AuSCR Research Task Group approved projects

Title	**Understanding the variations in acute care to reduce disparities in outcomes for stroke: what has been learnt from 4 years of collecting data in the Australian Stroke Clinical Registry (AuSCR)**
Principle investigator	Associate Professor Dominique Cadilhac & Associate Professor Natasha Lannin
Institute	The Florey Institute of Neuroscience and Mental Health / Occupational Therapy, Alfred Clinical School, La Trobe University
Co-investigators	Relevant members of the research and project staff employed by AuSCR/Stroke 123, or management or steering committee will be invited to contribute as appropriate to the topic area
Submission date	14 April 2014
AuSCR role	Data provision
Approved	26 June 2014
Status	Completed
Summary	We propose to write several publications using AuSCR data to:

We propose to write several publications using AuSCR data to:
1. quantify current adherence to evidence based care and the association with stroke outcomes;
2. describe health outcomes for people who suffer stroke/TIA in Australia;
3. determine various patient, contextual and organisational factors associated with poor health outcomes for stroke;
4. benchmark Australia's clinical performance measures with other countries through an international collaboration with established northern hemisphere stroke registries; and
5. contribute to improving methods for clinical quality registries and the implications of different methods when using and interpreting data.

Research questions that we seek to answer include:
1. Does the application of evidence based acute care and secondary prevention vary widely and is inconsistently applied in the Australian population and if this variation impacts on the mortality and residential care status of patients with stroke at 90 to 180 days after stroke onset?
2. In applicable patients who have received evidence based acute care and secondary prevention for stroke is health-related quality of life better than in people with acute stroke who have not received evidence based care?
3. What are the health system, community and patient factors that contribute to variation in use of evidence based care; and are there targeted interventions available to address these identified factors?
4. Is the clinical management, mortality, morbidity and resource use outcomes different between the following groups:
   - people aged <55 years compared to those aged >55 years;
   - patients experiencing a stroke whilst in hospital (i.e. inpatient strokes) compared to patients with stroke presenting directly from the community;
   - disadvantaged populations defined by ethnicity and geography;
   - stroke type.
5. Are Australian health outcomes for stroke similar to the outcome profile in other countries? Can any difference be explained by differences in access to evidence-based care?
6. How does AuSCR contribute to advancing methodology in Australia for clinical quality registries and elsewhere? What have we learnt in terms of methods of data collection and implications of different methods for using and interpreting data?