

Post Acute SSNAP Webinar Series 8th December 3pm

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Introductions



Louise Clark

Consultant Therapist- Stroke and Neuro Rehabilitation
(Dorset)

RCOT rep: Intercollegiate Stroke Working Party

Stroke Forum: Royal College of Occupational

Therapists- Specialist Section- Neurological Practice



Dr Rebecca Fisher

Rehabilitation & life after stroke lead

Clinical Policy Unit- NHSE

Stroke Association Senior Lecturer

Rehabilitation research- University of Nottingham

Agenda

- Background and national context
- SSNAP audit activity
- Post acute organisational audit
- Engagement plan
- Feedback and poll for future webinars
- Questions and answers

Stroke Rehabilitation- The post acute phase



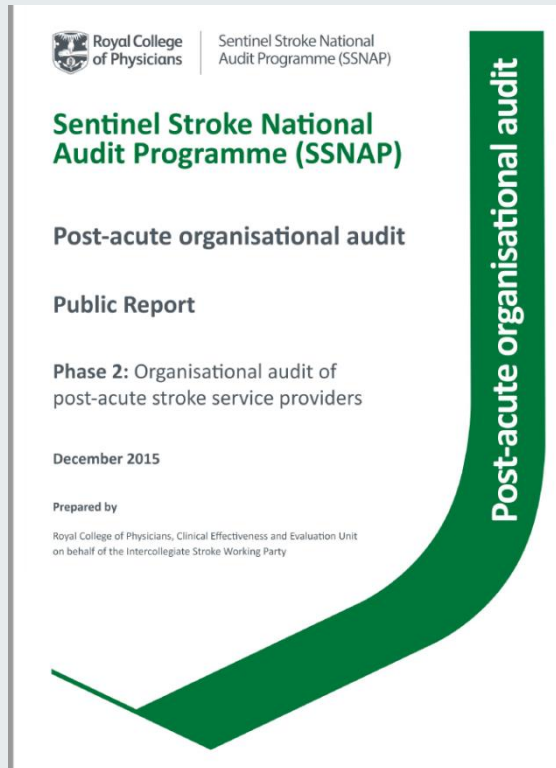
A word from Dr Deb Lowe- National Clinical Director



Post Acute SSNAP

Post acute organisational audit

Open 1st-26th March
Report- October 2021



Post acute clinical audit

Extended data set up to 6 months
6 monthly slide decks
Ratings?
Support tools
PROMS
Social care utilisation
Qualified and unqualified input
Ability to start a record in the
community

Clinical Practice



Building the
evidence base

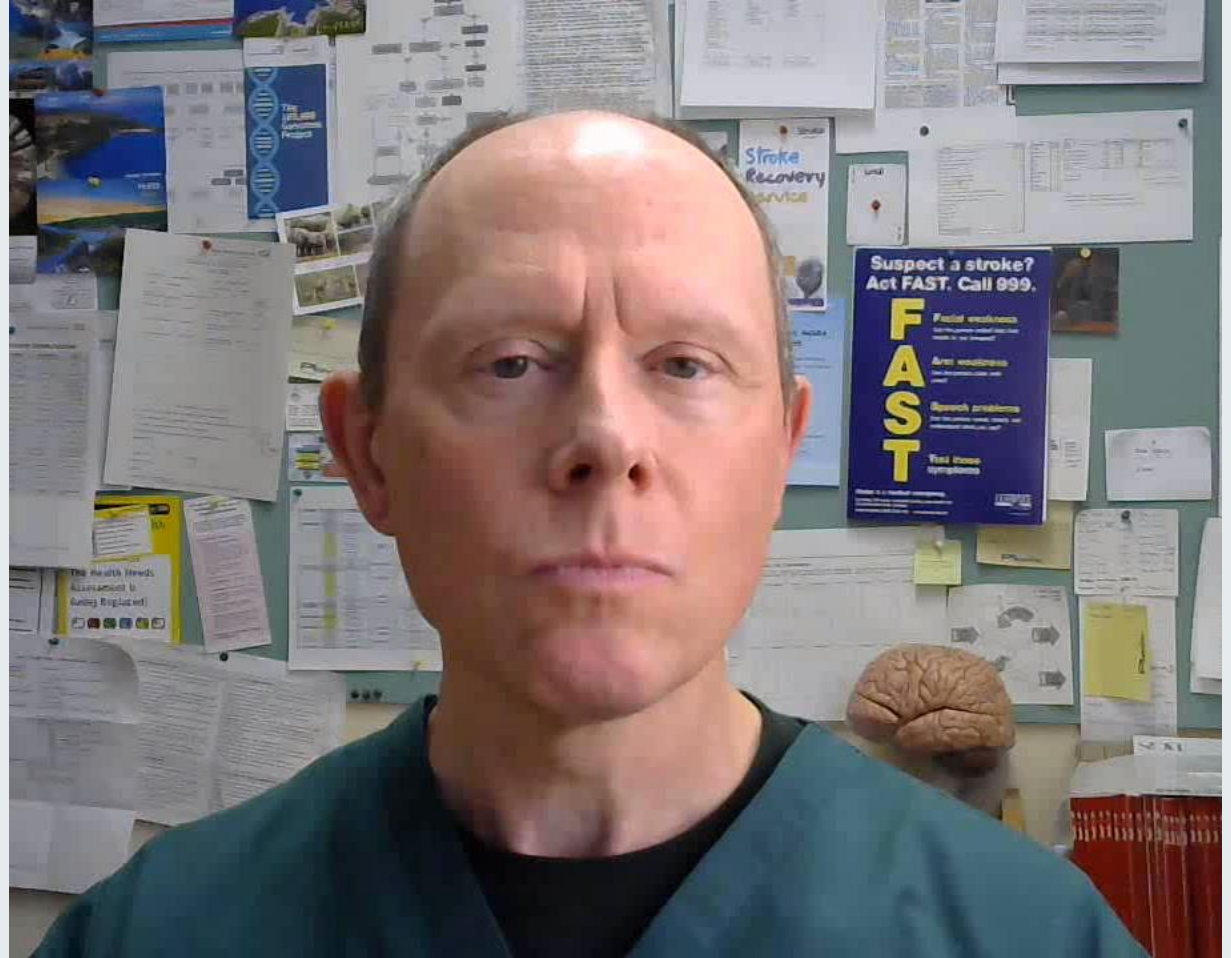


Implementing
clinical
guidelines



Audit and
quality
improvement

A word from Dr Martin James- SSNAP director



What SSNAP is and is not?



The audit is:

- **To support ...**
 - and drive quality improvement
 - planning and organising patient care
(real time use)
 - dialogue with managers /commissioners
- **To measure/ demonstrate ...**
 - effectiveness and efficiency
 - meaningful change over time
 - differences in service models within the region
- **To promote ...**
 - joined up discussions across the whole
pathway
 - reflection and investigation
 - comparison and discussion with other services



The audit is not:

- A stick to hit you with
- Detached from clinical work
- A small undertaking
- A complete data set if you have a mixed stroke/neuro caseload
- The full picture- PROMS and PREMS

Post Acute Organisational Audit



Registration from 4th January
Census day planned 1st March 2021
Audit open- 1st- 26th March 2021



Aim of the audit:

- To describe the varied and broad ranging picture of post acute rehabilitation services (<6 months)
- Act as a baseline at the outset of the NHSE specification
- Compare & demonstrate change/improvement from the 2015 audit (ESD, NAITs, 6 month reviews, vocational rehab)
- Aids ISDN's to drive local improvement
- Over time aims to detect a move to more integrated service delivery models

Who are we hoping to engage with?

Recognising a wider range of contribution to rehabilitation and support:

- All services seeing more than 20 stroke survivors a year
 - General, neuro (inc stroke) & stroke specific services
 - Health, social care, voluntary sector
 - Inpatient (specialist commissioned units, downstream units, residential facilities)
 - Rehabilitation and support services
 - MDT's and standalone services

How?

- ISDN post acute service identification
- Teams who may not have engaged with SSNAP before
- ISDN Engagement sessions
- Teams to register for post acute audit from 4th January



How?

Post acute SSNAP webinar series:

- 8th December 3.00pm
- 15th January 9-10am
- 19th February 9-10am

Organisational Audit Drop in sessions:

- 5th / 12th / 19th March

SSNAP helpdesk



Post Acute Organisational Audit-2015



Royal College
of Physicians

Sentinel Stroke National Audit Programme (SSNAP) www.strokeaudit.org

POST-ACUTE STROKE SERVICES

ENGLAND, WALES & NORTHERN IRELAND

Who
does
stroke
affect?



100,000

HAVE A STROKE EACH YEAR



1 IN 7 DIE WITHIN 30 DAYS

SURVIVORS NEEDING
POST-ACUTE CARE: **1 MILLION**

What
services
are there?



← 604
services
providing
post-acute
stroke care

142 →
Early
Supported
Discharge
(ESD) Teams
enabling
stroke
patients to
return
home
quicker

QUALITY OF AFTER HOSPITAL STROKE CARE

Needs
improving

15%

of services commissioned to deliver vocational rehabilitation

10 WEEKS

from referral to psychological treatment

29%

of Early Supported Discharge teams working 7 days a week

Making
progress

42%

of services have a time limit to their service

60%

of ESD teams treat patients within 1 day of discharge

70%

of commissioning areas have at least one team carrying out 6 month reviews

Doing
well

76%

of eligible services submitting data on how they treat their stroke patients

85%

services will re-refer patients if they need to be

95%

of services have access to an occupational therapist, physiotherapist and rehabilitation assistant

5 YEARS AGO

Improved access to specialist, intensive ESD or CST teams

Access to a stroke specialist

	1998	2002	2004	2006
Admitted to Stroke Unit	88%	94%	96%	91%/15
Admitted to specialist team	17%	38%	53%	58%

Improved access to rehab up to 6 months (needs led)

Time spent on a stroke unit

	1998	2002	2004	2006
Patients spending >50% of stay on a SU	18%			
Patients spending >6 months on a SU		58%	60%	82%

timehop

5 YEARS AGO

Teams with access to all disciplines

Rehab teams with appropriate staffing establishment

Staffing over time

	2004	2014
WTE for staff on SU's		Median nurses: 9.2 Nursing assistant/support workers
Dietetics	0.2	Dietetics - 0.2
Psychology	0	Psychology - 0.2
OT	1.6	
PT	2.1	
SALT	0.5	

timehop

5 YEARS AGO

Compliance (%) against the therapy target*

Occupational Therapy		
April – June 2013	April – June 2014	April – June 2015
53.4%	67.3%	

Physiotherapy		
April – June 2013	April – June 2014	April – June 2015
49.6%	69.5%	

Speech and Language Therapy		
April – June 2013	April – June 2014	April – June 2015
30.9%		

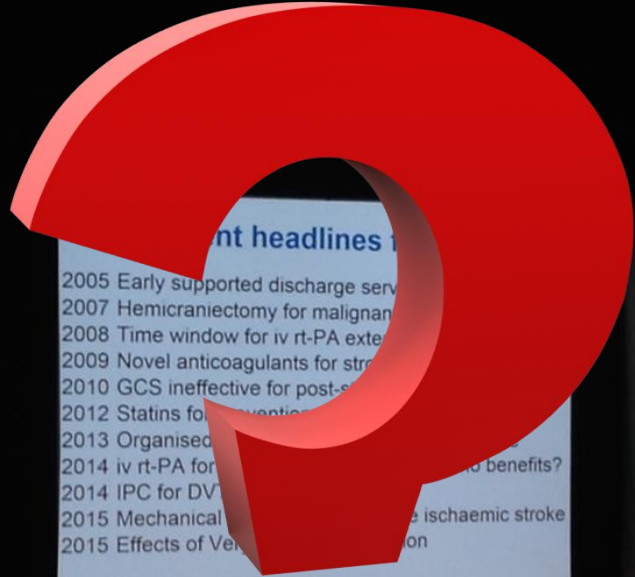
Improved rehabilitation intensity

Increase in 7 day services

timehop

5 YEARS AGO

- Recent headlines
- 2005 Early supported discharge services
 - 2007 Hemicraniectomy for malignant stroke
 - 2008 Time window for iv rt-PA extension
 - 2009 Novel anticoagulants for stroke
 - 2010 GCS ineffective for post-stroke
 - 2012 Statins for prevention of stroke
 - 2013 Organised stroke care
 - 2014 iv rt-PA for acute ischaemic stroke: benefits?
 - 2014 IPC for DVT
 - 2015 Mechanical thrombolysis for acute ischaemic stroke
 - 2015 Effects of Venous thrombolysis



timehop

A final word from Professor Avril Drummond



Questions and Answers

“Need for official F2F/person led training to understand what information you really require, this would enable us to ask relevant questions and capture our information in a more succinct way for usage”

We are hoping that the engagement plan we have detailed during the session will support this. Future of the webinar series will be shaped by what you tell us you need and how best we can help you.

“When ESD pts haven’t been transferred we send emails but don’t get any response.... What is the next point of call? Would it be possible to enter our data which we have so we can move on rather than be held up by someone else which is essentially outside our control?”

The helpdesk would be able to help with this.

It is possible with a newly developed tool (not yet released) to start a new record in the community, but this will not be linked to any of their acute episode, therefore only giving part of the picture which is not ideal. This should only be used when it is certain no SSNAP record exists

Questions and Answers

“Up to 30% of my 6/12 reviews are not on SSNAP – is there any way this data can be captured – would it be useful without the front end data?”

Unfortunately there is no way for a standalone records to be created for 6 month reviews. Seeking to better understand why no records exist would be beneficial. The helpdesk may be able to help you also.

“Should level 1 (specialist commissioned rehab units) that contribute to UKROC and outpatient services participate in the organisational audit?”

We would encourage all services that see >20 stroke patients a year to participate, to help give a complete picture of current rehab pathways

Future webinar suggestions & webinar feedback

SSNAP post-acute user group suggestions:

<https://www.surveymonkey.co.uk/r/DBNNSFB>

Post-acute user group feedback survey:

<https://www.surveymonkey.co.uk/r/DPF8Y2S>