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Issues Underpinning The Application Of Stroke Outcome Indicators In Acute Care Settings – Lessons From A Study Within 14 English Hospitals.

Abstract

Background: Outcome measures are often referred to as the ideal measure of quality, precisely because they evaluate whether or not the quality of care resulted in the desired standard. But, aside from work in research settings, there is still a long way to go in evaluating the quality of outcome measures within clinical practice.

Aim: A study of the feasibility and potential utilisation of four outcome indicators relating to the care and management of stroke patients in acute settings:

1. Incidence of pressure sores during the inpatient stay.
2. Multi-professional involvement following admission.
3. Distribution of the Barthel Index of Activities of Daily Living (ADL) at discharge from hospital.
4. Percentage of patients for whom a formal swallowing assessment was undertaken within 24 hours of stroke.

The study involved 14 sites from across England collecting data for the outcome indicators, over a three month period during 1998.

Results: The results of the study were presented to a multi-professional forum, including representatives from participating study sites, clinicians, health care planners and researchers, which assessed the definitions of the outcome indicators, the reliability of the data collected, issues relating to the variability of results and the potential applicability of the indicators. The forum reached broad agreement about the potential worth of the indicators but also highlighted some definitional problems and recommended ways to maximise the use of outcome indicators.

Conclusion: The study of stroke indicators within acute care settings revealed a range of issues involved in the measurement of health outcomes. Indirect indicators of health outcome are practical and measurable as long as all parties understand the reasons for their collection, their relevance and interpretation and the range of purposes for which they can be used. This work from 1998 continues to be valid and to feed in to other UK projects.

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