What’s NEW!

The Stroke Foundation has undertaken a comprehensive review of the Clinical Guidelines leading to the updated National Acute Stroke Services Framework 2019 and addition of new questions in the Organisational Survey.

Organisational Survey - New and Updated Questions

1.07 Does your hospital have:
1.10 An onsite telehealth facility which has been utilised for clinical decision making within the last six months?
- **ADDED response variables**, Is this usually used to a) provide support to another service? Or b) receive support from another services?
- **NEW question** is to determine if providing or receiving telehealth support. If your site provides both at different times highlight the one most often used.

2.001 Do you receive pre-notification from ambulance services and prepare to rapidly accept the suspected stroke patient?
- **NEW Question**, Pre-notification includes any form of communication from ambulance services to arriving hospital that a suspected stroke patient is being transported and estimated arrival time. This allows for hospitals to notify (normally via a paging system) the acute stroke team to rapidly assess the patient on arrival.

2.0101 Which of the following does your Emergency Department protocol include?
- **ADDITIONAL questions** if answered yes to, “Are there Emergency department protocols for rapid triage for patients presenting with acute stroke”. NEW questions are:
  a) Validated screening tool
  b) High priority triage category (e.g. category 2)
  c) Rapid brain imaging (e.g. with the first 30 mins)
  d) Code stroke activation (rapid referral and involvement of stroke team)
  e) Assessment and management of IV thrombolysis
  f) Assessment and management or transfer for endovascular clot retrieval

For further assistance contact:
Stroke Foundation Data & Quality Coordinator
E. audit@strokefoundation.org.au
3.01 Does your hospital have access to any of the following for your stroke patients?

A. Rapid brain Imaging (e.g. within 30 minutes of presentation to hospital) for all patients potentially eligible for acute therapy?
  - CHANGE wording of question to align with new Guidelines. NB: <30 minutes is example and MUST BE <60 minutes on average.

3.095 Do you have access to, and use, perfusion scanning (e.g. CTP) at your hospital?
  - NEW question indicating the availability of imaging infrastructure and resources

Clinical Audit - New and Updated Questions

We have tried to keep changes to a minimum for the Clinical Audit component:

9.550 Was the patient assessed for urinary incontinence within 72hrs?
  - REINSTATE question from 2015 Acute Audit

8.230 Patient was fully worked up within 4.5 hours but tPA unable to be given for following reasons?
  - REMOVED question to reduce data entry burden.

12.151 Was this provided in a private or public service?
  - REMOVED question as covered in the rehabilitation audit.
Tips and FAQs

Getting started

- **New Users, If you do not yet have login details for the AuSDaT:**
  - **Hospital Coordinators** please contact the Stroke Foundation Data & Quality Coordinator, imaxwelll@strokefoundation.org.au, and request to be set-up on AuSDaT. You will be required to complete a brief training powerpoint (refer to Acute Audit 2019 – AuSDaT User Guide.pdf)
  - **Data Collectors** please contact your hospital’s acute audit coordinator to enter you as a new user or update your expiry date in the AuSDaT system

- **If you have used the AuSDaT before but have forgotten your password.** Please reset your password by simply going to the AuSDaT website https://tool.ausdat.org.au/auth/login → enter your email address → click on ‘Forgot your password?’ → an automated email will be sent by AuSDaT → just follow the links in the email to reset your password and then you can login.

Organisational Survey

The Organisational Survey will serve as your hospital’s profile on the AuSDaT. The **Hospital Coordinator** is to complete or review (if previously completed in the 2017 Acute Audit). This initial stage of the acute audit must be completed by 1st April 2019.

**Once the Organisational Survey is completed you can begin the Clinical Audit**

Clinical Audit

With the Organisational Survey submitted you and your auditors can commence data entry from your review of patient files. The review of patient files for the acute audit must be completed by 31st May 2019.

How long does the audit take?

The **Organisational Survey** is a one-off series of questions which should take about 30 minutes to complete. We recommend you do this as a group or at least check answers with whole team &/or clinical lead (if your site participated in 2017 then the AuSDaT will be prepopulated with answers from the previous audit).

**There have been some changes to the Organisational Survey so ALL answers need to be reviewed but only some questions may need to be updated**

The **Clinical Audit** on average takes between 30-40 mins per patient file but the feedback from auditors is that you become quicker and get more efficient with each file review. There is no real changes to the Clinical Audit questions since 2017.

For further assistance contact:
Stroke Foundation Data & Quality Coordinator
E. audit@strokefoundation.org.au
Eligibility
To be eligible for the Clinical Audit applicable patients must be admitted to, and discharged from, your inpatient acute service between 31 July - 31 December 2018.

Episodes also need to fall within specific ICD10 codes which are provided below:

- **Medical records to request are:** 161.0-161.9 (Intracerebral haemorrhage), 163.0 – 163.9 (Cerebral infarction), 164 (Stroke not specific as haemorrhage or infarction) and 162.9 (Intracerebral haemorrhage unspecified)
- **Case exclusion criteria:** cases with sub-arachnoid haemorrhage (160), subdural and extra-dural haematoma (162 & 162.1), and Transient Ischaemic Attacks (G45.9)

**TIP:** Ensure you record the AuSDaT patient ID number next to your MRN on a spreadsheet so you can double check the data matches and you quickly come back to the patient record later (i.e. logic checks)

Resources

**Supporting documentation**
The following documents are available to assist you with your data collection.

<table>
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<tr>
<th>National Stroke Data Dictionary</th>
<th>Underpinning AuSDaT is the National Stroke Data Dictionary (NSDD), which provides standardised definitions, coding and recording guidance for all data items collected in AuSDaT.</th>
<th>AuSDaT National Stroke Data Dictionary July 2018</th>
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Also ensure you have on hand all the other reference material from the Stroke Foundation:

- Acute Audit 2019 – AuSDaT User Guide
- Acute Audit 2019 – Guide for AuSCR participants
- Resetting your AuSDaT password
- Organisational Survey Data Dictionary
- Organisational Survey Framework Questions
- Clinical Audit Questions
- Acute Audit 2019 - What’s New! & FAQs
- Creating Reliability Records

All resources are available on InformMe via link [https://informme.org.au/stroke-data/Acute-audits](https://informme.org.au/stroke-data/Acute-audits) or you can email audit@strokefoundation.org.au for a copy.
Other Clinical Resources


**TIP:** Instead of using a mouse for completing dates in the AuSDaT simply type in the date you need in the right format (DD/MM/YYYY) - it will be much quicker!

**TIP:** Ensure you double check all dates as this will avoid illogical data and the need for us to come back to you later during the logic checks 😊

Hospital Coordinator vs Data Collector Users

Hospital Coordinators create Data Collector user profiles so additional staff can assist with auditing files and entering data. To set up a Data Collector on AuSDaT the Hospital Coordinator clicks on ‘Administration’ → ‘Users’ → ‘Add User’ → enter each new user’s details. The system will generate an individual email to each new user with a login link to set up a password, etc.

The difference between hospital coordinator and data collector roles:

- **Hospital Coordinators** are the only ones that can complete the organisational survey, also close records and add additional Data Collectors. The Hospital Coordinator will be the main point of contact for the Stroke Foundation audit.
- **Data Collector** functions are limited to data entry. We ask that correspondence sent from the Stroke Foundation is forwarded internally to your Data Collectors.

Data entry process

Completing records

All patient records for the 2019 Acute audit in AuSDaT are to be completed in full (100% completeness). This means that all tabs in the ‘Patient record view screen’ must be green. If any of the tabs are amber (incomplete) or red (in error), please review the patient record to check for missing or incomplete data or inconsistencies.
Editing records
- Click on ‘Data collection’ in the blue bar at the top of the page, then click on ‘Patient record management’. This will bring up a list of all of your audited cases.
- Click on the record you wish to edit. This will bring you the the ‘Patient Record View Screen’.
- Click on the Pencil/Edit icon beside the section heading in the middle of the screen – this will bring you to the ‘Patient Record Edit Screen’.

Closing records
When records are 100% completeness, they must be closed or finalised. This signifies that the data have been signed off by the Hospital Coordinator and are ready for analysis.
- On the ‘Patient Record View Screen’, click on the ‘Close’ button beside the completeness bar in the middle of the page. This will only be available if the record has 100% completeness, i.e. green in the completeness bar.
- Only the Hospital Coordinator can close patient records.

Reliability Records
As in previous years, we are asking hospitals to enter 3-5 reliability cases to ensure uniform interpretation of clinical audit questions. This is an essential process to ensure audit questions are being interpreted consistently.

Choose 3-5 records for another auditor to re-audit as a reliability record. Once a patient file is at 100% completeness your Hospital Coordinator can ‘close’ the record and the option to create a reliability record can be selected.

All data will be blank and the second auditor will then answer the same audit questions on the patient file for the audit reliability analysis. For more information please refer to ‘creating a reliability record’ training document for more details.

Dealing with technical issues
The most common technical issues are:
- AuSDaT account not activated within 72 hours of receiving automated email
  If you do not activate your profile within 72 hours, the link within the automated email will expire. If this happens, go to https://tool.ausdat.org.au and hit ‘Forgot your password?’ and enter your email address. This will generate another email/link.
- Automated email from AuSDaT not received
  First, please check your Junk / Spam folder. If it is not there, it may be blocked by your hospital’s phishing filter. Please ask your IT department to check and if this is the case, advise your IT to release all emails from sender: noreply@ausdat.org.au
- Browser related performance issues
  The AuSDaT has been built to work on all web browsers: Google Chrome, Safari (so it works great on an ipad), Firefox and Internet Explorer (IE). It is not recommended that you run the tool on the early Internet Explorer versions (Microsoft no longer supports these web browsers) we recommend Google Chrome.