

Stroke Unit: definition

VSCN roundtable



Overview

- 1. Historical setting
- 2. How do we define SUC in Australia
- 3. How do we measure it
- 4. How does it fit within the National Framework

Questions?



Why is SUC important?

- Known to improve patient outcomes for >20 years
- Applies to all people with stroke (hence overall impact significant)
- Has been one of the most important recommendations in guidelines for years

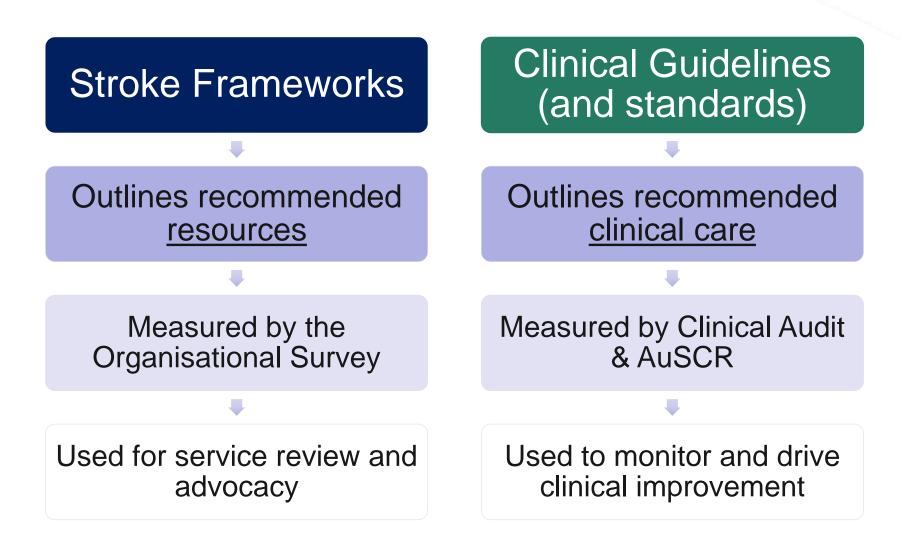


History to SU definitions

- Stroke unit trials published in 80's and 90's! (first systematic review 1997)
- Government funding for National Stroke Unit Program (2002) leading to first acute clinical guideline (2003).
- First National Framework in 2008 (updated in 2011, 2015 and 2019)



Background





Defining SUC "black box" 2008 onwards

Basic stro	ke unit	standarc	S
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1. Co-located beds on geographically defined unit

2. Dedicated MDT with special interest in stroke/rehabilitation

3. MDT meeting at least weekly

4. Co-ordinated care

- 5. Regular PD and education
- 6. Routine involvement of carers
- 7. Early, active rehab

8. Routine use of guidelines, care plans and protocols



Current Framework

Comprehensive Stroke Centre: large tertiary centres with all the bells and whistles! Clearly SUC remains central to care.

Primary Stroke Centre: medium to large centres (>75 annual stroke admissions) with dedicated stroke services and systems. Includes SUC, tPA etc.

General Hospital: small to medium centres, often rural and regional <u>without</u> SUC. Generally bypassed but may have telestroke for initial assessment then transferred (drip-n-ship approach).



Measuring SUC

- Covered in both Survey AND Clinical data
- 4 <u>minimum</u> criteria collected in the organisational survey separately
- Crossed checked with simple question "Does your hospital have a specialist stroke unit?"
- Also cross checked with reported annual stroke admissions (as >75pa is recommended to have SUC)



SUC reported in VIC (2017 Org data)

- 25/30 (83%) reported having a stroke unit
- Only 1 site admitting >75 <u>didn't</u> have SU
- Of 25 services who <u>did</u> have SUC:
 - > 2 said no to stroke specific education
 - > 3 said no regular MDT meeting
 - (7 did not have dedicated medical lead for stroke as part of MDT and 4 did not have stroke coordinator)
- On the day of survey completion 28 missing out on SUC even though in hospital with SU



Stroke Unit Care - Summary

- The <u>people</u> AND <u>processes</u> critical to SUC success
- Need a <u>team</u> that functions well together and has a passion (and skill) for stroke care
- Detection and early management of complications critical (nurses important!)
- SU elements reported in the organisational survey data



Questions?