SSNAP Dataset Changes 2024

Scoring, key indicators and domains

KING'S College LONDON

SSNAP | **Sentinel Stroke National Audit Programme**

Contents

Introduction

Netiquette

Please do not raise your hand to ask a question as we are not able to hear you!

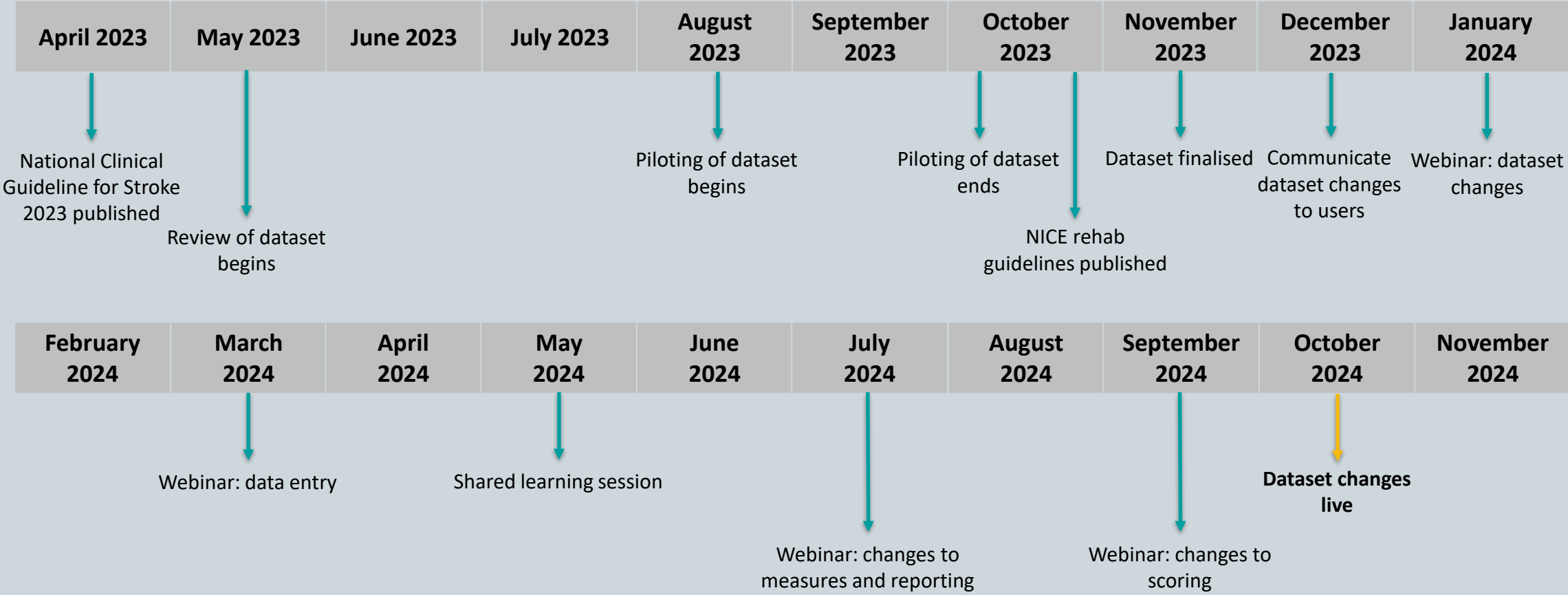The Q&A function is available <u>throughout</u> the webinar. We will be addressing questions at the end.

We may not be able to respond to your query during the webinar. However, we will endeavour to include responses to new queries in future resources/communications.
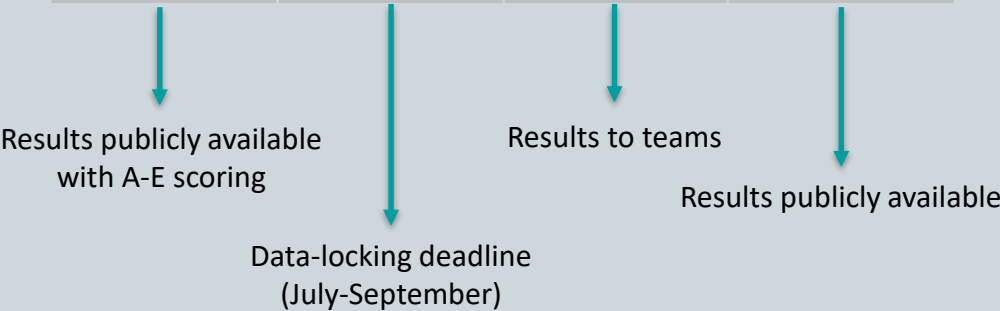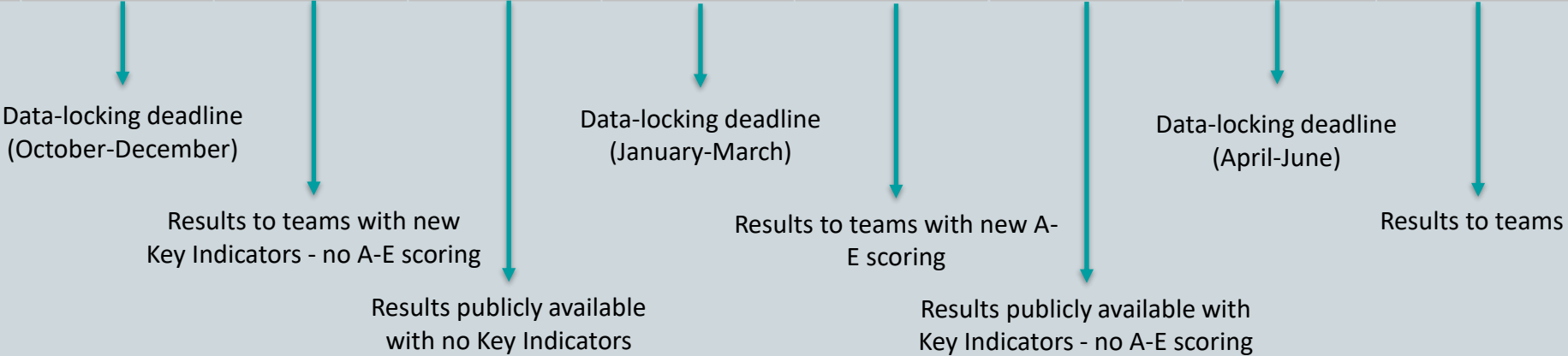
Timeline of dataset changes

What has happened so far..

April 2023	May 2023	June 2023	July 2023	August 2023	September 2023	October 2023	November 2023	December 2023	January 2024

National Clinical Guideline for Stroke 2023 published

Review of dataset begins

Piloting of dataset begins

Piloting of dataset ends

NICE rehab guidelines published

Dataset finalised

Communicate dataset changes to users

Webinar: dataset changes

February 2024	March 2024	April 2024	May 2024	June 2024	July 2024	August 2024	September 2024	October 2024	November 2024

Webinar: data entry

Shared learning session

Webinar: changes to measures and reporting

Webinar: changes to scoring

Dataset changes live

Coming up..

December 2024	January 2025	February 2025	March 2025	April 2025	May 2025	June 2025	July 2025	August 2025	September 2025

Data-locking deadline (October-December)

Results to teams with new Key Indicators - no A-E scoring

Results publicly available with no Key Indicators

Data-locking deadline (January-March)

Results to teams with new A-E scoring

Results publicly available with Key Indicators - no A-E scoring

Data-locking deadline (April-June)

Results to teams

October 2025	November 2025	December 2025	January 2026

Results publicly available with A-E scoring

Data-locking deadline (July-September)

Results to teams

Results publicly available

Brief overview of scoring

Changes in acute SSNAP scores over time

Legend: Minimum dataset, E, D, C, B, A

X-axis categories: JanMar14, AprJun14, JulSep14, OctDec14, JanMar15, AprJun15, JulSep15, OctDec15, JanMar16, AprJul16, AugNov16, DecMar17, AprJul17, AugNov17, DecMar18, AprJun18, JulSep18, OctDec18, JanMar19, AprJun19, JulSep19, OctDec19, JanMar20, AprJun20, JulSep20, OctDec20, JanMar21, AprJun21, JulSep21, OctDec21, JanMar22, AprJun22, JulSep22, OctDec22, JanMar23, AprJun23, JulSep23, OctDec23, JanMar24

Changes in guidelines and standards

NATIONAL CLINICAL GUIDELINE FOR STROKE
for the United Kingdom and Ireland

2023 edition

www.strokeguideline.org

NICE National Institute for Health and Care Excellence

NICE guideline

Stroke rehabilitation in adults

NICE guideline
Published: 18 October 2023

www.nice.org.uk/guidance/ng236

Scoring flowchart

Key indicator calculated → Key indicator assigned score from 0-100 → Domain score calculated as average (mean) of key indicator scores → Domain score categorised into levels A to E ⇢ Final SSNAP score
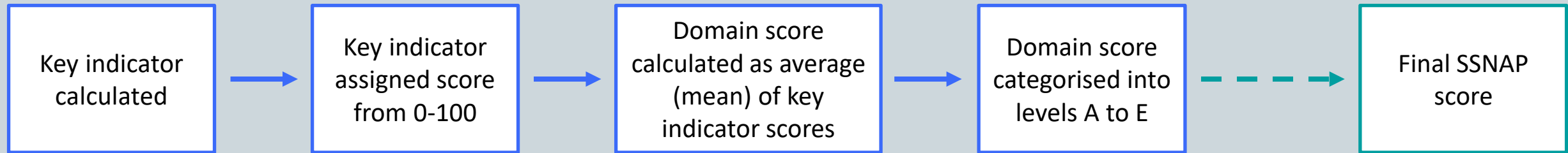
For most key indicators, the score is the percentage achieved. Where this is not appropriate (e.g. if the indicator is a median time), a score is attributed based on performance of the key indicator.

The score required to achieve A-E is not the same for each domain.

The method used to calculate a team-level score **has not** changed.

The key indicators, domains and how key indicators are organised into domains **have** changed.

Domains and key indicators

Domains

1. Hyperacute assessment

2. Specialist pathway

3. Reperfusion

4. MDT assessment

5. Therapy intensity

6. Therapy frequency

7. Standards by discharge

Domain 1: Hyperacute assessment

Indicator name	How to achieve a score of 100	How to achieve a score of 0
1.1 Percentage of patients scanned within 20 minutes of clock start	40%	0%
1.2 Median time between clock start and scan (hours:mins)	Less than 45 minutes	8 hours or longer
1.3 Percentage of patients given CTA on first imaging visit	25%	0%
1.4 Percentage of wake-up strokes and strokes with unknown onset time given CTA, CTP or MRI on first imaging visit	80%	0%
1.5 Percentage of patients assessed by a stroke-skilled clinician (including consultant) within 1 hour of clock start	100%	0%
1.6 Percentage of patients assessed by a nurse trained in stroke management within 4 hours of clock start	100%	0%
1.7 Percentage of applicable patients who were given a swallow screen within 4 hours of clock start	100%	0%

Domain 1: Hyperacute assessment

Domain level	Average score to achieve A-E
A	90
B	80
C	70
D	60
E	<60

The domain score is calculated as the average (mean) of the key indicator scores.

The domain is then assigned a level based on the domain score and these thresholds.

The expectation is **not** that a team achieves 100 for each indicator.

Domain 2: Specialist pathway

Indicator name	How to achieve a score of 100	How to achieve a score of 0
2.1 Percentage of patients directly admitted to a stroke unit within 4 hours of clock start	100%	0%
2.2 Median time between clock start and arrival on stroke unit (hours:mins)	Less than 60 minutes	8 hours or longer
2.3 Percentage of patients who spent at least 90% of their stay on stroke unit	100%	0%
2.4 Percentage of patients treated by a stroke specialist community rehabilitation team (ESD, CRT or combined)	80%	0%

Domain 2: Specialist pathway

Domain level	Average score to achieve A-E
A	90
B	80
C	70
D	60
E	<60

The domain score is calculated as the average (mean) of the key indicator scores.

The domain is then assigned a level based on the domain score and these thresholds.

The expectation is **not** that a team achieves 100 for each indicator.

Domain 3: Reperfusion

Indicator name	How to achieve a score of 100	How to achieve a score of 0
3.1 Percentage of all stroke patients given thrombolysis	20%	0%
3.2 Percentage of stroke patients with extended indications for thrombolysis given thrombolysis	30%	0%
3.3 Percentage of stroke patients given thrombolysis (within 4h) compared with bespoke site-specific target	100%	0%
3.4 Median time between clock start and thrombolysis (hours:mins)	Less than 30 minutes	120 minutes or longer
3.5 Percentage of all patients given thrombectomy	10%	0%
3.6 Median time between arrival and discharge at first admitting team (door-in-door-out) for patients receiving thrombectomy (hours:mins)	Less than 45 minutes	6 hours or longer
3.7 Median time between arrival at thrombectomy centre and arterial puncture (door to puncture) (hours:mins)	Less than 45 minutes	6 hours or longer

Domain 3: Reperfusion

Domain level	Average score to achieve A-E
A	85
B	75
C	65
D	55
E	<55

The domain score is calculated as the average (mean) of the key indicator scores.

The domain is then assigned a level based on the domain score and these thresholds.

The expectation is **not** that a team achieves 100 for each indicator.

Domain 4: MDT assessment

Indicator name	How to achieve a score of 100	How to achieve a score of 0
4.1 Percentage of patients assessed by a stroke specialist consultant within 14 hours of clock start	100%	0%
4.2 Percentage of applicable patients who were given a formal swallow assessment within 24 hours of clock start	100%	0%
4.3 Percentage of applicable patients assessed by an occupational therapist within 24 hours of clock start	100%	0%
4.4 Percentage of applicable patients assessed by a physiotherapist within 24 hours of clock start	100%	0%
4.5 Percentage of applicable patients assessed by a speech and language therapist within 72 hours of clock start	100%	0%

Domain 4: MDT assessment

Domain level	Average score to achieve A-E
A	80
B	70
C	60
D	50
E	<50

The domain score is calculated as the average (mean) of the key indicator scores.

The domain is then assigned a level based on the domain score and these thresholds.

The expectation is **not** that a team achieves 100 for each indicator.

Domain 5: Therapy intensity

Indicator name	How to achieve a score of 100	How to achieve a score of 0
5.1 Percentage of applicable patients who are assessed by a nurse within 4 hours AND occupational therapist and physiotherapist within 24 hours AND speech and language therapist within 72 hours AND have rehab goals agreed within 5 days	100%	0%
5.2 Percentage of patients achieving the NICE target for total therapy dose received	46%	0%
5.3 Median number of minutes of total therapy received per day the patient is an inpatient	128 minutes/day or more	0 minutes/day

Domain 5: Therapy intensity

Domain level	Average score to achieve A-E
A	50
B	40
C	30
D	20
E	<20

The domain score is calculated as the average (mean) of the key indicator scores.

The domain is then assigned a level based on the domain score and these thresholds.

The expectation is **not** that a team achieves 100 for each indicator.

Domain 6: Therapy frequency

Indicator name	How to achieve a score of 100	How to achieve a score of 0
6.1 Percentage of patients receiving 3 hours of motor therapy per day motor therapy received	70%	0%
6.2 Median percentage of days as an inpatient on which motor therapy is received	100%	0%
6.3 Percentage of patients receiving 45 minutes of psychological therapy per day psychological therapy received	100%	0%
6.4 Median percentage of days as an inpatient on which psychological therapy is received	100%	0%
6.5 Percentage of patients receiving 45 minutes of communication/swallowing therapy per day communication/swallowing therapy received	100%	0%
6.6 Median percentage of days as an inpatient on which communication/swallowing therapy is received	100%	0%

Domain 6: Therapy frequency

Domain level	Average score to achieve A-E
A	tbc
B	tbc
C	tbc
D	tbc
E	tbc

The domain score is calculated as the average (mean) of the key indicator scores.

The domain is then assigned a level based on the domain score and these thresholds.

The expectation is **not** that a team achieves 100 for each indicator.

Domain 7: Standards by discharge

| Indicator name	How to achieve a score of 100	How to achieve a score of 0
7.1 Percentage of applicable patients screened for nutrition and seen by a dietitian by discharge (or seen by a dietitian before screening)	100%	0%
7.2 Infection rate: percentage of patients with a urinary tract infection in the first 7 days and percentage of patients given antibiotics for newly acquired pneumonia in the first 7 days	Sum of rates is between 0% and 10%	Sum of rates is more than 15%
7.3 Percentage of applicable patients who have mood screening by discharge	100%	0%
7.4 Percentage of applicable patients who have cognition screening by discharge	100%	0%
7.5 Percentage of applicable patients assessed by a psychologist by discharge	100%	0%
7.6 Percentage of applicable patients who have vision screening by discharge	100%	0%
7.7 Percentage of applicable patients assessed by an orthoptist by discharge (or have an orthoptic outpatient appointment scheduled by discharge)	100%	0%
7.8 Percentage of those patients discharged alive who are given a named contact for information, support and advice	100%	0%

Domain 7: Standards by discharge

Domain level	Average score to achieve A-E
A	95
B	85
C	75
D	60
E	<60

The domain score is calculated as the average (mean) of the key indicator scores.

The domain is then assigned a level based on the domain score and these thresholds.

The expectation is **not** that a team achieves 100 for each indicator.

Summary
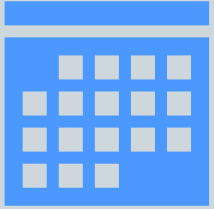
Teams will not be scored on the first report. Teams will first receive scores in June 2025. The first scores that will be made public will be in October 2025

Some Key Indicators have been removed, however if we are still collecting the data the measure will still be included in the report

The process of scoring teams is remaining the same, it is just the Key Indicators and the Domains in which they sit which are being updated to reflect new guidance

Resources and next steps

Webtool transition
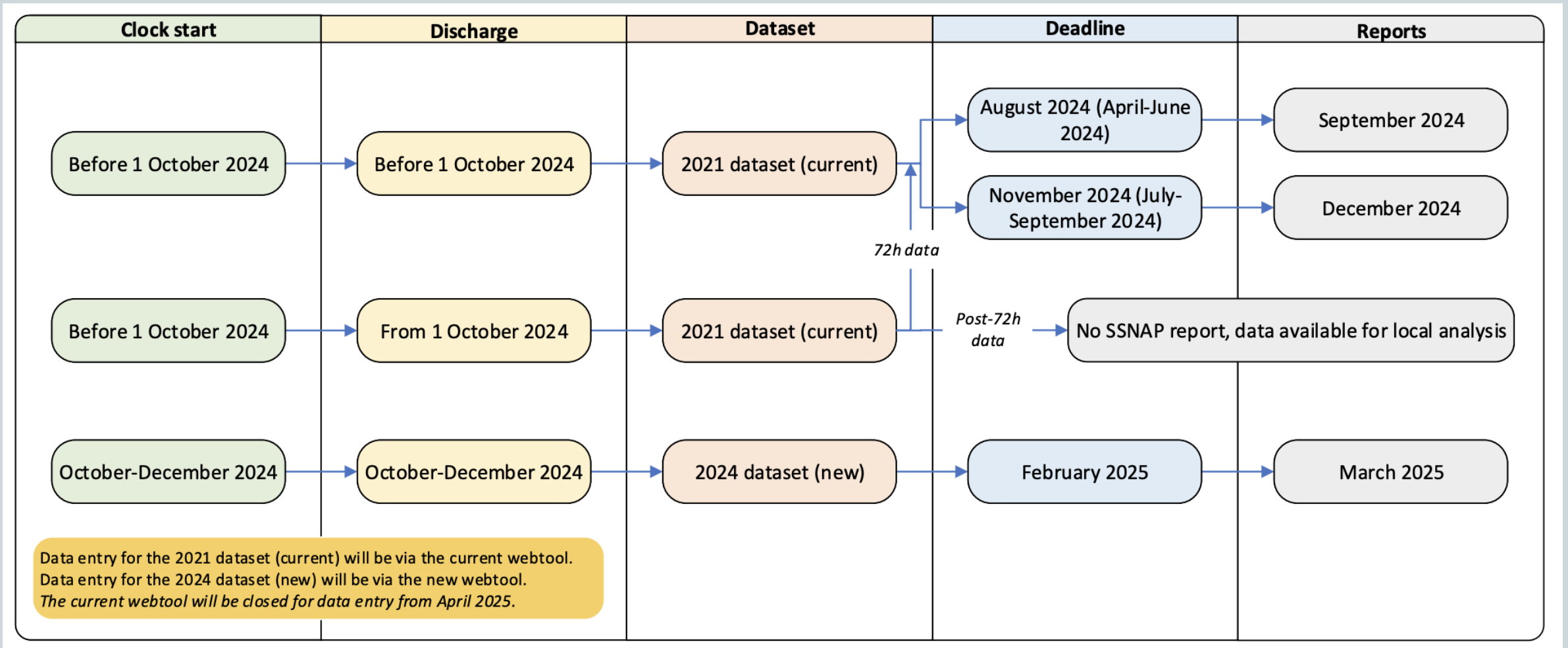
Preparation

Ensure data entry for those admitted and/or discharged between April and September 2024 is complete and locked prior to the 5 November 2024 data-locking deadline.

Review and make sure the list of users (and email addresses) registered for your team is up to date. Please let us know (via ssnap@kcl.ac.uk) if any user should be removed from your team list or any email addresses need updating.
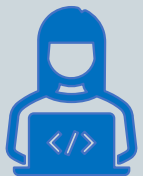
Review the resources available on the SSNAP webtool, including the dataset and help notes, key steps checklist, previous webinars and FAQs.

Scoring resources

Simplified technical guidance

- *Easy-to-follow steps for how each key indicator is calculated.*

- *Definitions of cohorts used in analysis and key terms*

Scoring summary

- *Overview of how a SSNAP score is calculated and adjusted for case ascertainment and audit compliance*

- *Outline of which key indicators apply to each inpatient team types*

Resources and Engagement

Resources:

Question no	Question	Answer options	Guidance / definitions
7.6	If discharged home, is the patient:	Living alone; Not living alone; Not known	*Available if 7.1 = "Was discharged home" or 7.1.4 is "Home"*
7.7	Was the patient discharged with an Early Supported Discharge multidisciplinary team?	Yes, stroke/neurology specific; Yes, non-specialist; No	*Unavailable if 7.1 = "Died in hospital" OR "Was transferred to another inpatient care team" OR "Was transferred to another inpatient care team, not participating on SSNAP"* An Early Supported Discharge (ESD) service provides ESD only to eligible patients. ESD is an intervention delivered by a coordinated, multidisciplinary 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 over a fixed, time-limited period (e.g. 6 weeks). A stroke/neurology specific team is one which treats stroke patients or stroke and neurology patients and staff have specific knowledge and practical experience of stroke. If a patient is discharged to a standalone ESD service, please answer (as appropriate), either: "Yes, stroke/neurology specific" or "Yes, non-specialist" to Q7.7, and "No" to 7.8 and 7.8.1.

The helpnotes are highlighted where the question has remained the same but the helpnote has been updated

https://www.strokeaudit.org/Dataset-changes-2024.aspx

Thank you

Thank you to all the ambulance trusts, hospitals and community teams for continuing to participate in SSNAP. Their participation and commitment to the audit ensures that quality, rich data is available which can be used to improve stroke services.

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www.strokeaudit.org