

## AuSCR data 2010

2010 was the first full year of data collection for AuSCR at most hospitals.

Comprehensive analysis and reporting will be released in the 2010 annual report (due October 2011).

Data were obtained from 1788 admitted patients, with 1828 number of episodes of care between 1 January and 31 December. This included first-ever events, recurrent strokes and TIA episodes.

The mean age of patients was 72 years, of which 44% were females. 65% of patients were born in Australia and the others born overseas – the two main groups were patients born in European (25%) and Asian (5%) countries. Two percent of patients were Aboriginal and/or Torres Strait Islander people.

The breakdown by stroke type included: ischaemic stroke 64%; haemorrhagic stroke 14%; and TIA 19%.

Of the 12 hospitals that participated in 2010, the three hospitals with the largest number of episodes entered were Austin Health 29% ( $n=531$ ), Royal Brisbane and Women's Hospital 18% ( $n=321$ ) and Sir Charles Gardiner Hospital 15% ( $n=279$ ). All these three hospitals were using the import function to upload the demographic data from their hospital Patient Admission System into the MS Excel template for import into the AuSCR database. The episode data were then manually entered by hospital staff, where required. The benefit of this import function is to eliminate duplication of data entry. However, it has to be noted that the initial set-up involves the use of resources from individual hospital information system staff time (and sometimes a financial commitment) to get the filter for data extraction from the Patient Admission System established.

### Data Linkage

Using a full year of 2010 data from one Victorian hospital we undertook a pilot data linkage project to understand the feasibility of linking AuSCR data with health department data. Pilot linked data from Victoria provided a >90% linkage success at the patient-level and the ability to verify AuSCR cases. Linkage to health department data with 789 patients registered in 2010 from this one AuSCR site gave data on 4819 occasions of service (emergency department and admitted episode data). We were able to determine that ~83% of eligible cases had been entered from this hospital into AuSCR. Staff at this site have used this information to establish better processes to improve case ascertainment.

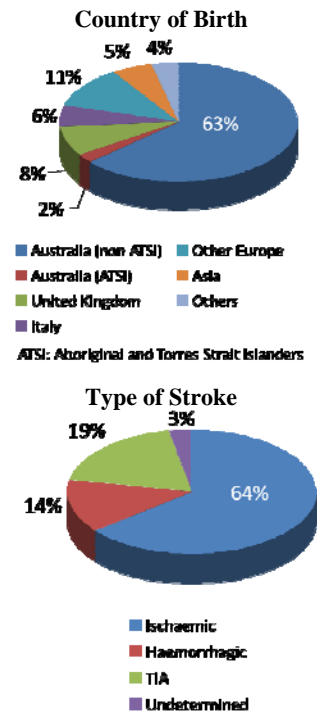
### Completeness of Case Ascertainment in 2010

At the completion of the 2010 data collection, an evaluation on the completeness of case ascertainment was undertaken at site that had been providing data for one full year. Participating hospitals provided all 2010 admitted cases coded with ICD10 codes of stroke and TIA. AuSCR Office staff matched these cases with the AuSCR database and identified missing cases and episodes not included in the AuSCR database. Respective hospitals were requested to determine if they were "actually missed" episodes or have another explanation (e.g. non-stroke case, diagnosis changed or incorrectly coded). Six hospitals participated in the case ascertainment review. A total of 1535 episodes were received that met the inclusion criteria and 410 episodes found to have been missed in the AuSCR database, resulting in 73% completeness of cases in AuSCR database for 2010 (range min 61%, max 83%).

### Challenges and lessons learnt

Hospital staff and AuSCR Office staff learnt during our first full year of data collection:

- With the use of discharge dates to obtain information on case ascertainment from medical record departments. This method meant we initially missed patients who were admitted in 2010 and discharged in 2011.
- ICD-10 codes in AuSCR and those in the hospital records sometimes varied. This was due to coding being completed from discharge reports/notes when cause or diagnosis had not yet been confirmed.
- Patients admitted to the other wards/departments (non-stroke unit) were often not entered into the AuSCR database and were unknown to the stroke unit staff. Medical records would have to be requested to check whether the "potentially missing" episodes met the inclusion criteria, if they did, in many instances the hospital informed the patient about AuSCR and then entered the episode into AuSCR. Thus, the case ascertainment review did increase hospital staff time in verifying and following AuSCR processes.



**Status at: 02/09/2011**

**Number of Registered Cases** 3411  
**Completed Follow-up Cases** 2232

**Participating Hospitals**

- Armidale Rural Referral (NSW)
- Austin Health (VIC)
- John Hunter (NSW)
- Royal Brisbane and Women's (QLD)
- Greenslopes Private (QLD)
- Royal Prince Alfred (NSW)
- Sir Charles Gairdner (WA)
- Swan District (WA)
- Tamworth Rural Base (NSW)
- Royal Children Hospital (VIC)
- Wesley Private Hospital (QLD)
- Royal North Shore Hospital (NSW)
- Warranambool Hospital (VIC)
- Peninsula Frankston Hospital (VIC)
- Box Hill Hospital (VIC)

**Newly Approved Hospitals**

- St George Hospital (NSW)

**Hospitals Pending Approval**

- Westmead Hospital (NSW)
- Orange Base and Bathurst Base Hospitals (NSW)
- Nambour and Caloundra Hospitals (QLD)



**AuSCR 2010 Annual Report available soon!!**

Request your copy: [admin@auscr.com.au](mailto:admin@auscr.com.au)

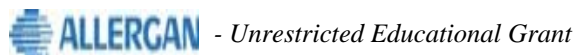
**AuSCR Office Tips**

1. Incorrect patient information or any errors can be rectified at the hospital level.
2. Please record on the opt-out form and do the opt-out in the database when a patient or relative chooses to "Opt-out" of the registry.
3. Most DVA patients do not have a Medicare number. Please use the DVA card number instead.
4. There is an import function in AuSCR to avoid manual data entry. Please contact AuSCR Office to understand how it may work for your hospital.
5. You can export your own hospital data at anytime for your own review and analysis.

**AuSCR Staff and Academic Support**

- |   |  |
|---|--|
| <i>Project Director</i>                           | <i>Prof Geoff Donnan</i>   |
| <i>Steering Committee Chair</i>                   | <i>Prof Sandy Middleton</i>  |
| <i>Data Custodian (TGI)</i>                       | <i>Prof Craig Anderson</i>   |
| <i>Registry Managers/ Senior Research Fellows</i> | <i>Dr Natasha Lannin<br/>A/Prof Dominique Cadilhac</i>   |
| <i>AuSCR Office Staff: TGI</i>                    | <i>Ms Joyce Lim (Registry Coordinator)<br/>Ms Sabrina Small<br/>Ms Tiffany Schneider<br/>Dr. Jun Hata (Visiting Research Fellow)</i> |
| <i>NSRI</i>                                       | <i>Ms Kate Paice<br/>Ms Monique Kilkenny</i>   |

**AuSCR is supported by funding from:**



If you would like further information about AuSCR, please contact the Registry Coordinator  
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