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## Can VAED Provide The Overall Measures Of Success And/Or Improvement Of Care?

### Abstract

Healthcare providers are finding themselves increasingly accountable for providing and documenting appropriate cost-effective high-quality care. In order to accomplish this objective, providers are strategically taking a process view of care delivery and evaluating and redesigning processes of care. To support this trend a number of data collections have been developed and established.

Victorian Admitted Episode Dataset, developed and maintained by the Victorian Department of Human Services, is one such important state level data collection of acute hospital admitted patients. It forms the core set of centrally collected information that hopes to assist the providers, purchasers and consumers of acute health services in their performance measurement analysis and decision-making. The broad questions are which of the routinely collected parameters are related to care types of the current episode, and which of these are better predictors of the various care types. A well-defined cohort of stroke episodes is used this study. There are a number of reasons why stroke was chosen for the study. Stroke is also a leading cause of adult disability and the third most common cause of death. Stroke patients use a considerable number of hospital bed days, and therefore lead to a large cost for any acute hospital. Management of stroke involves a multidisciplinary team and can extend beyond the acute setting.

The finding of this preliminary study demonstrates significant relationships between the four (Rehab, Elderly, Acute & Others) care types of the episodes and circumstances of commencements of the episode, types of admission, hospital types, stroke types, some patient demographics and hospital groups. Various combinations of a number of these parameters also predict each of the types of care of the episode. Studies like this can provide clinicians and health managers information regarding the current overall care and outcome measures for comparing patient management.

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