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On behalf of the Intercollegiate Stroke Working Party (ICSWP) and the SSNAP Collaboration

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### BACKGROUND

The Sentinel Stroke National Audit Programme (SSNAP) is the national stroke registry for England, Wales and Northern Ireland, producing a suite of detailed and bespoke reports every four months. The Public Report is produced as an accompaniment to these complex, data driven reports, providing clinical commentary to contextualise national results and highlight key elements of stroke care that have improved or deteriorated over time.

Figures 1-2. Show changes over time across four reporting periods.

Communication assessed by a Speech and Language therapist within 72h of Clock Start (Q3.7)	Three month reporting		Four month reporting		Ref
	Oct-Dec 2015	Jan-Mar 2016	Apr-Jul 2016	Aug-Nov 2016	
Applicable* to be assessed by a SALT within 72h	47.0%	47.1%	48.5%	49.9%	H12.21
Percentage of applicable patients assessed by a SALT within 72 hours	85.1%	86.4%	88.3%	89.0%	H12.24

Key Indicators: Standards by Discharge	Three month reporting		Four month reporting	
	Oct-Dec 2015	Jan-Mar 2016	Apr-Jul 2016	Aug-Nov 2016
Percentage of applicable patients screened for nutrition and seen by a dietitian by discharge*	80.4%	78.5%	82.1%	83.3%
Percentage of applicable patients who have a continence plan drawn up within 3 weeks of clock start	89.6%	89.7%	90.7%	92.0%
Percentage of applicable patients who have mood and cognition screening by discharge	90.1%	89.2%	90.7%	91.9%

### METHOD

Several meetings were held with clinical leads to ascertain the aims, scope, audience and direction of the report. Engaging visual content including maps and histograms were developed to support key data. Clinical commentary was included throughout by Professor Tony Rudd, National Clinical Director for Stroke in England to reinforce key messages, highlight areas of improvement, stagnation and deterioration.

Figure 4. Histograms show the distribution of scores.

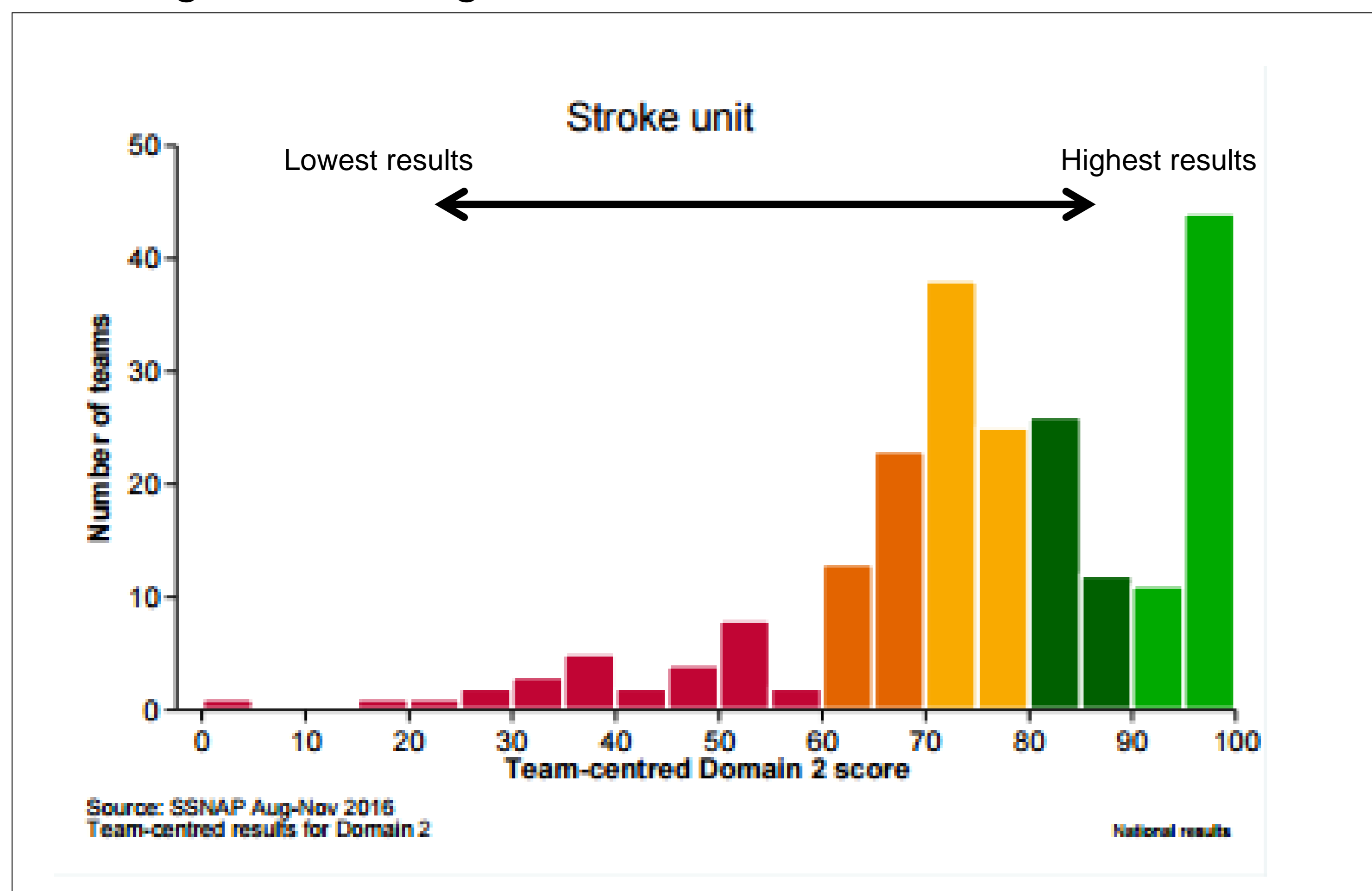


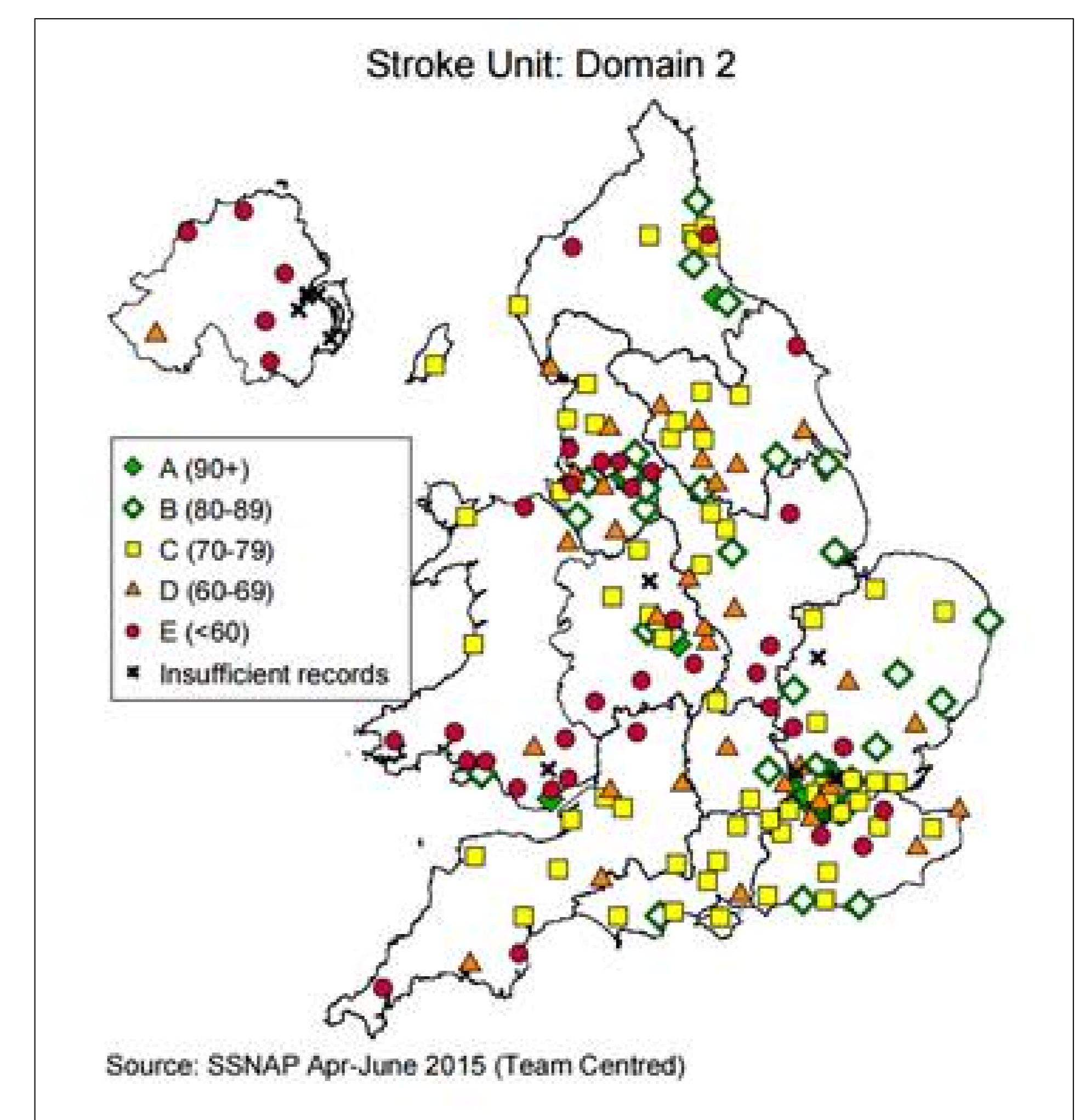
Figure 3. Clinical commentary contextualise data.

**Comment:** These data show there are still improvements to be made in door to needle time for patients receiving thrombolysis. There are big variations between units demonstrating that it is possible to set services up to operate more efficiently.

Figure 5. Colour coded maps show results across England, Wales and Northern Ireland.

### Components of Stroke Unit, Domain 2

1. Percentage of patients directly admitted to a stroke unit within 4 hours of clock start
2. Median time between clock start and arrival on stroke unit
3. Percentage of patients who spent at least 90% of their stay on stroke unit



Figures 6-7. Sample pages from the Public Report.

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**Sentinel Stroke National Audit Programme (SSNAP)**

Clinical audit April-July 2016  
Public Report

National results  
November 2016

Based on stroke patients admitted to and/or discharged from hospital between April - July 2016

Prepared by  
Royal College of Physicians, Clinical Effectiveness and Evaluation Unit on behalf of the Intercollegiate Stroke Working Party

**Clinical audit**

Domain 4: Specialist Assessments

Key Indicators: Specialist Assessments	Three month reporting		Four month reporting	
	Jul-Sep 2015	Oct-Dec 2015	Jan-Mar 2016	Apr-Jul 2016
Percentage of patients who were assessed by a stroke specialist consultant physician within 24h of clock start	79.6%	78.7%	79.1%	80.5%
Median time between clock start and being assessed by stroke consultant	12h 27m	12h 17m	12h 03m	11h 29m
Percentage of patients who were assessed by a nurse trained in stroke management within 24h of clock start	89.1%	88.8%	89.0%	89.8%
Median time between clock start and being assessed by stroke nurse (minutes)	1h 26m	1h 26m	1h 30m	1h 15m
Percentage of applicable patients who were given a swallow screen within 4h of clock start	72.8%	72.0%	71.2%	74.4%
Percentage of applicable patients who were given a formal swallow assessment within 72h of clock start	84.9%	83.8%	84.5%	87.5%

Distribution of Domain 4 level across routinely admitting teams (147 teams)

D4 Level	Three month reporting		Four month reporting	
	Jul-Sep 2015	Oct-Dec 2015	Jan-Mar 2016	Apr-Jul 2016
A	21 teams (14%)	20 teams (13%)	17 teams (12%)	28 teams (19%)
B	48 teams (33%)	46 teams (30%)	52 teams (35%)	52 teams (35%)
C	21 teams (14%)	22 teams (14%)	25 teams (17%)	25 teams (17%)
D	39 teams (26%)	38 teams (25%)	33 teams (22%)	24 teams (16%)
E	24 teams (16%)	26 teams (17%)	20 teams (14%)	18 teams (12%)

SSNAP April - July 2016 Public Report (November 2016)

### RESULTS

The report is updated and disseminated every four months, the most recent of which was released in November 2016. It is hosted in a public area of the SSNAP website receiving up to 8,000 downloads in a reporting period. The report is distributed at both national and international conferences, where it proves to be extremely popular with varied audiences and has proved to be an invaluable resource for stroke researchers.

### CONCLUSION

A public facing report on stroke care which includes data visualisations and clinical commentary can contextualise clinically focused results, thereby enhancing the reader's understanding of complex registry data. This approach to public reporting to a wide audience could be adopted in other stroke quality registers.