

National Stroke Audit 2023 Acute Services

Organisational Survey Data Dictionary



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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 2023

1 HOSPITAL DETAILS

1.00 How many beds are there in your hospital?

Definition:	The number 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:	<p>The <i>National Acute Stroke Services Framework 2019</i> defines the minimum criteria for a stroke unit as:</p> <ul style="list-style-type: none"> • 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:	<ul style="list-style-type: none"> ▪ Yes ▪ No
Auditing Guidance:	<p>Co-located beds within a geographically defined unit includes:</p> <p>a) where beds are within the one room/bay; or</p> <p>b) beds are in rooms that are side-by-side; or</p> <p>c) as a minimum, beds are within the same ward (i.e., not just in the same room) providing the same inter-professional team manage people with stroke.</p> <p>There are different models of stroke units, including:</p> <ol style="list-style-type: none"> 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

1.03/1.041 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:	The number of stroke admissions indicates the resources and capabilities recommended for your site.
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:	The number of stroke admissions indicates the resources and capabilities recommended for your site.
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
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1.07/1.14 Does your hospital have:

- (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 stroke telehealth which has been used for clinical decision making within the last six months?**
- (e) Access to videoconferencing facilities for professional education?
- (f) Protocols for transferring patients to other hospitals?
- (g) Co-located stroke beds, that are specifically for stroke and are within a geographically defined unit?
- (h) A dedicated, specialist multi-disciplinary care team for patients with stroke?

Definition:	Is this usually used to:
Format:	Radio button
Values:	<ul style="list-style-type: none"> a. Provide support to another service? Or b. Receive support from another service?
Auditing Guidance:	<p>(d) This question determines if you are providing or receiving telehealth support. If your site provides both at different times, highlight the one most often used.</p> <p>(d) Telehealth: wherever possible audio-video</p> <p>(g) Co-located beds within a geographically defined unit (see Auditing Guidance at 1.01)</p>
Obligations:	Conditional (if yes to (d) = 1.10)
Data item type:	Structure Indicator

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:	<ul style="list-style-type: none"> ▪ Yes ▪ No
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:	<ul style="list-style-type: none"> ▪ Yes ▪ No ▪ No but, there is an agreement to bypass our hospital for another stroke specific service.
Auditing Guidance:	Protocols in place with emergency medical services (EMS) including: <ul style="list-style-type: none"> ▪ 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 to 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 the arriving hospital that a suspected stroke patient is being transported to and the 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:	<ul style="list-style-type: none"> ▪ 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:	<ul style="list-style-type: none"> ▪ 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 the protocol/s 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:	<ul style="list-style-type: none"> ▪ Yes ▪ No
Auditing Guidance:	<p>The features for a well-organised ED system of care as recommended in the <i>National Acute Stroke Services Framework 2019</i>.</p> <p>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.</p> <p>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.</p> <p>Tick ONLY those protocols which relate to your service.</p>
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:	<ul style="list-style-type: none"> ▪ 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:	<ul style="list-style-type: none"> ▪ ICU/HDU ▪ Acute stroke unit (ASU) ▪ Medical ward ▪ Other
Auditing Guidance:	<p>The ward where a patient with acute stroke would be <u>most</u> likely to be admitted to first.</p> <p>ICU/HDU – Intensive Care Unit or High Dependency Unit.</p> <p>ASU – Co-located beds that are specifically for stroke and within a geographically defined unit (refer to Auditing Guidance for 1.01). Accepts patients acutely but discharges early (usually within 7 days).</p> <p>Medical Ward – General medical ward not specified to a diagnosis related group (DRG).</p> <p>Other – all other wards e.g., neurology, neurosurgery, surgical, geriatric ward, geriatric rehabilitation ward, etc.</p>
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:	<ul style="list-style-type: none"> ▪ Yes ▪ No
Auditing Guidance:	This is thrombolysis for patients presenting with acute ischaemic stroke (not patients with Myocardial Infarction). Do not include intracerebral 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:	<ul style="list-style-type: none">▪ Yes▪ No

2.07 Does your hospital provide on-site endovascular stroke therapy?

Definition:	An indicator for advanced acute interventions
Format:	Radio buttons
Values:	<ul style="list-style-type: none">▪ Yes▪ No
Auditing Guidance:	<p>Endovascular therapy includes advanced neuro-interventional treatment such as mechanical clot retrieval, intra-arterial thrombolysis or suction thrombectomy.</p> <p>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.</p>
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:	<ul style="list-style-type: none">▪ 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
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 SCIENCE

3.01/3.04 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:	<ul style="list-style-type: none"> ▪ Yes ▪ No
Auditing Guidance:	This 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. The answer should be based on an estimation of the common time to scan after arrival at ED. Needs to be available 24/7.
Obligations:	Mandatory
Data item type:	Structure Indicator

3.05/3.08 If no to A or B above, which of the following reasons apply?

- (i) Access to scanning is only available during business hours
- (ii) Scanning equipment and staff are on call but often not available within 3 hours.
- (iii) There is 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 improve diagnostic certainty and identify the amount of salvageable brain tissue around the area of the stroke and is essential to guide decisions about eligibility for reperfusion therapy beyond 4.5 hours. Select this option if CTP is used often in patient assessment (rather than rarely used).
Obligations:	Mandatory
Data item type:	Structure and Process Indicator

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

Definition:	An 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

3.18/3.20 With respect to suspected TIA patients presenting to your hospital emergency department:

a) Is brain imaging routinely conducted?

Definition:	An indicator of TIA management
Format:	Radio button
Values:	<ul style="list-style-type: none"> • Yes, in <6 hours. • Yes, in <12 hours. • Yes, in <24 hours. • Yes, in >24 hours. • No
Auditing Guidance:	Select 'Yes' if patients with suspected transient ischemic attack (TIA) (i.e., focal neurological symptoms that have fully resolved) routinely undergo brain imaging to exclude stroke mimics and intracranial haemorrhage, within a stated timeframe. Select 'No' if not routinely conducted or if conducted after 24 hours.
Obligations:	Mandatory
Data item type:	Process indicator

b) Is carotid imaging routinely conducted?

Definition:	An indicator of TIA management
Format:	Radio button
Values:	<ul style="list-style-type: none"> • Yes, in <48 hours. • Yes, within 2 – 7 days. • Yes, in >7 days. • No
Auditing Guidance:	Select 'Yes' if TIA patients routinely undergo early carotid imaging with CT angiography (aortic arch to cerebral vertex), carotid doppler ultrasound or MR angiography, within a stated timeframe. Select 'No' if not routinely conducted.
Obligations:	Mandatory
Data item type:	Process indicator

c) Are stroke prevention medications (antithrombotics, cholesterol lowering and BP lowering) routinely initiated or intensified soon after TIA?

Definition:	An indicator of TIA management
Format:	Radio button
Values:	<ul style="list-style-type: none"> • Yes, in <12 hours. • Yes, in <24 hours. • Yes, in 24-48 hours. • Yes, in >48 hours. • No
Auditing Guidance:	Select 'Yes' if stroke prevention medications are routinely prescribed within a stated timeframe. Select 'No' if not initiated/intensified.
Obligations:	Mandatory
Data item type:	Process indicator

4 ORGANISATION OF WORKFORCE

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

- (a) Advanced medical trainee
- (b) Clinical psychology
- (c) Neuropsychology
- (d) Dietitian
- (e) General physician
- (f) General practitioner
- (g) Geriatrician
- (h) Neurologist
- (i) Clinical nurse consultant (CNC)
- (j) Clinical nurse specialist (CNS)
- (k) Stroke care coordinator
- (l) Stroke specialist research nurse
- (m) Stroke nurse educator
- (n) Other nurse educator
- (o) Nurse practitioner
- (p) Nursing unit manager (NUM)
- (q) Occupational therapist
- (r) Physiotherapist
- (s) Rehabilitation physician
- (t) Social worker
- (u) Speech pathologist

Definition:	An indicator of the mix of disciplines accessible for the stroke survivor from the multidisciplinary team.
Format:	Radio Button
Values:	<ul style="list-style-type: none"> ▪ 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:	The team most likely to manage patients with acute stroke
Format:	Drop down menu
Values:	<ul style="list-style-type: none">▪ 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:	<ul style="list-style-type: none">▪ 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:	<ul style="list-style-type: none"> ▪ 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:	<ul style="list-style-type: none"> ▪ 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:	Process Indicator

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

Definition:	An indicator of coordinated care
Format:	Radio Button
Values:	<ul style="list-style-type: none"> ▪ 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:	Process 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:	<ul style="list-style-type: none"> ▪ 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:	<ul style="list-style-type: none"> ▪ 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
- (h) DVT

Definition:	An indicator of coordinated care
Format:	Radio Button
Values:	<ul style="list-style-type: none">▪ 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 cover 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:	An indicator for the process of assessing need for further rehabilitation
Format:	Radio Button
Values:	<ul style="list-style-type: none"> ▪ 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 at your site for assessing suitability for further rehabilitation?

Definition:	An indicator for process of assessing need for further rehabilitation
Format:	Radio Button
Values:	<ul style="list-style-type: none"> ▪ Yes ▪ No
Auditing Guidance:	Answer yes if there is an agreed assessment tool and/or process (i.e., rehabilitation physician attends weekly acute team case conference).
Obligations:	Mandatory
Data item type:	Process Indicator

6.08/6.123 Does your site have access to the following rehabilitation services:

- a) General rehabilitation inpatient care
- b) Specialised stroke/neuro rehabilitation inpatient care
- c) In-reach rehabilitation to acute care
- d) Day hospital/outpatient rehabilitation
- e) Outreach rehabilitation
- f) Stroke Specific Early Supported Discharge (ESD) service
- g) Home-based rehabilitation
- h) Transitional care programs (TCP)
- i) Telehealth rehabilitation

Definition:	An indicator regarding rehabilitation services available
Format:	Radio Button
Values:	<ul style="list-style-type: none"> ▪ Yes ▪ No for each answer option
Auditing Guidance:	b) This can be a comprehensive stroke unit or stroke/neurological rehabilitation unit c) Specialist rehabilitation care provided in the acute setting by a mobile multi-disciplinary rehabilitation team e) Outreach services are hospital-based models where care is provided by more than one service. This model often links specialist rehabilitation teams with general or regional and rural hospital services. This can mean: <ul style="list-style-type: none"> i) a hub and spoke model where the hub hospital provides advice and support to a smaller neighbouring hospital, or ii) two hospitals working together to deliver a rehabilitation program. f) Early Supported Discharge services (ESD) or Rehabilitation-in-the-home (RITH) that specifically offer a hospital substitution model, with the same intensity of treatment, for stroke care. Patients are seen every day – a virtual ward. h) Transitional care services. Short term care to regain functional independence (can be at home or in residential care or hospital). i) This may be in inpatient or community settings
Obligations:	Mandatory
Data item type:	Structure Indicator

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

Definition:	An indicator for process of reviewing stroke patients after hospital discharge
Format:	Radio Button
Values:	<ul style="list-style-type: none"> ▪ 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:	An indicator regarding other services available for those with stroke
Format:	Radio Button
Values:	<ul style="list-style-type: none"> ▪ Yes ▪ No <p>for each answer option</p>
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:	An indicator regarding involvement of patient and their family/carer
Format:	Radio Button
Values:	<ul style="list-style-type: none"> ▪ 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 Does your hospital routinely provide patient information prior to discharge?

7.05/7.10 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:	<ul style="list-style-type: none"> ▪ Yes ▪ No
Auditing Guidance:	These questions require a yes or no answer only, and therefore require some element of subjectivity. <ul style="list-style-type: none"> 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:	<ul style="list-style-type: none"> ▪ Yes ▪ No
Auditing Guidance:	<p>Documented evidence that the patient, or the patient’s family, have received an individualised plan (i.e., written for the patient, NOT generic information and NOT a copy of the discharge summary provided to other health professionals) that outlines care in the community post discharge.</p> <p>It is the patient’s own recovery plan that has been developed with input from both the multi-disciplinary team and the patient or in situations where the patient is no longer able to make decisions, with the family or significant other.</p> <p>The care plan should include the following information:</p> <ul style="list-style-type: none"> • Rehabilitation goals • Lifestyle modifications and medications required to manage risk factors. • Any equipment needed. • Follow up appointments. • Contact details for ongoing support services in the community.
Obligations:	Mandatory
Data item type:	Process Indicator

7.12 Are patients/carers routinely 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:	<ul style="list-style-type: none"> ▪ 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:	<ul style="list-style-type: none"> ▪ 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:	Process 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:	<ul style="list-style-type: none"> ▪ Yes ▪ No
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

8.02 *Is communication partner training routinely offered to health professionals and/or volunteers who interact with people with aphasia?*

Definition:	Training offered to health professionals and/or volunteers to increase their knowledge, confidence and use of communication strategies that support the stroke survivor's communication activity and participation.
Format:	Radio button
Values:	<ul style="list-style-type: none"> • Yes • No
Auditing Guidance:	Select 'Yes' if communication partner education and skills training is routinely offered (i.e., at least annually for permanent staff/volunteers and on commencement for new starters) to health

	<p>professionals/volunteers at your site who interact with people with aphasia.</p> <p>Ideally, training will have been provided to at least half of those offered in the past 12 months.</p> <p>Communication Partner Training can be delivered face-to-face, by video/telehealth or e-learning delivery formats.</p>
Obligations:	Mandatory
Data item type:	Process indicator