

SSNAP

**Sentinel Stroke National
Audit Programme**

SSNAP User group

27 July 2023

Introduction

27 July 2023, SSNAP User group

Intro to SSNAP user groups

SSNAP user groups will be taking place on the following dates below.

1. 27th July 2023, 14:30 – 15:15 (Community team changes webinar)
2. 25th October 2023, 14:30 – 15:30 (New user webinar)
3. 26th January 2024 (TBC)

Upcoming dates and registration information will be shared to SSNAP users when confirmed.

We will be sharing the slides with attendees after the meeting.

Please put your questions in the chat.

Helpdesk email: ssnap@kcl.ac.uk

General reminders

Data locking deadlines:

- Inpatient teams: 8th August 2023 (April –June 2023 admissions and/or discharges)
- Ambulance teams: 22nd August 2023 (April 2023 admissions).

Deadlines available at: <https://www.strokeaudit.org/Audits/Dates-and-deadlines/Data-collection-deadlines.aspx>

Overview of latest data

Jan-Mar 2023 results now available

REPORT BRIEF: JAN - MAR 2023

SSNAP SCORES

Oct-Dec 2022		Jan-Mar 2023	
A	34 teams 16%	↓ +1%	A 26 teams 12%
B	58 teams 28%	↑ -3%	B 64 teams 30%
C	65 teams 31%	— 0%	C 66 teams 31%
D	42 teams 20%	↑ +3%	D 48 teams 23%
E	9 teams 4%	— 0%	E 9 teams 4%

DURING THE FIRST QUARTER OF 2023



22,833

Cases entered onto SSNAP by **174** teams
Item reference: F1.1



774

Thrombectomies performed

Item reference: G19.1



11.0%

Patients received Thrombolysis

Item reference: G16.3



12,021

Six Month Assessment follow ups (**36.2%** of all applicable patients)

Item reference: M4.4, 4.5 & 4.6

2023 National Clinical Guideline for Stroke

**NATIONAL CLINICAL
GUIDELINE FOR STROKE**
for the United Kingdom and Ireland

Search ...

National Clinical Guideline for Stroke for the UK and Ireland

The National Clinical Guideline for Stroke for the UK and Ireland provides authoritative, evidence-based practice guidance to improve the quality of care delivered to every adult who has a stroke in the United Kingdom and Ireland, regardless of age, gender, type of stroke, location, or any other feature. The guideline is intended for:

- Those providing care – nurses, doctors, therapists, care staff
- Those receiving care – patients, their families, their carers
- Those commissioning, providing or sanctioning stroke services
- Anyone seeking to improve the care of people with stroke.

The guideline is an initiative of the Intercollegiate Stroke Working Party. The fifth edition of the guideline was published in 2016. The 2023 edition is a partial update of the 2016 edition and was developed in collaboration with the Scottish Intercollegiate Guidelines Network (SIGN) and the National Clinical Programme for Stroke, Ireland. The 2023 edition is endorsed for use in clinical practice by the Royal College of Physicians of London, SIGN and the Royal College of Physicians of Ireland.

How to cite the guideline:

National Clinical Guideline for Stroke for the UK and Ireland. London: Intercollegiate Stroke Working Party; 2023 May 4. Available at: www.strokeguideline.org.

2023 edition

[View guideline](#)

[Plain language summary](#)

[Resources](#)



www.strokeguideline.org



Changes **have not** yet been made to the SSNAP dataset.

SSNAP is currently reviewing the dataset and all teams will be informed of any changes with time to prepare.

Updates for community teams

27 July 2023, SSNAP User group

Community team reporting periods

To align the two community reporting periods with the financial year, the reporting periods from 1 April 2023 will be as follows:

Reporting period*	Data locking deadline	Report available to teams
April - September	November	December
October - March / April - March (annual results)	May	June

**based on when the patient was discharged by the community team*

Team type definitions

Early Supported Discharge (ESD):

Early Supported Discharge is an intervention delivered by a coordinated, multi-disciplinary 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 (usually over a time-limited period). ESD teams are those that provide ESD only to eligible patients.

Community Rehabilitation Team/service (CRT):

A 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, 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 should be determined by patient need.

Combined ESD-CRT:

A service that provides both ESD and CRT (as outlined above).

Answering Q7.7 / Q7.8 with new team types

Question 7.7 and 7.8 ask acute teams to select whether they have discharged a patient to an ESD team or a CRT team respectively.

7.7	Was the patient discharged with an Early Supported Discharge multidisciplinary team?	<input checked="" type="radio"/> Yes, stroke/ neurology specific ← <input type="radio"/> Yes, non-specialist <input type="radio"/> No	© (H)
7.8	Was the patient discharged with a multidisciplinary community rehabilitation team?	<input checked="" type="radio"/> Yes, stroke/ neurology specific ← <input type="radio"/> Yes, non-specialist <input type="radio"/> No	© (H)


We would now like emphasise the importance to acute teams of **answering yes to both** if the patient is being discharged to a **combined ESD-CRT team**.

Correct answering of these questions by acute teams will be particularly important for accurate reporting of the number of patients were discharged to a combined ESD-CRT team.

Will reports change for community teams?

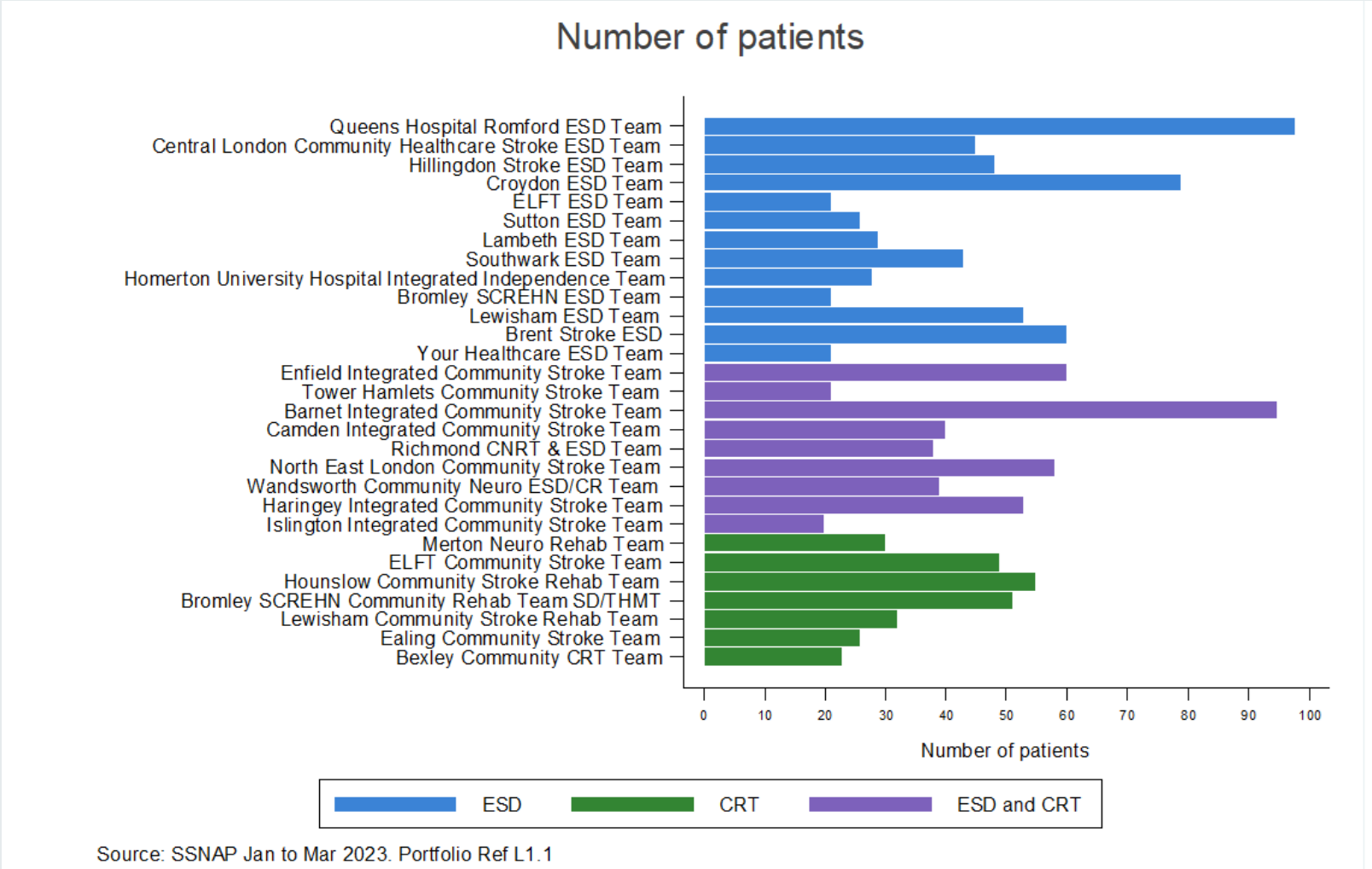
Outputs are not going expected to change significantly as the dataset is going to be updated following the new guideline.

However, teams will now appear alongside other ESD-CRT teams on the portfolio and regional slideshows.

For Early Supported Discharge and Community Rehab Teams: Team centred results showing care ESD/CRT teams provided See "Outline of report" for further information about this section of the report				Team type	Team type	ESD team	ESD team	ESD team	ESD-CRT 
					Thames Valley (BOB)	Thames Valley (BOB)	Thames Valley (BOB)	Oxford University Hospitals NHS Foundation Trust	Berkshire Healthcare NHS Foundation Trust
Category	Item Reference	Item	Data type	All records submitted	Thames Valley (BOB)	West Berkshire ESD Team	Buckinghamshire ESD Team	Oxford ESD Team	Berkshire Community Neuro Rehab Team

Will reports change for community teams?

All ISDN slides will be grouped and coloured according to team types.



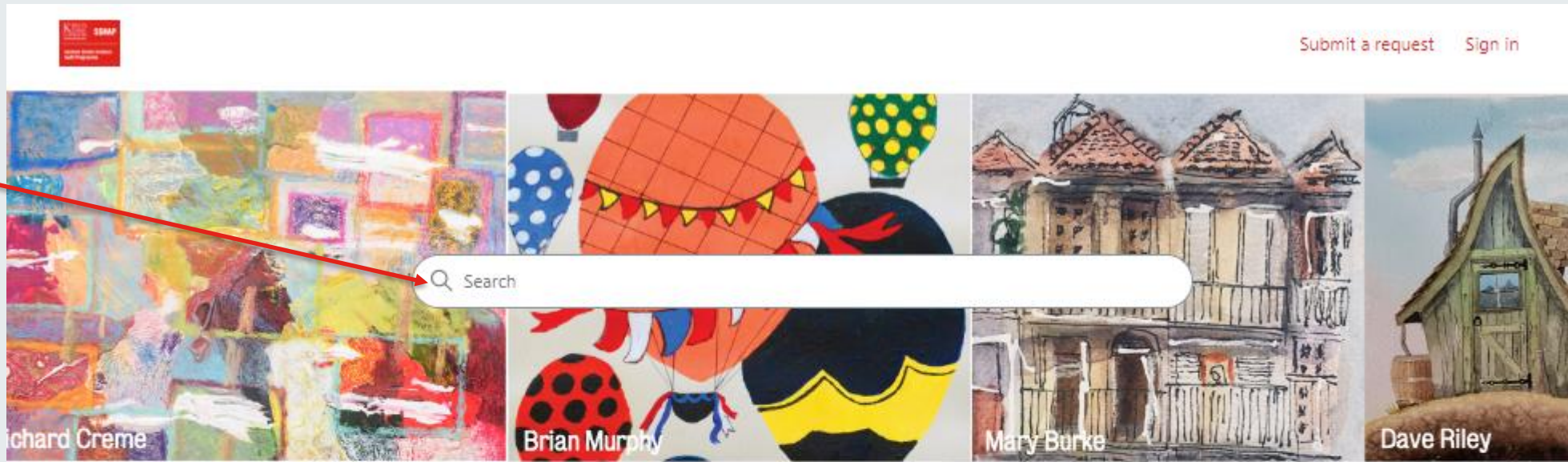
Q&A – presubmitted questions

27 July 2023, SSNAP User group

What resources are available?

<https://ssnap.zendesk.com/hc/en-us>

Ask your questions!



New user guides!
Include info on how to transfer records

New user packs
The new user guides provide guidance on how teams (Inpatient, non-inpatient and 6 month assessment providers) can use...

Reports and Resources
Links to reports and useful SSNAP resources

Clinical Audit

Simplified Technical Guidance
Easy-to-follow steps on how each key indicator is calculated.

How SSNAP results are calculated

What resources are available?

DIY analysis tools:

[Resources > Using SSNAP data for quality improvement > Using SSNAP tools](#)

SSNAP Sentinel Stroke National Audit Programme

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Resources > Using SSNAP data for quality improvement > Using SSNAP tools

Using SSNAP tools for Quality Improvement

DIY analysis tool
This tool provides teams with SSNAP data analysis for case mix and key acute measures within SSNAP reporting

- Enables teams to export their data at regular intervals to investigate patient characteristics, care processes, and outcomes after stroke
- Provides summary tables of key measures
- Provides patient level data, colour coded and organised by KI
- Both acute and post-acute measures are included in this bespoke analysis tool

Use the DIY Analysis tool to:

- Identify where standards are not met
- View SSNAP data between reporting periods and over specific time periods
- Regularly review and evaluate clinical care provision between reporting periods
- Highlight anomalous patient cases
- Improve data quality
- Aid local auditing

Download version 4.5 Historical versions

Online indicators: see your data in real-time
Feedback and review mechanism that enables you to identify trends in performance and quickly find patients who have not achieved specific acute care processes

DIY casemix analysis tool
This tool provides teams with a breakdown of SSNAP casemix. It compares your case mix to the national case mix cohort for the quarter copied into the tool.

Download version 1.1

DIY post-acute whole time equivalent (WTE) tool
This tool allows both post-acute inpatient teams and community-based multidisciplinary rehabilitation teams to input their staffing WTE composition and see whether they met the national recommended minimum staffing level for the relevant clinical discipline. The tool also displays banding and the related budgetary cost.

Download the tool

Therapy intensity calculator:

<https://ssnap.zendesk.com/hc/en-us/articles/7805755034397-Therapy-intensity-calculator>

D10 b) Occupational Therapy

	A	B	C	D	E	F	G	H	I
1	SUMMARY SHEET								
2	Data on this sheet will automatically update from the data entry sheet, once completed indicate this in column H and input directly into the webtool.								
3	Please make any changes to the 'Therapy data entry' tab, this sheet is protected.								
4									
5									
6	Patient ID number	Patient details	4.1 Date and time patient arrived at this hospital/team (clock start date)	Therapy	4.4 Considered eligible to receive this therapy at any point in this admission?	4.4.1 If considered to require therapy at any point, what date was the patient no longer considered to require this therapy?	FOR REFERENCE Are all the days therapy was received within the therapy time frame?	4.5 On how many DAYS did the patient receive this therapy across their total stay in this hospital/team?	FOR REFERENCE Total number of days patient considered eligible for therapy
7		Surname:		a) Physiotherapy			Yes	0	0
10				b) Occupational Therapy			Yes	0	0
13		DOB:		c) Speech and Language Therapy			Yes	0	0
16				d) Psychology			Yes	0	0
19		Surname:		a) Physiotherapy			Yes	0	0
22				b) Occupational Therapy			Yes	0	0
25		DOB:		c) Speech and Language Therapy			Yes	0	0
28				d) Psychology			Yes	0	0
31		Surname:		a) Physiotherapy			Yes	0	0
34				b) Occupational Therapy			Yes	0	0
37		DOB:		c) Speech and Language Therapy			Yes	0	0

What resources are available?

SSNAP helpnotes:

<https://ssnap.zendesk.com/hc/en-us/articles/115003811129-SSNAP-Help-Notes>

4.4	Was the patient considered to require this therapy at any point in this admission? 1. Physiotherapy 2. Occupational therapy 3. Speech & language therapy 4. Psychology	Yes/No (For each of the following: Physiotherapy, Occupational Therapy, Speech and Language Therapy, Psychology)	This collects whether a patient was considered by the team involved to require Occupational therapy, Physiotherapy, Speech and Language therapy and Psychology at any point during their total stay under the care of your team. If a patient is assessed and does not need any further therapy then the patient was not considered to require therapy at any point in this admission. Answer 'No'. If a patient is assessed and requires further therapy, answer 'Yes'. If Yes is selected, the assessment time should be included (in minutes) as part of the total therapy time. (Assessment + Therapy sessions time = Total amount of therapy received). NB: For Psychology this refers to the delivery of care by psychologists or psychologist assistant. Only psychological support delivered by a psychologist or psychologist assistant can be recorded.
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Complete Incomplete Errors Not saved

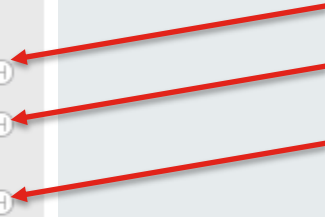
Revoke transfer

View Comments

1. Demographics/ Onset/ Arrival	2. Casemix/ First 24 hours	3. Assessments - First 72 hours	4. This admission	5. Patient condition in first 7 days	6. Assessments - by discharge	7. Discharge/ transfer	8. Six month assessment	9. Other information
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4.1	Date and time patient arrived at this hospital/team	<input type="text" value="28/04/2023"/> <input type="text" value="15:49"/>	<input type="radio"/> C <input type="radio"/> H
4.2	Which was the first ward the patient was admitted to at this hospital?	<input type="radio"/> MAU/ AAU/ CDU <input checked="" type="radio"/> Stroke unit <input type="radio"/> ITU/ CCU/ HDU <input type="radio"/> Other	<input type="radio"/> C <input type="radio"/> H
4.3	Date and time the patient arrived on stroke unit at this hospital	<input type="text" value="28/04/2023"/> <input type="text" value="16:20"/> <input type="checkbox"/> Did not stay on stroke unit	<input type="radio"/> C <input type="radio"/> H

a. Physiotherapy b. Occupational c. Speech and d. Psychology



Scoring and results questions

Scoring breakdown – available on the SSNAP support website

Domain 8

8.1 Percentage of applicable patients who were assessed by an occupational therapist within 72h of clock start

The score for this indicator is the percentage attained.

8.2 Median time between clock start and being assessed by occupational therapist (hours:mins)

The score for this indicator is allocated depending on your team's median clock start to assessment by occupational therapist time:

A score of 100 is obtained if the median time is less than 6 hours

A score of 90 is obtained if the median time is between 6 to <12 hours

A score of 80 is obtained if the median time is between 12 to <18 hours

A score of 70 is obtained if the median time is between 18 to <24 hours

A score of 60 is obtained if the median time is between 24 to <30 hours

Common rehab questions: 1) Therapy groups

What therapy should be included and not included on SSNAP when measuring the amount of therapy provided?

Therapy for the purpose of recording on SSNAP includes:

- initial therapy assessments if the patient required subsequent therapy provision
- either individual or group therapy
- home visits where the patient is present
- training patients and carers
- speech and language therapy refers to communication therapy and swallowing therapy.

In this definition therapy does **not** include:

- initial therapy assessments if the patient did not require subsequent therapy provision
- time for the therapist to travel to and from the patient
- documentation
- environmental visits
- multidisciplinary team meetings
- case conferences
- case reviews

Common rehab questions: 2) 2 therapists treating

What happens if two therapists are treating a patient at the same time?

1. If two therapists of the same profession treat a patient at the same time, record the number of therapy minutes provided as the duration of the session e.g. 2 physiotherapists treating a patient for 45 minutes counts as 45 minutes of physiotherapy.
2. If two therapists of different professions treat a patient at the same time, record the total number of minutes for each therapy e.g. a physiotherapist and occupational therapist treating a patient for 45 minutes counts as 45 minutes of physiotherapy and 45 minutes of occupational therapy
3. If one therapy assistant works on two different therapies during a 45 minutes session, record 45 minutes for only one profession or the times can be split (e.g. 25 minutes for one, 20 minutes for the other).

Note: the same applies for rehab assistants!

Common rehab questions: 3) Rehab assistant time

	a. Physiotherapy	b. Occupational therapy	c. Speech and language therapy	d. Psychology	
4.6 How many minutes of this therapy in total did the patient receive during their stay in this hospital/team?	<input type="text" value="45"/>	<input type="text"/>	<input type="text" value="15"/>	<input type="text"/>	Ⓒ Ⓓ
4.6.1 How many of the total therapy minutes were provided by a rehabilitation assistant?	<input type="text" value="0"/>	<input type="text"/>	<input type="text" value="0"/>	<input type="text"/>	Ⓒ Ⓓ

In **Q4.6** we ask teams to record the total number of therapy minutes per discipline.

4.6 should reflect therapy provided by qualified or non-registered therapy assistants, including rehabilitation assistants, under supervision* is included in the measure. For speech and language therapy it includes dysphagia and communication therapy. For psychologists it includes activities including assessment and treatment of mood, higher cognitive function and non-cognitive behavioral problems.

**Supervised therapy is therapy that has been directed and agreed by the qualified therapist. The qualified therapist does not need to be present for the therapy.*

4.6.1 we are then asking teams to record the number of these total minutes (recorded in 4.6) specifically given by rehabilitation assistants in a new question.

Notes:

- Where a session has required two members of staff (one qualified and one assistant), please assume the session has been led by the qualified therapist, record all minutes as qualified and do not record any minutes as assistant provided. (i.e. do not split minutes).
- Therapy TIs count: 4.6.1 should include all non-registered rehabilitation or therapy assistants.
- Use advice in previous slide for if rehab assistant is working on OT/PT/SLT in 1 session

Q&A – open questions

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