

**SSNAP**

**Sentinel Stroke National  
Audit Programme**



# Sentinel Stroke National Audit Programme (SSNAP)

Acute Organisational Audit Proforma 2021

**School of Population Health and Environmental Sciences, King's  
College London**

**Instructions:**

This proforma should describe your stroke services as on **1 October 2021**. Please complete all questions. Clarification is available online against each question ('H' button) and also in the supporting documentation provided. In some cases, you will either be directed to a later question or a response will not apply based on answers to key questions. Data should be submitted via the SSNAP web portal.

**Final deadline: 29 October 2021. Checking week: 1-5 November 2021**

**Helpdesk**

Telephone: 0116 464 9901

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The Section tab will be either blue, green or red indicating whether the section has been successfully completed. Remember to Save before you Exit. When all the tabs are green, the proforma is complete and valid, the data should be locked (i.e. cannot be edited)

For the purpose of this audit the definition for **in hours** is between 08:00-18:00 Monday to Friday and **out of hours** is all days and times outside this range

**COVID-19 response**

You should complete the audit questionnaire describing your service on the 1 October 2021. If you have had to reorganise as a temporary or permanent response to COVID-19 then please report this reorganised service and not as per your previously commissioned service.

**Site code:** [ ]

**A. Core Organisational Information**

**A1.** How many hospitals are covered by this form? [ ]

**Please give the full name of each individual hospital. In this question, we are asking about acute hospitals which directly admit acute stroke patients or routinely admit them within 7 days.**

	<b>Full name of hospital</b>	<b>Total number of stroke unit bed</b>	<b>SSNAP code for hospital from clinical audit</b>
<b>1</b>			
<b>2</b>			
<b>3</b>			
<b>4</b>			

**TAB ONE**

SECTION 1: ACUTE PRESENTATION

---

**Care in the first 72 hours after stroke**

**1.1** Which of the following options best describes the service at your site for patients during the first 72 hours after stroke? *Select only one option*

- (i) We treat all of these patients
- (ii) We treat some of these patients
- (iii) We treat none of these patients

This should be what best describes your service and what happens to patients generally, not what happens in exceptional circumstances. Please see helpnotes for further information and instruction.

**1.1a** If 1.1(iii) is selected, give the SSNAP site code of main hospital treating your patients for the first 72 hours

[ ] *This is the organisational audit site code, not the SSNAP team code*

**1.2** Have you made any changes to your stroke service as part of the response to the COVID pandemic?

Yes        No      

**1.2a** If yes, which of the following were made?

- Virtual assessment by a stroke clinician in the pre-hospital setting
- 24/7 virtual assessment (on arrival at acute hospital) by a stroke physician
- Tele-stroke network (across several hospitals) for virtual assessment
- Separate pathways for COVID-19 positive and negative stroke patients
- Virtual ward rounds or multidisciplinary team (MDT) meetings
- Decision support software (AI) use

- Virtual triage of patients with suspected TIA or minor stroke
- Use of one-lead ECG devices to assess heart rhythm
- Patient self-reporting of blood pressure readings
- Other  Please state: \_\_\_\_\_

**1.2b** As of 1 October 2021, are any of these changes still in place?

Yes        No   

**Initial Review on Presentation – this section must be completed by all hospitals to treat some or all patients seen during the first 72 hours after stroke.**

**1.3** Most of the time, who is the first person **from any team** to review a patient presenting to hospital with a suspected stroke? *Select only one option for in hours and one option for out of hours*

	In Hours	Out of Hours
(i) Stroke Specialist Nurse	<input type="radio"/>	<input type="radio"/>
(ii) Stroke Junior Doctor (CMT/Foundation Trainee)	<input type="radio"/>	<input type="radio"/>
(iii) Stroke trained Registrar/Fellow	<input type="radio"/>	<input type="radio"/>
(iv) General Medical Registrar	<input type="radio"/>	<input type="radio"/>
(v) Stroke Specialist / General Neurology Consultant	<input type="radio"/>	<input type="radio"/>
(vi) Other Medical Specialty Consultant	<input type="radio"/>	<input type="radio"/>
(vii) ED Consultant	<input type="radio"/>	<input type="radio"/>
(viii) ED Junior Doctor/Registrar	<input type="radio"/>	<input type="radio"/>
(ix) Neurology Junior Doctor/Registrar	<input type="radio"/>	<input type="radio"/>
(x) Telemedicine link to own Trust Stroke Consultant	<input type="radio"/>	<input type="radio"/>
(xi) Telemedicine link to regional network Consultant	<input type="radio"/>	<input type="radio"/>

**1.4** Most of the time, who is the first person **from the stroke team** to review a patient presenting to hospital with a suspected stroke? *Select only one option for in hours and one option for out of hours*

	In Hours	Out of Hours
(i) Stroke Specialist Nurse	<input type="radio"/>	<input type="radio"/>
(ii) Stroke Junior Doctor (CMT/Foundation Trainee)	<input type="radio"/>	<input type="radio"/>

(iii) Stroke trained Registrar/Fellow	<input type="radio"/>	<input type="radio"/>
(iv) Stroke Specialist Consultant	<input type="radio"/>	<input type="radio"/>
(v) General Neurology Consultant	<input type="radio"/>	<input type="radio"/>
(vi) Neurology Junior Doctor/Registrar	<input type="radio"/>	<input type="radio"/>
(vii) Telemedicine link to own Trust Stroke Consultant	<input type="radio"/>	<input type="radio"/>
(viii) Telemedicine link to regional network Consultant	<input type="radio"/>	<input type="radio"/>

### Scanning

**1.5** Which initial acute brain imaging do you usually request for the following? *Select only one option for each of i-v*

	CT	CTA	CTP	MRI
(i) Clinical suspicion of stroke eligible for thrombolysis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(ii) Clinical suspicion of stroke eligible for thrombolysis & possible thrombectomy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(iii) Clinical suspicion of stroke but over 4.5 hours since onset of symptoms	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(iv) Clinical suspicion of posterior circulation stroke but not a thrombolysis candidate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(v) Clinical suspicion of alternative neurological diagnosis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**CT = Computerised tomography, CTA =CT angiography, CTP= CT perfusion MRI= Magnetic resonance imaging**

**1.6** Who is ultimately responsible for initial review of brain imaging to inform decisions about thrombolysis / referral for thrombectomy? *Select one option for in hours and one option for out of hours*

	In Hours	Out of Hours
(i) Stroke Consultant on site	<input type="radio"/>	<input type="radio"/>
(ii) Stroke Consultant remotely via PACS	<input type="radio"/>	<input type="radio"/>
(iii) Stroke Registrar	<input type="radio"/>	<input type="radio"/>
(iv) Stroke Junior Doctor	<input type="radio"/>	<input type="radio"/>
(v) Neuroradiologist	<input type="radio"/>	<input type="radio"/>
(vi) General Radiologist	<input type="radio"/>	<input type="radio"/>
(vii) "Reporting Hub"	<input type="radio"/>	<input type="radio"/>
(viii) ED Consultant/Registrar	<input type="radio"/>	<input type="radio"/>

- |  |   |   |
|--|---|---|
| (ix) Medical Consultant/Registrar                              | O | O |
| (x) Stroke consultant at own Trust via telemedicine link       | O | O |
| (xi) Stroke consultant in region/network via telemedicine link | O | O |

**1.6a** Are you using artificial intelligence software for any part of the interpretation of your acute stroke imaging?

Yes, in hours  Yes, out of hours  No

**1.7** If not during initial assessment, is brain imaging subsequently reviewed by a radiologist with a specific competency in neurovascular imaging in the following patient groups? *Select only one option for each patient group*

**a. Thrombolysis patients**

- |                |   |
|----------------|---|
| Yes, always    | O |
| Yes, sometimes | O |
| Yes, rarely    | O |
| No             | O |

**b. Large Vessel Occlusion**

- |                |   |
|----------------|---|
| Yes, always    | O |
| Yes, sometimes | O |
| Yes, rarely    | O |
| No             | O |

**c. All stroke patients**

- |                |   |
|----------------|---|
| Yes, always    | O |
| Yes, sometimes | O |
| Yes, rarely    | O |
| No             | O |

**1.8** Do you have stroke specialist nurses (band 6 or above) who undertake hyper-acute assessments of suspected stroke patients in A&E? *Select one option for in hours and one option for out of hours*

	<b>In Hours</b>	<b>Out of Hours</b>
Yes	O	O
No	O	O

**1.9** Are your stroke specialist nurses counted within your ward based nurse establishment?

(i.e. they are not supernumerary to your ward based nurses) *Select one option for in hours and one option for out of hours*

*These are specialist nurses who have responsibilities outside the stroke unit*

	<b>In Hours</b>	<b>Out of Hours</b>
Yes	<input type="radio"/>	<input type="radio"/>
No	<input type="radio"/>	<input type="radio"/>

**1.10** Do you ever use video telemedicine to review patients with your ambulance crews?

Yes        No   

**1.11** Do the stroke team receive a pre-alert (telephone or video call) from your ambulance crews for suspected stroke patients? *Select yes/no/sometimes for each type of patient*

	<b>Yes</b>	<b>No</b>	<b>Sometimes</b>
Thrombolysis candidates only	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
All FAST positive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
All other suspected stroke	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**1.12** If the stroke team receive a pre-alert, who is the call usually made to? *Select only one option*

- Stroke Specialist Nurse
- Directly to the Emergency Department
- Stroke Junior Doctor on call
- Stroke Consultant on call
- CT control room
- Call to Stroke ward / HASU

**1.13** If the stroke team receive a pre-alert, what information are they usually given by the paramedic crew? *Select all that apply*

- Name
- Date of birth
- Symptoms

- Time of onset
- BP measurement by Paramedics
- List of medications
- NHS number
- Only that patient is on their way

**1.14** Where are suspected stroke patients that arrive by ambulance usually taken for assessment?  
*Select one option for potential thrombolysis patients and one option for all other suspected stroke patients*

	<b>Potential thrombolysis patients</b>	<b>All other suspected stroke patients</b>
Emergency Department	O	O
HASU/ASU	O	O
Neurology Ward	O	O
Combined stroke/neurology ward	O	O
Acute Medical Unit	O	O
HDU/ITU/CCU	O	O
CT scan	O	O

**1.15** Do you routinely admit patients with subarachnoid haemorrhage to your stroke unit?

Yes    O    No    O

**1.16** Do you routinely admit patients with subdural haematoma to your stroke unit?

Yes    O    No    O

**Telemedicine**

**1.17** Does the stroke service at your site use telemedicine to allow remote access for the management of acute stroke care?

Yes    O    No    O



**1.18** Which of the following do you use? *Select all that apply*

(i) Remote viewing for brain imaging

(ii) Video enabled clinical assessment

**1.19** Do you operate a telemedicine rota with other hospitals?

Yes  No

**1.20** Which of the following groups of patients are assessed using telemedicine? *Select only one option*

Only patients potentially eligible for thrombolysis

Some patients (regardless of eligibility for thrombolysis)

All patients (who require assessment during times when telemedicine is in use)

**Stroke mimics**

**1.21** How many acute stroke mimics have been seen by the stroke team in ED or any non-stroke emergency admissions area during the past month? []

**1.22** In the last three months, how many stroke mimics have received thrombolysis? []

**TAB TWO**

## SECTION 2: STROKE UNITS

**2.1** Please give the following details on type and number of stroke unit beds for each of these hospitals:

	Answer separately for each hospital			
<b>(a)</b> Full name of hospital	<b>(b)</b> Total number of stroke unit beds (can be 0)	<b>(c)</b> Number of stroke unit beds <b>solely</b> for patients in first 72 hours after stroke <b>Type 1 beds</b>	<b>(d)</b> Number of stroke unit beds <b>solely</b> for patients beyond 72 hours after stroke <b>Type 2 beds</b>	<b>(e)</b> Number of stroke unit beds used for <b>both</b> pre- and post-72 hour care <b>Type 3 beds</b>
<b>Total:</b>				

**Section 2A: Care on stroke unit beds used solely for patients in the first 72 hours after stroke (type 1 beds) (please answer based on ALL beds records in Q2.1(c)**

**2.2** How many of these beds have continuous physiological monitoring (ECG, oximetry, blood pressure)?  beds

**2.3** How many stroke consultant ward rounds are conducted on your acute stroke ward per week?  ward rounds per week

*(If you have 2 consultant led ward rounds 7 days a week please enter 14. If there is more than one location for these beds, please give an average e.g. if there are 20 beds overall and 10 have ward rounds 7 times a week and the other 10 have ward rounds 5 times a week, you should put 6. If you have permutations outside of this please contact the SSNAP helpdesk).*

*For questions 2.4 - 2.7 only the nursing staff for the beds solely used for patients in the first 72 hours after stroke (i.e. the total entered for Q2.1c) should be included.*

**2.4** How many of the following *nursing* staff are there usually on duty at **10AM** for these beds? (Enter 0 if no staff of that grade). *Only the nursing staff for the beds which are solely used for patients in the first 72 hours after stroke (i.e. the total entered for Q2.1c).*

*(N.B. please do not double count any nurses/care assistants listed in Q2.9 and Q2.16)*

	Weekdays	Saturdays	Sundays/Bank Holidays
(i) Registered nurses	<input type="text"/>	<input type="text"/>	<input type="text"/>
(ii) Care assistants	<input type="text"/>	<input type="text"/>	<input type="text"/>

**2.5** How many nurses are there usually on duty for these beds at **10AM** who are trained in the following? (Enter 0 if none).

*(N.B. please do not double count any nurses listed in Q2.10 and Q2.17)*

	Weekdays	Saturdays	Sundays/Bank Holidays
(i) Swallow screening	<input type="text"/>	<input type="text"/>	<input type="text"/>
(ii) Stroke assessment and management	<input type="text"/>	<input type="text"/>	<input type="text"/>

**2.6** How many nurses are there usually on duty for these beds at **10PM**? (Enter 0 if no staff of that grade). *Only the nursing staff for the beds which are solely used for patients in the first 72 hours after stroke (i.e. the total entered for Q2.1c).*

*(N.B. please do not double count any nurses/care assistants listed in Q2.11 and Q2.18)*

	Weekdays	Saturdays	Sundays/Bank Holidays
(i) Registered nurses	<input type="text"/>	<input type="text"/>	<input type="text"/>
(ii) Care assistants	<input type="text"/>	<input type="text"/>	<input type="text"/>

**2.7** What is the total establishment of whole time equivalents (WTEs) of the following bands of nurses for your Type 1 beds (beds solely for patients in the first 72 hours after stroke) in your site? *(Enter 0 if no establishment)*

Type 1 beds (beds solely for patients in first 72 hours after stroke)	Whole time equivalents (WTE)
Band 1	
Band 2	
Band 3	
Band 4	
Band 5	
Band 6	
Band 7	
Band 8a	
Band 8b	
Band 8c	

**2.7a** How are your type 1 beds currently funded? *Select only one option*

- |                                  |                       |
|----------------------------------|-----------------------|
| Block contract                   | <input type="radio"/> |
| Payment by results (PBR)         | <input type="radio"/> |
| Uplifted/enhanced tariff         | <input type="radio"/> |
| Unfunded (at risk)               | <input type="radio"/> |
| Not known                        | <input type="radio"/> |
| Site in Wales or N/Ireland (N/A) | <input type="radio"/> |

**Section 2B: Care on stroke unit beds used solely for patients beyond 72 hours after stroke (type 2 beds) (please answer based on ALL beds records in Q2.1(d))**

**2.8** How many days per week is there a stroke specialist consultant ward round for these beds?

days

*(If there is more than one location for these beds, please give an estimated average e.g. if there are 20 beds overall and 10 have ward rounds 7 times a week and the other 10 have ward rounds 5 times a week, you should put 6. If you have permutations outside of this please contact the SSNAP helpdesk).*

*For questions 2.9 - 2.13 only the nursing staff for the beds solely used for patients beyond 72 hours after stroke (i.e. the total entered for Q2.1d) should be included.*

**2.9** How many of the following *nursing* staff are there usually on duty at **10AM** for these beds? (Enter 0 if no staff of that grade) *Only the nursing staff for the beds which are solely used for patients beyond the first 72 hours after stroke (i.e. the total entered for Q2.1d) (N.B. please do not double count any nurses/care assistants listed in Q2.4 and Q2.16)*

	Weekdays	Saturdays	Sundays/Bank Holidays
(i) Registered nurses	<input type="text"/>	<input type="text"/>	<input type="text"/>
(ii) Care assistants	<input type="text"/>	<input type="text"/>	<input type="text"/>

**2.10** How many nurses are there usually on duty for these beds at **10AM** who are trained in the following? (Enter 0 if none).

*(N.B. please do not double count any nurses listed in Q2.5 and Q2.17)*

	Weekdays	Saturdays	Sundays/Bank Holidays
(i) Swallow screening	<input type="text"/>	<input type="text"/>	<input type="text"/>
(ii) Stroke assessment and management	<input type="text"/>	<input type="text"/>	<input type="text"/>

**2.11** How many of the following *nursing* staff are there usually on duty at **10PM** for these beds? (Enter 0 if no staff of that grade) *Only the nursing staff for the beds which are solely used for patients beyond the first 72 hours after stroke (i.e. the total entered for Q2.1d)*

*(N.B. Please do not double count any nurses/care assistants listed in Q2.6 and Q2.18)*

	Weekdays	Saturdays	Sundays/Bank Holidays
(i) Registered nurses	<input type="text"/>	<input type="text"/>	<input type="text"/>
(ii) Care assistants	<input type="text"/>	<input type="text"/>	<input type="text"/>

**2.12** What is the total establishment of whole time equivalents (WTEs) of the following

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bands of nurses for type 2 beds (beds solely for patients beyond 72 hours after stroke) in your site? (Enter 0 if no establishment)

<b>Type 2 beds</b> (beds for patients beyond 72 hours after stroke)	<b>Whole time equivalents (WTE)</b>
Band 1	
Band 2	
Band 3	
Band 4	
Band 5	
Band 6	
Band 7	
Band 8a	
Band 8b	
Band 8c	

**2.13** How are your type 2 beds currently funded? *Select only one option*

- Block contract
- Payment by results (PBR)
- Uplifted/enhanced tariff
- Unfunded (at risk)
- Not known
- Site in Wales or N/Ireland (N/A)

**Section 2C: Care on stroke unit beds which are used for both pre- and post-72 hours care (type 3 beds) (please answer based on ALL beds records in Q2.1(e))**

**2.14** How many of these beds have continuous physiological monitoring (ECG, oximetry, blood pressure)?  beds

**2.15** How many stroke consultant ward rounds are conducted on your acute stroke ward per week?  ward rounds per week

*(If you have 2 consultant led ward rounds 7 days a week please enter 14. If there is more than one location for these beds, please give an average e.g. if there are 20 beds overall and 10 have ward rounds 7 times a week and the other 10 have ward rounds 5 times a week, you should put 6. If you have permutations outside of this please contact the SSNAP helpdesk).*

*For questions 2.16 - 2.19 only the nursing staff for the beds solely used for both pre- and post-72h hours care (i.e. the total entered for Q2.1e) should be included.*

**2.16** How many of the following *nursing* staff are there usually on duty at **10AM** for these beds? (Enter 0 if no staff of that grade). *Only the nursing staff for beds used for patients pre and post-72 hour care (i.e. the total entered for 2.1e).*

*(N.B. please do not double count any nurses/care assistants listed in Q2.4 and Q2.9.)*

	Weekdays	Saturdays	Sundays/Bank Holidays
(i) Registered nurses	<input type="text"/>	<input type="text"/>	<input type="text"/>
(ii) Care assistants	<input type="text"/>	<input type="text"/>	<input type="text"/>

**2.17** How many nurses are there usually on duty for these beds at **10AM** who are trained in the following? (Enter 0 if none).

*(N.B. please do not double count any nurses listed in Q2.5 or Q2.10)*

	Weekdays	Saturdays	Sundays/Bank Holidays
(i) Swallow screening	<input type="text"/>	<input type="text"/>	<input type="text"/>
(ii) Stroke assessment and management	<input type="text"/>	<input type="text"/>	<input type="text"/>

**2.18** How many of the following *nursing* staff are there usually on duty at **10PM** for these beds? (Enter 0 if no staff of that grade). *Only the nursing staff for beds used for patients pre and post-72 hour care (i.e. the total entered for 2.1e).*

*(N.B. please do not double count any nurses/care assistants listed in Q2.6 and Q2.11.)*

	Weekdays	Saturdays	Sundays/Bank Holidays
	<input type="text"/>	<input type="text"/>	<input type="text"/>

- |                       |                          |                          |                          |
|-----------------------|--------------------------|--------------------------|--------------------------|
| (i) Registered nurses | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (ii) Care assistants  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**2.19** What is the total establishment of whole time equivalents (WTEs) of the following bands of nurses for type 3 beds (beds for both pre and post 72 hour care)? (Enter 0 if no establishment)

<b>Type 3 beds</b> (beds for both pre and post 72 hour care)	<b>Whole time equivalents</b> (WTE)
Band 1	
Band 2	
Band 3	
Band 4	
Band 5	
Band 6	
Band 7	
Band 8a	
Band 8b	
Band 8c	

**2.19a** How are your type 3 beds funded? *Select only one option*

- |                                  |                       |
|----------------------------------|-----------------------|
| Block contract                   | <input type="radio"/> |
| Payment by results (PBR)         | <input type="radio"/> |
| Uplifted/enhanced tariff         | <input type="radio"/> |
| Unfunded (at risk)               | <input type="radio"/> |
| Not known                        | <input type="radio"/> |
| Site in Wales or N/Ireland (N/A) | <input type="radio"/> |



**TAB THREE****SECTION 3: THROMBOLYSIS AND THROMBECTOMY**

---

**Thrombolysis**

**3.1** Where are the majority of your patients thrombolysed for each procedure? *Select one option for bolus and one option for infusion*

	<b>Bolus</b>	<b>Infusion</b>
Emergency Department	<input type="radio"/>	<input type="radio"/>
In the CT scanner	<input type="radio"/>	<input type="radio"/>
Where your Type 1 or Type 3 beds are based	<input type="radio"/>	<input type="radio"/>
CCU/ITU/HDU	<input type="radio"/>	<input type="radio"/>
Acute Medical Unit /Medical Ward	<input type="radio"/>	<input type="radio"/>
Neurology ward	<input type="radio"/>	<input type="radio"/>

**Thrombectomy**

**3.2** Are you a thrombectomy centre?

Yes  No

**3.3** What are the hours of operation for your thrombectomy service? *Enter a value from 0-24 for each day*

Monday	<input type="text"/> hours
Tuesday	<input type="text"/> hours
Wednesday	<input type="text"/> hours
Thursday	<input type="text"/> hours
Friday	<input type="text"/> hours
Saturday and Sunday	<input type="text"/> hours

**3.4** How many consultant level doctors from your site carry out thrombectomy?

*(Please do not include doctors who work primarily at other sites - each doctor should only be counted at one site. Please include doctors who have performed 1 or more thrombectomy procedures)*

For each of these consultants, please state their specialty.

3.4a Which specialty is this consultant?	Consultant:									
	1:	2:	3:	4:	5:	6:	7:	8:	9:	10:
Interventional neuroradiology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vascular interventional neuroradiology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-vascular interventional neuroradiology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cardiologist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neuro-surgeon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stroke Physician	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If no to Q3.2:

**3.5** Do you refer appropriate patients to a thrombectomy centre?

Yes  No  N/A

N/A only available to those with type 2 beds only

**3.6** Which centre do you refer patients to for thrombectomy? *Select the centre which the majority of your patients are referred to from the supplied list*

**3.7** For how many hours can you refer patients for thrombectomy each day? *Enter a value from 0-24 for each day*

Monday	<input type="text"/> hours
Tuesday	<input type="text"/> hours
Wednesday	<input type="text"/> hours
Thursday	<input type="text"/> hours
Friday	<input type="text"/> hours
Saturday and Sunday	<input type="text"/> hours

**3.8** How many patients have you transferred to a thrombectomy centre that **did not have the procedure** in the 12 months prior to October 2021? (Enter a number)

**3.9** What is your usual process for IV thrombolysis prior to transfer for thrombectomy? *Select only one option*

- |  |   |
|--|---|
| Give bolus and full infusion before transfer   | 0 |
| Give bolus and infusion but stop infusion at point patient ready to be transferred                       | 0 |
| Give bolus and infusion which is continued in ambulance with support of stroke nurse on transfer         | 0 |
| Give bolus and infusion which is continued in ambulance with support of ED nurse on transfer             | 0 |
| Give bolus and infusion which is continued in ambulance with support from paramedic crew                 | 0 |
| Process depends on ambulance service conveying patient (i.e. different protocols for different services) | 0 |

**3.10** Who usually makes the decision that there is a large vessel occlusion on CTA imaging prior to transferring for thrombectomy? *Select one option for in hours and one option for out of hours*

	<b>In Hours</b>	<b>Out of Hours</b>
Stroke Junior Doctor making referral	0	0
Stroke Consultant	0	0
General Radiologist	0	0
Neuroradiologist at your hospital	0	0
Neuroradiologist at IAT Centre (if different)	0	0
Stroke team at thrombectomy centre	0	0
Remote tele-radiology service off site	0	0
No service		0

**3.11** When a patient requires conveyance to thrombectomy centre at what point do you call the first responder ambulance service? *Select only one option*

- |   |   |
|---|---|
| Paramedic crew are kept on standby and not released from initial call | 0 |
| At the point IV thrombolysis is complete                              | 0 |
| At the point CTA suggests occluded vessel                             | 0 |
| When accepted by thrombectomy centre                                  | 0 |

**3.12** Do the stroke team use helicopter transfers for thrombectomy patients?

Yes        No   

**3.13a** What is the average time between call to ambulance from acute hospital to arrival of ambulance crew at acute hospital for your last 5 cases / over last 12 months? *Select only one option*

**Call to Arrival of ambulance crew**

10-30mins	<input type="radio"/>
31-60mins	<input type="radio"/>
61-90mins	<input type="radio"/>
91-120mins	<input type="radio"/>
>120 mins	<input type="radio"/>

**3.13 b** What is the average time between arrival of the ambulance at the acute hospital to departure from acute hospital for your last 5 cases / over last 12 months? *Select only one option*

**Time from arrival of ambulance crew to departure**

10-30mins	<input type="radio"/>
31-60mins	<input type="radio"/>
61-90mins	<input type="radio"/>
91-120mins	<input type="radio"/>
>120 mins	<input type="radio"/>

**3.14** What are your arrangements (governance processes) for discussion of patients referred for thrombectomy? *Select only one option*

Most patients referred reviewed with thrombectomy centre as part of regional MDT

Most patients referred reviewed locally as part of local MDT

Informal feedback

No regular discussion

**TAB FOUR****SECTION 4: SPECIALIST INVESTIGATIONS FOR STROKE AND TIA PATIENTS**

---

**4.1** What is the usual inpatient waiting time for patients to receive carotid imaging? *Select only one option*

- (i) The same day (7 days a week)
- (ii) The same day (5/6 days a week)
- (iii) The next day
- (iv) The next weekday
- (v) Within a week
- (vi) Longer than a week

**4.2** What is the usual inpatient waiting time for patients to receive carotid endarterectomy? *Select only one option*

- (i) The same day (7 days a week)
- (ii) The same day (5/6 days a week)
- (iii) The next day
- (iv) The next weekday
- (v) Within a week
- (vi) Longer than a week

**4.3** Do you ever image *intra-cranial vessels* of your ischaemic stroke patients?

Yes            No     

**4.3a** Which of the following best describes your practice for imaging these vessels? *Select only one option*

- It is a routine investigation
- Only for patients that would be amenable to specific treatment if abnormality detected

**4.3b** Which of the following methods do you usually use first line? *Select one option for in hours and one option for out of hours*

	In hours	Out of hours
CTA	<input type="radio"/>	<input type="radio"/>
MRA – (CEMRA)	<input type="radio"/>	<input type="radio"/>
MRA – (ToF)	<input type="radio"/>	<input type="radio"/>
No service		<input type="radio"/>

**MRA – (CEMRA) = contrast enhanced magnetic resonance imaging, MRA – (ToF) = time of flight magnetic resonance imaging**

**4.4** Do you image **extra cranial vessels** of your ischaemic stroke patients?

Yes  No

**4.4a** Which of the following best describes your practice for imaging these vessels? *Select only one option*

It is a routine investigation

Only for patients that would be amenable to specific treatment if abnormality detected

**4.4b** Which imaging modality do you use as a first line to **image extra-cranial** vessels? *Select only one option for in hours and only one option for out of hours*

	In hours	Out of hours
Doppler Ultrasound	<input type="radio"/>	<input type="radio"/>
CTA	<input type="radio"/>	<input type="radio"/>
MRA – (CEMRA)	<input type="radio"/>	<input type="radio"/>
MRA – (ToF)	<input type="radio"/>	<input type="radio"/>
No service		<input type="radio"/>

**MRA – (CEMRA) = contrast enhanced magnetic resonance imaging, MRA – (ToF) = time of flight magnetic resonance imaging**

**4.5** What is your usual pathway for detecting paroxysmal atrial fibrillation? *Please list in the sequence of investigations you apply i.e. 1=1<sup>st</sup>, 2= 2<sup>nd</sup> etc. Choose “not available” if not available.*

HASU telemetry monitoring	1-7; Not available
Inpatient 24 hour tape	1-7; Not available
Outpatient 24 hour tape	1-7; Not available
Extended cardiac recording: 48 hours	1-7; Not available
Extended cardiac recording: 5- 7 days	1-7; Not available
Implantable loop recorder	1-7; Not available
Transdermal patch (e.g. Ziopatch)	1-7; Not available
Repeat extended 5-7 days cardiac monitor	1-7; Not available

**4.6** In which stroke patients do you normally perform echocardiography? *Select all that apply*

- In the majority of patients post stroke
- Patients suggestive of cardioembolic source on brain imaging
- Patients with an abnormal ECG
- Patients with suspected valvular lesions
- Patients with new heart failure
- Patients with known heart failure
- We rarely do echocardiography (N/A)

**4.7** In which patients do you normally perform a bubble contrast echocardiography? *Select all that apply*

- All patients post stroke
- All patients with suspected cardioembolic source on brain imaging
- Patients with suspected cardioembolic source but initial transthoracic echocardiogram (TTE) normal
- We rarely do bubble contrast echocardiography (N/A)

**4.8** In which patients do you normally perform TOE (trans-oesophageal echocardiography)? *Select all that apply*

- All patients post stroke
- All patients with suspected cardioembolic source on brain imaging

- Patients with suspected cardioembolic source but initial transthoracic echocardiogram (TTE) normal
- If patient has had a positive bubble contrast echo
- We rarely do trans-oesophageal echocardiography (N/A)

**4.9** Is PFO closure available locally for your stroke patients? (this refers to NHS rather than private provision)

Yes  No

**4.9a** Are all patients discussed at a specialist stroke/cardiology MDT before PFO closure is offered?

Yes  No

**4.10** Which imaging modality do you most frequently use in your neurovascular clinic for suspected TIAs? *Select only one option for brain imaging and one option for carotid imaging*

**4.10a** First line brain imaging:

- CT
- MRI
- Rarely image TIAs

**4.10b** First line carotid artery imaging:

- Carotid Doppler
- CTA
- MRA – (CEMRA)
- MRA – (ToF)
- Rarely image TIAs

**MRA – (CEMRA) = contrast enhanced magnetic resonance imaging, MRA – (ToF) = time of flight magnetic resonance imaging**

**4.11** How frequently do you use this first line imaging modality in your neurovascular clinic for suspected TIAs? *Select one option for brain and one option for carotid arteries*

- |                   | Brain                 | Carotid arteries      |
|-------------------|-----------------------|-----------------------|
| Frequently (>70%) | <input type="radio"/> | <input type="radio"/> |



Sometimes (30-70%)	0	0
Rarely (<30%)	0	0

**TAB FIVE****SECTION 5: SERVICES AND STAFF ACROSS ALL STROKE UNIT BEDS**

**5.1** Does your stroke unit have access to the following within 5 days of referral? *Select yes or no for each option*

	<b>Yes</b>	<b>No</b>
a) Social work	<input type="radio"/>	<input type="radio"/>
b) Orthotics	<input type="radio"/>	<input type="radio"/>
c) Orthoptics	<input type="radio"/>	<input type="radio"/>
d) Podiatry/foot health	<input type="radio"/>	<input type="radio"/>

**5.2** What is the total establishment of whole time equivalents (WTEs) and number of individuals of the following qualified professionals and support workers for all your stroke unit beds? (Enter 0 if no establishment).

**NB** Only tick the 6 day working or 7 day working option if these professionals treat stroke patients *in relation to stroke management* at weekends *on the stroke unit*.

	<b>Whole time equivalents (WTE)</b>	<b>Individuals</b>	<b>5 day working</b>	<b>6 day working</b>	<b>7 day working</b>
(i) Clinical Psychology (qualified)			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(ii) Clinical Psychology (support worker)			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(iii) Dietetics (qualified)			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(iv) Dietetics (support worker)			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(v) Occupational Therapy (qualified)			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(vi) Occupational Therapy (support worker)			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(vii) Physiotherapy (qualified)			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(viii) Physiotherapy (support worker)			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(ix) Speech & Language Therapy			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(x) Speech & Language Therapy (support worker)			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(xi) Pharmacy (qualified)			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(xii) Pharmacy (support worker)			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(xiii) Nursing (registered): Band 6			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(xiv) Nursing (registered): Band 7			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

(xv) Nursing (registered): Band 8a			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(xvi) Nursing (registered): Band 8b			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(xvii) Nursing (registered): Band 8c			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**5.2a** How many MDT staff members are there usually on duty across all stroke beds at 10am who are trained in Level 1 & 2 psychological interventions? (Enter 0 if none)

Weekd	Saturda	Sundays/Bank
<input type="text"/>	<input type="text"/>	<input type="text"/>

### Junior Doctor Sessions

**5.3** How many sessions of junior doctor time are there per week in total for all stroke unit beds?

- a. Specialty trainee 3 (ST3)/registrar grade or above  sessions
- b. Foundation years/core training/ST1/ST2 or below  sessions
- c. Non training grade junior doctor  sessions

**5.4** Do you have Physician Associates as part of your clinical team?

Yes  No

**5.4a** How many whole time equivalents do these Physician Associates (Physician Assistants) work across your stroke service?  WTEs

### Venous thromboembolism prevention

**5.5** What is your first line treatment for preventing venous thromboembolism for patients with reduced mobility? *Select only one option*

- i) Short or long compression stockings
- ii) Intermittent pneumatic compression (IPC) device
- iii) Low molecular weight heparin
- iv) None of the above

**5.5a** Which of the 7 site-level practices set out in the 'HSIB Best Practice Consensus for reducing Venous Thromboembolism post-stroke' do you employ at your site? *Select all that apply*

Generic Trust VTE assessment within 24 hours of admission with daily ward round review and/or whenever clinical situation changes	<input type="checkbox"/>
If high risk of VTE, IPC are used within first 3 days of acute stroke for up to 30 days or until mobile or discharged	<input type="checkbox"/>
IPC devices prescribed on electronic or paper prescription charts and are reviewed on a daily basis by medical, nursing and pharmacy teams	<input type="checkbox"/>
Information provided to patient/family/carer of the risk of hospital acquired VTE and benefits of IPC in reducing risk of DVT and improving survival	<input type="checkbox"/>
All members of multi-disciplinary team are trained in awareness and benefits of IPC, and in the application of IPC sleeves after therapy, nursing interventions or investigations	<input type="checkbox"/>
If patients cannot tolerate IPC, discussion with a senior member of the clinical team to document consideration of alternative treatments, e.g. earlier use of Low Molecular Weight Heparin	<input type="checkbox"/>
Regular review of SSNAP data on IPC use through clinical governance programmes to maintain and improve compliance with VTE pathways and use of IPC devices	<input type="checkbox"/>
None of the above	0

### Discharge information

**5.6** Do patients receive specific falls prevention advice or training before discharge?

Yes        No   

**5.7** Do you provide personalised stroke information to patients before discharge (e.g. Stroke Passport)?

Yes        No   

**5.8** Do you routinely collect patient-reported experience measures (PREMs) at any point before or after discharge?

Yes        No   

**5.9** Do you regularly refer to voluntary sector services before or at discharge? (e.g. Stroke Connect in England)

Yes        No

**5.9a** What proportion of your patients have access to at least one of these voluntary sector services if needed? []%

**Post Discharge Reviews**

**Reviews at 6 weeks**

**5.10** Do you offer your stroke patients a post discharge review within **6 weeks** of discharge from hospital?

Yes  No

**5.11** Who usually completes the **6 week** reviews post discharge from hospital? *Select only one option*

- Primary care
- Acute trust stroke team consultant/registrar
- Stroke Nurse in hospital/community
- Voluntary sector e.g. Stroke Association
- ESD team
- Community therapy team
- Not routinely arranged

**Reviews at 6 months**

**5.12** Are you commissioned (or in Wales and Northern Ireland expected) to carry out **6 month** reviews?

Yes  No

**5.13** Are the patients that you discharge given a **6 month** post stroke review?

- All
- Some
- None

**5.14** Who usually carries out your **6 month** reviews post discharge from hospital? *Select only one*

*option*

- |   |                       |
|---|-----------------------|
| Specialist Stroke Nurses within hospital            | <input type="radio"/> |
| Specialist Stroke Nurses in community               | <input type="radio"/> |
| Stroke Association                                  | <input type="radio"/> |
| Other voluntary sector                              | <input type="radio"/> |
| Primary care  | <input type="radio"/> |
| Stroke Consultant/registrar at Acute Trust          | <input type="radio"/> |
| MDT 6 month review clinic i.e. with therapy support | <input type="radio"/> |
| Community Therapists                                | <input type="radio"/> |

**5.15** On the 1 October 2021, how many patients on your stroke ward are 'medically fit for discharge' (i.e., no longer requiring hospital bed based care)?

*Total must not be greater than total number of stroke unit beds*

**5.16** Do you move patients no longer receiving specific stroke intervention to other wards if you need the bed for another stroke patient? *Select only one option*

- |                                   |                       |
|-----------------------------------|-----------------------|
| Yes                               | <input type="radio"/> |
| No                                | <input type="radio"/> |
| Only in exceptional circumstances | <input type="radio"/> |

**TAB SIX****SECTION 6: REHABILITATION AFTER LEAVING HOSPITAL**

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**EARLY SUPPORTED DISCHARGE TEAM****Definitions:**

**Early supported discharge team** refers to a multidisciplinary team which provides rehabilitation and support in a community setting with the aim of reducing the duration of hospital care for stroke patients.

**Specialist Early Supported Discharge Team: A stroke/neurology specific team** is one which treats stroke patients either solely or as well as general neurology patients. This question should not include non-stroke/neurology specific teams.

**6.1** Do you have access to at least one **stroke/neurology specific** early supported discharge multidisciplinary team?

Yes        No   

**6.1a** How many Specialist Early Supported Discharge (ESD) teams does your site have access to? (*Only include teams which see more than 10 patients a year.*)     ESD teams

**6.1b** What percentage of your patients have access to at least one of these teams if needed? %

Please answer for the team providing care for the majority of your patients if you have multiple providers

**6.1c** For the ESD team that the majority of your patients attend, what duration of time post discharge are they commissioned for? (please select option closest to the duration) *Select only one option*

6 weeks                      
 6 months                     
 12 months                   
 Needs based                 
 No time limit             

**6.2** Do you have access to specialist spasticity services for the majority of your patients?

Yes        No   

**LONGER TERM COMMUNITY REHABILITATION TEAM**

**Definition:** A team working in the community delivering rehabilitation services.

**We will ask you about two types of CRT team in this part - stroke/neurology specialist and non-specialist (please make sure you answer the correct section(s) - this could be none, either or both)**

**Specialist Community Rehabilitation Team:** A stroke/neurology specific team is one which treats stroke patients either solely or as well as general neurology patients.

**6.3** Do you have access to at least one **stroke/neurology specific** community rehabilitation team for longer term management?

Yes        No   

**6.3a** How many specialist Community Rehabilitation teams does your site have access to? (*Only include teams which see more than 10 patients a year.*)                     

**6.3b** What percentage of your patients have access to at least one of these teams if needed? %

**Non-specialist Community Rehabilitation Team**

**Definition:** A non-specialist team is one which treats stroke patients, general neurology patients and other types of patients.

**6.4** Do you have access to at least one non-specialist community rehabilitation team for longer term management?

Yes        No   

**6.4a** How many non-specialist Community Rehabilitation teams does your site have access to? (*Only include teams which see more than 10 patients a year.*)                     

**6.4b** What percentage of your patients have access to at least one of these teams if needed? %



**TAB SEVEN****SECTION 7: TIA/NEUROVASCULAR SERVICE**

---

**7.1** Does your site have a neurovascular clinic?Yes        No    **7.2** If no, who provides this for your patients? *Select one option only*(i) Another site within our trust     \_\_\_\_\_  
Please give name and site code    [    ] 3 digit code(ii) Another site not within our trust     \_\_\_\_\_  
Please give name and site code:    [    ] 3 digit code**7.3** How many clinics within a 4 week period?    [ ]**7.4** How many new patients were seen during the past 4 weeks?    [ ]**7.4a** How many of these new patients had a final diagnosis of a TIA? [ ]**7.5** What is the current average waiting time for an appointment from referral? [ ] days**7.6** How are patients usually referred into your TIA / neurovascular service? *Select only one option*

- Via email/electronic referral
- Fax
- Written referral via post to stroke team
- Written referral via post to Choose and Book
- Telephone referral to stroke team

**7.7** Do the stroke team triage referrals to the TIA /neurovascular service?Yes        No    **7.8** Does this involve a telephone call to the patient?

Yes        No    **7.9** Who usually triages the referrals? *Select one option for in hours and one option for out of hours*

	<b>In Hours</b>	<b>Out of Hours</b>
Stroke Consultant	<input type="radio"/>	<input type="radio"/>
Stroke Junior Doctor	<input type="radio"/>	<input type="radio"/>
Stroke Specialist Nurse	<input type="radio"/>	<input type="radio"/>
Stroke Specialist Nurse followed by Stroke Doctor	<input type="radio"/>	<input type="radio"/>
Admin staff based on triage criteria	<input type="radio"/>	<input type="radio"/>
Stroke team contact all patient (tele-triage)	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>

**7.10** Do you classify your patients as high risk or low risk of stroke using the ABCD<sup>2</sup> score?Yes        No    **7.11** Within what timescale can you typically see, investigate and initiate treatment for ALL your TIA patients? *Select yes or no for each service*

<b>Tick which service(s) you have:</b>	a) Inpatient Yes <input type="radio"/> No <input type="radio"/>	b) Outpatient Yes <input type="radio"/> No <input type="radio"/>
(i) The same day (7 days a week)	<input type="radio"/>	<input type="radio"/>
(ii) The same day (5 days a week)	<input type="radio"/>	<input type="radio"/>
(iii) The next day	<input type="radio"/>	<input type="radio"/>
(iv) The next weekday	<input type="radio"/>	<input type="radio"/>
(v) Within a week	<input type="radio"/>	<input type="radio"/>
(vi) Within a month	<input type="radio"/>	<input type="radio"/>
(vii) Longer than a month	<input type="radio"/>	<input type="radio"/>

**TIA patients at your site****7.12** What is the total number of inpatients with confirmed or suspected TIA across all primary admitting hospitals on 1 October 2021?     patients**7.13** How many inpatients with confirmed or suspected TIA are in **stroke unit beds** across all primary admitting hospitals on 1 October 2021?     patients



**TAB EIGHT****SECTION 8: SPECIALIST ROLES**

---

**8.1** Do you have at least one accredited specialist registrar in a post registered for stroke specialist training?

Yes        No   

**8.2** How many accredited specialist registrar posts do you have at your site?  posts

**8.3** How many of the posts in Q8.2 are currently filled?  posts

**Workforce Planning for the service as on 1 October 2021**

The aim of this section is to match the stroke care you provide to the type of consultant workforce that is, and may in the future, be available in your site. This may improve both national planning for training of future consultant physicians working in stroke medicine and their equitable distribution

**8.4** Do you have any unfilled stroke consultant posts?

Yes        No   

**8.4a** How many programmed activities (PAs) do these posts cover?  PAs

**8.4b** For how many months have these posts been funded but unfilled?  months

**Existing posts**

**8.5** How many programmed activities (PAs) do you have in total for Stroke Consultant Physicians?  
 PAs

**8.5a** How many consultants (individuals) are these PAs divided amongst?  Consultants

**8.5b** How many of these PAs are Direct Clinical Care (DCCs) for Stroke?  PAs

**Planned future posts**

This section refers to changes planned in the next **2 years**.

**8.6** How many new/additional programmed activities (PAs) do you plan to have for Stroke Consultant Physicians?  PAs

**8.6a** How many new/additional consultants (individuals) will these PAs be divided amongst?  Consultants

**8.6b** How many of these new/additional PAs will be for Direct Clinical Care (DCC) for Stroke?  PAs

**TAB NINE****SECTION 9: QUALITY IMPROVEMENT, TRAINING & LEADERSHIP AND PATIENTS**

---

**9.1** What level of management takes responsibility for the follow-up of the results and recommendations of the Sentinel Stroke Audit? *Select all that apply*

- |   |                          |
|---|--------------------------|
| (i) Executive on the Board                            | <input type="checkbox"/> |
| (ii) Non-executive on the Board                       | <input type="checkbox"/> |
| (iii) Chairman of Clinical Governance (or equivalent) | <input type="checkbox"/> |
| (iv) Directorate Manager                              | <input type="checkbox"/> |
| (v) Stroke Clinical Lead                              | <input type="checkbox"/> |
| (vi) Other  | <input type="checkbox"/> |
| (vii) No specific individual                          | <input type="radio"/>    |

**9.2** Is there a strategic group responsible for stroke? *Select only one option*

Yes        No   

**9.2a** Which of the following does it include? *Select all that apply - select at least one option*

- |                                    |                          |
|------------------------------------|--------------------------|
| (i) Ambulance trust representative | <input type="checkbox"/> |
| (ii) Clinician                     | <input type="checkbox"/> |
| (iii) Patient representative       | <input type="checkbox"/> |
| (iv) Commissioner                  | <input type="checkbox"/> |
| (v) Social Services                | <input type="checkbox"/> |
| (vi) Stroke Network representative | <input type="checkbox"/> |
| (vii) Trust board member           | <input type="checkbox"/> |

**9.3** Do you have formal meetings with your coding department to improve the quality of stroke coding?

Yes        No

**9.3a** How frequently are these formal meetings held? *Select only one option – the one which is closest to the timeframe*

- (i) Weekly
- (ii) Monthly
- (iii) Quarterly
- (iv) Annually
- (v) Ad hoc/occasionally

**9.4** Do you have “breach” meetings to review performance against SSNAP quality standards?

Yes  No

**9.4a** How often are these meetings held? *Select only one option*

- (i) Daily
- (ii) Weekly
- (iii) Monthly
- (iv) Quarterly
- (v) Annually

**9.5** Do you have stroke specific mortality meetings within your Trust? (i.e. formal process to discuss all stroke deaths with stroke MDT team)

Yes  No

**9.5a** Which format is used? *Select only one option*

- Some deaths reviewed
- All deaths reviewed

**9.6** Is there funding for external courses available for nurses and therapists?

Yes  No

**9.6a** If yes, how many external training sessions have these nurses and therapists attended in the last 12 months? (1 session = half day) [] sessions

**9.6b** How many internal and external training sessions attended by nurses and therapists have related specifically to psychological skills training?  
(1 session = half day) [] sessions

**9.7** How often is there a formal survey seeking patient/carer views on stroke service? (*This does not include the Friends and Family test*) *Select only one option*

- (i) Never
- (ii) Less than once a year
- (iii) 1-2 times a year
- (iv) 3-4 times a year
- (v) More than 4 a year
- (vi) Continuous (every patient)

**Stroke audit**

**9.8** What is the total number of whole-time equivalents (WTEs) allocated in your site for stroke data collection? [] WTEs

**9.8a** Which disciplines are covered by the WTEs for stroke data collection? *Select all that apply*

- Doctor
- Manager
- Nurse
- Therapist
- Clinical Audit/Clinical Governance staff member
- Data clerk/analyst with specific responsibility for stroke
- Data clerk/analyst with general audit responsibilities

**Links with patients and carers**

**9.9** Does the Stroke service have formal links with patients and carers organisations for communication on any of the following?



Yes        No   

**9.9a** Which areas are included? *Select all that apply*

- (i) Service provision
- (ii) Audit
- (iii) Service reviews and future plans
- (iv) Developing research

**9.10** Does the stroke service have formal links with community user groups for stroke?

Yes        No   

**Research**

**9.11** How many open stroke research studies are registered with your Research & Development Department on 1 October 2021? Total [ ]

**9.11a** How many of the studies in 9.11 have enrolled at least 1 participant in the 12 months to 30 September 2021? [ ] studies

**9.12** How many participants in total has your site recruited into NIHR portfolio research studies in the 12 months to 30 September 2021? [ ] participants

**9.12a** How many of the participants in 9.12 were recruited in a randomised controlled trial (RCT)? [ ] participants

**9.13** Number of current Good Clinical Practice (GCP)-certified members of staff involved in delivering stroke research on the 1 October 2021?

- (i) Clinical staff [ ]
- (ii) Research Network/CLRN staff [ ]

**9.14** How many inpatients over the last 4 weeks had documented screening undertaken for inclusion in stroke specific clinical research trials? [ ] patients