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BACKGROUND

Healthcare quality has **many dimensions** and no single measure of quality can capture the full **complexity** of "what good care looks like". There is a growing interest in the development of **composite quality markers**, which combine a variety of individual measures into a **single** high level **indicator** or score. Composite measures help with the **transparent reporting** of healthcare performance and outcomes to the general public.

The **Sentinel Stroke National Audit Programme (SSNAP)** has developed the **first composite measure** of care quality to be used by NHS England to publicly report quality of clinical services in England.

METHOD

The **key aspects** of the composite score:

- Close **clinical engagement** and **multidisciplinary input** (including by stroke survivors) – important for buy in and validity
- Covers **whole pathway** of patient care - from acute domains such as brain scanning, to later processes such as discharge planning and the provision of early supported discharge services
- **Absolute measures of performance**, not relative to the performance of other hospitals – allows improvements over time to be identified
- As **close to real time** as possible – contemporaneous and relevant to current care
- **Aspirational** – measuring for excellence and not just the minimal
- Takes account of **data quality**
- Easily broken down into the **individual components** to **identify areas** where improvement is needed

Domains of stroke care

1. Scanning
2. Stroke Unit Access
3. Thrombolysis (clot busting treatment)
4. Specialist Assessments
5. Occupational Therapy
6. Physiotherapy
7. Speech and Language Therapy
8. Multidisciplinary Team Working
9. Standards by Discharge
10. Discharge Processes



Domain 1: Scanning



Domain 6: Physiotherapy



Domain 5: Occupational Therapy



Domain 8: Multidisciplinary team working

RESULTS

Although the audit has set **stringent criteria** for **top-level** performance, and a level "A" hospital equates to world-class service, an improvement in the number of teams achieving the top levels, and a **reduction** in the proportion of teams receiving **bands E and D** has been evident (Figure 1).

Since March 2015, the **composite SSNAP score** has been **published on myNHS** (an NHS website advocating patient choice) (Figure 2). It is the **first clinical area** to have **published a composite measure** in the NHS in England. This approach is now being considered for use by cardiac care, mental health and musculoskeletal services.

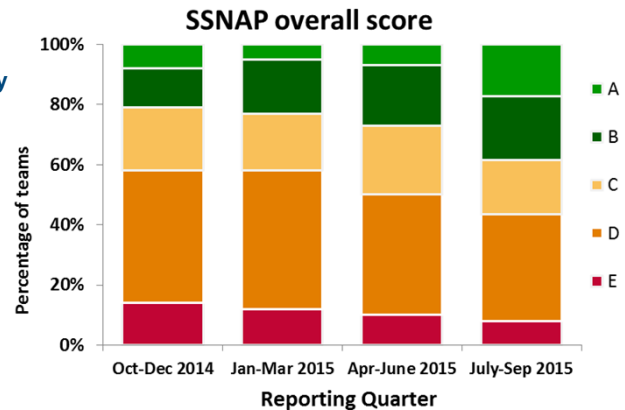


Figure 1. Changes in SSNAP score over time

Number of patients		Single quality marker		Adjustment factors		Team Centred Data												
Admit	Disch	TC SSNAP level	CA	AC	D1 Scan	D2 SU	D3 Throm	D4 Spec Asst	D5 OT	D6 PT	D7 SALT	D8 MDT	D9 Std Disch	D10 Disch Proc	TC KI Level			
121	135	A↑	A	A	B↑	B	C↑	B	A	A	C	C	A	A	A↑			
111	114	B↑	A	A↑	B	B	D↓	B	A	B↑	C↑	D	B	B	B			
123	131	D↑	A	C	C	E	D	E	A↑↑	A↑↑	E	E	C	D	D			
110	111	A↑↑	A↑	A↑	A	B	A↑	B	B↑	B↑↑	C↑	B	B↑	A	A↑			
270	269	C	A	B↑	C	C	C↓	B	C	B	C↑	C	B	A	B			
132	139	D	A	D	C	C	C↑	B↑	C	D↑	D↑	D↓	B↑	C	D			
78	82	E	C	D	C↓	E	E	E	C↑	D	B	D	D↑	E	D↑			
109	132	D↑	A	D	C↑	B↑	B↑↑	B↑↑	D↑	D↑	E	B	B	D	C↑			
161	163	B	A	B↓	B	C	B	B	C↓↓	B	C↑	B	A	B	B			
173	163	B↑↑	A	A↑	B	D	A↑	C↑	B↑	B↑	D	D	A↑	B↓	B↑			
105	106	B	A	B	A	B	C	B	A	A	E↓	B	B	A	B↓			

Figure 2. Performance Table showing the myNHS composite score and components

Case study quote

"For some time our Stroke Service has performed at SSNAP Level D. Focused improvement work over 6 months utilising the SSNAP key indicator framework, has resulted in achieving SSNAP Level B. Alongside clinical improvement projects, the team has embraced SSNAP and now has a much better understanding of how it can be used to demonstrate delivery of high quality stroke care, and of its use as a tool to drive improvement."

The Royal Bournemouth and Christchurch Hospitals

Discussion

The **composite SSNAP score** is a **comprehensive summary** of a hospital's performance across the whole of stroke care, whilst the **individual domain scores** allow hospitals to **identify areas of weaknesses** to focus quality improvement on. The inclusion of a **wide range of indicators** ensures that improvements on one aspect of care are not made at the expense of other aspects of care.

A **clear improvement in performance** has been demonstrated **across the range of levels**, with a **reduction** in the proportion of teams receiving the **lowest two bands**, and an **increase** in the proportion of teams achieving the **top two bands**.