



Evidence Sources

Acute Stroke Clinical Care Standard

October 2019

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Evidence Sources

Acute Stroke Clinical Care Standard

The quality statements for the Acute Stroke Clinical Care Standard were developed in collaboration with the Stroke Clinical Care Standard Topic Working Group in 2014-15, based on best available evidence.

Literature searches were conducted by Commission staff at different stages of development of the Clinical Care Standard. The initial search took place between March 2013 and September 2014, and formed the basis of the first version of the Acute Stroke Clinical Care Standard.

An updated search was undertaken in December 2017 and again in January 2019 to identify any new evidence which might affect the relevance or validity of the final quality statements prior to the re-release of the standard.

The searches aim to identify the evidence base for each potential quality statement and include searching for current and relevant:

- Australian clinical practice guidelines, standards and policies
- International clinical practice guidelines
- Other high-level evidence, such as systematic reviews and meta-analyses.

A summary of evidence sources for each final quality statement is attached.

1

Quality statement 1

A person with suspected stroke is immediately assessed at first contact using a validated stroke screening tool, such as the Face, Arm, Speech and Time (F.A.S.T) test.

Evidence Sources

Australian Guideline

1. Stroke Foundation. Clinical Guidelines for Stroke Management 2017. Melbourne: Stroke Foundation; 2017; Available from: <https://informme.org.au/Guidelines/Clinical-Guidelines-for-Stroke-Management-2017>

International Guidelines

1. Intercollegiate Stroke Working Party. National Clinical Guideline for Stroke. 5th edition ed. London: Royal College of Physicians; 2016.
2. Powers WJ, Rabinstein AA, Ackerson T, et al. 2018 Guidelines for the Early Management of Patients With Acute Ischemic Stroke: A Guideline for Healthcare Professionals From the American Heart Association/American Stroke Association. 2018;49(3):e46-e99.

Additional Sources

1. Stroke Foundation. National Acute Stroke Services Framework 2019. Melbourne: Stroke Foundation, 2019. Available from: <https://strokefoundation.org.au/What-we-do/Treatment-programs/National-stroke-services-frameworks> (accessed 19 Feb 2019).
2. Kobayashi A, Czlonkowska A, Ford GA, et al. European Academy of Neurology and European Stroke Organization consensus statement and practical guidance for pre-hospital management of stroke. 2018;25(3):425-33.

2

Quality statement 2

A patient with ischaemic stroke, for whom reperfusion treatment is clinically appropriate and after brain imaging excludes haemorrhage, is offered a reperfusion treatment in accordance with the settings and timeframes recommended in the *Clinical guidelines for stroke management*.

Evidence Sources

Australian Guideline

1. Stroke Foundation. Clinical Guidelines for Stroke Management 2017. Melbourne: Stroke Foundation; 2017; Available from: <https://informme.org.au/Guidelines/Clinical-Guidelines-for-Stroke-Management-2017>

International Guidelines

1. Intercollegiate Stroke Working Party. National Clinical Guideline for Stroke. 5th edition ed. London: Royal College of Physicians; 2016.
2. National Institute for Health and Care Excellence. Stroke and transient ischaemic attack in over 16s: diagnosis and initial management. London: NICE, 2017. Available from: <https://www.nice.org.uk/guidance/cg68>
3. Powers WJ, Rabinstein AA, Ackerson T, et al. 2018 Guidelines for the Early Management of Patients With Acute Ischemic Stroke: A Guideline for Healthcare Professionals From the American Heart Association/American Stroke Association. 2018;49(3):e46-e99. 2014];
4. Turc G, Bhogal P, Fischer U, et al. European Stroke Organisation (ESO) – European Society for Minimally Invasive Neurological Therapy (ESMINT) Guidelines on Mechanical Thrombectomy in Acute Ischaemic Stroke Endorsed by Stroke Alliance for Europe (SAFE). European Stroke Journal, 2019;4(1):6-12.

Additional Sources

1. Australasian College for Emergency Medicine. Statement on intravenous thrombolysis for ischaemic stroke: 2017.
2. Emberson J, Lees KR, Lyden P, Blackwell L, Albers G, Bluhmki E, et al. Effect of treatment delay, age, and stroke severity on the effects of intravenous thrombolysis with alteplase for acute ischaemic stroke: a meta-analysis of individual patient data from randomised trials. Lancet. 2014. Epub 2014/08/12.
3. National Institute for Clinical Health and Care Excellence. Mechanical clot retrieval for treating acute ischaemic stroke. London: NICE, 2016. Available from: <https://www.nice.org.uk/guidance/ippg548>
4. Wardlaw JM, Murray V, Berge E et al. Thrombolysis for acute ischaemic stroke. Cochrane Database of Systematic Reviews 2014; 7: CD000213
5. Upton D, Upton P, Busby-Grant J, et al. Systematic review of intravenous thrombolysis in acute ischaemic stroke. Canberra: University of Canberra, 2016.

3

Quality statement 3

A patient with stroke is offered treatment in a stroke unit as defined in the *Acute stroke services framework*.

Evidence Sources

Australian Guideline

1. Stroke Foundation. Clinical Guidelines for Stroke Management 2017. Melbourne: Stroke Foundation; 2017; Available from: <https://informme.org.au/Guidelines/Clinical-Guidelines-for-Stroke-Management-2017>

International Guidelines

1. Casaubon LK, Boulanger JM, Glasser E, et al. Canadian Stroke Best Practice Recommendations: Acute Inpatient Stroke Care Guidelines, Update 2015. *Int J Stroke*. 2016;11(2):239-52.
2. Intercollegiate Stroke Working Party. National Clinical Guideline for Stroke. 5th edition ed. London: Royal College of Physicians; 2016; Available from: <http://www.rcplondon.ac.uk/publications/national-clinical-guidelines-stroke>
3. Powers WJ, Rabinstein AA, Ackerson T, et al. 2018 Guidelines for the Early Management of Patients With Acute Ischemic Stroke: A Guideline for Healthcare Professionals From the American Heart Association/American Stroke Association. 2018;49(3):e46-e99. [cited August 2014]

Additional Sources

1. Stroke Unit Trialists' Collaboration. Organised inpatient (stroke unit) care for stroke (Review). *Cochrane Database of Systematic Reviews*; 2013;9.
2. Stroke Foundation. National Acute Stroke Services Framework 2019. Melbourne: Stroke Foundation, 2019. Available from: <https://strokefoundation.org.au/What-we-do/Treatment-programs/National-stroke-services-frameworks> (accessed 19 Feb 2019).

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Quality statement 4

A patient's rehabilitation needs and goals are assessed by staff trained in rehabilitation within 24–48 hours of admission to the stroke unit. Rehabilitation is started as soon as possible, depending on the patient's clinical condition and their preferences.

Evidence Sources

Australian Guideline

1. Stroke Foundation. Clinical Guidelines for Stroke Management 2017. Melbourne: Stroke Foundation; 2017; Available from: <https://informme.org.au/Guidelines/Clinical-Guidelines-for-Stroke-Management-2017>.

International Guidelines

1. Intercollegiate Stroke Working Party. National Clinical Guideline for Stroke. 5th edition ed. London: Royal College of Physicians; 2016; Available from: <http://www.rcplondon.ac.uk/publications/national-clinical-guidelines-stroke>
2. Powers WJ, Rabinstein AA, Ackerson T, et al. 2018 Guidelines for the Early Management of Patients With Acute Ischemic Stroke: A Guideline for Healthcare Professionals From the American Heart Association/American Stroke Association. 2018;49(3):e46-e99. [cited August 2014]

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Quality statement 5

A patient with stroke, while in hospital, starts treatment and education to reduce their risk of another stroke.

Evidence Sources

Australian Guideline

1. Stroke Foundation. Clinical Guidelines for Stroke Management 2017. Melbourne: Stroke Foundation; 2017; Available from: <https://informme.org.au/Guidelines/Clinical-Guidelines-for-Stroke-Management-2017>.

International Guidelines

1. Intercollegiate Stroke Working Party. National Clinical Guideline for Stroke. 5th edition ed. London: Royal College of Physicians; 2016; Available from: <http://www.rcplondon.ac.uk/publications/national-clinical-guidelines-stroke>
2. Ringleb PA, Bousser M-G, Ford G, et al. European Stroke Organisation (ESO)-Guidelines for the Management of Ischaemic Stroke and Transient Ischaemic Attack 2008. Cerebrovascular Diseases 2008;25: 457-507 [cited August 2014]; Available from: <http://www.karger.com/Article/Pdf/131083>

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Quality statement 6

A carer of a patient with stroke is given practical training and support to enable them to provide care, support and assistance to a person with stroke.

Evidence Sources

Australian Guideline

1. Stroke Foundation. Clinical Guidelines for Stroke Management 2017. Melbourne: Stroke Foundation; 2017; Available from: <https://informme.org.au/Guidelines/Clinical-Guidelines-for-Stroke-Management-2017>.

International Guidelines

1. Intercollegiate Stroke Working Party. National Clinical Guideline for Stroke. 5th edition ed. London: Royal College of Physicians; 2016; Available from: <http://www.rcplondon.ac.uk/publications/national-clinical-guidelines-stroke>

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Quality statement 7

Before a patient with stroke leaves the hospital, they are involved in the development of an individualised care plan that describes the ongoing care that the patient will require after they leave hospital. The plan includes rehabilitation goals, lifestyle modifications and medicines needed to manage risk factors, any equipment they need, follow-up appointments, and contact details for ongoing support services available in the community. This plan is provided to the patient before they leave hospital, and to their general practitioner or ongoing clinical provider within 48 hours of discharge.

Evidence Sources

Australian Guideline

1. Stroke Foundation. Clinical Guidelines for Stroke Management 2017. Melbourne: Stroke Foundation; 2017; Available from: <https://informme.org.au/Guidelines/Clinical-Guidelines-for-Stroke-Management-2017>.

International Guidelines

1. Intercollegiate Stroke Working Party. National Clinical Guideline for Stroke. 5th edition ed. London: Royal College of Physicians; 2016; Available from: <http://www.rcplondon.ac.uk/publications/national-clinical-guidelines-stroke>
2. Powers WJ, Rabinstein AA, Ackerson T, et al. 2018 Guidelines for the Early Management of Patients With Acute Ischemic Stroke: A Guideline for Healthcare Professionals From the American Heart Association/American Stroke Association. 2018;49(3):e46-e99. [cited August 2014]



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