

## Summary of Neurology and Stroke CAG Recommendations

### **Recommendation 1**

To fully reflect clinical services within the Tasmanian Role Delineation Framework (TRDF), separate service profiles should be included for Neurology, Stroke and Neurosurgery.

### **Recommendation 2**

The attached profiles for Neurology and Acute Stroke Service be included into the final version of the TRDF (Attachment A).

### **Recommendation 3**

Centralise stroke care for patients in the North West to a single admitting hospital.

- This needs to be appropriately staffed with medical, allied health and nursing staff with expertise in stroke.
- Ambulance bypass protocols need to be developed based on proximity to acute stroke services, not postcode.
- Develop a bypass protocol for stroke patients from MCH.
- Bypass rules should include the transfer of time-critical stroke patients to the LGH regardless of being within the North West catchment area if the LGH is closer than the NWRH.

It is recommended the stroke service should be at the NWRH.

### **Recommendation 4**

That the NWRH be a designated Level 5 Acute Stroke Services with:

- A dedicated Acute Stroke Unit with clinicians who have stroke expertise
- Stroke protocols for acute care and rehabilitation
- Written agreements and formal networks with a Level 6 service
- Access to Tissue Plasminogen Activator (tPA) for hyper-acute stroke on-site or via telemedicine support (especially out of hours)
- Rapid access Transient Ischaemic Attack (TIA) clinic
- Standardised and early assessment for neuro-rehabilitation
- Access to early supported discharge
- Regular audit and stroke-specific quality improvement activities.

### **Recommendation 5**

Utilise tele-neurology to allow higher services to provide clinical advice and education and training to lower services.

### **Recommendation 6**

The CAG recommends that current Level 6 service level role delineation for both Neurology and Acute Stroke Services needs to be maintained at the RHH.

**Recommendation 7**

The RHH appoint a dedicated medical lead who is responsible for the state-wide consultation of stroke care; and development and implementation of clinical pathways.

**Recommendation 8**

Further work be undertaken to explore and develop a contemporary and sustainable model of Neurology care in the North and North West of the State.

**Recommendation 9**

Consolidation of inpatient neurology and stroke resources at one location (NWRH) is recommended.

**Recommendation 10**

That clinical standards are developed for Neurology Services to measure clinical care and are used to drive improvement and better patient outcomes

That each stroke centre adopt the Stroke Clinical Care Standards to measure clinical care and drive improvement, resulting in better patient outcomes.

**Recommendation 11**

Robust data systems be implemented and maintained to support clinical quality improvement and audit activities.