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From the Editor

Alongside all of our regular reports and segments, this jam-packed March 2020 edition of the Stroke Society of Australasia (SSA) newsletter brings you highlights from the recent International Stroke Conference (ISC) in Los Angeles, a reminder that SafeScript will be mandatory in Victoria from next month and a call for abstracts for the Stroke 2020 Annual Scientific Meeting of the SSA, to be held in Perth this coming September.

There is also an editorial piece, offering some commentary on Victoria's Safe Patient Care Amendment Act 2019, which explores the legislative changes relevant to the mandated ratio of nurses to patients, soon to affect delivery of specialist acute stroke unit nursing care across Victorian public hospitals.

This edition also introduces a new regular newsletter segment, titled 'Living Stroke Guidelines', which aims to keep you informed about recent changes to best-practice recommendations in stroke care, or topics that are currently under review. We hope you find it useful.

As always, your feedback and commentary are warmly welcome. If you would like to share a story or comment (with me or the broader SSA community), please contact the SSA Newsletter editor Bronwyn Coulton [via email](#)

The World Health Organisation (WHO) has declared 2020 the International Year of the Nurse and Midwife. In recognition of the vital role of nurses in improving the quality of stroke care in Australia, SSA is proud to include a 'Nursing Now – My World' feature interview in each of the quarterly newsletter editions for 2020.

'Nursing Now – My World' invites an Australian nurse working in a leadership role (within stroke or a related specialty), to share their passion and vision. Intended to be an interdisciplinary celebration of the nursing profession, this newsletter feature is an acknowledgement of the pivotal role of nurses in tackling 21st Century health challenges and an invitation for nurses to reimagine the horizons of stroke nursing in Australia.

Finally, with confirmed cases of COVID-19 approaching 110,000 (last update) and more than 3800 associated deaths worldwide, our thoughts are with health professionals and communities around the world currently affected by this international public health emergency.

Recent Meetings – Reviews

ISC20 – International Stroke Conference of the American Stroke Association

A New Era for Stroke Science and Brain Health



The International Stroke Conference (ISC) is the premier scientific meeting of the American Stroke Association (ASA) and a mammoth event in the annual stroke scientific calendar. ISC20 was held at the Los Angeles Convention Centre, from 19th-21st February 2020, with pre-conference symposia (including the State of the Science Stroke Nursing Symposium) held the day before.

With thousands of delegates attending and over 1700 presentations amongst 21 categories, ISC20 was packed with networking opportunities and state-of-the-art science. Highlighted topics included; paediatric stroke, vascular malformation, neurovascular interventional technique (including robotic-assisted neurovascular intervention and radial access procedure) and pre-hospital/mobile stroke unit care (with several oral and poster

presentations from members of the PRESTO consortium).

A number of neutral trials were presented, including Australian-led EXTEND-IA TNK Part 2 (Bruce Campbell), which demonstrated that 0.40mg/kg tenecteplase dose did not confer any advantage over 0.25mg/kg, for patients with large vessel occlusive ischaemic stroke, and STOP-AUST (Nawaf Yassi) which demonstrated a trend toward reduced ICH growth with tranexamic acid. ESCAPE NA-1, demonstrated that Nerinetide did not improve the proportion of patients achieving good clinical outcomes after mechanical thrombectomy, compared with patients receiving placebo, but may improve outcome in patients who receive thrombolysis in combination with mechanical thrombectomy. Check out the papers in the [Worth a Read](#) section of this issue.

[Upcoming Meetings, Conferences and Workshops – Save the Date](#)

30th Annual Scientific Meeting of the Stroke Society of Australasia – Stroke 2020

Back to the Future – Stroke Past, Present and Future



When: 8th- 11th September 2020

Where: Perth Convention and Exhibition Centre, 21 Mounts Bay Road, Perth, WA, Australia

Registration: Opening 24th April 2020

Abstracts: [Open](#) Closes 24th April 2020

Conference theme: The first ever SSA meeting was held in Perth in 1990 and this being the 30th anniversary the theme of the conference is 'Back to the future', where we hope to cover the past, present and future of stroke science.

International Speakers and Keynotes: *Valeria Caso* (Stroke Neurologist University of Perugia, Italy, Past President ESO). *Joseph Broderick* (Professor of Neurology, Director University of Cincinnati, Gardner Neuroscience Institute, USA). *Michelle Ploughman* (Associate Professor Physical Medicine and Rehabilitation, Co-Director Rehabilitation Research Unit of Newfoundland and Labrador, Canada).

Summary: In addition to invaluable networking opportunities, SSA 2020 will showcase and encourage the work of established clinicians and researchers and bring together stroke professionals, to share and learn. You are warmly invited to join us, as we travel Back to Perth to explore the Future of Stroke Science in Australia.

Smart Strokes 2020

Moving Forward Through Collaboration



When: 20th- 21st August 2020

Where: Sofitel Brisbane, 249 Turbot Street, Brisbane, QLD, Australia

Registration: Opens 23rd March 2020. [Link](#) to website

Abstracts: Closed 23rd February 2020

International Speakers and Keynotes: *Wendy Dusenbury* (Nurse Practitioner, University of Tennessee Clinical Health, Memphis, Tennessee). *Valery Feigin* (Professor of Neurology and Epidemiology and Director of the National Stroke and Applied Neurosciences, AUT University of Auckland). *Natasha Lannin* (Professor of Neuroscience, Monash University and Professor of Allied Health, Alfred Health). *Trevor Russell* (Professor of Physiotherapy and Director of the RECOVER Injury Research Centre, University of Queensland).

Summary: As well as showcasing the work of established clinicians and researchers SMART STROKES encourages and supports novice researchers and presenters. It provides a springboard to related scientific Conferences including the SSA Annual Scientific Meeting and overseas stroke meetings. The networking opportunities support the delivery of best practice stroke care by clinicians being given the opportunity to attend and share ideas, while maintaining an element of fun.

ESO-WSO Conference 2020

A United Voice for Stroke



When: 12th- 15th May 2020

Where: Austria Centre, Bruno Kreisky Platz 1, Vienna, Austria

Registration: [Open](#)

Abstracts: [Open](#) Closes 25th March 2020. Late Breaking Abstract Submission Deadline 1st April 2020.

International Speakers and Keynotes: *Anne Hege Aamodt* (Senior Consultant at the Department of Neurology, Oslo University Hospital, Rikshospitalet, President of the Norwegian Neurological Association, Fellow of the European Stroke Organisation (ESO), board member of the ESO Membership Committee). *Gad Abraham* (Group Leader at the Baker Institute and Diabetes Institute Australia, System Genomics Laboratory). *Diana Aguiar de Sousa* (Department of Neurology, Hospital Santa Maria). *Rufus Akinyemi* (University of Ibadan, College of Medicine, Nigeria). *Julie Bernhardt* (The Florey Institute of Neuroscience and Mental Health, Australia) – and many, many more.

Summary: This is the first ever joint ESO-WSO conference and promises to be the largest ever stroke conference to date. The two scientific societies (European Stroke Organisation and World Stroke Organisation) are working together to combine the strengths of both meetings into a single conference for 2020.

ESO-WSO 2020 will see presentation of major clinical trials, debates and controversies sessions, as well as a packed scientific programme and scientific communications of the latest research. Over 2000 abstract submissions expected. There will also be an allied health professional's strand, ensuring there is something for everyone working in stroke care and research. There will also be a pre-conference day filled with teaching courses and other content. The conference is a great opportunity to catch up with friends and colleagues, network and forge new collaborations.

[Reporting In](#)

[Australian Stroke Clinical Registry \(AuSCR\)](#)



The Australian Stroke Clinical Registry (AuSCR) now contains over 99,000 admitted episodes of acute stroke care and has more than 45,000 follow-up surveys of patient reported outcomes. The registry currently has 85 sites approved for data collection across 7 states and territories.

The [AuSCR 2018 Annual Report](#) is now available online, along with a public summary report. The 2018 report includes data from 20,051 admissions for acute stroke or transient ischemic attack (TIA) from 71 hospitals and represents a 41% increase in episodes compared with the 2017 report. Follow-up of patient outcomes at 90-180 days was completed for 69% of eligible patients. **For more information, please visit the [AuSCR Website](#).**

Australasian Stroke Trials Network (ASTN)



Grant Review Process

Do you have a grant that you would like to be peer reviewed? This is a new service offered to all ASTN members. The grant review service is designed to support clinical trial investigators in their application for funding. The ASTN will provide feedback regarding the design of your protocol and provide support (ASTN endorsement) for the grant application if it meets criteria. The fee is \$400 per review and is available to ASTN members only. If you are interested in utilising this service, please contact the ASTN Honorary Secretary, Michelle Russell, for further details [via email](#).

Recently Endorsed Trial - AXIOMATIC-SSP

AXIOMATIC-SSP is a Phase 2, Randomised, Double-Blinded, Placebo-Controlled, Dose-Ranging Study of BMS-986177, an Oral Factor X_{IIa} Inhibitor, for the Prevention of New Ischemic Stroke or New Convert Brain Infarction in Patients Receiving Aspirin and Clopidogrel Following Acute Ischemic Stroke or Transient Ischemic Attack. This trial aims to determine the safety and efficacy of adding different doses on an oral factor X_{IIa} inhibitor to dual antiplatelet therapy with aspirin and clopidogrel in 2350 patients with acute (<48 hours) minor ischaemic stroke or TIA. ***For more information, please contact the ASTN Secretariat [via email](#).***

Australian Clinical Trials Alliance (ACTA) Super Webinar

ACTA held its biggest webinar to date on Tuesday 11th February 2020 - the [Super Webinar](#) to disseminate and open communication around a document ACTA has created to guide trialists towards optimising their trials for implementability. Held concurrently at eight live locations in capital cities across Australia and New Zealand, and facilitated at each site by members of ACTA's Reference Group on the Impact and Implementation of CTN Clinical Trials, the Super Webinar commenced with an hour-long webinar presentation by Professor Steve Webb and concluded with a one-hour peer-to-peer discussion. The event was well attended.

Stroke Society of Australasia (SSA) 30th Annual Scientific Meeting – ASTN workshop

The ASTN will hold a workshop at Stroke 2020 in Perth. This workshop targets investigators & study coordinators. Please save the date.

For more information on please visit the [ASTN website](#).

Acute Stroke Nurse Education Network (ASNEN)



ASNEN are proud to announce the 4th Stroke Nurse Leaders Symposium in 2020, to be held in Sydney on November 27th 2020. This invitation-only event draws representatives from public and private stroke service providers Australia-wide. ASNEN is also currently organising the [webinar program](#) for 2020, with details of the first 2020 webinar to be released shortly.

Meaghan Osborne (Neurology Nurse Practitioner, Royal Brisbane and Women's Hospital) has stepped down from her role on the ASNEN steering committee. We would like to thank Meaghan for all of the time and effort she has put into ASNEN in the last 6 years – she will be missed. Sarah Kuhle remains on the steering committee as the Queensland member. ***For more information, please visit the [ASNEN website](#).***



The Stroke Foundation's [Clinical Guidelines for Stroke Management](#) are evolving into living guidelines as a next generation solution for health evidence translation. This three-year pilot project (a partnership between the Stroke Foundation and [Cochrane Australia](#), and is supported by the Australian government's Medical Research Future Fund) will build and evaluate a world-first, online, dynamically updating summary of stroke evidence to guide clinical practice and policy development. For more information and to keep up to date with the changing evidence landscape within the stroke specialty, see [Living guidelines for stroke management on InformMe](#), or contact guidelines@strokefoundation.org.au

[Recent Updates to Living Stroke Guideline recommendations](#) include:

- 1) Thrombolysis recommendation – extension of the time-window to 9 hours (imaging selection criteria apply).
- 2) Thrombolysis recommendation – tenecteplase or alteplase can be used for intravenous thrombolysis up to 4.5 hours in patients with large vessel occlusion (or for patients with potentially disabling stroke in the absence of large vessel occlusion).
- 3) Acute antithrombotic therapy – change to 'strong recommendation' in favour of using aspirin plus clopidogrel for secondary prevention after minor stroke or high risk TIA.
- 4) Patent Foramen Ovale (PFO) closure - Percutaneous PFO closure recommended in ischaemic stroke patients aged <60 when the PFO is considered the likely cause of stroke after other aetiologies have been thoroughly excluded.

A/Prof Nawaf Yassi (Neurologist, Royal Melbourne Hospital, University of Melbourne, Walter and Eliza Hall Institute of Medical Research) presented an excellent webinar on 10th February 2020, covering all of the new recommendations in detail and providing an overview of the Living Stroke Guidelines. A link to the webinar (titled 'The Living Stroke Guidelines: Updates in Acute Care and Secondary Prevention') is included in the [Podcasts and Webinars](#) section of this issue. Please check it out!

[Emerging Stroke Clinicians and Scientists Special Interest Group \(ESCS-SIG\)](#)

ESCS-SIG will hold a preconference half-day workshop on Tuesday 8 September, at the 2020 SSA ASM in Perth. We hope you can attend. More information to be released closer to the time.

ESCS published a paper in the InterSECT part of the Stroke journal titled 'Emerging Stroke Clinicians and Scientists: An Australasian Experience'. There is a link to the paper in the [Worth a Read](#) segment of this issue - hope you enjoy the read!

ESO- GAINS-WSO Early Career Investigators Workshop 2020

The ESO GAINS WSO Organising Committee invite you to the second [Early Career Investigators Trials and Cohorts Workshop](#), which will be held at the Austria Centre, Vienna on 12th May 2020 (07:00-19:00). This event ([link to full program](#)), the follow-on workshop from the highly effective workshop held in Montreal in 2018, is for emerging investigators from across the world. Participants to this dynamic day will have opportunity to learn about regional and global clinical research networks and hear from experienced clinician researchers about their pathways to success. Interactive sessions will give opportunities for participants to get feedback on their research ideas and to workshop common challenges faced in building research careers with experienced mentors from a range of disciplines. Participants can share experiences and create and extend their research networks. To apply, complete the application form and submit with a short CV and your research idea for the afternoon feedback sessions (should you wish) to the ESO website noted in the form. If you are a senior researcher, please encourage your emerging researcher to apply!

[For more information \(including membership nomination forms\), please contact the ESCS-SIG via email.](#)

Stroke Society of Australasia – New Zealand (SSA-NZ)



In New Zealand, national and regional clinically led and public health sector sponsored stroke groups – the National and Regional Stroke Network - have been set up to support stroke service development and quality improvement. These groups are interdisciplinary and their progress is monitored by health indicators set by the MOH.

To support New Zealand's progress and growing interest in stroke care, New Zealand members in collaboration with the Stroke Society of Australasia Committee have set-up a new division – the SSA-NZ. This group will address specific issues of relevance to New Zealand based stroke clinicians.

SSA-NZ operates under the governance of the SSA, but has strong ties to the NZ National Stroke Network as the two organisations share the

common objective of achieving better health outcomes for people with stroke. The SSA-NZ aims to have a strong multi-disciplinary focus. However, in contrast to the NSN, membership of the SSA-NZ is limited to stroke professionals, will specifically represent their perspective, and is not accountable to the Ministry of Health or District Health Boards.

The SSA-NZ has recently focussed efforts on promoting NZ based SSA membership. The committee is currently organising an interdisciplinary education day for July 3 2020 in Auckland, focusing on the patient's journey (refer to [Flyer](#) for further detail). We are also organising the annual Quality Day for November 2020 in collaboration with the National Stroke Network. Our future projects for 2021 will include a day to promote and share New Zealand based research.

Finally, the SSA-NZ has started preparations for the annual SSA conference 2022 to be held in Christchurch, New Zealand.

[For more information, please contact SSA-NZ via email.](#)

Topical

SafeScript – Mandatory in Victoria from 1 April 2020

It will soon be mandatory for prescribers and pharmacists to check SafeScript, Victoria's real-time prescription monitoring system, before prescribing or dispense a monitored medicine. SafeScript provides important patient information to help make safer decisions and provide better care. Prescribers must register and be using SafeScript from 1 April 2020, but are encouraged to register now and start using SafeScript ahead of this date.

SafeScript allows doctors, nurse practitioners and pharmacists to access information about their patient's prescription history for certain high-risk medicines. This information helps clinicians make safer clinical decisions and reduces the incidence of harm, including death, from the use of pharmaceuticals. Registering for SafeScript takes 10 minutes. To commence the registration process, have your AHPRA number ready and follow this [link](#).

Key messages about SafeScript

- A clinical tool that provides access to a patient's prescription history for high-risk medicines to enable safer clinical decisions.
- Quick and easy-to-use and can be integrated with prescribing and dispensing software.
- Assists clinicians to identify high-risk circumstances, but does not prevent clinicians from prescribing or dispensing a medicine they believe is clinically necessary. Note that abruptly stopping treatment in patients who have been taking high-risk medicines over a long period is contrary to patient safety.
- The GP Clinical Advisory Service is available to help GPs support patients with prescription medicine concerns and complex needs (1800 812 804)

Victoria's Safe Patient Care Amendment Act 2019

Editorial: On 19 December 2018, the Safe Patient Care (Nurse to Patient and Midwife to Patient Ratios) Amendment Bill 2018 was introduced into Parliament and on 21 February 2019 the Amendment Bill successfully passed through the Legislative Council. Changes to the Act commenced on 1 March 2019 and changes to the Safe Patient Care (Nurse to Patient and Midwife to Patient Ratios) Regulations 2015 commenced on 6 March 2019.

The creation of new ratios in a range of clinical settings (including some acute stroke unit (ASU) settings) and the introduction of other operational changes in the Act are proposed to have a significant and lasting impact on the provision of safe and high-quality healthcare within Victorian public hospitals.

It has been stated that, as a result of the amendment, an additional 600 nurses and midwives will be employed within areas such as general medical/surgical wards and also in specialist areas of palliative care, haematology, oncology, ASU, aged care, emergency and maternity services.

However, it is not entirely clear whether these changes will benefit all services equally. Nor is it clear how ratios will be governed (with significant wiggle-room in terms of interpretation). Nor the expected timeframe for ratio amendments to be fully implemented.

Section 21A of the Principal Act (which came into effect on 1st March 2020) sets out a new ratio requirement for ASUs in all hospitals, changing the nurse staffing ratios in an ASU to 1 nurse for every 3 patients and 1 nurse in charge on all shifts. In this context, ASU refers to an inpatient ward, or part of such a ward, in which comprehensive care and monitoring of patients with stroke in the hyper-acute or the acute phase is provided *and* which has the capacity to provide thrombolysis

For a number of years now, comprehensive stroke centres (CSCs) and primary stroke centres in Metropolitan Melbourne have been thrombolysis-capable, with ASUs typically staffed at a ('flexible') ratio of 1 nurse to 2 patients on all shifts (high dependency areas). This ensures capacity to 'flex up' staffing ratio's in response to the need to provide reperfusion therapy in the hyper-acute context.

Rapid, dramatic and transformative developments in the care of patients with hyper-acute stroke have taken place over the past three decades. Patients with stroke, particularly in the acute period, are amongst the most complex patient demographic outside of an intensive care unit.

Nursing management of thrombolysis, urgent anticoagulation reversal in the context of haemorrhage, intravenous infusions of vasoactive drugs for blood pressure control, intravenous insulin infusions to maintain euglycaemia, rapid and responsive management of fever, nurse-led dysphagia screening, comprehensive mood assessment, cardiac monitoring and rhythm recognition are just a sample of the types of care being provided by stroke specialist nurses in an ASU.

The physically demanding nature of nursing patients with acute neurological injury cannot be underestimated. Dysphagia, airway compromise and aspiration risk are commonplace. Dense hemiparesis or hemi-sensory loss, aphasia and neglect are profoundly disabling; such deficits demand a very intensive level of specialty nursing care. The high prevalence of delirium and falls in the stroke patient population are difficult to mitigate, require absolute vigilance and intensive intervention, in order to achieve acceptable outcomes. All of these factors (and more besides) add complexity, acuity and a 'heaviness of load' to nursing care in the ASU.

Whilst it may be true that this recent legislative change increases staffing on night shift and the capacity of smaller general hospitals to offer thrombolysis – an important capacity building exercise (and a potential coup for regional and rural areas of need), it is not sufficient to protect the current nurse to patient 'ratios' (or accepted practices) in CRCs and large primary stroke hospitals.

One might argue that this legislation change demonstrates a totally inadequate understanding of the complexity of care requirements for this patient demographic. Were stroke nurses properly consulted on this matter? **Have your say** on this topic – write to the SSA Newsletter Editor [via email](#). For further information on the Safe Patient Care Amendment Act, please follow this [link](#).

International Year of the Nurse and Midwife 2020 – Feature Interview

Nursing Now – My World



Minarah tell us a little bit about the new interventional Neuroradiology CNC role at Monash Health. What is the nature and scope of the role? Is it a direct patient care role or a service development role? What do you envision will be the major benefits of this new role?

It was a role created in late 2018 as a service infrastructure initiative to support the exponential growth in Endovascular Clot Retrieval (ECR) activity since 2015. It is both a service development and direct patient care role. In the context of “time is brain” it involves engaging in service improvement and support of the patient journey in the Endovascular clot retrieval space to put us on an upward trajectory of continuous improvement of our door to reperfusion times. We have some of the best door-to-reperfusion times in the world. Our goal is to maintain these times without compromising our positive work culture, patient safety and quality outcomes.

Breaking it down, it involves training nursing staff in the Angiography lab and scrubbing with the Interventional Neuro radiology consultant particularly when there is no Neuro IR fellow on duty. It includes identifying timing inefficiencies, breaches in patient safety or care quality and implementing strategies to address them.

This service support role extends beyond the ECR space to other domains of the Interventional Neuro radiology space. I coordinate all direct referrals. My role involves sourcing and preparation of patient information for the neurovascular multidisciplinary meetings, coordinating activity in the neurovascular outpatient clinic, assessment and preparation of patient in pre admission clinic and coordinating the scheduling of all Interventional Neuro Radiology

Minarah Sabapathypillai stepped into a new Interventional Neuroradiology Clinical Nurse Consultant role at Monash Health eighteen months ago. Since then, she’s found her feet and is gaining the attention of the stroke nursing specialty and hospital executives alike. Minarah took time out of the lab to answer some questions as part of the ‘Nursing Now – My World’ interview feature series, for the SSA newsletter 2020 celebration of the International Year of the Nurse and Midwife.

procedures. It includes clinical ward rounds for inpatients, patient education, discharge planning and post discharge follow up. In the research domain my role extends to coordinating international clinical trials in the Neuro Interventional radiology space.

I see two major benefits of the role. One is it provides coordinated and integrated patient centred care that optimises patient outcomes and patient experience in an environment of ever-increasing activity. The second is by taking on the clinical ward round activity and coordinating the patient referrals there is a more impactful re allocation of registrar and fellow’s time towards doing procedures, reporting scans, junior registrar education and research.

Are there roles like this one in other Australian health services or is this unique? Do you think this role could be reproducible in other settings?

As far as I know there is only one other Interventional Neuroradiology CNC in Australia and she is in New South Wales. This role is certainly reproducible in other comprehensive stroke centres that have high volumes of Endovascular clot retrieval activity.

Tell us a little bit about your leadership style. What do you think are some of the defining characteristics of clinical leadership in nursing? Do you have a hero in the sphere of nursing leadership who you look up to and draw inspiration from?

I love people and so enjoy investing in building relationships with people. Therefore, my default mode is relational leadership. The style I seek to engage in is transformational leadership that is

either democratic or autocratic depending on the context. As much as possible I try to orchestrate a scenario that elicits an intrinsic motivation in the follower to engage and follow. In my opinion one of the characteristics or skills for a clinical leader to develop is emotional intelligence given nursing involves interacting with people on various levels. Another is intellectual curiosity which is needed to acquire and grow in advanced practice knowledge and skills that mark clinical leadership.

Tell us a bit about how your previous experience has prepared you for clinical leadership?

For many years I was part of the leadership team in a volunteer organisation that took multidisciplinary medical teams to remote villages in South Pacific countries. It also involved negotiating with government health departments to form agreements that maximised the impact of our work. This provided me with transferable skills of cross-cultural communication, collaboration and networking, which are essential in my current role that requires building effective collaborative multidisciplinary relationships in order to provide patient centred care.

You are passionate about the patient experience. If there was one thing you could do to improve the patient experience within your health service, what would it be? What would you need, in order to achieve it?

In the Interventional neuro radiology service, there are still multiple strategies I am working on to enhance patient experience. However, there is a particular strategy that would take the service and patient centred care to another level for multiple reasons - that is to evolve the CNC role into a Nurse Practitioner role. Apart from needing the support of

executive, it would require the support of the whole Interventional Neuroradiology team who would have to engage in providing a robust training program.

How would you describe your experience of working with a team of Neuro Interventional Radiologists? What do they do when they are not scrubbed and rescuing brains? Any quirks that deserve a mention?

Everyone on the team have been fully supportive of my role and continue to generously invest into my knowledge and skill uptake. I am surrounded by a team who are very progressive, not threatened and see the value of advanced practice nurses. They create space for me to enact my role for maximum impact.

When they are not scrubbed, they are reporting scans, involved in research, teaching registrars or engaged in consultation at clinic.

What piece of advice would you give to young aspiring nurses across the globe?

Cultivate intellectual curiosity so that you are continuously adding to your knowledge and skill base from which you can draw to make critically thought out clinical decisions.

Cultivate emotional intelligence that you can draw on to be authentic and genuinely care for those who depend on you during a challenging season in their lives.

Let all your decision always move you toward patient centred care.

Thanks very much for sharing your time with SSA members, Minarah!

Awards, Achievements & Acknowledgements

Dr Henry Zhao Nominated for Premier's Award for Health and Medical Research

Dr Henry Zhao (Neurologist, Royal Melbourne Hospital, University of Melbourne and Melbourne Brain Centre), was recently announced as a finalist in the 2020 Premiers Awards for Health and Medical Research.

Henry's nomination comes in recognition of his work on the ACT-FAST algorithm, for pre-hospital identification of large vessel occlusion. Recipients of the Premier's Awards for Health and Medical Research category awards will be announced at the award ceremony on 23 March 2020.

Worth a Read

[Emerging Stroke Clinicians and Scientists: An Australasian Experience](#). Hayward KS, Johnson L, Yassi N. *Stroke - InterSECT*. 2020; 51:00-00. DOI: 10.1161/STROKEAHA.119.028210

[Effect of Intravenous Tenecteplase Dose on Cerebral Reperfusion Before Thrombectomy in Patients with Large Vessel Occlusion Ischaemic Stroke: The EXTEND-IA TNK Randomised Clinical Trial](#). Campbell BCV, Mitchell PJ, Churilov L, Yassi N, Kleinig TJ, Dowling R, Yan B, Bush S, Thijs V, Scroop R, Simpson M, Brooks M, Asadi H, Wu TY, Shah DG, Wijeratne T, Zhao H, Alemseged F, Ng F, Bailey P, Rice H, de Villiers L, Dewey HM, Choi PMC, Brown H, Redmond K, Leggett D, Fink JN, Collicutt W, Kraemer T, Krause M, Cordato D, Field D, Ma H, O'Brien B, Clissold B, Miteff F, Clissold Acloud GC, Bolitho LE, Bonavia L, Bhattacharya A, Wright A, Mamun A, O'Rourke F, Worthington J, Wong AA, Levi CR, Bladin CF, Sharma G, Desmond PM, Parsons MW, Donnan GA, Davis SM for the EXTEND_IA TNK Part 2 Investigators. *JAMA*. Published online February 20, 2020. DOI:10.1001/jama.2020.1511.

[Efficacy and Safety of nerinetide for the treatment of acute ischaemic stroke \(ESCAPE-NA1\): a multi-centre, double-blind, randomised controlled trial](#). Hill MD, Goyal M, Menon BK, Nogueira RG, McTaggart RA, Demchuk AM, Poppe AY, Buck BH, Field TS, Dowlathshahi D, van Adel BA, Swartz RH, Shah RA, Sauvageau E, Zerna C, Ospel JM, Joshi M, Almekhlafi MA, Ryckborst KJ, Lowerison MW, Heard K, Garman D, Haussen D, Cutting SM, Coutts SB, Roy D, Rempel JL, Rohr ACR, Iancu D, Sahlas DJ, Yu AXY, Devlin TG, Hanel RA, Puetz V, Silver FL, Campbell BCV, Chapot R, Teitelbaum J, Mandzia JL, Kleinig TJ, Turkel-Parrella D, Heck D, Kelly ME, Bharatha A, Bang OY, Jadhav A, Gupta R, Frei DF, Tarpley JW, McDougall CG, Holmin S, Rha JH, Puri AS, Camden MC, Thomalla G, Choe H, Phillips SJ, Schindler JL, Thornton J, Nagel S, Heo JH, Sohn SI, Psychogios MN, Budzik RF, Starkman S, Martin CO, Burns PA, Murphy S, Lopez GA, English J, Tymianski M, on behalf of the ESCAPE-NA1 Investigators. *Lancet*. DOI.10.1016/S0140-6736(20)30258-0.

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[Meeting the evolving demands of neurointervention: Implementation and utilization of nurse practitioners](#). Schwegel C, Rothman N, Muller K, Loria S, Raunig K, Rumsey J, Fifi J, Oxley T, Mocco J. *Interv Neuroradiol*. 2019 Apr; 25(2):234-238. DOI:10.1177/1591019918802411

Podcasts and Webinars

[Peter Knapp on Frequency of anxiety after stroke: an updated systematic review and meta-analysis of observational studies](#). International Journal of Stroke Podcast Series. March 2020.

[Living Stroke Guidelines: Updates in Acute Care and Secondary Prevention Webinar](#), presented on 10th February 2020 by A/Prof Nawaf Yassi, Neurologist, Royal Melbourne Hospital, University of Melbourne, Walter and Eliza Hall Institute of Medical Research.

Advertisements

Monash Health – Recruiting Neuroscience Nurses

An exciting opportunity has arisen within our Neuroscience ward at Monash Medical Centre Clayton.

Full time/Part time positions. Flexible Roster & work with a great Nursing Team

About Monash Health: Monash Health provides integrated health care services available to over 1.3 million people, representing 32% of the population of greater Melbourne. Monash Children’s Hospital continues our tradition of providing outstanding patient and family centred care in a purpose-built paediatric facility, delivering clinical services in a child and family-friendly environment. We also deliver healthcare breakthroughs made possible via the Monash Health Translational Precinct

About Us: Ward 54 provides holistic care to Neurosurgical, Neurology and Stroke patients. The ward accommodates up to 46 patients, including a 10 bed High Dependency Unit. Patients are admitted with both medical and surgical requirements, giving you a unique skillset. We pride ourselves on the delivery of high-quality care and strive for the best outcomes of our patients. This is a fast-paced work environment, with a focus on teamwork and collaboration. We are friendly and supportive team, who work closely together and can offer a wide variety of clinical experience.

About you: We are looking for an experienced RN who has demonstrated skills in an acute setting and thrives when working in a fast-paced environment. With your caring and engaging manner, you will be required to work a 7 day a week rotational roster. You will have access to resources to support you in this position, enabling you to further advance your leadership and management skills whilst representing role model nursing excellence and delivering a high standard of patient care.

If you have Neuroscience working experience, we want to speak to you.

Monash Health recognises the value of equal employment opportunity and is committed to promoting fairness, equity and diversity in the workplace. Any offer of employment will be confirmed on the successful outcome of a Police Check. **To make an application please visit the Monash Health [website](#).**

SSA Membership

Do you know any passionate stroke clinicians who are not already members of the Stroke Society of Australasia?
New members are welcome!

Membership of the Stroke Society of Australasia is open to professionals working in the field of stroke, or in kindred fields, who have an interest in the work and aims of the Society. Our current membership includes physicians (e.g. neurologists, geriatricians, rehabilitation specialists), other medical professionals, non-medical clinicians (e.g. nurses, physiotherapists, occupational pathologists, psychologists), researchers (e.g. basic scientists, epidemiologists), and professionals from government and non-government organisations.

Benefits of membership include;

- Discounted registration fee for the Annual Scientific Meeting
- Eligibility to stand for office
- Eligibility to apply for travel awards, new investigator awards, Nursing and Allied Health awards & Bursary awards for trainees or higher degree candidates
- Discounted membership to the World Stroke Organization
- Emailed copies of newsletters and registration papers for the Annual Scientific Meeting

We are pleased to continue the SSA membership ‘Refer a Colleague’ promotion. Members can refer a colleague to become a member of Stroke Society and once your colleague has paid the membership a fee you will be entered in a prize draw with a chance to win **free registration to the upcoming SSA 2020 Conference**. SSA are in continuous search to bring out features that are exciting and valuable for you. Please find an [SSA Membership Referral Form](#) attached at the back of the newsletter.



Sign up a colleague

**For your chance to win free registration
to the SSA 2020 Conference!**

To enter, provide your details and your colleague's. Once your colleague has paid their membership you will be entered into a prize draw to receive free registration to the 30th Anniversary Stroke Society of Australasia Conference, Perth Convention and Exhibition Centre, WA on 8 to 11 September 2020.

Your name:

Your email:

Colleague name:

Colleague email:

Enter as many times as you wish

SAVE THE DATE!!!

Friday 3 July 2020

9am – 3:30pm

‘The Cutting Edge of Stroke’

**The patient journey from ambulance to rehabilitation: advances
in stroke care and early rehabilitation**

**Organised by the SSA-NZ Division Committee with presenters from ADHB,
The University of Auckland, AUT and the University of Otago**



**Open to anyone with an interest in, or working in, acute stroke
and rehabilitation (allied health, nursing, medical)**

Venue: University of Auckland, Grafton, Auckland.

Please pre-register your interest by emailing; Meher Tata

MeherT@adhb.govt.nz

MeherT@adhb.govt.nz