

SSNAP Highlight metrics

1	Onset to hospital arrival time	<p>Median time between symptom onset (if onset is known) and arrival at first hospital (if stroke onset is outside of hospital).</p> <p>This metric applies to all patients who have had stroke outside of hospital with a known onset time.</p>
2	Access to initial brain imaging	<p>The number of patients who were scanned in 20 minutes or less, divided by the number of patients admitted to hospital with a stroke diagnosis, expressed as a percentage.</p> <p>This metric applies to all patients admitted to hospital with a stroke diagnosis.</p>
3	Access to Stroke Unit within 4 hours	<p>The number of patients who were admitted to a stroke unit within and including 4 hours of clock start, divided by the total number of patients admitted to hospital with a stroke, excluding the patients who were admitted to ITU/CCU/HDU or patients who received an intra-arterial intervention, expressed as a percentage.</p>
4	Assessment by Stroke Clinician within 1 hour	<p>The number of patients who were assessed by a stroke skilled clinician or consultant clinician within 1h of arrival at hospital divided by the total number of patients admitted to hospital with a stroke, expressed as a percentage.</p> <p>An 'Initial clinical assessment' is defined as an in-person evaluation of the patient including emergency imaging and hyperacute treatments for infarction or haemorrhage.</p> <p>A 'stroke skilled clinician' is defined as a clinician, from any background discipline, who has stroke-specific competencies and is authorised to initiate hyperacute investigations such as CT/CTA/CTP and treatments such as thrombolysis, blood pressure lowering treatment, anticoagulant reversal etc. Triage or screening assessments by a clinician not trained or authorised to deliver these treatments do not qualify under this standard.</p>
5	Hyperacute interventions for intracerebral haemorrhage	<p>The number of confirmed ICH patients who were given reversal agents within 1h of arrival OR who were given antihypertensives within 1h of arrival divided by the total number of</p>

		<p>confirmed ICH patients who are eligible for either of these treatments, expressed as a percentage.</p> <p>This metric applies only to ICH patients who are on anticoagulants eligible for reversal and/or have elevated systolic blood pressure (BP>150) on admission.</p>
6	Thrombolysis rate	The number of patients who were given thrombolysis divided by the total number of all the patients admitted with a stroke diagnosis, expressed as a percentage.
7	Thrombectomy rate	The number of patients who were given thrombectomy divided by the total number of all the patients admitted with a stroke diagnosis, expressed as a percentage.
8	90% stay on a stroke unit	The number of patients who spent at least 90% of their stay on a stroke unit divided by the total number of eligible patients admitted to hospital with a stroke, expressed as a percentage. This metric does not apply to patients who were admitted to ITU/CCU/HDU and those who died on the same day as arrival/onset of symptoms.
9a	Access to stroke/neurology specific combined ESD/CRT services	<p>The number of patients discharged alive to a stroke/neurology specific combined ESD-CRT service divided by the total number of patients discharged alive from hospital, expressed as a percentage.</p> <p>This metric is based on the number of patients discharged during the reporting period.</p>
9b	Access to any stroke/neurology specific ESD and/or CRT services (including combined ESD-CRT)	<p>The number of patients discharged alive to a stroke/neurology specific post-acute service divided by the total number of patients discharged alive from hospital, expressed as a percentage.</p> <p>This metric is based on the number of patients discharged during the reporting period.</p>
10	Access to 6 month follow-up	The number of patients receiving a six-month assessment during the reporting period divided by the total number of patients discharged from hospital alive, 4-8 months prior to the reporting period.