



Australian
Commission on
Safety and Quality
in Health Care

Media Release

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Help to rebuild lives amid ‘long tail’ of stroke

For 46,000 people likely to have a stroke in Australia this year, an updated national standard puts in place steps to equip them to rebuild their lives and regain independence when they return home.

If a person survives a stroke, it can be a shock to them and their families to realise how much ongoing support they need after hospital discharge, with some changes being lifelong. Getting the right help can make all the difference.

The Australian Commission on Safety and Quality in Health Care has expanded the [Stroke Clinical Care Standard](#) with new guidance to support people recovering from stroke after they leave hospital.

The first update of the Standard since 2019 recognises care needs beyond hospital, to include a stronger focus on rehabilitation, individualised care planning and follow-up. The Standard was initially published in 2015 to improve likelihood of survival and recovery, while reducing risk of another stroke.

Stroke is one of the leading causes of death and disability in Australia.¹ Currently 440,000 people live with the effects of stroke, while almost 8,000 people die from stroke each year.²

Medical Advisor for the Commission and general practitioner, Dr Lee Fong, described stroke as having a ‘long tail’, since the impacts of stroke can be long-lasting and affect a person’s ability to carry out usual activities like work, study or caring responsibilities. Sometimes these changes become more obvious after the person leaves hospital.

Stroke can affect a person’s mobility, psychological health, social wellbeing and their care needs. Lifetime costs associated with stroke are estimated to be \$350,000 per person.¹

“Over the past decade, there have been great strides in time-critical care for stroke patients in the crucial minutes and hours immediately after a stroke, with better treatments and more rapid coordinated acute care,” Dr Fong said.

“Despite this progress, many of the after-effects of stroke are hidden, and are felt deeply by patients who experience a stroke, as well as their partners, children and carers. What we are recognising is that rehabilitation is also time-critical – and for most patients, the earlier the better.”

Dr Fong said while patients often receive high-quality care in hospital, the transition out of hospital is critical to maximise a person’s recovery.

“The 2026 Standard emphasises that stroke rehabilitation should start in hospital, with expert therapy and planning to continue care at home or in a rehabilitation hospital. People may need help with

speech, memory, energy, mental health, eating and drinking, as well as movement. Access to timely rehabilitation, care planning and support makes a huge difference.

“While going home after stroke can be overwhelming, the right healthcare team can support and guide patients on their journey,” Dr Fong said.

Neurologist Professor Tim Kleinig is the Stroke Network lead for SA Health and is immediate past-President of the Australian and New Zealand Stroke Organisation (ANZSO). He is a strong advocate for delivering time-critical stroke treatments faster, to all Australians regardless of postcode.

“It has been fantastic to see the Clinical Care Standard drive improvements in stroke care, with faster times to lifesaving treatment, including time-critical clot-busting therapy, even in rural areas where distance is a challenge.

“Telestroke in regional hospitals is helping people get diagnosed and treated quickly, with telehealth access to specialist stroke neurologists. The updated Standard further emphasises both access and speed to treatment, including faster transfer times from regional areas. Telestroke is an important backbone to achieve this in many regional areas.

“Despite improvements in treatment, follow-up care after stroke is patchy across Australia,” he added. “The updated Standard will drive improvements in stroke follow-up. We want people to avoid having another stroke, as well as complications and disability after stroke.

“The updated Standard shows us what gold standard care looks like, during treatment in ambulances and hospital, and when people transition home after stroke. The goal is to create a foundation for people to resume their normal life in the community, as much as possible,” said Professor Kleinig.

The Standard was developed in collaboration with key stakeholders including the Australian Stroke Coalition and the [Australian Stroke Clinical Registry](#) (AuSCR), which is updating their data collection and key indicators to align.

ENDS

More information: safetyandquality.gov.au/stroke-ccs

Infographic: [Stroke care in Australia](#)

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About the Commission

The Australian Commission on Safety and Quality in Health Care leads and coordinates national improvements in the safety and quality of health care based on the best available evidence. By working in partnership with patients, carers, clinicians, the Australian, state and territory health systems, the private sector, managers and healthcare organisations, the Commission aims to ensure that the health system is better informed, supported and organised to deliver safe and high-quality care. safetyandquality.gov.au

Sources

¹ Stroke Foundation, [Economic Impact of Stroke Report 2024](#)

² AIHW, [Heart, stroke and vascular disease: Australian facts](#), updated 27 May 2026