#### Stroke Rehabilitation Working Group

#### Terms of Reference

 Original date: 07 March 2013

 Updated: 16 July 2015

## Background:

Stroke is the second most common cause of death worldwide and the most common cause of long term adult disability in developed countries. Stroke costs New Zealand over $450 million every year. If current trends in stroke incidence and mortality continue, the number of stroke survivors will reach 50,000 by 2015, with overall annual costs of >$700 million. Reducing the burden of stroke is a key goal for health service planning.

## Purpose:

This is a project specific working group under the umbrella of the National Stroke Leadership Group. The primary purpose is to develop guidance to support optimal stroke rehabilitation services in New Zealand. This includes facilitating measures to ensure DHBs provide a stroke rehabilitation service in a dedicated area under the coordinated care of an inter-disciplinary team experienced in stroke rehabilitation.

## Objectives:

1. To support DHBs to organise their rehabilitation stroke services according to the Guideline recommendations including:
* stroke rehabilitation in a designated geographical area under an inter-disciplinary team experienced in stroke
* rehabilitation by staff who are knowledgeable and enthusiastic about the management of stroke
* regular education about stroke for staff, people with stroke and carers
* Use of ‘Best practice’ protocols for the assessment and management of stroke
* provision of clear definitions for minimal standards for stroke rehabilitation (inpatient, community and early supported discharge).
1. To support development of rehabilitation services that are structured to maximise therapy intensity for patients by:
* Identifying optimal rehabilitation intensity
* Use of audit measures including audit tool
* Reviewing audit data and developing recommendations for implementation
1. To support improvements in timely transfer to rehabilitation including:
* Timely assessment for rehabilitation
* Measures including indicators for timely transfer
* Identifying barriers
* Providing guidance to reduce delays
* Refining indicators for continued service improvement.
1. To support and strengthen the rehabilitation sector of the stroke network to:
* Enhance collegial support
* Share educational resources and
* Facilitate access and opportunities for stroke rehabilitation education.

### Approach

This group has a national focus and is one of several project groups under the wider National Stroke Leadership Group. It will achieve the above objectives through a variety of mechanisms.

The group will be required to develop a prioritised workplan and report regularly to the National Leadership Group about progress and issues. There will be an expectation that this group maintains effective links with the regional groups and works in partnership with them to achieve their objectives. Project support will be provided through the Network Clinical Coordinator.

##### **Membership**

Ideally the membership skill-set should include:

* Stroke rehabilitation clinicians with leadership experience and influence through their role in their DHB
* Ideally one or more rehabilitation physician and / or geriatrician or general physician with special interest in stroke rehabilitation
* Several experienced allied health professionals with ability to work at a strategic and a regional level (may include physiotherapists, occupational therapists, speech language therapists, clinical psychologists)
* At least one experienced rehabilitation nurse
* Experienced researcher in stroke rehabilitation
* Relevant rehabilitation sector management expertise (optional)
* Experience in community rehabilitation
* Representation from clinicians from across large, medium and small centres.

New members will be confirmed via an expression of interest process that will be disseminated via the existing stroke network, regional stroke chairs and professional groups if applicable.

##### **Chair**

The elected chair is responsible for:

* Providing leadership to the group and running efficient and effective meetings that result in clear resolutions and action plans.
* Acting as spokesperson for the Group.
* Reviewing and approving all meeting agendas, meeting minutes, meeting invitations to external individuals, and official correspondence from the Group before distribution.

The group will have project management support from the Clinical Network Coordinator.

 **Meetings**

The Group will meet regularly either face-to-face or via telephone conference meetings. Representatives will be required to:

* attend one or two face to face meetings, two to four teleconferences and answer email communications as required
* allocate an average of one hour per week with one to two whole day release for face to face meeting(s)
* commit to membership duration of 12 months.

 **Quorum**

A quorum of five members will be required for a meeting to proceed, assuming that there is appropriate representation in accordance with the agenda.

Members of this group will require leave of absence from their employing DHBs to attend face-to-face working group meetings.

Apologies must be communicated to the Chairperson (or Coordinator) of the Group in advance of the meeting, where appropriate forwarding any comments, concerns and or queries to the coordinator for inclusion to the meeting.

Substitutes are generally not encouraged in order to minimise disruption of continuity, however, if such is deemed important substitutes can be invited at the discretion of the Chairperson and the member who is unable to attend.

**External Persons**

External persons may be invited to attend the meetings at the request of the Chairperson, on behalf of the group, to provide advice and assistance where necessary.

**Decision Making**

Decisions will be made by consensus or if consensus cannot be reached by majority. If consensus is not reached dissenting positions are to be recorded and included in formal advice or viewpoints.

**Conflict Resolution**

If situations of conflict should arise between two or more group members an attempt to resolve the conflict among these members should be attempted in the first instance. If this fails the issue should be raised with the Chair. If the Chair is part of the conflict the National Leadership Group Chair or Deputy Chair should be involved.

##### **Resources and Budget**

A coordinating resource is available through funding provided by the Ministry of Health via a contracted provider (currently Stroke Foundation of New Zealand). There is also some discretionary funding to support meeting and administrative costs dispensed via the contracted provider. Additional requests for funding should be considered via the National Leadership Group as part of the wider strategic plan and where appropriate may require approval by the Ministry of Health. Travel costs will be covered by members home DHB.

##### Reporting:

The Rehabilitation Working Group is a project group convened under the National Stroke Leadership Group. As such it reports to the Leadership Group. It liaises directly with the Regional Stroke Networks that are established under the DHB Shared Services framework utilising their capacity to implement the group recommendations.

|  |  |  |
| --- | --- | --- |
| Member  | Organisation | Role |
| Dr Geoff Green(Chair) | Counties Manukau DHB | GeriatricianClinical Head AT & R Unit, Middlemore |
| Anna McRae | Auckland DHB | Allied Health Director, Adult Community and Long Term Conditions |
| Jonathan Armstrong | ABI Rehabilitation New Zealand Ltd | Occupational Therapist |
| Andrea Mears | Canterbury DHB – Princess Margaret Hospital | Stroke Rehabilitation Charge Nurse |
| Dr Harry McNaughton | Capital Coast DHB | Neurologist / Rehabilitation Physician |
| Dr Cathy Stinear | University of Auckland | Stroke Neuroscientist, Applied Clinical Neuroscience |
| Laura Bate | Waikato DHB | PhysiotherapistMidland Region Allied Health representative |
| Dr Anna Ranta | Ministry of Health, CCDHB | Clinical Lead StrokeChair: National Stroke Leadership Group |
| Dr Carl Hanger | Canterbury DHB | Geriatrician, Stroke Rehabilitation Physician |
| Helen Bryant | Hutt Valley DHB | Community Allied Health Manager / Physiotherapy |
| Alicia Scott | Hawkes Bay DHB | Speech Language Therapist |
| Ginny Abernethy | Stroke Foundation of New Zealand | Clinical Network Coordinator |