



## Reducing Risk – Improving Outcomes

29 January 2009

[NAME]  
Chief Executive Officer  
DHB  
POB  
TOWN/CITY

Dear [NAME]

re: Your DHB's participation in the National Stroke Audit 2009

Stroke is the third leading cause of death in New Zealand and the greatest cause of disability in older people<sup>1</sup>. Each year in New Zealand, over 5200 people will have their first-ever stroke and another 2000 will suffer a second or recurrent stroke of whom less than one-third will survive and return to full independence<sup>2</sup>.

As you are aware, the Diabetes and Cardiovascular Disease Quality Improvement Plan 2008 (QIP) and the national Health Roundtable (DHB Chief Operating Officers and General Managers) have identified the **improvement of stroke services as a priority**.

However, the QIP also recognises that 'Comparable national data for stroke, stroke services and stroke outcome are sparse relative to such data for Coronary Heart Disease and diabetes'<sup>3</sup>, which means that DHBs are hampered in evaluating and benchmarking their service provision for stroke.

Late last year the Stroke Foundation of New Zealand received Ministry of Health funding to conduct a New Zealand-wide audit of stroke services, and is pleased to offer you **the opportunity to participate in the 2009 National Stroke Audit**.

Participation will provide your DHB with **valuable information** for the planning and delivery of stroke services, and add to what we know about delivering effective stroke services in New Zealand. The **primary purpose** of the 2009 National Stroke Audit is to

- provide your DHB with confidential data and feedback for quality improvements and service development planning, and
- establish a baseline to enable benchmarking and support implementation of the Quality Improvement Plan.

The **audit approach** utilises an on-line data entry tool developed by the National Stroke Foundation of Australia. Partnering with the NSF means that we have available their proven expertise, and training and technical support. The partnership also enables comparison of New Zealand and Australian data. The audit addresses two levels:

- operational audit, comprising a review of the nature and extent of stroke services, access to services, and the process or organization of care
- clinical audit, comprising a retrospective review via patient record of 40 stroke admissions in the 2008 calendar year.

For security and confidentiality, the NSF's **audit protocol** assigns audit specific ID codes for both hospitals and patient 'cases', meaning that neither individual patient data nor DHBs can be identified.

Each **participating hospital will receive**

- in October, the national report on operational audit data (de-identified and aggregated) from participating New Zealand sites, which will allow comparisons with the Australian collated dataset
- in November/December, supplied only to the participating hospital, a site specific report integrating your local operational and clinical audit data, which will allow comparison with the NZ collated dataset.

Participation requires the involvement of **two skilled clinical people** to be audit associates from April 2009.

- Both will undertake a 60-90 minute on-line teleconferenced training session with the NSF National Audit Program Manager and separately audit five patient records for inter-rate reliability purposes in April. Both need to be familiar with patient records, and able to work methodically and accurately with the on-line audit tool.
- In addition, the following responsibilities need to be covered between the two audit associates:
  - one is designated lead and takes responsibility for data quality in their hospital's operational audit (a senior person able to give accurate details of service provision) which is to be completed in April
  - auditing the total set of 40 patient records in the period April to mid-June as an estimated involvement of 25-30 hours (this person to be contactable until the end of July for any enquiry as the data is processed).
- These responsibilities are suited to experienced health professionals interested in stroke management from medical, nursing and allied health disciplines. We suggest that the people involved **allocate responsibilities according to the local situation**. The support of medical records is also critical in the logistics of accessing patient records for clinical audit. The April - June timeframe for active audit involvement is necessary to align with the NSF's training, data collection and reporting programme.

We are pleased that the funding for this project enables the Stroke Foundation to **reimburse** each participating hospital a payment of up to \$1000 (GST excl) to offset staff time given to this project.

We would appreciate your response **via the attached reply form by 12 February** - we are looking initially for at least a key person within your DHB for our Audit Coordinator to contact. The Stroke Foundation will also be promoting the audit through its networks - key people being the Foundation's national Medical Advisor Dr John Fink (Neurologist, Canterbury DHB), and [\*personalise according to area] as the Foundation's Medical Advisor for the [\*personalise according to area] Region Stroke Interest Group.

Please **contact Shelley Jones, Audit Coordinator** (021 79 1000 or 04 385 3833, [audit@stroke.org.nz](mailto:audit@stroke.org.nz)) in the first instance. The first of a set of FAQs sheets we will be supplying to support audit progress includes further information and is attached.

I am looking forward to your involvement and to delivering informative and useful reports later this year. Thank you.

Sincerely



Mark Vivian  
Chief Executive Officer  
Stroke Foundation of New Zealand

cc	[Name]	Chief Operating Officer
	[Name]	Chief Medical Adviser
	[Name]	Director of Nursing
	[Name]	Director of Allied Health (or alternative contact)
	[Name]	[Name] Region Stroke Interest Group

<sup>1</sup> New Zealand Health Strategy DHB Toolkit: Cardiovascular Disease, Edition 2, 2003, page 5.

<sup>2</sup> Gommans J, Barber PA, Hanger HC, Bennett P. (2008) Rehabilitation after stroke: changes between 2002 and 2007 in services provided by district health boards in New Zealand. NZ Med J 121(1274)

<sup>3</sup> Ministry of Health (2007) Diabetes and Cardiovascular Disease Quality Improvement Plan 2008 Wellington: Ministry of Health, page 40.