Australian Stroke Coalition 30/60/90 National Stroke Targets Taskforce
Definition and scope clarification

Preamble

To appropriately report baseline performance and progress towards reaching the Targets, clear definitions of inclusions and exclusions are required. These definitions were discussed and largely agreed at the Targets Workshop in Adelaide (September 25, 2024), discussed further at the Taskforce meeting in November 2024, and finalised in July 2025.

1) **Scope and Data Sources**
   a) Australian Stroke Coalition progress reports towards the Targets should include all available Australian jurisdictional data from 2023, where data have been derived from reliable and complete/near complete sources (i.e. estimated as 80% complete or better).
   b) To ensure representativeness, data from non-Australian Stroke Clinical Registry (AuSCR) regions or services will supplement AuSCR data as appropriate, under agreed data-sharing provisions.
   c) The largest source of reference data is from the AuSCR. Within AuSCR, reporting is occurring against the Targets via an internal, near-real time (refreshed daily) dashboard, as determined by the relevant AuSCR Committee, with appropriate consultation.
      i) Within this dashboard, in which filtering options are available, the degree to which hospital- or state-based data are visible to other AuSCR states and hospitals, is also determined by the relevant AuSCR Committee, with appropriate consultation. State- and hospital-level data are not shared without state and hospital consent.
      ii) The AuSCR also reports progress in its annual reports.

2) **National Stroke Targets ASC Reporting**
   a) The ASC will produce a national data summary, which will provide information in numeric or graphical formats to describe progress in 6-monthly blocks, from 1 January 2023 onwards. This summary of aggregated data presented on the ASC website will be public-facing, and will not be modifiable, e.g. unable to use filters by state or by other definable cohorts.
   b) A national interactive data dashboard, which includes all available data in an approved format that allows filtering by different types of variables, e.g. patient age, hospital type etc, may be developed in the future by mutual consent between the AuSCR and other data custodians, under mutually agreed governance.

3) **Individual KPI definitions and clarifications**

   a) **National median thrombolysis door-to-needle time <60mins**
      i) Reported as median and IQR.
      ii) Patients receiving thrombolysis in a mobile stroke unit or stroke capable ambulance are included (using scene-to-needle times).
      iii) Inpatient stroke is excluded.

b) National median endovascular therapy (EVT) door-to-puncture time <30 mins for transfers
  i) Reported as median and IQR.
  ii) All patients transferred from another hospital, including inpatients, with neuroimaging demonstrating an appropriate vessel occlusion with subsequent arterial puncture, will be included.
  iii) Patients transferred without imaging, but with suspected EVT-eligible ischaemic stroke, are not included in this target, but included and counted as primary presenting patients.

c) National median door-in-door-out time for EVT <60mins in metro hospitals (75 minutes for non-metropolitan patients transferred via road)
  i) Reported as median and IQR.
  ii) All patients transferred from the emergency department with the intent of performing EVT are included, irrespective of whether EVT is performed.
  iii) Inpatient stroke transferred for EVT (with imaging on site) is excluded.
  iv) For the non-metropolitan hospital <75-minute target, patients are included where road transfer is the mode of transfer (i.e. aero-retrieval patients are excluded).
     (1) Baseline (2023) data includes only non-metropolitan sites self-nominating (and/or nominated by the state leads) as retrieving routinely via road.
     (2) Once patient-level source data includes transport mode, road retrieval on a patient-level should be used as the inclusion.

d) National median EVT door-to-puncture time <90mins for primary presenters
  i) Reported as median and IQR.
  ii) Inpatient stroke is excluded.
  iii) Patients transferred from other hospitals WITHOUT prior imaging are included.

e) Certified stroke unit care provided to >90% of patients with primary stroke diagnosis
  i) Reported as raw percentage from the eligible data provided e.g. n (care in stroke unit)/N (all stroke admissions).
  ii) All patients with a clinician stroke diagnosis are included, irrespective of admission diagnosis.
     (1) While it is recognised that some patients have a diagnosis other than stroke as their primary reason for admission, the target of 90% incorporates this fact.
  iii) Reporting includes patients treated in non-certified stroke units (i.e. self-designation).
  iv) From 2024, data will be presented as an overall percentage receiving stroke unit care, and in brackets the percentage receiving certified stroke unit care.
     (1) Any patient treated at a hospital certified in the year of admission will be included, as stroke unit certification requires 12 months of acceptable stroke KPI data.
  v) This definition may be prospectively fine-tuned if and when the Australian Commission on Safety and Quality in Health Care (ACSQHC) standard indicator numerator changes to include ICU care as appropriate care.