

# Stroke Recovery News

Volume 24, Issue 1

## Stroke advances in 2023: a new horizon for the management of intracerebral haemorrhage

The major advance in Stroke research in 2023 was the realisation that intracerebral haemorrhage is a treatable condition, shown by the results of three pivotal clinical trials. This work has defined a paradigm shift for the reconfiguration of Stroke services to optimize outcomes for patients with this serious condition.

The third Intensive Care Bundle with Blood Pressure Reduction in Acute Cerebral Haemorrhage Trial (INTERACT3) was a multicentre, stepped-wedge, cluster-randomised trial that enrolled more than 7000 patients at 121 hospitals in ten countries. (1)

Patients received either the usual standard of care or a care bundle protocol that was implemented through reorganised systems of care in the hospitals. The care bundle protocol comprised early lowering of elevated blood pressure, strict glucose control, antipyrexia treatment, and rapid reversal of warfarin related anticoagulation. The likelihood of poor functional outcome on the modified Rankin scale at 6 months was reduced with the care bundle protocol (common odds ratio 0.86 [95% CI 0.76–0.97];  $p=0.015$ ) compared with usual care. Patients in the care bundle group also had significantly improved survival and health-related quality of life compared with those in the usual care group. Although early blood pressure control was the major component of the care bundle, the hypothesis tested in INTERACT3 was that active care would lead to improved outcomes.(2)

To achieve this goal, well-coordinated systems would be required from the time of diagnosis in the emergency department, to ensure all components of the care bundle could be delivered collectively and consistently. However, because some challenges were noted in delivering the intervention,(3). translation of the INTERACT3 findings into practice will require context related implementation activities that include addressing any concerns health-care professionals might have about increased workload and safety of the target-based metrics related to the requirement for more intensive management and monitoring of patients, and finding solutions to shortages in the supply of medications and equipment in low-resource settings.

Results of the Early Minimally Invasive Removal of Intracerebral Hemorrhage (ENRICH; NCT02880878) trial 4 were first reported at the 2023 annual meeting of the American Association of Neurological Surgeons,5 but the full results are, as yet, unpublished. ENRICH was undertaken at 37 hospitals in the USA and showed - for the first time - that functional recovery can be improved from surgical evacuation of the haematoma within 24 h of symptom onset.

Three hundred (300) patients were enrolled, including 93 (31%) with deep haematomas and 207 (69%) with lobar hemisphere haematomas. The primary endpoint at 6 months was the utility-weighted modified Rankin score, which was 0.46 for minimally invasive surgery and 0.37 for the non-surgery control (difference 0.084).



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# Stroke advances in 2023: Continue...

The Bayesian posterior probability of benefit of the intervention was 98·1%, which exceeded the prespecified threshold for superiority of 97·5%. The success of ENRICH can be attributed to the microinvasive endoscopic aspiration technique, which enabled the surgeon to perform early (median 17 h after symptom onset), rapid, and near-complete evacuation of the haematoma (volumes 30–80 mL) while also terminating any active bleeding. Previous major trials involving open craniotomy (6) and minimally invasive surgery with catheter drainage and the frequent instillation of a lytic in a delayed time window (7) were based on the belief that intervention should be undertaken when both the haematoma and the clinical status of the patient are stable.

The results of the Randomised Trial of Andexanet Alfa Versus Usual Care in Patients with Acute Intracranial Peakstock/Science Photo Library Haemorrhage while on an Oral Factor Xa Inhibitor (ANNEXA-I; NCT03661528) were presented at the 2023 World Stroke Congress.(8) This international, randomised open-label trial - a follow-on from a multicentre, open label cohort study(9) - was terminated early, after an interim analysis showed efficacy of the intervention with respect to the primary composite endpoint of effective haemostasis (defined as no or minimal early haematoma expansion and neurological deterioration without any rescue haemostatic therapy). Four hundred and fifty two (452) patients were randomised within 6 hours of symptom onset and, within 15 hours of taking an oral factor Xa inhibitor (ie, apixaban, rivaroxaban, or edoxaban), excellent or good haemostasis was reported for 63·9% of patients allocated to andexanet and 52·4% of those allocated to placebo (difference 11·0% [95% CI 2·8–19·3]; p=0·0080).

These results are tempered by a significant increase in thrombotic events in the andexanet group (10·3% vs 5·6% in the placebo group; p=0·048), in particular, ischaemic strokes and myocardial infarcts. Moreover, no data were obtained for functional outcome of participants at 90 days. However, the authors define a treatment strategy for anticoagulation related intracerebral haemorrhage. The results of several ongoing trials (ISRCTN97695350, NCT03496883) will reveal in a few years whether haemostatic treatment with tranexamic acid and recombinant factor VIIa is safe and efficient within the first few hours after the onset of intracerebral haemorrhage.

From the findings of the three trials discussed in this round-up, it is now clear that a single treatment strategy is not appropriate for people with intracerebral haemorrhage. The INTERACT3 care bundle could become a standard of care for all patients with acute intracerebral haemorrhage, with a reasonable option to add protocols for avoidance of early do-not-resuscitate orders and for early targeted minimally invasive surgery. Surely, the time is now for Stroke services to be reorganised, to provide active management of patients with intracerebral haemorrhage, which would bring treatment up to date with that administered for patients with acute ischaemic stroke.(10)

Craig Anderson is the Principal Investigator for the INTERACT3 trial, which was funded by research grants from the Medical Research Council of the UK, Takeda China, and Hastenpharma. I also report fellowship grant support from the National Health and Medical Research Council of Australia. Craig S Anderson canderson@georgeinstitute.org.au The George Institute for Global Health, Faculty of Medicine, University of New South Wales, Camperdown, NSW 2050, Australia

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# Fall prevention: Strategies to help keep you from falling down

Falling is a normal part of early childhood. However, as we age, even a minor fall can be debilitating. Falling as an older adult can lead to serious consequences including injury, disability, and even death. The good news is most falls can be prevented. Taking precautions, such as making changes in your home, starting an exercise routine, and regular checkups with your doctor, may help keep you safe.



## Why do we fall?

Our risk of falling increases as we age, with an estimated 36 million falls occurring every year in adults over the age of 65. Older adults who are frail or have other medical conditions are at a higher risk for falls. The number one risk factor for falls in older adults is the history of a prior fall.

One of the best ways to prevent falls is to understand why people fall. Anything that decreases your strength and mobility affects your balance, or changes your ability to walk and stand upright may increase your risk of falling. This includes:

- muscle weakness
- gait abnormality
- foot, knee, or back pain
- weight changes
- lack of sleep
- injury.

Certain health problems can also lead to balance problems and increase your risk of fracture or other injury from a fall. For example:

- vision problems
- inner ear problems
- dementia
- vitamin D deficiency
- arthritis
- osteoporosis
- diseases of the nervous system, such as Parkinson's disease.

In addition, side effects from many medications can contribute to falls. These include:

- blood pressure medications, which can cause low blood pressure upon standing quickly (postural hypotension)
- sleep medications, anti-anxiety drugs, or antidepressants, which may make you groggy and less aware of your surrounding
- Diphenhydramine (Benadryl) is an antihistamine that is an ingredient in many popular over-the-counter sleep products. Regular use is linked to memory problems and a higher fall risk.

# Fall prevention: Continue...

## Fall risk assessment

It is important to see your doctor every year to review your medical conditions and medication list. Among other benefits, this appointment is an opportunity to identify any risk factors for falls. You should also see your doctor if you sustained a recent fall, feel unsteady on your feet, or are worried about falling. Your doctor may ask about your fall history and assess your risk factors using a questionnaire. Some other common assessments that can help identify an increased risk for falls include:

- strength, gait, and balance tests
- blood pressure measurements while sitting, lying, and standing
- visual acuity test
- vitamin D levels
- review of potential home hazards
- evaluation of your feet and footwear.

Based on these findings, your doctor may adjust the treatment of your medical conditions and develop a personalised care plan to reduce your risk factors.

## Balance test

Balance involves an ability to both stand upright and to anticipate changes in movement. It requires coordination from many parts of your body. Your doctor may have you perform a balance test, which assesses your ability to hold a few different positions without moving or needing support for 10 seconds. A 2022 study published in the British Journal of Sports Medicine found that an inability to balance for 10 seconds while standing on one foot was associated with a significantly increased risk of dying from any cause.

To assess your own balance, a simplified balance test can be completed at home and only requires a stopwatch. An inability to complete this test means you may be at increased risk for falls.

1. Start standing with both feet side by side and your arms by your sides.
2. Keeping one foot planted firmly on the floor, lift the other foot at least 12 inches above the ground.
3. Without lowering your raised foot, using any support, or raising your arms, remain in this one-legged position for 10 seconds.

## Mobility aids

Approximately one-third to one-half of adults over the age of 65 are affected by limitations in mobility — the ease with which one can move freely and purposefully in their environment. Assistance devices are a helpful way to aid your mobility while providing an extra layer of safety and precaution against falls. Consult your doctor regarding the best form of mobility aid for your needs.

# Fall prevention: Continue...

Assistive devices for walking include:

- Canes: an easy, lightweight option designed to support about 25% of your body weight
- Walkers: a better option for increased stability, with the ability to support up to 50% of body weight
- Wheelchairs: the best option during times of impaired mobility or injury if little to no body weight can be supported.

Author: Jennifer Fisher, MMSc, PA-C, Health Writer

Reviewed by Howard E. LeWine, MD, Chief Medical Editor, Harvard Health Publishing

## **Knowing what to do if you do have a fall can help you feel more confident.**

If you have a fall, you can follow the steps below to get back up.

1. Roll onto your side
2. Crawl or drag yourself to a chair
3. Face the chair and get up on your knees
4. Bring one knee forward and put that foot on the floor. Then use the chair to push up with your arms until you are upright enough to pivot your bottom around to sit
5. Rest for a while before standing up

If you can't bend your knees very well, slide along on your bottom then lift your hips onto something higher, such as stairs. Then you can pull yourself upright again.

You might even like to practice these techniques so you'll feel more confident if you ever need to get up from the floor.

It's also important to have an emergency plan.

- Know who to call for help - you could keep a list of the phone numbers of family or friends near the phone, or save them into your phone for quick access using one-touch dialling or save them into your favourites list.
- Have a phone within reach on a low table, in case it is hard to get up.
- Protect yourself by considering whether you want a device that raises an alarm in case of emergency.
- Let trusted family and friends know how to get into your house if you can't let them in.

## **Supporting you to stay on your feet**

For more information on falls prevention, read the *Staying Active and On Your Feet* booklet. This booklet is also available in other languages and can be found on the *Active and Healthy* website.

Remember, if you live in NSW, you can ask for a free copy of the booklet to be mailed to you by emailing [MOH-ActiveAgeing@health.nsw.gov.au](mailto:MOH-ActiveAgeing@health.nsw.gov.au). You can also download a copy.

# Research: Compression stockings to prevent deep vein thrombosis

This research aims to acquire information on the users' needs around graduated compression stockings (GCS) and identify the drawbacks of current available GCS designs. It will include: difficulties in wearing, daily use, and the factors affecting the selection of the compression stockings.

## Participants wanted !!! Adults with neurological conditions

A University of Technology Sydney research team is interested in your experiences using graduated compression stockings.

### If you are:

- Adults above 18 with neurological conditions (such as stroke, spinal cord injury, cerebral palsy, multiple sclerosis, etc.)
- Wearing graduated compression stockings

### What is required?

You need to complete an Online survey.  
Time required: about 30 minutes

You will get **\$25 Supermarket gift card** after completed

### Contact us:

[Alexei.Roudnitski@uts.edu.au](mailto:Alexei.Roudnitski@uts.edu.au) (Alexei)

Call / Wtsapp: 0478 988 831



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Page 1

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# Research: Listen to Your Heart and Mind

## What is the research study about?

You are invited to take part in a pilot study that aims to determine the feasibility of a combined screening for high blood pressure, atrial fibrillation (a heart rhythm problem), hearing loss, and thinking and memory function (cognitive function) impairment in order to aid in early detection of these conditions. A secondary aim of this study is to investigate the associations between these conditions.

### Inclusion criteria:

- Willing and able to consent to participate in the research study
- Age 65 years or over
- Able to speak and read English

### Exclusion criteria:

- Unable to provide consent
- Known or clinically diagnosed cognitive impairment / dementia

If you have any questions please contact:

Dr Isabella Tan on **8052 4300** or [itan@georgeinstitute.org.au](mailto:itan@georgeinstitute.org.au)

  
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## Research: OPTICS study

The aim of this study is to develop machine learning software that would be able to assist doctors in providing a more accurate prognosis for Intracerebral Haemorrhagic (ICH) stroke.

As part of the study we are looking for people who have either experienced an ICH stroke or have experience as their carers to give their opinions on the use of machine learning to support the prognosis process.

### Inclusion criteria:

- Adults (aged 18 or over)
- Have had intracerebral haemorrhage in the past, OR
- Have lived experience as primary carer for an individual with intracerebral haemorrhage;
- English spoken as primary language;
- Provision of electronic informed consent;

### Exclusion criteria:

- Cognition or communication decline or other disability that prevents participation in a group conversation.

For more information please contact: Darcy Ryan at [DRyan@georgeinstitute.org.au](mailto:DRyan@georgeinstitute.org.au)



## Research: Diverse Hearts

Diverse Hearts - Co-designing a culturally tailored, evidence-based, digital stroke education program for Arabic, Dari, Chinese, and Vietnamese-speaking communities to reduce the risk factors for stroke and promote mental well-being in culturally and linguistically diverse communities.

### Inclusion Criteria:

- Aged 18+ years
- Have high blood pressure, cholesterol, diabetes, or are a stroke survivor
- Can speak Arabic, Dari, Mandarin, or Vietnamese

### What is involved?

- Join us for 1 group discussion
- 90 minutes per session
- Review our digital stroke education program

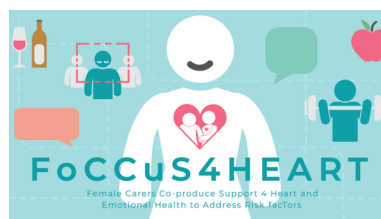
Participants will be remunerated for their contribution (\$50 per interview or focus group/review session), and those attending in person will be reimbursed for reasonable travel expenses.

For more information please contact: Dr Sabine M Allida at [sallida@uow.edu.au](mailto:sallida@uow.edu.au) or on **8763 6015**



# Research: FoCCuS4HEART Study

FoCCuS4HEART (Female Carers Co-produce Support 4 Heart and Emotional health to Address Risk factors) project seeks to understand the emotional health and health behaviours linked to cardiovascular health of women who provide, or have provided care, to someone who has had a stroke.



## Inclusion criteria:

- Aged 18 years and over
- Female
- Can speak English
- You are a current or former informal carer of a person who has had a stroke. This includes unpaid spouses, family members and friends

To contact the research team please email:

**FoCCuS4HEARTproject@newcastle.edu.au**

You can find the web address to the survey here: [http://bit.ly/female\\_carer](http://bit.ly/female_carer) or scan the QR Code



## Research: Exploring the changes in activities and experiences of informal stroke caregivers Study

Informal caregivers (including family members, neighbours, or friends) provide ongoing practical and emotional support to meet the needs of stroke survivors. Overtime, caregiving demands, stress, and lack of time for their own health and social activities can result in caregiver burden and impact the care and institutionalisation of the stroke survivor.

## Inclusion criteria:

- The research team is interested in recruiting 10-20 carers
- Lived experience of providing care to a stroke survivor.
- Live in the greater Sydney area in NSW
- Aged 18 years and over

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## What is involved?

- Carers will be asked to complete an online questionnaire which will take approximately 15-20 minutes to complete.
- Carers will be invited to participate in a semi-structured interview with a researcher who is also a trained Occupational Therapist which will take approximately 60-90 minutes

Carers will be provided with a \$20 digital gift card as a token of thanks for their time and a clinician (allied health professional) will be available to engage with the stroke survivor.



# Service NSW - Savings Finder

NSW Government offers a Savings Finder tool to check your eligibility for up to 70 different rebates and vouchers, as well as checking for missing money and superannuation.

Check online at: <https://assistance.service.nsw.gov.au/savings-finder/> or visit your nearest Service centre, or call on [13 77 88](tel:137788)

The savings finder can search your eligibility for common rebates such as:

- NSW Seniors Card or NSW Seniors Savers Card
- Council rates pensioner rebates
- Pension water rebate
- Seniors or Low-Income Household Energy Rebate or Gas Rebate
- Mobility Parking Scheme permits
- Toll relief rebate and M5 Cashback scheme
- Pension or Carers Vehicle Registration Concessions
- Concession car parking at NSW Hospitals
- Isolated Patients Travel and Accommodation Assistance Scheme
- Pension travel vouchers or regional excursion daily tickets
- Gold Opal card
- Taxi Transport Subsidy Scheme
- EnableNSW Services
- NSW Companion Card

Find and claim lost money with RevenueNSW at: <https://www.revenue.nsw.gov.au/unclaimed-money>

Find and claim lost superannuation accounts through your MyGov account or by calling 13 28 65.

## NSW Seniors Festival 2024

The festival celebrates the role and contributions of older adults to our local communities. The NSW Seniors Festival will run from 11-24 March 2024. The theme of the festival is Reach Beyond!

Who is the festival for?

- People over 60
- People over 50 with a lifelong disability
- Aboriginal or Torres Strait Islander people over 50.

### Main Events

- NSW Seniors Festival Comedy Show - Tuesday 19 March & Thursday 21 March at Centennial Hall inside Sydney Town Hall 11.00am - 12.30pm
- Premier's Gala Concerts - Wednesday 13 March at 11.00am and Thursday 14 March at 2:45pm
- NSW Seniors Festival Expo 13 and 14 March at the Sydney International Convention Centre (ICC) in Hall 4.

# 2023 in Photos

## North Coast Building Capacity Workshop



## Sydney Stroke Olympics



## South Coast Olympics



## Combined Clubs Morning Tea



## Hunter Stroke Olympics



# 2023 in Photos

## Stroke Awareness Week



## Creating Connection Stroke Conference



## Annual General Meeting



## Combined Clubs Picnic



## Life Membership - Ros Oliver



Ros Oliver's association with Stroke Recovery goes right back to its very beginning when she assisted in the foundation of the organisation with Anita Rosenberg.

Anita was attending Speech Therapy as her patient at Mt. Wilga Rehabilitation Centre. Anita suggested a social club for people with Aphasia would be a good idea as she thought Stroke survivors could meet regularly in someone's home and maybe get some assistance from Speech Pathologists.

Anita, Allen, and Ros organised the first meeting on the 26th of November 1977. Originally, the club included people with speech loss from other causes like car accidents as they came from Mt. Wilga Rehab Centre. They called it the Straight Talk Club.

The group went from strength to strength and by 1981 there were over 300 members meeting in different areas in Sydney and Port Macquarie. Later the name of the organisation was changed to Stroke Recovery.

From 1985 to 1990 Ros attended weekly meetings of the original club at Forestville and was responsible for providing Speech and Language activities. This club soon became too large, so it was divided, and another club started at Mona Vale. From 1990 to 2000 Ros was working as a Speech Pathologist at Mona Vale Hospital and continued her involvement with Stroke Recovery by attending the Mona Vale club, again providing Speech Pathology assistance.

In 1989 Anita Rosenberg asked Ros to join a working party to set up a Volunteer Stroke Support Scheme. This was designed to pair volunteers with individual Stroke survivors for private speech practice in the Eastern Suburbs.

From 2002 until today, Ros has continued to attend the Forestville Stroke Recovery club to provide Speech Pathology support and conduct Speech and Language exercises. She has really valued her association with Stroke Recovery and has loved her time spent with its members. After 46 years, she has recently informed our Chief Executive Officer that it is time to cease her regular attendance at Forestville. She of course hopes the "original" group can continue in some form into the future.

When we look at the legacies individuals leave behind, Ros can be rightfully proud of hers. She was there at the start and has watched the Association grow and develop. What was once a small group of Stroke survivors trying to regain their voice is now a very large organisation providing a very loud voice for Stroke Survivors in many communities around the state, and advocating for their needs at every level of government.

# Meet your Board of Directors 2024

We are delighted to announce the success of the Stroke Recovery Association's Annual General Meeting, which took place on the 4th of November, 2023. We would like to introduce you to our new board member for 2024 Amy Jennings.



## Amy Jennings

Amy Jennings is a young Stroke survivor with aphasia, having had a Stroke in 2013 when she was just 32; Amy looks forward to bringing fresh ideas to the Association. She feels it would be a great honour to represent Stroke survivors and those with aphasia on the Association Board. Amy established the Port Macquarie Stroke Recovery Club in 2018 and remains the President.

We congratulate the returning board members who were reelected for 2024. We thank them for their years of service and continued support and look forward to continuing to work together through the coming year.



**Judith Thornley**  
(Secretary)



**John Garbutt**  
(President)



**Karen Felton**  
(Treasurer)



**Kylie Tastula**



**Ming Wang**

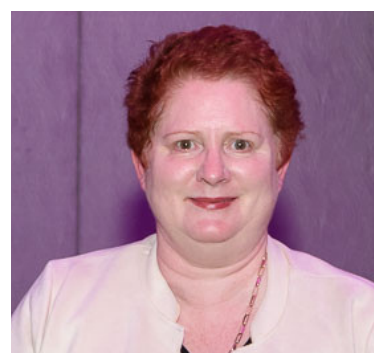


**John Tass**

We also extend our greatest thanks and appreciation to Judy Sumner and Jannette Daniels who are leaving the board in 2024 and thank them for their dedication to furthering the Stroke Recovery Association mission.



**Judy Sumner**



**Jannette Daniels**

# President's Report



As we slowly emerge from the international health crisis, the Association has reestablished all the services that were our mainstay prior to COVID - 19.

Our Stroke Clubs/groups/choirs though still hesitant have all opened again with some new groups seeking assistance to develop. We are still required to comply with funding body vaccination obligations, however, this has not deterred the numbers attending our programmes to return to pre COVID – 19 level.

The financial year began with the continuation of the Stroke Project Officer Grant from the Department of Social Services which has enabled us to retain the services of Maria Ngyuen for another two years.

The Project Officer has been travelling around again to all the Clubs/groups/choirs continuing to upskill members on issues to do with accessing technology. She has particularly targeted accessibility to the Associations online resources, accessing personal essential services and E-Safety.

A Facebook page has been set up for all the clubs/groups/choirs. With both Maria and Rachel working together, the Associations Social Media presence has increased considerably.

The Community Liaison position has meant that clubs/groups/choirs have access to the considerable resources brought to the Association by Lani Cutuli. Clubs are progressing exceedingly well with the support of this very valuable position. Accessing funding and supporting the development of new and struggling clubs has also been a focus of this position over the 2022/2023 financial year.

Monthly online training for Clubs/groups/choirs began in late 2022 and continued into 2023. Both the Community Liaison Officer and Stroke Project Officer have found this to be an invaluable tool to educate members on the roles and responsibilities of running their respective groups. With legislation changing quickly it is important that we keep our very valuable volunteers as up to date as possible on what is required to run their local groups.

All the planned events for the 2022/2023 period were able to go ahead with great success. The outline on page 6 gives you an indication of the number of events that the Association staff have organised over the past year, eleven (11) in total.



The highlight of the year is the events during Stroke Awareness Week 2022, and it was wonderful to be able to enjoy the Launch of Stroke Awareness Week with our partner organisations and supporters at NSW Parliament House.

The online groups have continued to be run by Maria, Lani, and Rachel. Numbers have reduced significantly since the community reopened after Covid – 19, however, these groups still play a vital role for many of our members in rural and remote communities.

The Association has worked with many of our partners in both the health and disability sectors to continue the Topical Thursday education Group. We have also worked with one of our longtime supporters, Advanced Rehab Centre to engage the expertise of their occupational therapist to run six (6) specialised sessions of “Memory Monday” which was an excellent programme. Unfortunately, the attendance was not great enough to support this programme moving forward.

The online support groups will continue into the next financial year, however the format will be changed. This programme is funded through the monies received through the Stroke Project Officer funding under the Information Linkages and Capacity Building programme, while we are seeking further funding there is no guarantee of funding for this programme after June 2024.

Education of community groups on Stroke prevention has also begun again in earnest however fewer requests have been received. The education of Health professionals and education through our conferences tend to take up most of the staff resources available in this area.

The Creating Connections Stroke Conference September 2022 was run as a hybrid, face to face and live streamed event. This seems to be the format that we will be following into the future. The conference was attended by eighty (80) people face to face and over one hundred and twenty-five (125) online.

The Building Capacity Conference, May 2023 format was changed significantly. The attention was on the training and networking of the executives of our Stroke clubs/group and choirs. The evaluation and feedback on this format was extremely positive.





This Annual report contains quite a lot of statistics on the services and events organised by the Association and as you can see, we are meeting all Key Performance Indicators set out by the funding bodies and the board at the Strategic Planning meeting held every year in February.

The Association continues to reach out into the health and disability sectors to build partnerships and ensure your voice is heard. I, as your representative was privileged to be again elected as the President of Health Consumers NSW, the primary consumer organisation consulted by NSW Health on matters impacting health in NSW. My fellow Director Professor Ming Wang is part of the George Institute for Global Health Consumer Research committee. Ms. Kylie Tastula, is the Co-chair of the Agency for Clinical Innovation - Stroke Network and holds positions on many and varied health and research committees.

Our CEO represents the Association on the Ability Access Transport Committee (Transport NSW); NSW Health Agency for Clinical Innovation Stroke and Rehab Networks (NSW Health), NSW Disability Advocacy Network, Multicultural Disability Advocacy Citizens Education committee, Health Consumers NSW Consumer Taskforce and many other community consultations that have occurred throughout the year.

The long and the short of it is, your voice has a seat at the table, and we are often called upon to provide input on all manner of issues. This is such an ever-growing area that we will be seeking funding for a policy and research position in the next round of Information, Linkages and Capacity Building funding programme grants.

The Board has successfully managed the organisation through one of the most difficult international health crises in over a century. The organization has come through this crisis to be in a stronger and more cohesive position than ever before. I commend the work of our very committed and diligent staff and I applaud my fellow board members for all they have contributed to and supported the work of the Association over the past twelve months. We have been a great team. I look forward to working with you all going forward to continue to build on and develop the programmes of the Association in the 2023/2024 period.

  
**John Garbutt**  
 President



# Financial Report



At the conclusion of the 2022/2023 financial year, the Association is in a very sound financial position. The monies we have in reserve are being carefully managed by the Board and staff to ensure the most effective return on investments. The financial overview on the following page gives you a compact picture of how monies have been received and expended over the past year and a comparison with the previous financial year.

The income and expenditure report indicates that there has been an increase of just over \$150,000 in monies received from funding bodies and interest received on our investments.

The Association received \$ 36,000 in bequests over the past financial year, considerably lower than that received in the previous financial year. The Board has reinvested the considerable reserves in February 2023, and we are expecting a greater return in interest payments in the 2023/2024 period, when our investment matures.

The overall annual expenditure in 2022/2023 has again increased due to higher staffing levels. Staff have worked diligently to source alternative funding, and this is reflected in the extension of the grants received from NSW Health, NSW Department of Communities and Justice and a further grant from NDIS (ILC Programme) for the 2022/2024 period.

Our funding agreement with NSW Health has now been secured until June 2026. The NSW Department of Communities and Justice under the Disability Advocacy Futures Programme (DAFP) funding is a guaranteed annual amount of \$150,000, secure until 30 June 2024. We are extremely hopeful that this will also be extended at the end of that period and negotiations are being undertaken in partnership with our NSW Disability Advocacy Network partners to secure this funding for a further five-year period. This would lead to much more stability and security for both the Association financially and staff.

The extension of the NDIS grant for Stroke Connectivity Training Project will be in place and secure until 30 June 2024. This project is unlikely to secure funding going forward and staff are already in the process of submitting for another project through this funding grant programme.

The Association will continue to receive funding of approximately \$497,000 for the 2023/2024 period. This is being utilised to retain the staffing at its current level and provide support services to members, particularly those who attend the Stroke Recovery Clubs/groups/choirs.

Staff have again been successful in working with Clubs/groups/choirs to source monies from the various Grant programmes. In the past financial year, the Community Liaison Officer has successfully acquired approximately \$29,000 for the ongoing use of Clubs/groups/choirs for the benefit of members.

## Financial Report Continue..

The Association is also very appreciative of the bequests that were received from the Estate of Myer Stien and the final payments from Shenay Yusuf. The combined amount received from these estates was just under \$36,000. A major boost to our retained earnings.

The expenses amount noted in the auditor's report for Clubs/groups/choirs is that of \$ 107,998, considerably higher than the previous financial year of \$60,876 indicating that they are fully operational again. These figures continue to be incorporated into our audited statement, as required by the Australian Not-for-Profit and Charities Commission, however, they no longer impact on the Association's bottom line figure as they did when they were first included.

The Board is acutely aware of the ever-increasing legislative burden on the Association and our Clubs/groups/choirs, particularly the volunteers. It is imperative that the Board monitors the spending of monies diligently to ensure that our legal obligations are fulfilled. I have included on page 15 an overview of the compliance requirements that we have fulfilled over the past 12 months to ensure you are fully informed of the extent of what is involved for your staff and Board. With more funding there are more reports to write and very stringent financials acquittals to complete, all of which add more to the workload of staff.

It would be remiss of me not to acknowledge the extra work undertaken by the financial manager, Cheryl Smith, and the treasurers of the Clubs and choirs who have again worked diligently to ensure we comply with the audit requirements of the Australian Not-for-Profit Charities Commission. It is vital that we maintain our status as a charity and strictly comply with all processes of the Australian Not-for-Profit and Charities Commission. Financial diligence remains a primary concern of the Board. A full financial overview of the Association is reviewed monthly.

The staff and Board express our appreciation for the outstanding work of our honorary auditor Vishal Modi from Nexia. A copy of the independent Auditor's Report is included on page 17 of this report.

As we move into the 2023/2024 financial year, we are in a very strong and viable financial position with a total equity of \$1,440,535, a decrease of \$100,417 (6%) on last year's position.

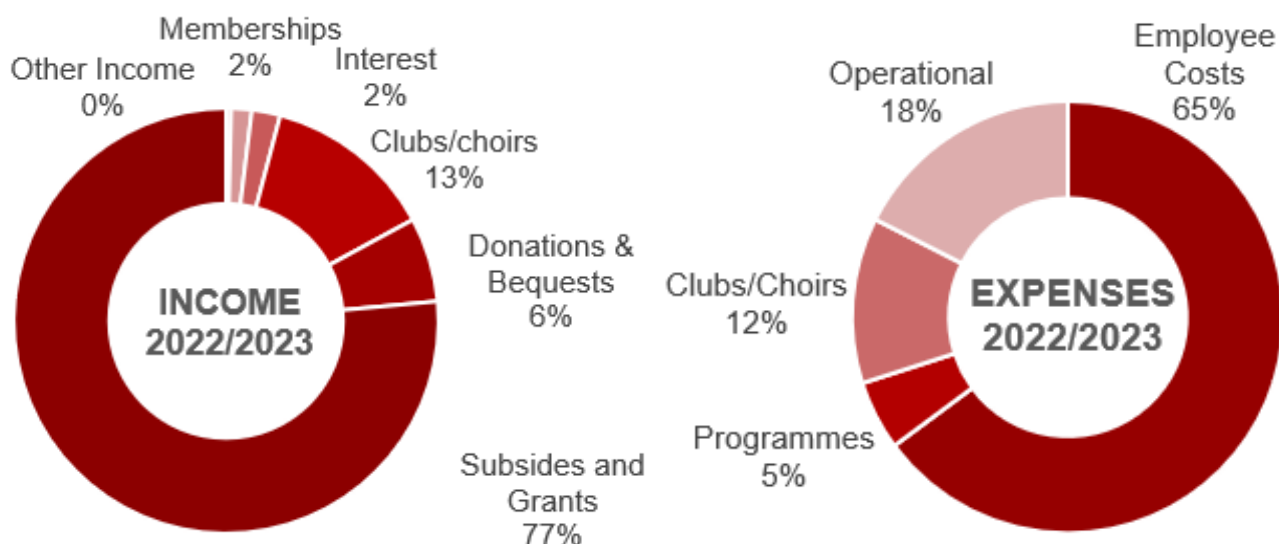
Our retained revenue will be managed carefully to enable the Association to continue to grow and move forward. Some of this cash reserve has been used to employ administrative support for the Association's office. This is an expense we will continue to incur in future years.



**Karen Felton**  
Public Officer/Treasurer

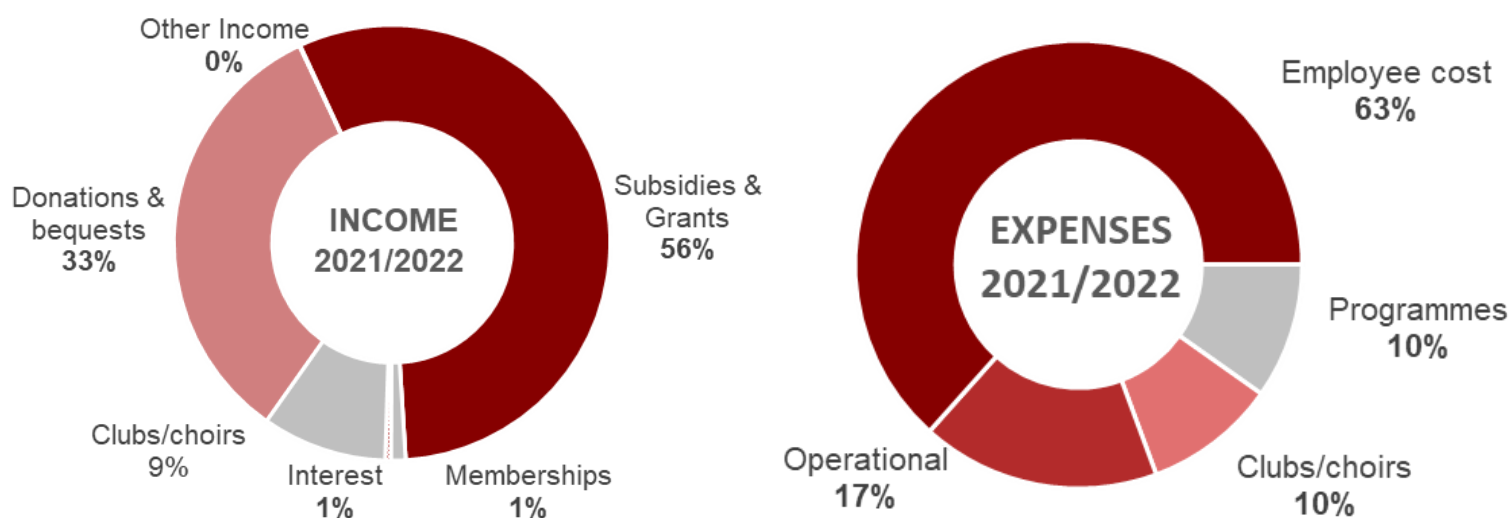
# FINANCIAL POSITION

## This financial year - 2022 / 2023



Net position 2022/2023  
- \$ 100,417

## Last financial year - 2021 / 2022



Net position 2021/2022  
+ \$ 152,829



## STROKE RECOVERY ASSOCIATION NSW

### CONTACT US



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Association NSW



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### MEMORIAL DONATIONS

The passing of a family member, friend or loved one is a very sad and stressful time. Sometimes, symbolic gestures and actions provide great comfort to those who are grieving.

It is with gratitude that the Stroke Recovery Association receives donations in memoriam. These donations, which assist us to continue our valuable work, are a wonderful remembrance of the person who has passed away. All donations received by the Association are tax deductible and can be forwarded to our postal address above. Acknowledgement will be sent to the family of the deceased.

The Association is happy to provide memorial donation pamphlets, which can be made available at a funeral service, with pre-paid addressed envelopes. Thank you for your support.

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### BOARD OF THE ASSOCIATION

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John Garbutt

**Vice President:**

Judith Thornley

**Secretary:**

Judith Thornley

**Treasurer:**

Karen Felton

**Directors:**

Amy Jennings

John Tass

Kylie Tastula

Prof. Ming (Shih-chang) Wang

### STAFF OF THE ASSOCIATION

**Chief Executive Officer:**

Michelle Sharkey OAM

**Stroke Project Officer:**

Maria Nguyen

**Community Liaison Officer:**

Lani Cutuli

**Financial Manager:**

Cheryl Smith

**Communications Officer:**

Daniel Skontos

**Events Officer:**

Aurora Carter

**Information & Administration**

**Officer:**

Alex Wells