



Stroke Foundation Annual Report 2010

0800 78 76 53
www.stroke.org.nz



Reducing Risks, Improving Outcomes



Is it a Stroke?

Check it out the **F.A.S.T** way

F



Face

Smile - is one side drooping?

A



Arms

Raise both arms - is one side weak?

S



Speech

Speak - unable to? Words jumbled, slurred?

T



Time

Act fast and call 111! Time lost may mean brain lost.

CALL 111 IMMEDIATELY IF YOU THINK IT'S A STROKE!

Foreword

The facts help us focus:

- Stroke is the third largest cause of death in New Zealand each year.
- Approximately seven New Zealanders die every day due to stroke.
- Of the 22 strokes per day, about one third will be fatal.

For every stroke survivor – and there are about 45,000 in New Zealand – and for their families, there are major adjustments and uncertainties. Usually there is a significant disability that must be faced and managed. These are the facts, and they shape our determination to address stroke for the benefit of every New Zealander.

This report presents the work of the Stroke Foundation's national office this past year. It's been another successful year and we're looking forward to even greater success in years to come. We're well positioned for future growth – we have a strong and growing base of very generous donors, we have a committed staff, and we have a very positive relationship with the Ministry of Health, which is continuing to support change and improvements in national health services.



Mark Vivian

These past 18 months have seen significant growth in our government contracts and the work we're able to do to support the Ministry and District Health Boards. We have established the national blood pressure campaign and it's on-track for further development. We have recently refreshed our *FAST* messaging and we'll be exploring avenues to promote this more actively.

The Foundation's successes are the result of a team effort, and we want to acknowledge with very genuine gratitude the meaningful contribution of every team member – our very committed staff, our voluntary medical advisors, the regional volunteers, our Council members and our donor supporters. This year, as previously, we are thankful for the financial support from BUPA, the Lottery Grants Board, and the David Ellison Trust.

As we face the challenges of this next year, again it will be the facts that help us focus. Stroke is still a major human cost and the country needs the Foundation to be successful in order to fulfil our mission to reduce the risks and improve the outcomes of stroke. To be successful we will need your ongoing support.

DEREK McCORMACK
Stroke Foundation President

MARK VIVIAN
Stroke Foundation CEO

The Year in Focus

SAVING LIVES

Our national blood pressure awareness campaign took a large step forward this year. We were very pleased to welcome St John Ambulance, and New World and Pak 'n Save supermarkets, which participated with us. This allowed more than 12,000 New Zealanders to take the opportunity for a free check and to be given vital health information. We are also grateful for the support of the Hon Tariana Turia, who launched the campaign at Parliament.

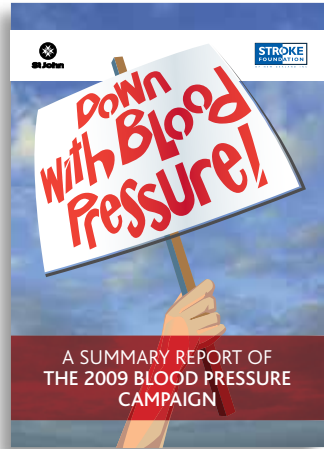
About 30 percent of strokes each year are attributed to high blood pressure. New Zealand data suggests 20 percent of us have high blood pressure so it's an important target for improved stroke risk prevention. Because it is a 'silent' or symptomless condition, the Foundation is recommending adults make sure they have their blood pressure checked at least once a year.

Salt – or more particularly the sodium in salt – is a major contributor to high blood pressure. Overall, the New Zealand diet contains too much salt, even before we add discretionary salt when cooking or at the meal table. New Zealanders eat more than twice the World Health Organization's recommended daily level of salt. We have established a working group, a collaboration of individuals and organisations, and assigned it the challenge of reducing New Zealanders' ingestion of salt. In partnership with Consumer NZ, we developed a salt pamphlet and shopping guide to help New Zealanders shop and eat smarter.

We commissioned research to assess New Zealanders' ability to recognise and respond to stroke and the results were disturbing. More than 36 percent of adults can't recognise a single symptom of stroke and a further 25 percent can only recognise one symptom.

Stroke is a medical emergency, but it would appear most New Zealanders simply don't have the knowledge to recognise it as such. If we can't recognise when a stroke is happening, we're unlikely to call an ambulance and the time to treatment is delayed. Research is very clear; the sooner a stroke patient gets to hospital the better the outcome. The *FAST* message is therefore critical for saving lives and improving outcomes because it spells out very simply the key identifiers of a stroke happening. Towards the end of the year we published the new *FAST* card.

Demand for our resources and information booklets has continued to grow, as has our website traffic. We have continued the work from previous years with our partner organisations in the Smokefree Coalition to improve tobacco control and thereby reduce the death and disease from cigarette smoking.



The Year in Focus cont.

IMPROVING OUTCOMES

In collaboration with the Australian Stroke Foundation, we undertook a national audit of DHBs' acute stroke services. This was an important project because, for the first time, all DHBs voluntarily contributed to an assessment of acute treatment provision and a measure of its quality in New Zealand hospitals against international best practice criteria.

The results confirmed that there have been significant developments in national provision in the past three years, and identified areas of provision where New Zealand hospitals outperform Australian hospitals.

However, two significant concerns were also highlighted.

Firstly, hospital services still do not provide sufficient access to organised stroke services and stroke unit care. Only 8 of the 21 DHBs' services met levels of service development for organised stroke services as established by international best practice. Further, only 36 percent of patients received treatment in a stroke unit. Across the country there are only 83 dedicated stroke beds – and yet on the day of the audit there were 179 stroke patients identified. This means there are more stroke patients than there are dedicated beds for them.

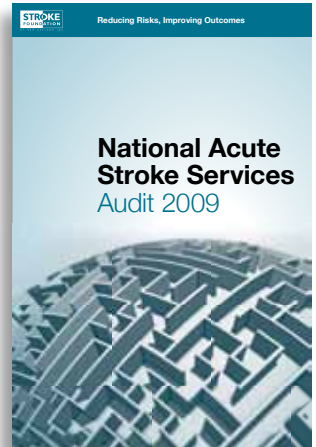
Secondly, New Zealand has more capacity to deliver tPA treatment (a 'clot-busting' treatment for ischaemic strokes) than is being accessed. While 67 percent of hospitals now provide this treatment, only 3 percent of patients in the audit received it. The audit identified time delays as a significant factor affecting access to tPA, and we believe this relates to the early identification and response to onset highlighted earlier.

The national audit report has been submitted to the Ministry of Health.

To assist DHBs to achieve the highest levels of stroke treatment informed by the most up-to-date research, we are updating the New Zealand stroke treatment guidelines. This work will be completed and published late in 2010. We are indebted to the work of our Honorary Medical Director, Dr John Fink, who has chaired this project and is the lead author of the guidelines.

PROVIDING SUPPORT AND INFORMATION

In large measure, the work of enhancing life after stroke is undertaken by the Foundation's four regions. The national office plays a small part in this by supplying the information booklets, and maintaining the website and the 0800 free phone. We remain a significant first contact point for the stroke-affected community to seek support and information, and therefore a valuable portal to the regions. This year, in order to assist regions financially, we have absorbed significant costs, previously shared with the regions, into the national office expenses.



BUILDING OUR CAPACITY

In order to increase our work and influence we need to grow our revenue. We are pleased to report that, despite the recession, our income has not diminished this last year. This is significant given more than 75 percent of our income comes from donations. While these dropped slightly, as have sponsorships and regional contributions, our level of government contracting has increased significantly. We're also pleased to report total costs have only increased by 2.5 percent. Importantly, we have achieved savings in the costs of fundraising and these are now less than 20 percent of total expenditure, which is better than most similar not-for-profit organisations.

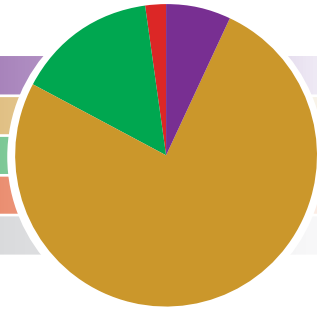
We have also established a bequests programme and will launch the 'Champions of Hope' society in November 2010. The costs of this programme are almost completely met by grants and sponsorship and the programme is expected to provide a very substantial income in future years. In order to establish the programme, the National Council has approved a sound bequests policy, affirmed by each of the regions, to manage bequests in the long-term.

We undertook two consultations this year – one focusing on responsiveness to Maori and the other on health promotion and public health needs of Pacific peoples in Auckland. These reports have been received and will be considered for action in the coming financial year.

INCOME AND EXPENDITURE

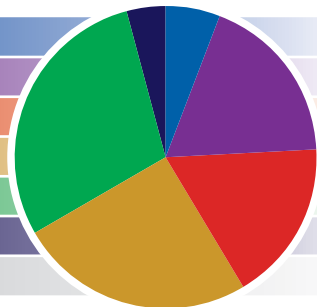
REVENUE

Grants	\$ 121,000	7%
Donations	\$1,373, 752	76%
Contracts	\$277,149	15%
Other	\$26,474	2%
Total	1,798,375	



EXPENSES

Operating Costs	\$106,190	6%
Fundraising	\$301,221	18%
Contracts	\$278,738	17%
Information Services	\$416,365	25%
Staffing	\$488,453	29%
Other	\$72,351	4%
Total	\$1,663,318	



YEAR ENDED 30 JUNE	INCOME	DONATIONS AS % OF INCOME
2006	\$384,744	30.8% (\$118,351)
2007	\$410,083	40.3% (\$165,060)
2008	\$1,324,220	66.3% (\$878,082)
2009	\$1,759,455	80.0% (\$1,403,192)
2010	\$1,798,375	76.4% (1,373,752)

- Income level has been maintained despite the recession, largely due to successes tendering for government contracts.
- Fundraising costs are less than 20 percent of total expenses. This compares very favourably with other similar not-for-profit organisations.
- We also reduced operating costs (by \$40,000), but increased the number of staff as we've increased service delivery.
- We achieved a 7.5 percent surplus which has been added to reserves for future initiatives or financial downturn.

The Focus Ahead

After another successful year, and with our commitment to address stroke across the board, how will we be growing this coming year? We have set ambitious goals, some of which we know will be a real stretch.

PROJECT	GOAL
Blood pressure awareness campaign	20,000 participants
Salt working group	Establish a three-year strategy
FAST messaging	Establish a national TV promotion
Stroke treatment guidelines	Publish in November 2010
Clinical networks	Establish regional clinical network structure to focus on quality improvement targets, including acute services audit gaps and implementation of stroke treatment guidelines
Resources	Refresh and reprint hemiplegia resource and Understanding and Preventing Stroke booklet
Donor development	Grow our donor support base to 58,000 active donors
Bequest programme	50 confirmed bequests within a year



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