

IRISH NATIONAL AUDIT OF STROKE SUMMARY REPORT 2019

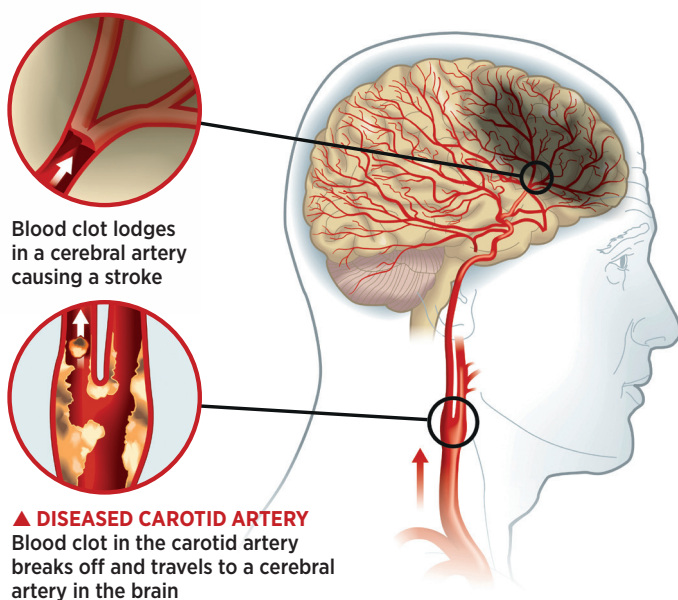
The National Stroke Register was established in 2012 by the HSE National Stroke Programme (NSP). In 2019, governance of the National Stroke Register was transferred to NOCA and was renamed the Irish National Audit of Stroke (INAS). This report focuses on the acute care of patients with stroke across 20 hospitals.

WHAT IS A STROKE?

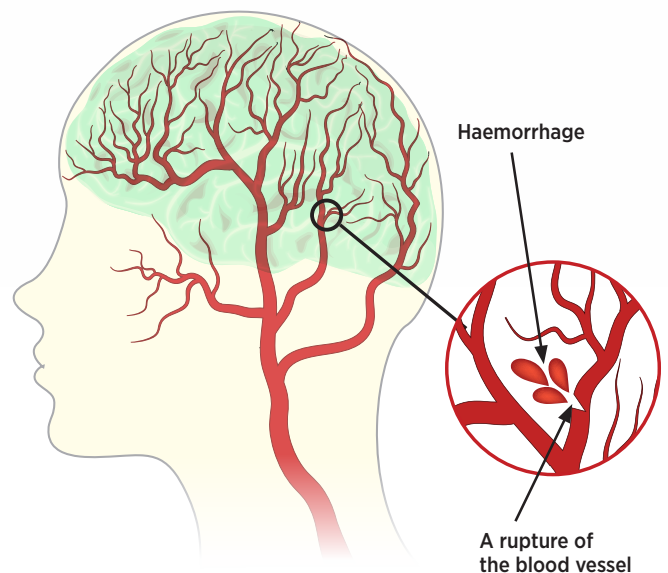
A stroke occurs when the blood supply to part of the brain is interrupted or reduced, preventing brain tissue from getting oxygen and nutrients. Brain cells begin to die in minutes. Stroke is a medical emergency, and prompt treatment is crucial. Early action can reduce brain damage and other complications.

There are two main types of stroke: a blocked artery (**ischaemic stroke**) or a blood vessel leaking or bursting (**haemorrhagic stroke**).

ISCHAEMIC STROKE

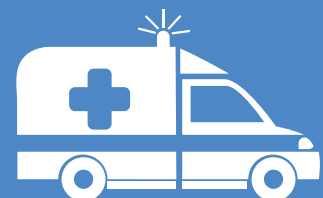


HAEMORRHAGIC STROKE



STROKE IS A MEDICAL EMERGENCY

The faster the patient with a stroke comes into hospital, is assessed by a doctor and has a brain scan, the faster treatment starts resulting in better outcomes and less disability.



KEY FINDINGS 2019



20
HOSPITALS

4275



PATIENTS RECORDED

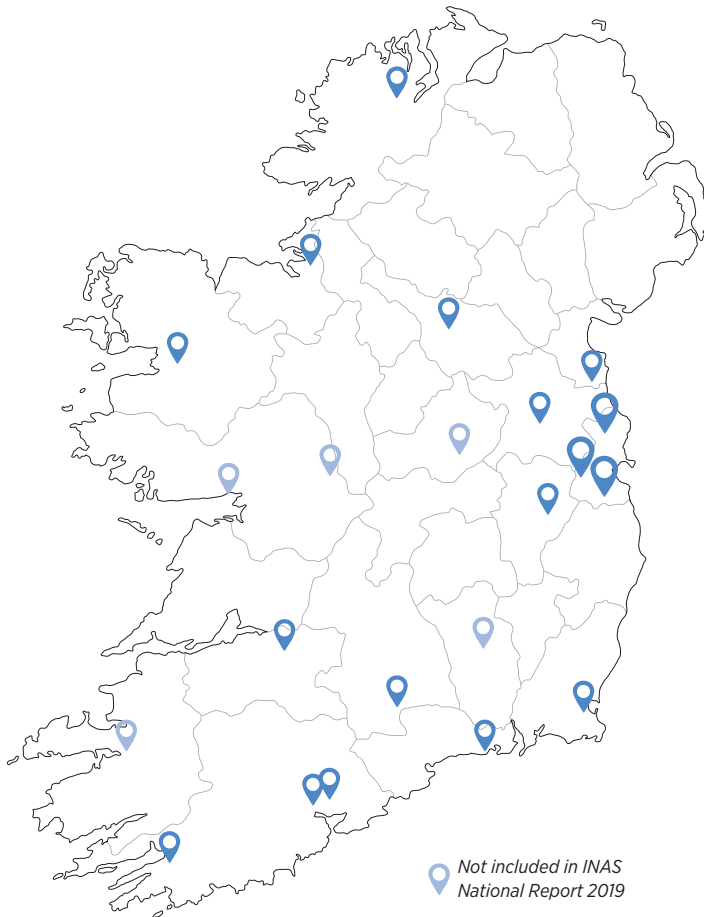
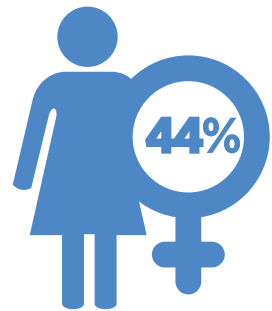
83%

DATA COVERAGE



WHO HAS A STROKE?

The average age of patients with a stroke was 72 years and 24% were aged under 65 years.



*Not included in INAS
National Report 2019*

TIME IS BRAIN - EMERGENCY CARE



49% of patients arrived at hospital within 3 hours from onset of stroke symptoms.



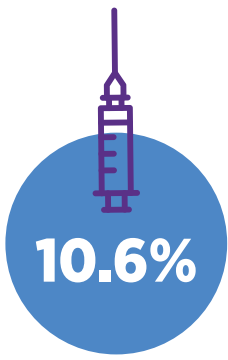
66% of patients were seen by a doctor within 1 hour of arrival at hospital



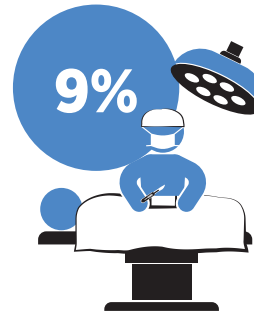
44% of CT scans were performed within 1 hour of arrival at hospital



The median time between arrival at hospital and treatment with thrombolysis 56 minutes



Thrombolysis is the breakdown of blood clots formed in blood vessels using medication. It can only be given within 4.5-hours of onset of stroke symptoms. In 2019, 10.6% of patients with ischaemic stroke had treatment with thrombolysis.



Thrombectomy (EVT) is a procedure where large clots can be removed from arteries in the brain. In 2019, 9% of patients with a stroke had a thrombectomy. The rate of thrombectomy in Europe is 2%.

STROKE UNIT CARE

A stroke unit is a ward or area within a hospital where patients with a stroke are cared for by multidisciplinary teams with expertise in managing patients with a stroke.



71% of patients were admitted to a stroke unit.



The median length of stay in a stroke unit was **8 days**.



67% of patients had a swallow screen performed.



22% of patients had a mood screen performed.

MULTIDISCIPLINARY TEAM ASSESSMENTS



Clinical nurse specialist in stroke 84%	Speech and language therapist 66%	Occupational therapist 83%
Dietician 33%	Physiotherapist 92%	Psychologist 4%

OUTCOMES



72% of patients with ischaemic stroke and 62% of patients with haemorrhagic stroke had disabilities on discharge.



51% of patients with a stroke were discharged home.



5% of patients with a stroke were discharged home with Early Supported Discharge (ESD) - stroke specific rehabilitation in the home setting. 8% of patients with a stroke were discharged to long term care.



Mortality rate for ischaemic stroke mortality is 9% and 31% in haemorrhagic stroke.

THE HEALTH AND SOCIAL CARE PROFESSIONAL(HSCP) DATASET

The HSCP dataset was developed by the NSP in collaboration with the professional bodies for physiotherapy, occupational therapy, and speech and language therapy. The data represents additional rehabilitation information from 1,604 physiotherapy cases, 1,194 occupational therapy cases and 993 speech and language therapy cases in 17 participating hospitals. It is not a representation of rehabilitation for all patients with stroke.



Within the HSCP dataset Physiotherapists, Occupational therapists and Speech and language therapists reported that:










More than **50%** of patients did not receive sufficient therapy.



Approximately **50%** of their patient groups required follow-up therapy on discharge.

2019 KEY RECOMMENDATIONS

RECOMMENDATIONS FOR NOCA	
	All hospitals providing acute stroke care should fully participate in the Irish National Audit of Stroke.
	Complete an organisational audit of stroke units to review the availability and accessibility of stroke unit beds, the availability of the appropriate number of trained stroke staff, and accessibility to diagnostic tests and investigations.
	Complete an audit of Early Supported Discharge services nationally.
RECOMMENDATIONS FOR THE NATIONAL CLINICAL PROGRAMME FOR STROKE	
	Develop a stroke awareness campaign.
	Pilot a large vessel occlusion ambulance bypass to the endovascular thrombectomy stroke centres in Dublin and Cork.
RECOMMENDATIONS FOR HOSPITAL MANAGERS, CLINICIANS, AND AUDIT COORDINATORS	
	Improve the level of swallow screening for patients with a stroke.
	All stroke services should have access to a clinical neuro/psychologist as part of a specialist multidisciplinary team providing care to patients with a stroke.

PATIENT AND PUBLIC INTEREST



‘The recommendations from the Irish National Audit of Stroke Report, if implemented, will lead to much better outcomes for all those who will require dedicated stroke care in Ireland. As a patient representative I very much welcome the recommendations and the clear emphasis on acting FAST for better outcomes and less disability’

Martin Quinn, Patient and Public Interest Representative, Irish Heart Foundation Stroke Survivor & Advocate. INAS Governance Committee Member

“The data collated in INAS and the resultant recommendations will inform better stroke service planning and provision in Ireland. The information generated by audits such as this one are vital given the future predicted increase in the prevalence of stroke and consequentially, in the numbers of stroke survivors needing both acute and longer term community based healthcare services. I believe that in order to improve services and outcomes for stroke survivors we need to listen to, collaborate and learn from the patient experience. The value placed on this is evident in the inclusion of PPI representatives such as myself in national audits.”



Marcia Ward, Patient and Public Interest Representative. Neuropsychologist. Headway Ireland INAS Governance Committee Member

NOCA National Office of Clinical Audit

2ND FLOOR, BLOCK B, ARDILAUN, 111 ST STEPHENS GREEN, DUBLIN 2, D02 VN51

Tel: +353 1 402 8577

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