

forward

Reducing risks – improving outcomes

Issue 13 | SUMMER 2007

STROKE
FOUNDATION
OF NEW ZEALAND INC

Health Minister: Stroke acute units spreading, but ‘insufficient’

More lives will be saved and post-stroke quality of life will be improved thanks to District Health Boards increasingly recognising dedicated acute stroke units (ASUs) as necessities. Some hospitals already have ASUs, and several major hospitals are currently at different stages of planning and completion of them: Auckland, Waikato, Palmerston North and Wellington.

While acknowledging important progress by several DHBs, the Foundation shares the current Government’s belief that stroke services are ‘insufficient’. At Stroke’s Southern Region Conference a few weeks ago, Health Minister Hon. Peter Hodgson, said how pleased he was that some DHBs were reaching some of the standards set out in the Stroke Foundation’s best-practice guidelines, adopted by the Health Ministry in 2003. But progress, he said, was ‘a long way from sufficient’.

“There is clearly some positive progress on ASUs,” said Stroke Foundation CEO, Mark

Vivian, “but it still remains tragically true that just one of the 21 DHBs nationwide has both an acute and rehab ward - Canterbury.”

“Both international and national stroke practise and research shows high quality stroke acute and rehabilitation services are beneficial to every vested interest. Stroke patients have better outcomes, hospitals achieve greater efficiencies and taxes are used more fruitfully.”

Stroke & Rehab: Canterbury DHB still leading the way

Canterbury DHB’s stroke service is unique nationally. The Stroke Rehabilitation Unit (SRU) at Princess Margaret Hospital, together with Christchurch Hospital’s ASU and the development of a community-based stroke specific rehab team, provide the most effective stroke service in the country.

“The example of Christchurch,” said Mr Vivian, “shows that when a DHB makes the effort to implement the Stroke Guidelines it works for everyone - but most importantly for stroke patients.”

The Princess Margaret Hospital Stroke Rehab Unit (SRU) 6 years on

Created in 2001, this is still the only SRU in New Zealand. Data collected over the last six years shows the SRU has improved on its initial strong performance. More patients

John Henderson (Stroke Southern Region) and Hon. Peter Hodgson, Minister of Health, at the Stroke Southern Region Conference in October.



New Stroke Units

- Palmerston North’s unit is now up and running.
- Auckland Hospital has received two years interim funding for a 12-bed ASU, with an expectation funding will continue.
- Waikato Hospital has put aside just under \$1 million for a specialised unit.
- Wellington Hospital stroke staff have recently announced they expect a new stroke unit to be set up next year.

are admitted than ever before, with a lower average length of stay, and the physical recovery of patients is greatly improved compared with the results of the previous set-up.

With such outstanding results, the question remains: why is this still the only SRU in the country?

Christchurch Hospital’s (CH) Acute Stroke Unit (ASU)

Christchurch Hospital’s ASU is seen by other DHBs as a model to emulate. For instance, Wellington clinical stroke nurse Lai-Kan Wong acknowledged in local media recently that the CH ASU is a model for the proposed Wellington unit.

In 2004, CH added a 15-bed ASU to complement the nearby SRU. Approximately 800 people a year are admitted to CH with acute stroke. Prior to the establishment of the ASU, Christchurch stroke patients might end up in any one of six different medical wards or a neurology ward. Patients were usually under the care of general physicians and there were no formal protocols for consistent stroke management across all areas.

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Stroke Foundation Contact Details

If you have any questions about stroke or the Stroke Foundation please contact the National Office or your Regional Office.

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Walking in the Real World

One basic human skill that most take for granted is freedom to walk about in our local community, accessing malls and other public areas at will. This is not so easy if you have had a stroke.

Sue Lord and Kimberley Donovan, both physiotherapists, have spent several years analysing the skills required for independent community walking after stroke. The two Otago University researchers wanted to know how important it is to stroke survivors and how different it is from indoor walking. They looked at the skills needed and how stroke survivors might get them.

The key findings from these studies suggest stroke survivors value access to their communities. In particular, they love shopping, visiting friends and family, and taking part in organized social activities. However, less than two thirds of the research participants were able to walk independently in their community, highlighting how challenging and difficult the task actually is.

A further key research finding suggested steadiness of walking performance can be maintained for those affected by chronic stroke when they are used to walking in the community under more difficult conditions (even those with slower gait speeds). This seems to indicate that once the skills are learnt, they stick.

The results of Sue and Kimberly's research have been published in overseas journals, and presented at national and international conferences. For copies of their papers, or for more information, email Sue at sue.lord@ts.co.nz or phone 03 5449692.

No Love Lost

Stroke Foundation may have a close working relationship with Guardian Healthcare nationally, but there's no love lost on the indoor bowling green. Guardian's bright new logo matched its sparkling bowling form recently, taking top honours in the annual Guardian v. Stroke Foundation grudge match, in Tauranga. According to Guardian's National Sales Manager, Bevan Bayne: "we're proud partners with the Stroke Foundation, but we had to show them who's boss."

From left to right: David Wilson takes aim (Guardian's Regional Manager Villages and also on Stroke Midland Region's Council). The Stroke team looks on: Paul Burroughs, Dr Liz Spellacy and Mark Vivian (National CEO).



Refusing to give up

A stroke and a burglary might be enough to make anyone give up, but not Grant Bayley (pictured left). He is most definitely on the comeback after these two major setbacks.

When Grant had a stroke in 2001 he lost the ability to walk and talk. He had to start again from scratch, learning basic skills all over again. As part of his recovery he learnt photography and built himself a postcard business. But a burglary a few months ago left him feeling "gutted", as if all he had was taken away yet again.

"When I found out about the burglary, I just cried for the whole day," said Grant. "I had worked so hard." The burglar broke into his home and stole his laptop, digital camera, backup disks containing vital images and jewellery.

Since then Grant has rebuilt his business and now he looks on the burglary as a favour. "People were so supportive. Each time you overcome something, you get this great feeling of accomplishment and strength. You have to stay positive, and I've just had a new order of postcards, so I'm away happy and smiling!"

Grant gives 10% from sales to the Stroke Foundation. See the Stroke Foundation website for more details www.stroke.org.nz Or go to www.gbdesignz.co.nz

World Watch

MRI better than CT scans for stroke detection

MRI (magnetic resonance imaging) is twice as accurate as CT (computed tomography) scans in determining stroke from non-stroke, according to a recent National Institute of Health study. This is especially so in determining acute ischaemic stroke. According to Dr Walter Koroshetz, the research outcomes are significant: "For instance, the study shows 25% of stroke patients, who come to the hospital within three hours of a stroke, have no detectable signs of damage. In other words, brain injury may be completely avoided in some stroke victims by quickly re-opening the blocked blood vessel." Dr Steven Warach believes the results show "MRI should become the preferred imaging technique for diagnosing patients with acute stroke." - *International Journal of Stroke, May 2007*

Burden of stroke in Thailand

Stroke is now considered to be one of the top priority diseases in Thailand by health care planners. With a population of 65 million (similar to France) there are about 150,000 new cases of stroke each year. In 1999, Stroke killed 43,000 Thais, making it second biggest killer overall behind HIV/AIDs (biggest killer for females and third biggest for males behind HIV/AIDs and traffic accidents). The Thai Stroke Society is working hard to raise awareness of stroke risk factors, with one million Thais aged 40 and over screened for risk factors. A further one million Thais are expected to join this continuing prevention programme during 2007, with numerous other national initiatives also underway. - *International Journal of Stroke, May 2007*.

UK Stroke performance ranked worst in Western Europe

Strokes are third biggest killer in the UK, accounting for more than 60,000 deaths a year, but three recent studies indicate many of these deaths need not have happened. The research showed stroke outcomes vary markedly between eight Western European countries, with the UK ranking worst in each category of stroke service provision.

According to Professor Hugh Markus, of London's St George's Medical School, UK stroke services are poorly organised and reflect a lack of priority. In the *British Medical Journal*, Dr Markus said research showed hundreds more people die or are left dependent on carers in the UK for every 1,000 strokes compared with other western European countries.

"A major challenge is to change the perception of stroke, both among health professionals and the public, so that stroke is viewed as a condition that requires emergency action," he said.

In 2005, a National Audit Office report suggested that 550 deaths could be avoided, and an extra 1,700 patients might make a full recovery if care was better organised. Changes could also deliver a £20m annual saving to the NHS, it suggested.

Dr Markus believes change is too slow and reflects stroke's low medical priority. He pointed to the latest Royal College of Physicians stroke care audit which found that fewer than two-thirds of people admitted for stroke in England, Wales and Northern Ireland were given a bed in a specialist stroke unit. He also said scans should be taken at the earliest possible moment: "In many European countries it is performed on admission in the A&E department, while in the UK less than half of patients get a scan within 24 hours." - *BBC News, UK Stroke Assoc. and British Medical Journal, Aug. 2007*.

Stroke research at The George receives \$3 million boost

In September, the Australian National Health and Medical Research Council (NHMRC) awarded the George Institute over \$3 million in grants for stroke research.

The funding will contribute to two projects on stroke being undertaken at the George, each with a very different focus. The first is an ongoing trial, INTERACT, looking at the effects of early intensive blood pressure lowering on death and disability in stroke patients. The second will be a new project on psychosocial disability and return to work in younger stroke survivors, initiated by Senior Research Fellow (Mental Health) Dr Maree Hackett. - *The George Institute, September 2007*

Reducing barriers caused by Aphasia

What is Aphasia?

Aphasia is difficulty in using or understanding language caused by damage to the brain, often from Stroke. Some stroke survivors may have both forms of Aphasia: expressive (knowing what to say, but can't get the words out), and receptive (might not understand what people are saying).

A Stroke Foundation funded project in Nelson aims to minimize some of the barriers caused by Aphasia. Simone Newsham, the Speech and Language therapist overseeing the project, hopes it will provide a breakthrough for those with Aphasia in the Nelson region. If successful, the project might go nationwide.

"Everyone recognizes that someone in a wheelchair needs ramp access to a building," says Simone, "but few recognize the communication 'ramps' needed for the person with Aphasia."

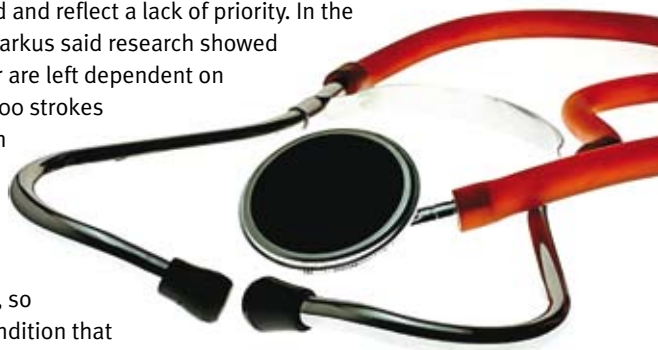
"Once inside the building - it might be a bank for instance - the person in the wheelchair can usually access the services. Not so for someone with Aphasia. They might get into the building okay, but then struggle to access services. We want to help them overcome these barriers."

Simone's project comes in three parts. First, training will be provided to staff working in rest homes and private hospitals. This will focus on improving their skills and awareness of how to help communication succeed, enabling a person with Aphasia to be an active member of the facility's community.

Second, people with Aphasia will be offered a group to help them develop communication skills, as well as providing them with strategies for addressing some of the barriers they face.

This is expected to lead into the third part of the project, intended to identify and deal with barriers facing a person with Aphasia when trying to access services such as banks, public transport, post office and WINZ.

According to Simone: "We hope people with Aphasia in Nelson can enjoy a little more access to their communities. And maybe we can attract funding for similar projects nationwide."



Want to contact or join the Aphasia Association of NZ? Call 09 4265693, or email aphasianz@gmail.com or post to P O Box 24137, Royal Oak, Auckland.

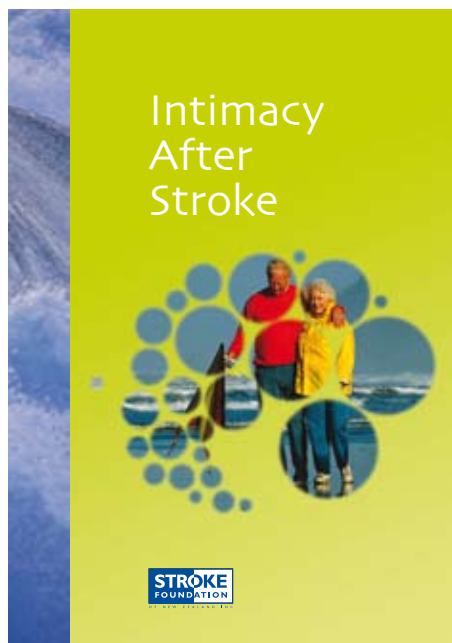
The 2nd NZ Aphasia Conference is 19-20 November 2007 at Auckland University Tamaki Campus.

Intimacy after stroke

The new stroke survivor booklet, *Intimacy after Stroke*, seems to be meeting an important need in the community.

According to Stroke Central Regional Manager, Grace Moulton, the booklet is already gaining wide appreciation: "There is demand for it from other agencies, as well as from our Stroke constituents. For instance, I've just been meeting with medical people in Wairoa, and they all thought the booklet was very helpful for their work."

For a copy of *Intimacy after Stroke*, call any of the Stroke contact numbers listed in this newsletter, or download the booklet from our website www.stroke.org.nz



35 year wait

Moeroa Rimaputa has not been back to her Cook Islands homeland since coming to New Zealand 35 years ago. That's all about to change, thanks to her granddaughter Jamie Ellia of Mangere who won this year's Stroke Northern Region Lottery. Jamie has passed the winnings on to her 73 year old grandmother, which will take her back to Aitutaki, an outer island of the Cook Islands, to see her sister and homeland once again. Jamie is planning to accompany her grandmother in the New Year, taking her new baby, who will be about four months old. Moeroa is a member of the Manurewa Stroke Club.

Moeroa Rimaputa displays the winning ticket that will take her back to the Cook Islands, thanks to granddaughter, Jamie Ellia.

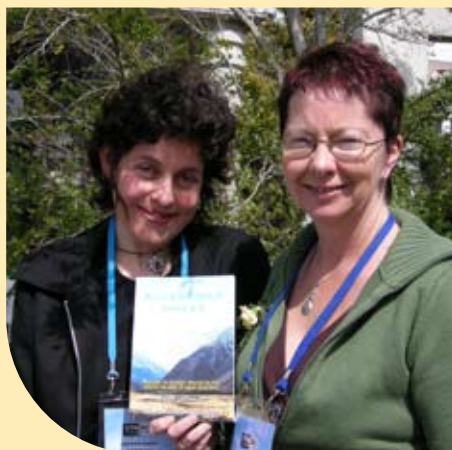


Impairment enhances creativity

Four hip replacements and hundreds of kilometers later, Anna Jameson is convinced "impairment doesn't limit chances to dream, but enhances creativity."

Anna was one of a range of interesting speakers at the recent Southern Regional Conference in Dunedin, and her infectious

enthusiasm for life and adventure encouraged everyone. She spoke of her experience putting together her book about 'Accessible walks in the South Island', which highlights scores of potential walks and tracks for those with impairments. The book explains each walk in detail and grades according to difficulty. The Conference also featured Hon Peter Hodgson, Dr Valery Feigin, Dr Vic du Plessis and Dr Julie Pryor.



Anna Jameson and Southern Regions' Chris Miller

continued from cover

Using a Royal College of Physicians stroke audit system, a team of Christchurch-based stroke experts set about assessing care quality of stroke patients across every

aspect of stroke care. This research has shown patient care has definitely improved as a result of the ASU, as well as proving highly beneficial for Canterbury DHB.

Movement magic

Bringing movement back to stroke-affected upper limbs can be extremely difficult, but stroke survivors in New Zealand will soon be able to benefit from a breakthrough in therapy. Known as Bilateral Isokinematic Training (BIT), this radically new therapy will soon be available on CD and DVD through the Stroke Foundation.

The developers of BIT therapy claim it achieves an average improvement of 84%, compared with just 17% improvement from conventional occupational therapy techniques.

By February 2008, the Foundation expects to have the BIT therapy DVD, CD and manual available. The set is expected to sell for approx \$50 in NZ, with a reduced price of \$30 for Stroke Foundation members.

Stroke Foundation of New Zealand Inc is grateful for the support of the following organisations:

