SSNAP | Sentinel Stroke National Audit Programme

KING'S College LONDON

Introduction and overview

Post-Acute Organisational Audit

The Sentinel Stroke National Audit Programme (SSNAP) has been commissioned by the Healthcare Quality Improvement Partnership (HQIP) to deliver an organisational audit of post-acute services. This will involve auditing post-acute providers directly about the care they provide for stroke patients. Post-acute providers who offer some form of stroke service outside of the acute setting are now being approached for information on the structure and organisation of that service.

COVID response:

If you have had to reorganise as a temporary response to COVID-19 then please report as per your usual commissioned service. We appreciate that this reorganisation may have been in place for a prolonged period of time due to COVID-19, however if there is the intention to revert to your usual service delivery model please report your commissioned service.

This information will be used to:

- measure the extent to which stroke rehabilitation is being organised
- establish a baseline of current service organisation
- enable providers to benchmark the quality of their service nationally and regionally
- identify improvements and make recommendations for change
- provide timely, transparent information to patients and the public about the quality of stroke care organisation in the post-acute setting
- provide commissioners with evidence of the quality of commissioned services

Eligibility criteria

Services that see 20 or more stroke patients a year and provide one of the below service functions

This includes:

- Post-acute inpatient care
- Early Supported Discharge (ESD)
- Community Rehabilitation Team/service
- Combined ESD/CRT
- 6-month assessment provider
- Standalone/ single discipline service
- Other: Post-acute support service or Residential/bedded facility

Definition of Rehab

For this audit rehab can be defined as: Wade 2003 Community rehabilitation, or rehabilitation in the community? The structure necessary for rehabilitation is the existence of a multi-disciplinary team of people who can assess and treat most problems commonly faced by their patients. The process of rehabilitation is one of assessment (collecting and interpreting data), setting goals, intervening to provide support (which maintains the status quo) and treatment (which alters something), and then re-assessing to compare the situation after intervention with that aimed for. At some point the patient should leave this cycle. The intended primary outcomes (i.e. aims) of rehabilitation are maximizing the patient's participation in society while minimizing his/her pain and distress and minimizing the stress on the family.

Definition of Vocational rehab: Vocational rehabilitation programmes for people after stroke should include:

- assessment of potential problems in returning to work, based on the work role and demands from both the employee's and employer's perspectives;
- an action plan for how problems may be overcome;
- interventions specifically designed for the individual which may include: vocational counselling and coaching, emotional support, adaptation of the working environment, strategies to compensate for functional limitations in mobility and arm function, and fatigue management;

- clear communication between primary and secondary care teams and including the person with stroke, to aid benefit claims or to support a return to work.

RCP National Clinical Guideline for stroke 2016 (p56): https://www.strokeaudit.org/Guideline/Guideline-Home.aspx

Proforma sections

- Section 1: General organisational information
- Section 2: Vocational rehabilitation
- Section 3: Inpatient care
- Section 4: Community based care
- Section 5: Other

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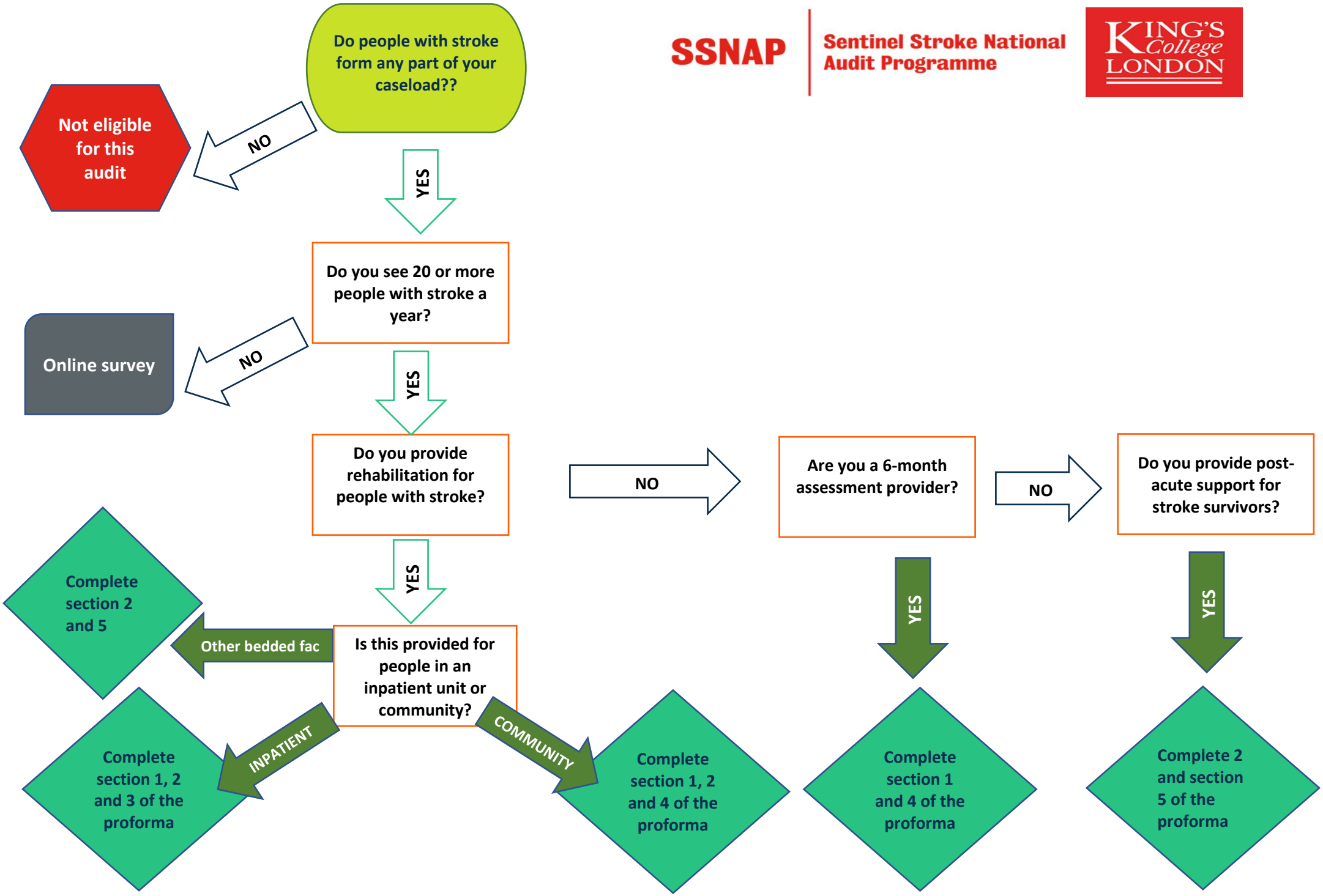

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Service definitions helpnotes

Post-acute Stroke Service Functions	**Service example**	**Helpnotes**	**Proforma sections to be completed**
Post-acute inpatient care	Specialist inpatient neuro rehabilitation centre	Bed-based service for patients who continue to need inpatient (hospital) care with consultant review but this no longer needs to be at an acute level i.e. they are no longer based on a HASU and do not require 24hr medical consultant cover. Patients predominantly require rehabilitation support prior to be able to reside in the community. May be provided in step down units such as in community hospitals.	**1,2 and 3 of the proforma**
Early Supported Discharge (ESD)		A coordinated multi-disciplinary team intended to facilitate the earlier transfer of care from hospital into the community and providing intensive stroke rehabilitation in the patient's place of residence.	**1, 2 and 4 of the proforma**
Community Rehabilitation Team/service:	• Long term conditions services	Multi-disciplinary team that provides rehabilitation for patients in their own home or other community setting	

		(including care homes and nursing homes). This may be following hospital discharge, post ESD rehabilitation or at any point post stroke where rehabilitation needs are identified. The intensity or duration of this service should be determined by patient need.	**1, 2 and 4 of the proforma**
Combined ESD/CRT		Your service provides both ESD and CRT (as outlined above) and also meets the following criteria: Shared clinical caseload One management structure Single point of access/referral route Staffing establishment/budget is combined- with staff able to work flexibly across team functions as required No re-referral to another part of your own team (i.e. from ESD to CST)	**1, 2 and 4 of the proforma**
6-month assessment provider		Providers who carry out a 6-month outcome assessment of patients only. For the purpose of this audit, acute hospitals providing 6-month assessments will fall under this. This option excludes ESD, CRT, Combined ESD/CRT and Standalone/ single discipline that provide 6-month	**1 and 4 of the proforma**

		assessments as part of their service function.	
Standalone/ single discipline service	• Physiotherapy • Occupational therapy • Speech and language therapy • Psychological therapy services • Specialist intervention clinical • Dietetics • Orthotics • Orthoptics • Standalone vocational rehab service	A stand-alone service with a specific rehabilitation function or single discipline rehabilitation (e.g. outpatients). These services do not function as a multidisciplinary team and may be clinic or domiciliary based. Psychological therapy services: based on stepped care model including IAPT and clinical psychology Specialist intervention clinics: Services providing a specific specialist intervention, normally requiring advanced skill or specific equipment that would not commonly be available within broader stroke rehabilitation team, such as spasticity clinic / FES clinic/ pain) Vocational rehabilitation programmes for people after stroke should include: ▪ assessment of potential problems in returning to work, based on the work role and demands from both the employee's and employer's perspectives; ▪ an action plan for how problems may be overcome;	**1, 2 and 4 of the proforma**

		▪ interventions specifically designed for the individual which may include: vocational counselling and coaching, emotional support, adaptation of the working environment, strategies to compensate for functional limitations in mobility and arm function, and fatigue management; ▪ clear communication between primary and secondary care teams and including the person with stroke, to aid benefit claims or to support a return to work.	
Other	**Other: Support services** • Patient, family and carer support • Communication support • Emotional support • Exercise and education • Re-ablement service or equivalent • Equipment, wheelchair support • Befriending/peer support/stroke club/respite	**Other: Support services** These are support services whose primary function is to provide support and/or promote practice for patients, carers and their families. Patient, family, and carer support: including information provision and support services for caregivers delivered by health, voluntary sector or social care Communication support: Primary function is support and practice rather than a targeted SLT programme Emotional support: Primary function is	**2 and 5 of the proforma**

		support rather than a formal psychological therapy programme than targeted SLT programme)	
	Residential/ Bedded facility • Intermediate care facility • Care home	Non-hospital based residential facility. This may be health or social care funded (including specialist commissioning) and may be based within a designated care home, supported living environment or intermediate care facility, with therapy provision. Likely under the care of GP.	**2 and 5 of the proforma**

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