What's NEW!

Organisational Survey - New and Updated Questions

1.03/1.04 How many patients with acute stroke:

(c) How many of these patients with stroke were specifically coded as ischaemic strokes?

- **NEW question requests number of ischaemic strokes with ICD-10 codes 163.0 – 163.9.**
- **DO NOT include TIA &/or ICH (ICD-10 codes 161.0 – 161.9 and G45.9)**

2.03 Which ward is a patient with acute stroke most likely to be admitted to first?

- **Simplified answer options:**
  - **ICU/HDU, Stroke Unit (SU)**
  - **Medical Ward**
  - **Other**

We have reduced the number of options in this question to only the options/wards that are used in the organisation survey analysis (further options/analysis in still available in the clinical audit).

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

- **Variation to this question from 'referred' to transferred to bring the focus to those patients who are actually transferred.**

*Please refer to the 2021 Acute Audit Organisational Survey Data Dictionary for more information on all the Organisational Survey variables.

Clinical Audit - New and Updated Questions

4.230/4.260 Was the patient transferred to another hospital for acute care after admission to your hospital? Date and Time of transfer.

- **NEW question adds the time of transfer for door-in-door-out (DIDO) analysis.**

7.470 Was advanced imaging performed? Options: CT angiography; CT perfusion.

- **NEW question adds more detail on the type of imaging performed.**

10.441 What type of DVT prophylaxis management did the patient receive? Options: Low molecular weight heparin; Intermittent pneumatic compression; Both; None; Contradicted; Unknown.

- **<u>New question</u> updates the acute audit in accordance with clinical guidelines. This question will only relate to non-mobile patients so logic to be linked to immobile on admission (as per clinical guidelines). Heparin based prophylaxis is contraindicated for those with a recent systemic bleeding tendency (e.g. recent gastrointestinal haemorrhage) or current intracranial haemorrhage (e.g. haemorrhagic stroke and ischaemic stroke with haemorrhagic transformation). Caution is required for those with low platelet count. Physical methods may be contraindicated for those with peripheral vascular disease (symptomatic, or those with absent lower limb pulses). Further anticoagulation is not indicated if the patient is already on an oral anticoagulant, except in very high risk situations.**

13.011 For patients who are currently smoking or recently quit, did the patient receive smoking cessation advice (or family alone if patient has severe aphasia or cognitive impairments)? Options: Yes; No; Not applicable (non-smoker); Not documented

- **<u>New question</u> in line with RACGP Smoking Cessation Guidelines for Health Professionals. Smoking cessation advice is defined as simple advice to quit (written or verbal) and the offer of referral to Quitline and/or prescription of smoking cessation medication.**

*Please refer to the 2021 Acute Audit Clinical Audit Data Dictionary for more information on all the Clinical Audit variables.

Clinical Audit - Obsolete Questions

Some questions have been removed to reduce the burden on data collectors as these questions. A few questions are changed to align with changes to the Clinical Care Standard indicators: Acute Stroke https://www.safetyandquality.gov.au/our-work/clinical-care-standards/acute-stroke-clinical-care-standard

Removed:

- Did the patient have any history of know risk factors prior to admission? REMOVED - Diabetes, Hypertension, Hypercholesterolaemia, ICH, Alcohol, Smoking, Other
- Did the patient take daily aspirin or other anti-thrombotic agent prior to this event?
- Did the patient take lipid lowering treatment prior to this stroke?
- Reason the patient did not have a scan (brain scan)
- Was patient outside of time window? (thrombolysis)
- Did management of the patient include Heparin (or Low Molecular Weight Heparin)?
- Did the team meet with the patient to discuss management?
- Did the patient commence rehabilitation therapy within 48 hours of initial assessment?
- Did the patient undergo treatment based on their identified rehabilitation goal/s during their acute hospital admission?
- Also the extra step requiring accuracy on each date & time variable has been removed.