

Acute stroke clinical care standard indicators: 3a- Proportion of patients with a final diagnosis of acute stroke who have documented treatment in a stroke unit, 2019-

Exported from METEOR (AIHW's Metadata Online Registry)

© Australian Institute of Health and Welfare 2024

This product, excluding the AIHW logo, Commonwealth Coat of Arms and any material owned by a third party or protected by a trademark, has been released under a Creative Commons BY 4.0 (CC BY 4.0) licence. Excluded material owned by third parties may include, for example, design and layout, images obtained under licence from third parties and signatures. We have made all reasonable efforts to identify and label material owned by third parties.

You may distribute, remix and build on this website's material but must attribute the AIHW as the copyright holder, in line with our attribution policy. The full terms and conditions of this licence are available at <https://creativecommons.org/licenses/by/4.0/>.

Enquiries relating to copyright should be addressed to info@aihw.gov.au.

Enquiries or comments on the METEOR metadata or download should be directed to the METEOR team at meteor@aihw.gov.au.

Acute stroke clinical care standard indicators: 3a- Proportion of patients with a final diagnosis of acute stroke who have documented treatment in a stroke unit, 2019-

Identifying and definitional attributes

Metadata item type:	Indicator
Indicator type:	Indicator
Short name:	Indicator 3a-Proportion of patients with a final diagnosis of acute stroke who have documented treatment in a stroke unit
METEOR identifier:	719052
Registration status:	Australian Commission on Safety and Quality in Health Care , Qualified 09/09/2019
Description:	Proportion of patients with a final diagnosis of acute stroke who have documented treatment in a stroke unit at any time during their hospital stay, in the reference Local Hospital Network (LHN) or other stroke network.
Indicator set:	Clinical care standard indicators: acute stroke Australian Commission on Safety and Quality in Health Care , Standard 03/11/2020

Collection and usage attributes

Computation description:	<p>Both the numerator and the denominator include patients with a final diagnosis of acute stroke.</p> <p>For the numerator, a 'stroke unit' is defined as care provided in a hospital ward with the following minimum elements:</p> <ul style="list-style-type: none">• co-located beds within a geographically defined unit• dedicated, multidisciplinary team with members who have a special interest in stroke or rehabilitation• a multidisciplinary team that meets at least once per week to discuss patient care• the team has access to regular professional development and education relating to stroke (Stroke Foundation 2019). <p>There are two types of stroke units that treat acute stroke patients:</p> <ol style="list-style-type: none">1. Acute stroke unit, which accepts patients acutely but separates patients early (usually within 7 days).2. Comprehensive stroke unit, which accepts patients acutely but also provides rehabilitation for at least several weeks. <p>Each model has a service provided in a discrete ward or dedicated beds within a larger ward, with a specialised multidisciplinary team with allocated staff for the care of patients with stroke. The numerator includes patients admitted to either type of stroke unit.</p> <p>Presented as a percentage.</p>
Computation:	$(\text{Numerator} \div \text{denominator}) \times 100$
Numerator:	Number of patients with a final diagnosis of acute stroke who separated from hospital with documented evidence of treatment in a stroke unit at any time during their acute hospital stay.
Denominator:	Number of patients with a final diagnosis of acute stroke who separated from hospital.

Representational attributes

Representation class: Percentage

Data type: Real

Unit of measure: Episode

Format: N[NN]

Source and reference attributes

Submitting organisation: Australian Commission on Safety and Quality in Health Care

Reference documents: National Stroke Foundation 2019. Acute stroke services framework. Melbourne: National Stroke Foundation