Dataset changes 2024 - FAQ

Existing resources

Along with this document below, please refer to the datasets, helpnotes, and initial webinar recordings and slides to help answer your queries. We would ask that you review these resources first before emailing the helpdesk.

These resources and others can be found here.

Dataset version control table

Please refer to the version control table at the top of the dataset which highlights which questions have changed and what has changed within the document.

Exclusion and inclusion criteria

The inclusion and exclusion criteria for SSNAP remains the same with the new dataset.

Which dataset to answer

If you are an inpatient team, you should complete **the relevant sections** within the inpatient dataset. Community teams should complete the community dataset.

- Inpatient teams (i.e. the team code does NOT start with a 'c'):
  - e.g. Routinely admitting team, non-routinely admitting team, non-acute inpatient team
- Community teams (i.e. the team code starts with a 'c'):
  - e.g. ESD team, CRT team, ESD-CRT team

Therapy

For further information on the reasoning behind the changes to therapy data collection and intensity recommendations please view our Therapy Factsheet.

Data entry and support tools

We held a webinar on the operational side of these changes in March 2024. This covered how the change will occur, data entry, and an update on tools. A recording of this webinar and the slides are available via the link above. The existing support tool for calculating therapy minutes has been updated to reflect the changes in the dataset, as such there is now a separate tool for inpatient and community teams.

Scoring and measures

Please watch our webinar on the new key indicators for inpatient teams and review the slides. Further webinars on community measures and inpatient scoring will be held in the future.

FAQs

Acute:

For question 2.16, what counts as a neurosurgery consultation?
Neurosurgery consultation includes any clinical discussion that took place with the neurosurgery team (typically the neurosurgeon on call) either face to face or by telephone, with the purpose of discussing the clinical merit of transfer to neurosurgery for monitoring or consideration of surgery.

For question 1.12.3, who is required to perform the video triage?
In this question, video triage refers to hospital staff triaging the patient via video call while they are with the ambulance crew, this way, suspected stroke patients can be scanned and treated faster on hospital arrival.

For question 3.1, "Has it been decided in the first 72 hours that the patient is for palliative care?" Do we use time of onset or clock start?
For this question, please use the clock start, question 1.13.

For Question 2.5 regarding LVO, will basilar and M2 count as LVO for this question?
This is covered in the helpnotes and for the purposes of this question, LVO is defined as an occlusion of either the first segment of the middle cerebral artery (M1), the terminal portion of the internal carotid artery (Terminal ICA) or the proximal portion of the second segment of the middle cerebral artery (M2).

Therapy applicability

Is there any way to record if a patient declines therapy or was not able to tolerate more therapy or to determine whether a lack of therapy was due to staffing issues instead?
There is no way to record this information on SSNAP, however you can record this information locally. For more information on why this has not been included on SSNAP please see the Therapy Factsheet.

Do we need to include initial assessments if the patient does not require further therapy?
Yes, please include initial face-to-face assessments with the patient in "other If the patient is deemed to not require further therapy at this initial assessment, then you can answer "no" to question 4.5.

If an OT sees a patient in their first 4 weeks but a PT (due to waiting lists) does not see the patient until the second 4 weeks, would you record PT input in the second week, or does it count as their first 4 weeks?
You should count all the therapies from the patients first four- week block irrespective of when they were able to start receiving that care. So, in this case the patient would receive 0 minutes of PT in the first 4 weeks.

In Question 4.10, for telerehabilitation what will be counted towards the minutes?
This is the number of the total therapy minutes recorded in 4.8 that were provided specifically via video/telerehabilitation. Includes synchronous practice - i.e. with a therapist present during the session remotely to adapt and give feedback in real time. Includes programmes or devices with real-time two-way feedback, where activity levels or duration of treatment is reliably captured by the device/platform.

If patient care is suspended for a period and a patient does not receive therapy for a full 4 week block how do, we record this?
You should enter zero minutes for this block as this is the number of minutes of therapy the patient received from your service during that time period.

<u>Therapy categories</u>

Which category of care does mouth care come under?
Please include mouth care under “Other”

Can we include discharge planning discussions in 'other', where the patient is not present?
No, the patient must be present during the discharge planning discussions and social history gathering. Rehabilitation goals can be set without the direct involvement of the patient although it is best practice to involve the patient in these discussions.

Do we record minutes for face-to-face family or carer training/interventions when the patient is NOT present? If so, where is this recorded?
Yes, you may record these minutes IF they fall under the requirements listed in the appendix within the helpnotes. The minutes should be recorded depending on what they involve. For example, if it's for transfers it would go under motor, if training them around their communication it would be in communication, same for cognition. It does not fall under one category.

<u>Initial assessments / screening</u>

Are we allowed to record an initial screening / assessment if this is done by phone call?
No, you are not able to record telephone calls for initial assessments, these must be captured face-to-face to be included in SSNAP minutes.

Can we capture SLT interventions delivered by nursing staff, for example swallow assessments?
Swallow assessments can be carried out by a speech and language therapist or another professional trained in dysphagia assessment. The first assessment by a speech and language therapist must be performed by a speech and language therapist.

Please could the version of the Barthel Index be confirmed?
The 10-item modified Barthel Index which is scored out of 20 will be used.

How should we record care visits that are less frequent than daily? For example, twice weekly visits?
You are only required to answer this question if the patient requires physical assistance with activities of daily living (Q7.8 is answered YES). If they are only having twice weekly care visits it implies this is not the case, therefore you are not required to answer Q7.8.2.

What screening tools are recommended for cognitive screening?
We do not have a list of recommended screening tools however tools that have been approved for use by your trusts/health boards such as MOCA/OCS can be used. Other screening tools can be used if they meet the cognitive screening assessment criteria which can be found in the National Clinical Stroke guideline.
Discharge:

Why are we not able to select that a patient was discharge to a care home but is also receiving care from an ESD/Community care team?
There is a new question (7.1.3) which will allow you to answer where the patient is living if they are discharged with ESD/Community care.

For question 7.12, who should we count as a named healthcare professional in this question?
The named healthcare professional must be able to provide further information, support, and advice, as and when needed. This includes stroke key workers and stroke association reps.

What option do we select for question 7.1 if we are discharging the patient home at 6 months and they will no longer be receiving care from our team?
Please select “Was discharged from this team” You are then able to select “Home” for question 7.1.3.

Who can provide therapy or care?
The therapy or care may be provided by registered therapists of any discipline or non-registered therapy staff, including rehabilitation assistants (including students)**,** under supervision.

Which questions do we need to answer every 4 weeks? Do we need to repeat the EQ5D-5L?
The following shows how questions should be answered in community dataset:
ADMISSION - Questions 4.1-4.5 (including the EQ5D-5L and Barthel)
4 WEEK BLOCKS - Questions 4.6-4.11 ONLY need to be repeated in 4-week blocks.
WHOLE STAY - 4.12-4.15
DISCHARGE/TRANSFER - 7.1-7.11 (including the EQ5D-5L and Barthel)

Question 7.8, what is the definition of help in this question?
Help in this question refers to physical assistance, and if the patient required physical assistance with their daily physical need. This is not applicable if the person is able to be independent in PADL with the use of aids and adaptations.

For question 7.1 'Completed their SSNAP record at 6 months but continues to receive care/treatment from this team' – is this 6 months from their initial event, or 6 months since they were transferred to our team?
This is 6 months from initial event and this option should be chosen if the patient is still under the care of this team at 6 months from their initial stroke they must be discharged on SSNAP to complete the record.

<u>Consent</u>

For the new consent question regarding patients giving consent for their information to be used in research, is it compulsory to ask patients?
This question refers specifically to the use of data in research and not for audit purposes. It is not mandatory to ask the patient for consent for the use of their data in research, however if consent is sought or the patient says they do not want their data to be used in research this can be recorded.

Why are consent questions duplicated within the 6m dataset?
This is because over the course of the patient pathway, the patient may change their mind. It is also not a compulsory question, so it allows for different opportunities to collect this information.