

# NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE

## IMPLEMENTATION DIRECTORATE QUALITY STANDARDS PROGRAMME

### Draft Quality Standard for Stroke

**Quality Standard Topic:** Stroke

**Output:** Draft Standard Executive Summary

#### **Scope of Quality Standard for Stroke:**

Care provided to adult stroke patients by health care staff during the course of diagnosis and initial management, acute phase care, rehabilitation and long-term management.

#### **Policy context:**

Department of Health “National Stroke Strategy” (2007).

Department of Health “Reducing Brain Damage: faster access to better stroke care” (2005).

#### **Key development sources:**

Royal College of Physicians “National Clinical Guideline for Stroke” (2008) which incorporates NICE CG68 Diagnosis and initial management of acute stroke and transient ischaemic attack (2008).

#### **Overview of statements:**

The 21 Key Priorities for Implementation from the RCP guideline were developed by the Topic Expert Group (TEG) into 13 draft quality statements. Of the remaining 384 recommendations, a further 7 recommendations were provisionally prioritised by the TEG Chair and NICE Quality Standards Consultant Clinical Advisor. These were discussed and resulted in 6 additional draft quality statements. In addition, the TEG chose one further recommendation to be developed into a draft quality statement. There are a total of 20 draft quality statements being presented for consultation, each with associated quality measures. Further explanation of methodology is contained within the Interim Process Guide which can be found at:

<http://www.nice.org.uk/media/61B/AC/DevelopingNICEQualityStandardsInterimProcessGuide.pdf>

#### **Field testing, Consultation and Feedback:**

To be held 27<sup>th</sup> November 2009 to 15<sup>th</sup> January 2010, in order to obtain comments on the content of the draft standard. Further consideration will be given to format and presentation after the consultation period.

## Stroke Draft Quality Standard:

No.	Quality Statement
1	Patients with stroke receive care from commissioned services that encompass the whole stroke pathway from prevention through to acute care, early rehabilitation and initiation of secondary prevention, and on to palliation, later rehabilitation in the community and long-term support.
2	Patients with stroke are seen by at least one member of the specialist rehabilitation team within 24 hours for assessment and by all relevant members of the specialist rehabilitation team within 5 days of admission.
3	Patients seen within 3 hours of an acute neurological syndrome suspected to be a stroke will be transferred directly to the specialised hyperacute stroke unit to assess for thrombolysis and receive it if clinically indicated.
4	Patients requiring ongoing hospital care after completion of their acute diagnosis and treatment are treated in a geographically identified specialist stroke rehabilitation unit.
5	All patients discharged home directly after acute treatment who have residual problems are followed up within 24 hours by specialist stroke rehabilitation services in order to assess the need for further interventions.
6	Patients with stroke who cannot be admitted to hospital, and who are not receiving palliative care, are seen by a specialist team at home or on an outpatient basis as soon as possible.
7	Patients with stroke will be discharged according to a locally negotiated policy.
8	Patients with stroke are offered a minimum of 45 minutes of each therapy that is required for a minimum of 5 days a week for as long as they are continuing to benefit from it.
9	(a) People with sudden onset of neurological symptoms outside hospital are screened by ambulance personnel using a validated tool to determine a diagnosis of stroke or transient ischaemic attack. (b) People with sudden onset of neurological symptoms who screen positive using a validated tool, in whom hypoglycaemia has been excluded and who meet the requirements for thrombolysis, are transferred to an acute stroke care facility within 60 minutes.
10	Patients with acute stroke receive brain imaging within 1 hour of admission if they meet any of the indications for immediate imaging.
11	Patients with acute stroke who meet the criteria for treatment with alteplase are treated in accordance with NICE technology appraisal guidance 122 (2007) and NICE clinical guideline CG68 (2008).
12	Patients admitted with acute stroke have their swallowing screened within 4 hours of admission by an appropriately trained healthcare professional, before being given any oral food, fluid or medication.
13	Patients with stroke who have any impairment at 24 hours receive a full multidisciplinary assessment using an agreed procedure or protocol for goal setting within 5 days, documented in the patient records.
14	Patients with stroke entering rehabilitation are screened for depression using a validated screening tool (for example, the GHQ-12 or PHQ-9 questionnaire).
15	Patients with stroke entering rehabilitation are screened to identify the range of cognitive impairments that may occur after a stroke using a validated screening tool (for example, mini-mental state examination or short orientation-memory-concentration test).
16	Patients with stroke who have aphasia that persists for more than 2 weeks receive appropriate speech and language therapy. This includes being given treatment aimed at reducing identified specific language impairments while continuing to progress towards goals, being considered for early intensive (2-8 hours/week) speech and language therapy, if they can tolerate it, and being assessed for alternate means of communication (for example, gesture, drawing, writing, use of communication aids) and taught how to use any that are effective.
17	Patients with stroke who have loss of control of the bladder at 2 weeks are reassessed for other causes of incontinence which should be treated if identified. This treatment should include having an active plan of management documented, offering simple treatments first,

	only giving an indwelling urethral catheter after other methods of management have failed and only discharging the patient home with continuing incontinence after the carer, family member or patient has been fully trained and adequate arrangements for continuing supply of continence aids and services are confirmed.
18	Patients with stroke are formally assessed for their safety and independence in all personal activities of daily living by a therapist or nurse using a standardised assessment tool.
19	Patients with stroke whose activities have been limited are assessed by an occupational therapist with expertise in neurological disability and taught how to achieve activities safely using any adaptations or equipment if needed.
20	Carer/s of patients with stroke are involved with the management process from the outset. This includes asking the carer to provide information about the patient's clinical and social situation, providing the carer with appropriate information about the patient's stroke and giving the carer emotional and practical support.

# NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE

## IMPLEMENTATION DIRECTORATE QUALITY STANDARDS PROGRAMME

### Draft Quality Standard for Stroke

<p><b>Quality Standard Topic:</b> Stroke</p> <p><b>Output:</b> Pilot Quality Standard</p>
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#### Draft Quality Statement 1

<b>Draft Quality Statement</b>	<p>Patients with stroke receive care from commissioned services that encompass the whole stroke pathway from prevention through to acute care, early rehabilitation and initiation of secondary prevention, and on to palliation, later rehabilitation in the community and long-term support.</p>
<b>Draft Quality Measure</b>	<p><b>Structure:</b> Evidence of local arrangements to ensure delivery of care across the whole stroke care pathway.</p> <p><b>Process:</b> Proportion of commissioning organisations with a commissioning portfolio encompassing the whole stroke pathway from prevention through to acute care, early rehabilitation and initiation of secondary prevention, and on to palliation, later rehabilitation in the community and long-term support.</p> <p>Each of these parts of the care pathway to be measured separately.</p>
<b>Description of what the quality statement means for each audience</b>	<p><b>Service providers</b> offer services which encompass the whole stroke pathway from prevention through to acute care, early rehabilitation and initiation of secondary prevention, and on to palliation, later rehabilitation in the community and long-term support.</p> <p><b>Health and social care professionals</b> (in secondary and primary care, including community services) are aware of local policies and follow local protocols and national guidelines as appropriate.</p> <p><b>Commissioners</b> ensure the services they commission encompass the whole stroke pathway from prevention through to acute care, early rehabilitation and initiation of secondary prevention, and on to palliation, later rehabilitation in the community and long-term support.</p> <p><b>Patients</b> can expect to receive care from commissioned services that encompass the whole stroke pathway from prevention through to acute care, early rehabilitation and initiation of secondary prevention, and on to palliation, later rehabilitation in the community and long-term support.</p>
<b>RCP CG Rec.</b>	2.1.1 A (KPI 1)

<b>Matching Existing Indicators: Stroke<sup>1</sup></b>	None identified
<b>Matching Existing Indicators: Generic</b>	None identified
<b>Other possible national data sources</b>	None identified

**Statement-specific questions:**

Do you consider this quality statement merits prioritisation for inclusion? If not, please indicate why.
Is the quality measure feasible to collect in practice? If not, please indicate how it could be reworded to improve feasibility.
Is the process measure data: A. Currently collected and easy to share. B. Currently collected and difficult to share. C. Not currently collected?

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<sup>1</sup> For further explanation on indicator categories see end of document

## Draft Quality Statement 2

<b>Draft Quality Statement</b>	Patients with stroke are seen by at least one member of the specialist rehabilitation team within 24 hours for assessment and by all relevant members of the specialist rehabilitation team within 5 days of admission.
<b>Draft Quality Measure</b>	<p><b>Structure:</b> Evidence of local arrangements to ensure that acute services are commissioned to provide prompt access to specialist rehabilitation services.</p> <p><b>Process:</b> Proportion of patients with an acute stroke seen by at least one member of the specialist rehabilitation team for assessment within 24 hours of admission and by all relevant members of the specialist rehabilitation team for treatment within 5 days of admission.</p>
<b>Description of what the quality statement means for each audience</b>	<p><b>Service providers</b> ensure that patients are seen by at least one member of the specialist rehabilitation team within 24 hours for assessment, and by all relevant team members within 5 days for treatment.</p> <p><b>Health and social care professionals</b> ensure that patients with an acute stroke under their care are seen by at least one member of the specialist rehabilitation team within 24 hours for assessment and by all relevant team members within 5 days for treatment.</p> <p><b>Commissioners</b> ensure that services are in place so that patients can be seen by at least one member of the specialist rehabilitation team within 24 hours for assessment, and by all relevant team members for treatment within 5 days of admission.</p> <p><b>Patients</b> with stroke can expect to be assessed by at least one member of the specialist rehabilitation team within 24 hours of admission and by all relevant team members for treatment within 5 days of admission.</p>
<b>RCP CG Rec.</b>	2.2.1 C (KPI 2)
<b>Matching Existing Indicators: Stroke</b>	<p><b>DH World Class Commissioning Assurance Framework: Acute 37</b> – Percentage of stroke admissions given a physiotherapist assessment within 72 hours.</p> <p><b>National Sentinel Stroke Audit: CV05</b> – Proportion of stroke patients who see a physiotherapist within 72 hours of admission.</p>
<b>Matching Existing Indicators: Generic</b>	None identified
<b>Other possible national data sources</b>	None identified

### Statement-specific questions:

Do you consider this quality statement merits prioritisation for inclusion? If not, please indicate why.

Is the quality measure feasible to collect in practice? If not, please indicate how it could be reworded to improve feasibility.

Is the process measure data: A. Currently collected and easy to share. B. Currently collected and difficult to share. C. Not currently collected?

### Draft Quality Statement 3

<b>Draft Quality Statement</b>	Patients seen within 3 hours of an acute neurological syndrome suspected to be a stroke will be transferred directly to the specialised hyperacute stroke unit to assess for thrombolysis and receive it if clinically indicated.
<b>Draft Quality Measure</b>	<p><b>Structure:</b> Evidence of local arrangements to ensure that patients are assessed in a specialised hyperacute stroke unit for thrombolysis and receive it within 3 hours of an acute neurological syndrome suspected to be a stroke.</p> <p><b>Process:</b> Proportion of patients who are assessed in a specialised hyperacute stroke unit for thrombolysis and receive it within 3 hours of an acute neurological syndrome suspected to be a stroke.</p>
<b>Description of what the quality statement means for each audience</b>	<p><b>Service providers</b> ensure that patients seen within 3 hours of an acute neurological syndrome suspected to be a stroke are transferred directly to the specialised hyperacute stroke unit to assess for thrombolysis and receive it if clinically indicated.</p> <p><b>Health and social care professionals</b> ensure that all patients seen within 3 hours of an acute neurological syndrome suspected to be a stroke are transferred directly to a specialised hyperacute stroke unit where they are assessed for thrombolysis, which will be administered if clinically indicated.</p> <p><b>Commissioners</b> ensure that all patients seen within 3 hours of an acute neurological syndrome suspected to be a stroke are transferred directly to a specialised hyperacute stroke unit where they are assessed for thrombolysis, which will be administered if clinically indicated.</p> <p><b>Patients</b> who are seen within 3 hours of an acute neurological syndrome suspected to be a stroke can expect to be transferred directly to a specialised hyperacute stroke unit and assessed for thrombolysis, which will be administered if clinically indicated.</p>
<b>RCP CG Rec.</b>	3.1.1 B (KPI3) combined with 3.1.1C (KPI4)
<b>Matching Existing Indicators: Stroke</b>	None identified
<b>Matching Existing Indicators: Generic</b>	None identified
<b>Other possible national data sources</b>	None identified

#### Statement-specific questions:

Do you consider this quality statement merits prioritisation for inclusion? If not, please indicate why.

Is the quality measure feasible to collect in practice? If not, please indicate how it could be reworded to improve feasibility.

Is the process measure data: A. Currently collected and easy to share. B. Currently collected and difficult to share. C. Not currently collected?

## Draft Quality Statement 4

<b>Draft Quality Statement</b>	Patients requiring ongoing hospital care after completion of their acute diagnosis and treatment are treated in a geographically identified specialist stroke rehabilitation unit.*
<b>Draft Quality Measure</b>	<p><b>Structure:</b> Evidence of local arrangements to ensure all patients requiring ongoing hospital care after completion of their acute diagnosis and treatment are treated in a specialist stroke rehabilitation unit.*</p> <p><b>Process:</b> The proportion of patients requiring ongoing hospital care after completion of their acute diagnosis and treatment who are treated in a specialist stroke rehabilitation unit.*</p> <p>* A specialist stroke rehabilitation unit should meet all of the following criteria:</p> <ul style="list-style-type: none"> <li>• It should be a geographically identified unit.</li> <li>• It should have a coordinated multidisciplinary team that meets at least once a week for the interchange of information about individual patients.</li> <li>• Staff should have specialist expertise in stroke and rehabilitation.</li> <li>• Educational programmes and information are provided for staff, patients and carers.</li> </ul>
<b>Description of what the quality statement means for each audience</b>	<p><b>Service providers</b> ensure all patients requiring ongoing hospital care after completion of their acute diagnosis and treatment are treated in a specialist stroke rehabilitation unit.</p> <p><b>Health and social care professionals</b> delivering care in a specialist stroke rehabilitation unit have received specialist stroke training in stroke and rehabilitation and undergo ongoing professional development.</p> <p><b>Commissioners</b> ensure the services commissioned provide patients identified as requiring ongoing hospital care after completion of their acute diagnosis and treatment with treatment in a geographically identified specialist stroke rehabilitation unit.</p> <p><b>Patients</b> requiring ongoing hospital care after completion of their acute diagnosis and treatment can expect to be treated in a geographically identified specialist stroke rehabilitation unit.</p>
<b>RCP CG Rec.</b>	3.2.1 B (KPI 5)
<b>Matching Existing Indicators: Stroke</b>	None identified
<b>Matching Existing Indicators: Generic</b>	None identified
<b>Other possible national data sources</b>	None identified

### Statement-specific questions:

Do you consider this quality statement merits prioritisation for inclusion? If not, please indicate why.

Is the quality measure feasible to collect in practice? If not, please indicate how it could be reworded to improve feasibility.

Is the process measure data: A. Currently collected and easy to share. B. Currently collected and difficult to share. C. Not currently collected?

## Draft Quality Statement 5

<b>Draft Quality Statement</b>	All patients discharged home directly after acute treatment who have residual problems are followed up within 24 hours by specialist stroke rehabilitation services in order to assess the need for further interventions.
<b>Draft Quality Measure</b>	<p><b>Structure:</b> Evidence of local arrangements to ensure patients discharged home directly after acute treatment who have residual problems are followed up within 24 hours by specialist stroke rehabilitation services in order to assess the need for further interventions.</p> <p><b>Process:</b> Proportion of patients discharged home directly after acute treatment but with residual problems who are followed up within 24 hours by specialist stroke rehabilitation services.</p>
<b>Description of what the quality statement means for each audience</b>	<p><b>Service providers</b> ensure that all patients discharged home directly after acute treatment who have residual problems are followed up within 24 hours by specialist stroke rehabilitation services.</p> <p><b>Health and social care professionals</b> ensure that patients under their care with residual problems after acute treatment are identified prior to discharge and that specialist stroke rehabilitation services assess the patients' need for further interventions within 24 hours of discharge.</p> <p><b>Commissioners</b> ensure that specialist stroke rehabilitation services are available to ensure that all patients discharged home directly after acute treatment who have residual problems are followed up within 24 hours.</p> <p><b>Patients</b> with residual problems following acute treatment can expect to receive stroke specialist rehabilitation services within 24 hours of discharge.</p>
<b>RCP CG Rec.</b>	3.2.1 C (KPI 6)
<b>Matching Existing Indicators: Stroke</b>	<p><b>Sentinel Stroke Audit: CV08</b> – Proportion of sites with early supported discharge team attached to the stroke multidisciplinary team.</p> <p><b>Compendium of Public Health Indicators Stroke: JE10E_250</b> – Returning to usual place of residence following hospital treatment: stroke.</p> <p><b>Numerator data</b> – The number of continuous inpatient (CIP) spells, i.e. spells following emergency admission for patients of all ages with a primary diagnosis on admission of stroke (ICD-10 codes I61–I64*), where the patient is discharged to a specified category of accommodation between 0 and 55 days (inclusive) of admission.</p> <p><b>Denominator data</b> – The number of finished CIP spells following an emergency admission within the respective financial year for patients of all ages with a primary diagnosis on admission of stroke (ICD-10 codes I61–I64*), excluding spells ending in death within 0–2 days (inclusive) of admission. The denominator also excludes CIP spells where the first episode in the spell has an admission source coded other than I61–I64*.</p>

	<p>* ICD-10 codes for stroke  I61: Intracerebral haemorrhage.  I62: Other non-traumatic intracranial haemorrhage.  I63: Cerebral infarction.  I64: Stroke not specified as haemorrhage or infarction.</p> <p>Source of denominator data – Hospital Episode Statistics (HES) for CIP spells intersecting the respective financial year, England. The Information Centre for Health and Social Care.</p>
<b>Matching Existing Indicators: Generic</b>	None identified
<b>Other possible national data sources</b>	None identified

**Statement-specific questions:**

Do you consider this quality statement merits prioritisation for inclusion? If not, please indicate why.
Is the quality measure feasible to collect in practice? If not, please indicate how it could be reworded to improve feasibility.
Is the process measure data: A. Currently collected and easy to share. B. Currently collected and difficult to share. C. Not currently collected?
Would a data point in the stroke database be needed as a national measure of first contact post discharge for this statement to be measurable?
If all discharged patients are to be followed up within 24 hours, how would this impact those who go home over the weekend?

## Draft Quality Statement 6

<b>Draft Quality Statement</b>	Patients with stroke who cannot be admitted to hospital, and who are not receiving palliative care, are seen by a specialist team at home or on an outpatient basis as soon as possible.
<b>Draft Quality Measure</b>	<p><b>Structure:</b> Evidence of local arrangements to ensure any patient with a stroke who cannot be admitted to hospital, and who is not receiving palliative care, is seen by a specialist team at home or on an outpatient basis as soon as possible.</p> <p><b>Process:</b> Proportion of patients with a stroke who are not admitted to hospital and are not receiving palliative care, who are seen by a specialist team at home or on an outpatient basis for diagnosis, treatment, rehabilitation and risk factor reduction.</p>
<b>Description of what the quality statement means for each audience</b>	<p><b>Service providers</b> offer services which ensure that any patient with a stroke who cannot be admitted to hospital and is not receiving palliative care, is seen by a specialist team at home or on an outpatient basis as soon as possible.</p> <p><b>Health and social care professionals</b> ensure that any patient with a stroke who cannot be admitted to hospital and is not receiving palliative care, is seen by a specialist team at home or on an outpatient basis as soon as possible.</p> <p><b>Commissioners</b> commission services which ensure that any patient with a stroke who cannot be admitted to hospital, and who is not receiving palliative care, is seen by a specialist team at home or on an outpatient basis as soon as possible.</p> <p><b>Patients</b> with a stroke who cannot be admitted to hospital, and who are not receiving palliative care, can expect to be seen by a specialist team at home or on an outpatient basis as soon as possible.</p>
<b>RCP CG Rec.</b>	3.4.1 B (KPI 8)
<b>Matching Existing Indicators: Stroke</b>	None identified
<b>Matching Existing Indicators: Generic</b>	None identified
<b>Other possible national data sources</b>	None identified

### Statement-specific questions:

Do you consider this quality statement merits prioritisation for inclusion? If not, please indicate why.
Is the quality measure feasible to collect in practice? If not, please indicate how it could be reworded to improve feasibility.
Is the process measure data: A. Currently collected and easy to share. B. Currently collected and difficult to share. C. Not currently collected?

## Draft Quality Statement 7

<b>Draft Quality Statement</b>	Patients with stroke will be discharged according to a locally negotiated policy.*
<b>Draft Quality Measure</b>	<p><b>Structure:</b> Evidence that local arrangements are in place for an agreed protocol to ensure adequate discharge planning.*</p> <p><b>Process:</b> The proportion of patients with an appropriately planned discharge.*</p> <p>* Discharge plans should ensure that:</p> <ul style="list-style-type: none"> <li>• patients and families are fully prepared and have been fully involved in developing an individualised and comprehensive care plan prior to discharge.</li> <li>• general practitioners, primary healthcare teams and social services departments (adult services) are all informed before or at the time of discharge.</li> <li>• all equipment and support services necessary for a safe discharge are in place.</li> <li>• any continuing treatment required will be provided without delay by an appropriate specialist service.</li> <li>• patients and families are given information about and offered contact with appropriate statutory and voluntary agencies.</li> </ul>
<b>Description of what the quality statement means for each audience</b>	<p><b>Service providers</b> ensure that patients will be discharged according to a locally negotiated policy.</p> <p><b>Health and social care professionals</b> ensure that they follow locally negotiated protocols for discharge planning.</p> <p><b>Commissioners</b> ensure that joint commissioning arrangements are in place with adult social care/local authorities to ensure patients will be discharged according to a locally negotiated policy.</p> <p><b>Patients</b> can expect that they will be discharged according to a locally negotiated policy.</p>
<b>RCP CG Rec.</b>	3.7.1 A (KPI 9)
<b>Matching Existing Indicators: Stroke</b>	None identified
<b>Matching Existing Indicators: Generic</b>	None identified
<b>Other possible national data sources</b>	None identified

### Statement-specific questions:

Do you consider this quality statement merits prioritisation for inclusion? If not, please indicate why.
Is the quality measure feasible to collect in practice? If not, please indicate how it could be reworded to improve feasibility.
Is the process measure data: A. Currently collected and easy to share. B. Currently collected and difficult to share. C. Not currently collected?

## Draft Quality Statement 8

<b>Draft Quality Statement</b>	Patients with stroke are offered a minimum of 45 minutes of each therapy that is required for a minimum of 5 days a week for as long as they are continuing to benefit from it.
<b>Draft Quality Measure</b>	<p><b>Structure:</b> Evidence that local arrangements are in place for the provision of a minimum of 45 minutes of each therapy that is required for a minimum of 5 days a week for patients with stroke who are continuing to benefit from it.</p> <p><b>Process:</b> Proportion of patients with stroke who are offered 45 minutes of each therapy that is required, for a minimum of 5 days a week as long as they continue to benefit from it.</p>
<b>Description of what the quality statement means for each audience</b>	<p><b>Service providers</b> ensure that there are agreed local policies and protocols that ensure that patients with stroke are offered a minimum of 45 minutes of each therapy that is required for a minimum of 5 days each week as long as they continue to benefit from it.</p> <p><b>Health and social care professionals</b> ensure that patients with stroke under their care are offered a minimum of 45 minutes of each therapy that is required at least 5 days a week as long as they continue to benefit from it.</p> <p><b>Commissioners</b> commission services to ensure that each patient with stroke is offered a minimum of 45 minutes of each therapy that is required for a minimum of 5 days a week as long as they continue to benefit from it.</p> <p><b>Patients</b> with stroke can expect to be offered at least 45 minutes of each therapy that is required a minimum of 5 times each week as long as they continue to benefit from it.</p>
<b>RCP CG Rec.</b>	3.13.1 A (KPI 10)
<b>Matching Existing Indicators: Stroke</b>	<b>National Sentinel Stroke Audit: CV05</b> – Proportion of stroke patients who see a physiotherapist within 72 hours of admission.
<b>Matching Existing Indicators: Generic</b>	None identified
<b>Other possible national data sources</b>	None identified

### Statement-specific questions:

Do you consider this quality statement merits prioritisation for inclusion? If not, please indicate why.
Is the quality measure feasible to collect in practice? If not, please indicate how it could be reworded to improve feasibility.
Is the process measure data: A. Currently collected and easy to share. B. Currently collected and difficult to share. C. Not currently collected?
Is the frequency of therapy appropriate for this quality statement?

Would it be more valuable for the quality statement to require 45 minutes of non-defined therapy as required or to address each appropriate therapy individually? If so, which therapies should be included?

## Draft Quality Statement 9

<p><b>Draft Quality Statement</b></p>	<p>(a) People with sudden onset of neurological symptoms outside hospital are screened by ambulance personnel using a validated tool to determine a diagnosis of stroke or transient ischaemic attack.</p> <p>(b) People with sudden onset of neurological symptoms who screen positive using a validated tool, in whom hypoglycaemia has been excluded and who meet the requirements for thrombolysis, are transferred to an acute stroke care facility within 60 minutes.</p>
<p><b>Draft Quality Measure</b></p>	<p><b>Structure:</b></p> <p>(a) Evidence of local arrangements to ensure that a validated tool is used outside of hospital to screen for a diagnosis of stroke or transient ischaemic attack (TIA) in people with sudden onset of neurological symptoms.</p> <p>(b) Evidence of local arrangements to ensure that people with sudden onset of neurological symptoms who screen positive using a validated tool in whom hypoglycaemia has been excluded and who meet the requirements for thrombolysis are transferred to an acute stroke care facility within 60 minutes.</p> <p><b>Process:</b></p> <p>(a) Proportion of people with sudden onset of neurological symptoms who are screened for a diagnosis of stroke or TIA using a validated tool outside hospital by ambulance personnel.</p> <p>(b) Proportion of people with sudden onset of neurological symptoms who screen positive using a validated tool, in whom hypoglycaemia has been excluded and who meet the requirements for thrombolysis, who are transferred to an acute stroke care facility within 60 minutes.</p>
<p><b>Description of what the quality statement means for each audience</b></p>	<p><b>Service providers</b> ensure that there are agreed local policies and protocols for the use of validated tools to screen for a diagnosis of stroke or TIA in people with sudden onset of neurological symptoms outside hospital, and that there is immediate access (60 minutes) to acute stroke care services.</p> <p><b>Health and social care professionals</b> ensure that they use a validated tool to diagnose stroke or TIA in people with sudden onset of neurological symptoms outside hospital. They ensure that those people in their care who screen positive using a validated tool, in whom hypoglycaemia has been excluded and who meet the requirements for thrombolysis, are transferred to an acute stroke facility within 60 minutes.</p> <p><b>Commissioners</b> ensure that services are in place to ensure that people with sudden onset of neurological symptoms outside of hospital are screened and treated appropriately.</p> <p><b>Patients</b> with sudden onset of neurological symptoms can expect to be screened using a validated tool outside of hospital to screen for stroke or TIA. Patients who screen positive, in whom hypoglycaemia has been excluded and who meet the requirements for thrombolysis, can expect to be transferred to an acute stroke care facility within 60 minutes.</p>
<p><b>RCP CG Rec.</b></p>	<p>4.1.1 A</p>

<b>Matching Existing Indicators: Stroke</b>	None identified
<b>Matching Existing Indicators: Generic</b>	None identified
<b>Other possible national data sources</b>	None identified

**Statement-specific questions:**

Do you consider this quality statement merits prioritisation for inclusion? If not, please indicate why.
Is the quality measure feasible to collect in practice? If not, please indicate how it could be reworded to improve feasibility.
Is the process measure data: A. Currently collected and easy to share. B. Currently collected and difficult to share. C. Not currently collected?

## Draft Quality Statement 10

<b>Draft Quality Statement</b>	Patients with acute stroke receive brain imaging within 1 hour of admission if they meet any of the indications for immediate imaging.*
<b>Draft Quality Measure</b>	<p><b>Structure:</b> Evidence of local arrangements to ensure patients with acute stroke receive brain imaging within 1 hour of admission if they meet any of the indications for immediate imaging.*</p> <p><b>Process:</b> Proportion of patients with acute stroke who meet any of the indications for immediate imaging* who have had brain imaging within 1 hour of admission.</p> <p>* The indications for immediate imaging are:</p> <ul style="list-style-type: none"> <li>• Indications for thrombolysis or early anticoagulation treatment.</li> <li>• On anticoagulant treatment.</li> <li>• A known bleeding tendency.</li> <li>• A depressed level of consciousness (Glasgow Coma Score below 13).</li> <li>• Unexplained progressive or fluctuating symptoms.</li> <li>• Papilloedema, neck stiffness or fever.</li> <li>• Severe headache at onset of stroke symptoms.</li> </ul>
<b>Description of what the quality statement means for each audience</b>	<p><b>Service providers</b> ensure facilities and protocols are available to enable patients meeting the criteria for immediate imaging receive brain imaging within 1 hour of admission 24 hours a day and seven days a week.</p> <p><b>Health and social care professionals</b> ensure that patients under their care with acute stroke receive brain imaging within 1 hour of admission if the criteria for immediate imaging are met.</p> <p><b>Commissioners</b> ensure that services they commission enable patients with acute stroke to receive brain imaging within 1 hour of admission if they meet any of the indications for immediate imaging.</p> <p><b>Patients</b> with any of the indications for immediate brain imaging can expect to receive this within 1 hour of admission.</p>
<b>RCP CG Rec.</b>	4.5.1 A
<b>Matching Existing Indicators: Stroke</b>	<p><b>Sentinel Stroke Audit: CV02</b> – Proportion of stroke patients given a brain scan within 24 hours of stroke.</p> <p><b>DH World Class Commissioning Assurance Framework: Acute 36</b> – Percentage of stroke admissions given a brain scan within 24 hours.</p>
<b>Matching Existing Indicators: Generic</b>	None identified
<b>Other possible national data sources</b>	None identified

### Statement-specific questions:

Do you consider this quality statement merits prioritisation for inclusion? If not, please indicate why.

Is the quality measure feasible to collect in practice? If not, please indicate how it could be reworded to improve feasibility.

Is the process measure data: A. Currently collected and easy to share. B. Currently collected and difficult to share. C. Not currently collected?

## Draft Quality Statement 11

<b>Draft Quality Statement</b>	Patients with acute stroke who meet the criteria for treatment with alteplase are treated in accordance with NICE technology appraisal guidance 122 (2007) and NICE clinical guideline CG68 (2008).
<b>Draft Quality Measure</b>	<p><b>Structure:</b> Evidence that patients who meet the criteria for treatment with alteplase are treated in accordance with NICE guidance.</p> <p><b>Process:</b> Proportion of patients who meet the criteria for treatment with alteplase who receive alteplase in accordance with NICE guidance.</p>
<b>Description of what the quality statement means for each audience</b>	<p><b>Service providers</b> ensure facilities and protocols are available to enable all patients with acute stroke who meet the criteria for treatment with alteplase to be treated in accordance with NICE guidance.</p> <p><b>Health and social care professionals</b> ensure that any patient under their care who meets the criteria for treatment with alteplase is treated in accordance with NICE guidance.</p> <p><b>Commissioners</b> ensure that services are in place to deliver alteplase to the appropriate patient population in accordance with NICE guidance.</p> <p><b>Patients</b> can expect to be assessed and treated, if appropriate, with alteplase in accordance with NICE guidance.</p>
<b>RCP CG Rec.</b>	4.6.1 A (KPI 13)
<b>Matching Existing Indicators: Stroke</b>	<b>National Sentinel Stroke Audit: CV20</b> – Sites offering thrombolysis to stroke patients.
<b>Matching Existing Indicators: Generic</b>	None identified
<b>Other possible national data sources</b>	None identified

### Statement-specific questions:

Do you consider this quality statement merits prioritisation for inclusion? If not, please indicate why.
Is the quality measure feasible to collect in practice? If not, please indicate how it could be reworded to improve feasibility.
Is the process measure data: A. Currently collected and easy to share. B. Currently collected and difficult to share. C. Not currently collected?

## Draft Quality Statement 12

<b>Draft Quality Statement</b>	Patients admitted with acute stroke have their swallowing screened within 4 hours of admission by an appropriately trained healthcare professional, before being given any oral food, fluid or medication.
<b>Draft Quality Measure</b>	<p><b>Structure:</b> Evidence that arrangements are in place to ensure that all people with acute stroke have their swallowing screened on admission to hospital.</p> <p><b>Process:</b> Proportion of patients with acute stroke who have their swallowing screened within 4 hours of admission by an appropriately trained healthcare professional, before being given any oral food, fluid or medication.</p>
<b>Description of what the quality statement means for each audience</b>	<p><b>Service providers</b> ensure facilities and protocols are available to ensure that each stroke patient can have a swallowing screen completed by appropriately trained healthcare professionals, within 4 hours of admission and prior to the oral administration of food, fluid or medication.</p> <p><b>Health and social care professionals</b> are appropriately trained to undertake swallowing screens to people with acute stroke within 4 hours of admission to hospital, before being given any oral food, fluid or medication.</p> <p><b>Commissioners</b> ensure that services are in place to provide patients with acute stroke with a swallowing screen within 4 hours of admission by appropriately trained healthcare professionals, prior to the oral administration of food, fluid or medication.</p> <p><b>Patients</b> admitted with acute stroke can expect to have their swallowing screened by an appropriately trained healthcare professional within 4 hours of admission, before being given any food, drink or medication by mouth.</p>
<b>RCP CG Rec.</b>	4.16.1 A (KPI 14)
<b>Matching Existing Indicators: Stroke</b>	<b>Stroke Sentinel Audit: CV06</b> – Proportion of stroke patients given a swallow screening within 24 hours of admission.
<b>Matching Existing Indicators: Generic</b>	None identified
<b>Other possible national data sources</b>	None identified

### Statement-specific questions:

Do you consider this quality statement merits prioritisation for inclusion? If not, please indicate why.
Is the quality measure feasible to collect in practice? If not, please indicate how it could be reworded to improve feasibility.
Is the process measure data: A. Currently collected and easy to share. B. Currently collected and difficult to share. C. Not currently collected?

## Draft Quality Statement 13

<b>Draft Quality Statement</b>	Patients with stroke who have any impairment at 24 hours receive a full multidisciplinary assessment using an agreed procedure or protocol for goal setting within 5 days, documented in the patient records.
<b>Draft Quality Measure</b>	<p><b>Structure:</b> Evidence of local arrangements to ensure that all patients with any impairment at 24 hours receive a full multidisciplinary assessment using an agreed procedure or protocol for goal setting within 5 days, and that this is documented in the patient's records.</p> <p><b>Process:</b> The proportion of patients with any impairment at 24 hours who receive a full multidisciplinary assessment using an agreed procedure or protocol for goal setting within 5 days.</p>
<b>Description of what the quality statement means for each audience</b>	<p><b>Service providers</b> ensure that there are agreed local policies and guidelines for assessment at 24 hours for all patients with residual impairments, including documentation of the assessment and goal setting within 5 days.</p> <p><b>Health and social care professionals</b> ensure that all patients under their care who have any impairment at 24 hours receive a documented full multidisciplinary assessment using an agreed procedure or protocol for goal setting within 5 days.</p> <p><b>Commissioners</b> ensure that services are in place to enable the assessment at 24 hours for all stroke patients with residual impairments and goal setting within 5 days.</p> <p><b>Patients</b> with any impairment at 24 hours after a stroke can expect to receive a full documented multidisciplinary assessment within 5 days.</p>
<b>RCP CG Rec.</b>	4.18.1 B (KPI 15)
<b>Matching Existing Indicators: Stroke</b>	None identified
<b>Matching Existing Indicators: Generic</b>	None identified
<b>Other possible national data sources</b>	None identified

### Statement-specific questions:

Do you consider this quality statement merits prioritisation for inclusion? If not, please indicate why.
Is the quality measure feasible to collect in practice? If not, please indicate how it could be reworded to improve feasibility.
Is the process measure data: A. Currently collected and easy to share. B. Currently collected and difficult to share. C. Not currently collected?
Does this duplicate Quality statement 2? If so, which is more of a priority?

## Draft Quality Statement 14

<b>Draft Quality Statement</b>	Patients with stroke entering rehabilitation are screened for depression using a validated screening tool (for example, the GHQ-12 or PHQ-9 questionnaire).*
<b>Draft Quality Measure</b>	<p><b>Structure:</b> Evidence that patients entering rehabilitation are screened for depression using a validated screening tool (for example, the GHQ-12 or PHQ-9 questionnaire).*</p> <p><b>Process:</b> Proportion of patients entering rehabilitation who are screened for depression using a validated screening tool (for example, the GHQ-12 or PHQ-9 questionnaire).*</p> <p>* Validated screening tools such as 'smiley faces' or observational criteria alone should not be relied upon as the sole means of initial diagnosis. Questionnaires may be simplified to a yes/no format for people with communication difficulties.</p>
<b>Description of what the quality statement means for each audience</b>	<p><b>Service providers</b> ensure that there are agreed local policies and guidelines for screening patients with stroke for depression using a validated tool when entering rehabilitation.</p> <p><b>Health and social care professionals</b> ensure patients under their care entering rehabilitation are screened for depression using a validated screening tool.</p> <p><b>Commissioners</b> ensure that services are in place to enable the screening of all stroke patients for depression using validated tools when entering rehabilitation.</p> <p><b>Patients</b> entering rehabilitation can expect to be screened for depression by trained staff using a validated screening tool.</p>
<b>RCP CG Rec.</b>	6.25.1 A
<b>Matching Existing Indicators: Stroke</b>	None identified
<b>Matching Existing Indicators: Generic</b>	None identified
<b>Other possible national data sources</b>	None identified

### Statement-specific questions:

Do you consider this quality statement merits prioritisation for inclusion? If not, please indicate why.
Is the quality measure feasible to collect in practice? If not, please indicate how it could be reworded to improve feasibility.
Is the process measure data: A. Currently collected and easy to share. B. Currently collected and difficult to share. C. Not currently collected?
Should this statement refer to "low mood" rather than depression?

## Draft Quality Statement 15

<b>Draft Quality Statement</b>	Patients with stroke entering rehabilitation are screened to identify the range of cognitive impairments that may occur after a stroke using a validated screening tool (for example, mini-mental state examination or short orientation-memory-concentration test).
<b>Draft Quality Measure</b>	<p><b>Structure:</b> Evidence that patients with stroke who are entering rehabilitation have been screened for cognitive impairment.</p> <p><b>Process:</b> Proportion of patients entering rehabilitation who are screened for the range of cognitive impairment that may occur after a stroke using a validated screening tool.</p>
<b>Description of what the quality statement means for each audience</b>	<p><b>Service providers</b> ensure that there are agreed local policies and protocols for cognitive impairment screening using a validated screening tool for patients with stroke entering rehabilitation.</p> <p><b>Health and social care professionals</b> ensure that patients under their care are screened for the range of cognitive impairments that may occur after a stroke using a validated screening tool when entering rehabilitation.</p> <p><b>Commissioners</b> ensure that services are in place to assess patients entering rehabilitation for the range of cognitive impairments that may occur after a stroke using validated screening tools.</p> <p><b>Patients</b> with stroke entering rehabilitation can expect to be screened using a validated tool to identify the range of cognitive impairments that may occur after a stroke.</p>
<b>RCP CG Rec.</b>	6.28.1 A
<b>Matching Existing Indicators: Stroke</b>	None identified
<b>Matching Existing Indicators: Generic</b>	None identified
<b>Other possible national data sources</b>	None identified

### Statement-specific questions:

Do you consider this quality statement merits prioritisation for inclusion? If not, please indicate why.
Is the quality measure feasible to collect in practice? If not, please indicate how it could be reworded to improve feasibility.
Is the process measure data: A. Currently collected and easy to share. B. Currently collected and difficult to share. C. Not currently collected?
Should this be measured at the patient level or organisational level?

## Draft Quality Statement 16

<b>Draft Quality Statement</b>	Patients with stroke who have aphasia that persists for more than 2 weeks receive appropriate speech and language therapy. This includes being given treatment aimed at reducing identified specific language impairments while continuing to progress towards goals, being considered for early intensive (2-8 hours/week) speech and language therapy, if they can tolerate it, and being assessed for alternate means of communication (for example, gesture, drawing, writing, use of communication aids) and taught how to use any that are effective.
<b>Draft Quality Measure</b>	<p><b>Structure:</b> Evidence of local arrangements to ensure that patients with aphasia persisting for more than 2 weeks receive speech and language therapy.</p> <p><b>Process:</b> Proportion of patients with aphasia persisting for more than 2 weeks who receive speech and language therapy.</p>
<b>Description of what the quality statement means for each audience</b>	<p><b>Service providers</b> ensure that there are agreed local policies and guidelines for assessment and management of aphasia to enable patients who have persisting aphasia for more than 2 weeks to receive appropriate speech and language therapy.</p> <p><b>Health and social care professionals</b> ensure that patients under their care with aphasia persisting for more than 2 weeks are screened for communication problems and receive appropriate speech and language therapy.</p> <p><b>Commissioners</b> ensure that services are in place to enable patients who have persisting aphasia for more than 2 weeks to access appropriate speech and language therapy.</p> <p><b>Patients</b> with aphasia persisting for more than 2 weeks can expect to receive appropriate speech and language therapy and early intensive speech and language therapy if appropriate.</p>
<b>RCP CG Rec.</b>	6.36.1 D
<b>Matching Existing Indicators: Stroke</b>	None identified
<b>Matching Existing Indicators: Generic</b>	None identified
<b>Other possible national data sources</b>	None identified

### Statement-specific questions:

Do you consider this quality statement merits prioritisation for inclusion? If not, please indicate why.
Is the quality measure feasible to collect in practice? If not, please indicate how it could be reworded to improve feasibility.
Is the process measure data: A. Currently collected and easy to share. B. Currently collected and difficult to share. C. Not currently collected?

Are the examples of alternate means of communication provided in the statement too narrow? Should the statement focus on instead on enhancing communication skills more generally according to the patient's need and ability?

## Draft Quality Statement 17

<b>Draft Quality Statement</b>	Patients with stroke who have loss of control of the bladder at 2 weeks are reassessed for other causes of incontinence which should be treated if identified. This treatment should include having an active plan of management documented, offering simple treatments first, only giving an indwelling urethral catheter after other methods of management have failed and only discharging the patient home with continuing incontinence after the carer, family member or patient has been fully trained and adequate arrangements for continuing supply of continence aids and services are confirmed.
<b>Draft Quality Measure</b>	<p><b>Structure:</b> Evidence of local arrangements to ensure that patients with loss of control of the bladder at 2 weeks are reassessed and treated appropriately.</p> <p><b>Process:</b> The proportion of patients with loss of control of the bladder at 2 weeks who were reassessed and treated appropriately.</p>
<b>Description of what the quality statement means for each audience</b>	<p><b>Service providers</b> ensure that all patients with loss of control of the bladder at 2 weeks are reassessed and treated appropriately.</p> <p><b>Health and social care professionals</b> ensure that all patients with loss of control of the bladder at two weeks are reassessed and treated appropriately.</p> <p><b>Commissioners</b> ensure that services are in place to ensure that service providers reassess and treat all patients with loss of control of the bladder at 2 weeks appropriately.</p> <p><b>Patients</b> with loss of control of the bladder at 2 weeks can expect to be reassessed and treated appropriately.</p>
<b>RCP CG Rec.</b>	6.40.1 B
<b>Matching Existing Indicators: Stroke</b>	None identified
<b>Matching Existing Indicators: Generic</b>	None identified
<b>Other possible national data sources</b>	None identified

### Statement-specific questions:

Do you consider this quality statement merits prioritisation for inclusion? If not, please indicate why.

Is the quality measure feasible to collect in practice? If not, please indicate how it could be reworded to improve feasibility.

Is the process measure data: A. Currently collected and easy to share. B. Currently collected and difficult to share. C. Not currently collected?

## Draft Quality Statement 18

<b>Draft Quality Statement</b>	Patients with stroke are formally assessed for their safety and independence in all personal activities of daily living by a therapist or nurse using a standardised assessment tool.
<b>Draft Quality Measure</b>	<p><b>Structure:</b> Evidence of local arrangements to ensure that all stroke patients are formally assessed for their safety and independence in all personal activities of daily living by a therapist or nurse using a standardised assessment tool.</p> <p><b>Process:</b> Proportion of stroke patients formally assessed for their safety and independence in all personal activities of daily living by a therapist or nurse using a standardised assessment tool.</p>
<b>Description of what the quality statement means for each audience</b>	<p><b>Service providers</b> ensure that every patient who has a stroke is formally assessed for their safety and independence in all personal activities of daily living by a therapist or nurse using a validated standardised assessment tool.</p> <p><b>Health and social care professionals</b> ensure that all patients under their care who have had a stroke are formally assessed for their safety and independence in all personal activities of daily living by a therapist or nurse using a standardised assessment tool.</p> <p><b>Commissioners</b> ensure that services are in place to enable every patient who has had a stroke to be formally assessed for their safety and independence in all personal activities of daily living by a therapist or nurse using a standardised assessment tool.</p> <p><b>Patients</b> can expect to receive a formal assessment of their safety and independence in all personal activities of daily living by a therapist or nurse using a standardised assessment tool.</p>
<b>RCP CG Rec.</b>	6.46.1 A (KPI 19)
<b>Matching Existing Indicators: Stroke</b>	None identified
<b>Matching Existing Indicators: Generic</b>	None identified
<b>Other possible national data sources</b>	None identified

### Statement-specific questions:

Do you consider this quality statement merits prioritisation for inclusion? If not, please indicate why.
Is the quality measure feasible to collect in practice? If not, please indicate how it could be reworded to improve feasibility.
Is the process measure data: A. Currently collected and easy to share. B. Currently collected and difficult to share. C. Not currently collected?

## Draft Quality Statement 19

<b>Draft Quality Statement</b>	Patients with stroke whose activities have been limited are assessed by an occupational therapist with expertise in neurological disability and taught how to achieve activities safely using any adaptations or equipment if needed.
<b>Draft Quality Measure</b>	<p><b>Structure:</b> Evidence of local arrangements to ensure that patients whose activities are limited are assessed by an occupational therapist with expertise in neurological disability and taught how to achieve activities safely using any adaptations or equipment if needed.</p> <p><b>Process:</b> Proportion of patients whose activities have been limited who have been:</p> <ul style="list-style-type: none"> <li>• assessed by an occupational therapist with expertise in neurological disability</li> <li>• taught how to achieve activities safely and given opportunities to practise under supervision, if activities are potentially achievable</li> <li>• assessed for, provided with and taught how to use any adaptations or equipment needed to achieve safe activities.</li> </ul> <p>It is suggested that each of these is measured separately.</p>
<b>Description of what the quality statement means for each audience</b>	<p><b>Service providers</b> ensure that there are appropriate local policies to enable patients whose activities have been limited to be assessed by an occupational therapist with expertise in neurological disability and taught how to achieve activities safely using any adaptations or equipment if needed.</p> <p><b>Health and social care professionals</b> ensure that patients whose activities have been limited are assessed by an occupational therapist with expertise in neurological disability and taught how to achieve activities safely using any adaptations or equipment if needed.</p> <p><b>Commissioners</b> ensure that services are in place to ensure that patients whose activities have been limited are assessed by an occupational therapist with expertise in neurological disability and taught how to achieve activities safely using any adaptations or equipment if needed.</p> <p><b>Patients</b> whose activities have been limited can expect to be assessed by an occupational therapist with expertise in neurological disability and taught how to achieve activities safely using any adaptations or equipment if needed.</p>
<b>RCP CG Rec.</b>	6.47.1 B
<b>Matching Existing Indicators: Stroke</b>	None identified
<b>Matching Existing Indicators: Generic</b>	None identified
<b>Other possible national data sources</b>	None identified

### Statement-specific questions:

Do you consider this quality statement merits prioritisation for inclusion? If not, please indicate why.
Is the quality measure feasible to collect in practice? If not, please indicate how it could be reworded to improve feasibility.
Is the process measure data: A. Currently collected and easy to share. B. Currently collected and difficult to share. C. Not currently collected?
Should this be included as a patient reported outcome measure?
Is this quality statement dependent on quality statement 18? Would the patients whose activities have been limited be identified through the ADL index?

## Draft Quality Statement 20

<b>Draft Quality Statement</b>	Carer/s of patients with stroke are involved with the management process from the outset. This includes asking the carer to provide information about the patient's clinical and social situation, providing the carer with appropriate information about the patient's stroke and giving the carer emotional and practical support.
<b>Draft Quality Measure</b>	<p><b>Structure:</b> Evidence of local arrangements to ensure that the carer/s of every patient with stroke are involved with the management process from the outset, including asking the carer to provide information about the patient's clinical and social situation, providing the carer with appropriate information about the patient's stroke and giving the carer emotional and practical support.</p> <p><b>Process:</b> Proportion of patients with stroke whose carer/s are involved with the management process from the outset, asked to provide information about the patient's clinical and social situation, given information about the patient's stroke and given emotional and practical support, as documented in the patients' records.</p>
<b>Description of what the quality statement means for each audience</b>	<p><b>Service providers</b> ensure that local policies are in place to ensure that the carer/s of every patient with stroke are involved with the management process from the outset, asked to provide information about the patient's clinical and social situation, given information about the patient's stroke and given emotional and practical support.</p> <p><b>Health and social care professionals</b> ensure that the carer/s of every patient with stroke is involved with the management process from the outset, asked to provide information about the patient's clinical and social situation, given information about the patient's stroke and given emotional and practical support.</p> <p><b>Commissioners</b> ensure that services are in place to enable the carer/s of every patient with stroke to be involved with the management process from the outset, asked to provide information about the patient's clinical and social situation, given information about the patient's stroke and given emotional and practical support.</p> <p><b>Patients</b> can expect that their carer/s are involved and actively included in the management of their stroke from the outset, asked to provide information about the patient's clinical and social situation, given information about the patient's stroke and given emotional and practical support.</p>
<b>RCP CG Rec.</b>	7.5.1 B (KPI 21)
<b>Matching Existing Indicators: Stroke</b>	None identified
<b>Matching Existing Indicators: Generic</b>	None identified
<b>Other possible national data sources</b>	None identified

**Statement-specific questions:**

Do you consider this quality statement merits prioritisation for inclusion? If not, please indicate why.
Is the quality measure feasible to collect in practice? If not, please indicate how it could be reworded to improve feasibility.
Is the process measure data: A. Currently collected and easy to share. B. Currently collected and difficult to share. C. Not currently collected?
Should this be included as a patient reported outcome measure?

Explanatory notes on signposted indicators:

“Matching Existing Indicators: Stroke” identifies any existing quality indicators that match the draft quality statement for stroke patients specifically. Indicators from the Information Centre Indicators of Quality Improvement will be given preference.

“Matching Existing Indicators: Generic” identifies any existing quality indicators that match the draft quality statement but are not stroke specific.

“Other possible national data sources” identifies other national sources of data that could be used to form an indicator for the draft quality statement.