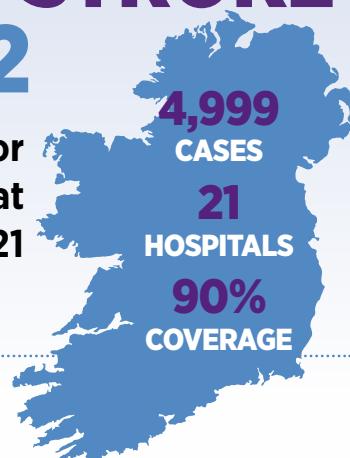


IRISH NATIONAL AUDIT OF STROKE SUMMARY REPORT 2022

The Irish National Audit of Stroke measures the care for patients with a stroke in acute hospitals. This report looks at the key trends in acute stroke care for 4,999 cases across 21 hospitals in 2022.



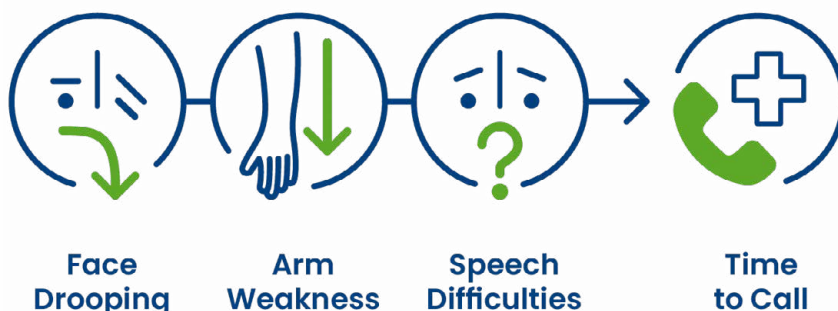
WHAT IS A STROKE?

A stroke occurs when the blood supply to part of the brain is interrupted or reduced, preventing brain tissue from getting oxygen and nutrients. Brain cells begin to die in minutes. Stroke is a medical emergency, and prompt treatment is crucial. Early action can reduce brain damage and other complications. There are two main types of stroke: a blocked artery (ischaemic stroke) or a blood vessel leaking or bursting (haemorrhagic stroke).

TIME IS BRAIN

STROKE IS A MEDICAL EMERGENCY WHICH REQUIRES URGENT TREATMENT.

The sooner a person arrives to hospital, is assessed by a doctor and receives a brain scan, the less damage is likely to happen. This results in better outcomes and less disability.



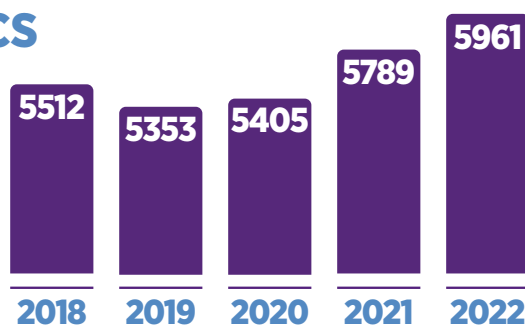
What should I do if I or someone else has symptoms of a Stroke?

CALL 999 OR 112 IMMEDIATELY



DEMOGRAPHICS

The number of patients admitted to hospital continued to increase in line with Ireland's aging population. The 2022 census showed that the highest increase in population was seen in the population aged 70 years and older.



NUMBERS ADMITTED WITH STROKE



57% MALE
Mean age
70 years



43% FEMALE
Mean age
75 years

**33% OF MALES HAD A STROKE
AGED 65 YEARS AND UNDER
COMPARED WITH 22% OF FEMALES**

KEY HIGHLIGHTS 2022

IMPROVED

STAYED THE SAME

DISIMPROVED

EMERGENCY CARE

50%

Half of all patients arrived at hospital with 3 hours of symptom onset, 28 minutes faster than 2021.

14

The median time between hospital arrival and seeing a doctor was 14 minutes.

50%

50% of patients received a brain scan within 1 hour of hospital arrival.

10%

10% of patients with ischaemic stroke received treatment with thrombolysis. Thrombolysis is the breakdown of blood clots formed in blood vessels using medication. Target: 12%

54%

The median time between hospital arrival and time of thrombolysis was 54 minutes. Target: 60 minutes

89%

89% of patients with a stroke were assessed by a health and social care professional.

38%

The rate of mood screening was 38%.

71%

The rate of swallow screening was 71%. Target: 90%

69%

The proportion of patients admitted to a stroke unit was 69%. Target: 90%

STROKE UNIT CARE

9%

The rate of thrombectomy was 9%. This is a procedure where large clots can be removed from arteries in the brain.

OUTCOMES

9

The median total hospital length of stay was 9 days.

68%

For patients admitted to a stroke unit, 68% of the total hospital stay was spent in a stroke unit. Target: 90%

60%

50% of patients were discharged home with an additional 10% discharged home with early supported discharge.

7.5%

30%

Mortality for patients with ischaemic stroke was 7.5% and 30% for patients with haemorrhagic stroke.

SPOTLIGHT ON ATRIAL FIBRILLATION

What is atrial fibrillation?

Atrial fibrillation (AF) is a fast, irregular beating of the heart, affecting the flow of blood through the heart, making it more likely to clot. If a clot leaves the heart and travels to the brain, it can cause a stroke by blocking the flow of blood through the arteries in the brain.



What is AF diagnosed and treated

A GP can check for AF by feeling the pulse for an irregular beat and further tests such as an electrocardiogram (ECG) will confirm the diagnosis.

AF is treated with anticoagulation medications that prevent the formation of blood clots in the heart.



It is important that the medication is taken as prescribed. Sometimes, this medication needs to be stopped before a surgery or small procedures e.g. a tooth extraction, mole removal etc. It is very important that this medication is re-started as soon as possible.



ONE IN THREE patients with a stroke admitted to hospital had a diagnosis of AF.

TWO THIRDS of those had a diagnosis of AF before having their stroke.

➔ Of these patients: **77%** were prescribed direct oral anticoagulants (DOACs) and **8%** were prescribed warfarin.






23%

of patients on anticoagulants were either:

- on an inadequate dose or;
- has paused their medication or;
- regularly forgot to take it.



RECOMMENDATIONS

| | | |
|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| 1. | All hospitals should be resourced to participate fully in the Irish National Audit of Stroke (INAS). |  |
| 2. | The number of stroke unit beds should be increased so that at least 90% of patients with a stroke are cared for in a stroke unit. |  |
| 3. | Opportunistic screening for atrial fibrillation (AF) should be carried out for all people aged 65 years and over. |  |
| 4. | Clinicians and patients should be provided with guidance as to the importance of good adherence to anticoagulation medication in order to avoid strokes. |  |
| 5. | All hospitals should review their own performance against the national standards and identify quality improvement opportunities in order to improve the quality of care they are providing. |  |

A MESSAGE FROM OUR PATIENT AND PUBLIC INTEREST REPRESENTATIVES



My name is Edel Wilson, and I am a Rehabilitation Training Officer in a community rehabilitation setting, supporting people after an Acquired Brain Injury. This role allows me to hear first-hand about a person's journey pre and post stroke, which provides invaluable information regarding the persons own experience of services and supports, in the clinical and community setting. It has always been and continues to be an honour to be in such a position. Having recently become a PPI representative in the Irish National Audit of Stroke, I now have the opportunity to relay such vital information to help inform ongoing and future reports, and to continue my role as an advocate. Such reports help to build essential awareness, not only around treatment during a hospital admission, but also in relation to the prevention of stroke. For example, this report highlights the importance of adherence to anticoagulation medication, and ways to optimise this. I look forward to seeing the direct changes that can be implemented from recommendations made in this report and continuing in my position as a PPI representative.

Edel Wilson

I am very pleased to have the opportunity to contribute a few words to the Irish National Audit of Stroke (INAS) annual report. As a member of the Irish National Audit of Stroke Governance Committee, I want to pay tribute to those involved in the preparation of this report. The collection of data is a crucial aspect in the recording and understanding of stroke and stroke care in Ireland. Ultimately this leads to the improvement of patient care, to prevention strategies and to overall public health. I want to particularly welcome the recommendations in the report. As a stroke survivor and a person diagnosed with atrial fibrillation, I am pleased to see a recommendation that opportunistic screening for AF should be carried out for all people aged 65 years and over. If implemented there is no doubt that patients will benefit from earlier detection and treatment of AF, thus lowering their risk of stroke. I would also strongly support the recommendation that the number of stroke unit beds should be increased so that at least 90% of patients with a stroke are cared in a stroke unit. I fully support the stated outcome that all patients with a stroke will benefit from admission to a stroke unit.

Martin Quinn



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Clinical Audit

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