**NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE**

**NICE indicator validity assessment**

Assurance date: June 2021

Review date: June 2024

# Indicator IAP00091

# Mortality rate within 30 days of hospital admission for stroke

# Validity assessment

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| **Domain** | **Notes** | **Assessment** |
| Importance | Indicator is part of the CCG outcomes indicator set domain 1 – preventing people from dying prematurely. | Indicator is based on a recognized dataset. |
| Evidence base | From indicator quality statement[[1]](#footnote-1):  “Over the last 20 years, a growing body of evidence has overturned the traditional perception that stroke is simply a consequence of ageing that inevitably results in death or severe disability. Evidence is accumulating for more effective primary and secondary prevention strategies, better recognition of people at highest risk who are most in need of active intervention, interventions that are effective soon after the onset of symptoms, and an understanding of the processes of care that contribute to a better outcome. Some, but not all, deaths within 30 days of admission to hospital may be avoidable through high-quality co-ordinated specialist stroke care.  It is expected that CCGs will use this indicator to identify how improvements in care and the desired reduction in stroke mortality will be delivered. Improvements could be made by enhancing aspects of the services CCGs commission for patients. This could come in the form of more effective primary and secondary prevention strategies, better recognition of people at highest risk who are most in need of active intervention, interventions that are effective soon after the onset of symptoms or an understanding of the processes of care that contribute to a better outcome.”. | Evidence base exists. This indicator aligns with NICE guidance and quality standard on management and treatment of stroke (QS2[[2]](#footnote-2), NG128[[3]](#footnote-3), CG162[[4]](#footnote-4)). |
| Specification | Numerator: The observed number of deaths that occurred in the 30 days following an admission to hospital with a primary diagnosis of stroke (ICD-10 codes I61, I63 and I64).  Denominator: The number of deaths expected (case-mix adjusted) to occur in the 30 days following an admission to hospital with a primary diagnosis of stroke (ICD-10 codes I61, I63 and I64).  Exclusions: None  Methodology: This indicator is calculated as a case-mix adjusted Standardised Mortality Ratio (SMR).  Geography: CCG only  Data Source: The Royal College of Physicians (RCP) Sentinel Stroke National Audit Programme (SSNAP) and Office for National Statistics (ONS) mortality data, via record linkage.  Disclosure control: Number of patients per CCG in SSNAP is compared to the estimated expected number of patients from Hospital Episode Statistics (HES). If the ‘case ascertainment’ amount is less than 50% of HES in a CCG this indicator will not be reported. If any CCG has less than 20 patients it will not be reported. | The indicator has defined components necessary to construct the indicator. |
| Feasibility | All data from long running data sources, though note publication has moved from NHS Digital to directly through SSNAP. | Data has been flowing for some time and data sources will continue. |
| Acceptability | Indicator data is robust, however careful interpretation must be applied. Due to the SMR methodology, CCG data can only be compared to its own control limits in the same period so trends and comparisons with other CCG’s cannot be assessed. | The indicator assesses performance that is attributable to or within the control of the audience.  The results of the indicator can be used to improve practice. |
| Risk | Indicator needs careful interpretation | Indicator needs careful interpretation. |

**Summary:** Indicator to be renewed.

**NHS Digital Indicator reference:**

CCG Outcomes Indicator Set - 1.5 Mortality within 30 days of hospital admission for stroke

1. NHS Digital. CCG Outcomes indicator set, Indicator Quality Statement, Domain 1. 1.5 Mortality within 30 days of hospital admission for stroke. Version 1.4, March 2018 [↑](#footnote-ref-1)
2. Stroke in adults, last updated 12 April 2016, <https://www.nice.org.uk/guidance/qs2> [↑](#footnote-ref-2)
3. Stroke and transient ischaemic attack in over 16s: diagnosis and initial management, published 1 May 2019, <https://www.nice.org.uk/guidance/ng128> [↑](#footnote-ref-3)
4. Stroke rehabilitation in adults, published 12 June 2013, <https://www.nice.org.uk/guidance/cg162> [↑](#footnote-ref-4)