

# NOCA National Office of Clinical Audit



# NOCA: reflections and looking to the future



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## Irish National Audit of Stroke

### KEY FINDINGS 2019

**20**  
HOSPITALS

**4275**  
PATIENTS RECORDED

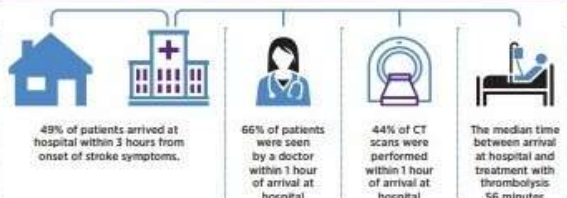
**83%**  
DATA COVERAGE

#### WHO HAS A STROKE?

The average age of patients with a stroke was 72 years and 24% were aged under 65 years.



### TIME IS BRAIN - EMERGENCY CARE



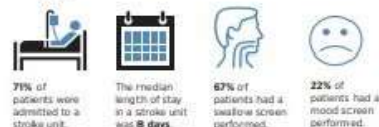
Thrombolysis is the breakdown of blood clots formed in blood vessels using medication. It can only be given within 4.5-hours of onset of stroke symptoms. In 2019, 10.6% of patients with ischaemic stroke had treatment with thrombolysis.



Thrombectomy (EVT) is a procedure where large clots can be removed from arteries in the brain. In 2019, 9% of patients with a stroke had a thrombectomy. The rate of thrombectomy in Europe is 2%.

### STROKE UNIT CARE

A stroke unit is a ward or area within a hospital where patients with a stroke are cared for by multidisciplinary teams with expertise in managing patients with a stroke.



### MULTIDISCIPLINARY TEAM ASSESSMENTS

Clinical nurse specialist in stroke	Speech and language therapist	Occupational therapist
84%	66%	83%
Dietician	Physiotherapist	Psychologist
33%	92%	4%

### OUTCOMES



### THE HEALTH AND SOCIAL CARE PROFESSIONAL (HSCP) DATASET

The HSCP dataset was developed by the NSP in collaboration with the professional bodies for physiotherapy, occupational therapy, and speech and language therapy. The data represents additional rehabilitation information from 1,604 physiotherapy cases, 1,194 occupational therapy cases and 993 speech and language therapy cases in 17 participating hospitals. It is not a representation of rehabilitation for all patients with stroke.

Within the HSCP dataset, Physiotherapists, Occupational therapists and Speech and language therapists reported that:



More than 50% of patients did not receive sufficient therapy.



Approximately 50% of their patient groups required follow-up therapy on discharge.



# Irish National Orthopaedic Register

## PROMs









# NATIONAL AUDIT OF HOSPITAL MORTALITY

## ANNUAL REPORT 2019

### KEY FINDINGS

	<b>ACUTE MYOCARDIAL INFARCTION</b> <b>In-hospital mortality for AMI has decreased significantly (35%) over the past 10 years, from 72 deaths per 1,000 admissions in 2010 to 47 deaths per 1,000 admissions in 2019.</b>	<b>HEART FAILURE</b> <b>In-hospital mortality for heart failure has decreased significantly (23%) over the past 10 years, from 88 deaths per 1,000 admissions in 2010 to 68 deaths per 1,000 admissions in 2019.</b>
	<b>ISCHAEMIC STROKE</b> <b>In-hospital mortality for Ischaemic stroke decreased significantly (38%) between 2009 and 2018, from 123 deaths per 1,000 admissions in 2009 to 76 deaths per 1,000 admissions in 2018. However, this has risen slightly in 2019, when 80 deaths per 1,000 admissions were recorded.</b>	<b>HAEMORRHAGIC STROKE</b> <b>In-hospital mortality for haemorrhagic stroke has decreased by 9% over the past 10 years, from 264 deaths per 1,000 admissions in 2010 to 241 deaths per 1,000 admissions in 2019. This is not a statistically significant decrease.</b>
	<b>CHRONIC OBSTRUCTIVE PULMONARY DISEASE</b> <b>In-hospital mortality for COPD increased by 12% between 2010 and 2019, from 33 deaths per 1,000 admissions in 2010 to 37 deaths per 1,000 admissions in 2019. This is not a statistically significant increase.</b>	<b>PNEUMONIA</b> <b>In-hospital mortality for pneumonia has decreased significantly (27%) over the past 10 years, from 142 deaths per 1,000 admissions in 2010 to 103 deaths per 1,000 admissions in 2019.</b>
	<b>OUTLIERS</b> Statistical outliers occurred in four individual diagnoses during 2019, and the relevant hospitals have conducted reviews of their data. One example of where a hospital has been proactive in its approach to being an outlier in NAHM is also included in the statistical outliers section. There were no issues of concern raised in the reviews.	

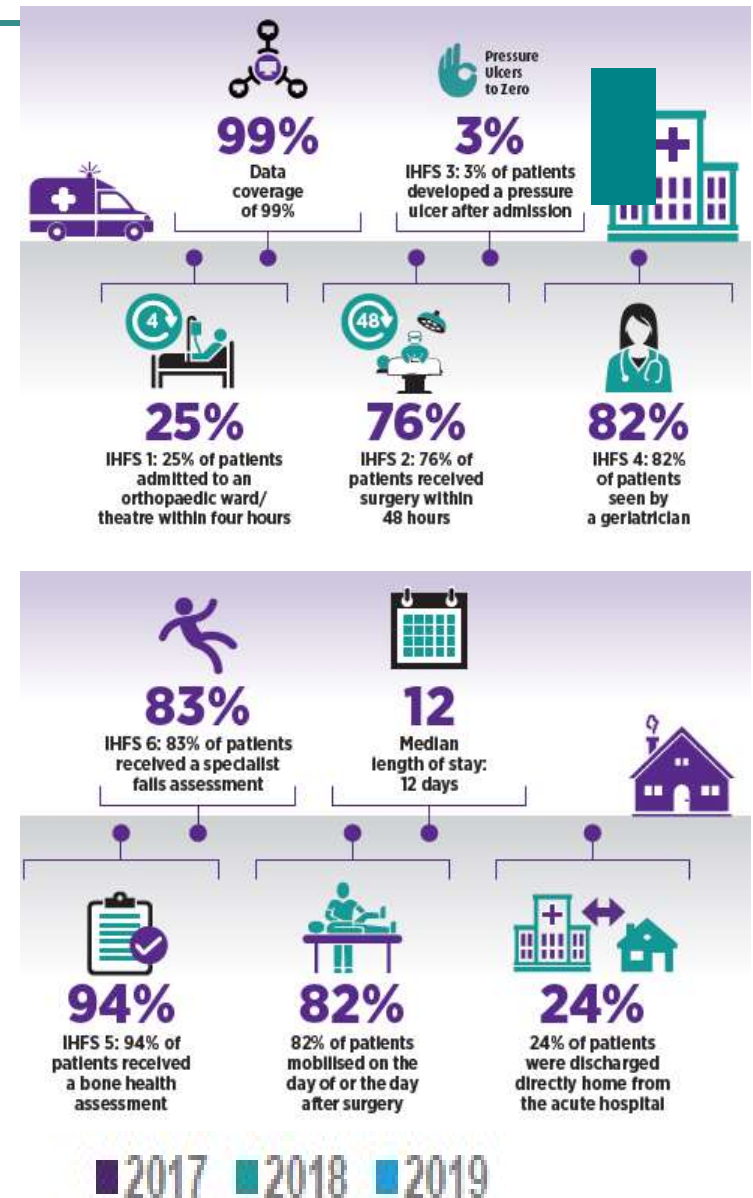
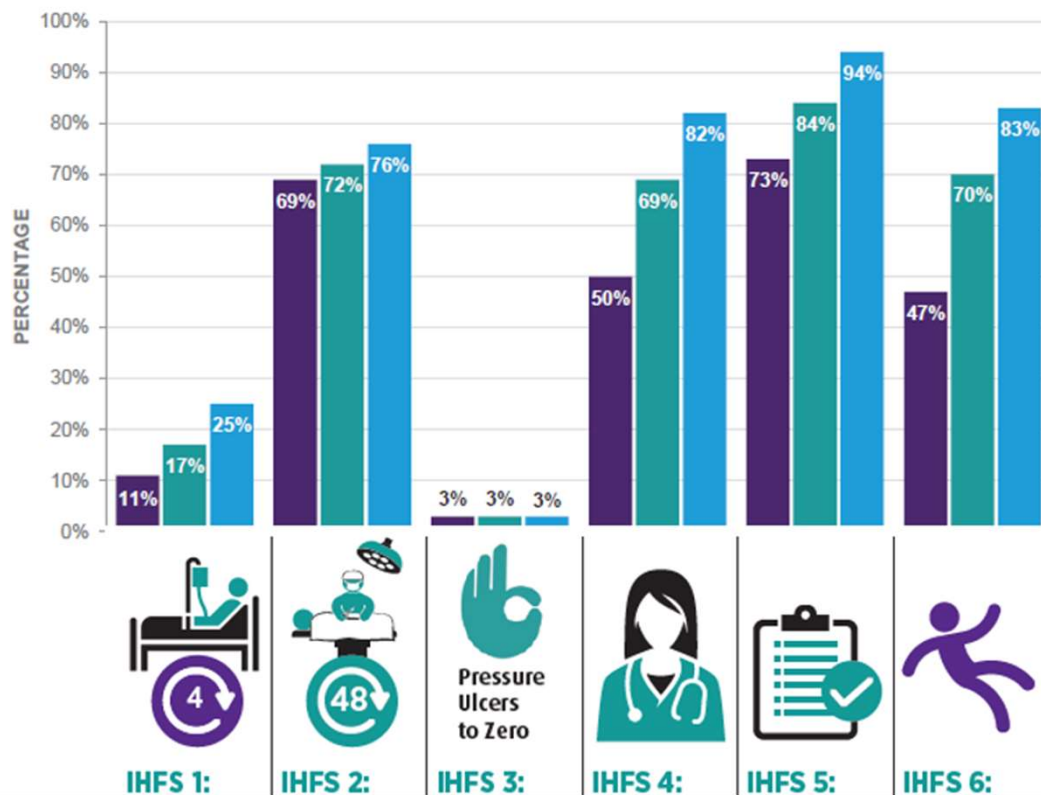


### KEY RECOMMENDATION

The National Audit of Hospital Mortality recommends that NOCA should develop more structured guidance on statistical outlier reviews, and it also recommends that this should be completed during the second quarter of 2021.

## IRISH HIP FRACTURE DATABASE NATIONAL REPORT 2019

*Stay safe and active at home*





**NATIONAL PERINATAL  
EPIDEMIOLOGY CENTRE**

Severe Maternal morbidity

Perinatal mortality

Very Low Birth weight infants

## **Irish Heart Attack Audit / Acute Coronary Syndrome Audit**





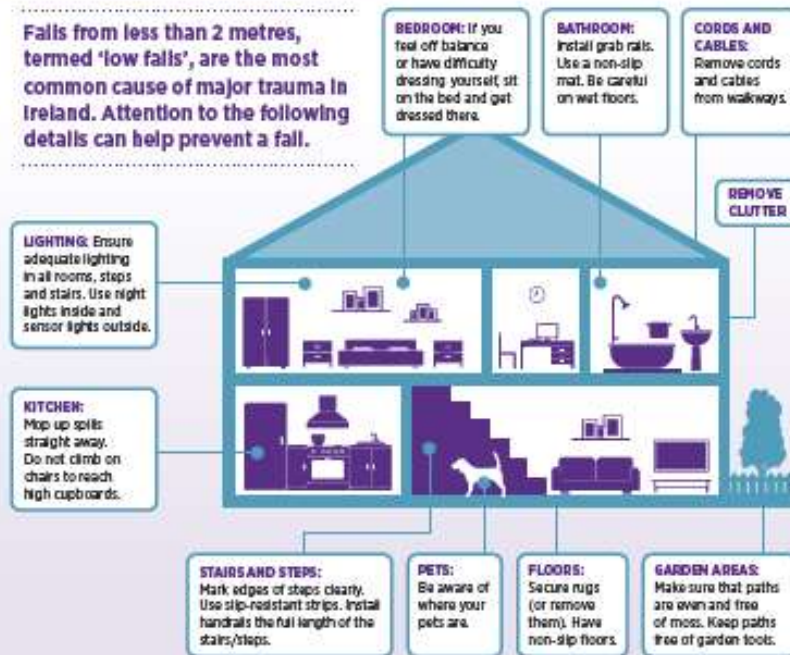
## MAJOR TRAUMA AUDIT SUMMARY REPORT 2018

The Major Trauma Audit (MTA) was established by the National Office of Clinical Audit (NOCA) in 2013. This audit focuses on the care of the more severely injured patients in our healthcare system, across 26 trauma receiving hospitals.

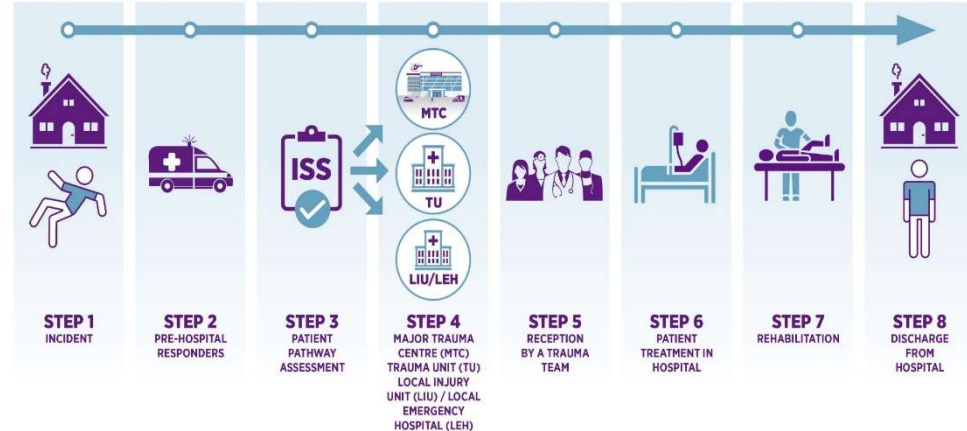
### WHAT IS MAJOR TRAUMA?

Major trauma is any injury that has the potential to cause prolonged disability or death. There are many causes of major trauma. These injuries can be caused by blunt or penetrating mechanisms such as falls, motor vehicle collisions, stab wounds, and gunshot wounds (World Health Organization, 2018).

Falls from less than 2 metres, termed 'low falls', are the most common cause of major trauma in Ireland. Attention to the following details can help prevent a fall.



### TRAUMA SYSTEM



### KEY FINDINGS 2018

26 HOSPITALS



5429 PATIENTS RECORDED

88% DATA COVERAGE

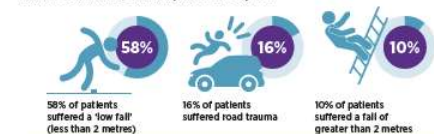
#### WHO ARE THE INJURED?

The average age of major trauma patients was 59 and 46% were aged 65 years and older.

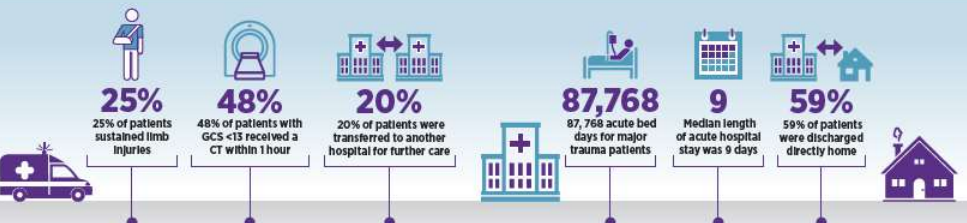


#### HOW WERE THEY INJURED?

The most common ways in which patients were injured:



#### WHERE WERE THEY INJURED?



- Looking to the future
- Partnership with service users and the public
- Using the right data & standards
- Making a difference
- Evolving
- Patient-reported outcome measures (PROMs)
- System co-design
- Innovation
- Quality time: the value of getting it right

