



stroke patients

Optimising care for stroke patients

Why is this important?

Stroke is Australia's second single greatest cause of death [1], accounting for about 10 per cent of all deaths. It is the leading cause of long-term disability in adults, representing 25 per cent of all chronic disability [2]. In Australia, over 40,000 people were hospitalised from stroke in 2002–03, with the average length of stay in hospital around 11 days [3]. The average cost for the hospitalisation of a public patient treated for stroke in a public hospital in 2001–02 was \$4,400 to \$11,500 [4].

Care in specialised stroke units saves lives and reduces disability – it is the most effective therapy we have available for acute stroke [5].

Best available evidence

A Cochrane systematic review of 23 trials found that stroke patients who receive organised inpatient care in a stroke unit are more likely to survive, return home and make a better recovery than those receiving care in a general medical ward [6]. Organised stroke unit care is a form of care provided in hospital by nurses, doctors and therapists who specialise in looking after stroke patients and who work as a coordinated team. There are different types of stroke units, but the best results appear to come from those based in a dedicated ward [6].

Features of stroke units that may be responsible for their better outcomes include: immediate access to investigative facilities such as CT scanning 24 hours a day, seven days a week; continuity of care from a dedicated, multidisciplinary team with access to ongoing education; better adherence to clinical protocols; and early access to rehabilitation services [7].

Current practice

Approximately 23 per cent of Australian hospitals provide stroke units [7], and even where stroke units exist, they may not care for all patients with stroke. An audit of hospital case files from eight metropolitan hospitals in Australia found that less than one in four acute stroke patients was being treated in a stroke unit [9]. Very few stroke units operate outside of large teaching hospitals in metropolitan centres in Australia.

Implications

- Based on numbers needed to treat (NNT) [6], if all patients in Australia experiencing a stroke were treated in a stroke unit, 900 more people would survive, 1,500 more people would regain their independence and a further 1,500 people would return home.

Patients managed in a stroke unit are more likely to survive, regain independence, and return home than those receiving conventional care.

- Barriers to stroke unit care are complex and are related to difficulties associated with poor funding, inadequate time for education and professional development, limited equipment and specialists at all levels of the multidisciplinary team [10].
- Establishing a stroke unit requires a commitment by hospitals to reorganise their stroke services in a more efficient and centralised way. This is enhanced by identifying a stroke champion and reallocating allied health staff time to enable assessment and treatment of stroke patients as part of a dedicated team [10].
- While localised stroke units are the gold standard, not all hospitals have the required resources. Arrangements that adopt many of the features of a stroke unit, e.g. a mobile stroke service, have demonstrated improvements in the quality of stroke care [11].

References

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