Title	**Generating new evidence to BEtter guide long-term mAnagemenT of Stroke for Tasmanians (BEATStrokeTas)**
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Submission date	15 October 2021
AuSCR role	Data provision
Approved	17 December 2021
Status	In progress
Summary	Stroke is a leading cause of death and disability in Australia. Tasmania has the second-highest incidence and mortality rates of stroke with >12,000 people living with its effects. One of the greatest opportunities to reduce preventable death and disability from stroke is to ensure access to treatment as recommended in clinical guidelines. However, treatment and care in Tasmania lag far behind the rest of Australia. There are likely to be modifiable drivers, at the individual and health system level, that contribute to the variations in care and patient outcomes. There has been no comprehensive study to investigate care provided and outcomes over the first 12 months following stroke in Tasmania. Our project will overcome the existing limitations by undertaking a systematic investigation of the continuum of stroke care and outcomes after stroke at acute and beyond acute settings. This will be achieved through the first-ever Tasmanian data linkage between clinical and administrative datasets accompanied by experiential evidence from Tasmanian patients and families. Our overarching objective is to generate novel evidence to guide better prevention, treatment, and long-term management of stroke for Tasmania. By understanding causes for health inequalities in care and patient outcomes, the research outcomes will help mitigate the differences and address the large burden of stroke. **AIMS**: The aims of this project are to examine health inequalities related to the continuum of care and their impacts on patient outcomes up to 1 year after stroke/transient ischaemic attached (TIA) for Tasmania by: 1) investigating the individual-level factors contributing to quality of care in care and patient outcomes, 2) identifying hospital-level factors contributing to the quality of care, including in-hospital and after discharge. **METHODS**: Data used for monitoring and evaluating health service performance and patient outcomes in stroke can be collected using multiple administrative datasets (e.g. hospital admissions). These administrative datasets are limited by their lack of stroke-specific information such as patient-reported outcome measures. CIs Cadilhac, Kilkenny, and Kim have successfully linked the Australian Stroke Clinical Registry (AuSCR) to other state datasets, allowing the entire continuum of stroke care to be investigated (IJPDS. 2019;4). Tasmania is in the unique position of having all three public hospitals contributing data to the AuSCR. However, there has been no such linkage conducted for Tasmania, and this is limiting our understanding of the patient and health-system factors that contribute to the quality of care for acute stroke, long-term management and outcomes. We will perform the first-ever Tasmanian linkage of the AuSCR registrants (2009-2020) to administrative datasets (2007-2020) including Tasmanian public hospital data for admissions and emergency presentations. Study sample: Tasmanian registered patients in the AuSCR between 2012-2020 (~n=4,000) or Patients in the Public Hospital Admitted Patient dataset with a principal diagnosis ICD10 code of I60-I64 and G45 between 2007 and 2020. We will investigate the individual and hospital level factors contributing to quality of care and patient outcomes in Tasmania among the AuSCR registrants.