

301: DEVELOPMENT OF 'PROCESSES OF CARE' PERFORMANCE INDICATORS FOR ACUTE STROKE

Authors:

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Objective:

To develop a core set of 'processes of care' performance indicators to evaluate the quality of care provided by clinical services in the management of patients with an acute stroke.

Method:

The Stroke Care Outcomes: Providing Effective Services (SCOPES) Project is large prospective, multi-centre, blinded cohort study investigating the structure, processes and outcomes of acute stroke care in Australia. This abstract reports the component of the study that lead to the development of a selected set of 'processes of care' performance indicators.

The 'processes of care' performance indicators were developed in a 3 stages. First, the existing published research evidence was examined to identify the acute 'processes of care' known to be relevant and important for the care of patients with stroke. This initial set was completed using a consensus approach with a local expert group and the SCOPES investigators.

The second stage involved a review of the listed 'processes of care' to determine the relative importance of each item in a clinical setting using a focus group of clinical experts for stroke care. This included a multi-disciplinary panel of medical, nursing and physiotherapy clinicians and an epidemiologist. Each 'process of care' was profiled according to: rationale for use, validity of research evidence, data type and reliability of data gathering, applicability to patient types, clinical relevance to stroke care and level of importance. The decisions regarding each 'process of care' was determined using a consensus approach.

The third stage was an evaluation of the 'processes of care' using a workshop format with an international expert panel. The panel was asked to consider the known limitations of the 'processes of care', to determine whether the 'processes of care' were appropriate as quality indicators and to rank each 'process of care' according to its relative importance.

Results:

The 27 'processes of care' were ranked into the three categories of high, medium and low priority according to their value and usefulness as a discriminator of quality of care. The high priority group consisted of fifteen 'processes of care', examples of these 'processes of care' include, (a) CT Scan of the brain within 24 hours of arrival at hospital, (b) regular neurological observations for first 24 hours after admission, (c) documentation of swallowing ability within 24 hours of arrival at hospital, (d) allied health assessment within 24 hours of arrival, (e) If patients had documented urinary incontinence or urinary catheter, was incontinence addressed as part of the nursing care plan or evidence of interventions. These 'processes of care' were subdivided into groups according to whether the 'process of care' was required (i) within the first 24 hours of presentation to hospital, (ii) within the inpatient stay and (iii) at time of discharge.

Conclusions:

A detailed procedure using existing research evidence, clinical practitioners, local and international experts in the management of acute stroke care has resulted in 15 'processes of care' that reflect the quality of care. The adherence rates to these 'processes of care' in the SCOPES research project are reported in another abstract (see Ibrahim et al Adherence to the 'processes of care' for acute stroke in three different care models).

Further work is now required to refine these 'processes of care' into performance indicators and to extend their application beyond a primary research setting. Once these 'processes of care' have been translated into performance indicators they can be introduced to monitor and improve the quality of stroke care throughout Australia.