

# **USING INFOGRAPHICS TO REPORT DATA ABOUT THE QUALITY OF STROKE CARE** SERVICES

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The Sentinel Stroke National Audit Programme (SSNAP) is the national stroke registry of England, Wales and Northern Ireland, and shares information with a wide range of audiences for quality improvement. SSNAP aimed to develop new ways of presenting information to make complex quality data more accessible.



Sentinel Stroke National Audit Programme (SSNAP)
Acute Organisational Audit 2016

#### Key indicators of acute stroke organisatio

Table 1.1 below defines each key indicator and the criterion required to meet it, and reports against each. More detailed information and results for each key indicator

cator)	National results*
nd 6 and band 7 nurses per 10 beds (WTE) nurses per 10 stroke unit beds is equal to/above 2.375	<b>51% (90/178)</b> of sites meet KI 1
i <mark>st (qualified)</mark> ne (WTE) qualified clinical psychologist per 30 stroke unit beds,	<b>6% (10/178)</b> of sites meet KI 2
nsultant led ward rounds** ne ward round per day (7 a week minimum) for <b>both</b> type 1	
Type 1 beds (beds used solely for pre-72 hour care	72% (112/156) of
Type 3 beds (beds used for pre and post-72 hour care	sites meet KI 3
<b>duty at 10am weekends</b> *** s per 10 type 1 and 3 beds (average number of nurses on duty	
Type 1 beds (beds used solely for pre-72 hour care	20% (31/156) of sites meet KI 4
Type 3 beds (beds used for pre and post-72 hour care	sites meet

31% (55/178) of

### **METHOD**

BACKGROUND

Key SSNAP results were grouped into performance levels such as 'getting better', 'making progress' and 'needs improving' to show successes and concerns clearly and concisely. Consistent colour schemes and graphics were used to brand, draw the eye and make results visually appealing.

Figure 6% 29% 31% 51% 61% 70%	Red Orange Amber Pink Purple Blue
29% 31% 51% 61%	Orange Amber Pink Purple
31% 51% 61%	Amber Pink Purple
51% 61%	Pink Purple
61%	Purple
61%	Purple
	• 
70%	Blue
75%	Teal
80%	Light green
81%	Dark green
	cute hospital stroke care
	81%

#### RESULTS



Table 1. Results are placed into performance levels and a colour scheme applied.



		(Criterion: Met if 7-day working for at least two types of qualified therapy. Includes occupational therapy, physiotherapy and speech and language therapy)	sites meeting KI 5	
National Key Indicator Performance	Access to specialist treatment and support			
1. Establishment of band 6 and band 7 nurses per 10 SU beds	6.	Patients can access intra-arterial (thrombectomy) treatment (Criterion: Met if patient have access on-site or by referral off-site)	67% (105/156) of sites meet KI 6	
2. Presence of a clinical psychologist 3. Stroke consultant led ward rounds	7.	Intermittent pneumatic compression device used as first line preventative measure for venous thromboembolism (Criterion: Met if intermittent pneumatic compression device is first line preventative measure)	80% (143/178) of sites meeting KI 7	
4. Nurses on duty at 10am weekends	8.	Access to a specialist (stroke/neurological specific) early supported discharge (ESD) team (Criterion: Met if Yes)	<b>81% (145/178)</b> of sites meet KI 8	
<ul> <li>5. At least two types of therapy available 7 days a week</li> <li>6. Patients can access intra-arterial (thrombectomy) treatment</li> <li>7. IPC used as first line prevention</li> </ul>	9.	Timescale to see, investigate and initiate treatment for both high risk and low risk patients **** (Criterion: Met if: HIGH risk TIA patients = The same day or next day 7 days a week LOW risk TIA patients = Within a week)	73% (130/178) of sites meet Kl 9	
of venous thromboembolism	Patient and carer engagement			
8. Access to a specialist (stroke/neurological) Early Supported Discharge (ESD) team	10.	Formal survey undertaken seeking patient/carer views on stroke services (Criterion: Met if at least one a year)	61% (108/178) of sites meet KI 10	
9. Timescale to see, investigate and initiate reatment for both high risk and low risk patients 10. Formal survey undertaken seeking patient/carer views on stroke services 0 10 20 30 40 50 60 70 80 90 100 % of sites meeting each key indicator	*Sites assigned the performance of the site that treats their patients in the first 72 hours have not been included in the national. **If a site has both type 1 and type 3 beds consultant led ward rounds must take place at least once a day on both. ***If a site has both type 1 and type 3 beds an average of Saturday and Sunday per 10 type 1 and 3 beds. ****Can apply to both inpatient and outpatient services. If site has both the one with the BEST time is used. 17			



Figure 6. Acute Organisational Audit 2016

*Figure 7. Post-acute Organisational Audit 2015* infographic of key information and results.





Figures 4 & 5. How performance colour schemes and graphics were used consistently to 'brand' and make results visually appealing.



infographic of key information and results.

Figure 8. Post-acute organisational audit infographic as a poster at the World Stroke Congress, Hyderabad.

## CONCLUSION

This process has produced two very good outputs and helped to broaden the reach and understanding of results produced by the national stroke registry. Outputs like these offer a potentially more engaging alternative to traditional ways of sharing data about the quality of stroke services, helping to make complex messages better understood by a wider audience.