Title	Evaluation of implementing interactive data dashboards within the Australian Stroke Clinical Registry (AuSCR) for quality of care monitoring and streamlining registry
	operations
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Summary	Stroke is the second leading cause of death and the leading cause of adult disability in Australia [1], affecting around 45,000 people each year [2]. Despite strong evidence for effective treatments, gaps remain between best practice evidence and real-world care. For example, Australia is lagging behind other countries in delivery of intravenous thrombolysis within 60 minutes of hospital arrival [3] and many patients leave hospital without recommended secondary prevention or care plans [4]. Such evidence—practice gaps negatively impact patient outcomes [5], drive up costs [6], and increase burden on the healthcare system.
	Various strategies exist to support quality improvement efforts and the adoption of evidence into practice within the Australian context. In 2023, the Australian Stroke Coalition endorsed the National Stroke Targets (National Stroke Targets 30/60/90 – Australian Stroke Coalition), with audit and feedback using data from the National Audit (Stroke Foundation) and static hospital reports from the Australian Stroke Clinical Registry (AuSCR) important for supporting improvement to Australian stroke care. While valuable, existing audit and feedback methods often fail to deliver timely, actionable feedback that drives sustained improvement. Interactive data dashboards offer a promising solution by providing real-time, user-friendly visualisations that can be tailored to clinical and organisational needs. Co-designed dashboards have recently been developed within AuSCR, with the potential to enhance quality improvement, strengthen registry processes, and support achievement of National Stroke Targets. However, their usability, uptake, and impact on practice variation have not yet been systematically evaluated.
	The primary aim of this study is to determine if the introduction of the AuSCR clinical data dashboards contributed to changes in clinical performance in hospitals with registered users.
	The secondary aims of this study are to: i) Understand the adoption and engagement of the data dashboards by users; ii) Understand if the introduction of the internal operational dashboards influenced registry data workflows and efficiencies;

iii) Explore user experiences with using the dashboards, including the acceptability, usability,

and utility of the dashboard, in addition to contextual barriers;

iv) Gather insights on optimising dashboard adoption and functionality.