CONTEXTUALISING NATIONAL LEVEL RESULTS WITHIN A PUBLIC REPORT ON STROKE CARE IN ENGLAND, WALES AND NORTHERN IRELAND

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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.

	Three month reporting		Four month reporting		
Communication assessed by a Speech and Language therapist within 72h of Clock Start (Q3.7)	Oct-Dec 2015	Jan-Mar 2016	Apr-Jul 2016	Aug-Nov 2016	Ref
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

	Three month reporting		Four month reporting	
Key Indicators: Standards by Discharge	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.
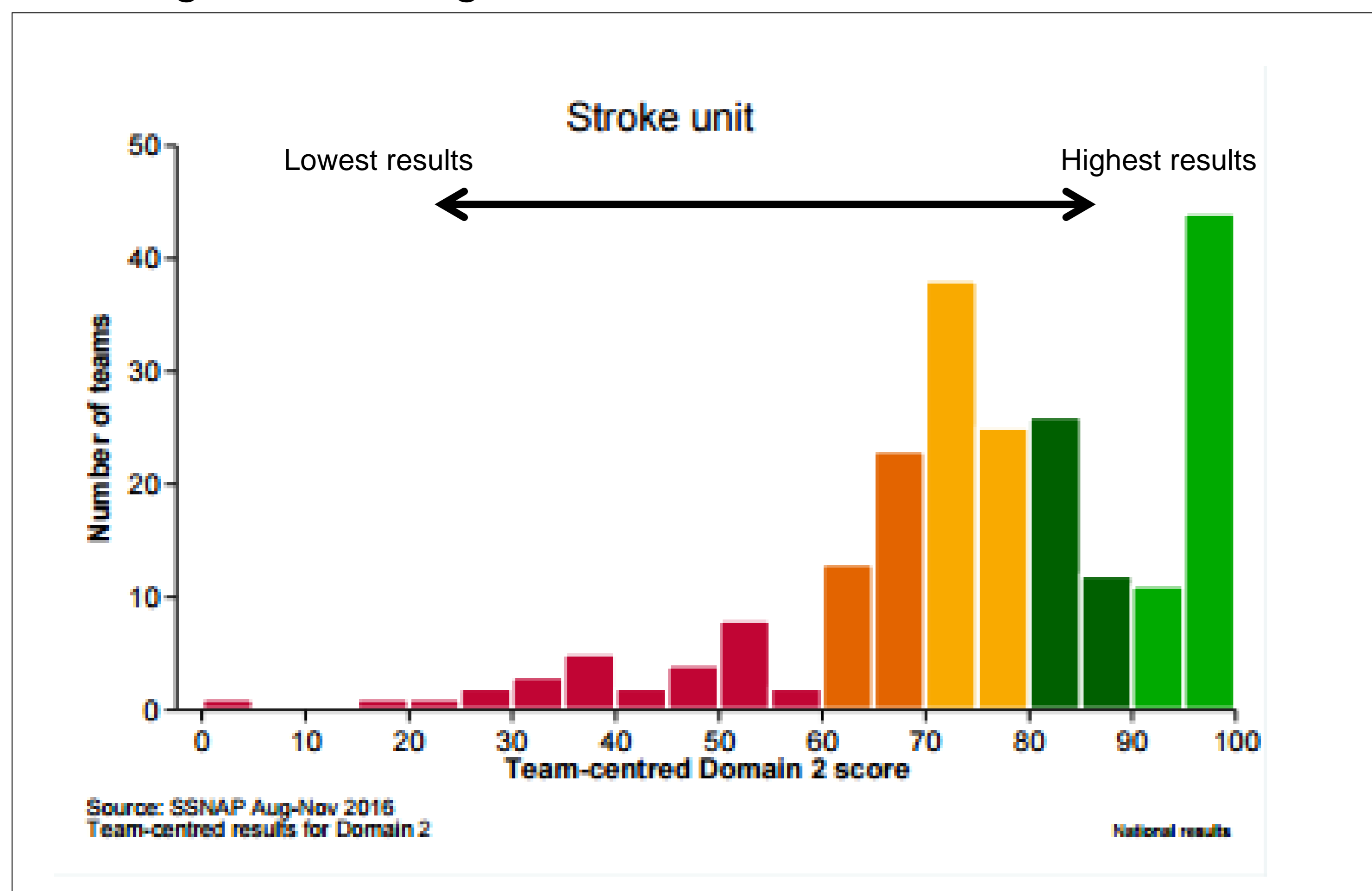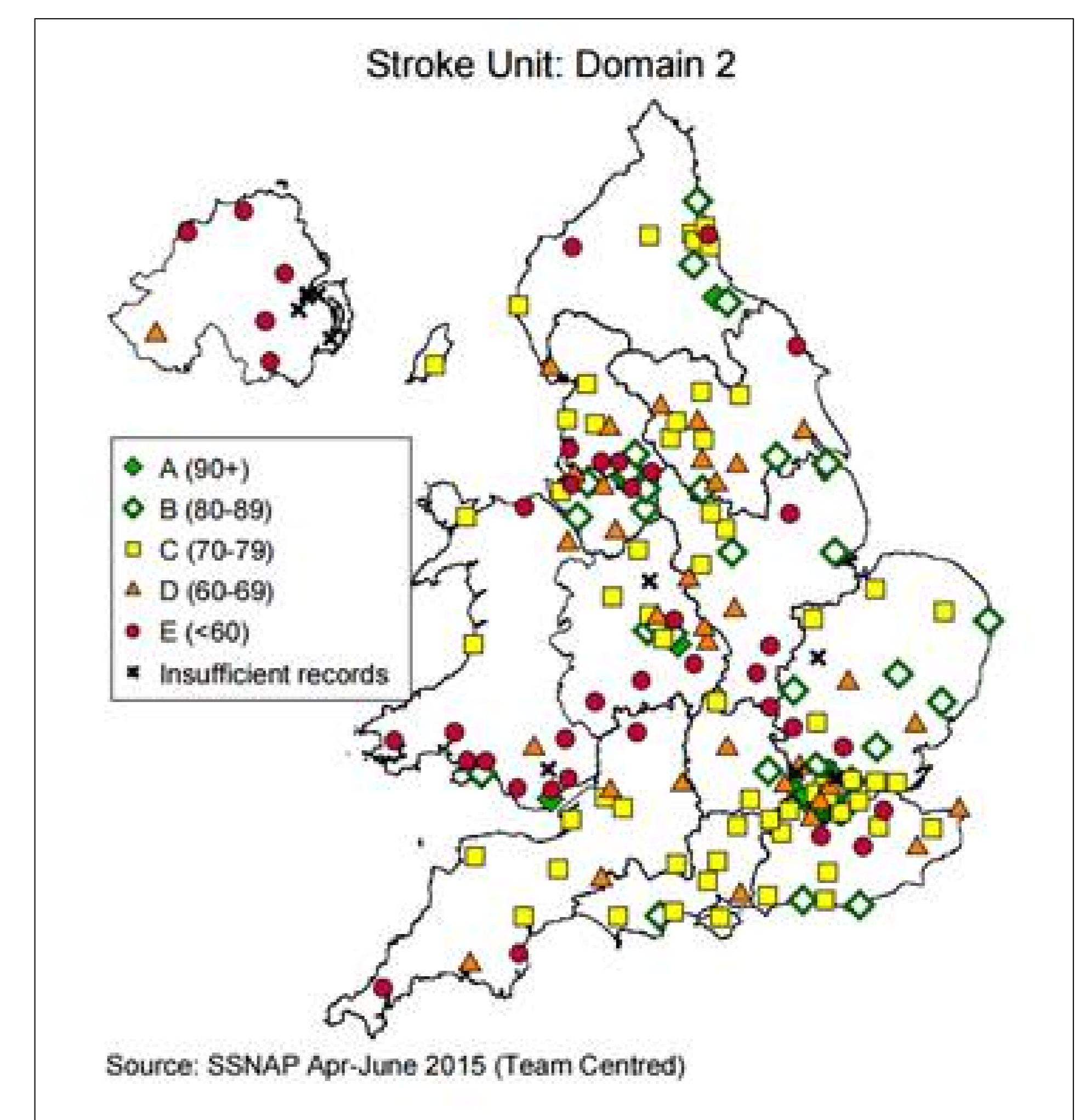
Figure 3. Clinical commentary contextualise data.

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.

Figure 4. Histograms show the distribution of scores.

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.

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.