Stroke Unit Care for all Stroke patients

BUILDS
Bridging the Urban and reglonaL Divide in Stroke care

Stroke Team Care

Model of care typical in regional centres of Australia, maximsing existing available resources

Generalist care

Junior doctors supervised by generalist physicians

Allied Health

Generalist clinicians who may not have specialist expertise in Stroke

Standard Nursing

Nursing with no identified nurse stroke champions

Limited specialist access

Specialist care is not routine

Stroke Unit Care

Coordinated care provided by nurses, doctors, and multidisciplinary team with specialist knowledge

Specialist care

Patient consulted by Stroke Neurologist or Stroke Physician

Professional development

Education opportunities for all team members

Stroke Coordinator

Dedicated team member to support both the team and the patient and coordinate care

Quality Assurance

Local audits and benchmarking to comparable health services

BUILDS

Providing stroke neurology expertise to local teams

Virtual Stroke Neurologist

Video consult for all new stroke patients

Education program

Comprehensive site specific education modules

People who receive Stroke Unit Care are more likely to be **alive** and **living at home** 12 months after their stroke*.

* Absolute risk reduction: 2 more people survived, 6 more living at home or living independently per 100 patients compared to conventional care (Langhorne P, Ramachandra S :Cochrane Database of Systematic Reviews 2020)

Avant Foundation for quality, safety and professionalism

Eastern Health

Echuca Regional Health

MONASH University