



strokefoundation

Stop stroke. Save lives. End suffering.

# National Stroke Audit Organisational Survey 2009

## Summary of Findings

### Introduction

Stroke is a leading cause of death and disability in Australia and carries both an economic and societal cost. Over 60,000 strokes occur each year in Australia and these contribute to about 10% of all deaths. Stroke is more common in older people, but can happen at any age with 20% of strokes occurring in people under the age of 55.

Stroke is treatable and preventable. Lives can be saved from both death and disability if people with stroke are treated rapidly, and on specialised units.

This document summarises the key findings of an audit of 206 Australian hospitals admitting stroke patients in 2009.

### Organised stroke unit care

When stroke patients are cared for on stroke unit, they are more likely to survive and be less disabled.

A stroke unit is a dedicated ward of a hospital where care is provided by a specialised, dedicated stroke team that includes doctors, nurses, and allied health professionals.

Stroke units are recommended in all hospitals that admit a high number of stroke patients each year. These hospitals are described in the report as Category A and Category B hospitals. They provide care to 9 out of 10 stroke patients. A focus on improving stroke services at these hospitals will have the greatest potential impact.

- The audit showed there are 68 stroke units in Australia, 64 of these were found in the Category A and B hospitals.
- Stroke units are absent in 22 hospitals across Australia recommended to have them (four Category A and 18 Category B hospitals). These 22 hospitals provided care to almost 4000 people with stroke in Australia last year.
- Currently, only half of the stroke patients admitted to hospital get onto a stroke unit. Even in hospitals with a stroke unit, nearly a third of patients were not on the stroke unit on the day of the audit. They were receiving care on other, non-specialised wards.
- There are 534 dedicated stroke unit beds in Australia. This equates to about half the number of stroke beds per 1000 people in Australia when compared with countries like the UK.



## Early and rapid treatment

A rapid response to stroke is critical to 'saving brain' after a stroke. This includes fast recognition of the signs, early brain imaging with computerised tomography (CT) and treatment with clot busting drugs (thrombolysis).

- Only about 700 of the estimated 26,000 stroke patients admitted in the previous year had received this life-saving drug. This is less than 3 out of every 100 people who experience a stroke.
- Most hospitals admitting stroke patients were able to access CT immediately. However, a third of rural hospitals managing stroke patients did so without any access to CT.
- Only one in five hospitals had arrangements with local ambulance services. These arrangements are important in getting people to the right hospital, quickly.
- Half of the hospitals did not have routine processes in the Emergency Department to ensure stroke patients were seen quickly and considered for early treatment.

## Ongoing rehabilitation and care after discharge

Rehabilitation and thorough planning before leaving hospital are critical for improving life after stroke. Stroke survivors talk about the importance of receiving information about their stroke, and knowing who to contact when they go home.

- More than a third of hospitals did not routinely assess their patients' needs for further rehabilitation.
- Only half the hospitals gave stroke patients a plan for care after they left hospital.
- A quarter of hospitals did not always provide stroke patients with a name of someone they could call if they had any concerns or questions.

## What needs to be done to improve care for people with stroke in Australia:

- Establish and enhance stroke units in all appropriate hospitals, particularly the 22 hospitals without stroke units, and develop networks to better support care delivered in rural hospitals
- Improve the early response to stroke, by improving arrangements with ambulance and emergency departments
- Ensure stroke patients are routinely assessed for their ongoing rehabilitation needs
- Improve discharge planning and ensure all stroke survivors get the right information at the right time
- Ensure ongoing education is provided to all stroke clinicians

For more information please see the full report at [www.strokefoundation.com.au](http://www.strokefoundation.com.au)

