

# Sentinel Stroke National Audit Programme (SSNAP)

Clinical audit report

Stroke care in

**Northern Ireland** 

This report is for stroke survivors and their families

Based on patients treated between April - July 2017

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**Glossary** 

**Atrial fibrillation (AF)** an abnormal heart beat which can result in the

formation of blood clots

Cognitive Screening A test to assess a patient's mental processes such

as memory and concentration.

Continence Plan A plan to help a patient increase their control over

bowel and bladder function

Malnourishment A condition which is caused by not having

enough of or the right nutrients.

Occupational Therapy Therapy to help patients relearn activities of

everyday life.

**Physiotherapy** Therapy to restore movement and function

**Speech and Language Therapy** Therapy to help patients recover from

communication or swallowing difficulties.

**Thrombolysis** The use of medicine to break down a blood clot.

### **Introduction to the SSNAP Easy Access Version Report**

This is a **report** about a project called the

Sentinel Stroke National Audit Programme. (SSNAP)

This information is written in a way that is **easy** to understand.

You may want someone to **help** you when you read this report.

### What is SSNAP?

**SSNAP** measures stroke care. It does this to improve the quality of stroke care.

**SSNAP** collects information from hospitals about the care provided to stroke patients from the time they **arrive at hospital** up until **6 months after their stroke**.

This means that SSNAP can report on **both** the early stages of stroke care in **hospital** and later stages of care in the **community**.

The aim is that the information and results from the audit are used to **improve** care for stroke patients.

The report shows how well hospitals treated stroke patients.

The information is about the care given between **April - July 2017.** 

This report can help people to talk about their **stroke care** with local hospitals We will write this report every 4 months.

The Royal College of Physicians (RCP) runs SSNAP.

NHS England and NHS Wales pay for SSNAP.

The **Stroke Working Party** guides SSNAP.

This includes

- people who work in stroke
- charities such as the Stroke Association
- stroke survivors

#### Thank you to

- Speakeasy, a charity based in Bury, which supports people with aphasia
- The South London Stroke Research Patient and Family Group
- The stroke survivors on the stroke working party

They helped to make this report **easy to read**.

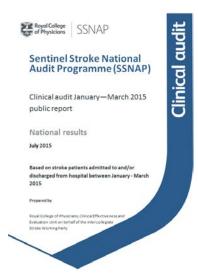
#### For more **detailed reports**

www.strokeaudit.org/results

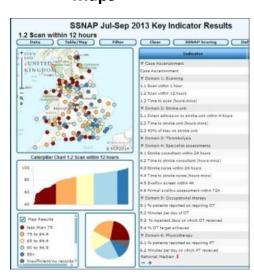
#### For interactive maps

www.strokeaudit.org/results/Clinical-audit/maps

#### **Reports**



#### Maps



### How to read this report

This report gives information about 10 aspects of stroke care.

There are **standards** within each aspect of care.

Each hospital must do well in all standards.

### In this report we explain:



What should be done?



**How** quickly it should be done?



**Why** it should be done?

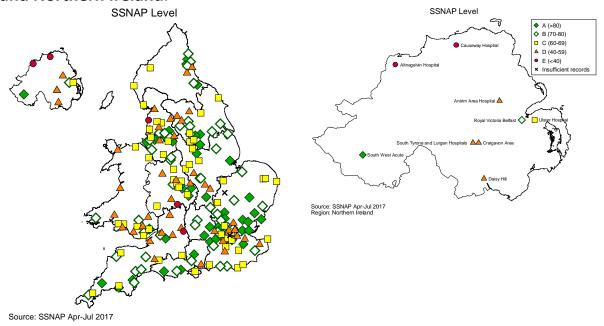
### **Understanding the results**

### **National maps**

These show how well hospitals have performed in England, Wales, and Northern Ireland.

### **Regional maps**

These show how well hospitals have performed in **your area** of the country.



There is a **box** beside each regional map.

It shows which **shapes** are for each **level from A – E**.

A is the **best** level and E is the **worst**.

The black cross \* shows which hospitals did not submit information about enough of their patients to be included in the results for this period.

Shape	Level	Each area of care		
<b>•</b>	Α	Hospital meets highest standards for almost all patients		
<b>\Q</b>	В			
	С			
_	D			
•	E	Hospital <b>does not meet highest standards</b> for many patients		

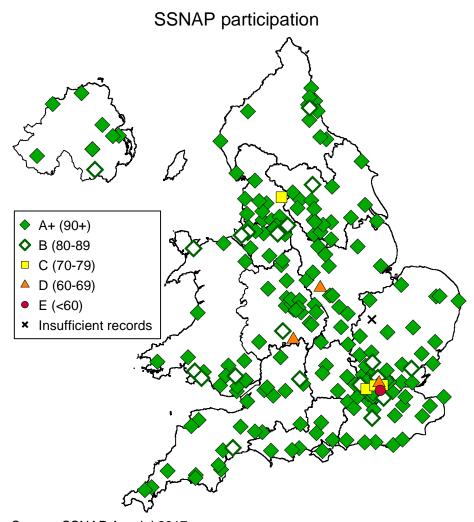
### Hospitals included in this report

This report includes **28,156 Stroke patients** admitted to hospital between **April - July 2017.** 

**227 hospitals** in England, Wales and Northern Ireland are included in this report.

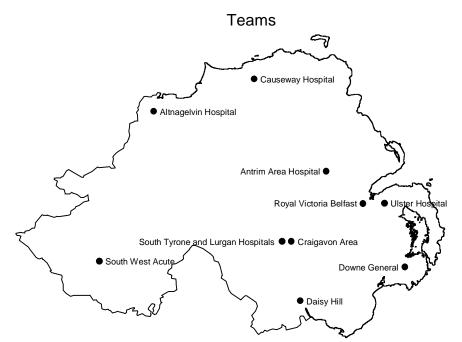
Most of these teams submitted more than **90% of their stroke patients to SSNAP**.

We want **all** hospitals to send in their information so that they can use the results to **improve care** for patients.



Source: SSNAP Apr-Jul 2017

### This map gives the **names** of each of the hospitals in **your region.**



Source: SSNAP Apr-Jul 2017 Region: Northern Ireland

### How good is your local hospital at treating stroke patients?

The **final scores** for each hospital in Northern Ireland for **April - July 2017** are shown on the next page.

To achieve a high score on SSNAP a hospital must:

• Perform very well in each area of care

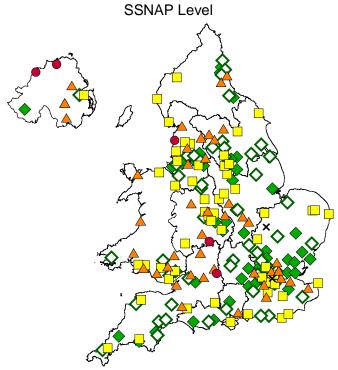
They **also** have to

- Include all of their stroke patients on SSNAP
- Answer all of the questions in the audit fully

#### **Important Note**

- The standards of care set by SSNAP are very high.
- This means that many hospitals have received low scores in the audit at present.
- This does not mean that their stroke services are unsafe.
- It does mean that these hospitals need to improve some aspects of care.
- We expect that hospitals will receive higher scores in the future.

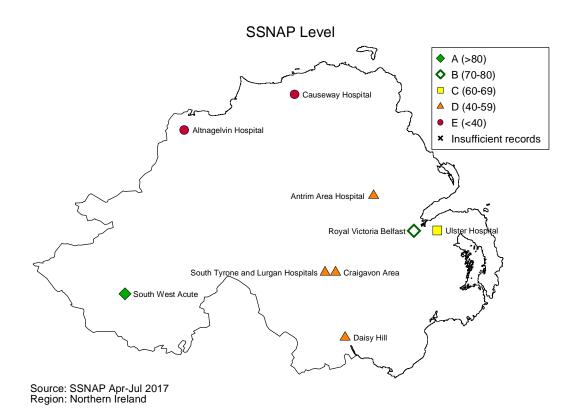
### **Overall SSNAP Level National Results**



Source: SSNAP Apr-Jul 2017

### How well did your local hospital perform?

### **Northern Ireland results**



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### 1. Brain Scanning



What should be done?

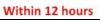
All patients with stroke symptoms should have a brain scan



**How quickly** should this be done?

Patients who are **very sick** should have a scan **within 1 hour** of arriving at hospital.

All patients should have a brain scan within 12 hours

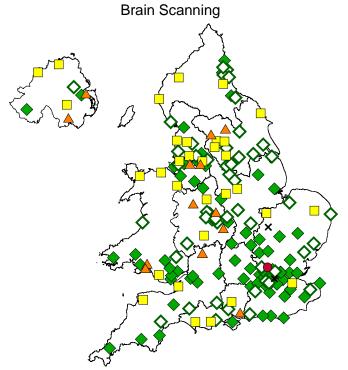




Why should this be done?

To show the doctor what **treatment** the patient **needs**.

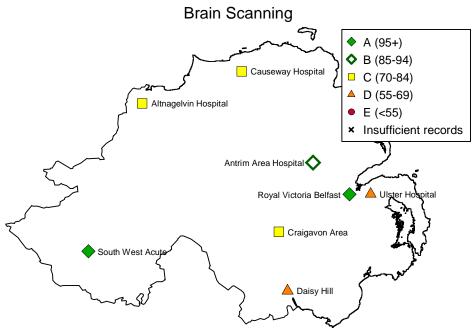
Fast treatment can reduce the damage caused by stroke.



Source: SSNAP Apr-Jul 2017 (Patient Centred)

## How well did your local hospital perform?

### **Northern Ireland results**



### 2. Stroke unit



What should be done?

Patients should get to a **stroke unit** very quickly.

Patients should spend at least **90% of their time** in hospital on a **stroke unit**.



**How quickly** should this be done?

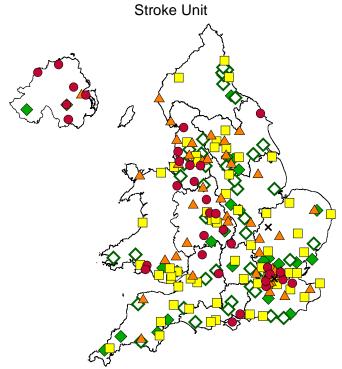
Patients should get to a stroke unit **within 4 hours** of arriving at hospital.



Why should this be done?

**Stroke units** give the **best care** to stroke patients.

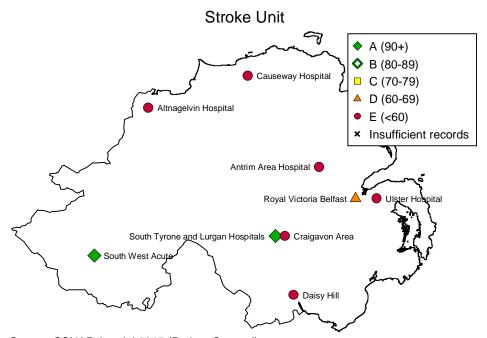
This can save lives and reduce disability.



Source: SSNAP Apr-Jul 2017 (Patient Centred)

## How well did your local hospital perform?

### **Northern Ireland results**



### 3. Clot Busting Treatment (Thrombolysis)



What should be done?

Between 15-20% of patients should receive a clot-busting drug.

Patients who have a stroke caused by a **clot** and who **get to hospital quickly** can be given this drug.

These patients should receive clot busting treatment at the earliest possible time after arriving at hospital.



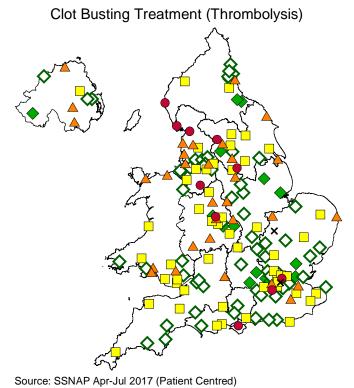
**How quickly** should this be done?

It should be given up to 4 and a half hours after a stroke.



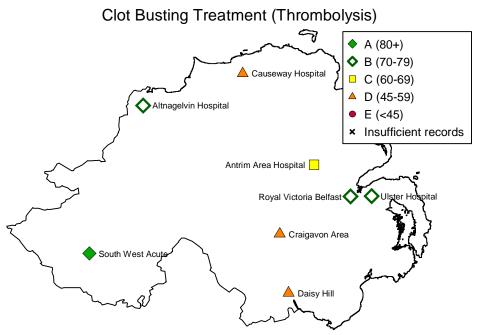
Why should this be done?

Clot-busting drug treatment can reduce disability.



### How well did your local hospital perform?

#### **Northern Ireland results**



### 4. Specialist Assessments



### What should be done?

#### **Patients should**

- see a stroke consultant
- see a stroke nurse
- be **screened** for swallow safety
- have a **swallow assessment** if needed



### **How quickly** should this be done?

Within 4 hours: swallow screen

Within 1 day: stroke nurse and stroke consultant

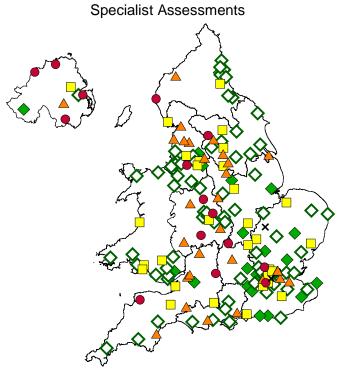
Within 3 days: swallow assessment



### **Why** should this be done?

**Stroke specialist professionals** give patients the care they need. This will **improve their recovery**.

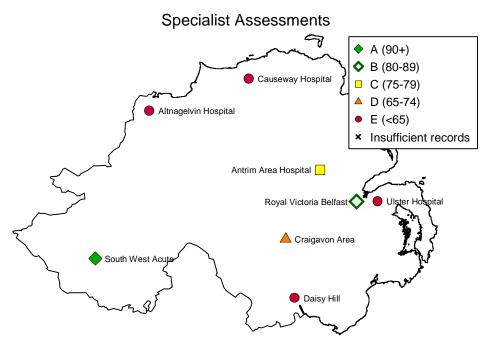
Swallow screening checks if **the patient can swallow food and drink safely** and therefore reduce the risk of choking.



Source: SSNAP Apr-Jul 2017 (Patient Centred)

### How well did your local hospital perform?

#### Northern Ireland results



### 5. Occupational Therapy (OT)



### What should be done?

All patients (who are well enough and need it) should get

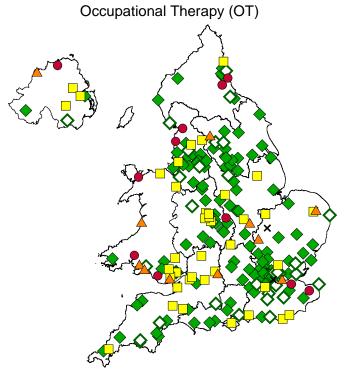
- at least 45 minutes of occupational therapy
- on at least 5 days a week
- for the duration of their stroke care.



### Why should this be done?

Occupational therapy helps people to **re-learn everyday activities and skills** following a stroke.

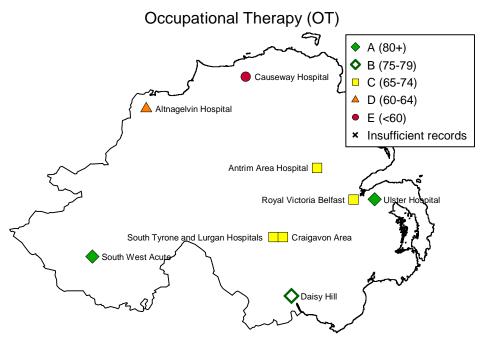
This may include **tasks** such as getting dressed or **hobbies** such as painting.



Source: SSNAP Apr-Jul 2017 (Patient Centred)

### How well did your local hospital perform?

### **Northern Ireland results**



### 6. Physiotherapy



#### What should be done?

All patients (who are well enough and need it) should get

- at least 45 minutes of physiotherapy
- on at least 5 days a week
- for the duration of their stroke care.

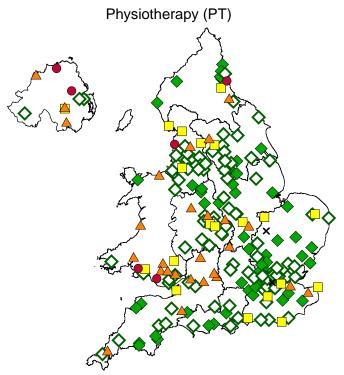


### Why should this be done?

Physiotherapy helps people to **overcome or adapt to weakness** on one side of the body.

It also helps people to **improve** their **balance** and **movement**.

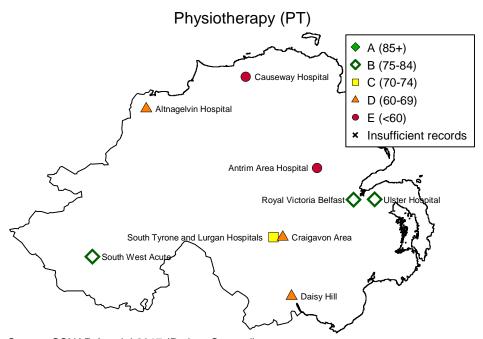
### **National Results for Physiotherapy**



Source: SSNAP Apr-Jul 2017 (Patient Centred)

### How well did your local hospital perform?

### **Northern Ireland results**



### 7. Speech and Language Therapy



### What should be done?

All patients (who are well enough and need it) should get

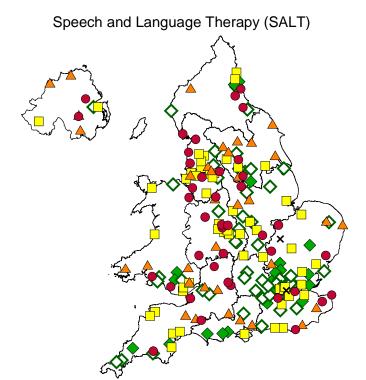
- at least 45 minutes of speech and language therapy
- on at least 5 days a week
- for the duration of their stroke care.



### Why should this be done?

Speech and language therapy helps people to recover from communication problems following a stroke.

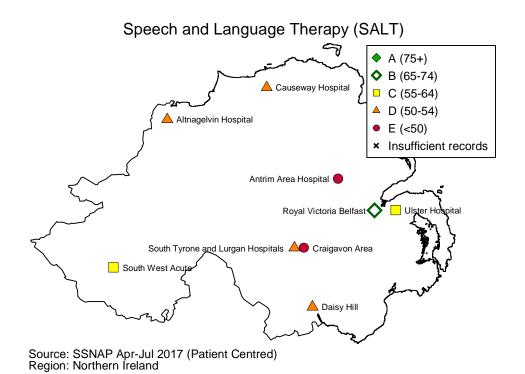
### **National Results for Speech and Language Therapy**



#### Source: SSNAP Apr-Jul 2017 (Patient Centred)

### How well did your local hospital perform?

#### **Northern Ireland results**



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### 8. Team Working



### What should be done?

Patients should

- see a stroke nurse
- be **assessed** if needed by all relevant therapists (for example a speech and language therapist)
- agree rehabilitation goals with the staff



### How quickly should this be done?

Within 1 day: stroke nurse and at least 1 therapist

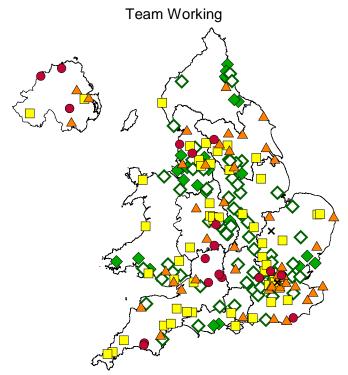
Within 3 days: all relevant therapists.

Within 5 days: all rehabilitation goals agreed



### Why should this be done?

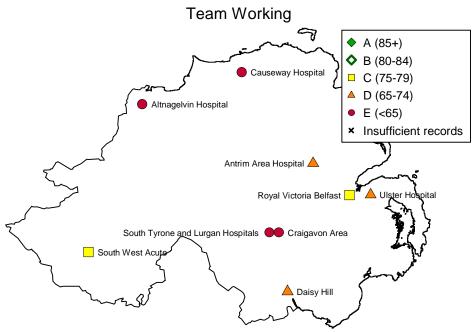
Each member of the **stroke team** can give patients the care that they need to **improve** their **recovery**.



Source: SSNAP Apr-Jul 2017 (Patient Centred)

### How well did your local hospital perform?

#### **Northern Ireland results**



### 9. Standards met by Discharge



#### What should be done?

If needed, before leaving hospital a patient should

- be **screened for nutrition** and seen by a dietitian
- have a continence plan drawn up. This should be done within 3 weeks of arriving at hospital
- be screened for mood and cognition



How quickly should this be done?

By discharge: nutrition screening

Within 3 weeks: continence plan

By discharge: mood screening



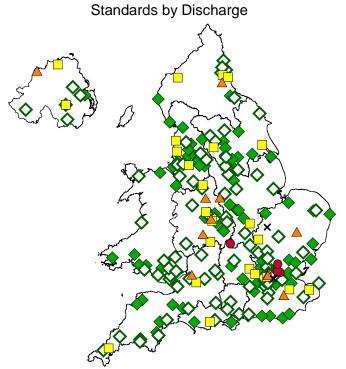
Why should this be done?

Nutrition screening checks if the patient is at **risk of** malnourishment.

Patients say **continence management** is one of the **most important** areas of care.

Mood screening identifies feeling of distress or lack of confidence.

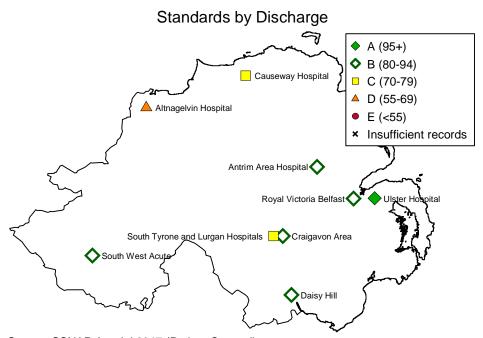
**Cognitive screening** identifies difficulties **thinking**, **concentrating** or **remembering** after a stroke.



Source: SSNAP Apr-Jul 2017 (Patient Centred)

### How well did your local hospital perform?

#### **Northern Ireland results**



### 10. Discharge Processes



#### What should be done?

When leaving hospital, patients should

- have received a joint health and social care plan
- be given the name of a **person they can contact**

Some patients may be well enough to leave hospital early.

These patients should be **provided with further rehabilitation** at home if they need it.

An **Early Supported Discharge (ESD)** team can provide this rehabilitation.

About 40% of patients could benefit from ESD.

Patients in Atrial Fibrillation (a completely **irregular heartbeat**) should be given **medication to prevent blood from clotting.** 



### Why should this be done?

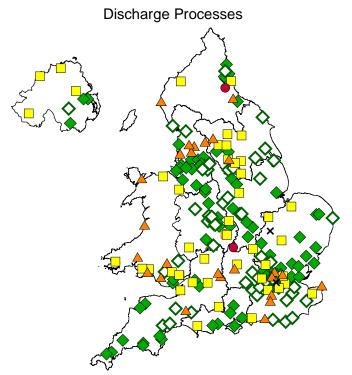
Health and social care services should work together in a way that best suits the needs of patients.

Rehabilitation in the community means getting **treatment** including **rehabilitation** in a **home environment**.

It can **improve** patients' **recovery**.

Blood clotting medication **improves blood** flow.

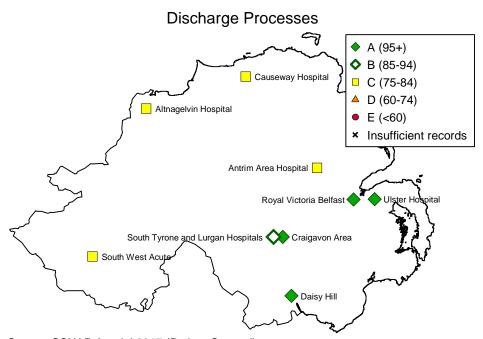
It reduces the chance of another stroke occurring.



Source: SSNAP Apr-Jul 2017 (Patient Centred)

### How well did your local hospital perform?

#### **Northern Ireland results**

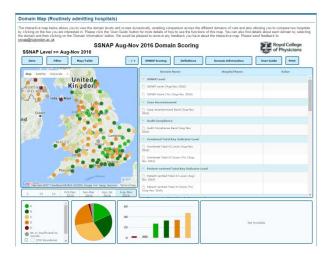


### **Interactive Maps**

You can view the information in this report using interactive maps on the internet.

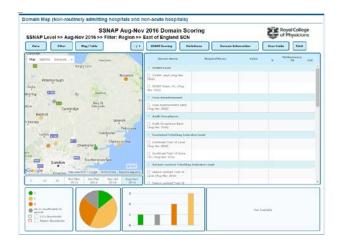
#### To see the maps go to:

### www.strokeaudit.org/results/Clinical-audit/Maps



- These maps are easy to read
- They include all hospitals treating stroke patients in England and Wales
- Results are also presented using graphs and pie charts
- The maps will be updated every 4 months with up to date results

#### These maps enable patients and carers to:

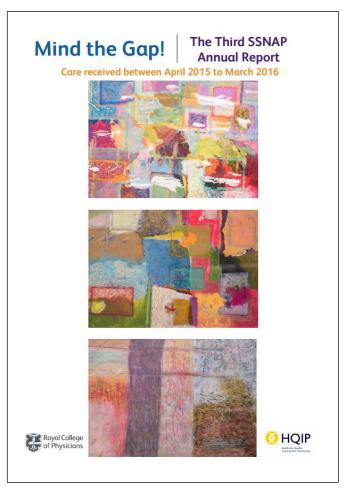


- Identify areas where care is good and where improvements are needed
- Compare aspects of stroke care within and across hospitals
- Compare hospitals' performance over time
- Search for specific information you are most interested in
- Save and print the information

### Mind the Gap! SSNAP's Third Annual Report

You can view the SSNAP Annual Report on our website:

### www.strokeaudit.org/AnnualReport

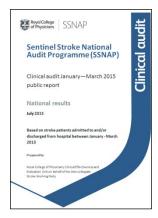


- This report is written by doctors
- It gives an overview of how good stroke care is across England, Wales and Northern Ireland.
- The information in this report is from 2015 and 2016
- This report is patient friendly
- It uses **patient experiences** of stroke care
- The report uses maps and graphs to show information
- Visit the website to listen to an Audio Version of the report

### For more detailed SSNAP reports go to:

### www.strokeaudit.org/results

#### 1) Public Report



- This report contains **national level results** across the stroke pathway.
- It compares national stroke results over time.
- The report has commentary from the doctor who leads SSNAP
- The report gives recommendations for improving stroke care
- The report has colour coded tables showing the results for each hospital

#### 2) Summary Results

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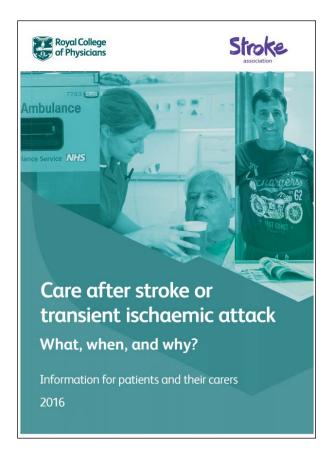
- This report gives a **summary of performance** for individual hospitals.
- It is a **starting point** for understanding how good a hospital is at treating stroke patients.
- Each **aspect of stroke care** is covered.
- Hospitals are given a level from A-E for each aspect of stroke care.

#### 3) Full Results

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- This is a very detailed report
- It contains national and hospital level results for every stroke measure collected by SSNAP
- It allows readers to look further into specific aspects of stroke care

### Further information on stroke care for patients and carers



- This booklet is a shorter version of the 'National Clinical Guideline for Stroke' (2016).
- It is written for **stroke survivors and their carers** but is also useful for anyone who has an interest in stroke care and management.
- It gives **information and advice** on the **care and treatment** of adults **after a stroke** or TIA (mini stroke).
- It also has listings of **organisations and support groups** who can help stroke patients and their families or carers.
- The patient version of the **Guideline** is available here:
   https://www.strokeaudit.org/Guideline/Patient-Guideline.aspx

#### **Useful contacts and websites**

**Stroke Association** 

Helpline: 0303 3033 100

Textphone: 18001 0303 3033 100

stroke.org.uk

info@stroke.org.uk

**Chest Heart & Stroke Scotland** 

Advice Line: 0808 801 0899

www.chss.org.uk

adviceline@chss.org.uk

**Northern Ireland Chest Heart & Stroke** 

Helpline: 028 9032 0184

www.nichs.org.uk mail@nichs.org.uk

**Different Strokes** (run by and for younger

stroke survivors)

Helpline: 0845 130 7172 www.differentstrokes.co.uk info@differentstrokes.co.uk

NHS Choices (Medical advice and information on health services)

NHS non-emergency number: 111

www.nhs.uk

**Headway** (Charity for people who have had a brain injury)

Helpline: 0808 800 2244 (Mon-Fri, 9am-

5pm)

www.headway.org.uk helpline@headway.org.uk

**Brain and Spine Foundation** 

Helpline: 0808 808 1000 www.brainandspine.org.uk helpline@brainandspine.org.uk **Disabled Living Foundation** 

Helpline: 0300 999 0004 (Mon-Fri, 10am-4pm)

helpline@dlf.org.uk www.dlf.org.uk

Mind / Mind Cymru (England and Wales)

Infoline: 0300 123 3393

Text: 86463

info@mind.org.uk www.mind.org.uk

**Niamh Mental Wellbeing (Northern Ireland** 

**Association for Mental Health)** 

Enquiries: 028 9032 8474 info@niamhwellbeing.org www.niamhwellbeing.org

**Scottish Association of Mental Health (SAMH)** 

0141 530 1000

enquire@samh.org.uk www.samh.org.uk

Age UK

England: 0800 169 2081

Northern Ireland: 0808 808 7575

Scotland: 0800 4 70 80 90 Wales: 08000 223 444 www.ageuk.org.uk

**Royal National Institute of Blind People** (RNIB)

Helpline: 0303 123 9999 helpline@rnib.org.uk www.rnib.org.uk

Alzheimer's Society (Information and support

on all types of dementia) Helpline: 0300 222 1122 enquiries@alzheimers.org.uk

www.alzheimers.org.uk

### We hope you found this report helpful and useful

There is more information about SSNAP on the Royal College of Physicians

website.

### www.rcplondon.ac.uk/ssnap

If you have any questions about this report please contact the Stroke

Programme at the Royal College of Physicians:

Tel: 020 3075 1318 or 02030751383

Email: <a href="mailto:ssnap@rcplondon.ac.uk">ssnap@rcplondon.ac.uk</a>

### We want to know.....

What do you think of this report? Have you found it useful?

Please email <a href="mailto:ssnap@rcplondon.ac.uk">ssnap@rcplondon.ac.uk</a> and let us know.