National Stroke Audit 2021
Acute Services

Organisational Survey
Data Dictionary

Stroke
FOUNDATION

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How to use the dictionary

For each variable or question, the entry will be formatted as follows:

Definition:	Provides an explanation of the data item
Format:	Describes the required configuration of the response
Values:	Response options
Auditing Guidance:	Advice for individuals entering and interpreting the data item
Rules:	Describes any conditions that must be met to respond to this question
Obligations:	Describes if a response is required (mandatory or conditional on another question)
Data item type:	Describes the nature of the data item being collected
Highlighted words:	Questions that have changed for Acute Audit 2021

1 HOSPITAL DETAILS

1.00 How many beds are there in your hospital?

Definition:	The amount of inpatient beds in your facility
Format:	Numerical
Values:	Free text
Auditing Guidance:	This is the number of acute inpatient beds available at your hospital. Please exclude Outpatient, Emergency Department, Mental Health Unit, and Day Surgery Beds.
Obligations:	Mandatory
Data item type:	Structure Indicator

1.01 Does your hospital have a specialist stroke unit(s)?

Definition:	The *National Acute Stroke Services Framework 2019* defines the ***minimum*** criteria for a stroke unit as: • Co-located beds within a geographically defined unit. • Dedicated, interprofessional team with members who have expertise in stroke and/or rehabilitation. The minimum team would consist of dedicated medical (stroke) lead, nursing, allied health, (including occupational therapy, physiotherapy, speech pathology, social work, and dietitian) and stroke coordinator. • Interprofessional team meet at least once per week to discuss patient care. • Regular programs of staff education and training relating to stroke (e.g., dedicated stroke in-service program, &/or access to annual national/regional stroke conferences, &/or educational webinars).
Format:	Radio button
Values:	▪ Yes ▪ No
Auditing Guidance:	Co-located beds within a geographically defined unit include where beds are within the one room/bay or in rooms that are side-by-side but, as a minimum, can mean beds within the same ward (i.e. not just in the same room) as long as the same inter-professional team manage people with stroke. There are different models of stroke units, including: 1. Acute unit (normally discharges patient within 7 days) 2. Rehabilitation unit (accepts referrals from acute unit/ward and provides several weeks of rehabilitation as needed) 3. Combined acute/rehabilitation unit (admits acutely and can provide rehabilitation for a few weeks)
Obligations:	Mandatory
Data item type:	Structure indicator

1.02 How many beds are in the stroke unit?

Definition:	This is the number of beds in your dedicated stroke unit exclusively for stroke patients.
Format:	Numerical
Values:	Free text
Auditing Guidance:	Only count the beds that are dedicated exclusively for stroke patients. If you sometimes take extra patients to the neighbouring beds these do not count unless they are funded stroke unit beds that are prioritised for stroke.
Obligations:	Conditional (if yes to 1.01, Stroke unit)
Data item type:	Structure indicator

1.03/1.04 How many patients with acute stroke:

(a) are present in the hospital today?

(b) were admitted to your hospital in the last calendar year?

(c) how many of these patients with stroke were specifically coded as ischaemic strokes? (include diagnosis ICD-10 codes 163.0 – 163.9)

Definition:	An indicator of stroke specialisation from patient turnover.
Format:	Numerical
Values:	Free text
Auditing Guidance:	This information will be available from medical record departments e.g., Health Information Services, Activity Based Management Unit, or Business Performance Unit. **(c) DO NOT include TIA &/or ICH. Specifically exclude ICD-10 codes: 161.0 – 161.9 and G45.9**
Obligations:	Mandatory
Data item type:	Structure Indicator

1.05/1.06 How many patients with acute stroke:

(a) are present in the stroke unit today?

(b) were admitted to the stroke unit in the last calendar year?

Definition:	An indicator of stroke specialisation from patient turnover.
Format:	Numerical
Values:	Free text
Auditing Guidance:	(a) and (b) This information will be available from medical record departments e.g., Health Information Services, Activity Based Management Unit, or Business Performance Unit.
Obligations:	Conditional (if yes to 1.01, Stroke unit)
Data item type:	Structure Indicator

1.07/1.14 Does your hospital have:

Definition:	(a) to (h) are various organisational features
Format:	Radio button
Values:	▪ Yes ▪ No
Auditing Guidance:	The features will assist in determining the stroke service model that is in operation in your hospital.
Obligations:	Mandatory

Data item type:	Structure Indicator

(a) High dependency/intensive care unit?
(b) Access to onsite neurosurgery?
(c) A consultant physician with specialist knowledge of stroke who is formally recognised as having a principal responsibility for stroke at your hospital?
(d) Onsite telehealth facility which has been utilised for clinical decision making within the last six months?

Definition:	Is this usually used to:
Format:	Radio button
Values:	a) Provide support to another service? Or b) Receive support from another service?
Auditing Guidance:	New question to determine if providing or receiving telehealth support. If your site provides both at different times highlight the one most often used.
Obligations:	Conditional (if yes to (d) = 1.10)
Data item type:	Structure Indicator

(e) Access to telehealth facilities for professional education?
(f) Protocols for transferring patients to other hospitals?
(g) Co-located stroke beds within a geographically defined unit specifically for stroke?
(h) A dedicated, multidisciplinary team with members who have a special interest in stroke?

1.15 Does your hospital have regional responsibility for specialist stroke care and support to smaller sites (i.e. hub centre for stroke care)?

Definition:	An indicator of service specialisation from levels of responsibility and support provided locally.
Format:	Radio buttons
Values:	▪ Yes ▪ No ▪ Unknown
Auditing Guidance:	Select yes if your site is known to be a ‘hub’ site which takes on responsibility for planning and coordinating stroke services in smaller ‘spoke’ sites. Hub sites often provide clinical and professional education support to spoke sites.
Obligations:	Mandatory
Data item type:	Structure Indicator

2 PRESENTATION TO HOSPITAL

2.00 Are there arrangements with local ambulance services for emergency/rapid transfer to your hospital for stroke patients with acute stroke over and above the regular system?

Definition:	Rapid transport by ambulance services of suspected stroke patients can increase the likelihood of the patient receiving hyperacute therapy such as intravenous (IV) thrombolysis or clot retrieval.
Format:	Drop down menu
Values:	▪ Yes ▪ No ▪ No but, there is an agreement to bypass our hospital for another stroke specific service ▪ Unsure
Auditing Guidance:	Protocols in place with emergency medical services (EMS) including; ▪ Recognition of stroke as medical emergency (including use of validated stroke screening tool) ▪ Agreement of which hospitals (dedicated stroke centres) to transport a suspected stroke patient within a geographical area (often with pre-notification to that centre)
Obligations:	Mandatory
Data item type:	Structure Indicator

2.001 Do you receive pre-notification from ambulance services and prepare to rapidly accept the suspected stroke patient?

Definition:	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.
Format:	Radio button
Values:	▪ Tick box
Auditing Guidance:	There must be documentation that the ambulance should pre-notify the hospital. This could be documented ‘code stroke’ system of care (if system is in place).
Obligations:	Mandatory
Data item type:	Structure Indicator

2.01 Are there Emergency Department protocols for rapid triage for patients presenting with acute stroke?

Definition:	Appropriate diagnosis of stroke and immediate referral to a stroke team is important, especially where thrombolysis or clot retrieval is considered. It is vital that ED protocols reflect this by triaging strokes as a high priority.
Format:	Radio button
Values:	▪ Yes

	▪ No
Auditing Guidance:	Protocols include agreed assessment /screening tests (clinical, laboratory, brain imaging) and referral to a stroke specialist team. These elements are specifically listed in the next question.
Obligations:	Mandatory
Data item type:	Structure Indicator

2.0101/2.0106 Which of the following does this protocol include:

(a) Validated screening tool?
(b) High priority triage category (i.e. category 2)?
(c) Rapid brain imaging (i.e. within 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?

Definition:	(a) to (f) are various aspects of an ED stroke protocol
Format:	Radio button
Values:	▪ Yes ▪ No
Auditing Guidance:	The features for a well-organised ED system of care as recommended in the *National Acute Stroke Services Framework 2019.* If the acute stroke team is rapidly activated validated screening tools (i.e. ROSIER scale) may not be necessary. Rapid brain imaging (within minutes but definitely <60mins) is necessary to confirm any bleeding in the brain and exclude IV thrombolysis and advanced imaging (i.e. CT perfusion) is needed to see if criteria for clot retrieval is met. A formally agreed rapid alert system that notifies the stroke team of suspected stroke (‘code stroke’) should be routine and has been demonstrated to significantly improve door-to-needle times. Ideally each element should be documented with hospital policies/procedures. Tick **ONLY** those protocols which relate to your service**.**
Obligations:	Mandatory
Data item type:	Structure Indicator

2.02 Does your hospital manage all stroke including complex strokes?

Definition:	An indicator of the ability of the hospital to care for all stroke types.
Format:	Radio button
Values:	▪ Yes ▪ No
Auditing Guidance:	Highly complex strokes are those requiring complex interventions such as neurosurgical intervention, interventional radiology, tracheotomy and other high-dependency requirements.

Obligations:	Mandatory
Data item type:	Structure Indicator

2.03 Which ward is a patient with acute stroke most likely to be admitted to first (select one option):

Definition:	An indicator of the availability of a stroke pathway
Format:	Drop down menu
Values:	▪ ICU/HDU ▪ Acute stroke unit (ASU) ▪ Medical ward ▪ Other
Auditing Guidance:	The ward where a patient with acute stroke would be most likely to be admitted to first. ICU/HDU – Intensive Care Unit or High Dependency Unit. ASU - Services provided by a geographically discrete stroke unit/ward exclusively for the care of stroke patients which accepts patients acutely but discharge early (usually within 7 days). Medical Ward – General medical ward not specified to a diagnosis related group (DRG). Other – all other wards e.g. neurology, neurosurgery, surgical, geriatric ward, geriatric rehabilitation ward, etc.
Obligations:	Mandatory
Data item type:	Structure Indicator

2.04 Do you offer intravenous thrombolysis for appropriate stroke patients at your hospital?

Definition:	Intravenous thrombolysis is appropriate for select patients and should be delivered in well-equipped and skilled emergency departments or stroke units.
Format:	Radio button
Values:	▪ Yes ▪ No
Auditing Guidance:	This is thrombolysis for patients presenting with acute ischaemic stroke (not patients with Myocardial Infarction). Do not include intra-cerebral venous infusion for intraventricular haemorrhage, intraparenchymal infusion for percutaneous aspiration of intracerebral haematoma, myocardial infarction, pulmonary embolism or peripheral clot.
Obligations:	Mandatory
Data item type:	Structure Indicator

2.05 If yes, is this offered 24 hours 7 days a week?

Definition:	An indicator of the level of thrombolysis service available at your hospital
Format:	Radio button
Values:	▪ Yes ▪ No

2.05 If yes, how many patients have you thrombolysed in your hospital during the previous calendar year?

Definition:	The number of patients that have received IV thrombolysis at your hospital in the previous calendar year (12 months).
Format:	Radio button
Values:	▪ Free text
Auditing Guidance:	The number of patients thrombolysed is only those patients presenting with acute ischaemic stroke (not patients with Myocardial Infarction). Do not include intra-cerebral venous infusion for intraventricular haemorrhage, intraparenchymal infusion for percutaneous aspiration of intracerebral haematoma, myocardial infarction, pulmonary embolism or peripheral clot.
Obligations:	Conditional (if yes to 2.04)
Data item type:	Structure Indicator

2.07 Does your hospital provide on-site endovascular stroke therapy

Definition:	An indicator for advanced acute interventions
Format:	Radio buttons
Values:	▪ Yes ▪ No
Auditing Guidance:	Endovascular therapy includes advanced neuro-interventional treatment such as mechanical clot retrieval, intra-arterial thrombolysis or suction thrombectomy. There are limited resources currently available for this intervention. Please answer yes if therapy is offered at your site (i.e. must have neuro-interventionalist actually undertaking operations on-site); even if few or no patients have actually received the intervention.
Obligations:	Mandatory
Data item type:	Structure Indicator

2.09 If yes, is it available 24/7?

Definition:	An indicator of the level of advanced acute interventions available at your hospital
Format:	Radio buttons
Values:	▪ Yes ▪ No
Auditing Guidance:	Available 24/7 normally includes a roster of at least three appropriately skilled members of staff being on call, rather than physically at the hospital all the time.
Obligations:	Conditional (if yes to 2.07)
Data item type:	Structure Indicator

2.10 If yes, How many patients have received endovascular stroke therapy in your hospital during the previous calendar year?

Definition:	An indicator of the level of advanced acute interventions available at your hospital
Format:	Numerical

Values:	Free text
Auditing Guidance:	Record the number of patients who have received endovascular therapy in your hospital in the previous calendar year (12 months).
Obligations:	Conditional (if yes to 2.07)
Data item type:	Structure Indicator

2.11 How many patients from your hospital have been transferred for endovascular stroke therapy at another hospital during the previous calendar year?

Definition:	An indicator of the number of transfers for advanced acute interventions available at another hospital
Format:	Numerical
Values:	Free text
Auditing Guidance:	Record the number of patients eligible for endovascular therapy who have been transferred to another hospital where this intervention is available, in the previous calendar year (12 months). Include all patients who were transferred for endovascular therapy whether intervention was undertaken or not.
Obligations:	Conditional (if no to 2.07)
Data item type:	Structure Indicator

3 IMAGING, TIA AND NEUROVASCULAR SERVICE

3.01/3.08 Does your hospital have access to any of the following for your stroke patients?

A) Rapid brain imaging (i.e. within 30 minutes of presentation to hospital) for all patients potentially eligible for acute therapy?

B) CT Scanning within 3 hours of presentation to hospital for all stroke patients (available 24/7)?

(c) MRI scanning within 24 hours?

(d) Carotid imaging within 24 hours?

Definition:	An indicator of availability of imaging infrastructure and resources
Format:	Radio button
Values:	▪ Yes ▪ No
Auditing Guidance:	Includes access to MRI as well as CT scanning (i.e. any rapid brain scan) within minutes (i.e. first 30 minutes but at least within the first 60 minutes) and within 3 hours. Answer based on estimation of common time to scan after arrival at ED. N**eeds to be available 24/7.**
Obligations:	Mandatory
Data item type:	Structure Indicator

If no to A or B above, which of the following reasons apply

(i) access to scanning only available during business hours

(ii) scanning equipment and staff on call but often not available within 3 hours

(iii) limited access to staff to report on scans (not 24/7)

(iv) other

Definition:	An indicator of availability of imaging infrastructure and resources
Format:	Radio buttons
Values:	Yes, No for each answer option
Auditing Guidance:	Select all that apply.
Obligations:	Conditional (based on 3.0)
Data item type:	Structure Indicator

3.09 Do you have access to, and use, non-invasive angiography (i.e. CTA or MRA) at your hospital?

Definition:	An indicator of availability of imaging infrastructure and resources
Format:	Radio buttons
Values:	Yes, No
Auditing Guidance:	Angiography is a type of medical exam that combines a CT or MR scan with an injection of a contrast media to produce pictures of blood vessels and tissues in a part of the body (heart, chest, neck, head) and available in the Medical Imaging

	Department. Answer yes if you can have CTA or MRA at your hospital AND it is used at least for some patients during their diagnostic work-up (as opposed to rarely used)
Obligations:	Mandatory
Data item type:	Structure Indicator

3.095 Do you have access to, and use, perfusion scanning (i.e. CTP) at your hospital?

Definition:	An indicator of availability of imaging infrastructure and resources
Format:	Radio buttons
Values:	Yes, No
Auditing Guidance:	Perfusion scanning or Computed Tomography (CT) Perfusion is a type of medical exam that shows which areas of the brain are adequately supplied with blood (perfused) and provides detailed information about blood flow to the brain. It is used to identify the amount of salvageable brain tissue around the area of the stroke and is essential to guide the decision for eligibility of clot retrieval therapy. Select this option if CTP is used often in patient assessment (rather than rarely used).
Obligations:	Mandatory
Data item type:	Structure Indicator

3.10 Is there the ability to provide telemetry monitoring for at least to 72 hours?

Definition:	Indicator of early monitoring
Format:	Radio buttons
Values:	Yes, No
Auditing Guidance:	Telemetry monitoring includes access and use of arrhythmia monitoring where a cardiac source of stroke is suspected.
Obligations:	Mandatory
Data item type:	Structure Indicator

3.12/3.17 With respect to TIA patients presenting to your hospital emergency department:

A) Does your hospital have a defined and documented process, policy or clinical pathway for assessing TIA patients?

Definition:	An indicator of TIA management
Format:	Radio button
Values:	▪ Yes ▪ No
Auditing Guidance:	A defined process, policy, or pathway that provides guidance on the management of adult patients presenting with a history of suspected transient ischaemic attack.
Obligations:	Mandatory
Data item type:	Structure Indicator

B) At your hospital are all TIA patients admitted or are only selected patients admitted?

Definition:	An indicator of TIA management
Format:	Radio button
Values:	▪ All ▪ Only selected ▪ None
Auditing Guidance:	Select one option
Obligations:	Mandatory
Data item type:	Structure Indicator

(i) Does patient selection for admission incorporate one of the published TIA risk stratification scores (i.e. ABCD2)?

Definition:	An indicator of TIA management
Format:	Radio button
Values:	▪ Yes ▪ No
Auditing Guidance:	You will only be asked to respond to this question if 'All' or 'Only selected' is chosen. There are many risk stratification tools not suggested (rather than just ABCD2).
Obligations:	Conditional (on 3.03B)
Data item type:	Structure Indicator

(ii) For TIA patients not admitted to hospital is there a rapid access TIA clinic?

Definition:	An indicator of TIA management
Format:	Radio button
Values:	▪ Yes ▪ No
Auditing Guidance:	You will only be asked to respond to this question if 'None' or "Only selected' is the response chosen.
Obligations:	Conditional (on 3.03B)
Data item type:	Structure Indicator

(iii) What is the average waiting time for an appointment to this clinic?

Definition:	An indicator of TIA management
Format:	Numerical
Values:	Free text
Auditing Guidance:	You will only be asked to respond to this question if 'None' or 'Only selected' is chosen for 3.03B and "Yes" to outpatient TIA clinic is chosen in (ii) above. Please add the usual number of days to access this clinic from time of referral
Obligations:	Conditional (on 3.03B)
Data item type:	Structure Indicator

(iv) How often is the clinic run?

Definition:	An indicator of TIA management
Format:	Numerical
Values:	Free text
Auditing Guidance:	You will only be asked to respond to this question if 'None' or 'Only selected' is chosen for 3.03B and "Yes" to outpatient TIA clinic is chosen in (ii) above. Please add the usual number of days per week that this clinic is run.
Obligations:	Conditional (on 3.03B)
Data item type:	Structure Indicator

4 ORGANISATION OF WORKFORCE

4.00/4.20 Are the following health professionals actively involved with the management of stroke at your hospital?

Advanced medical trainee
Clinical psychology
Neuropsychology
Dietitian
General physician
General practitioner
Geriatrician
Neurologist
Clinical nurse consultant (CNC)
Clinical nurse specialist (CNS)
Stroke care coordinator
Stroke specialist research nurse
Stroke nurse educator
Other nurse educator
Nurse practitioner
Nursing unit manager (NUM)
Occupational therapist
Physiotherapist
Rehabilitation physician
Social worker
Speech pathologist

Definition:	An indicator of the mix of disciplines accessible for the stroke survivor from the multidisciplinary team.
Format:	Radio Button
Values:	▪ Yes ▪ No (for each health professional)
Auditing Guidance:	The “other” nurse educator or nurse practitioner may be from other specialities such as diabetes, continence management, etc but their input must be relevant to the management of the stroke patient.
Obligations:	Mandatory
Data item type:	Structure Indicator

4.21 What team usually manages acute stroke patients?

Definition:	Team most likely to manage acute stroke
Format:	Drop down menu
Values:	▪ General medical team ▪ Stroke geriatric team ▪ General geriatric team ▪ Stroke neurology team ▪ General neurology team ▪ General practitioner/Visiting medical officers
Auditing Guidance:	This is the team that focuses on the management of acute stroke patients but not on their subsequent rehabilitation.
Obligations:	Mandatory
Data item type:	Structure Indicator

4.22/4.27 Are there protocols for referral to the following disciplines for stroke patients?

(a) Physiotherapist
(b) Speech pathologist
(c) Occupational therapist
(d) Dietitian
(e) Psychologist
(f) Social worker

Definition:	An indicator of organisation of the stroke team and its referral processes
Format:	Radio buttons
Values:	▪ Yes ▪ No (for each answer option)
Auditing Guidance:	Protocols may include blanket referral rules or agreed mechanisms for referral (personal communication, team communication board, referral form).
Obligations:	Mandatory
Data item type:	Structure Indicator

5 TEAM COORDINATION AND ASSESSMENT

5.00 Do you have a mobile in-patient stroke team?

Definition:	An indicator of organisation of the stroke services
Format:	Radio button
Values:	▪ Yes ▪ No
Auditing Guidance:	Mobile stroke team is a formal multidisciplinary team with a medical clinical leader, who manage/review patients with stroke throughout the hospital. You will only be asked this question if you **do not** have a stroke unit.
Obligations:	Conditional (1.01 = No)
Data item type:	Structure Indicator

5.01 Does your stroke unit team routinely provide clinical care or advice for patients not on the stroke unit (i.e. as an 'in-reach' or 'mobile' service)?

Definition:	An indicator of organisation of the stroke services
Format:	Radio button
Values:	▪ Yes ▪ No
Auditing Guidance:	You will only be asked this question if you have a stroke unit.
Obligations:	Conditional (1.01=Yes)
Data item type:	Structure Indicator

5.02 Does the hospital have a clinical care pathway for managing stroke?

Definition:	An indicator of coordinated care
Format:	Radio Button
Values:	▪ Yes ▪ No
Auditing Guidance:	Locally agreed multidisciplinary practice based on guidelines and evidence specific to a patient with stroke. It forms part or all of a clinical record to document the care given, and facilitate evaluation of outcomes
Obligations:	Mandatory
Data item type:	Structure Indicator

5.03/5.04 Do you have regular multidisciplinary team meetings for the interchange of information about individual stroke patients?

Definition:	An indicator of coordinated care
Format:	Radio Button
Values:	▪ Yes ▪ No
Auditing Guidance:	A multidisciplinary team meeting to which all members of the team contribute. Tick "yes" if you have regular meetings that are

	attended by representatives of the medical, nursing and allied health staff.
Obligations:	Mandatory
Data item type:	Process Indicator

If yes, how often are these meetings held per month?

Definition:	An indicator of coordinated care
Format:	Numerical
Values:	Free Text
Auditing Guidance:	Number of meetings per month; i.e. you meet once a week then that would be 4 meetings per month
Obligations:	Conditional (yes to 5.03)
Data item type:	Process Indicator

5.06/5.13 Are there a locally agreed assessment protocols for the following?

(a) Consciousness level
(b) Motor Impairment
(c) Visual Impairment
(d) Sensory Impairment
(e) Executive Function
(f) Activities of Daily Living
(g) Mood
(h) Communication

Definition:	An indicator of coordinated care
Format:	Radio Button
Values:	▪ Yes ▪ No
Auditing Guidance:	Protocols may include documented (or verbally agreed/known for each team/unit) assessment tools routinely used or recommended. Such protocols may also include timing of assessment and who is responsible.
Obligations:	Mandatory
Data item type:	Process Indicator

5.15/5.21 Are there locally agreed management (including assessment/ monitoring) protocols for the following?

(a) Fever
(b) Glucose
(c) Swallow dysfunction
(d) Incontinence of urine
(e) Incontinence of faeces
(f) Nutrition
(g) Hydration

Definition:	An indicator of coordinated care
Format:	Radio Button
Values:	▪ Yes ▪ No
Auditing Guidance:	This question relates to agreed assessment practices (tools, resources, and processes), monitoring and treatment approaches i.e. paracetamol where fever is assessed. Please answer 'yes' only if the protocols covers all aspects of acute care for each topic.
Obligations:	Mandatory
Data item type:	Process Indicator

6 ACCESS TO FURTHER SERVICES

6.00/6.051 Regarding assessing suitability for rehabilitation, who is responsible for making the decision to refer to rehabilitation services?

(a) Acute physician

(b) Post acute physician (rehabilitation physician, geriatrician, general physician)

(c) Nurse

(d) Multidisciplinary team (acute)

(e) Joint acute / rehabilitation team member/s

(f) Other team member – specify

Definition:	Indicator for process of assessing need for further rehabilitation
Format:	Radio Button
Values:	▪ Yes ▪ No Free text for last option 'Other team member'
Auditing Guidance:	Assessment for rehabilitation may occur via an agreed process or staff member/s. This question reflects who is routinely involved in making the decision for referral for further rehabilitation.
Obligations:	Mandatory
Data item type:	Process Indicator

6.06 Is there a standardised process regarding assessing suitability for further rehabilitation at your hospital?

Definition:	Indicator for process of assessing need for further rehabilitation
Format:	Radio Button
Values:	▪ Yes ▪ No
Auditing Guidance:	Answer yes if there is an agreed assessment tool (i.e. Assessment for Rehabilitation Tool developed by the Australian Stroke Coalition) and/or process (i.e. rehabilitation physician attends weekly acute team case conference).
Obligations:	Mandatory
Data item type:	Process Indicator

6.08/6.12 Does your site have access to the following rehabilitation services:

(a) Ongoing inpatient rehabilitation

(b) Outpatient rehabilitation

(c) Day hospital

(d) Community-based rehabilitation provided in the home

(e) Stroke Specialist Early Supported Discharge (ESD)

Definition:	Indicator regarding rehabilitation services available
Format:	Radio Button
Values:	▪ Yes ▪ No

	for each answer option
Auditing Guidance:	Services may be off campus or may be another provider but there is availability to refer those with stroke if required.
Obligations:	Mandatory
Data item type:	Structure Indicator

6.13 Are there local protocols for routinely reviewing stroke patients discharged from hospital?

Definition:	Indicator for process of reviewing stroke patients after hospital discharge
Format:	Radio Button
Values:	▪ Yes ▪ No
Auditing Guidance:	Protocols may include routine follow up review in a clinic or in the community.
Obligations:	Mandatory
Data item type:	Process Indicator

6.15/6.17 Does your hospital have access to the following specialist services:

(a) Palliative care services

(b) Cardiology

(c) Vascular surgery

Definition:	Indicator regarding other services available for those with stroke
Format:	Radio Button
Values:	▪ Yes ▪ No for each answer option
Auditing Guidance:	These services may be available as an inpatient service, consult basis, or off-site, but referral to and access to these services is available.
Obligations:	Mandatory
Data item type:	Structure Indicator

7 COMMUNICATION WITH PATIENT AND FAMILY

7.01/7.03 Does the team routinely inform and involve the patient and their family/carer in

(a) Clinical management

(b) Goal setting

(c) Planning for discharge

Definition:	Indicator regarding involvement of patient and their family/carer
Format:	Radio Button
Values:	▪ Yes ▪ No for each answer option
Auditing Guidance:	The process may include discussions with one or more team members.
Obligations:	Mandatory
Data item type:	Process Indicator

7.04/7.10 Does your hospital routinely provide patient information prior to discharge?

If yes, which of the following are included

(a) Stroke care, implications and recovery

(b) Secondary prevention

(c) Local community care arrangements

(d) Community stroke support groups

(e) Is aphasia friendly communication available for all of the above

Definition:	An indicator of information provision
Format:	Radio Button
Values:	▪ Yes ▪ No
Auditing Guidance:	These questions require a yes or no answer only, and therefore require some element of subjectivity. a) Local or national information on generic stroke information (i.e. 'My Stroke Journey' resource) b) Local or national information on secondary stroke prevention. This may be tailored to individual needs. c) Information leaflets, telephone numbers and addresses of local social services and support d) Information about State Stroke Associations, Carers Association and community services e) Information specifically developed for those with communication deficits
Obligations:	Mandatory (first part), Conditional (if yes)
Data item type:	Process Indicator

7.11 Are patients routinely given a discharge care (personal recovery) plan on discharge from hospital?

Definition:	An indicator of the use of discharge planning processes
Format:	Radio Button
Values:	▪ Yes ▪ No
Auditing Guidance:	Documented evidence that patients routinely receive a collaboratively developed plan that outlines care in the community after discharge (including equipment provision, support services, and outpatient appointments). It does not necessarily mean a Discharge Summary, unless the Discharge Summary contains detailed plans for care in the community. The specific care plan should address one or more of the following: i) Monitoring and managing symptoms and signs of illness including risk management if symptoms develop or become worse ii) Managing the impacts of illness on their lifestyle, emotions and interpersonal relationships iii) Adherence to treatment regimens An example of a care plan 'My Stroke Care Plan' could be found at the NSF web site www.strokefoundation.com.au
Obligations:	Mandatory
Data item type:	Process Indicator

7.12 Are patients/carers given details of a hospital contact on transfer from hospital to community for post discharge queries and post discharge support?

Definition:	An indicator of the use of discharge planning processes
Format:	Radio Button
Values:	▪ Yes ▪ No
Auditing Guidance:	If the hospital provides the name and contact number of a person employed by the hospital with whom the patient can speak with regarding issues arising from discharge then tick "yes"
Obligations:	Mandatory
Data item type:	Process Indicator

8 CONTINUING EDUCATION

8.00 Is there a program for the continuing education of staff relating to the management of stroke?

Definition:	Continuing education for stroke clinicians is a fundamental feature of stroke care
Format:	Radio Button
Values:	▪ Yes ▪ No
Auditing Guidance:	This may include regular seminars or in services on the ward/unit, external courses or attendance at conferences on stroke or issues related to stroke which are locally coordinated or promoted to staff at your hospital
Obligations:	Mandatory
Data item type:	Structure Indicator

8.01 Over the last 2 years has the stroke team been involved in quality improvement activities that have included reviewing local stroke data and agreeing on strategies to improve care?

Definition:	An indicator of stroke-specific quality improvement
Format:	Radio button
Values:	▪ Yes ▪ No ▪ Unknown
Auditing Guidance:	Stroke data includes Stroke Foundation audit data, AuSCR data collection or other local or international data collection. Data must be reviewed to identify gaps or current performance and agreed areas for quality improvement activities in order to answer 'yes'.
Obligations:	Mandatory
Data item type:	Process Indicator