



PUBLIC SUMMARY REPORT

2018

AUSCR
Australian Stroke Clinical Registry

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

In 2018, 71 hospitals in five Australian states participated in the AuSCR. This report contains information for 18809 patients and 20051 episodes of hospital care. Summary information on the status of the quality of care in hospital is outlined in this report.

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 ischaemic strokes (e.g. 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 the levels of care which hospitals should aim to achieve. Information on length of hospital stay and discharge destination are also collected.

Where an individual patient has received care in two hospitals for the same stroke episode, the discharge information is reported from the first hospital providing care.

INFORMATION COLLECTED AFTER LEAVING HOSPITAL

Patients are contacted by the AuSCR between 90 to 180 days after they are hospitalised to complete a survey about their recovery and progress.

The follow-up information collected includes:

- Current living arrangements
- Readmission to hospital
- Subsequent stroke since discharge
- A measure of disability (modified Rankin Scale (mRS) ranging from zero for no symptoms to five for severe disability)
- Quality of life assessment covering mobility, self-care, usual activities, pain and discomfort, anxiety and depression
- A rating of overall health using a score of zero to 100; with zero representing the worst health state imaginable and 100 representing the best health state imaginable.

PERFORMANCE BENCHMARKS FOR QUALITY OF CARE

CARE IN A STROKE UNIT

WHAT IS A STROKE UNIT?

A ward or area within a hospital that is dedicated to providing care for patients with stroke or mini-stroke.

WHY ARE STROKE UNITS IMPORTANT?

Patients who are treated in stroke units more often receive the care they require and, in turn, have less disability in the long-term.

- In 2018, 75% of patients were treated in a stroke unit. The achievable benchmark by the top performing hospitals was 95%.

CLOT BUSTING MEDICATION

WHAT IS 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. Arriving to hospital after the allowable time is a major reason why this medication is not provided.

WHY IS THIS TREATMENT IMPORTANT?

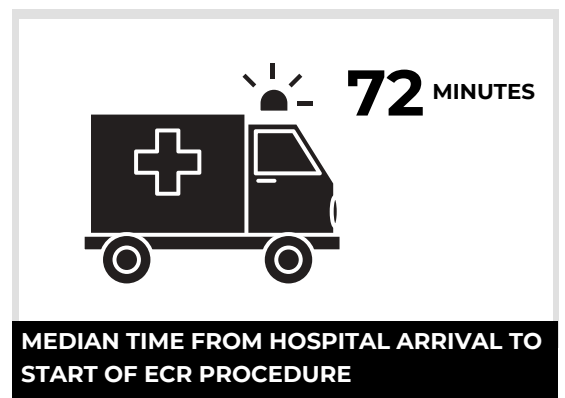
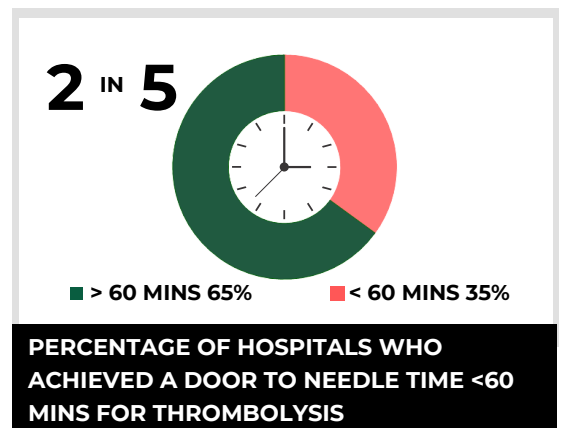
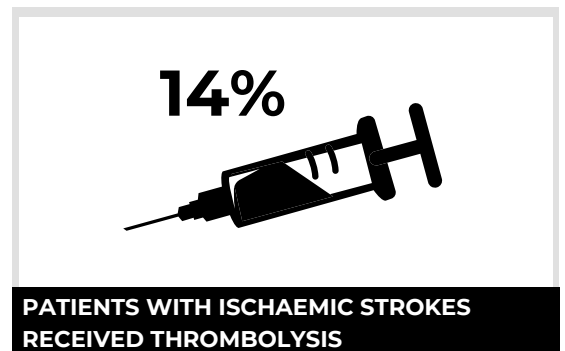
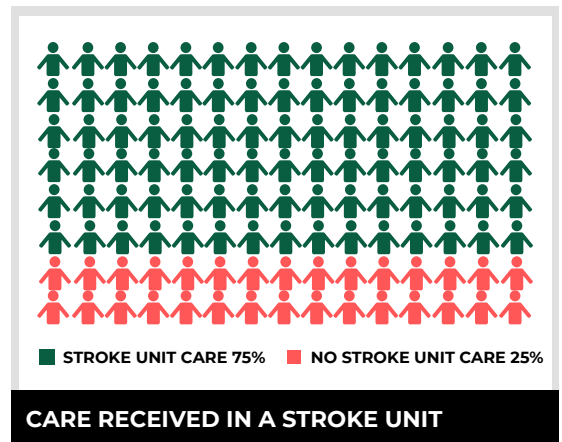
The clot-busting medication dissolves the clot that is blocking blood flow to the brain. This medication can prevent or reduce disability caused by a stroke.

- In 2018, 14% of patients with an ischaemic stroke received clot busting medication. The achievable benchmark was 21%.
- The proportion of patients receiving thrombolysis in less than 60 minutes from arrival at hospital was 35%. The achievable benchmark was 63%.

ENDOVASCULAR CLOT RETRIEVAL

Endovascular clot retrieval (ECR) is the removal of large clots obscuring a brain vessel through an artery in the body. Not all patients are suitable for this treatment. Specialised skills are required to perform ECR, and it is only available at some large (city-based) hospitals within Australia.

- In 2018, 1149 patients with ischaemic stroke received ECR in 16 hospitals.



DISCHARGE CARE PLAN

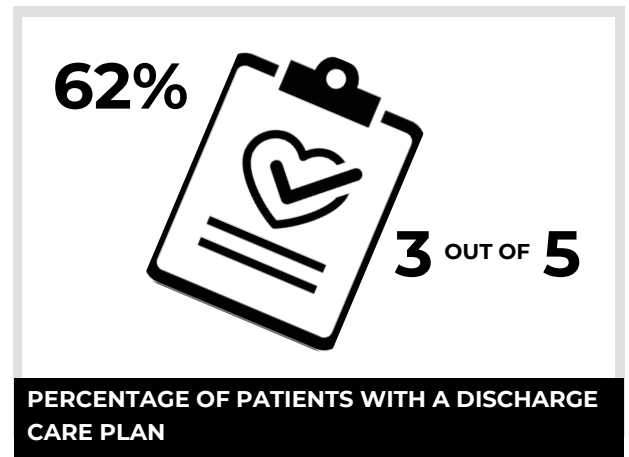
WHAT IS A DISCHARGE CARE PLAN?

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

WHY IS RECEIVING A DISCHARGE CARE PLAN IMPORTANT?

Recovery and treatment do not finish in hospital. A plan that details additional care required after leaving the hospital should be developed with you and your family. You should then discuss this plan with your doctor.

- In 2018, a discharge care plan was provided to 62% of patients. The achievable benchmark was 98%.

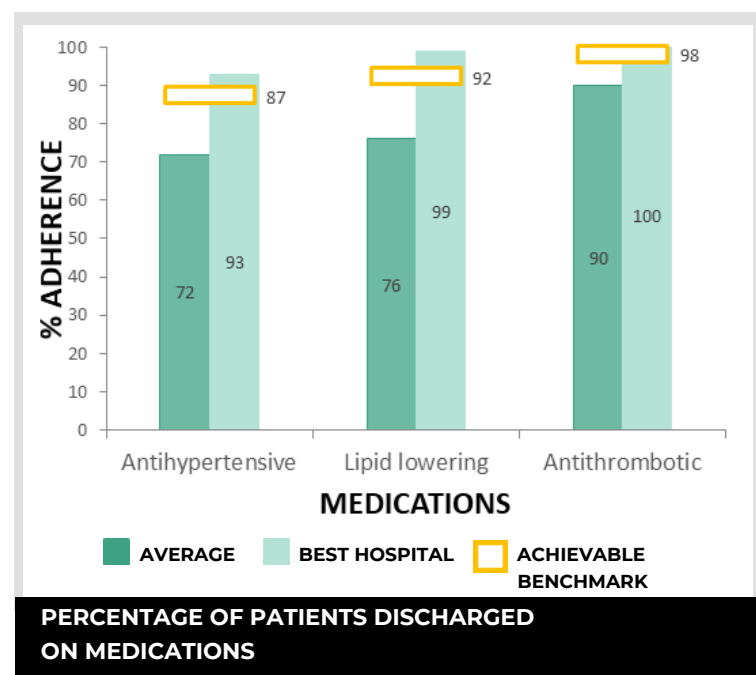


DISCHARGE MEDICATIONS

WHY IS RECEIVING MEDICATION TO LOWER BLOOD PRESSURE, TO LOWER LIPIDS, AND TO REDUCE BLOOD CLOTS FORMING IMPORTANT?

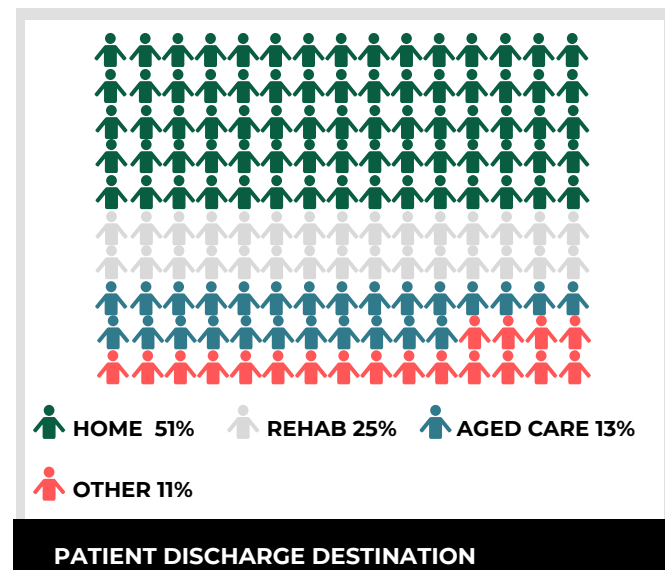
High blood pressure (hypertension) is a major cause of stroke and lowering blood pressure reduces the risk of having another stroke. Those who do not have high blood pressure can also benefit from this medication. Lipid lowering agents commonly include (but are not limited to) statins and fibrates, are also effective for reducing stroke risk. Antithrombotic medications reduce blood clots forming in the blood. Discharge medications should be provided when you leave hospital.

- In 2018, the prescription of antihypertensive medication at discharge was 72%, lipid-lowering medication was 76% and antithrombotic medication was 90%. The achievable benchmark for antihypertensive medication was 87%, for lipid lowering medication 92% and antithrombotic medication 98%.
- The proportion of eligible patients receiving all 3 medications was 56%.



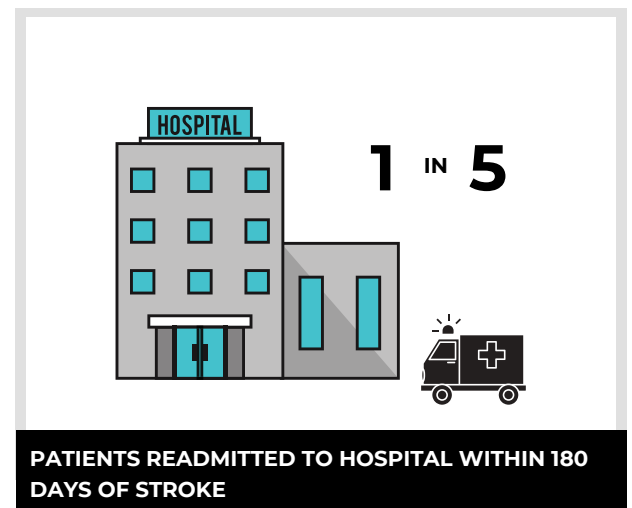
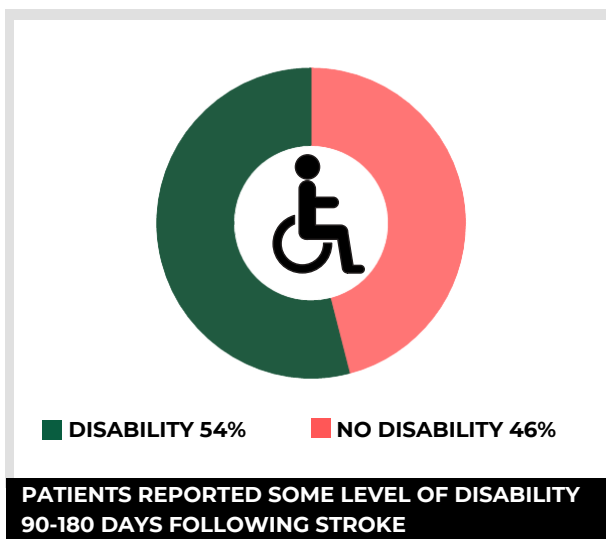
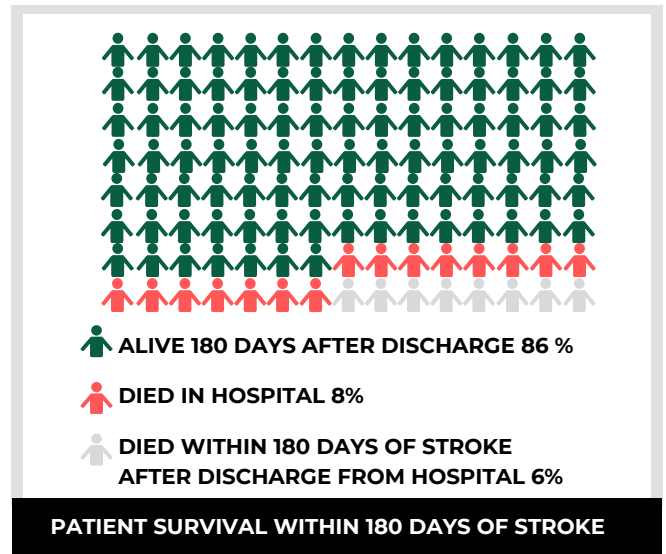
DISCHARGE DESTINATION

- In 2018 after discharge from acute care, 25% of patients went to rehabilitation and 51% returned to their usual residence, with or without some form of support.



FOLLOW-UP OUTCOMES

- In 2018, 8% of patients died in hospital after stroke. A further 6% died within 180 days of stroke following discharge from hospital.
- At 90-180 days after discharge from hospital, 69% of eligible registrants completed surveys about their current health status. In 2018, 23% of patients reported being readmitted to hospital within 180 days after stroke.
- With respect to health-related quality of life (HRQoL), Patients reported problems across all five dimensions of the European Quality of Life measure of health status (EQ-5D-3L). Patients reported problems with mobility (49%), self-care (30%), usual activities (58%), pain/discomfort (48%), and anxiety/depression (46%).
- More than half of patients reported experiencing some level of disability on the modified Rankin Scale (mRS) at 90 to 180 days.



INFORMATION FOR PATIENTS AND CARERS

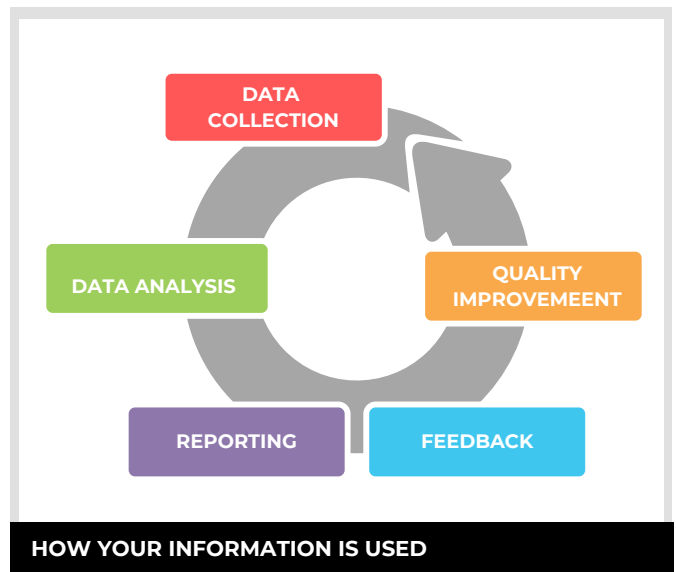
Information about your care is automatically included in the AuSCR. This information has been approved by an ethics committee for each hospital participating in the AuSCR. The information that is collected is used to provide feedback to hospitals about the quality of care that they provide to patients and to identify areas for improvement. You may choose to have your information removed (opt-out) from the registry, 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.

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 on the website www.auscr.com.au

☎ 1800 673 053

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USEFUL RESOURCES AFTER STROKE

Stroke Foundation services

www.strokefoundation.org.au

The Stroke Foundation website has information about; symptoms of stroke, risk factors and treatments for stroke, how to prevent stroke, as well as recovery and assistance available after stroke

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

A dedicated website for health professionals working in stroke care.

Strokeline: 1800 787 653

Is available 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.

