

SSNAP Summary Report for January - March 2015

admissions and discharges

This document contains a number of sections and the hyperlinks in blue can be used to navigate between sections.

This report aims to provide a summary of performance and the recommendation is that this report should be the entry point for understanding stroke performance. Those who wish to drill-down further into the data are encouraged to read the SSNAP Portfolio and for those who prefer visual representation of data, there is a PowerPoint presentation with charts available for each region.

Both patient-centred and team-centred results are provided for each key indicator. The key indicators are then grouped into domains, and each domain is given a performance level (level A to E). The domain levels are then combined into patient-centred and team-centred Total Key Indicator scores. The Combined Total Key Indicator score is derived from the average of these two scores, and is adjusted for case ascertainment and audit compliance to derive the SSNAP score. The methodology aims to take into account guideline recommendations and clinical consensus. The SSNAP Summary Report, including scores and levels, will be made available in the public domain.

Teams are excluded from the scoring if the team does not have EITHER team-centred 72h scores or team-centred post-72h scores.

More information about which teams are included in each section of the scoring is given in "Number of teams in scoring".

[Please see "Number of teams in scoring" for further details.](#)

The SSNAP score is calculated from Key Indicator scores which are grouped into 10 domains.

[Domain 1: Scanning](#)

[Domain 2: Stroke unit](#)

[Domain 3: Thrombolysis](#)

[Domain 4: Specialist assessments](#)

[Domain 5: Occupational therapy](#)

[Domain 6: Physiotherapy](#)

[Domain 7: Speech and language therapy](#)

[Domain 8: Multidisciplinary team working](#)

[Domain 9: Standards by discharge](#)

[Domain 10: Discharge processes](#)

The domain scores are calculated by combining the scores of the Key Indicators within the domain. The key indicator scores are typically the percentage performance in each KI, but for median timings and some other KIs it is necessary to take a different approach.

[Please see "Technical Scoring Info" for further details.](#)

1) Algorithm for calculating domain scores and levels:

Once the score for each individual Key Indicator is known, the patient-centred domain score is calculated by adding together all the patient-centred key indicator scores in the domain and dividing by the number of applicable patient-centred key indicators.

eg. Patient-centred Domain 1 score = (KI1.1A + KI1.2A + KI1.3A) / 3

Similarly, the team-centred domain score is calculated by adding together all the team-centred key indicator scores in the domain and dividing by the number of applicable team-centred key indicators.

Each domain score is then categorised into levels A to E. The score required to achieve each level is outlined in each domain section and we plan to keep these levels static for at least a few quarters so that they can be a fixed point of reference for each team to measure improvement.

Note: Where a team does not have a particular key indicator score (eg. Teams which do not routinely admit patients would not have a team-centred % scanned with 1 hour score) that key indicator would not count towards the domain score. The domain score would be calculated out of the relevant key indicators within the domain.

2) Algorithm for combining domain levels into a Total Key Indicator level:

Once the level for each of the domains has been determined each level is assigned a number of points (A=100, B=80, C=60, D=40, E=20). The patient-centred Total Key Indicator score is calculated by adding together all of the patient-centred domain points and dividing by the number of applicable patient-centred domains. This score is then assigned a level (A=over 80, B=70-80, C=60-70, D=40-60, E=less than 40).

Similarly, the team-centred Total Key Indicator score is calculated by adding together the team-centred domain points and dividing by the number of applicable team-centred domains. Then a level is assigned as above.

Note: If a domain (either patient-centred or team-centred) is wholly not applicable (eg. The whole of domain 1 would be not applicable for team who do not directly admit patients) then the patient-centred (or team-centred) total KI score would be calculated out of the relevant domains.

3) Adjustments for case ascertainment and audit compliance to produce the final SSNAP Score:

In order to adjust for case ascertainment and audit compliance, the Combined Total Key Indicator score is created by averaging the patient-centred and team-centred Total Key Indicator scores. This score is then adjusted for case ascertainment and audit compliance. Less than optimal case ascertainment or audit compliance will result in a team receiving downwards adjustments. The size of the adjustments vary depending on how low the case ascertainment or audit compliance band is. The resulting adjusted SSNAP score is then assigned a level (A=over 80, B=70-80, C=60-70, D=40-60, E=less than 40).

[Please see "Adjustments".](#)

4) Patient-centred and team-centred SSNAP scores:

In addition, the patient-centred Total Key Indicator score and the team-centred Total Key Indicator score are each individually adjusted for case ascertainment and audit compliance to derive patient-centred and team-centred SSNAP scores.

SSNAP Scoring Summary:	<i>Team type</i>	<i>Routinely admitting team</i>	<i>Routinely admitting team</i>	<i>Routinely admitting team</i>	<i>Routinely admitting team</i>
	SCN	Wessex SCN	Wessex SCN	Wessex SCN	Wessex SCN
	Trust	Portsmouth Hospitals NHS Trust			
	Team	Queen Alexandra Hospital Portsmouth	Queen Alexandra Hospital Portsmouth	Queen Alexandra Hospital Portsmouth	Queen Alexandra Hospital Portsmouth
	Quarter	<i>Apr-June 2014</i>	<i>July-Sep 2014</i>	<i>Oct-Dec 2014</i>	<i>Jan-Mar 2015</i>
	SSNAP level	E	E	E	D
	SSNAP score	27.0	33.3	38.8	49.4
	<i>Case ascertainment band</i>	A	B	B	A
	<i>Audit compliance band</i>	C	C	D	B
	Combined Total Key Indicator level	E	E	D	D
	Combined Total Key Indicator score	30.0	39.0	48.0	52.0
<i>Number of records completed:</i>	<i>Team-centred post-72h all teams cohort</i>	227	225	217	237
Patient-centred KI levels:					
Patient-centred Domain levels:	1) Scanning	E	D	D	D
	2) Stroke unit	D	D	E	D
	3) Thrombolysis	D	D	D	D
	4) Specialist Assessments	D	D	D	C
	5) Occupational therapy	E	C	B	C
	6) Physiotherapy	D	C	B	B
	7) Speech and Language therapy	E	E	E	E
	8) MDT working	E	D	E	E
	9) Standards by discharge	E	E	C	B
	10) Discharge processes	D	D	B	B
Patient-centred KI level	Patient-centred Total KI level	E	D	D	D
	Patient-centred Total KI score	30.0	40.0	48.0	52.0
Patient-centred SSNAP level	Patient-centred SSNAP level (after adjustments)	E	E	E	D
	Patient-centred SSNAP score	27	34.2	38.8	49.4

Team-centred KI levels:					
Team-centred Domain levels:	1) Scanning	E	D	D	D
	2) Stroke unit	D	D	E	D
	3) Thrombolysis	D	D	D	D
	4) Specialist Assessments	D	D	D	C
	5) Occupational therapy	E	C	B	C
	6) Physiotherapy	D	C	B	B
	7) Speech and Language therapy	E	E	E	E
	8) MDT working	E	E	E	E
	9) Standards by discharge	E	E	C	B
	10) Discharge processes	D	D	B	B
Team-centred KI level	Team-centred Total KI level	E	E	D	D
	Team-centred Total KI score	30.0	38.0	48.0	52.0
Team-centred SSNAP level	Team-centred SSNAP level (after adjustments)	E	E	E	D
	Team-centred SSNAP score	27	32.5	38.8	49.4
Patients assessed at 6 months after admission					
Applicability to be assessed at 6m:	Number of patients considered applicable to be assessed at 6 months - (ref B12.1)	82	260	365	408
	<i>Proportion of patients alive who are considered applicable to be assessed at 6 months - (ref B12.3)</i>	100%	100%	100%	100%
Patients assessed at 6m:	Number of applicable patients assessed - (ref B13.1)	0	0	0	0
	<i>Proportion of applicable patients assessed - (ref B13.3)</i>	0%	0%	0%	0%

SSNAP levels:

A - 11 teams (5%)
 B - 36 teams (18%)
 C - 39 teams (19%)
 D - 92 teams (46%)
 E - 24 teams (12%)

Combined Total Key Indicator levels:

A - 28 teams (14%)
 B - 45 teams (22%)
 C - 45 teams (22%)
 D - 70 teams (35%)
 E - 14 teams (7%)

Case ascertainment bands:

A - 147 teams (71%)
 B - 37 teams (18%)
 C - 18 teams (9%)
 D - 2 teams (1%)
 E - 4 teams (2%)

Audit compliance bands:

A - 49 teams (24%)
 B - 71 teams (35%)
 C - 43 teams (21%)
 D - 30 teams (15%)
 E - 12 teams (6%)

Patient-centred Total Key Indicator levels:

A - 24 teams (12%)
 B - 50 teams (25%)
 C - 44 teams (22%)
 D - 70 teams (35%)
 E - 14 teams (7%)

Team-centred Total Key Indicator levels:

A - 29 teams (14%)
 B - 49 teams (24%)
 C - 45 teams (22%)
 D - 63 teams (31%)
 E - 16 teams (8%)

Domain 1: Scanning	<i>Team type</i>	<i>Routinely admitting team</i>
		Wessex SCN
		Portsmouth Hospitals NHS Trust
	National	Queen Alexandra Hospital Portsmouth
Patient-centred Domain 1 level		D
Patient-centred Domain 1 score		68.0
Team-centred Domain 1 level		D
Team-centred Domain 1 score		67.9
Number of patients (72h cohort):		
Patient-centred 72h cohort (G1.1)	19865	218
Team-centred 72h cohort (H1.1)	19865	216
1.1 Proportion of patients scanned within 1 hour of clock start		
1.1A Patient centred Item reference: G6.9	45.3	27.1
1.1B Team centred Item reference: H6.9	45.3	26.9
1.2 Proportion of patients scanned within 12 hours of clock start		
1.2A Patient centred Item reference: G6.12	89.9	91.3
1.2B Team centred Item reference: H6.12	89.9	91.2
1.3 Median time between clock start and scan (hours:mins)		
1.3A Patient centred Item reference: G6.4	1:12	1:48
1.3B Team centred Item reference: H6.4	1:12	1:49

Patient-centredTeam-centred

A - 57 teams (31%)
 B - 36 teams (20%)
 C - 47 teams (26%)
 D - 25 teams (14%)
 E - 19 teams (10%)

A - 40 teams (26%)
 B - 30 teams (19%)
 C - 36 teams (23%)
 D - 30 teams (19%)
 E - 20 teams (13%)

Examples describing ways to achieve each level:

Level A:

Average score = 95, Total score = 285

- Scan 48% of patients within 1hr
- Scan 95% of patients within 12hrs
- Median scan time less than 60 mins

Level B:

Average score = 85, Total score = 255

- Scan 43% of patients within 1hr
- Scan 90% of patients within 12hrs
- Median scan time less than 75 mins

Level C:

Average score = 70, Total score = 210

- Scan 30% of patients within 1hr
- Scan 85% of patients within 12hrs
- Median scan time less than 90 mins

Level D:

Average score = 55, Total score = 165

- Scan 25% of patients within 1hr
- Scan 75% of patients within 12hrs
- Median scan time less than 2 hours

Level E:

Average score < 55, Total score < 165

Domain 2: Stroke unit	<i>Team type</i>	<i>Routinely admitting team</i>
		Wessex SCN
		Portsmouth Hospitals NHS Trust
	National	Queen Alexandra Hospital Portsmouth
Patient-centred Domain 2 level		D
Patient-centred Domain 2 score		62.6
Team-centred Domain 2 level		D
Team-centred Domain 2 score		62.6
Number of patients (72h cohort):		
Patient-centred 72h cohort (G1.1)	19865	218
Team-centred 72h cohort (H1.1)	19865	216
2.1 Proportion of patients directly admitted to a stroke unit within 4 hours of clock start		
2.1A Patient centred Item reference: G7.18	53.6	44.3
2.1B Team centred Item reference: H7.18	53.6	43.8
2.2 Median time between clock start and arrival on stroke unit (hours:mins)		
2.2A Patient centred Item reference: G7.4	3:49	4:10
2.2B Team centred Item reference: H7.4	3:49	4:10
Number of patients (post-72h cohort):		
Patient-centred post-72h cohort (J1.1)	19471	233
Team-centred post-72h cohort (all teams) (K30.1)	22831	237
2.3 Proportion of patients who spent at least 90% of their stay on stroke unit		
2.3A Patient centred (proportion of stay across all inpatient teams) Item reference: J8.11	80.6	83.3
2.3B Team centred (proportion of stay under your team whilst an inpatient) Item reference: K32.11	82.1	84.1

Patient-centredTeam-centred

A - 13 teams (6%)
 B - 29 teams (14%)
 C - 62 teams (30%)
 D - 40 teams (20%)
 E - 60 teams (29%)

A - 36 teams (18%)
 B - 31 teams (15%)
 C - 52 teams (25%)
 D - 30 teams (15%)
 E - 56 teams (27%)

Examples describing ways to achieve each level:

Level A:

Average score = 90, Total score = 270

- Directly admit 90% of patients to stroke unit within 4h
- Median SU time less than 2 hours
- 90% of patients spend at least 90% of stay on SU

Level B:

Average score = 80, Total score = 240

- Directly admit 75% of patients to stroke unit within 4h
- Median SU time less than 3 hours
- 85% of patients spend at least 90% of stay on SU

Level C:

Average score = 70, Total score = 210

- Directly admit 60% of patients to stroke unit within 4h
- Median SU time less than 4 hours
- 80% of patients spend at least 90% of stay on SU

Level D:

Average score = 60, Total score = 180

- Directly admit 55% of patients to stroke unit within 4h
- Median SU time less than 5 hours
- 75% of patients spend at least 90% of stay on SU

Level E:

Average score < 60, Total score < 180

Domain 3: Thrombolysis	<i>Team type</i>	<i>Routinely admitting team</i>
		Wessex SCN
		Portsmouth Hospitals NHS Trust
	National	Queen Alexandra Hospital Portsmouth
Patient-centred Domain 3 level		D
Patient-centred Domain 3 score		53.4
Team-centred Domain 3 level		D
Team-centred Domain 3 score		52.0
Number of patients (72h cohort):		
Patient-centred 72h cohort (G1.1)	19865	218
Team-centred 72h cohort (H1.1)	19865	216
3.1 Proportion of <u>all</u> stroke patients given thrombolysis (all stroke types)		
3.1A Patient centred Item reference: G16.3	11.1	9.6
3.1B Team centred Item reference: H16.3	11.1	9.3
3.2 Proportion of <u>eligible</u> patients (according to the RCP guideline minimum threshold) given thrombolysis		
3.2A Patient centred Item reference: G16.55	81.8	71.4
3.2B Team centred Item reference: H16.55	81.8	70.0
3.3 Proportion of patients who were thrombolysed within 1 hour of clock start		
3.3A Patient centred Item reference: G16.74	56.4	42.9
3.3B Team centred Item reference: H16.74	56.4	40.0
3.4 Proportion of applicable patients directly admitted to a stroke unit within 4 hours of clock start AND who either receive thrombolysis or have a pre-specified justifiable reason ('no but') for why it could not be given		
3.4A Patient centred Item reference: G16.77	53.1	44.3
3.4B Team centred Item reference: H16.77	53.1	43.8
3.5 Median time between clock start and thrombolysis (hours:mins)		
3.5A Patient centred Item reference: G16.42	0:56	1:05
3.5B Team centred Item reference: H16.42	0:56	1:08

Patient-centredTeam-centred

A - 18 teams (10%)

A - 7 teams (5%)

B - 36 teams (20%)

B - 32 teams (21%)

C - 54 teams (29%)

C - 40 teams (26%)

D - 52 teams (28%)

D - 45 teams (29%)

E - 24 teams (13%)

E - 29 teams (19%)

Examples describing ways to achieve each level:

Level A:

Average score = 80, Total score = 400

- Thrombolyse 20% of patients
- Thrombolyse 90% of eligible patients according to RCP minimum threshold
- Thrombolyse 55% of patients within 1hr
- Directly admit 65% of patients to SU within 4hrs AND assess for thrombolysis
- Median clock start to thrombolysis time less than 40 mins

Level B:

Average score = 70, Total score = 350

- Thrombolyse 15% of patients
- Thrombolyse 85% of eligible patients according to RCP minimum threshold
- Thrombolyse 50% of patients within 1hr
- Directly admit 60% of patients to SU within 4hrs AND assess for thrombolysis
- Median clock start to thrombolysis time less than 50 mins

Level C:

Average score = 60, Total score = 300

- Thrombolyse 12% of patients
- Thrombolyse 80% of eligible patients according to RCP minimum threshold
- Thrombolyse 40% of patients within 1hr
- Directly admit 50% of patients to SU within 4hrs AND assess for thrombolysis
- Median clock start to thrombolysis time less than 60 mins

Level D:

Average score = 45, Total score = 225

- Thrombolyse 10% of patients
- Thrombolyse 65% of eligible patients according to RCP minimum threshold
- Thrombolyse 30% of patients within 1hr
- Directly admit 40% of patients to SU within 4hrs AND assess for thrombolysis
- Median clock start to thrombolysis time less than 90 mins

Level E:

Average score < 45, Total score < 225

Domain 4: Specialist assessments	<i>Team type</i>	<i>Routinely admitting team</i>
		Wessex SCN
		Portsmouth Hospitals NHS Trust
	National	Queen Alexandra Hospital Portsmouth
Patient-centred Domain 4 level		C
Patient-centred Domain 4 score		78.8
Team-centred Domain 4 level		C
Team-centred Domain 4 score		78.7
Number of patients (72h cohort):		
Patient-centred 72h cohort (G1.1)	19865	218
Team-centred 72h cohort (H1.1)	19865	216
4.1 Proportion of patients assessed by a stroke specialist consultant physician within 24h of clock start		
4.1A Patient centred Item reference: G9.3	76.4	83.9
4.1B Team centred Item reference: H9.3	76.4	83.8
4.2 Median time between clock start and being assessed by stroke consultant (hours:mins)		
4.2A Patient centred Item reference: G9.14	12:55	15:20
4.2B Team centred Item reference: H9.14	12:55	15:32
4.3 Proportion of patients who were assessed by a nurse trained in stroke management within 24h of clock start		
4.3A Patient centred Item reference: G8.3	87.2	93.6
4.3B Team centred Item reference: H8.3	87.2	93.5
4.4 Median time between clock start and being assessed by stroke nurse (hours:mins)		
4.4A Patient centred Item reference: G8.14	1:47	1:12
4.4B Team centred Item reference: H8.14	1:47	1:12
4.5 Proportion of applicable patients who were given a swallow <u>screen</u> within 4h of clock start		
4.5A Patient centred Item reference: G14.20	68.0	68.2
4.5B Team centred Item reference: H14.20	68.0	67.9
4.6 Proportion of applicable patients who were given a <u>formal swallow assessment</u> within 72h of clock start		
4.6A Patient centred Item reference: G15.24	82.9	96.8
4.6B Team centred Item reference: H15.24	82.9	96.8

Patient-centredTeam-centred

A - 13 teams (7%)

A - 10 teams (6%)

B - 67 teams (36%)

B - 49 teams (31%)

C - 24 teams (13%)

C - 21 teams (13%)

D - 42 teams (23%)

D - 36 teams (23%)

E - 38 teams (21%)

E - 40 teams (26%)

Examples describing ways to achieve each level:

Level A:

Average score = 90, Total score = 540

- 95% of patients seen by stroke consultant within 24h
- Median clock start to consultant time less than 6 hours
- 95% of patients seen by stroke nurse within 24h
- Median clock start to stroke nurse time less than 60 mins
- 85% of applicable patients given swallow screen within 4h
- 85% of applicable patients given formal swallow assessment within 72h

Level B:

Average score = 80, Total score = 480

- 85% of patients seen by stroke consultant within 24h
- Median clock start to consultant time less than 9 hours
- 85% of patients seen by stroke nurse within 24h
- Median clock start to stroke nurse time less than 2 hours
- 75% of applicable patients given swallow screen within 4h
- 75% of applicable patients given formal swallow assessment within 72h

Level C:

Average score = 75, Total score = 450

- 80% of patients seen by stroke consultant within 24h
- Median clock start to consultant time less than 12 hours
- 80% of patients seen by stroke nurse within 24h
- Median clock start to stroke nurse time less than 3 hours
- 75% of applicable patients given swallow screen within 4h
- 75% of applicable patients given formal swallow assessment within 72h

Level D:

Average score = 65, Total score = 390

- 70% of patients seen by stroke consultant within 24h
- Median clock start to consultant time less than 15 hours
- 70% of patients seen by stroke nurse within 24h
- Median clock start to stroke nurse time less than 6 hours
- 65% of applicable patients given swallow screen within 4h
- 65% of applicable patients given formal swallow assessment within 72h

Level E:

Average score < 65, Total score < 390

Domain 5: Occupational therapy	<i>Team type</i>	<i>Routinely admitting team</i>
		Wessex SCN
		Portsmouth Hospitals NHS Trust
	National	Queen Alexandra Hospital Portsmouth
Patient-centred Domain 5 level		C
Patient-centred Domain 5 score		71.4
Team-centred Domain 5 level		C
Team-centred Domain 5 score		70.7
Number of patients (post-72h cohort):		
Patient-centred post-72h cohort (J1.1)	19471	233
Team-centred post-72h cohort (all teams) (K30.1)	22831	237
5.1 Proportion of patients reported as requiring occupational therapy		
5.1A Patient centred (requiring it at any point during entire inpatient stay) Item reference: J3.3	81.7	83.3
5.1B Team centred (requiring it at any point during stay with this team) Item reference: K34.3	82.1	82.7
5.2 Median number of minutes per day on which occupational therapy is received		
5.2A Patient centred Item reference: J3.5	40	40
5.2B Team centred Item reference: K34.5	40	40
5.3 Median % of days as an inpatient on which occupational therapy is received		
5.3A Patient centred (% of the days across all inpatient teams) Item reference: J3.4	58.4	48.9
5.3B Team centred (% of the days with this team) Item reference: K34.4	58.2	48.1
5.4 Compliance (%) against the therapy target of an average of 25.7 minutes of occupational therapy across all patients (Target = 45 minutes x (5/7) x 0.8 which is 45 minutes of occupational therapy x 5 out of 7 days per week x 80% of patients)		
5.4A Patient centred Item reference: J3.10	74.2	63.3
5.4B Team centred Item reference: K34.10	74.3	61.9

Patient-centredTeam-centred

A - 84 teams (42%)
 B - 32 teams (16%)
 C - 51 teams (25%)
 D - 19 teams (9%)
 E - 16 teams (8%)

A - 84 teams (41%)
 B - 24 teams (12%)
 C - 48 teams (24%)
 D - 26 teams (13%)
 E - 22 teams (11%)

Examples describing ways to achieve each level:

Level A:

Average score = 80, Total score = 320

- 80% of patients reported as requiring OT
- Median number of minutes per day on which OT is received is greater than 32 mins
- Median % of days as an inpatient on which OT is received is greater than 70%
- 80% of the minutes of OT required is delivered

Level B:

Average score = 75, Total score = 300

- 75% of patients reported as requiring OT
- Median number of minutes per day on which OT is received is greater than 28 mins
- Median % of days as an inpatient on which OT is received is greater than 70%
- 75% of the minutes of OT required is delivered

Level C:

Average score = 65, Total score = 260

- 70% of patients reported as requiring OT
- Median number of minutes per day on which OT is received is greater than 24 mins
- Median % of days as an inpatient on which OT is received is greater than 55%
- 65% of the minutes of OT required is delivered

Level D:

Average score = 60, Total score = 240

- 65% of patients reported as requiring OT
- Median number of minutes per day on which OT is received is greater than 20 mins
- Median % of days as an inpatient on which OT is received is greater than 55%
- 60% of the minutes of OT required is delivered

Level E:

Average score < 60, Total score < 240

Domain 6: Physiotherapy	<i>Team type</i>	<i>Routinely admitting team</i>
		Wessex SCN
		Portsmouth Hospitals NHS Trust
	National	Queen Alexandra Hospital Portsmouth
Patient-centred Domain 6 level		B
Patient-centred Domain 6 score		78.2
Team-centred Domain 6 level		B
Team-centred Domain 6 score		78.4
Number of patients (post-72h cohort):		
Patient-centred post-72h cohort (J1.1)	19471	233
Team-centred post-72h cohort (all teams) (K30.1)	22831	237
6.1 Proportion of patients reported as requiring physiotherapy		
6.1A Patient centred (requiring it at any point during entire inpatient stay) Item reference: J4.3	84.5	91.4
6.1B Team centred (requiring it at any point during stay with this team) Item reference: K35.3	84.9	91.6
6.2 Median number of minutes per day on which physiotherapy is received		
6.2A Patient centred Item reference: J4.5	33.1	33.3
6.2B Team centred Item reference: K35.5	34	33.3
6.3 Median % of days as an inpatient on which physiotherapy is received		
6.3A Patient centred (% of the days across all inpatient teams) Item reference: J4.4	66.8	62.1
6.3B Team centred Item reference: K35.4	66.7	62.5
6.4 Compliance (%) against the therapy target of an average of 27.1 minutes of physiotherapy across all patients (Target = 45 minutes x (5/7) x 0.85 which is 45 minutes of physiotherapy x 5 out of 7 days per week x 85% of patients)		
6.4A Patient centred Item reference: J4.10	68.5	69.2
6.4B Team centred Item reference: K35.10	70.5	69.8

Patient-centredTeam-centred

A - 46 teams (23%)

A - 46 teams (23%)

B - 81 teams (40%)

B - 76 teams (37%)

C - 33 teams (16%)

C - 32 teams (16%)

D - 31 teams (15%)

D - 36 teams (18%)

E - 11 teams (5%)

E - 14 teams (7%)

Examples describing ways to achieve each level:

Level A:

Average score = 85, Total score = 340

- 85% of patients reported as requiring PT
- Median number of minutes per day on which PT is received is greater than 32 mins
- Median % of days as an inpatient on which PT is received is greater than 75%
- 90% of the minutes of PT required is delivered

Level B:

Average score = 75, Total score = 300

- 80% of patients reported as requiring PT
- Median number of minutes per day on which PT is received is greater than 28 mins
- Median % of days as an inpatient on which PT is received is greater than 60%
- 80% of the minutes of PT required is delivered

Level C:

Average score = 70, Total score = 280

- 75% of patients reported as requiring PT
- Median number of minutes per day on which PT is received is greater than 24 mins
- Median % of days as an inpatient on which PT is received is greater than 60%
- 75% of the minutes of PT required is delivered

Level D:

Average score = 60, Total score = 240

- 65% of patients reported as requiring PT
- Median number of minutes per day on which PT is received is greater than 20 mins
- Median % of days as an inpatient on which PT is received is greater than 55%
- 60% of the minutes of PT required is delivered

Level E:

Average score < 60, Total score < 240

Domain 7: Speech and Language therapy	<i>Team type</i>	<i>Routinely admitting team</i>
		Wessex SCN
		Portsmouth Hospitals NHS Trust
	National	Queen Alexandra Hospital Portsmouth
Patient-centred Domain 7 level		E
Patient-centred Domain 7 score		37.2
Team-centred Domain 7 level		E
Team-centred Domain 7 score		36.4
Number of patients (post-72h cohort):		
Patient-centred post-72h cohort (J1.1)	19471	233
Team-centred post-72h cohort (all teams) (K30.1)	22831	237
7.1 Proportion of patients reported as requiring speech and language therapy		
7.1A Patient centred (requiring it at any point during entire inpatient stay) Item reference: J5.3	48.2	33.5
7.1B Team centred (requiring it at any point during stay with this team) Item reference: K36.3	49.0	31.6
7.2 Median number of minutes per day on which speech and language therapy is received		
7.2A Patient centred Item reference: J5.5	31.3	29.8
7.2B Team centred Item reference: K36.5	32.1	30
7.3 Median % of days as an inpatient on which speech and language therapy is received		
7.3A Patient centred (% of the days across all inpatient teams) Item reference: J5.4	40.3	21.7
7.3B Team centred (% of the days with this team) Item reference: K36.4	41.1	21.3
7.4 Compliance (%) against the therapy target of an average of 16.1 minutes of speech and language therapy across all patients (Target = 45 minutes x (5/7) x 0.5 which is 45 minutes of speech and language therapy x 5 out of 7 days per week x 50% of patients)		
7.4A Patient centred Item reference: J5.10	37.8	13.5
7.4B Team centred Item reference: K36.10	40.2	12.6

Patient-centredTeam-centred

A - 20 teams (10%)

A - 17 teams (8%)

B - 36 teams (18%)

B - 26 teams (13%)

C - 31 teams (15%)

C - 38 teams (19%)

D - 37 teams (18%)

D - 43 teams (21%)

E - 78 teams (39%)

E - 80 teams (39%)

Examples describing ways to achieve each level:

Level A:

Average score = 75, Total score = 300

- 50% of patients reported as requiring SALT
- Median number of minutes per day on which SALT is received is greater than 32 mins
- Median % of days as an inpatient on which SALT is received is greater than 70%
- 90% of the minutes of SALT required is delivered

Level B:

Average score = 65, Total score = 260

- 45% of patients reported as requiring SALT
- Median number of minutes per day on which SALT is received is greater than 28 mins
- Median % of days as an inpatient on which SALT is received is greater than 60%
- 75% of the minutes of SALT required is delivered

Level C:

Average score = 55, Total score = 220

- 40% of patients reported as requiring SALT
- Median number of minutes per day on which SALT is received is greater than 24 mins
- Median % of days as an inpatient on which SALT is received is greater than 55%
- 55% of the minutes of SALT required is delivered

Level D:

Average score = 50, Total score = 200

- 40% of patients reported as requiring SALT
- Median number of minutes per day on which SALT is received is greater than 20 mins
- Median % of days as an inpatient on which SALT is received is greater than 50%
- 50% of the minutes of SALT required is delivered

Level E:

Average score < 50, Total score < 200

Domain 8: Multidisciplinary team working	<i>Team type</i>	<i>Routinely admitting team</i>
		Wessex SCN
		Portsmouth Hospitals NHS Trust
	National	Queen Alexandra Hospital Portsmouth
Patient-centred Domain 8 level		E
Patient-centred Domain 8 score		60.6
Team-centred Domain 8 level		E
Team-centred Domain 8 score		56.3
Number of patients (72h cohort):		
Patient-centred 72h cohort (G1.1)	19865	218
Team-centred 72h cohort (H1.1)	19865	216
8.1 Proportion of applicable patients who were assessed by an occupational therapist within 72h of clock start		
8.1A Patient centred Item reference: G10.24	89.1	88.9
8.1B Team centred Item reference: H10.24	89.1	88.8
8.2 Median time between clock start and being assessed by occupational therapist (hours:mins)		
8.2A Patient centred Item reference: G10.16	23:10	27:54
8.2B Team centred Item reference: H10.16	23:10	27:57
8.3 Proportion of applicable patients who were assessed by a physiotherapist within 72h of clock start		
8.3A Patient centred Item reference: G11.24	93.7	98.0
8.3B Team centred Item reference: H11.24	93.7	98.0
8.4 Median time between clock start and being assessed by physiotherapist (hours:mins)		
8.4A Patient centred Item reference: G11.16	22:03	20:56
8.4B Team centred Item reference: H11.16	22:03	21:07
8.5 Proportion of applicable patients who were assessed by a speech and language therapist within 72h of clock start		
8.5A Patient centred Item reference: G12.24	82.9	22.9
8.5B Team centred Item reference: H12.24	82.9	21.3
8.6 Median time between clock start and being assessed by speech and language therapist (hours:mins)		
8.6A Patient centred Item reference: G12.16	24:55	59:10
8.6B Team centred Item reference: H12.16	24:55	60:13

Number of patients (post-72h cohort):		
Patient-centred post-72h cohort (J1.1)	19471	233
Team-centred: N/A	N/A	N/A
8.7 Proportion of applicable patients who have rehabilitation goals agreed within 5 days of clock start		
8.7A Patient centred Item reference: J13.15	87.9	94.5
8.7B Team centred Item reference: N/A	N/A	N/A
8.8 Proportion of applicable patients who are assessed by a nurse within 24h AND at least one therapist within 24h AND all relevant therapists within 72h AND have rehab goals agreed within 5 days		
8.8A Patient centred Item reference: J14.3	52.4	40.4
8.8B Team centred Item reference: N/A	N/A	N/A

Patient-centredTeam-centred

A - 6 teams (3%)

A - 4 teams (3%)

B - 39 teams (19%)

B - 44 teams (28%)

C - 58 teams (28%)

C - 39 teams (25%)

D - 61 teams (30%)

D - 47 teams (30%)

E - 40 teams (20%)

E - 22 teams (14%)

Examples describing ways to achieve each level:

Level A:

Average score = 85, Total score = 680

- 90% of applicable patients assessed by OT within 72h
- Median clock start to OT assessment less than 12 hours
- 90% of applicable patients assessed by PT within 72h
- Median clock start to PT assessment less than 12 hours
- 90% of applicable patients assessed by SALT within 72h
- Median clock start to SALT assessment less than 12 hours
- 80% of applicable patients have rehabilitation goals agreed within 5 days
- 60% of applicable patients are assessed by nurse, therapists and have rehab goals

Level B:

Average score = 80, Total score = 640

- 85% of applicable patients assessed by OT within 72h
- Median clock start to OT assessment less than 12 hours
- 85% of applicable patients assessed by PT within 72h
- Median clock start to PT assessment less than 12 hours
- 85% of applicable patients assessed by SALT within 72h
- Median clock start to SALT assessment less than 12 hours
- 65% of applicable patients have rehabilitation goals agreed within 5 days
- 50% of applicable patients are assessed by nurse, therapists and have rehab goals

Level C:

Average score = 75, Total score = 600

- 80% of applicable patients assessed by OT within 72h
- Median clock start to OT assessment less than 18 hours
- 85% of applicable patients assessed by PT within 72h
- Median clock start to PT assessment less than 18 hours
- 80% of applicable patients assessed by SALT within 72h
- Median clock start to SALT assessment less than 18 hours
- 65% of applicable patients have rehabilitation goals agreed within 5 days
- 50% of applicable patients are assessed by nurse, therapists and have rehab goals

Level D:

Average score = 65, Total score = 520

- 80% of applicable patients assessed by OT within 72h
- Median clock start to OT assessment less than 24 hours
- 75% of applicable patients assessed by PT within 72h
- Median clock start to PT assessment less than 18 hours
- 70% of applicable patients assessed by SALT within 72h
- Median clock start to SALT assessment less than 24 hours
- 40% of applicable patients have rehabilitation goals agreed within 5 days
- 35% of applicable patients are assessed by nurse, therapists and have rehab goals

Level E:

Average score < 65, Total score < 520

Domain 9: Standards by discharge	<i>Team type</i>	<i>Routinely admitting team</i>
		Wessex SCN
		Portsmouth Hospitals NHS Trust
	National	Queen Alexandra Hospital Portsmouth
Patient-centred Domain 9 level		B
Patient-centred Domain 9 score		81.8
Team-centred Domain 9 level		B
Team-centred Domain 9 score		81.6
Number of patients (post-72h cohort):		
Patient-centred post-72h cohort (J1.1)	19471	233
Team-centred post-72h cohort (7 day team) (K1.1)	19471	228
9.1 Proportion of applicable patients screened for nutrition and seen by a dietitian by discharge		
9.1A Patient centred Item reference: J16.15	77.6	66.7
9.1B Team centred Item reference: K3.15	77.6	64.9
Number of patients (post-72h cohort):		
Patient-centred post-72h cohort (J1.1)	19471	233
Team-centred post-72h cohort (inpatient discharging team) (K10.1)	19471	226
9.2 Proportion of applicable patients who have a continence plan drawn up within 3 weeks of clock start		
9.2A Patient centred Item reference: J15.23	86.7	97.4
9.2B Team centred Item reference: K11.3	86.7	98.2
9.3 Proportion of applicable patients who have mood and cognition screening by discharge		
9.3A Patient centred Item reference: J19.3	87.4	81.2
9.3B Team centred Item reference: K14.3	87.4	81.7

Patient-centredTeam-centred

A - 50 teams (25%)
 B - 97 teams (48%)
 C - 25 teams (12%)
 D - 24 teams (12%)
 E - 6 teams (3%)

A - 55 teams (27%)
 B - 89 teams (44%)
 C - 26 teams (13%)
 D - 26 teams (13%)
 E - 5 teams (2%)

Examples describing ways to achieve each level:

Level A:

Average score = 95, Total score = 285

- Screen for nutrition and see by a dietitian if deemed at high risk of malnutrition 95% of applicable patients by discharge
- Draw up continence plan within 3 weeks for 95% of applicable patients
- Screen for mood and cognition by discharge for 95% of applicable patients

Level B:

Average score = 80, Total score = 240

- Screen for nutrition and see by a dietitian if deemed at high risk of malnutrition 75% of applicable patients by discharge
- Draw up continence plan within 3 weeks for 80% of applicable patients
- Screen for mood and cognition by discharge for 85% of applicable patients

Level C:

Average score = 70, Total score = 210

- Screen for nutrition and see by a dietitian if deemed at high risk of malnutrition 60% of applicable patients by discharge
- Draw up continence plan within 3 weeks for 75% of applicable patients
- Screen for mood and cognition by discharge for 75% of applicable patients

Level D:

Average score = 55, Total score = 165

- Screen for nutrition and see by a dietitian if deemed at high risk of malnutrition 45% of applicable patients by discharge
- Draw up continence plan within 3 weeks for 60% of applicable patients
- Screen for mood and cognition by discharge for 60% of applicable patients

Level E:

Average score < 55, Total score < 165

Domain 10: Discharge processes	<i>Team type</i>	<i>Routinely admitting team</i>
		Wessex SCN
		Portsmouth Hospitals NHS Trust
	National	Queen Alexandra Hospital Portsmouth
Patient-centred Domain 10 level		B
Patient-centred Domain 10 score		87.3
Team-centred Domain 10 level		B
Team-centred Domain 10 score		87.8
Number of patients (post-72h cohort):		
Patient-centred post-72h cohort (J1.1)	19471	233
Team-centred post-72h cohort (inpatient discharging team) (K10.1)	19471	226
10.1 Proportion of applicable patients receiving a joint health and social care plan on discharge		
10.1A Patient centred Item reference: J33.13	82.7	68.4
10.1B Team centred Item reference: K28.13	82.7	68.0
10.2 Proportion of patients treated by a stroke skilled Early Supported Discharge team		
10.2A Patient centred Item reference: J10.3	31.0	41.2
10.2B Team centred Item reference: K22.3	31.0	42.4
10.3 Proportion of applicable patients in atrial fibrillation on discharge who are discharged on anticoagulants or with a plan to start anticoagulation		
10.3A Patient centred Item reference: J32.16	96.1	97.8
10.3B Team centred Item reference: K27.16	96.1	100.0
10.4 Proportion of those patients who are discharged alive who are given a named person to contact after discharge		
10.4A Patient centred Item reference: J34.3	88.6	82.8
10.4B Team centred Item reference: K29.3	88.6	83.3

Patient-centredTeam-centred

A - 52 teams (26%)

A - 54 teams (27%)

B - 52 teams (26%)

B - 49 teams (24%)

C - 46 teams (23%)

C - 44 teams (22%)

D - 41 teams (20%)

D - 41 teams (20%)

E - 11 teams (5%)

E - 13 teams (6%)

Examples describing ways to achieve each level:

Level 1:

Average score = 95, Total score = 380

- 90% of applicable patients receive joint health and social care plan on discharge
- 40% of patients treated by stroke skilled ESD
- 95% of applicable patients in AF discharged on anticoagulants or with plan to start
- 95% of patients who are discharged alive have a named contact

Level B:

Average score = 85, Total score = 340

- 80% of applicable patients receive joint health and social care plan on discharge
- 36% of patients treated by stroke skilled ESD
- 90% of applicable patients in AF discharged on anticoagulants or with plan to start
- 80% of patients who are discharged alive have a named contact

Level C:

Average score = 75, Total score = 300

- 75% of applicable patients receive joint health and social care plan on discharge
- 30% of patients treated by stroke skilled ESD
- 80% of applicable patients in AF discharged on anticoagulants or with plan to start
- 70% of patients who are discharged alive have a named contact

Level D:

Average score = 60, Total score = 240

- 60% of applicable patients receive joint health and social care plan on discharge
- 24% of patients treated by stroke skilled ESD
- 60% of applicable patients in AF discharged on anticoagulants or with plan to start
- 60% of patients who are discharged alive have a named contact

Level E:

Average score < 60, Total score < 240

Adjustments to scoring:

	<i>Team type</i>	<i>Routinely admitting team</i>
		Wessex SCN
		Portsmouth Hospitals NHS Trust
Adjustment 1:	National	Queen Alexandra Hospital Portsmouth
Case ascertainment adjustment:		
Patient centred average case ascertainment band		A
Patient centred average case ascertainment score Item reference: B1.1	90%+	90%+

Adjustment 2:

Audit compliance adjustment:		
Overall audit compliance band: Item reference: C1.1	B	B
Overall audit compliance score: Item reference: C1.2	82.8	84.2

Case ascertainment bands:

- A - 147 teams (71%)
- B - 37 teams (18%)
- C - 18 teams (9%)
- D - 2 teams (1%)
- E - 4 teams (2%)

Audit compliance bands:

- A - 49 teams (24%)
- B - 71 teams (35%)
- C - 43 teams (21%)
- D - 30 teams (15%)
- E - 12 teams (6%)

Number of teams included in the scoring summary

Cohort:	Summary Scoring		
	Types of team that are included	Domains	Number of teams receiving scoring
Patient-centred 72h	Acute teams: 1. Routinely admitting 2. Non-routinely admitting acute teams	D1 D3 D4	184
Team-centred 72h	1. Routinely admitting teams	D1 D4 D8	156
Patient-centred post-72h	All inpatient teams: 1. Routinely admitting 2. Non-routinely admitting acute teams 3. Non-acute inpatient teams	D5 D6 D7 D9 D10	202
Team-centred post-72h 7 day	All inpatient teams: 1. Routinely admitting 2. Non-routinely admitting acute teams 3. Non-acute inpatient teams	D9*	201
Team-centred post-72h inpatient discharge	All inpatient teams: 1. Routinely admitting 2. Non-routinely admitting acute teams 3. Non-acute inpatient teams	D9* D10	201
Team-centred post-72h all teams	All inpatient teams: 1. Routinely admitting 2. Non-routinely admitting acute teams 3. Non-acute inpatient teams	D5 D6 D7	204

*201 teams receive team-centred Domain 9 scores, as it includes two post-72h cohorts (7 day and inpatient discharge)

Note: 204 teams receive patient-centred Domain 2 and patient-centred Domain 8 scores, whilst 205 teams receive team-centred Domain 2 scores.

(These domains are a mix of 72h and post-72h cohorts.)

3 routinely admitting teams do not receive Domain 3 scores because no patients eligible for thrombolysis were admitted by the team.

Teams can be excluded from receiving results for each section for a variety of reasons:

"Insufficient records" = Teams which did not meet their minimum case ascertainment target for inclusion in a particular cohort do not receive results for that cohort.

"Not included in scoring" = Teams are excluded from all scoring if the team does not have EITHER team-centred 72h scores or team-centred post-72h scores. Please see full portfolio of results for patient-centred results.

"Too few to report" = Teams with less than 20 patients in a particular cohort do not receive results for that cohort.

"None entered/No records" = Team which did not submit any records in a particular cohort do not receive results for that cohort.

Technical Information - Scoring:

Key Indicator is calculated, please see the "Technical Information" tab of the SSNAP Portfolio for January to March 2015.

Clock Start:

The term "Clock Start" is used throughout SSNAP reporting to refer to the date and time of arrival at first hospital for newly arrived patients, or to the date and time of symptom onset if patient already in hospital at the time of le. The date and time of first arrival at hospital (Q1.13) for newly arrived patients (Q1.10 is "No"), or the date and time of onset/awareness of symptoms (Q1.11) if patient was already an inpatient at the time of stroke (Q1.10 is

Domains for SSNAP Key Indicators scoring:

- Domain 1: Scanning
- Domain 2: Stroke unit
- Domain 3: Thrombolysis
- Domain 4: Specialist assessments
- Domain 5: Occupational therapy
- Domain 6: Physiotherapy
- Domain 7: Speech and language therapy
- Domain 8: Multidisciplinary team working
- Domain 9: Standards by discharge
- Domain 10: Discharge processes

Teams can be excluded from receiving results for each section for a variety of reasons:

"Not included in scoring" = Teams are excluded from all scoring if the team does not have EITHER team-centred 72h scores or team-centred post-72h scores. Please see full portfolio of results for patient-centred results.

"Insufficient records" = Teams which did not meet their minimum case ascertainment target for inclusion in a particular cohort do not receive results for that cohort.

"Too few to report" = Teams with less than 20 patients in a particular cohort do not receive results for that cohort.

"None entered/No records" = Team which did not submit any records in a particular cohort do not receive results for that cohort.

Domain Scores:

Domain scores are typically the average percentage of the Key Indicators within the domain. However, for some of the Key Indicators this was not appropriate. For these Key Indicators, a score was attributed based on the performance in the Key Indicator:

Domain 1

1.1 Proportion of patients scanned within 1 hour of clock start

The score for this indicator is the percentage scanned within 1 hour multiplied by 2, and capped at a score of 100 (ie. Scanning 50% of patients within 1 hour achieves the top score for this indicator)

1.2 Proportion of patients scanned within 12 hours of clock start

The score for this indicator is allocated depending on the percentage scanned within 12 hours:

- A score of 100 is obtained if 95% or more of patients are scanned within 12 hours
- A score of 90 is obtained if 90% to <95% of patients are scanned within 12 hours
- A score of 80 is obtained if 85% to <90% of patients are scanned within 12 hours
- A score of 70 is obtained if 80% to <85% of patients are scanned within 12 hours
- A score of 60 is obtained if 75% to <80% of patients are scanned within 12 hours
- A score of 50 is obtained if 70% to <75% of patients are scanned within 12 hours
- A score of 40 is obtained if 65% to <70% of patients are scanned within 12 hours
- A score of 30 is obtained if 60% to <65% of patients are scanned within 12 hours
- A score of 20 is obtained if 55% to <60% of patients are scanned within 12 hours
- A score of 10 is obtained if 50% to <55% of patients are scanned within 12 hours
- A score of 0 is obtained if less than 50% of patients are scanned within 12 hours

1.3 Median time between clock start and scan

The score for this indicator is allocated depending on your team's median clock start to scan time:

- A score of 100 is obtained if the median time is less than 45 minutes
- A score of 90 is obtained if the median time is between 45 to <60 minutes
- A score of 80 is obtained if the median time is between 60 to <75 minutes
- A score of 70 is obtained if the median time is between 75 to <90 minutes
- A score of 60 is obtained if the median time is between 1.5 to <2 hours
- A score of 50 is obtained if the median time is between 2 to <3 hours
- A score of 40 is obtained if the median time is between 3 to <4 hours
- A score of 30 is obtained if the median time is between 4 to <5 hours
- A score of 20 is obtained if the median time is between 5 to <6 hours
- A score of 10 is obtained if the median time is between 6 to <8 hours
- A score of 0 is obtained if the median time is 8 hours or longer

Domain 2

2.1 Proportion of patients directly admitted to a stroke unit within 4 hours of clock start

The score for this indicator is the percentage attained.

2.2 Median time between clock start and arrival on stroke unit

The score for this indicator is allocated depending on your team's median clock start to arrival on stroke unit time:

A score of 100 is obtained if the median time is less than 60 minutes

A score of 90 is obtained if the median time is between 1 to <2 hours

A score of 80 is obtained if the median time is between 2 to <3 hours

A score of 70 is obtained if the median time is between 3 to <4 hours

A score of 60 is obtained if the median time is between 4 to <4.5 hours

A score of 50 is obtained if the median time is between 4.5 to <5 hours

A score of 40 is obtained if the median time is between 5 to <5.5 hours

A score of 30 is obtained if the median time is between 5.5 to <6 hours

A score of 20 is obtained if the median time is between 6 to <7 hours

A score of 10 is obtained if the median time is between 7 to <8 hours

A score of 0 is obtained if the median time is 8 hours or longer

2.3 Proportion of patients who spent at least 90% of their stay on stroke unit

The score for this indicator is the percentage attained.

Domain 3

Teams do not receive a team centred domain 3 score if no patients were eligible using the minimum RCP criteria nor were any patients thrombolysed

3.1 Proportion of all stroke patients given thrombolysis (all stroke types)

The score for this indicator is the percentage of all patients given thrombolysis multiplied by 5, and capped at a score of 100 (ie. Thrombolysing 20% of patients achieves the top score for this indicator)

3.2 Proportion of eligible patients (according to the RCP guideline minimum threshold) given thrombolysis

The score for this indicator is the percentage attained.

3.3 Proportion of patients who were thrombolysed within 1 hour of clock start

The score for this indicator is the percentage attained.

3.4 Proportion of applicable patients directly admitted to a stroke unit within 4 hours of clock start AND who either receive thrombolysis or have a pre-specified justifiable reason ('no but') for why it could not be given

The score for this indicator is the percentage attained.

3.5 Median time between clock start and thrombolysis

The score for this indicator is allocated depending on your team's median clock start to thrombolysis time:

A score of 100 is obtained if the median time is less than 30 minutes

A score of 90 is obtained if the median time is between 30 to <40 minutes

A score of 80 is obtained if the median time is between 40 to <50 minutes

A score of 70 is obtained if the median time is between 50 to <60 minutes

A score of 60 is obtained if the median time is between 60 to <70 minutes

A score of 50 is obtained if the median time is between 70 to <80 minutes

A score of 40 is obtained if the median time is between 80 to <90 minutes

A score of 30 is obtained if the median time is between 90 to <100 minutes

A score of 20 is obtained if the median time is between 100 to <110 minutes

A score of 10 is obtained if the median time is between 110 to <120 minutes

A score of 0 is obtained if the median time is 120 minutes or longer

Domain 4

4.1 Proportion of patients assessed by a stroke specialist consultant physician within 24h of clock start

The score for this indicator is the percentage attained.

4.2 Median time between clock start and being assessed by stroke consultant

The score for this indicator is allocated depending on your team's median clock start to assessment by stroke consultant time:

- A score of 100 is obtained if the median time is less than 3 hours
- A score of 90 is obtained if the median time is between 3 to <6 hours
- A score of 80 is obtained if the median time is between 6 to <9 hours
- A score of 70 is obtained if the median time is between 9 to <12 hours
- A score of 60 is obtained if the median time is between 12 to <15 hours
- A score of 50 is obtained if the median time is between 15 to <18 hours
- A score of 40 is obtained if the median time is between 18 to <21 hours
- A score of 30 is obtained if the median time is between 21 to <24 hours
- A score of 20 is obtained if the median time is between 24 to <36 hours
- A score of 10 is obtained if the median time is between 36 to <48 hours
- A score of 0 is obtained if the median time is 48 hours or longer

4.3 Proportion of patients who were assessed by a nurse trained in stroke management within 24h of clock start

The score for this indicator is the percentage attained.

4.4 Median time between clock start and being assessed by stroke nurse

The score for this indicator is allocated depending on your team's median clock start to assessment by stroke nurse time:

- A score of 100 is obtained if the median time is less than 30 minutes
- A score of 90 is obtained if the median time is between 30 to <60 minutes
- A score of 80 is obtained if the median time is between 1 to <2 hours
- A score of 70 is obtained if the median time is between 2 to <3 hours
- A score of 60 is obtained if the median time is between 3 to <6 hours
- A score of 50 is obtained if the median time is between 6 to <9 hours
- A score of 40 is obtained if the median time is between 9 to <12 hours
- A score of 30 is obtained if the median time is between 12 to <15 hours
- A score of 20 is obtained if the median time is between 15 to <18 hours
- A score of 10 is obtained if the median time is between 18 to <21 hours
- A score of 0 is obtained if the median time is 21 hours or longer

4.5 Proportion of applicable patients who were given a swallow screen within 4h of clock start

The score for this indicator is the percentage attained.

4.6 Proportion of applicable patients who were given a formal swallow assessment within 72h of clock start

The score for this indicator is the percentage attained.

Domain 5

5.1 Proportion of patients reported as requiring occupational therapy

The score for this indicator is the percentage attained.

5.2 Median number of minutes per day on which occupational therapy is received

The score for this indicator is allocated depending on your team's median number of minutes of OT received by patients per day on which OT is received:

A score of 100 is obtained if the median is more than 40 minutes per day

A score of 90 is obtained if the median is more than 32 and up to 40 minutes per day

A score of 80 is obtained if the median is more than 28 and up to 32 minutes per day

A score of 70 is obtained if the median is more than 24 and up to 28 minutes per day

A score of 60 is obtained if the median is more than 20 and up to 24 minutes per day

A score of 50 is obtained if the median is more than 16 and up to 20 minutes per day

A score of 40 is obtained if the median is more than 12 and up to 16 minutes per day

A score of 30 is obtained if the median is more than 8 and up to 12 minutes per day

A score of 20 is obtained if the median is more than 4 and up to 8 minutes per day

A score of 10 is obtained if the median is more than 0 and up to 4 minutes per day

A score of 0 is obtained if the median time is 0 minutes per day

5.3 Median % of days as an inpatient on which occupational therapy is received

The score for this indicator is the percentage attained.

5.4 Compliance (%) against the therapy target of an average of 25.7 minutes of occupational therapy across all patients (Target = 45 minutes x (5/7) x 0.8 which is 45 minutes of occupational therapy x 5 out of 7 days per week x 80% of patients)

The score for this indicator is the percentage attained.

Domain 6

6.1 Proportion of patients reported as requiring physiotherapy

The score for this indicator is the percentage attained.

6.2 Median number of minutes per day on which physiotherapy is received

The score for this indicator is allocated depending on your team's median number of minutes of PT received by patients per day on which OT is received:

A score of 100 is obtained if the median is more than 40 minutes per day

A score of 90 is obtained if the median is more than 32 and up to 40 minutes per day

A score of 80 is obtained if the median is more than 28 and up to 32 minutes per day

A score of 70 is obtained if the median is more than 24 and up to 28 minutes per day

A score of 60 is obtained if the median is more than 20 and up to 24 minutes per day

A score of 50 is obtained if the median is more than 16 and up to 20 minutes per day

A score of 40 is obtained if the median is more than 12 and up to 16 minutes per day

A score of 30 is obtained if the median is more than 8 and up to 12 minutes per day

A score of 20 is obtained if the median is more than 4 and up to 8 minutes per day

A score of 10 is obtained if the median is more than 0 and up to 4 minutes per day

A score of 0 is obtained if the median time is 0 minutes per day

6.3 Median % of days as an inpatient on which physiotherapy is received

The score for this indicator is the percentage attained.

6.4 Compliance (%) against the therapy target of an average of 27.1 minutes of physiotherapy across all patients (Target = 45 minutes x (5/7) x 0.85 which is 45 minutes of physiotherapy x 5 out of 7 days per week x 85% of patients)

The score for this indicator is the percentage attained.

Domain 7

7.1 Proportion of patients reported as requiring speech and language therapy

The score for this indicator is the percentage attained.

7.2 Median number of minutes per day on which speech and language therapy is received

The score for this indicator is allocated depending on your team's median number of minutes of PT received by patients per day on which OT is received:

A score of 100 is obtained if the median is more than 40 minutes per day

A score of 90 is obtained if the median is more than 32 and up to 40 minutes per day

A score of 80 is obtained if the median is more than 28 and up to 32 minutes per day

A score of 70 is obtained if the median is more than 24 and up to 28 minutes per day

A score of 60 is obtained if the median is more than 20 and up to 24 minutes per day

A score of 50 is obtained if the median is more than 16 and up to 20 minutes per day

A score of 40 is obtained if the median is more than 12 and up to 16 minutes per day

A score of 30 is obtained if the median is more than 8 and up to 12 minutes per day

A score of 20 is obtained if the median is more than 4 and up to 8 minutes per day

A score of 10 is obtained if the median is more than 0 and up to 4 minutes per day

A score of 0 is obtained if the median time is 0 minutes per day

7.3 Median % of days as an inpatient on which speech and language therapy is received

The score for this indicator is the percentage attained.

7.4 Compliance (%) against the therapy target of an average of 16.1 minutes of speech and language therapy across all patients (Target = 45 minutes x (5/7) x 0.5 which is 45 minutes of speech and language therapy x 5 out of 7 days per week x 50% of patients)

The score for this indicator is the percentage attained.

Domain 8

8.1 Proportion of applicable patients who were assessed by an occupational therapist within 72h of clock start

The score for this indicator is the percentage attained.

8.2 Median time between clock start and being assessed by occupational therapist (hours:mins)

The score for this indicator is allocated depending on your team's median clock start to assessment by occupational therapist time:

- A score of 100 is obtained if the median time is less than 6 hours
- A score of 90 is obtained if the median time is between 6 to <12 hours
- A score of 80 is obtained if the median time is between 12 to <18 hours
- A score of 70 is obtained if the median time is between 18 to <24 hours
- A score of 60 is obtained if the median time is between 24 to <30 hours
- A score of 50 is obtained if the median time is between 30 to <36 hours
- A score of 40 is obtained if the median time is between 36 to <42 hours
- A score of 30 is obtained if the median time is between 42 to <48 hours
- A score of 20 is obtained if the median time is between 48 to <54 hours
- A score of 10 is obtained if the median time is between 54 to <60 hours
- A score of 0 is obtained if the median time is 60 hours or longer

8.3 Proportion of applicable patients who were assessed by a physiotherapist within 72h of clock start

The score for this indicator is the percentage attained.

8.4 Median time between clock start and being assessed by physiotherapist (hours:mins)

The score for this indicator is allocated depending on your team's median clock start to assessment by physiotherapist time:

- A score of 100 is obtained if the median time is less than 6 hours
- A score of 90 is obtained if the median time is between 6 to <12 hours
- A score of 80 is obtained if the median time is between 12 to <18 hours
- A score of 70 is obtained if the median time is between 18 to <24 hours
- A score of 60 is obtained if the median time is between 24 to <30 hours
- A score of 50 is obtained if the median time is between 30 to <36 hours
- A score of 40 is obtained if the median time is between 36 to <42 hours
- A score of 30 is obtained if the median time is between 42 to <48 hours
- A score of 20 is obtained if the median time is between 48 to <54 hours
- A score of 10 is obtained if the median time is between 54 to <60 hours
- A score of 0 is obtained if the median time is 60 hours or longer

8.5 Proportion of applicable patients who were assessed by a speech and language therapist within 72h of clock start

The score for this indicator is the percentage attained.

8.6 Median time between clock start and being assessed by speech and language therapist (hours:mins)

The score for this indicator is allocated depending on your team's median clock start to assessment by speech and language therapist time:

- A score of 100 is obtained if the median time is less than 6 hours
- A score of 90 is obtained if the median time is between 6 to <12 hours
- A score of 80 is obtained if the median time is between 12 to <18 hours
- A score of 70 is obtained if the median time is between 18 to <24 hours
- A score of 60 is obtained if the median time is between 24 to <30 hours
- A score of 50 is obtained if the median time is between 30 to <36 hours
- A score of 40 is obtained if the median time is between 36 to <42 hours
- A score of 30 is obtained if the median time is between 42 to <48 hours
- A score of 20 is obtained if the median time is between 48 to <54 hours
- A score of 10 is obtained if the median time is between 54 to <60 hours
- A score of 0 is obtained if the median time is 60 hours or longer

8.7 Proportion of applicable patients who have rehabilitation goals agreed within 5 days of clock start

The score for this indicator is the percentage attained.

8.8 Proportion of applicable patients who are assessed by a nurse within 24h AND at least one therapist within 24h AND all relevant therapists within 72h AND have rehab goals agreed within 5 days

The score for this indicator is the percentage attained.

Domain 9

9.1 Proportion of applicable patients screened for nutrition and seen by a dietitian by discharge

The score for this indicator is the percentage attained.

9.2 Proportion of applicable patients who have a continence plan drawn up within 3 weeks of clock start

The score for this indicator is the percentage attained.

9.3 Proportion of applicable patients who have mood and cognition screening by discharge

The score for this indicator is the percentage attained.

Domain 10

10.1 Proportion of applicable patients receiving a joint health and social care plan on discharge

The score for this indicator is the percentage attained.

10.2 Proportion of patients treated by a stroke skilled Early Supported Discharge team

The score for this indicator is the percentage treated by stroke skilled ESD multiplied by 2.5, and capped at a score of 100 (ie. Treating 40% of patients with ESD achieves the top score for this indicator)

10.3 Proportion of applicable patients in atrial fibrillation on discharge who are discharged on anticoagulants or with a plan to start anticoagulation

The score for this indicator is the percentage attained.

10.4 Proportion of those patients who are discharged alive who are given a named person to contact after discharge

The score for this indicator is the percentage attained.

1) Algorithm for calculating domain scores and levels:

Once the score for each individual Key Indicator is known, the patient-centred domain score is calculated by adding together all the patient-centred key indicator scores in the domain and dividing by the number of applicable patient-centred key indicators.

eg. Patient-centred Domain 1 score = (KI1.1A + KI1.2A + KI1.3A) / 3

Similarly, the team-centred domain score is calculated by adding together all the team-centred key indicator scores in the domain and dividing by the number of applicable team-centred key indicators.

Each domain score is then categorised into levels A to E. The score required to achieve each level is outlined in each domain section and we plan to keep these levels static for at least a few quarters so that they can be a fixed point of reference for each team to measure improvement.

Note: Where a team does not have a particular key indicator score (eg. Teams which do not routinely admit patients would not have a team-centred % scanned with 1 hour score) that key indicator would not count towards the domain score. The domain score would be calculated out of the relevant key indicators within the domain.

2) Algorithm for combining domain levels into a Total Key Indicator level:

Once the level for each of the domains has been determined each level is assigned a number of points (A=100, B=80, C=60, D=40, E=20). For example, an average score of 78% for patient-centred Domain 10 would be a Level C performance. Level C would be worth 60 points towards the patient-centred Total Key Indicator score.

The patient-centred Total Key Indicator score is calculated by adding together all of the patient-centred domain points and dividing by the number of applicable patient-centred domains. This score is then assigned a patient-centred Total Key Indicator level:

A= over 80

B= between 70 and <80

C= between 60 and <70

D= between 40 and <60

E= less than 40

Similarly, the team-centred Total Key Indicator score is calculated by adding together the team-centred domain points and dividing by the number of applicable team-centred domains. Then a level is assigned as above.

Note: If a domain (either patient-centred or team-centred) is wholly not applicable (eg. The whole of domain 1 would be not applicable for team who do not directly admit patients) then the patient-centred (or team-centred) total KI score would be calculated out of the relevant domains.

Teams with no patients eligible for thrombolysis are excluded from team centred domain 3 scoring.

3) Adjustments for case ascertainment and audit compliance to produce the final SSNAP Score:

In order to adjust for case ascertainment and audit compliance, the Combined Total Key Indicator score is created by averaging the patient-centred and team-centred Total Key Indicator scores. This Combined Total Key Indicator score is then adjusted for case ascertainment and audit compliance. Please see the "Technical Information" in the SSNAP Portfolio for this quarter for more detailed information about how case ascertainment and audit compliance levels are calculated.

Adjusting for case ascertainment and audit compliance:

Low case ascertainment or audit compliance will result in a team receiving an adjustment. The size of the adjustment varies depending on how low the case ascertainment or audit compliance band is:

Adjustment 1:

Case ascertainment adjustments:

Band A = Case ascertainment is 90% or higher, no adjustment is made to the score (100% of the score is maintained)

made

made

made

Band E = Case ascertainment is less than 60%, an adjustment resulting in 50% of the score is made

Adjustment 2:

Audit compliance adjustments:

Band A = Audit compliance is 90 or higher, no adjustment is made to the score (100% of the remaining score following Adjustment 1 is maintained)

Band B = Audit compliance is between 80 to <90, an adjustment resulting in 95% of the remaining score following Adjustment 1 is made

Band C = Audit compliance is between 70 to <80, an adjustment resulting in 90% of the remaining score following Adjustment 1 is made

Band D = Audit compliance is between 50 to <70, an adjustment resulting in 85% of the remaining score following Adjustment 1 is made

Band E = Audit compliance is less than 50, an adjustment resulting in 80% of the remaining score following Adjustment 1 is made

For example, a team with 70-79% case ascertainment would keep 85% of their original score in Adjustment 1. If that team had 80-89 audit compliance, the team would occur a second adjustment, keeping 95% of their remaining score.

SSNAP Score and Level:

Less than optimal case ascertainment or audit compliance will result in a team receiving downwards adjustments. The size of the adjustments vary depending on how low the case ascertainment or audit compliance band is. The resulting adjusted SSNAP score is then assigned a level:

A= over 80

B= between 70 and <80

C= between 60 and <70

D= between 40 and <60

E= less than 40

4) Patient-centred and team-centred SSNAP scores:

The same process as above is used to calculate the patient-centred and team-centred SSNAP scores, except the specific Total Key Indicator scores are used rather than the Combined Total Key Indicator score.