

**SSNAP**

**Sentinel Stroke National  
Audit Programme**

**KING'S**  
*College*  
**LONDON**

# Sentinel Stroke National Audit Programme (SSNAP)

Post-acute Organisational Audit proforma 2021

**School of Health and Population Sciences King's College  
London**

## AUDIT OF POST-ACUTE STROKE SERVICES

### Paper questionnaire

#### Introduction and overview

##### Organisational Audit of Post-Acute Services

The Sentinel Stroke National Audit Programme (SSNAP) has been commissioned by the Healthcare Quality Improvement Partnership (HQIP) to deliver an organisational audit of post-acute services. This will involve auditing post-acute providers directly about the care they provide for stroke patients. Post-acute providers who offer some form of stroke service outside of the acute setting are being approached for information on the structure and organisation of that service.

##### This information will be used to:

- measure the extent to which stroke rehabilitation is being organised
- establish a baseline of current service organisation
- enable providers to benchmark the quality of their service nationally and regionally
- identify improvements and make recommendations for change
- provide timely, transparent information to patients and the public about the quality of stroke care organisation in the post-acute setting
- provide commissioners with evidence of the quality of commissioned services

#### Definition of post-acute service

We define post-acute services as ANY service which follows acute hospital in-patient care. It includes any post-acute services which provides rehabilitation and/or support to people who have been discharged from hospital but who continue to need rehabilitation or support. This audit focuses on four main service types:

**Post-acute inpatient care:** Bed-based service for patients who continue to need inpatient (hospital) care with consultant review, but this no longer needs to be at an acute level i.e. they are no longer based on a HASU and do not require 24hr medical consultant cover. Patients predominantly require rehabilitation support prior to be able to reside in the community. May be provided in step down units such as in community hospitals.

**Early Supported Discharge (ESD):** A coordinated multi-disciplinary team intended to facilitate the earlier transfer of care from hospital into the community and providing intensive stroke rehabilitation in the patient's place of residence.

**Community Rehabilitation Team/Service (CRT):** Multi-disciplinary team that provides rehabilitation for patients in their own home or other community setting (including care homes and nursing homes). This may be following hospital discharge, post ESD rehabilitation or at any point post stroke where rehabilitation needs are identified. The intensity or duration of this service should be determined by patient need.

**Combined ESD/CRT:** Your service provides both ESD and CRT (as outlined above) and also meets the following criteria: Shared clinical caseload, One management structure, Single point of access/referral route, Staffing establishment/budget is combined- with staff able to work flexibly across team functions as required and No re-referral to another part of your own team (i.e. from ESD to CST).

**6-month assessment provider:** Providers who carry out a 6-month outcome assessment of patients only. For the purpose of this audit, acute hospitals providing 6-month assessments will fall under this. This option excludes ESD, CRT, Combined ESD/CRT and Standalone/ single discipline that provide 6-month assessments as part of their service function.

**Standalone/single discipline service:** A stand-alone service with a specific rehabilitation function or single discipline rehabilitation (e.g. outpatients). These services do not function as a multidisciplinary team and may be clinic or domiciliary based.

**Other:** This may be support services or non-hospital based residential/bedded facility.

### **Completing your questionnaire**

Step by step instructions for how to complete and lock your questionnaire on the SSNAP webtool will be provided to support you during the data collection period (Post-acute> Organisational Audit 2021 > Documents). This paper document has been made available to give teams the opportunity to review the data being asked for and start the process of collecting on paper if they wish to, but data must be formally submitted via the SSNAP webtool.

Dependent on what service functions you have identified for your team during registration, you will only be required to answer questions pertaining to that service functions. The electronic audit questionnaire can be found by logging into the SSNAP webtool ([www.strokeaudit.org](http://www.strokeaudit.org)) and going to Post-acute> Organisational Audit 2021 > Proforma. For audit leads who are primary leads for more than one service, you will need to select the correct service from the drop-down list and complete the audit for each service separately.

**THIS DOCUMENT WILL NOT BE ACCEPTED AS A DATA SUBMISSION. ALL SUBMISSIONS MUST BE MADE VIA THE SSNAP WEBTOOL.**

This proforma should describe your stroke services as of **1<sup>ST</sup> April 2021** (see below guidance on commissioned services/COVID response). Please complete all questions. Clarification is available online against each question ('H' button) and in the supporting documentation provided (Post-acute> Organisational Audit 2021 > Documents). In some cases, you will either be directed to a later question or a response will not apply based on answers to key questions. Data should be submitted via the SSNAP Web Portal <https://www.strokeaudit.org>.

**COVID response:**

If you have had to reorganise as a temporary response to COVID-19 then please report as per your usual commissioned service. We appreciate that this reorganisation may have been in place for a prolonged period of time due to COVID-19. However, if there is no intention to revert to your usual service delivery model please report your current service structure.

**Final Deadline: 30<sup>th</sup> April 2021. Checking week 3<sup>rd</sup> - 7<sup>th</sup> May 2021**

**Helpdesk:**

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POST-ACUTE PROVIDER ID:[     ]

**Service Function**

From the post-acute registration process, we know that your team carries out the service functions that are ticked below:

	Service	
1	Post-acute Inpatient care	
2	Early Supported Discharge (ESD)	
3	Community Rehabilitation Team/Service	
4	Combined ESD/CRT	
5	6-month Assessment Provider	
6	Standalone/ Single Discipline Service	
7	Other Post-Acute Provider	

This information will be automatically populated based on what is indicated during registration for the team. Further information about post-acute service functions can be found here: [Post-acute service function](#)

TAB ONE

**SECTION 1: General organisational information**

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*Please refer to page 4 for clarification regarding commissioned services/service changes in response to COVID-19*

**1.1** Is this team registered with the Sentinel Stroke National Audit Programme (SSNAP) to participate in or receive information on the SSNAP clinical or organisational audit? Yes  No

**1.1a.** If yes, what is your SSNAP team code? [Free text]

**1.2** Is this service stroke/neurology specific? Yes  No

**1.2a.** If no, does it have a designated in-patient unit where stroke patients are treated? Yes  No

**1.3** This team treats:  
(Select one only)

Only stroke patients

Stroke and neurology patients

General service that sees people with all conditions including stroke

**1.4** How many people with stroke have been treated by this service in the last 7 days? [range of 0-1000]

**1.5** How many new referrals of people with stroke has this service received in the last 12 calendar months? [range of 20-1000]

**1.5a.** Over the last year, has the number of referrals:  
Stayed the same  Increased  Decreased

**1.6** How many new patient referrals of all types/conditions has this service received in the last 12 calendar months? [range of 20-3000]

**1.6a.** Over the last year, has the number of referrals:  
Stayed the same  Increased  Decreased

**1.7** Do people with stroke under the care of this team have access to the following therapies/disciplines?  
(select all that apply).

	Yes, within service	Yes, but NOT within service	No	Total whole- time equival ents (WTE)	Headcou nt (number of individua ls)	Average time from referral to first contact with therapy/dis cipline	Therapy/d iscipline provided fewer than 5 days/week	Therapy/d iscipline provided 5 days/week	Therapy/dis cipline provided 6 days/week	Therapy/dis cipline provided 7 days/week
(a) Occupation al therapist	0	0	0				0	0	0	0
(b) Physiother apist	0	0	0				0	0	0	0
(c) Speech and Language	0	0	0				0	0	0	0
(d) Clinical Psychologis t	0	0	0				0	0	0	0
(e) Dietitian	0	0	0				0	0	0	0
(f) Social Worker	0	0	0				0	0	0	0
(g) Doctor	0	0	0				0	0	0	0
(h) Nurse	0	0	0				0	0	0	0
(i) Rehabilitati on/Therapy assistant	0	0	0				0	0	0	0
(j) Patient/Fa mily/Carer support	0	0	0				0	0	0	0

(k) Orthotics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(l) Orthoptics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(m) Podiatry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**1.8** Do any staff from this service routinely carry out 6-month reviews of people with stroke?

Yes  No

**1.8a.** If yes, which disciplines routinely carry out six-month reviews? (Select all that apply)

Stroke specialist doctor (Consultant level/ Staff Grade)

Non-specialist doctor (Consultant level/ Staff Grade)

Junior doctor

GP

Nurse

Occupational therapist

Physiotherapist

Speech and Language Therapist

Clinical psychologist

Social worker

Support worker/therapy assistant

Dietitian

Orthoptist

Orthotist

Podiatrist

Voluntary sector employee

**1.8b.** If yes, how many 6-month reviews has this team carried out in the last 12 months?  
[range of 1-1000]

**1.8c.** Which patients are offered a 6-month review by this service?

All patients previously under the care of this service

All patients discharged from the acute hospital(s) within this service's catchment area

**1.9** Are people with stroke discharged from this team given a copy of their own joint health & social care plan?

Yes  No

**1.9.1.** Do people with stroke discharged from this team have access to commissioned services for the provision of emotional, social and/or practical support (e.g. provided by the third sector/charities)?

Yes  No

**1.10** Do people with stroke under the care of this team have access to their rehabilitation plan?

Yes  No

**1.11** Does this team have patient information displayed/available on the following? (Select all that apply)

Patient versions of national and/or local guidelines/standards

The causes and treatment of stroke

Secondary prevention of stroke

Social Services local Community Care arrangements

Local and national patient organisations (e.g. Stroke Association)

The Department for Work and Pensions

How to participate in stroke research

None of the above

**1.12** Does this team routinely offer a structured training programme for carers?

Yes  No

**1.13** Does this team provide access to a self-management tool or course for people with stroke?

Yes  No

**1.14** Is there the facility for nurses to attend internal or external training courses relating to stroke management?

Yes  No

**1.14a.** If yes, how many sessions have these nurses attended in the last 12 months?

(1 session = half day) [sessions]

**1.15** Is there the facility for therapists to attend internal or external training courses related to stroke management?

Yes  No

**1.15a.** If yes, how many sessions have these therapists attended in the last 12 months?

(1 session = half day) [sessions]

**1.16** Is there the facility for rehabilitation/therapy assistants to attend internal or external training courses related to stroke management?



Yes  No

**1.16a.** If yes, how many sessions have these therapy assistants attended in the last 12 months?  
(1 session = half day) [sessions]

**1.17** Are individual people with stroke under the care of this team discussed in a formal multidisciplinary team meeting? Yes  No

**1.17a.** If yes, how often would each patient be discussed in 7 days? (Select only one option)

- Less than once a week
- Once a week
- Twice a week
- More than twice a week

**1.17b.** Which disciplines consistently attend these meetings? (Select all that apply)

- Clinical psychologist
- Dietitian
- Occupational therapist
- Physiotherapist
- Social worker
- Specialist doctor
- Specialist nurse
- Speech and Language therapist
- Rehabilitation/Therapy Assistant
- Family/carer support worker
- Orthotist
- Orthoptist
- Podiatrist

**1.18** The Clinical Leadership of this team (carrying the ultimate clinical responsibility for all patients under the care of this team) is provided by a registered healthcare professional(s) from which discipline? (Select all that apply)

- Clinical psychologist
- Dietitian
- Occupational therapist
- Physiotherapist
- Specialist doctor
- Specialist nurse
- Speech and Language therapist
- Orthoptist
- Orthotist
- Podiatrist

No Clinical leadership

**1.19** Who commissions this service? [drop down list]

**1.20** How many patients have been recruited into stroke research studies/trials in the last 12 months?  
[range of 0-1000]

**1.21** Please provide the postcode of where your team is based (Main site)? [postcode]

**1.21a.** Is your team based in more than one location? Yes  No

**1.22** Have you had to reorganise as a temporary response to COVID-19 even though here you are reporting your usual commissioned service? Yes  No

TAB TWO

**SECTION 2: Vocational rehabilitation**

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*Please refer to page 4 for clarification regarding commissioned services/service changes in response to COVID-19*

**2.1** Is any part of this team commissioned to provide vocational rehabilitation?

Yes

No

Not commissioned but provided

**2.1a.** If yes, who commissions this vocational rehabilitation service? [drop down list]

**2.1b.** If no, is there an alternative local service you can refer people with stroke to for vocational rehabilitation (e.g. other rehabilitation services or charities)? Yes  No

**2.1i.** What is the name of the vocational rehabilitation service? [Free text]

**2.2** Where does your service/team provide vocational rehabilitation? (Select all that apply)

Acute hospital

Community hospital

Doctors' surgery/health centre/clinic

Leisure Centre/Gym/Community Centre

Patient/carer/family member's home

Care home

Person's workplace

**2.3** What disciplines are responsible for delivering vocational rehabilitation for this service? (Select all that apply)

Clinical psychologist

Occupational therapist

Physiotherapist

Social worker

Specialist nurse

Speech and Language therapist

Rehabilitation/Therapy assistant

Family/carer support worker

**2.4** Who is offered vocational rehabilitation by this service? (select one only)

- All people with stroke of working age
- Only people with stroke considered fit enough to return to work
- Only people with stroke considered fit enough to return to work and who were not previously unemployed

**2.5.** What is the average number of vocational rehabilitation sessions that are provided per patient? [whole number 1-100]

**2.5a.** What frequency are the intervention sessions? (select one only)

- Daily
- Weekly
- Twice weekly
- Fortnightly
- Monthly
- No set schedule

**2.6** In this service, when would a person with stroke become eligible for vocational rehabilitation? (Select all that apply)

- Upon discharge/referral from inpatient care
- Upon discharge/referral from outpatient/domiciliary care
- On their return to work
- When patient is discharged home

TAB THREE

**SECTION 3: Inpatient care**

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*Please refer to page 4 for clarification regarding commissioned services/service changes in response to COVID-19*

**3.1** What is the total number of beds within this service that may be used for stroke patients?  
[number of beds]

**3.2** Where is this stroke service provided? (Select all that apply)

Rehabilitation beds in acute NHS trust

Rehabilitation beds in community NHS trust

Combined acute and community NHS trust

Social enterprise

Private sector provider

**3.3** Over the last six months, what has been the average length of time from acute referral to a bed being available for a stroke patient? (in days; 0-999) [ ]

**3.3a** Over the last year, has the average wait time:

Stayed the same  Increased  Decreased

**3.4** Who provides consultant leadership for this service?

Stroke Physician

Rehabilitation Medicine Consultant

Consultant Allied Health Professional

Consultant Nurse

**3.4a.** Who provides medical care for stroke patients under the care of this team? (Select all that apply)

Stroke specialist doctor (Consultant level/ Staff Grade)

Non-specialist doctor (Consultant level/ Staff Grade)

Consultant in Rehabilitation medicine with specialty in neurorehabilitation

Junior doctor/non-career grade

GP

**3.5** How many days per week is there a consultant led ward round? [0-7]

**3.6** How many nurses are normally on duty at **10AM** for these beds? (Enter 0 if no staff of that grade).

	Weekdays	Saturdays	Sundays/Bank Holidays
<b>3.6i.</b> Registered nurses	[ ]	[ ]	[ ]
<b>3.6ii.</b> Unregistered nurses	[ ]	[ ]	[ ]

**3.6.1** Of the registered nurses on duty at **10AM**, how many are trained in:

	Weekdays	Saturdays	Sundays/Bank Holidays
<b>3.6.1i.</b> Swallow screening	[ ]	[ ]	[ ]
<b>3.6.1ii.</b> Stroke assessment and management	[ ]	[ ]	[ ]

**3.7** How many nurses are normally on duty at **10PM** for these beds? (Enter 0 if no staff of that grade).

	Weekdays	Saturdays	Sundays/Bank Holidays
<b>3.7i</b> Registered nurses	[ ]	[ ]	[ ]
<b>3.7.ii</b> Unregistered nurses	[ ]	[ ]	[ ]

**3.7.1** Of the registered nurses on duty at **10PM**, how many are trained in:

	Weekdays	Saturdays	Sundays/Bank Holidays
<b>3.7.1i</b> Swallow screening	[ ]	[ ]	[ ]
<b>3.7.1ii</b> Stroke assessment and management	[ ]	[ ]	[ ]

**3.7.2** What is the total establishment in whole time equivalents (WTEs) of nurses who treat stroke patients?

Nurse band	Whole time equivalents WTE	Headcount (number of individuals)
Band 1	[ ]	[ ]
Band 2	[ ]	[ ]
Band 3	[ ]	[ ]
Band 4	[ ]	[ ]
Band 5	[ ]	[ ]
Band 6	[ ]	[ ]
Band 7	[ ]	[ ]
Band 8a	[ ]	[ ]
Band 8b	[ ]	[ ]
Band 8c	[ ]	[ ]

**3.8** Does this in-patient facility have access to an on-site therapy gym? Yes  No

**3.9** Does this in-patient facility have access to an on-site therapy kitchen? Yes  No

TAB FOUR

**SECTION 4: Community based care**

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*Please refer to page 4 for clarification regarding commissioned services/service changes in response to COVID-19*

**4.1** How many days per week is this service provided? (select one only)

Fewer than 5 days

5 days

6 days

7 days

**4.2** Can people with stroke be re-referred back to this service after discharge? Yes  No

**4.2a.** If yes, how are they re-referred? (Select all that apply)

Directly (self, patient and/or carer)

Hospital/secondary care

GP/primary care

Third sector support services (e.g. Stroke Association Connect)

**4.3.1** Where are treatment/assessment sessions provided? (Select all that apply)

Acute hospital

Community hospital

Doctor's surgery/health centre/clinic

Leisure Centre/Gym

Patient/carer/family member's home

Care home

**4.3.2** What proportion of treatment/assessment sessions are/were provided by each method (total should sum to 100%)?

Treatment/assessment sessions	Current	One year ago
Face to face (individual) [0-100]	[0-100]	[0-100]
Face to face (in groups) [0-100]	[0-100]	[0-100]



By video consultation (individual) [0-100]	[0-100]	[0-100]
By video consultation (in groups) [0-100]	[0-100]	[0-100]
By telephone [0-100]	[0-100]	[0-100]
<b>Total</b>	[100]	[100]

**4.4.1** What is the average waiting time over the last 6 months (in days) between discharge/referral and this service first carrying out an initial review? [0-999]

**4.4.1a** Over the last year, has this average waiting time:

Stayed the same  Increased  Decreased

**4.4.2** What is the average waiting time over the last 6 months (in days) between discharge/referral and treatment commencing for this service? [0-999]

**4.4.2a** Over the last year, has this average waiting time:

Stayed the same  Increased  Decreased

**4.5** Does this service treat/assess patients who live in care homes? Yes  No

**4.6** Does a member of this team attend multidisciplinary team meetings (MDT) at the local acute hospitals to discuss stroke patients currently receiving acute care? Yes  No

**4.7** Is there a limit for how long stroke patients have access to this service? Yes  No

**4.7a** If yes, how is this measured (Select one)??

**Duration**

- 0-6 weeks
- 7-12 weeks
- 13-26 weeks
- >26 weeks

**Appointments**

- 5 sessions
- 6-10 sessions
- 11-15sessions
- 16+ sessions

**4.8** Which patient reported outcome measures are routinely recorded by your service? (Select all that apply)

Modified Rankin scale

Barthel Index

Nottingham Extended Activities of Daily Living

Berg Balance Scale

EQ5D (quality of life measure)

PHQ-9 (depression)

GAD-7 (anxiety)

Other

Free text

**4.9** Which of the following criteria does your combined ESD/CRT meet (Select all that apply):

Shared clinical caseload

One management structure

Single point of access/referral route

Staffing establishment/budget is combined- with staff able to work flexibly across team functions as required

No re-referral to another part of your own team (i.e. from ESD to CST)

None of the above

TAB FIVE

**SECTION 5: Other**

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*Please refer to page 4 for clarification regarding commissioned services/service changes in response to COVID-19*

**5.1** This team treats: (Select one only)

Only stroke patients

Stroke and neurology patients

General service that sees people with all conditions including stroke

**5.2** Who provides this service? (Select one only)

Post-acute support service

Residential/bedded facility

**5.3** How many stroke patients do you see a year? [ ]

**5.4.** Select the services you provide (select all that apply).

Information and signposting service

Benefit support

Patient, family and carer support

Communication support

Emotional support

Exercise and education

Re-ablement service or equivalent

Equipment, wheelchair support

Befriending/peer support/stroke club/respice

Intermediate care beds

Level1/Level 2/Level2b unit

Residential facility

**5.5** Where are these services provided? (Select all that apply)

Acute hospital

Community hospital/ community based bedded facility

Doctor's surgery/health centre/clinic

Leisure Centre/Gym

Patient/carer/family member's home

Care home/ nursing home

**5.6** Is your service formally commissioned?

Yes  No

**5.6a** If yes, who commissions this service? (Select all that apply)

Health (trust, CCG, LHB)

Social care/local authority

Voluntary sector / charitable funds

Other