

SSNAP Dataset Changes 2024

Team types and introduction
to new community measures

SSNAP

**Sentinel Stroke National
Audit Programme**



Contents



1. Introduction



2. Timeline of dataset and webtool changes



3. SSNAP team types



4. Brief overview of community measures

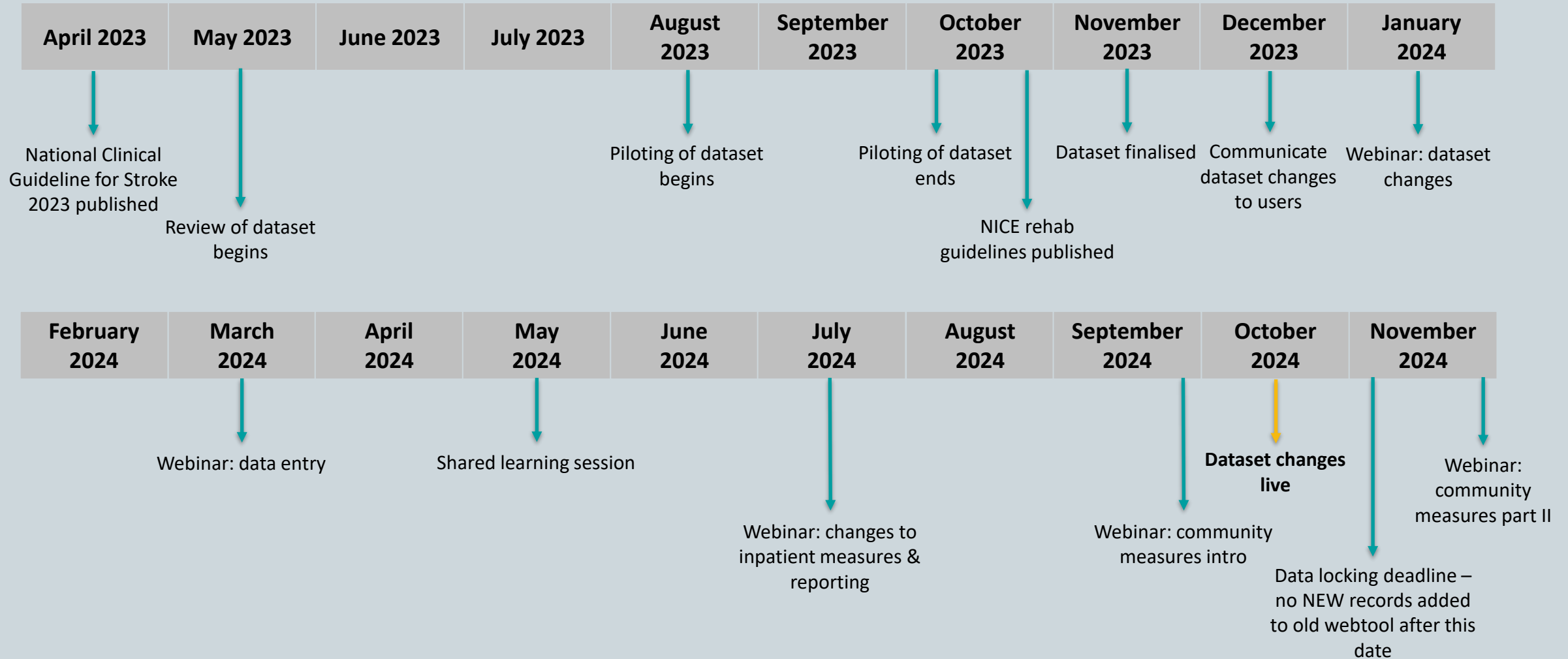


5. Resources and next steps

Introduction

Timeline of dataset and webtool changes

What has happened so far..



Coming up..

December 2024	January 2025	February 2025	March 2025	April 2025	May 2025	June 2025	July 2025	August 2025	September 2025
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Old webtool closes – no further access – all access via new webtool

Data-locking deadline (October-March)

Results to teams with new measures

Results publicly available

October 2025	November 2025	December 2025	January 2026
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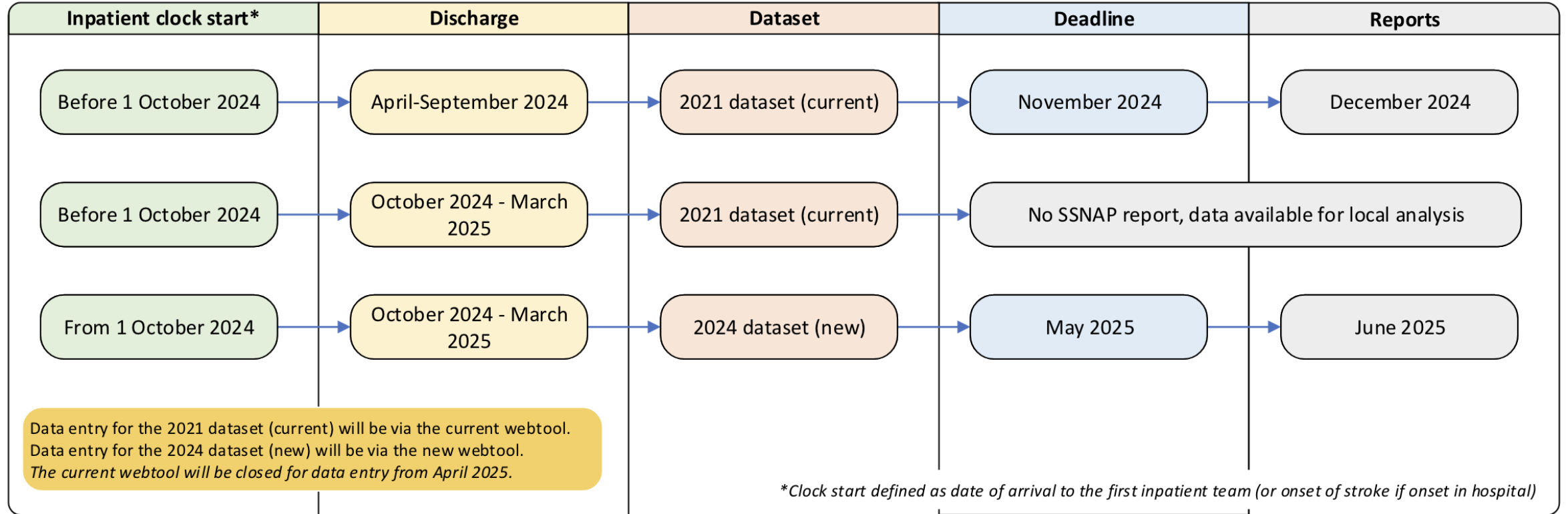
Results to teams

Results publicly available

Data-locking deadline (April-September)

Changing datasets:

Non-inpatient teams (ESD, CRT, combined ESD-CRT)



- Therefore, there will be a brief period where you may be entering data for patients on both datasets.

Webtool transition



For a short period, data entry will be via both the current and new webtools at once:



NOVEMBER 5th 2024 - no new records can be added to the current webtool (patients admitted before 1st October) as they will not be included in analysis



APRIL 2025 - the current webtool will close and there will be no further user access.



NOTE: Data for patients admitted before October 2024 but discharged during or after October 2024 will not be included in future analysis. These records can be completed on the **current** webtool, the decision should be made locally on whether to do this.

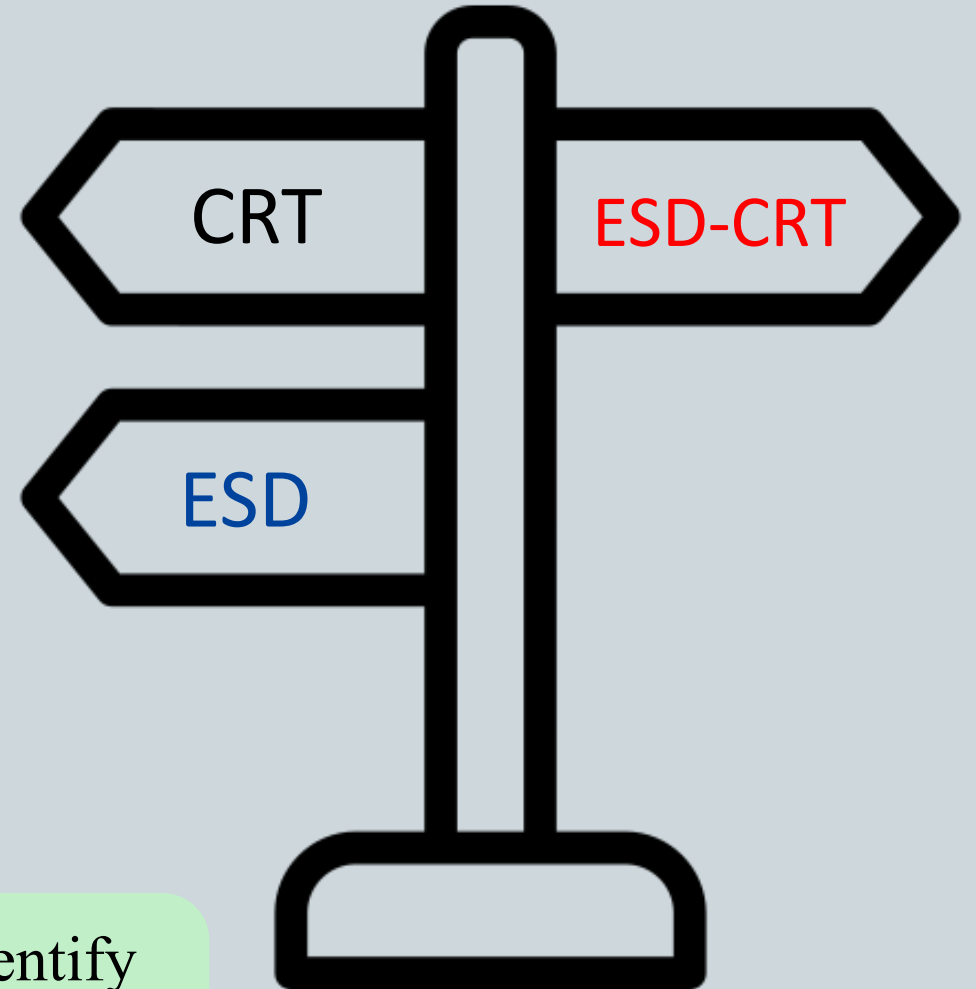
SSNAP team types

Team types

Ensuring teams are registered as the correct team type on SSNAP is important for;

- Like-for-like analysis
- Accurate registration for the future organisational audits
- SSNAP reporting

The following guidance is designed to help you identify what interventions you provide as a service **to help with registration in SSNAP** and what to call your service.



ESD – Early Supported Discharge

An Early Supported Discharge (ESD) service provides ESD only to eligible patients. ESD is an intervention delivered by a coordinated, multidisciplinary team that facilitates the earlier transfer of care from hospital into the community and provides responsive (within 24 hours) and intensive stroke rehabilitation in the patient's place of residence over a fixed, time-limited period (e.g. 6 weeks).

Have a multidisciplinary team structure

Have stroke specialist staff

Work closely with inpatient stroke unit staff to coordinate transfer of care of stroke survivors from hospital to home or place of residence

Provide rapid and responsive face to face assessment at home or place of residence ideally within 24 hours of hospital discharge if required

Provide intensive (at least several times a week) stroke rehabilitation at home or in place of residence

Have a fixed (e.g. six week) time limit

Have eligibility criteria based on stroke severity/disability

CRT - Community Rehabilitation Team/Service

A Community Rehabilitation Team / Service (CRT) is a multi-disciplinary team that provides community stroke rehabilitation to stroke patients requiring a lower level of intensity, condition, disability or case management. This may be following hospital discharge, after a patient has been discharged from an ESD team or at any point post stroke where rehabilitation needs are identified. The intensity or duration of this service is determined by patient need.

Have a multidisciplinary team structure

Have stroke specialist staff*

Provide community stroke rehabilitation at home or in place of residence at a low level of intensity on a needs-led basis for patients not meeting ESD eligibility criteria

May take referrals from services other than hospital discharge (e.g. ESD)

Can have a waiting list

Combined ESD-CRT

Combined ESD-CRT refers to a service that provides both ESD and CRT (as defined above) as part of an Integrated Community Stroke Service (ICSS)

Have a multidisciplinary team structure

Provide access to rehabilitation for all stroke patients, irrespective of their level of disability or discharge destination

Support the needs of all stroke patients both on discharge from hospital or in the community who need rehabilitation

Provide both intensive ESD and lower intensity community stroke rehabilitation at home or in place of residence

Have a single point of access/referral route

Have a shared clinical caseload for patients accessing ESD and those that do not, with no internal re-referral required

Have one governance system for all aspects of the service

Stroke specialist service

A stroke/neurology specific team is one which treats stroke patients or stroke and neurology patients and staff have specific knowledge and practical experience of stroke.

Brief overview of community measures

Changes in guidelines and standards

NATIONAL CLINICAL GUIDELINE FOR STROKE

for the United Kingdom and Ireland

2023 edition



www.strokeguideline.org



NICE National Institute for
Health and Care Excellence



Stroke and transient ischaemic attack in over 16s: diagnosis and initial management

NICE guideline
Published: 1 May 2019
Last updated: 13 April 2022

www.nice.org.uk/guidance/ng128

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Measures



Case ascertainment



Audit compliance



Therapy

Audit compliance

Community Audit compliance	
Category	Measure
Outcomes	EQ5D at first assessment fully complete
	EQ5D on discharge fully complete
	Barthel at first assessment known
	Barthel on discharge known
Transfers	Records which are ready to transfer and have been transferred to next team
	Number of days from patient transferred to next team to when the record is transferred on the webtool
	Number of days from when the patient is discharged from the team's care to when the record is locked to discharge
Measures	Reason for no rehabilitation goals is known
	Reason for no mood screening by discharge is known
	Reason for no cognition screening is known
	Reason for no vision screening is known
	Patients discharge home and living alone is known
	Number of carer visits is known
	Number of carers is known
	Patient asked for consent by discharge

Therapy measures

Grouped by service type



The proportion of patients receiving 3 hours of motor therapy per day they receive motor therapy
The proportion of patients receiving 45 mins of communication/swallowing therapy or psychological therapy per day they receive that therapy
For each block and for overall stay with the team



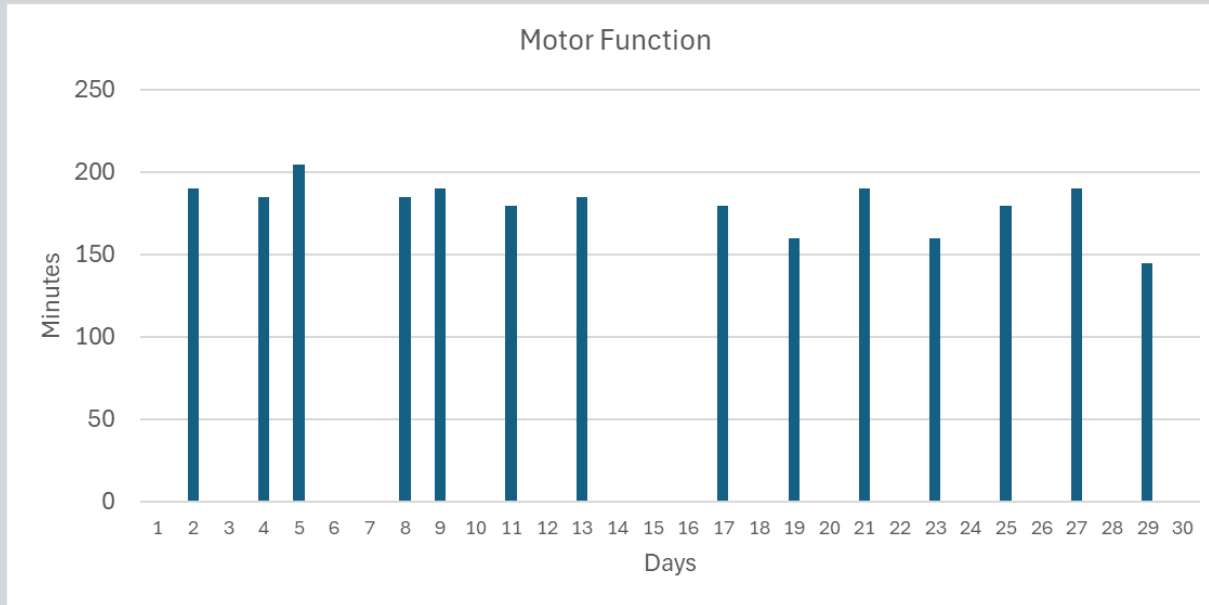
For each domain and for total therapy, we will report the proportion of minutes that were given by rehab assistant, group session or teletherapy - for the overall stay




For each domain **total therapy** minutes and the **therapy minutes per therapy day** for each block and for overall stay with the team

- ✗ We will not report the therapy received over total length of stay.
- ✓ We will look at raw number of total minutes.

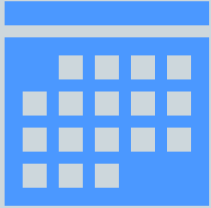
Reporting and key indicators



Minutes per therapy day (average session length)
 $2525 \text{ minutes} / 14 \text{ therapy days} = \mathbf{180} \text{ mins per therapy day}$ ✓

Percentage of patients receiving 3 hours (180 mins) of motor therapy per day motor therapy received 
Motor therapy minutes per motor therapy day = 180 minutes
Total motor therapy minutes for block 1 = 2525 minutes

Summary



Only patients first admitted to hospital from 1st October should be added to the new webtool. OR first seen by your team if a community team is starting the record



Teams should review the guidance on team types provided here and check they are registered correctly on SSNAP. This will ensure they are compared like-for-like in SSNAP reports. It will also be important for upcoming organisational audits.



Detailed information on community measures will be provided at a second webinar in November.

Resources and next steps

Resources

Home About ▼ Patient in

Dataset changes 2024 ▼

Dataset changes
2024 information

Dataset and
Helpnotes

Webinars

Resources

Data entry support resources

Resource	Description	Link	Date updated
Import and export specification 6.0.0*	Import/export specification for the inpatient dataset	Download	08/04/2024
Printable form	Printable form for manually entering community data	Download	24/04/2024
Therapy Calculators	Updated therapy calculators for new dataset	1. Inpatient teams 2. Community teams	06/06/2024
Import and export specification 4.0.0*	Import/export specification for the community dataset	Download	10/06/2024

Please note that this import specification is not final and will be updated as the development of the webtool is ongoing. An export header-row key will also be made available closer to October. The import specification should not be used in place of this in the interim.

Frequently asked questions

Topic	Link	Date updated
Therapy fact sheet	Download	13/02/2024
Dataset and help note FAQs	Download	25/06/2024
Data entry FAQs	Download	25/06/2024
Key Indicators FAQs	Download	25/06/2024
SSNAP Chat Dataset Changes	Open Here	24/07/2024

<https://www.strokeaudit.org/Dataset-changes-2024.aspx>

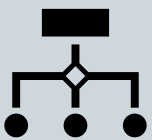
What should you be doing to prepare?



Ensure data entry for those admitted and/or discharged between April and September 2024 is complete and locked prior to the 5 November 2024 data-locking deadline.



Review and make sure the list of users (and email addresses) registered for your team is up to date. Please let us know (via ssnap@kcl.ac.uk) if any user should be removed from your team list or any email addresses need updating.



Review the information regarding team type classifications and ensure your team is correctly registered on SSNAP. Please let us know (via ssnap@kcl.ac.uk) if you need to amend your team type.



Review the resources available on the [SSNAP webtool](#), including the dataset and help notes, key steps checklist, previous webinars and FAQs.

Thank you

Thank you to all the ambulance trusts, hospitals and community teams for continuing to participate in SSNAP. Their participation and commitment to the audit ensures that quality, rich data is available which can be used to improve stroke services.

Sentinel Stroke National Audit Programme (SSNAP)

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www.strokeaudit.org