

#### ***14) Timely discharge to usual place of residence following stroke admission***

**14.1 Numerator:** The number of denominator CIPS (i.e. emergency admission spells for patients of all ages with a primary diagnosis on admission of stroke, ICD 10 codes I61-I64 – (see denominator data)) where the patient is discharged to the pre-admission category of accommodation between 0 and 55 days (inclusive) of admission. In the absence of routine data on patient levels of function and well-being, a return to usual residence following a stroke may act as a proxy for satisfactory outcome of rehabilitation. The category of accommodation as coded in HES is used as a proxy for place of residence. Although the proportion of those who return to pre-stroke category of accommodation will depend partly on the availability of support at home and the quality of community services, a change in the category of accommodation may suggest an important change in functional ability and health status. Data are not linked across years, thus each year's analysis relates to the episodes recorded for that HES year. Hence if a discharge occurs in a HES year following admission in the previous HES year, both events are omitted from the analysis for both years (except if the admission episode commenced in the previous HES year). The indicator includes discharges occurring after transfer to another Trust. There is variation in the completeness of hospital records and quality of coding (see HES data quality Table 1 in the main paper).

**14.2 Denominator:** The number of finished CIP spells following an emergency admission 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 19, 29, 54, 65, 66, 69, 85, 86, 88, 89 up to the end of the 98/99 financial year, and 19, 29, 30, 37, 38, 39, 48, 50, 54, 65, 66, 69, 84, 85, 86, 88, 89 afterwards. Data are not linked across years, thus each year's analysis relates to the episodes recorded for that HES year (although some admission episodes may have commenced in the previous HES year). The fields that are needed for the calculation of this indicator are shown in Table 1.1. There is variation in the completeness of hospital records and quality of coding (see HES data quality Table 1 in the main paper). Deaths within 3 days of admission are excluded from the denominator as a proxy for those unlikely to be discharged home due to the severity of the condition.