AuSCR
Australian Stroke Clinical Registry

FACT SHEET

Overview of AuSCR Processes

- The AuSCR is a clinical quality registry designed to facilitate the promotion, monitoring and improvement of acute care for stroke and transient ischaemic attack.
- All hospitals require ethics approval to participate in the AuSCR. The AuSCR Office has established processes to assist hospital staff in progressing these applications.
- In keeping with the approach recommended for clinical quality registries, the AuSCR uses an opt-out process which meets the requirements of the National Statement on Ethical Conduct in Human Research 2023 (Chapter 2.3). A waiver of consent is approved for patients who die in hospital, or for patients with cognitive impairment who have no declared next of kin. The current opt-out rate is 2.2%.
- Hospital staff are trained in the use of the AuSCR data management system (now operating within the Australian Stroke Data Tool [AuSDaT]) including how to export their own data and access live reports which include benchmarked information against all other AuSCR sites.
- Hospitals are responsible for the data they submit into the online system, based on their nominated program. The data can be entered manually, via an automated data upload process, or a combination of both.

Data quality checking procedures

- Audit of medical records for a sample of randomly selected registrants after the first 50 cases and every two years thereafter (dependent on funding availability) to assess data quality.
- Regular data cleaning and case ascertainment processes to ensure the integrity of data. Hospitals are provided data quality reports to enable them to address missing or inconsistent data.

Community follow-up of registrants

- AuSCR office follows up eligible patients 90-180 days post-stroke: 1st attempt – mailed survey to registrant; 2nd attempt – mailed survey to registrant and/or proxy; 3rd attempt – telephone follow-up.
- Survival status on all registrants is obtained annually using linkage to the National Death Index.
- Hospitals are able to view individual follow-up data for their patients, as well as conduct a bulk export of their own follow-up data collected by the AuSCR Office.

National and state-level reporting

- AuSCR annual reports are produced each year using the aggregated national data (acute care plus 90 to 180 days health outcomes) as well as ID-coded site data for the clinical indicators.
- State governments that fund the AuSCR program also request additional reports (e.g. stroke service/CEO reports) to inform quality improvement planning.
- Journal publications: produced by writing committees that may include several active site investigators.

For further information on policies and data collection programs, please contact the AuSCR Office.

Summary of AuSCR variables[1] collected in the Australian Stroke Data Tool (AuSDaT)

Identifying information

- name, date of birth, sex
- address and telephone number/s
- hospital name
- Medicare number
- hospital UR number
- contact details for next of kin and alternative contact

Patient/episode characteristics

- country of birth
- language spoken and need for interpreter
- Aboriginal and Torres Strait Islander status
- type and cause of stroke
- date & time of stroke onset
- validated stroke screen and type
- date & time of arrival at emergency department
- date & time of admission
- in-patient stroke status
- transferred from another hospital status
- ability to walk independently on admission
- first-ever stroke event status
- National Institutes of Health Stroke Scale (NIHSS) Score on presentation
- arrived by ambulance

Indicators of evidence based care

- treatment in a stroke unit
- date & time of first brain scan
- use of intravenous thrombolysis, including date & time provided
- discharged on an antihypertensive agent
- care plan provided at discharge
- telemedicine consultation
- adverse event related to thrombolysis
- swallow assessment and formal speech pathologist reviews
- antiplatelets administration with 48 hours of stroke onset
- mobilisation during admission
- mood assessment
- discharged on antithrombotic medication
- discharged on statins/lipid lowering drugs

Endovascular clot retrieval (ECR) variables

- date & time of subsequent brain scan
- endovascular therapy including date & time
- NIHSS: before ECR/24 hour
- site of occlusion
- final TICI (thrombolysis in central infarction) score
- adverse event related to ECR

Hospital outcomes/discharge data

- in-hospital death
- date of discharge/death
- discharge destination
- ICD-10 diagnosis codes and procedures
- functional status on discharge

Follow-up variables 90 to 180 days after admission

- survivor status
- place of residence
- living alone status
- subsequent stroke since discharge
- readmission to hospital
- quality of life
- modified Rankin Scale
- would like an information pack from the Stroke Foundation
- would be willing to participate in future research

Notes

[1] Different programs within the AuSCR collect different bundles of variables, depending on hospital practices and priorities.

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