Post Acute SSNAP Webinar Series
Data Entry

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Introductions

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RCOT rep: Intercollegiate Stroke Working Party
Stroke Forum: Royal College of Occupational Therapists- Specialist Section- Neurological Practice

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Rehabilitation & life after stroke lead
Clinical Policy Unit- NHSE
Stroke Association Senior Lecturer
Rehabilitation research- University of Nottingham

KING'S College LONDON SSNAP Sentinel Stroke National Audit Programme

SSNAP data entry- Agenda

- **Why we collect this data**
- **Post-acute organisational audit data entry**

Team types

Sections of the proforma

- **Clinical audit data entry**

Common data entry issue

New data entry measures April 2021

Q&A

Why we collect this data?

- **The data is yours for local use**
- It can be used as a tool to improve the quality of care that is provided to patients
- A guide to patients
- Can begin to show the whole patient journey from pre hospital- 6 months after discharge
- Often a commissioning requirement and mandate in the NHS LTP (2019)
- Gives a national perspective at the outset of the long term plan
- Assurance to the ISDNs

KING'S College LONDON SSNAP Sentinel Stroke National Audit Programme

Post Acute Organisational Audit

SSNAP webinar series- Data Entry

15th January 2021

Timeframes

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

In response to COVID-19 and team concerns audit dates have been altered

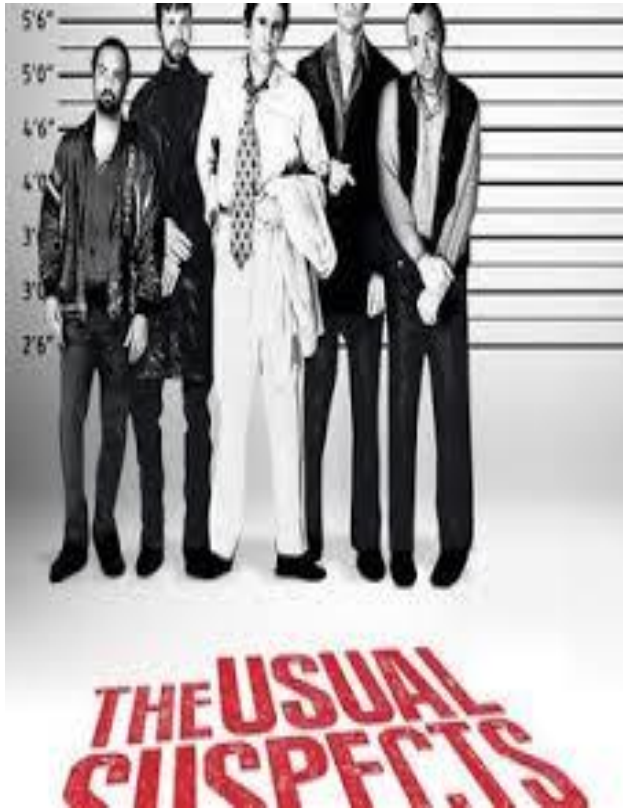
- Census day planned 1st April 2021
- Audit open- 1st- 30th April 2021

+ Webinar support

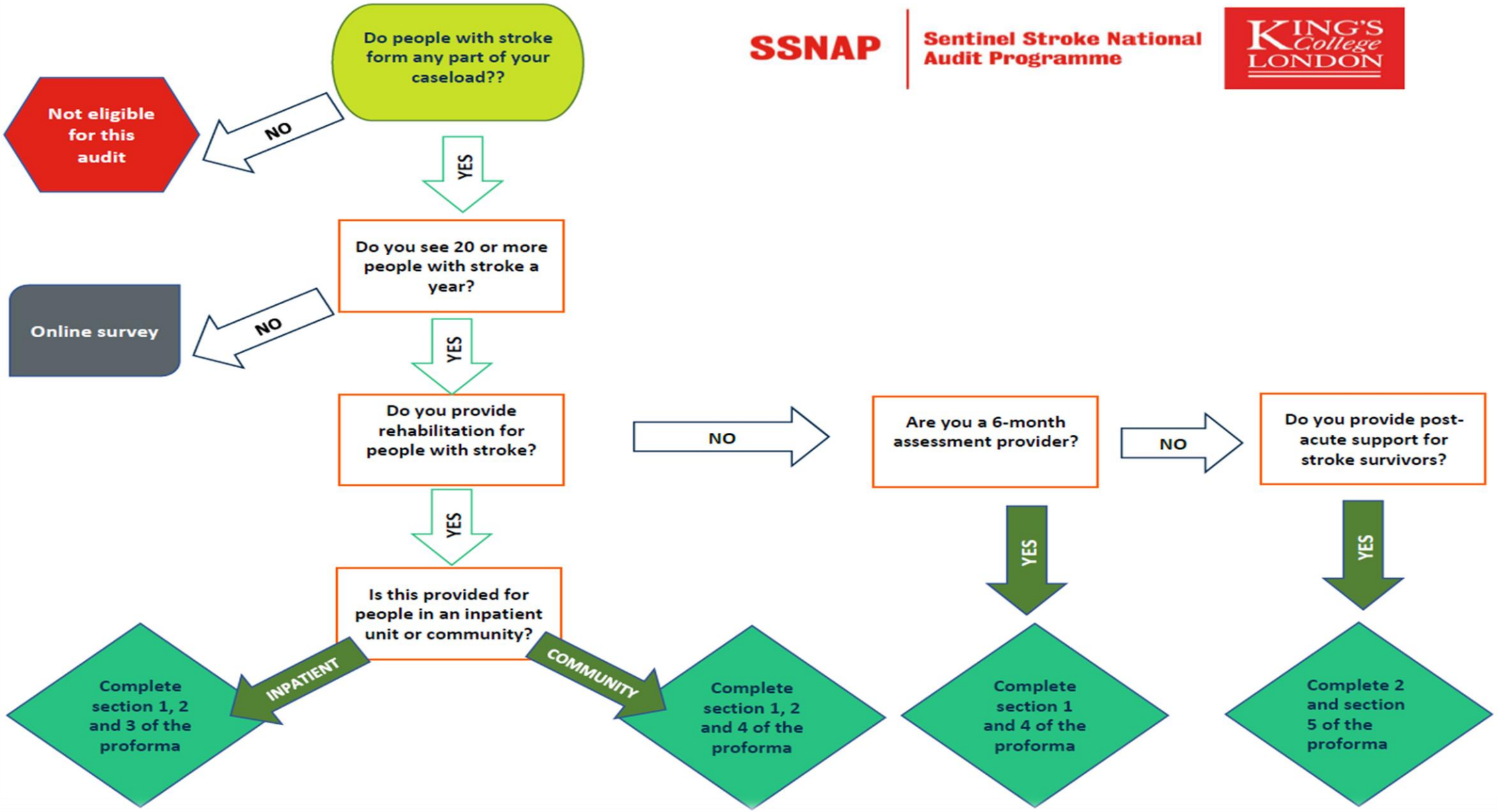
+ Early release of paper proforma

Who are we hoping to register and engage?

- Level 1 and 2 specialist rehab units
- Outpatient services-
  - Rehab (including psychology)
  - Intervention clinics (splinting, spasticity, FES
- General teams
  - Community rehab teams
  - Intermediate care beds
- Commissioned support services
  - Stroke association life after stroke
  - Communication plus



Registration



Post-acute Organisational audit sections

Service types

- Post-acute inpatient care
- Early Supported Discharge (ESD)
- Community Rehabilitation Team/service
- Combined ESD/CRT
- 6-month assessment provider
- Standalone/ single discipline service (such as outpatients)

Other:

- Post-acute support service
- Residential/bedded facility

Proforma sections

- Section 1: General organisational information (33 q's)
- Section 2: Vocational rehabilitation (10 q's)
- Section 3: Inpatient care (13 q's)
- Section 4: Community based (14 q's)
- Section 5: Other (7 q's)

Examples

- **Integrated ESD/CST/6 month review team that provides Voc Rehab**
  - Tick all relevant service functions on registration form
  - Complete sections 1, 2, 4 of audit
  - Total = 57 questions *47q's if not providing VR

- **General community rehab service who see 20+ stroke patients a year**
  - Register as community rehab team
  - Complete sections 1 and 4 of audit
  - Total = 47 questions

- **Stroke association life after stroke service**
  - Register as post acute support service
  - Complete section 5 of audit
  - Total = 7 questions

- **Outpatient Neuro Physio**
  - Register as stand alone/single discipline service
  - Complete sections 1 & 4
  - Total = 47 questions

- **Specialist commissioned neuro rehab inpatient unit**
  - Register as other- inpatient bedded facility
  - Complete section 5 of audit
  - Total = 7 questions

What type of team do I register as?

COVID response:

- If you have had to reorganise as a temporary response to COVID-19 then please report as per your usual commissioned service.
- We appreciate that this reorganisation may have been in place for a prolonged period of time due to COVID-19
- If there is the intention to revert to your usual service delivery model please report your commissioned service

What type of team do I register as?

Are we an integrated team?

Our commissioned teams have merged:

- If reorganisation (planned or prompted by COVID) is a longer-term reorganisation towards integration and you are now operating as merged teams (common point of access, caseload and management) providing a variety of intervention types then you should register as combined ESD and CRT.
- You will be prompted to answer if you provide vocational rehabilitation and/or 6-month reviews within your merged service.
- Please continue to register non acute inpatient rehabilitation unit separately (even if they are under same management structure).

Important things to remember

What do we mean by integrated?

- Shared clinical caseload
- One management structure
- Single point of access/referral route
- Staffing establishment/budget is combined- with staff able to work flexibly across team functions as required
- No re-referral to another part of your own team (ie from ESD to CST)

Things to remember?

- You may have different SSNAP codes for the different elements of your integrated team
- If so, beware not to double count patients if you separate SSNAP data collection (ESD, CST, 6/12)

Pragmatism

- Collection of standalone outpatient services
- Collection of post stroke support groups

Post-acute Stroke Service Functions	Service example	Help Notes	Proforma sections to be completed
Post-acute inpatient care	Specialist inpatient neuro rehabilitation centre	Bed-based service for patients who continue to need inpatient (hospital) care with consultant review but this no longer needs to be at an acute level i.e. they are no longer based on a HASU and do not require 24hr medical consultant cover. Patients predominantly require rehabilitation support prior to be able to reside in the community. May be provided in step down units such as in community hospitals.	**1 and 3 of the proforma** **+ 2 if providing vocational rehab**
Early Supported Discharge (ESD)		A coordinated multi-disciplinary team intended to facilitate the earlier transfer of care from hospital into the community and providing intensive stroke rehabilitation in the patient's place of residence.	**1 and 4 of the proforma** **+ 2 if providing vocational rehab**
Community Rehabilitation Team/service:	Long term conditions services	Multi-disciplinary team that provides rehabilitation for patients in their own home or other community setting (including care homes and nursing homes). This may be following hospital discharge, post ESD rehabilitation or at any point post stroke where rehabilitation needs are identified. The intensity or duration of this service should be determined by patient need..	**1 and 4 of the proforma** **+ 2 if providing vocational rehab**

Post-acute Stroke Service Functions	Service example	Help Notes	Proforma sections to be completed
Combined ESD/CRT		Your service provides both functions of the services outlined above for ESD and CRT and also meets the following criteria: • Shared clinical caseload • One management structure • Single point of access/referral route • Staffing establishment/budget is combined- with staff able to work flexibly across team functions as required • No re-referral to another part of your own team (i.e. from ESD to CST)	**1 and 4 of the proforma + 2 if providing vocational rehab**
6-month assessment provider		Providers who carry out a 6-month outcome assessment of patients only and are not part of an ESD, CRT or any other service function.	**1 and 4 of the proforma**
Standalone/ single discipline service	• Physiotherapy • Occupational therapy • Speech and language therapy • Psychological therapy services • Specialist intervention clinical • Dietetics • Orthotics • Orthoptics • Standalone vocational rehab service	A stand-alone service with a specific rehabilitation function or single discipline rehabilitation (e.g. outpatients). These services do not function as a multidisciplinary team and may be clinic or domiciliary based. Psychological therapy services: based on stepped care model including IAPT and clinical psychology Specialist intervention clinics: Services providing a specific specialist intervention, normally requiring advanced skill or specific equipment that would not commonly be available within broader stroke rehabilitation team, such as spasticity clinic / FES clinic/ pain) Vocational rehabilitation programmes for people after stroke should include: - assessment of potential problems in returning to work, based on the work role and demands from both the employee's and employer's perspectives; - an action plan for how problems may be overcome; - interventions specifically designed for the individual which may include: vocational counselling and coaching, emotional support, adaptation of the working environment, strategies to compensate for functional limitations in mobility and arm function, and fatigue management; - clear communication between primary and secondary care teams and including the person with stroke, to aid benefit claims or to support a return to work.	**1 and 4 of the proforma + 2 if providing vocational rehab**

Post-acute Stroke Service Functions	Service example	Help Notes	Proforma sections to be completed
Other	**Other: Support services** • Patient, family and carer support • Communication support • Emotional support • Exercise and education • Re-ablement service or equivalent • Equipment, wheelchair support • Befriending/peer support/stroke club/respite	**Other: Support services** These are support services whose prim These are support services whose primary function is support and/or practice for patients, carers and their families. Patient, family, and carer support: including information provision and support services for caregivers delivered by health, voluntary sector or social care Communication support: Primary function is support and practice rather than a targeted SLT programme Emotional support: Primary function is support rather than a formal psychological therapy programme than targeted SLT programme)	**5 of the proforma** **+ 2 if providing vocational rehab**
	Residential/ Bedded facility • Intermediate care facility • Care home	Non-hospital based residential facility. This may be health or social care funded (including specialist commissioning) and may be based within a designated care home, supported living environment or intermediate care facility, with therapy provision. Likely under the care of GP	**5 of the proforma** **+ 2 if providing vocational rehab**

Vocational rehab definition

Vocational rehabilitation programmes for people after stroke should include:
- assessment of potential problems in returning to work, based on the work role and demands from both the employee's and employer's perspectives;
- an action plan for how problems may be overcome;
- interventions specifically designed for the individual which may include: vocational counselling and coaching, emotional support, adaptation of the working environment, strategies to compensate for functional limitations in mobility and arm function, and fatigue management;
- clear communication between primary and secondary care teams and including the person with stroke, to aid benefit claims or to support a return to work. (RCP National Clinical Guideline for stroke 2016 (p56): (https://www.strokeaudit.org/Guideline/Guideline-Home.aspx)

Clinical audit

Data entry issues

- Patients not on SSNAP- could be because they are seen under TIA, Neuro, Cardiac or overseas patients
- Capturing data after 6months- community teams are required to close down the records to allow the 6-month assessment team to add in their information
- Delayed data entry
- Some teams do not have the admin support to be adding records on SSNAP. Data burden on clinicians.
- Chasing records from acute teams
- Quite a long gap/wait between ESD to community teams

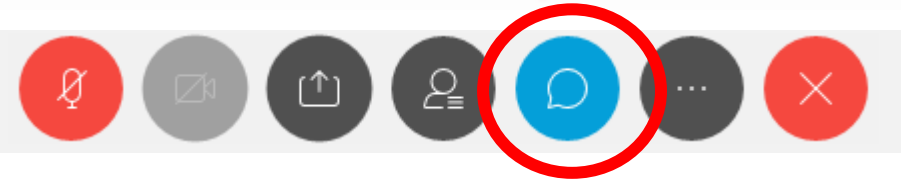
Data entry issues

- Integrated teams with different SSNAP codes
- The minimum of requirement of data entry for at least 20 patients per reporting period an issue for some ESD teams
- Difficulty in showing intensity if diluted by CST activity
- Processes if you don’t only see stroke patients
- No ability to integrate with/pull from electronic records

QUESTIONS AND ANSWERS

Please remember to keep yourself muted during the Q&A session.

If you would like to ask any questions, please use the chat function (you can find it at the bottom of your screen).



Questions

- Ward is currently closed due to covid-19 should I still enter data for this service?
- Yes please! As you are providing data based on your commissioned service. If you can give accurate data for the period up until the unit closed and extrapolate and add what the numbers would likely have been through the period it was closed based on previous months.

- We have 4 CST and one inpatient rehabilitation facility for stroke, how would I record the beds, eg if there are 8, do I record 2 per team or do I record the 8 in with the team in the area they sit, which in this case would be East Antrim?
- You would register the inpatient unit as a separate service

Questions

- We are an integrated service for SRUs, ESD, CST and 6-month reviews, I plan on sending in 1 registration form but we have different staffing for each service in the pathway
- *If registered as combined ESD/CRT you will be prompted to answer if they provide 6 month reviews within her merged service (Q1.8). The questions regarding staffing levels cannot be completed separately because it is seen as an integrated service with shared caseload and staffing. Non acute inpatient rehabilitation units should be registered separately (even if they are under same management structure).*
- We would be grateful if you could clarify if this audit is compulsory at this moment in time.

We would encourage all post-acute teams to participate in the post-acute organisational audit. As we understand the current situation, the audit date will likely be shifting to April 2021. The paper proforma will be circulated early so team get a head start on collecting the relevant information. We will have regular webinar to assist with the data entry process. Involvement in the PAOA does not oblige you to participate in the clinical audit

Thank you for attending the SSNAP Post-acute data entry Webinar.

Post-acute user group feedback survey link:
https://www.surveymonkey.co.uk/r/WQ39DS6

If you would like to send us any comments, you can do so by email to ssnap@kcl.ac.uk

Frequently asked questions and guidance can be found here:
https://ssnap.zendesk.com/hc/en-us/sections/360004749617-Post-Acute-Organisational-Audit

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