



StrokeLink aim

"To identify and reduce the gaps between best practice and current stroke care."





Background

- Commenced in 2008
- Links guidelines and audit
- Multifaceted approach
- Facilitated workshops



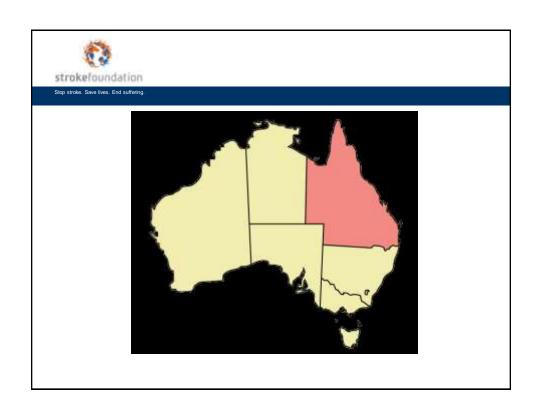


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StrokeLink overview

- 1. Build the right team
- 2. Review the gaps
- 3. Understand local context
- 4. Make a clear plan
- 5. Review / evaluate change
- 6. Share / embed







Methods

- Qualitative and quantitative methods
- Participants across 14 sites
- Focus groups at three sites
- Interviews with key staff at 11 sites
- Paper-based survey to all participants (n=39)
- Analysed by thematic analysis



Summary of findings:

- Catalyst for reflection and improvement
- Improved teamwork, role awareness, networking
- +ve = Credibility and expertise of NSF staff
- -ve = Staffing, lack of time, non-engagement by key persons/groups
- Workshops and ongoing support, action plan, barriers and strategies



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Summary of findings:

 "StrokeLink is a valuable program that should be continued and expanded. It has benefits for stroke care as well as provides health professionals working in stroke care with the tools, confidence and support to address areas of their practice that do not yet meet clinical guidelines."



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Future

- Review changes in national audit data
- Foster more collaboration across sites
- Greater sharing of clinical tools/resources
- Greater advocacy
- · Link with QLD health redesign service
- Offer to more people! (\$\$\$)



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Questions?

- Collaborative model –how intense/long?
- How to get greater engagement with executives (audit / league tables)?
- Specific team leadership training?



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Thank you!

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