

PUBLIC SUMMARY REPORT 2016

**AUSCR**  
Australian Stroke Clinical Registry



## WHAT IS THE AUSTRALIAN STROKE CLINICAL REGISTRY?

The Australian Stroke Clinical Registry (AuSCR) is a program that is used to monitor the quality of care provided to patients hospitalised with a stroke or transient ischaemic attack (TIA or 'mini-stroke'). Information is provided by health professionals working in participating hospitals or is self-reported by patients.

In 2016, 48 hospitals in six Australian states participated in the AuSCR. This report contains information about 11204 patients for 11891 episodes of hospital care. We believe that by working together, patients, families, health professionals and researchers can make a difference to the lives of people affected by stroke.

## INFORMATION COLLECTED WHILE IN HOSPITAL

Information collected on patients while they are in hospital includes whether or not someone has received:

- » Care in a stroke unit
- » 'Clot-busting' medication for ischemic strokes (ie thrombolysis)
- » Medication to lower blood pressure
- » A discharge care plan
- » Other important processes of care

Achievable performance benchmarks are calculated using AuSCR data for each of these processes of hospital care. These benchmarks represent levels of care which hospitals should aim to achieve. Information on length of hospital stay and discharge destination are also collected.

## INFORMATION COLLECTED AFTER LEAVING HOSPITAL

Eligible patients are contacted by the AuSCR office 90-180 days after they are hospitalised. This information is collected from patients to determine how well they have recovered from their stroke or TIA, to determine the extent of any ongoing health issues and whether they have been re-hospitalised.

The information collected includes:

- » Current living arrangements
- » Any subsequent stroke or TIAs since hospital discharge
- » Readmissions to hospital (for any reason)
- » A measure of disability (modified Rankin Scale score ranging from zero for no symptoms at all to five for severe disability)
- » A quality of life assessment including assessment of mobility, self-care, usual activities, pain/discomfort, and anxiety/depression
- » A rating of overall health using a scale of zero to 100 (zero representing the worst health imaginable and 100 representing the best health imaginable)

## CARE IN A STROKE UNIT



A stroke unit is a ward or area within a hospital that is dedicated to providing care for patients with stroke or TIA. Patients who are treated in stroke units

more often receive the care they require and have less disability in the long-term.

*In 2016, 68% of patients were treated in a stroke unit. The achievable benchmark was 94%.*

## CLOT-BUSTING MEDICATION



A clot-busting medication (known as thrombolysis) may only be provided within the first few hours after the onset of a stroke caused by a blocked artery in

the brain (an ischemic stroke). Arriving to hospital after the allowable time is a major reason why this medication is not provided.

The clot-busting medication dissolves the clot that is blocking blood flow to the brain. This medication can prevent or reduce disability caused by a stroke.

*In 2016, 12% of patients with an ischemic stroke received clot busting medication. The achievable benchmark was 21%.*

## MEDICATION TO LOWER BLOOD PRESSURE



High blood pressure is a major cause of stroke and lowering blood pressure reduces the risk of having another stroke. Patients who do not have high blood pressure can

also benefit from this medication. This medication should be provided upon discharge from hospital.

*In 2016, 62% of patients received blood pressure medication (antihypertensives) at hospital discharge. The achievable benchmark was 81%.*

## A DISCHARGE CARE PLAN

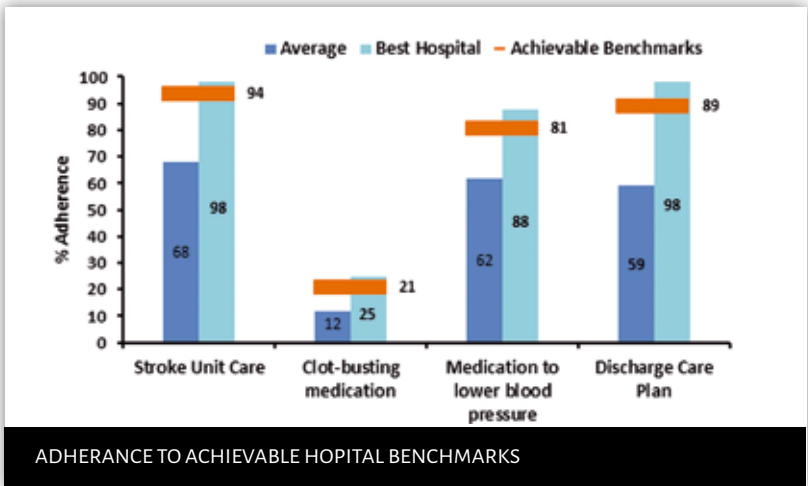


A discharge care plan is a written plan that details the next steps for care and recovery after leaving hospital.

Recovery and treatment do not finish in hospital.

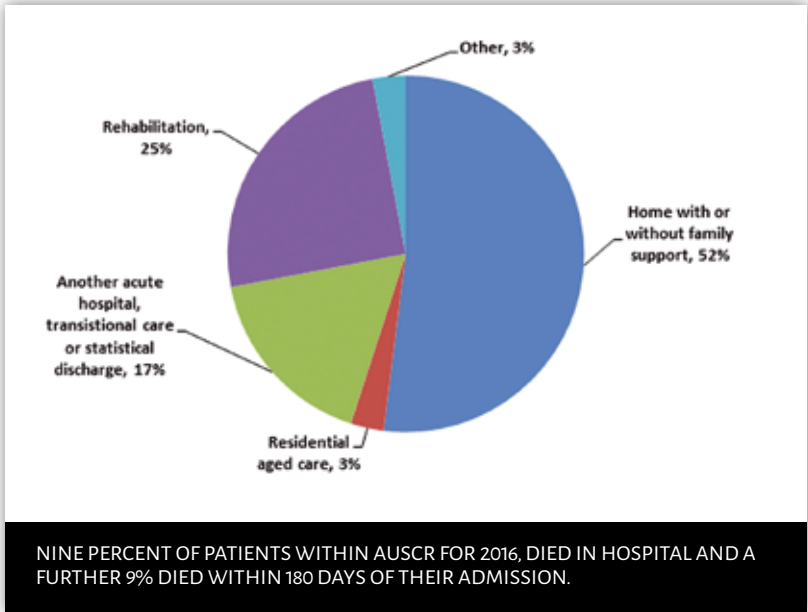
A plan that details additional care required after leaving the hospital should be developed with patients and families.

*In 2016 a discharge care plan was provided to 59% of patients. The achievable benchmark was 89%.*



### ACHIEVABLE HOSPITAL PERFORMANCE BENCHMARKS

Performance benchmarks calculated for 2016 show what the best performing hospitals could achieve. This information is provided back to hospitals to motivate improvements in stroke care.



### DISCHARGE DESTINATION

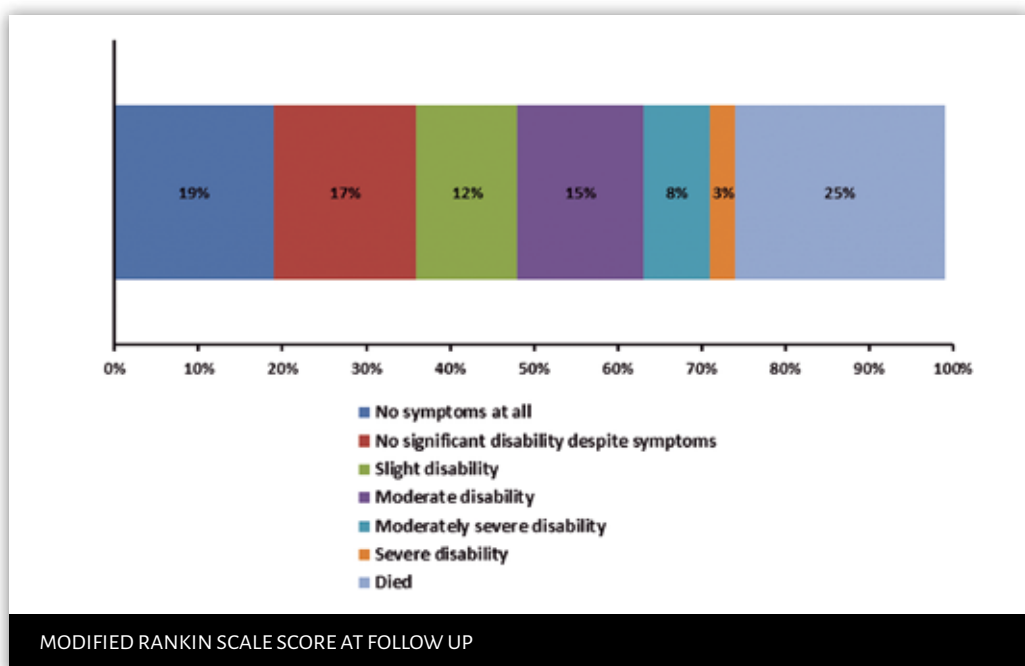
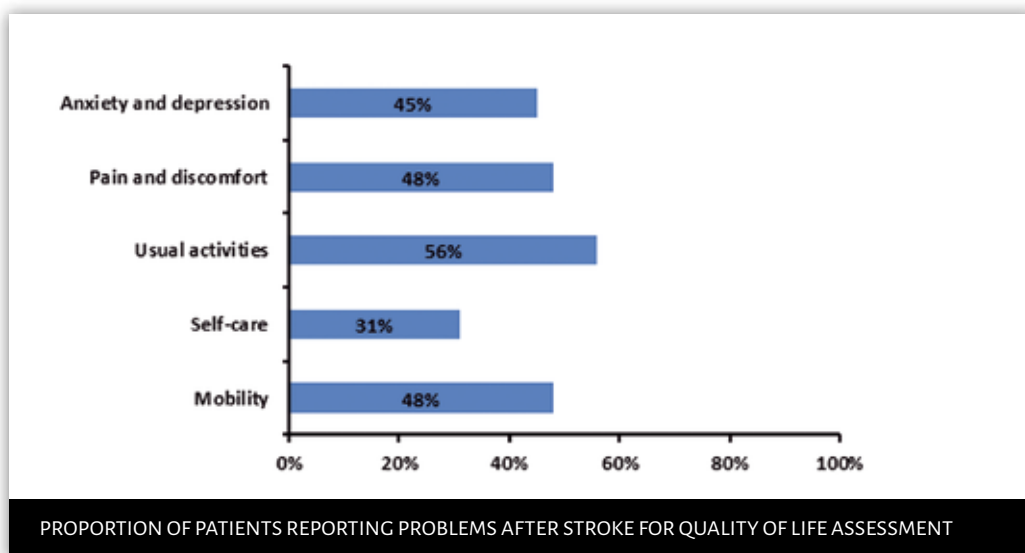
In 2016, over half of the patients returned to their usual residence (52%) with or without some form of support, whilst one quarter of patients went to a rehabilitation facility (25%)\* after discharge from hospital. Patients who were managed in a stroke unit were more likely to be discharged to a rehabilitation facility. Most patients with a TIA (85%) were discharged to a home setting.

\* Excludes in-hospital deaths

## RECOVERY AND PROGRESS AFTER STROKE

In 2016 the AuSCR collected information at 90-180 days post hospital admission for 69% of patients. Many survivors reported problems with health-related quality of life, ranging from 31% for difficulty completing self-care activities and 56% for difficulty in completing usual activities.

Modified Rankin Scale scores for 2016 data show that whilst 19% of patients had no symptoms at 90-180 days post hospital admission, more than one third (38%) still experienced some level of disability.



## INFORMATION FOR PATIENTS AND CARERS

Information about your care is automatically included in the AuSCR. This information has been approved by an ethics committee for each participating hospital.

*The information that is collected is used to provide feedback to hospitals about the quality of care that they provide and to identify areas for improvement.*

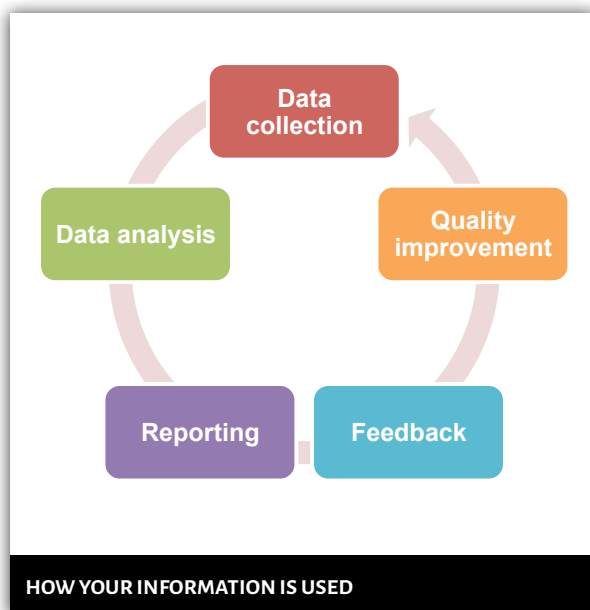
You may choose to have your information removed (opt-out) from the AuSCR, or request that you are not contacted about your progress after you have left hospital. For more information on how to have your information removed, please ask the hospital staff or contact the AuSCR directly using the freecall number listed below. Currently, the AuSCR is unable to provide the name of hospitals when reporting quality of care to the public. Similarly, patients will not be identified in any reports produced so that their privacy is maintained.

**More information about the AuSCR is available at:**

**[www.auscr.com.au](http://www.auscr.com.au)**

**Free call 1800 673 053**

**Twitter @AustStrokeReg**



## USEFUL RESOURCES AFTER STROKE

### Stroke Foundation services

**[www.strokefoundation.org.au](http://www.strokefoundation.org.au)**

The Stroke Foundation website has information about the risk factors and symptoms of stroke, treatments for stroke, recovery after stroke and support services.

**[www.enableme.org.au](http://www.enableme.org.au)**

*enableme* is a place to talk to, and seek support from other people who have 'been there'. It is a place to ask questions, to find the answers that you need and to set recovery goals.

**[www.informme.org.au](http://www.informme.org.au)**

A dedicated website for health professionals working in stroke care.

**Strokeline: 1800 787 653**

Operates between 9am and 5pm EST, Monday to Friday. They can help answer any questions you might have.

**Carers Australia: 1800 242 636**

A useful freecall resource offering information and counselling to carers from 8:30am to 4:30pm, Monday to Friday.

**Beyond Blue: 1300 224 636**

Beyond Blue provides compassionate information for those experiencing mood disorders. The free call phone line is available 24 hours a day, 7 days a week.