Acute stroke clinical care standard indicators: 7a-Proportion of patients with a final diagnosis of acute stroke provided with a documented care plan prior to separation from hospital, 2019-

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Identifying and definitional attributes

Metadata item type:	Indicator
Indicator type:	Indicator
Short name:	Indicator 7a-Proportion of patients with a final diagnosis of acute stroke provided with a documented care plan prior to separation from hospital
METEOR identifier:	719120
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**, with evidence that a documented plan for their ongoing care in the community was developed with and provided to the patient and/or their carer prior to **separation** from hospital.
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:	Both the numerator and the denominator include patients with a final diagnosis of acute stroke. The final diagnosis is made at the hospital where the patient is admitted for the acute phase of management of their stroke.

Both the numerator and the denominator only include patients separated to their usual residence, own accommodation or welfare institution following the acute episode of care (i.e. where Episode of admitted patient care—separation mode, code N = 9 Other). Welfare institutions include prisons, hostels and group homes providing primarily welfare services.

The numerator includes patients for whom there is documented evidence that the patient, or the patients' family, have received a plan that outlines their care in the community post discharge. The plan should have 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. The care plan should include the following information:

- risk factor modification – smoking cessation, diet low in fat and sodium and high in fruits and vegetables, increased regular exercise, adherence to medication and reduced alcohol consumption
- community services
- stroke support services
- further rehabilitation or outpatient appointments
- appropriate contact numbers
- equipment needed.

The document should not be cofused with a discharge care plan that is a communication tool between hospital staff and other health professionals (e.g. GP's).

The document should be provided to the patient and/or their carer prior to the patient being separated from hospital (Stroke Foundation 2017).

Both the numerator and denominator exclude stroke patients separated from hospital refusing a care plan.

Presented as a percentage.

Computation:	(Numerator ÷ denominator) x 100
Numerator:	Number of patients with a final diagnosis of acute stroke with evidence that a documented plan for their ongoing care in the community was developed with, and provided to, the patient and/or their carer prior to separation from hospital.
Denominator:	Number of patients with a final diagnosis of acute stroke separated from hospital.
Comments:	The Australian Stroke Coalition recommends the use of the My stroke care plan.

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 2017. Clinical guidelines for stroke management. Melbourne: Stroke Foundation