

## Dataset Changes 2024 – Key Indicator FAQs

These FAQs focus on the key indicators for the new dataset. For queries specific to the new dataset questions and helpnotes and data entry please see the relevant FAQs documents.

Along with this document, please refer to the datasets, helpnotes, and 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 on the webtool [here](#).

### FAQs

#### Timing

##### **When will we first receive scores for the new dataset?**

The first reports with the A-E scoring for the new key indicators will be released to teams in June 2025 (covering the January-March 2025 period). When these reports are made available to the public, they will NOT contain these scores. This means that teams will not receive scores for the October-December 2024 period, however they will still get KIs.

##### **When will scores be made public?**

Scores will first appear publicly in the report covering the April-June 2025 period. This will be made publicly available in October 2025 and will include A-E scoring for the new key indicators.

##### **For the first report we receive after the changes, which KIs will we be scored against? The old KIs or the new?**

The first report teams receive will cover the period July-September 2024. As this period is prior to the dataset change, teams will be scored against the existing key indicators and audit compliance measures.

##### **When will the new audit compliance (AC) measures come into effect?**

The new audit compliance measures will be introduced alongside the new key indicators.

##### **When will we know the domains and how scores are calculated?**

We are finalising scoring for the new key indicators. We will be sharing further information on this within a webinar to registered users in September. Further information about registering for this will be made available closer to the date. In the meantime, until we have final sign off, we will be unable to answer specific scoring questions.

#### Domains and scoring:

##### **Will scoring be different for routinely admitting and non-routinely admitting teams?**

This will remain as it is now with teams receiving key indicators and scoring based appropriately on the point in the pathway they treat patients. Non-acute inpatient teams (NAITs) should continue to answer the appropriate questions within the **inpatient** dataset and will be scored appropriately based on this.

Engagement:

**I'm from a community team – when will I hear about our new measures?**

We will be hosting a webinar to introduce community measures based on the new community dataset later in the summer. Further details and instructions for registering for this event will be made available closer to this time.

**Will there be further webinars about scoring?**

We are finalising scoring for the new key indicators. We will be sharing further information on this within a webinar in September. Further information about registering for this will be made available closer to the date. In the meantime, we will be unable to answer specific scoring questions until we have final sign off.

**Will a new simplified technical guidance document be made available and if so, when?**

Yes, we will be producing new resources to cover the new key indicators, scoring and domains once this has been finalised and signed off. This will be made available and shared before the webinar on scoring.

Audit compliance measures:

**Will rehab stroke units be measured on the speed of record transfer from the HASU as well as the speed of transfer to a community team?**

This will remain as it is currently, therefore, teams later along the pathway will be impacted by slower transfers from acute and inpatient teams. However, the changes we are making should help reduce delays for non-acute inpatient teams.

**What can I do to ensure my team retains a high audit compliance score under the new system?**

- Start records promptly after patient admission/onset
- Minimise the time between patient transfer and record transfer by completing, locking and transferring records promptly following patient discharge.
- Ask for patient consent by inpatient discharge

**Do we still have to collect NIHSS score at arrival and at 24hours after thrombolysis/thrombectomy?**

Yes, both these measures are still a required and important component of audit compliance going forward.