



strokefoundation

Stop stroke. Save lives. End suffering.

# National Stroke Audit Acute Services Clinical Audit Report 2009

## Summary of Findings

### Introduction

In 2009, the National Stroke Foundation coordinated the second National Stroke Audit of Acute Services which comprised two parts: an Organisational Survey and a Clinical Audit. This document summarises the key findings of the clinical audit of 3,307 people with stroke admitted, treated and discharged from 96 Australian hospitals during the last seven months of 2008.

The audit measures performance against recommendations in the *Clinical Guidelines for Acute Stroke Management*, many of which have been proven to reduce death and disability, and save costs. The audit provides an opportunity to examine the quality of stroke care in Australia and for hospitals to benchmark themselves against others. It is also an important tool for quality improvement activities.

### Results

The Clinical Audit found that there are significant gaps in stroke care, with some processes known to save lives from death and disability provided to relatively few stroke patients.

- Only one in two people with stroke were treated on a stroke unit.
- The proportion of all patients with ischaemic stroke receiving thrombolysis was low (3%).
- While most patients were assessed by the multidisciplinary team, many were not seen in the time-frame recommended by the Clinical Guidelines.
- Assessments and interventions known to prevent complications were often delayed, or not provided at all.
- Documentation for time-dependent processes was poor in many cases making confirmation of adherence to recommended care problematic.

The audit also examined changes in delivery of stroke care since the previous Clinical Audit in 2007. This showed that there has been little improvement in the quality of stroke care over the past two years, and for some care practices the quality has even declined. Discharge planning processes were identified as being a key area of need in 2007, but there has been no improvements in this area.

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

The audit provides important and valuable information that can be used by stroke teams, hospitals and governments to examine gaps in care and target quality improvement activities and resources to the areas of greatest need. This work will increase efficiencies in the stroke care system and provide better outcomes for stroke patients.

Based on national data, actions are also required at a national and jurisdictional level and address the following issues:

- Access to stroke unit care in Australia is inadequate with no improvement over the past two years. Immediate action is required to ensure stroke units are available in all hospitals that have high annual stroke admissions. Hospitals with stroke units need to ensure greater access to the stroke unit for all people with stroke presenting to the hospital.
- Auditors were often unable to find evidence that an intervention was provided, and at what time. Strategies to improve documentation, particularly for key processes of care, should be explored and implemented.
- Whilst assessments by a multidisciplinary team were occurring for many patients, they were rarely delivered within time-frames specified in the Clinical Guidelines. Strategies to improve timely assessment by members of the multidisciplinary team should be explored and the resource implications of this considered.
- Thrombolysis is delivered to very low numbers of patients. Further work is required to determine the best strategies to improve access to this important intervention.

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