



# MAXIMISING THE QUALITY OF STROKE CARE IN IRELAND – DEVELOPMENT OF A NATIONAL STROKE AUDIT

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## Research Background

### QUALITY OF CARE IN STROKE

- Stroke is an important health issue in Ireland, with approx. 5,500 adults admitted to hospitals with an acute stroke in 2019, and 30,000- 45,000 stroke survivors in the community/nursing homes.<sup>1,2</sup>
- Significant advances in stroke treatment -> improved survival -> more people in need of post-stroke care<sup>3</sup>.
- variations in outcomes for stroke patients depend on the quality of care received across different hospitals and practices.
- Stroke -> significant impact on physical, cognitive, psychological, & social wellbeing; with a wider effects on health system resources & expenditure.
- Need for continual audit of stroke healthcare services to evaluate the delivery of evidence-based practice in a high quality and equitable manner in the short and longer term after stroke.



### IMPORTANCE OF NATIONAL STROKE AUDITS

- Clinical audit: “clinically-led quality improvement process that seeks to improve patient care & outcomes through systematic review of care against explicit criteria & acting to improve care when standards are not met.”<sup>4</sup>
- Through audits, the provision of high-quality comparative data has been a real stimulus for service delivery improvement, allowing the identification of processes associated with better outcomes.<sup>5</sup>
- Key challenges:
  - the heterogeneity of data collected internationally
  - update registries alongside evolving stroke therapies
  - predominant focus to date on the acute phase of care
  - Lack of systematically collected patient-reported outcome measures.
- A national stroke register for Ireland was initially developed in 2010-2011. In 2019, this register was taken over by the National Office of Clinical Audit (NOCA), to develop it into the Irish National Audit of Stroke (INAS)

## The Present Research

### OBJECTIVES

- To develop an internationally benchmarked core minimum dataset
  - In line with best practice standards and local priorities
  - Incorporates structure, process, care quality, and outcome indicators, especially PROMS
  - Developed collaboratively through continuous engagement between the research team, national and international collaborators, patient representatives, and knowledge users
  - Covers the continuum of the patient journey from hyper-acute, acute, rehabilitation, to community care

### RESEARCH DESIGN & METHODOLOGY

#### Phase 1: Acute Care Stroke

- Scoping review of international stroke audits & current audit guidelines & recommendations
- Inventory of existing and recommended data items included in acute care stroke audit datasets internationally
- Scoping review protocol published<sup>6</sup>
- Eligible national stroke audits/registries identified
- Data charting to compare Irish items against international registries



#### Phase 2: Non-Acute Care Stroke

- Inventory of existing and recommended data items included in non-acute care stroke audit datasets internationally, based on scoping review and qualitative interviews with relevant stakeholders (ethics approval obtained)
- Systematic review of PROMs available for use with stroke patients
- Delphi-process with relevant stakeholders to arrive at a consensus-based outcomes dataset

#### Phase 3: Resourcing & Data Collection Procedures

- Scoping review of resourcing and data collection procedures
- Stakeholder engagement in Ireland to investigate the feasibility of implementing the audit based on current resources.

### POTENTIAL IMPACT FOR PATIENTS, POLICY, & PRACTICE

- Facilitate prospective data collection of high quality and rich data to:
  - Review unmet needs & improve patient outcomes locally & nationally
  - Assess accessibility & equitability of services in urban or remote settings
  - Inform future policy decisions and practice initiatives in Ireland
  - Be used in research trials to further understand the lived experience and patient reported outcomes of stroke survivors post-acute care

➤ Place health outcomes at the heart of healthcare decision planning

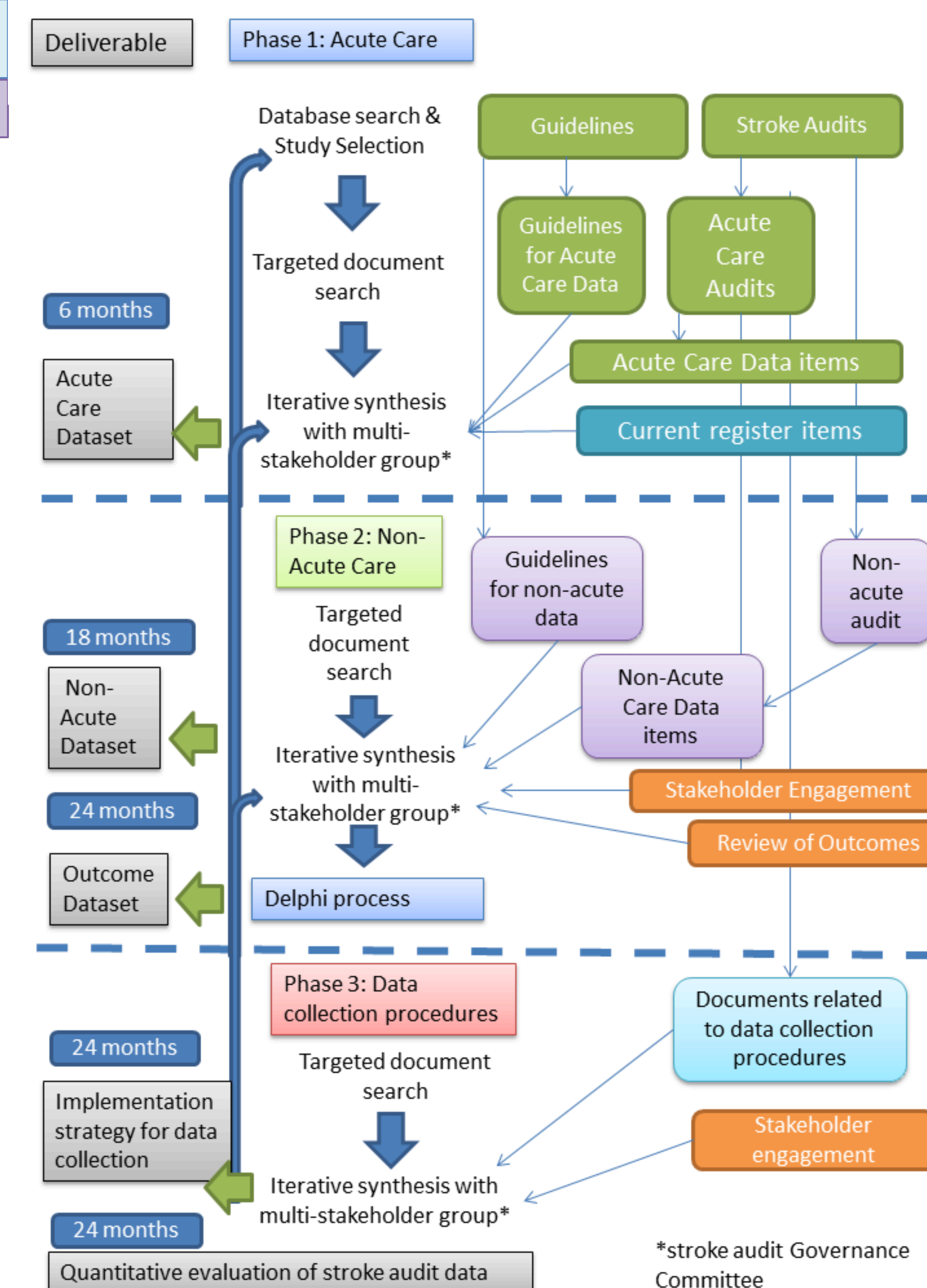


Figure 1: Overview of research methodology and deliverables

| References   | Acknowledgements  |
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| <ol style="list-style-type: none"><li>Irish National Audit of Stroke Report (2019)</li><li>Smith et al. (2008). Cost of Stroke in Ireland Estimating the annual economic cost of stroke and transient ischaemic attack (TIA) in Ireland. Dublin: Irish Heart Foundation</li><li>Seminog. (2019). BMJ; 365(11778).</li><li>Commission of Patient Safety and Quality Assurance (2008)</li><li>Bray (2013). BMJ;346(7912):1–12.</li><li>Bruen et al. (2021). HRB Open Research; 26;4(31):31.</li></ol> Figures adapted from INAS Report (2019) & PowerPoint icons | <ul style="list-style-type: none"><li>APA Core Management Team</li><li>Governance Committee</li><li>Patient representatives</li><li>National &amp; International Collaborators</li><li>RCSI</li><li>HRB Applied Partnership Award</li><li>Funded by the Health Research Board in Ireland Grant No. APA-2019-036</li></ul> |
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