

SSNAP Beginner's Guide

Supporting you with using the webtool, data entry questions, and navigating our resources!

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Introduction

Navigating through SSNAP can be confusing at first, so we've put together a beginner-friendly guide to help you through it. Throughout this guide you will be learning more about SSNAP, the work we do, how to use SSNAP webtools and the resources available for you.

Any Questions?

Use SSNAP resources:

- Webtool: [SSNAP - Home \(strokeaudit.org\)](http://strokeaudit.org)
- Zendesk: [SSNAP \(zendesk.com\)](http://zendesk.com)
- Helpdesk: [SSNAP - Resources \(strokeaudit.org\)](http://strokeaudit.org)
- Useful Videos and Documents: [SSNAP - SSNAP Essentials \(strokeaudit.org\)](http://strokeaudit.org)

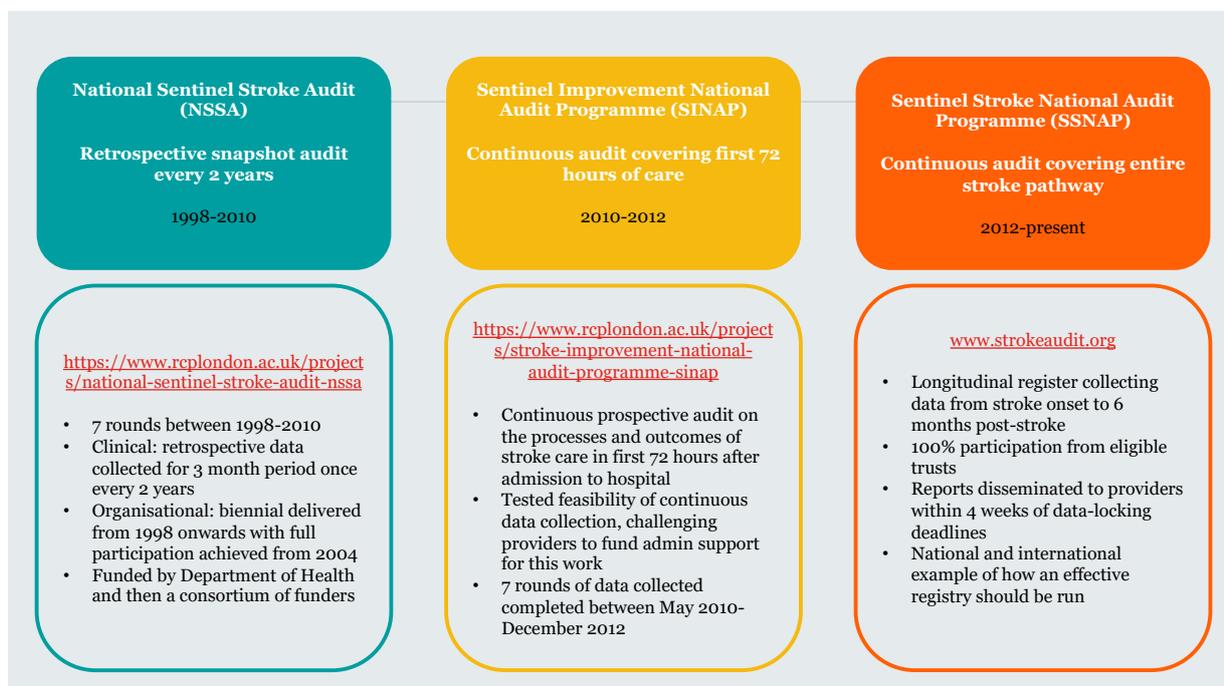
To keep up to date with SSNAP News follow us on our social media. Click on the icon to visit our page!



To find out what upcoming webinars SSNAP has go to [SSNAP - Webinar \(strokeaudit.org\)](http://strokeaudit.org) (*Resources > Webinars*), there will also be recorded webinars. To keep update with the latest SSNAP news, you can go to [SSNAP - News \(strokeaudit.org\)](http://strokeaudit.org) (*Resources > News > Newsletters*).

About SSNAP

Our history:



What is SSNAP? – [SSNAP \(zendesk.com\)](http://zendesk.com)

The Sentinel Stroke National Audit Programme (SSNAP) is a major national healthcare quality improvement programme based in the School of Population Health and

Environmental Studies at King’s College London. SSNAP measures the quality and organisation of stroke care in the NHS and is the single source of stroke data in England, Wales, and Northern Ireland.

Every 4 years the Royal College of Physicians (RCP) prepare guidelines that are used in the UK and internationally, which covers the whole stroke pathway from acute care to longer-term rehabilitation, including secondary prevention.

SSNAP measures the quality of care against the evidence-based standards, including the National Clinical Guidelines for Stroke and NICE guidelines. Check out our Useful Document on Guidelines for more information at [SSNAP - SSNAP Essentials \(strokeaudit.org\)](https://www.strokeaudit.org).

The different audits run by SSNAP are:

1. Clinical audit measures the process of care provided to stroke patients
2. Organisational audits (acute and post-acute) measure the structure of stroke services

The rest of this guide will focus on the clinical audit.

For info on AOA, please see: [Acute Organisational Audit](https://www.strokeaudit.org/About-SSNAP/SSNAP-Acute-Organisational-Audit.aspx) section in Zendesk and <https://www.strokeaudit.org/About-SSNAP/SSNAP-Acute-Organisational-Audit.aspx>

For info on P-AOA, please see: [Post-Acute Organisational Audit](https://www.strokeaudit.org/About-SSNAP/SSNAP-Post-Acute-Organisational-Audit.aspx) section in Zendesk and <https://www.strokeaudit.org/About-SSNAP/SSNAP-Post-Acute-Organisational-Audit.aspx>

We also have a video available [SSNAP Organisational Audits - YouTube](#) for more information.

What data do we collect?

SSNAP records the treatments of every stroke patient aged 16+ in England, Wales and Northern Ireland. SSNAP collects longitudinal information on every patient from stroke onset to 6-month reviews. The data items collected by SSNAP include acute care processes and interventions, assessments and rehabilitation, and longer-term care provision. The table below shows the scope of SSNAP’s data collection.

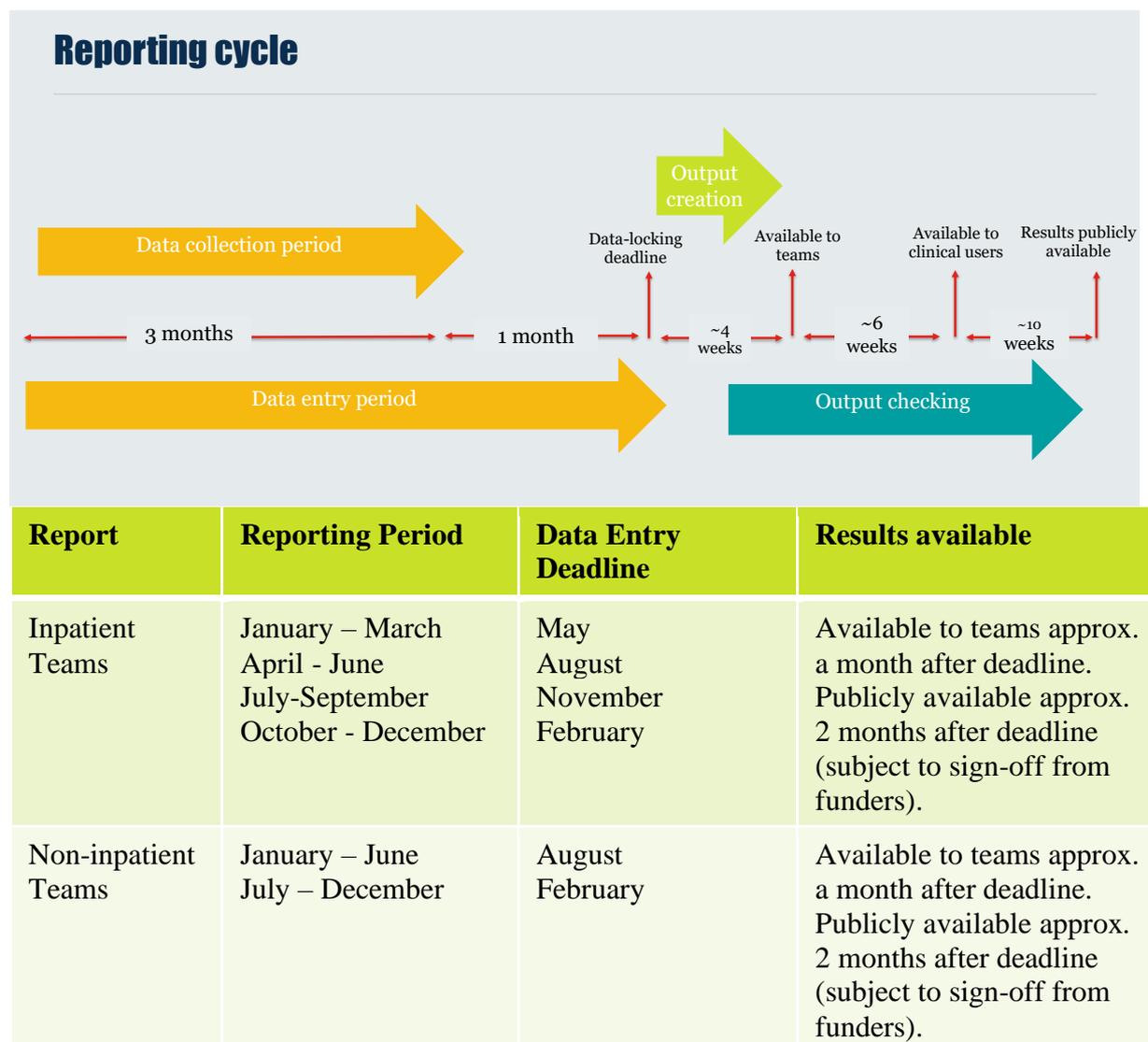
Organisation of care	Clinical Processes	Outcomes
<ul style="list-style-type: none"> • Staffing • Acute care organisation • TIA/neurovascular service • Multidisciplinary working • Strategic groups • Policies • Research • Leadership 	<ul style="list-style-type: none"> • Acute care processes • Door to needles times • Time to scan • Time to Stroke Unit • Medical, nursing & therapy assessments & screening • Therapy intensity • Use of IPC 	<ul style="list-style-type: none"> • Complications • 30-day mortality • Modified Rankin Score at 6 months

What is SSNAP data used for?

SSNAP data is used as a platform to initiate QI projects at local, regional and national level. It provides patients and carers with information on the care they are provided by stroke services across the country and is a powerful tool that advocates for service improvements.

SSNAP Clinical Audit Reporting Cycle

Brief description of SSNAP reporting cycle



Whilst inpatient teams (routinely admitting teams, non-routinely admitting teams and non-acute inpatient teams) receive a report every 3 months, community teams (Early Supported Discharge and Community Rehabilitation Teams) receive a report every 6 months. The reporting periods are:

- January-June, included in April-June reports
- July-December, included in October-December reports

Note: Exact dates are not given as they vary, to find out the exact deadline dates please visit the SSNAP website. Deadline collection dates can be found in *About SSNAP > SSNAP Clinical Audit > Data Collection* or follow the link [SSNAP - Data Collection \(strokeaudit.org\)](https://strokeaudit.org).

Check out our video on [SSNAP Clinical Audit - YouTube](#).

Using the webtool

The How-to guide of data entry:

The first time using the webtool for data entry can be difficult, so below we have attached the most useful articles to get you started.

There is also an article on [SSNAP Dataset and Helpnotes 4.0.0 – SSNAP \(zendesk.com\)](#)

How to	Articles
Register as a new team	How to register a new team
Register as a new user	How to register for the webtool
Create a record	How to create a record
Unlock a record	How to unlock a record
Delete a record	How to delete a record
Transfer a record	How to transfer a record
Revoke a record	How to revoke a record

Locking:

Why do we lock and unlock?

Once sufficient data is entered, records can be locked. This ensures high data quality and signifies that the data has been signed off by the lead clinician and is ready for analysis. Only locked data is included in data analysis. Once a record has been locked, it cannot be edited.

If you need to edit a record that has been locked, you will need to request for the record to be unlocked. There is an article available to help you on [How to unlock a record](#).

More info here: [Locking records – SSNAP \(zendesk.com\)](#)

Transferring and entering data in order:

The webtool is designed to follow the stroke pathway from initial admission through to community rehab and then on to 6-month assessment. Data should be entered and transferred in this way.

Depending on the type of transfer you are doing the process varies.

For 6-month assessment transfers, there is a video available to talk you through this transfer.

[Video: Entering and transferring 6-month assessments](#)

For other transfers, that are done directly on Clinical Case Management, the article below is available.

[General: Entering, transferring and locking SSNAP records](#)

Depending on when in the pathway a patient is transferred and which team the patient is transferred to, the record may need to be locked before transfer.

If a record is transferred but the previous team need to edit their data, the record can be revoked to that team - the transfer revoke process would delete the data you had entered.

How to interact with webtool:

To help you interact with the webtool, below there is a list of available tools for users. This can also be found on the SSNAP website. *Resources > News > Blog > Making the most of SSNAP*

Key Areas of the SSNAP webtool

Homepage

This is the first page that you will see after logging in to the webtool, there will be a variety of useful information, news, statistics and internal and external links.

Clinical Case Management

Clinical > Patient records This page gives you an overview of the records that have been added to the webtool. This is where SSNAP patient records are started, completed and locked on the webtool so they can be included in the analysis and reporting.

Export function

Clinical>Export This enables you to view the raw data that you have input and locked on SSNAP over a specified period of time. It is possible to export the full stroke proforma for each patient record entered, or a specific section of the locked record can be selected and exported, for example the 6-month assessment section. All exports must be encrypted using software such as 7-Zip for security purposes. There are articles available in the Zendesk Help area to guide you through this.

Import Function

Clinical>Import This enables you to import CSV files containing SSNAP patient information directly to the webtool rather than manually inputting the data. In order to access this function, users need to be set up as an approved importer.

Results

This area contains all SSNAP results for each quarter and annual reporting period in addition to results for the acute organisational audit and post-acute organisational audit.

Research

This area showcases the research papers which have been published using SSNAP data since data collection commenced. In addition, this area has information regarding making data requests for future research projects.

Health Economics

The [Health Economics](#) can be found on the SSNAP Homepage. This area contains the finding of a 3-year research project pursued by the SSNAP team, in collaboration with NHS England, which derived and reports patient-level estimates on the cost of stroke care. Using SSNAP data as well as other sources it has been

possible to estimate the health and social care cost of stroke up to 5 years after admission.

Zendesk Support Button

This support button is available to everyone and contains a wealth of content including user guides, videos, and related articles. The search function is highly effective at locating relevant content. The Zendesk guide is also available through 'SSNAP support website' in the top-right of the webtool.

Patient Consent and National Data Opt-Out

Consent:

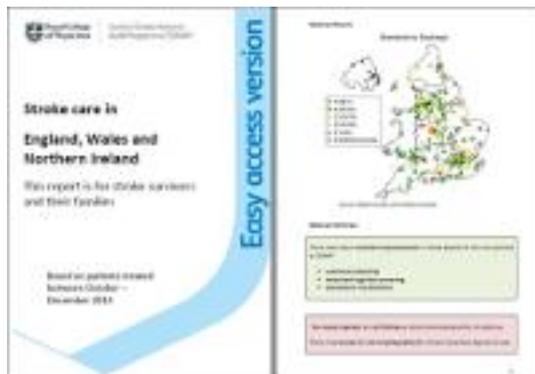
SSNAP currently has approval under Section 251 to collect patient level data on the first six months of patient care (ECC 6-02(FT3)/2012). More information on section 251 is available here: <http://www.hra.nhs.uk/about-the-hra/our-committees/section-251/what-is-section-251/>

The rationale for this legal basis is that many stroke patients are extremely unwell in the acute phase of their treatment and it is therefore not feasible to rely on patient consent during this time period.

Further info here: [SSNAP - SSNAP Governance \(strokeaudit.org\)](https://www.strokeaudit.org/ssnap-ssnap-governance)

How to explain what SSNAP is to patients?

There are a number of resources available on the SSNAP website to give information to patients about the work SSNAP do. On the SSNAP Homepage, there is a section called [Info for Patients](#), which has a wealth of information and resources relevant to patients and carers. This includes leaflets and information sheets, explaining what SSNAP does, patient consent and what information is used and how.



There is also an Easy Access Version (EAV) report created for stroke survivors and carers, this shows national key findings using maps and summary texts.

For more information, please see [Easy Access Version Report – SSNAP \(zendesk.com\)](#).

To find the EAV go to *Results > Clinical Audit > National*.

National Data Opt Out:

- From 1 April 2021 **ALL** healthcare providers in England must comply with the National Data Opt Out
- Patient data entered into SSNAP is subject to the Opt Out
- Each patient's NHS numbers **MUST** be screened against the national opt out list at NHS Digital prior to **ANY** of their data being entered onto the SSNAP webtool
- Please check with your Trust's Information Governance team for local arrangements by which the screen should take place

By adding and locking a record on SSNAP (either to 72 hours or discharge), you are confirming that the patient's NHS number has been screened against the national opt out list and has not opted-out of inclusion of their data in SSNAP.

For more information on National Opt Out visit [National Data Opt-Out – SSNAP \(zendesk.com\)](#) or visit [SSNAP - National Data Opt-Out \(strokeaudit.org\)](#).

SSNAP scoring, case ascertainment and audit compliance

All inpatient teams that enter and lock a sufficient number of records to get a report that quarter are assigned a score from A-E based on the care they provided that quarter. To get a named report, a team must submit at least 20 records AND achieved at least 75% case ascertainment. For an ESD/CRT/6-month assessment team at least 20 records must be submitted to get a report, in a given reporting period.

Teams are scored against 44 key indicators grouped into 10 domains. The 44 key indicators have been chosen by the Intercollegiate Stroke Working Party (ICSWP) as representative of high-quality care. A comprehensive document outlining how each of the 44 key indicators is calculated is available here: [Simplified Technical Information - downloadable PDF – SSNAP \(zendesk.com\)](#)

An overall SSNAP score is calculated as follows:

- Domain levels are combined into separate patient-centred and team-centred total key indicator scores.
- A combined total key indicator score is derived from the average of these two scores.
- This combined score is adjusted for case ascertainment and audit compliance.

There is also a step-by-step guide on [How are SSNAP scores calculated? – SSNAP \(zendesk.com\)](#) available.

What is case ascertainment and audit compliance?

Case Ascertainment is a measure of the coverage of all stroke patients. The aim is to have a patient record created on SSNAP for each new stroke admission. For information on Case Ascertainment, please see: [Case Ascertainment - How is it calculated? – SSNAP \(zendesk.com\)](#)

Audit Compliance includes measures of completeness of items where it is possible to answer “not known” as all questions are mandatory. It also measures processes involved in the audit such as timely data entry and transfer of records between participating teams. For information on Audit Compliance, please see: [Audit Compliance - How is it calculated? – SSNAP \(zendesk.com\)](#)

Audit Compliance and Case Ascertainment are vital contextualising indicators in the SSNAP Clinical Audit and so the final score is calculated by adjusting for these measures. For more information, please visit [Case Ascertainment and Audit Compliance overview – SSNAP \(zendesk.com\)](#).

Reports and results

Following the data analysis period after each data locking deadline, an array of bespoke reporting outputs are disseminated to participating teams, commissioners of services, wider

NHS stakeholders and the general public. These reports are many and varied designed to maximise impact and usefulness for improving patient care. Results are produced annually and quarterly.

Reports produced		
Team	Regional	National
Inpatient slideshows Inpatient portfolios ESD/CRT slideshows ESD/CRT/6-month portfolios	RAT slideshows NRAT slideshows ESD/CRT slideshows	Results portfolio Summary Report Performance Table National EAV Summary Infographic
Quarterly		
CCG/LHB	National	
CCG/LHB Portfolio CCG/LHB Dashboards CCG and LHB public table of mortality	Annual Report Results Portfolio Outcome data for patients with AF Public Table of Mortality Thrombectomy report Comparisons of thrombolysis and thrombectomy	
Annually		

To access SSNAP results please read this article [A how-to access SSNAP results – SSNAP \(zendesk.com\)](#)

How SSNAP data can be used for Quality Improvement

Quality improvement:

Results are produced on a quarterly basis to allow for you to monitor progress and design and implement QI projects. A variety of reports are produced to give an overview of performance and are used to identify any quality concerns. Helpful visualisations are produced to show changes over time across all key indicators.

The table below contains useful tools available on our webtool, to let you take a closer look your data between reporting periods, provided data is being entered prospectively. There is also a section on our Zendesk dedicated to [SSNAP Tools – SSNAP \(zendesk.com\)](#).

6-month assessment statistics

Clinical > 6-month assessment > Your team 6-month assessment statistics

Check your real-time 6-month aggregate results. Track the number of patients with a complete and locked 6-month follow-up and look more specifically into the results, including how these were performed, Modified Rankin scores, and medication being taken post-stroke.

Real-time indicators

Clinical > Patient records > Change 'View' to 'Indicators'

Feedback and review mechanism that enables you to identify trends in performance and quickly find patients who have not achieved specific acute care processes. Boxes are colour-coded for every patient to show whether an indicator has been achieved.

DIY Analysis tool

Support > DIY Analysis Tools > Download “DIY data analysis tool”

This tool provides teams with SSNAP data analysis for key measures. It has been designed to aid local reporting and to help teams identify data submission issues and to improve audit compliance and case ascertainment in reporting. Teams can use the DIY analysis tool to run their own reports outside of reporting quarters. Teams can view SSNAP data for locked record over any time frame chosen.

Unlocked records report

Clinical > Reports > Unlocked records

The report allows teams to find records that have not been locked at various stages of the pathway, including records with complete sections 1-3 and not locked to 72h, records not locked to 72h 3 days after onset/arrival, records not locked to discharge 40 days after onset/arrival, and many more. This can be used to encourage more communication between teams on SSNAP to ensure all records are fully locked regardless of which team currently holds the record. The report can be searched by team over any time frame chosen.

Transferred record report

Clinical > Reports > Transferred records

This report allows teams to find records that have been transferred to the team or have been transferred by the team. This can be used to check which records have been transferred to the team helping identify records that may have been missed by the team or have been incorrectly transferred. The report can be searched by team over any time frame chosen.

Participation report

Clinical > Reports > Participation

This report has been designed to allow teams to track their case ascertainment during a reporting period. This allows teams to identify how many records need entering and locking on SSNAP to prevent negative adjustment of the overall SSNAP score.

The results shown in this report are **only for guidance**. They are **not a substitute** for the statistical analysis carried out centrally by SSNAP and used to calculate case ascertainment for each reporting period. **Due to the many patient care pathways, it is not possible to replicate our calculations on the participation report. The report may or may not accurately reflect your case ascertainment.**

Health economics tool

Homepage > Health Economics

In collaboration with NHS England, SSNAP have developed a tool to derive and report patient-level estimates on the cost of stroke care. These tools illustrate the opportunity to save health and social care costs for your cohort of patients and provide financial management information to complement quality of care information from SSNAP. SSNAP have produced health economics tools for Early Support Discharged (ESD) and thrombolysis – these tools can be used to calculate the costs and benefits of increasing the percentage of patients discharged with ESD and the percentage of patients treated with thrombolysis in your team or area.

Best practice tariff tool

Support > DIY Analysis Tools > Download “Best Practice Tariff (BPT) Tool for 2018 – version 4.3”

The acute stroke care BPT is designed to generate improvements in clinical quality in the acute part of the patient pathway. It does so by incentivising key components of clinical practice. The aim is to reduce unexplained variation in clinical quality and spread best practice. SSNAP provide an Excel based tool to enable individual providers to export their own data and assess compliance against each BPT component. The tool allows teams to export their own data and calculate whether or not each patient is eligible to receive each of the three components of the BPT.

Clinical audit terminology

The table below contains definitions of clinical audit terminology. This available on our Zendesk at [Clinical Audit Terminology – SSNAP \(zendesk.com\)](#).

Key term	Definition
‘Locked’ data	<p>Only ‘locked’ data are included in SSNAP analysis. The process of locking ensures high data quality and signifies that the data have been signed off by the lead clinician and are ready for central analysis.</p> <p>SSNAP records can be locked at three levels depending on their level of completion:</p> <ul style="list-style-type: none">‘Locked to 72 hours’ for patients who have received their acute care provision. Sections 1-3 in the proforma are locked.‘Locked to discharge’ for patients who have been discharged from one or more care provider. Sections 1-7 in the proforma are locked.‘Locked to six months/all’ for patients for whom 6-month assessment status has been recorded. Sections 1-8 in the proforma are locked.
Unlock	<p>If a user needs to edit a record, it can be unlocked. Guidance on how to unlock a record is provided here.</p>

Delete	<p>Deletion refers to the complete patient record being removed from SSNAP, i.e. all data entered for that patient is deleted across all teams. Guidance on how to delete a record is provided here.</p>
Revoke	<p>This refers to revoking the transfer of a patient record from one team to another. Reasons for this include:</p> <ul style="list-style-type: none"> Team A has transferred a record to Team B on the webtool, but Team B have not actually seen the patient. The transfer can be revoked from Team B to Team A. Team C transfer the record to Team D but then Team C need to edit the record. The transfer can be revoked from Team D to Team C. Any data entered by Team D will be deleted when the transfer is revoked. <p>Guidance on how to revoke a record is provided here.</p>
Key indicators	<p>44 key indicators have been chosen by the Intercollegiate Stroke Working Party (ICSWP) as representative of high-quality care. These include data items included in the CCG Outcomes Indicator Set and NICE Quality Standards (covering England only). Examples include ‘Percentage of patients that were scanned within 1 hour of clock start’ and ‘Median time between clock start and thrombolysis’. The 44 SSNAP key indicators can be viewed and downloaded here.</p>
Domains	<p>The key indicators are grouped into 10 domains covering key aspects of the process of stroke case. Examples include ‘Stroke unit’ and ‘Discharge processes’. The 10 SSNAP domains can be viewed and downloaded here.</p>
Six-month assessment	<p>This is a follow-up assessment for stroke patients due between 4 and 8 months after stroke. Six-month assessment data includes information on anticoagulation, further stroke and serious illness and mood and cognition, as well as modified Rankin Scale and mortality. Consent must be sought from the patient before six-month assessment data is uploaded onto SSNAP. The SSNAP six-month assessment leaflet and consent form can be viewed and downloaded here.</p>
Case ascertainment	<p>Measure of the coverage of all stroke patients. The aim is to have a patient record created on SSNAP for each new stroke admission. This Helpdesk article provides further information on how case ascertainment is calculated.</p> <p>Case ascertainment and audit compliance overview</p>
Audit compliance	<p>Includes measures of completeness of items where it is possible to answer “not known” as all questions are mandatory. It also measures processes involved in the audit such as timely data entry and transfer of records between participating teams. This Helpdesk article provides further information on how audit compliance is calculated.</p> <p>Case ascertainment and audit compliance overview</p>
Team code	<p>This is a unique identifier for each SSNAP team. It is 3 digits for inpatient teams, e.g. 000 and 4 characters beginning with a C for non-inpatient teams, e.g. C000.</p>

Registration code	This is a unique code assigned to each SSNAP team and acts as an additional security measure for new user registration. This can be provided by the Lead Contact and the Second Lead Contact for each team (found in the 'User Profile' area of the webtool). This registration code is 6 characters long.
SSNAP reports on the processes of care and patient outcomes in two ways: 'patient centred' and 'team centred'	
Patient-centred results	'Patient centred' attribute the results to every team which treated the patient at any point in their care. A team's patient-centred results demonstrate the quality of care that their patients received across the whole inpatient care pathway, regardless of how many teams each patient went to, or which of the teams provided each aspect of care.
Team-centred results	'Team centred' attribute the results to the team considered to be most appropriate to assign the responsibility for the measure to.
Types of teams on SSNAP	
<i>Routinely admitting team</i>	Routinely admitting acute teams: teams which admit stroke patients directly for acute stroke care
Non-routinely admitting team	Non-routinely admitting acute teams: teams which do not generally admit stroke patients directly but continue to provide care in an acute setting when patients have been transferred from place of initial treatment
Non-acute inpatient teams	Non-acute inpatient teams: teams which provide inpatient rehabilitation in a post-acute setting e.g. community hospitals
Post-acute non-inpatient team	Post-acute non inpatient teams: these teams include early supported discharge and community rehabilitation teams
Specialist Community Rehabilitation Team (CRT)	A specialist community rehabilitation team refers to a stroke specific service delivered by specialist professionals within a multi-disciplinary team working in the community delivering rehabilitation services within a patient's home. A community rehabilitation team (CRT) will cater for patients following inpatient rehabilitation or transfer from Early Supported Discharge (ESD).
Early Supported Discharge team (ESD)	An Early Supported Discharge team refers a stroke specific service delivered by specialist professionals within a multi-disciplinary team to provide rehabilitation and support in a community setting with the aim of reducing the duration of hospital care for stroke patients and enabling them to return home quicker.
Domiciliary service (not ESD/CRT)	Teams which provide post-acute rehabilitation at a patient's home but excludes Early Supported Discharge (ESD) or Community Rehabilitation Teams (CRT).

Six-month assessment providers	Six-month assessment providers: community-based teams that provide six-month reviews
Tiers of analysis	
Hospital or 'Team' level analysis	This includes aggregate level patient data at individual service or 'team' level for the relevant reporting period.
Regional level analysis	This includes aggregate level patient data at service level with teams being grouped according to the region in which they are based. Services in England are regionalised by the strategic clinical network (SCN) to which they belong. Wales and Northern Ireland are also reported as separate regions.
National level analysis	This includes all patient data for England, Wales and Northern Ireland aggregated together to provide national level results.
Population or 'CCG/LHB' level analysis	This includes aggregate level patient data but rather than assigning patients to the stroke service where they were treated, they are assigned to the clinical commissioning group (CCG) or local health board (LHB) in which they belong. This is achieved by linking patients' home postcodes to that of the relevant CCG or LHB. In this way specific population level reporting of stroke care is possible.

National Quality Improvement

SSNAP provides data to National QI Programmes



National SSNAP data can be used to answer questions about stroke care like the following:

- Does staffing levels matter?
- Does a delayed swallow screen increase risk of pneumonia?
- What is the cost of stroke?

For more information on QI watch our YouTube video [SSNAP Projects - YouTube](#), or visit [SSNAP - Further uses of SSNAP data \(strokeaudit.org\)](#)

For more from SSNAP, follow us on our social media. Click on the icon to visit our page!

