

SSNAP data collection during Covid-19

Data entry

Are we recording data for in hospital stroke and not just for direct admissions?

Yes, please make sure you register the inpatient strokes. Q1.8 in the minimum dataset reflects this situation. Please enter these patients as it is a very important question whether or not COVID is increasing the rates and the changes of people having a stroke. There has been a lot of evidence in the literature suggesting that COVID is a risk factor for stroke. This data will help us answer these sort of questions.

Is the recommendation to continue to use the full dataset?

The dataset used by a team depends on the specific team, and the resources available. If the resources are available to complete the full dataset, then this would be recommended. However, if teams are not able to complete the full dataset, then the minimum dataset is available.

If the NIHSS is not complete, do we tick not known or enter the total known score?

Teams should record the total known score and the Level of Consciousness score (LOC). The LOC score correlates well with the total NIHSS score and so will allow adjustment for case mix and assessment of the severity of the stroke even if the NIHSS is not complete.

What happens to thrombectomy patients, does the thrombectomy team enter all patients transferred in like we used to previously?

We are going back to the original way of entering thrombectomy patients for this period. The thrombectomy centre should start the record. Unfortunately, we won't be able to capture the thrombolysis at the initial centre, however it will only be a small number of patients during this period. This is better for analysis as hospitals are taking different decisions on how they are going to proceed with data entry and participation with the audit and using this method of data entry, we can ensure that all thrombectomy cases are counted and assigned appropriately to the thrombectomy performing teams.

Why do we not need to enter the post-thrombectomy NIHSS?

The number of thrombectomies going to be completed will be small. It is important that we have a record of how many have been completed for special commissioning so that the funding arrangements can continue in the normal way. It is less critical at the moment to be monitoring clinical outcomes.

Is Question 2.9 only for patients with a diagnosis of PIH?

Yes, the blood pressure management questions are only for patients with primary intracerebral haemorrhage.

There has been some redeployment of stroke consultants. Regarding 2.12a (Time and date seen by a Stroke Consultant), FAST positive patients with a stroke will be seen by a medical consultant and thereafter remote assessment by stroke consultant. How should this be recorded?

We are aware that there are some stroke consultants who are fully committed to general medicine on high impact hospitals, and some of the contacts and assessments will be done remotely by phone or video. According to these circumstances, we have to be flexible and try to maintain the specialist service whether done by telephone or video, and that should count as being seen. Indeed we allowed that in the past as well to enable people on rotas where there are very few consultants to be able to provide some of the less urgent assessments by phone.

In this specific case, the time and date should be recorded for the assessment by the stroke consultant and not by the medical consultant. The method can be selected in 2.12b.

Some community teams are having little face-to-face contact and more telephone calls, how can they capture this for SSNAP? Also, for teams doing video therapy?

You can start counting video conferencing with patients or telephone calls as face-to-face contact. We recognise the difficulties of performing face-to-face therapy at the moment.

As a trust, we are continuing to complete the full dataset. How do I complete the COVID specific questions?

You should go to Section 9 and complete the two questions about COVID. You can still lock the records without completing these questions, so please try to remind yourself to answer these questions before/after locking the record.

Can we complete 6-month follow-up on the new webtool?

In the short time that we have had to develop a minimum dataset, we unfortunately are not able to accommodate a transfer function. This means that for those records entered onto the minimum dataset, a 6-month assessment cannot be completed.

We are a therapy team not capturing the times and the total minutes spent with a patient due to the circumstances. Instead, we are entering one session for the total of 15 minutes to confirm the patient was seen. Is this acceptable?

Therapy details are not included in the minimum dataset due to the NHS not including it as one of the variables highlighted to consider for stroke care management during this period. If you are continuing to capture this data for entry into the standard webtool, but cannot do it in a precise way, we recommend you do your best estimate.

General data collection

What will be the start date to use the new COVID-19 dataset please?

The dataset has now gone live. SSNAP has registered teams and so you do not need to register yourself. SSNAP have registered the leads and second leads for teams and are adding any other users that request access. Please contact the helpdesk (ssnap@kcl.ac.uk) if you have any queries about registration.

Can I double-check for clarity that services can choose a mix of both the COVID dataset and the main dataset during this time? But to choose only one dataset per case?

Yes, this is correct. Teams can enter cases onto both datasets, however each case should only be entered on one.

When will the new lock down dates be expected?

Strict data-locking deadlines, similar to normal, will not be set. We will be sending regular data returns to NHSE for internal use only, and can assure you that those returns will not be published, however, we will provide further details on this soon. We are also planning to report data back to teams and we will communicate the dates on which we expect to analyse data and encourage teams that wish to have data included to submit by these dates.

How much notice will be given in advance of a return to the use of the full dataset?

We will provide notice on return to the full dataset. In terms of locking data, when we go back to normal data collection we will go back to the normal schedule of reporting. We will give you advance notice on when data entry will be resumed.

Once the full dataset is back in use, will there be any expectation/requirement for retrospective full entry of data for patients entered via the covid-19 dataset?

No, there is no expectation to enter data retrospectively once normal data entry is resumed.

Is the COVID-19 dataset compatible with systems such as Capture Stroke?

Unfortunately, it is not at the moment.

Will there be any community dataset coming out?

There is currently no community dataset, and we encourage community teams to continue to enter the data on the main webtool where possible.

Can we export data to CSV from new dataset?

There is an export function on the minimum dataset and teams can export their own data.

How long is the COVID-19 dataset likely to carry on for?

Unfortunately, this is not something we can say at the moment, given the nature of the current situation. However, we will provide notice on return to the full dataset.

If a team chooses one dataset and then needs to change to the other one, is that possible?

Yes, you can change between the datasets. Please let the SSNAP helpdesk (ssnap@kcl.ac.uk) know about any changes regarding the dataset you choose to complete. This will make it easier for us to analyse data submitted, as we'll merge the two datasets to get a full picture.

Can you provide a list of teams that are using the minimum dataset so we know which teams are still applicable for full transfer of records?

As this is changing all the time, we won't provide a general list. However if you have a query about a specific team please email the SSNAP helpdesk (ssnap@kcl.ac.uk).

As of April, we were meant to check if patients had opted out of their data being used for the audit based on the National Data Opt-Out. Are we still expected to check first?

The deadline to comply with the National Data Opt-Out has been extended to the 30 September.

Registration

Who will automatically be given access to minimal dataset? As some audit clerks have been redeployed into other areas

SSNAP have registered the leads and second leads for all routinely admitting teams as well as any other users that have requested access. If someone in your team requires access and doesn't already, then please email the helpdesk (ssnap@kcl.ac.uk).

Will relevant teams need to request access to the dataset?

SSNAP has registered all routinely admitting teams and any non-routinely admitting teams that have requested access. If your team does not yet have access, please contact the helpdesk (ssnap@kcl.ac.uk).

Reporting

Will the blood pressure management in ICH/anticoagulant reversal eventually feature in reports?

So far we have not seen how we perform on these.

During the COVID, period this depends on the quality of data that we received. We are not collecting anticoagulation data in the minimum dataset, but we are collecting data on blood pressure management. This remains an area where it is very important that we make some further quality improvements, even if we are not reporting during this people it will be something we will need to focus on over the coming months.

Data collected on anticoagulant reversal and blood pressure management is reported in the routine reports (H21.1-H27.6). It is not included in scoring.

Will the COVID questions have an effect on the overall scoring and reporting?

Data entered onto the minimum dataset will be reported depending on how much data is entered, however we anticipate that at the very least we will be able to report some national figures. Data collected from the minimum dataset will not be scored.

What happens about reporting if you have patients in both datasets?

Data from both datasets will be merged to get a full picture of data collection. Please let the SSNAP helpdesk (ssnap@kcl.ac.uk) know which dataset(s) you are using to make it easier during analysis.

How will case ascertainment be measured?

As data collection has been suspended, we will not be calculating case ascertainment during this period. We encourage teams to enter whatever data is possible, with no expectation that the usual number of expected cases will be entered. However, we will be reaching out to teams on a regular basis to validate the percentage of cases entered of the cases that you've seen, so that we may gain a better understanding of the overall case ascertainment rate during this time.

Will you be reporting the last quarter (January-March 2020)?

We are planning to report data from the last quarter (27), but the reports that we will be able to produce are dependent on case ascertainment. The data deadline has been relaxed and is not truly a locking deadline. We will make every effort to do something for the teams that have entered data. If you are unsure of whether or not to enter data, but you are able to do it, we would encourage you to do that so we can have a more representative report for you.