Clinical audit of patients with Transient Ischaemic Attack (TIA) presenting to RBWH in 2018 – a quality improvement study.
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Introduction
TIA can precede ischaemic stroke so must be investigated and managed urgently to minimize this risk. High-risk patients (ABCD2 score ≥4) identified by risk stratification should be admitted for further management.

Future stroke risk can be reduced by:
• using dual-antiplatelet therapy (DAPT) for high-risk TIA
• targeting a low LDL level of <1.8mmol/L
• maintaining blood pressure <140mmHg

This clinical audit sought to review practice in comparison with the Australian Stroke Foundation Guideline recommendations and to identify improvement opportunities.

Methods
Setting: Internal Medicine Department and ETC of a major metropolitan hospital in Brisbane between January and December 2018.
Participants: Adults discharged with diagnosis of TIA (ICD 10 code G45.9, G45.8 and G45.3) who met diagnostic criteria on medical record review.
Audit: Retrospective electronic medical records review by single medical registrar using structured data extraction tool based on current guidelines. Results are presented as percentage adhering to recommendation.

Results
• 149 participants with probable TIA were identified (55% male; mean age 68; 65% admitted with median length of stay 3 days). 82% were in the high-risk TIA group.
• Better guideline adherence for investigation was seen in admitted patients (Chart 3) with opportunity to improve medication management in both cohorts (Charts 1 and 2).
• Less than 2% had discharge communication conveying specific treatment plans to GP.
• 8% re-presented with an ischaemic stroke or TIA within 12 months.

Conclusions
This audit highlighted opportunities to:
✓ improve commencement of secondary prevention in high-risk TIA patients, and
✓ improve communication between providers
Re-audit is planned for 2021 to identify impact of practice changes.

References: