

Recognising Outstanding Stroke Care in Australian Hospitals in 2022

Australian Stroke Coalition Quality Stroke
Service Awards Program 2022



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There are two quality stroke service awards available in Australia:

- Australian Stroke Coalition (ASC) Quality Stroke Service Awards
- World Stroke Organization (WSO) Angels Awards (international).

The ASC Quality Stroke Service Awards

The ASC Quality Stroke Service Awards recognise Australian health services that achieve the highest standards for delivering quality in stroke care. In 2019, the ASC, the collective voice of stroke in Australia, established a Quality Stroke Service Awards program. These Australian awards recognise high performing services, based on indicators related to the Australian Acute Stroke Clinical Care Standard (Australian Commission on Safety and Quality in Health Care 2019).

This is now the premier awards program for acute stroke services across Australia.

The awards recognise hospitals that achieve best-practice stroke clinical care, such as treatment with thrombolysis within 60 minutes of hospital arrival, the provision of stroke unit care, and the provision of a discharge care plan. These awards also provide an opportunity to highlight to other services what might be possible and to learn from others. In 2021, a total of 13 hospitals were named as Excellence Award winners. In addition, Distinction Awards or Honourable Mentions were awarded to 33 hospitals.

How can my hospital be considered for the ASC Quality Stroke Service Awards?

Hospitals participating in the Australian Stroke Clinical Registry (AuSCR), or Stroke Foundation's Acute Services National Stroke Audit, will automatically be considered for the ASC Quality Stroke Service Awards, unless they opt out.

The Stroke Foundation's National Acute Stroke Service Audit runs every two years. Hospitals not participating in the AuSCR, that would like to be considered for the ASC Quality Stroke Service Awards in a non-Acute National Stroke Audit year, should contact the ASC to arrange for the relevant data from at least 40 consecutive patients to be collected to enable participation.



The WSO Angels Awards

The **A**cute **N**etworks **S**trivin**G** for **E**xcel**L**lence in **S**troke (ANGELS) initiative was established in 2015 in Europe, as an industry led (Boehringer Ingelheim) collaboration, in conjunction with the European Stroke Organisation (ESO). The ANGELS initiative has since expanded, as it seeks to optimise stroke networks between individual hospitals and countries, and is now endorsed by the WSO.

The WSO in partnership with the ANGELS initiative provides the WSO Angels Awards program, which aims to recognise and promote best-practice in stroke care globally. The WSO Angels Awards program was launched in Australia in 2020, with Wagga Wagga Base Hospital becoming the first in Australia to receive a WSO Angels Gold Status Award.

How can my hospital be considered for the WSO Angels Awards?

Hospitals participating in the AuSCR, or Stroke Foundation's Acute Services National Stroke Audit, will automatically be considered for the WSO Angels Awards, unless they opt out.

As mentioned, the Stroke Foundation's Acute Services National Stroke Audit runs every two years. Hospitals not participating in the AuSCR, that would like to be considered for the WSO Angels Awards in a non-Acute National Stroke Audit year, should contact the ASC to arrange for the relevant data from at least 40 consecutive patients to be collected to enable participation.

Are there any differences between the ASC Quality Stroke Service Awards and the WSO Angels Awards, and how they are assessed?

The ASC Quality Stroke Service Awards criteria are more comprehensive than the WSO Angels Awards criteria and are based on the Australian Acute Stroke Clinical Care Standards. They also incorporate measures of quality control, including a requirement for minimal missing data. The indicators used for the WSO Angels Awards are similar to those used for the ASC Quality Stroke Service Awards, and likewise, hospitals contributing data to the AuSCR or National Stroke Audit are eligible, unless they opt out.


The methods used to calculate both the WSO Angels Awards and the ASC Quality Stroke Service Awards are overseen by a subcommittee of the ASC. Analysis of the data for both awards is undertaken by an independent team of epidemiologists, led by Associate Professor Monique Kilkenny at Monash University. The calculation methods differ for each award and more information can be found in FAQs available on the ASC website.

The ASC Quality Stroke Service Awards are based on a composite score derived by dividing the total number of relevant process of care indicators met by the sum of eligible indicators for each patient (see Table 1). Hospital data must also meet the threshold for completeness of data and avoidance of case selection. **Excellence Awards** will be given to hospitals that have achieved a composite score of $\geq 80\%$ and **Distinction Awards** will be given to hospitals which have achieved a composite score $\geq 70\%$.

A second category of **Distinction Awards** are also given to hospitals which achieve a median door-to-needle time for the provision of thrombolysis of less than 60 minutes OR which achieve a median door-to-groin time of less than 90 minutes for endovascular clot retrieval.

In contrast, the WSO Angels Awards require a benchmark to be met for each relevant award criteria (process of care). When all benchmarks are met, hospitals are eligible to receive an award. There are three levels of awards (Gold, Platinum and Diamond) which have different levels of benchmarks to be met (see Table 1).

The calculation of all awards are performed with standardised methods using summary data which are de-identified at both the patient and hospital level prior to analysis and peer review by two ASC members. Awardees are then endorsed by members of the ASC. This approach is consistent with the WSO Angels Awards program for Europe and other regions. *No patient-level data from Australian hospitals are sent overseas, or are directly shared with unauthorised parties, including representatives from Boehringer Ingelheim.*



For more information, please see
www.australianstrokecoalition.com.au
or email asc@strokefoundation.org.au

Table 1: Award Criteria

ASC Quality Stroke Service Awards*			
Patients treated in a dedicated stroke unit during their hospital stay			✓
Patients treated with thrombolysis AND/OR endovascular clot retrieval (if offered by hospital)			✓
Door-to-needle time < 60 minutes			✓
Door-to-groin time < 90 minutes			✓
Patients mobilised on the same day or day after hospital arrival			✓
Patients with ischaemic stroke discharged with antithrombotics unless contraindicated [#]			✓
Patients discharged with antihypertensive medication unless contraindicated			✓
Patients discharged with lipid-lowering medication unless contraindicated [#]			✓
Patients provided with a discharge care plan (if discharged to community)			✓
WSO Angels Awards			
	WSO/Angels Gold status	WSO/Angels Platinum status	WSO/Angels Diamond status
Patients treated in a dedicated stroke unit during their hospital stay			✓
% of patients treated with door-to-needle time < 60 minutes	50%	75%	75%
% of patients treated with door-to-needle time < 45 minutes			50%
% recanalization procedure rate out of total stroke incidence in the hospital (includes treatment with thrombolysis and/or endovascular clot retrieval)	5%	15%	25%
% of all stroke patients undergoing CT or MRI imaging procedure	80%	85%	90%
% of all stroke patients undergoing dysphagia screen	80%	85%	90%
% of ischaemic stroke patients discharged with antithrombotics unless contraindicated	80%	85%	90%
% of atrial fibrillation related stroke patients discharged with antithrombotics	80%	85%	90%

*ASC awards determined based on a composite score of the included indicators. Excellence awards will be given to hospitals which achieve a composite score $\geq 80\%$; Distinction Awards will be given to hospitals which achieve a composite score of $\geq 70\%$. Distinction Awards will also be given to hospitals with a median door-to-needle time of less than 60 minutes or a median door-to-groin time of less than 90 minutes.

[#]Excludes diagnoses of intracerebral haemorrhage.