



What was our aim?

By December 2020 Kent Community Health NHS Foundation Trust (KCHFT) will have improved the data completeness on the Sentinel Stroke National Audit Programme (SSNAP) audit tool and explained the gaps in the limited data.

Why is it important to service users and carers?

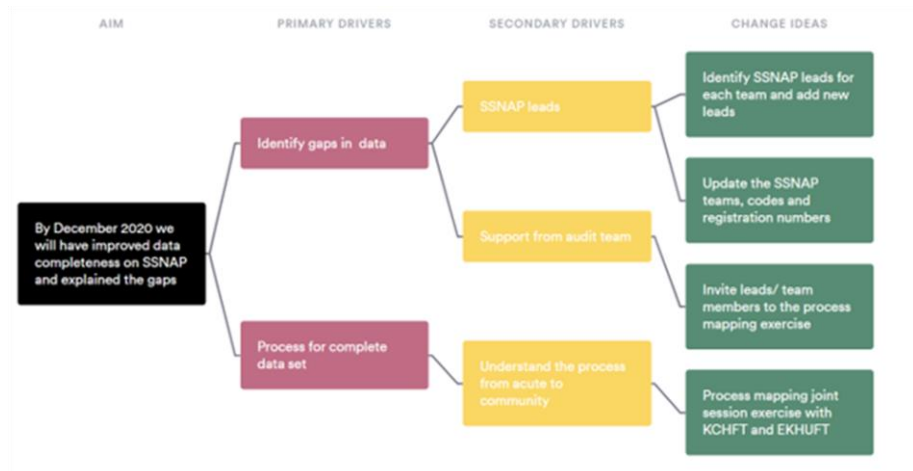
The SSNAP tool is a national audit tool which measures the processes of care provided to stroke patients, as well as the structure of stroke services (organisational audit) against evidence-based standards. This focused on the clinical part of the audit.
The overall aim of SSNAP is to provide timely information to clinicians, commissioners, patients, and the public on how well stroke care is being delivered so it can be used as a tool to improve the quality of care provided to patients.
The SSNAP clinical audit results are disseminated each reporting period, which is every six months for community teams

Ideas and tests of change

- All community rehabilitation teams which provide clinical input to stroke patients, KCHFT wide, needed to participate in collecting SSNAP data.
- We needed to understand why the numbers on SSNAP are lower than the number of stroke referrals KCHFT receives.
- We needed to understand the whole SSNAP process from acute to community. Community rehabilitation teams can only enter data for patients who would have been transferred by the acute teams to the community teams on SSNAP.
- We wanted to identify any bottle necks/barriers to the whole SSNAP process.
- We needed to understand who was responsible for what part of the SSNAP data collection process in each team

The tools we used

We used a driver diagram, stakeholder mapping and process mapping. We worked with the Clinical Audit Team Lead. Referral data was provided by the Performance and Business Intelligence Team. Although this piece of work started in east Kent, west Kent was later engaged showing that we used a pilot process and small tests of change. All locality SSNAP team names, codes and contacts were gathered. We identified all teams which were collecting data and found that most teams relied on clinicians to input the data. This informed our change ideas further.



Results/How did we do

The COVID-19 pandemic delayed this project. However, this enabled KCHFT to have a greater understanding of some of the challenges and the reasons why there is a significant difference between SSNAP data and referral data.

Data analysis identified that for east Kent teams, 75% of stroke patient referrals come from the acute and 25% from elsewhere. In West Kent, 50% of patient referrals come from the acute teams and 50% from elsewhere. Therefore, 25% and 50% of referrals may not meet the criteria for SSNAP. Due to the locations within west Kent, the teams receive referrals from many acute sites and other rehabilitation sites, some of these are out of area and KCHFT has not managed to get contact details for all sites. Therefore, we knew we were not aiming for 100% of stroke patients to be registered on SSNAP. Not all stroke patients meet SSNAP criteria, for example, if a patient who had a stroke presented with a fracture and then is transferred to a different ward, however community teams still received the referral. West Kent data (March 2021 - March 2022) specifically showed 71.7% of referrals from Maidstone and Tunbridge Wells NHS Trust were on SSNAP.

As the project progressed we found there was some variation in how teams were interpreting and entering SSNAP data. We tried to find a trainer to decrease the variation, however, we used internal staff members to share best practice.

SSNAP reports are reviewed every six months with rehabilitation teams, with the main focus being on the patient numbers in the first instance.

The case for improving SSNAP data was presented at the KCHFT stroke project group, identifying the current KCHFT position, challenges faced and that the need for administration support could be justified. A task and finish group formed which included the deputy chief nurse and the Performance and Business Intelligence Team. It was agreed that a business case requesting administration support should be written.

There are now quarterly meetings for east Kent colleagues involved in SSNAP data collection (acute, community and mental health trusts). East Kent Hospitals University Foundation Trust has now created a generic email for all teams to use which has improved communication for clinicians significantly.

What we learned and what's next

- The business case was successful and KCHFT is starting the recruitment process for an administrator to support SSNAP data collection for all east Kent rehabilitation teams who have stroke patients on their caseloads.
- West Kent has identified administration support for SSNAP data collection
- Quarterly meetings are to continue.
- Monitor numbers of patients on SSNAP against referrals over the next few months to ensure continued improvement.
- Next steps will be to be able to use the SSNAP data for quality assurance and improvement.
- SSNAP data should enable improvements to be made in patient care in the future.