

Appendix 2: Criteria for selection of performance measures of stroke care

Criterion ¹	Definition
Relevance	The degree of applicability of the indicator in clinical practice, and the importance of adherence to the indicator-specified care process to achieve favourable patient outcomes. Consideration should be given to the expected quality of stroke care if the care process denoted by the indicator is not followed versus the expected quality if the process is followed.
Validity	There is sufficient scientific evidence to support a link between the performance of the care process represented by the indicator and the overall positive outcomes of patients. A provider with higher rates of adherence to that indicator would be considered a higher-quality provider.
Feasibility	The degree to which the information needed to assess adherence to that indicator is clearly available. The information should be documented in the medical record and accessible through primary chart audits or administrative database searches. Alternatively, the information needed is available from the patient or proxy surveys or interviews and is likely to be accurate.
Opportunity for improvement	There is opportunity for improvement in most stroke care delivery settings (or by most stroke care providers) in Canada, and it is plausible to expect that a quality-improvement activity within a typical stroke care setting in Canada could improve this care process.

References

1. Lindsay MP, Kapral MK, Gladstone D, et al. The Canadian Stroke Quality of Care Study: establishing indicators for optimal acute stroke care. *CMAJ* 2005;172:363-5.