

### FACT SHEET Overview of AuSCR Processes

- The AuSCR is a clinical quality registry designed to facilitate the promotion, monitoring and improvement of acute care for stroke and transient ischaemic attack.
- All hospitals require ethics approval to participate in the AuSCR. The AuSCR Office has established processes to assist hospital staff in progressing these applications.
- An opt-out model for patients or proxies has been ethically approved, including a waiver of consent for patients who die in hospital or for patients with cognitive impairment who have no declared proxy (current opt-out rate is 2.6%).
- Hospital staff are trained in the use of the AuSCR data management system (now operating within the Australian Stroke Data Tool [AuSDaT]) including how to export their own data and access live reports which include benchmarked information against all other AuSCR sites.
- Hospitals are responsible for the data they submit into the online system, based on their nominated program. The data can be entered manually, via an automated data upload process, or a combination of both.

#### ***Data quality checking procedures***

- Audit of medical records for a sample of randomly selected registrants after the first 50 cases and every two years thereafter (dependent on funding availability) to assess data quality.
- Regular data cleaning and case ascertainment processes to ensure the integrity of data. Hospitals are provided data quality reports to enable them to address missing or inconsistent data.

#### ***Community follow-up of registrants***

- AuSCR office follows up eligible patients 90-180 days post-stroke: 1st attempt – mailed survey to registrant; 2nd attempt – mailed survey to registrant and/or proxy; 3rd attempt – telephone follow-up.
- Survival status on all registrants is obtained annually using linkage to the National Death Index.
- Hospitals are able to view individual follow-up data for their patients, as well as conduct a bulk export of their own follow-up data collected by the AuSCR Office.

#### ***National and state-level reporting***

- AuSCR annual reports are produced each year using the aggregated national data (acute care plus 90 to 180 days health outcomes) as well as ID-coded site data for the clinical indicators.
- State governments that fund the AuSCR program also request additional reports (e.g. stroke service/CEO reports) to inform quality improvement planning.
- Journal publications: produced by writing committees that may include several active site investigators.

**Further information and policies:** [www.auscr.com.au](http://www.auscr.com.au)

#### **AuSCR OFFICE**

##### **Public Health, Stroke Division**

Florey Institute of Neuroscience and Mental Health  
245 Burgundy Street Heidelberg Victoria 3084 Australia  
Free Call 1800 673 053 | [www.auscr.com.au](http://www.auscr.com.au) | [admin@auscr.com.au](mailto:admin@auscr.com.au)

##### **Data Custodian**

A/Prof Dominique Cadilhac  
Phone +61 3 9035 7032  
[dominique.cadilhac@florey.edu.au](mailto:dominique.cadilhac@florey.edu.au)

##### **National Coordinator**

Dr Sibilah Breen  
Phone +61 3 9035 7264  
[sibilah.breen@florey.edu.au](mailto:sibilah.breen@florey.edu.au)

#### **Project Consortium:**

The Florey Institute of Neuroscience and Mental Health, Stroke Foundation,  
The George Institute for Global Health and Stroke Society of Australasia



## AuSCR national variables<sup>1</sup> collected in the Australian Stroke Data Tool (AuSDaT)

### **Identifying information**

- name
- date of birth
- sex
- address
- telephone number/s
- hospital name
- Medicare number
- hospital UR number
- contact details for next of kin and alternative contact

### **Patient/episode characteristics**

- country of birth
- language spoken
- interpreter needed
- Aboriginal and Torres Strait Islander status
- type and cause of stroke
- date & time of stroke onset
- date & time of arrival at emergency department
- date & time of admission
- in-patient stroke status
- transferred from another hospital status
- ability to walk independently on admission<sup>2</sup>
- first-ever (incident) stroke event status
- National Institutes of Health Stroke Scale (NIHSS) Score on presentation
- arrived by ambulance

### **Indicators of evidence based care**

- treatment in a stroke unit
- date & time of first brain scan
- use of intravenous thrombolysis (tPA) if an ischaemic stroke
- discharged on an antihypertensive agent
- care plan provided at discharge (any documentation in the medical record)
- telemedicine consultation
- date & time of thrombolysis
- adverse event related to thrombolysis
- swallow assessment and formal speech pathologist reviews
- aspirin administration, <48 hours
- mobilisation during admission
- discharged on antithrombotic medication
- discharged on statins/lipid lowering drugs

### **Endovascular clot retrieval (ECR) variables**

- date & time of subsequent brain scan
- endovascular therapy including date & time
- NIHSS: before ECR/24 hour
- site of occlusion
- final TICl (thrombolysis in central infarction) score
- haemorrhage type if present, post-ECR

### **Hospital outcomes/discharge data**

- in-hospital death
- date of discharge/death
- discharge destination
- ICD-10 diagnosis codes and procedures)

### **Follow-up variables 90 to 180 days after admission**

- survivor status
- place of residence
- living alone status
- subsequent stroke since discharge
- readmission to hospital
- quality of life
- modified Rankin Scale
- would like an information pack from the Stroke Foundation
- would be willing to participate in future research

### **Notes**

<sup>1</sup> Different programs within the AuSCR collect different bundles of variables, depending on hospital practices and priorities.

<sup>2</sup> Indicators of stroke severity.

For further information on AuSCR program variable bundles, please contact the AuSCR Office.