

# Acute stroke clinical care standard indicators: 5e- Proportion of patients with a final diagnosis of acute stroke who have documented evidence of advice on risk factor modification prior to separation from hospital, 2019-

## Identifying and definitional attributes

<b>Metadata item type:</b>	Indicator
<b>Indicator type:</b>	Indicator
<b>Short name:</b>	Indicator 5e- Proportion of patients with a final diagnosis of acute stroke who have documented evidence of advice on risk factor modification prior to separation from hospital
<b>METEOR identifier:</b>	719066
<b>Registration status:</b>	<ul style="list-style-type: none"><li>• <a href="#">Australian Commission on Safety and Quality in Health Care</a>, Qualified 09/09/2019</li></ul>
<b>Description:</b>	Proportion of patients with a final diagnosis of <a href="#">acute stroke</a> who have documented evidence of advice on risk factor modification relating to both medications and lifestyle, before <a href="#">separation</a> from hospital.
<b>Indicator set:</b>	<a href="#">Clinical care standard indicators: acute stroke</a> <a href="#">Australian Commission on Safety and Quality in Health Care</a> , Standard 03/11/2020

## Collection and usage attributes

<b>Computation description:</b>	<p>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.</p> <p>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 <a href="#">Episode of admitted patient care—separation mode, code N = 9 Other</a>). Welfare institutions include prisons, hostels and group homes providing primarily welfare services.</p> <p>For the numerator, the advice on risk factor or lifestyle modification should include smoking cessation, improved diet, increased regular exercise and reduced alcohol consumption. The advice should be individualised and delivered using behavioural techniques such as educational or motivational counselling (Stroke Foundation 2017). This advice should also be provided to carer(s).</p> <p>Both the numerator and denominator exclude:</p> <ul style="list-style-type: none"><li>• Stroke patients with minimal capacity to modify their risk factors. This includes patients whose cognitive impairment or communication difficulties were so great that the patient could not participate in education provided to them.</li><li>• Stroke patients who refuse advice.</li><li>• Patients for whom there are limitations of therapy (i.e. advance care directive is enacted/ the patient is on a palliative care pathway).</li></ul> <p>Presented as a percentage.</p>
<b>Computation:</b>	$(\text{Numerator} \div \text{denominator}) \times 100$

**Numerator:** Number of patients with a final diagnosis of acute stroke who have documented evidence of advice on risk factor modification relating to both medications and lifestyle prior to separation from hospital.

**Denominator:** Number of patients with a final diagnosis of acute stroke separated from hospital.

## Representational attributes

**Representation class:** Percentage

**Data type:** Real

**Unit of measure:** Episode

**Format:** N[NN]

## Source and reference attributes

**Reference documents:** National Stroke Foundation 2017. Clinical guidelines for stroke management. Melbourne: Stroke Foundation