

Quality of Stroke Care at Maidstone and Tunbridge Wells hospitals

Hospitals use a national monitoring system to assess and improve the quality and safety of acute and rehabilitative stroke services. It is called the Sentinel Stroke National Audit Programme (SSNAP).

SSNAP measures 10 key standards of care*. The standards include:

- Patients with a possible diagnosis of stroke are taken by ambulance to a specialist stroke unit within one hour
- Patients with symptoms of an acute stroke have a brain scan within one hour of arrival in hospital. This helps determine the correct treatment
- Proportion of eligible patients given thrombolysis, thrombolysed within one hour, and/or directly admitted to a stroke unit within four hours and who receive thrombolysis
- Patients are admitted directly on to a specialist stroke unit

Stroke services are monitored on a quarterly basis and are given a rating based on the number of patients who receive care in line with the 10 key standards. Services are given an overall rating of A to E with A being the top rating and E being the worst level of achievement. In 2013 stroke services at Maidstone and Tunbridge Wells hospitals were rated E. This has now improved to a D, following the start of on-going improvements to local stroke services.

SSNAP ratings recorded for Maidstone and Tunbridge Wells NHS Trust in 2013 and 2014

	Overall SSNAP Oct to Dec 2013	Overall SSNAP Jan to Mar 2014	Overall SSNAP Apr to Jun 2014	Overall SSNAP Jul to Sep 2014
Maidstone	E	D	D	D
Tunbridge Wells	E	E	D	D

Overall SSNAP ratings for hospitals in the south east

	Overall SSNAP Oct to Dec 2013	Overall SSNAP Jan to Mar 2014	Overall SSNAP Apr to Jun 2014	Overall SSNAP July to Sept 2014
Medway	E	D	D	Awaiting publication of latest data
Darent Valley	E	E	D	
Eastbourne	D	D	D	
William Harvey	D	D	C	
Kent and Canterbury	D	D	E	
QEQM Margate	D	D	C	
Frimley Park	D	C	B	
Epsom	C	C	B	
St Peter's	D	D	C	
Princess Royal	E	D	D	
Royal Surrey County	D	C	C	
Royal Sussex County	D	D	D	
East Surrey	E	D	C	
St Richard's Sussex	E	E	D	
Worthing	D	D	D	

SSNAP is highly regarded by both the Stroke Association and national clinical lead for stroke services as a tool for monitoring and improving care. The SSNAP performance data for Maidstone and Tunbridge Wells hospitals is based on treatment data from 90% of stroke patients.

Professor Tony Rudd, NHS national lead for Stroke and chair of the Intercollegiate Stroke Working Party hosted by the Royal College of Physicians, said: “SSNAP is the most ambitious and sophisticated platform for collecting and reporting data on the quality of stroke care in any healthcare system in the world. It is providing hospitals, commissioners, patients and the public with an unprecedented level of insight into the performance of stroke.”

SSNAP levels:	Jul – Sep 2013 178 teams	Oct – Dec 2013 198 teams	Jan – Mar 2014 198 teams	Apr – Jun 2014 204 teams
A	no teams	no teams	no teams	6 teams (3%)
B	8 teams (4%)	5 teams (3%)	14 teams (7%)	17 teams (8%)
C	19 teams (11%)	26 teams (13%)	20 teams (10%)	38 teams (19%)
D	74 teams (42%)	93 teams (47%)	104 teams (53%)	97 teams (48%)
E	77 teams (43%)	74 teams (37%)	60 teams (30%)	46 teams (23%)

National SSNAP performance by hospital stroke teams – 48% have a D rating

Speaking in May 2014 about stroke services nationally, Joe Korner, Director of External Affairs at the Stroke Association said: “The SSNAP audit is a vital tool to understand the provision of stroke care.

“There are excellent examples of hospitals providing treatment and care to stroke survivors but there are still too many places not meeting the very high standards that we expect.

“For example, we know that direct admission to a stroke ward is key to people’s survival and recovery and yet 20% of patients are still being admitted to a general ward. Swallow assessments are vital for stroke survivors’ safety and there must be an improvement on the numbers who are assessed in the first four hours. One in four patients is not being assessed adequately for incontinence and this is a basic requirement for their dignity. Many stroke survivors also tell us when they get back home, it feels as though support ‘falls off a cliff’.

“While the number of stroke survivors leaving hospital with a discharge plan has increased, it is worrying that only 15% (nationally) receive a 6 month follow up review, much better collaboration between health and social care teams is needed.”

* SSNAP uses 44 key indicators of high quality stroke care. These are grouped into 10 domains covering key aspects of the process of stroke care. Each domain is given a performance level (level A to E) and a total key indicator score is calculated based on the average of the 10 domain levels. The 10 domains cover brain scanning, stroke unit, thrombolysis, specialist assessments, occupational therapy, physiotherapy, speech and language therapy, multi-disciplinary team working, standards by discharge and discharge processes. You can review stroke performance for your local hospital against the 10 key domains by going to:

<http://www.strokeaudit.org/SSNAP/InteractiveMaps/RCP-APR-JUN/Routinely-Admitting-Teams/Domain-Scoring-Area-Profiles/FlashFolder/atlas.html>

April to June and July to September 2014 stroke performance data for Maidstone and Tunbridge Wells hospitals

Scanning

The standard: Proportion of patients scanned within one hour and proportion of patients scanned within 12 hours

Maidstone: April to June = D / July to September = C

Tunbridge Wells: April to June = B / July to September = B

Stroke Unit

The standard: Proportion of patients directly admitted to a stroke unit within four hours and proportion of patients who spend at least 90% of their stay on a stroke unit

Maidstone: April to June = D / July to September = C

Tunbridge Wells: April to June = E / July to September = E

Thrombolysis

The standard: Proportion of eligible patients given thrombolysis, thrombolysed within one hour, and/or directions admitted to a stroke unit within four hours and who receive thrombolysis

Maidstone: April to June = D / July to September = C

Tunbridge Wells: April to June = E / July to September = E

Specialist assessment

The standard: Proportion of patients who were assessed by a stroke specialist consultant physician within 24 hours, assessed by a nurse trained in stroke management in 24 hours, and proportion of patients given a swallow screen within four hours or 72 hours

Maidstone: April to June = D / July to September = D

Tunbridge Wells: April to June = B / July to September = C

Occupational Therapy

The standard: Number of minutes per day occupational therapy is received against national guidelines

Maidstone: April to June = A / July to September = A

Tunbridge Wells: April to June = C / July to September = C

Physiotherapy

The standard: Minutes per day and percentage of days as an inpatient on which physiotherapy is received against national guidelines

Maidstone: April to June = B / July to September = B

Tunbridge Wells: April to June = C / July to September = B

Speech and Language Therapy

The standard: Number of minutes per day and percentage of days as an inpatient on which speech and language therapy is received against national guidelines

Maidstone: April to June = E / July to September = C

Tunbridge Wells: April to June = E / July to September = E

Multi-disciplinary team working

The standard: Proportion of applicable patients who were assessed by an occupational therapist, physiotherapist, speech and language therapist within 72 hours and had rehabilitation goals within five days. Proportion of patients who were assessed by a nurse and at least one therapist within 24 hours and all therapists within 72 hours and had rehab goals agreed within five days.

Maidstone: April to June = C / July to September = C

Tunbridge Wells: April to June = E / July to September = D

Standards by Discharge

The standard: Proportion of patients screened for nutrition, seen by a dietician by discharge, have a continence plan drawn up within three weeks, and have mood and cognition screening by discharge.

Maidstone: April to June = D / July to September = B

Tunbridge Wells: April to June = D / July to September = B

Discharge Processes

The standard: Proportion of patients receiving a joint health and social care plan on discharge, treated by a stroke skilled Early Supported Discharge team, in atrial fibrillation on discharge on anticoagulants or with a plan to start anticoagulation, and given a named person to contact after discharge.

Maidstone: April to June = B / July to September = A

Tunbridge Wells: April to June = C / July to September = B