NCA National Office of Clinical Audit

INAS Irish National Audit of Stroke

IRISH NATIONAL AUDIT OF STROKE
SUMMARY REPORT 2024 AND ORGANISATIONAL AUDIT REPORT 2025

The Irish National Audit of Stroke (INAS) measures the care for patients with a stroke. This report looks at the care provided for 6,156 patients who had a stroke in 2024 and the organisation of stroke services in acute hospitals in 2025 compared to 2021.

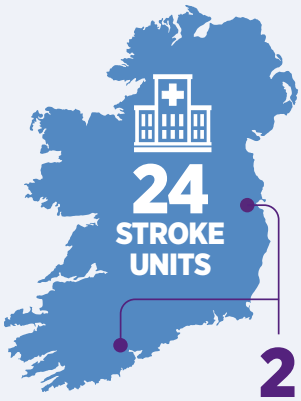
WHAT IS A STROKE

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.

WHAT IS A STROKE UNIT

A stroke unit is a specialised ward dedicated to the care of patients who have had a stroke. Care in a stroke unit is the most important intervention for all patients with a stroke. It is staffed by a team of healthcare professionals who are specially trained in stroke management.

In 2025, all hospitals that provide acute stroke care had a stroke unit.



DEMOGRAPHICS

58% MALE
Average age 70 years

42% FEMALE
Average age 74 years

13% INCREASE IN ANNUAL STROKE ADMISSIONS FROM 6089 IN 2021 TO 6882 IN 2024.

13%

GERRY'S STORY

In November 2017, national radio DJ Gerry Stevens suffered a life-altering brain haemorrhage caused by undiagnosed high blood pressure, leaving him unable to move the left side of his body or speak properly, an especially devastating blow for someone whose life revolved around communication. His recovery was long and challenging, involving months of rehabilitation, as well as emotional healing, during which he rebuilt his independence and confidence step by step. Determined to help others, Gerry launched The Strokecast podcast to raise awareness about stroke and inspire survivors, ultimately returning to the airwaves and continuing to be a voice for hope and resilience.

LEARN MORE ABOUT GERRY'S JOURNEY AND INSIGHTS IN THE FULL REPORT. SCAN THE QR CODE TO READ HIS STORY.

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ORGANISATION OF EMERGENCY CARE

22 hospitals provide a thrombolysis service 24 hours a day, 7 days a week, **unchanged** from 2021.

Thrombolysis is the delivery of a clot dissolving medication which aims to dissolve a blood clot which is blocking an artery in the brain.

CLINICAL IMPACT

531 patients received thrombolysis, an increase from 432 in 2021.

2 hospitals provide a national thrombectomy service 24 hours a day, 7 days a week, **unchanged** from 2021.

Thrombectomy is a procedure where large clots are removed from arteries in the brain.

497 patients received a thrombectomy, an increase from 422 in 2021.

11 hospitals have on-call stroke teams available 24 hours a day, 7 days a week – **unchanged** from 2021.

53% of patients were reviewed by a doctor within 10 minutes of hospital arrival, an improvement from 48% in 2021

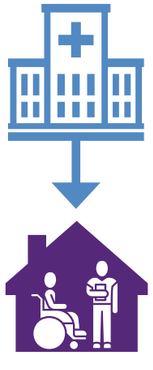
22 hospitals receive an ambulance service pre-alert for all Face, Arms, Speech, Time (FAST) calls, **an increase** from 17 in 2021.

23 hospitals have an on-call radiographer on-site, available to perform brain imaging, an increase from 16 in 2021. 9 hospitals have an on-call radiologist on-site, **an increase** from three in 2021.

50% of patients had a brain scan within 60 minutes, an improvement from 48% in 2021.

ORGANISATION OF EARLY SUPPORTED DISCHARGE (ESD) SERVICES

CLINICAL IMPACT



ESD helps people recovering from a stroke to go home from hospital earlier, while still getting the therapy and support they need at home from a dedicated stroke team

14 hospitals have access to an ESD team, **an increase** from 10 in 2021.

All ESD teams provide a next working day service to patients being discharged home with ESD.

9 teams can provide a minimum of five days per week if required.

680 patients were discharged home with ESD, an increase from 530 in 2021.

ORGANISATION OF STROKE UNITS

CLINICAL IMPACT

The number of stroke unit beds has **increased** from 239 in 2021 to **244** in 2025.

The proportion of patients admitted to a stroke unit (73%) has increased but below the target of 90%.

22 hospitals had a consultant physician who is an expert in stroke and officially recognised as the main person in charge of stroke care services, **unchanged** since 2021.

The proportion of hospital stay in a stroke unit is unchanged (69%) and below the target of 90%.

The number of advanced nurse practitioners in stroke **increased** from 7 in 2021 to **12** in 2025.

All Health and Social Care Professions had staffing shortages, with gaps compared to recommended levels in Nursing (31%), Physiotherapy (48%), Occupational Therapy (54%), Speech & Language Therapy (23%), Dietetics (65%), Psychology (74%) and Medical Social Work (76%).

The numbers of patients assessed by Health and Social Care Professions has increased annually despite the staffing deficits.

A swallow screening training programme is available in all hospitals, **an increase** from **21** hospitals in 2021.

The proportion of patients who receive a swallow screen has improved from 68% in 2021 to 81% in 2024.

OUTCOMES

	OUTCOME QUALITY INDICATORS	2021	2024
	Length of stay in acute hospital (average number of days)	15	17
	Length of stay in a stroke unit (average number of days)	11	13
	Discharged to long term care	6%	7%
	Unadjusted in-hospital mortality - all stroke types	12%	11%

RECOMMENDATIONS

RECOMMENDATION 1 **All stroke units should have continuous access to a consultant physician with expertise in stroke medicine, with consultant review 5 days per week.**	
RECOMMENDATION 2 **Hospitals that admit patients with acute stroke should ensure that a sufficient number of designated stroke unit beds are available to provide high-quality stroke care.**	
RECOMMENDATION 3 **All stroke units should be resourced to provide stroke specialist rehabilitation.**	
RECOMMENDATION 4 **Stroke units must be staffed with nurses with special interest, training, and expertise in stroke care.**	
RECOMMENDATION 5 **Increase the number of appropriately resourced early supported discharge teams to improve access.**	
RECOMMENDATION 6 **All hospitals that provide acute stroke services should ensure that there is a stroke service Governance committee.**	
RECOMMENDATION 7 **All patients with a stroke should have access to routine and advanced imaging at all times.**	
RECOMMENDATION 8 **National agreement on how the definition of stroke should be classified should be prioritised.**	

A MESSAGE FROM OUR PATIENT AND PUBLIC INTEREST REPRESENTATIVE

I am delighted to welcome this year's INAS National Report. This important report evaluates the organisation of stroke services across our acute hospitals and provides a comparison to the previous audit conducted in 2021.

It is disappointing to note that, despite a 13% increase in stroke admissions over this period, there has been only a marginal increase in the number of stroke unit beds, from 239 in 2021 to just 244 in 2025. This limited progress is particularly concerning given that 30% of stroke patients still do not receive care in a stroke unit, which remains the single most important intervention for all patients with stroke.

Despite persistent staffing deficits across all members of the multidisciplinary team, it is commendable that these dedicated professionals continue to assess and treat an increasing number of patients each year. Their commitment and resilience are evident throughout this report.

I fully support the call within the recommendations for the full implementation of the National Stroke Strategy. This strategy provides a clear and evidence-based roadmap to delivering high-quality stroke care for all patients across the country.

Martin Quinn, Patient and Public Interest Representative, INAS Governance Committee

NOCA National Office of Clinical Audit

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