

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

Stroke Frameworks

Outlines recommended
resources

Measured by the
Organisational Survey

Used for service review and
advocacy

Clinical Guidelines (and standards)

Outlines recommended
clinical care

Measured by Clinical Audit
& AuSCR

Used to monitor and drive
clinical improvement

Defining SUC “black box” 2008 onwards

Basic stroke unit standards

- 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 without 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 minimum 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 didn't have SU
- Of 25 services who did 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 people AND processes critical to SUC success
- Need a team 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?