**NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE**

**NICE indicator validity assessment**

Assurance date: June 2021

Review date: June 2024

# Indicator IAP00094

# Patients with stroke admitted to an acute stroke unit within 4 hours of arrival to hospital (See also – IAP00335 Patients who have had an acute stroke who spend 90% or more of their stay on a stroke unit)

# Validity assessment

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| **Domain** | **Notes** | **Assessment** |
| Importance | Indicator is part of the CCG Outcomes Indicator Set domain 3 – Helping people to recover from episodes of ill health or following injury.  Data has been published annually from 2013/14 to 2018/19, the national value has varied slightly over this period with a range between 58.4% and 60.3%.  In the most recent period of data (2018/19) values range from 8.8% to 87.8% across CCGs. | Indicator is based on a recognised dataset.  The national value has been fairly stable over time, however variation does exist across CCGs. |
| Evidence base | From indicator quality statement[[1]](#footnote-1):  “This indicator forms part of Domain 3: Helping people to recover from episodes of ill health or following injury. Patients with stroke are admitted directly to a specialist acute stroke unit and assessed for thrombolysis, receiving it if clinically indicated. Getting patients to a stroke unit quickly is a strong indicator of eventual outcomes and is also closely linked to improved quality of care across other stroke care markers. Patients who have a stroke in hospital are included in the indicator to take into account the process of recognising the stroke has occurred and the systems in place for in-hospital pathways.” | Evidence base exists. This indicator is concerned with treatment of stroke and reflects NICE guideline and quality standard (QS2[[2]](#footnote-2), NG128[[3]](#footnote-3)). |
| Specification | Numerator: The number of acute stroke patients whose first ward of admission is a stroke unit AND who arrive on the stroke unit within 4 hours of arrival at hospital, except for those patients who were already in hospital at the time of new stroke occurrence, who should instead be admitted to a stroke unit within 4 hours of onset of stroke symptoms.  Denominator: All patients admitted to hospital with a primary diagnosis of stroke, except for those whose first ward of admission was ITU, CCU or HDU.  Exclusions: None  Methodology: Percentage  Geography: England, CCG.  Data Source: The Royal College of Physicians (RCP) Sentinel Stroke National Audit Programme (SSNAP).  Disclosure control: Values are not published for any CCG with fewer than 20 patients or case ascertainment (number of patients included in SSNAP compared to the estimated expected number of patients from Hospital Episode Statistics (HES)) lower than 50%. | The indicator has defined components necessary to construct the indicator. |
| Feasibility | All data from long running data sources. | Data has been flowing for some time and data sources will continue. |
| Acceptability | Indicator source data is robust and comparison with HES provides additional reassurance. | 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 | None identified. | None identified. |

**Summary:** Indicator to be renewed.

**NHS Digital Indicator reference:**

CCG Outcomes Indicator Set - 3.5 People who have had a stroke who are admitted to an acute stroke unit within 4 hours of arrival to hospital

1. NHS Digital. CCG outcomes indicator set, Indicator Quality Statement, Domain 3. 3.5 People with stroke admitted to an acute stroke unit within 4 hours of arrival to hospital. Version 1.5, September 2019 [↑](#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 01 May 2019. <https://www.nice.org.uk/guidance/ng128> [↑](#footnote-ref-3)