

FACT SHEET

Generating and interpreting AuSCR 'live' data reports.

Summary data reports are available for AuSCR users to track acute stroke care and outcomes, for all patient episodes at their hospital. Nine different reports are currently available (Box 1), which can be tailored to display data for any time period, and include a range of comparisons for peer, state and national hospital benchmarks.

BOX 1: LIST OF AVAILABLE AuSCR 'LIVE' DATA REPORTS

- Emergency Department Episodes
- Patient Episode Totals
- Patient Record Characteristics
- Processes of Care
- Fever Sugar Swallow
- Discharge Information
- Thrombolysis and Telemedicine
- Clot Retrieval
- Patient Follow-Up (outcomes at 90-180 days)

Considerations when interpreting data reports

These reports use raw data based on what is available in the system on the day the report is generated. Therefore, the data are subject to change, and may not have been verified by the Hospital AuSCR lead, AuSCR Office or the AuSCR Management Committee. These reports should only be used for internal hospital purposes, as the data may be incomplete, have estimates that are unreliable and could be subject to change.

In addition to accessing data reports from the system, each year your hospital will receive a local data report with benchmarks using cleaned and verified data that are consistent with information generated in the AuSCR Annual Report.

The summary estimates in your local report and the AuSCR Annual Report have been produced by the statistical team at Monash University on behalf of AuSCR Office using de-identified data. This means the data have had more sophisticated rules and transformations applied to them than what is possible with basic summary statistics in the live reports. Therefore, trying to replicate the information from one source to the other is not advised.

Limitations to consider when reviewing the live data reports include:

- The sample size for the time period selected. A small sample size may not give an accurate overview of the care received, or patient outcomes, from your hospital.
- Completeness of data entry. Are there large amounts of missing data relating to specific variables? A high proportion of missing data will impact the denominator for some report calculations and may result in an inaccurate overview of care or outcomes at your hospital. Missing data impacting report calculations are summarised bi-annually in reports sent to hospitals by the AuSCR office to support improved data quality.

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 | admin@auscr.com.au

Data Custodian

Prof Dominique Cadilhac
Phone +61 3 9035 7032

dominique.cadilhac@florey.edu.au

National Coordinator

Dr Sibilah Breen
Phone +61 3 9035 7264

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

- Variables are entered according to the guidance provided in the AuSCR data dictionary. This will ensure that the denominators for all report calculations are standardised and reliable. Hospitals should ensure that all staff completing data entry have received AuSCR training, are familiar with the data dictionary including the help notes, and should be encouraged to contact the AuSCR office with any questions (see details below).
- Mortality data are only verified annually. All mortality statistics presented in these reports are likely to be an underestimate until we supplement the information with death records sourced once a year from the Australian Institute of Health and Welfare (usually October).
- Case-mix adjustment. Live reports are not case-mix adjusted. This is important to consider when viewing statistics such as mortality (including in-hospital deaths) and other patient outcomes.

How to generate live data reports

1. To generate a live report from the Dashboard, select 'Reporting', and then 'Admitted Episodes' for reports on episodes entered into your AuSCR admitted dataset (e.g. Red or Black), 'Emergency Department episodes' for reports on patients entered into the ED dataset or 'Follow up' for the patient outcomes report (Figure 1).



Figure 1: How to select the reporting function from the AuSCR dashboard

2. Select how you wish you view your report data including (Figure 2):
 - the range of admission dates (or arrival dates for ED reports);
 - comparisons of your hospital with other hospitals (report defaults to show only your hospital);
 - Peer (other hospitals admitting a similar number of stroke patients to your hospital)
 - State
 - All hospitals nationally
 - the timeframe for data trending breakdowns (monthly, quarterly or yearly);
 - the hospital programs that you wish to have included for comparisons (e.g. the red and navy programs undertake thrombolysis whilst black/violet undertake thrombolysis and ECR);
3. Select the category of report you would like to see from the tabs on the left side of the screen (Figure 2).

4. Click the 'Generate' button to generate report (Figure 2). Report generation may take 1-2 minutes depending on the amount of data, and comparisons, that you have requested in your report.

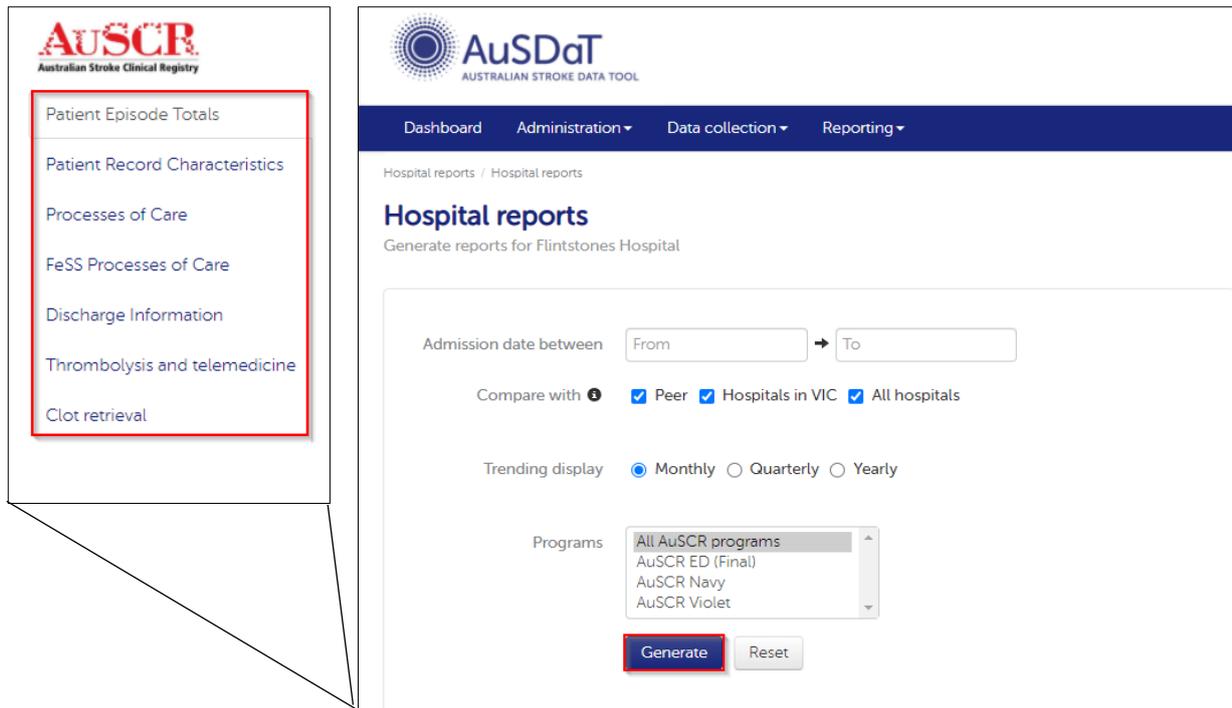


Figure 2: selecting reporting parameters and type of report

5. Once your report has been generated, you can print your report using the 'print' button or to save the reports as a pdf file to your computer (Figure 3).

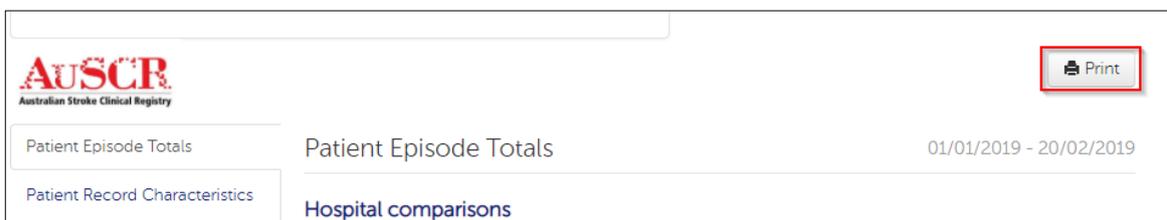


Figure 3: printing or saving your report as a PDF file

Additional considerations

- If you have small numbers of patients per month, viewing your data trending by quarter rather than monthly may be more meaningful.
- When comparing data with other hospitals, aim for a time period ending at least three months prior, as hospitals enter data into the AuSCR at different rates and recent data is less likely to be complete.
- Data provided in the live reports may vary from that reported in AuSCR Annual Reports which use locked, clean data which is case-mix adjusted.
- Peer hospitals are determined based responses in the Stroke Foundation to the acute hospital organisational audit survey question (1.04) 'How many patients with acute stroke were admitted to your hospital in the last year?' The ranges used to determine a peer group are:
 - < 75
 - 76– 199
 - 200 - 350
 - > 350
- Peer comparisons will not appear if there are less than four other peer hospitals participating in the selected program.
- State comparisons will not appear if there are less than two other hospitals in the same state or territory that are participating in the selected program(s).
- If you would like a more detailed review of your data, you can extract data from the AuSCR for analysis. See the AuSCR fact sheet on exporting data, hospital user manual or speak to your state coordinator for more information.

If you have any concerns about the data that is in your reports, or have questions on how to generate and interpret them, please contact your State AuSCR Coordinator for assistance.

AuSCR Victorian Coordinator: Julie Morrison (julie.morrison@florey.edu.au)

AuSCR NSW Coordinator: Jot Ghuliani (jot.ghuliani@florey.edu.au)

AuSCR Queensland Coordinator: Emma Tod (emma.tod@florey.edu.au)

AuSCR South Australia/Western Australia Coordinator: Violet Marion (violet.marion@florey.edu.au)

AuSCR Tasmania/ACT/National Coordinator: Sibilah Breen (sibilah.breen@florey.edu.au)