amendment to this statement is required in the last sentence to read:
“A copy of this plan will also be provided to your primary health care multidisciplinary team and to your general practitioner”.

Clinicians: The same amendments are required so the sentence for clinicians would read:

“Before a patient with stroke leaves the hospital, develop an individualised care plan in consultation with the patient. This plan will include information about the patient’s risk factors, equipment required, and the contact details of ongoing rehabilitation/support and services available in their community. Take active steps to provide a copy of the plan to the patient’s primary health care multidisciplinary team and to the general practitioner.”

Canberra Office

Unit 3, or PO Box 4239
28 Eyre Street
Kingston ACT 2604
Australia

T +612 6232 6533
F +612 6232 6610
E anmfcanberra@anmf.org.au
W www.anmf.org.au

Melbourne Office

Level 1, 365 Queen Street
Melbourne VIC 3000
Australia

T +613 9602 8500
F +613 9602 8567
E anmfmelbourne@anmf.org.au
W www.anmf.org.au

ANMF Journals

**Australian Nursing and
Midwifery Journal**
E anmj@anmf.org.au

**Australian Journal of
Advanced Nursing**
E ajan@anmf.org.au

ABN 41 816 898 298



Recommendations

ANMF recommends three additional statements be added to the existing Consultation draft.

- i) a statement to address de-escalation of acute intervention including referral to expert end of life care and support through a dedicated palliative care team.

The new statement should mirror the principles and statements set out in the *Draft Australian Commission on Safety and Quality in Health Care National Consensus Statement: Essential Elements for Safe and High Quality End-of-Life Care in Acute Hospitals January 2014*;
- ii) a statement to address ongoing rehabilitation in a planned manner involving the primary health care multidisciplinary team and not only the GP;
- iii) a statement supporting formal advance care planning including lifestyle, care and living arrangements.

The ANMF appreciates the opportunity to provide comment on the *Consultation Draft: Clinical Care Standard for Stroke March 2014*. Should you require any further information, please contact Robyn Coulthard, Professional Officer by telephone on (03) 9602 8520, 0428 685 527 or email at robyn@anmf.org.au

Yours sincerely

A handwritten signature in black ink that reads "Lee Thomas".

Lee Thomas
Federal Secretary

Canberra Office

Unit 3, or PO Box 4239
28 Eyre Street
Kingston ACT 2604
Australia

T +612 6232 6533
F +612 6232 6610
E anmfcanberra@anmf.org.au
W www.anmf.org.au

Melbourne Office

Level 1, 365 Queen Street
Melbourne VIC 3000
Australia

T +613 9602 8500
F +613 9602 8567
E anmfmelbourne@anmf.org.au
W www.anmf.org.au

ANMF Journals

Australian Nursing and
Midwifery Journal
E anmj@anmf.org.au

Australian Journal of
Advanced Nursing
E ajan@anmf.org.au

ABN 41 816 898 298