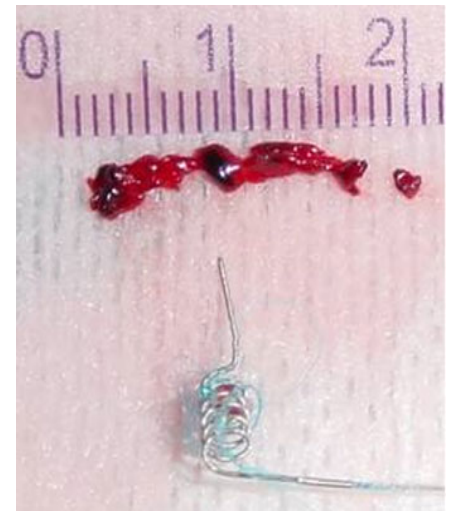
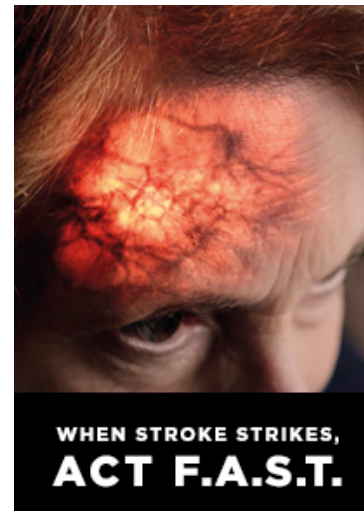


Using data to drive improvement in stroke care



1995



2017

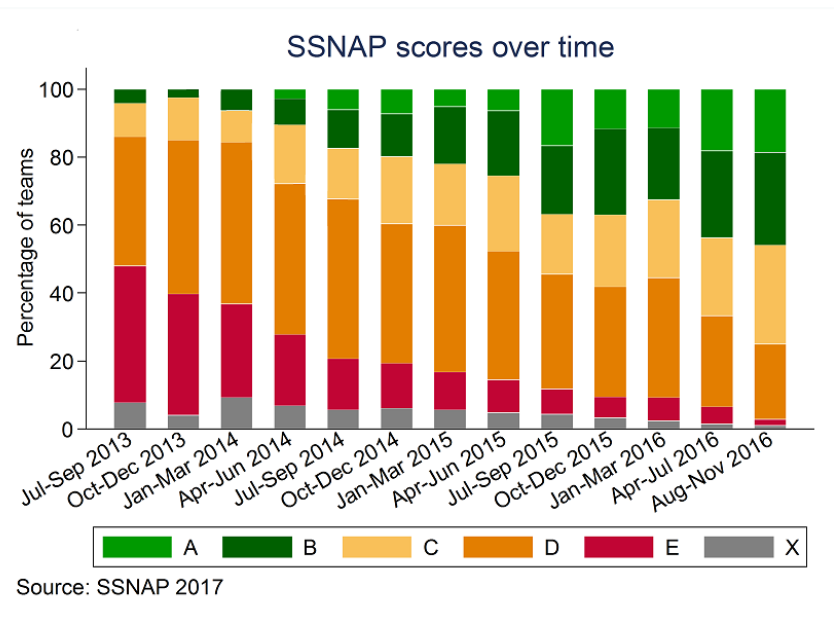
HQIP Clinical Leadership Seminar 2017

Professor Pippa Tyrrell, Royal College of Physicians Stroke Programme
and University of Manchester

What one key piece of advice would you give to other leads/peers who are about to embark on a similar leadership journey?

Drivers for change:

- Research Evidence
- National Guidelines
- Drivers from Government
- Peer Review
- Drivers from Stakeholders
- Local and national data (SSNAP Audit)



RCP Stroke Programme

RCP Guideline for stroke

Produce evidence based standards for stroke

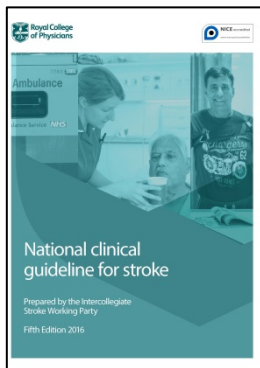
Sentinel Stroke National Audit Programme (SSNAP)

Measure quality of care against these standards and report results

Peer Review

Support hospitals in making change happen

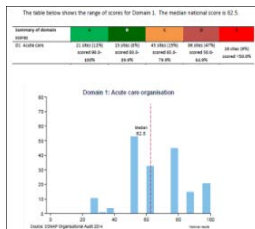
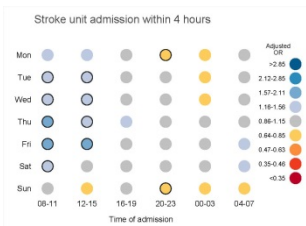
- World renowned guideline used in UK and internationally
- Evidence-based recommendations on stroke management from hyperacute to long-term care
- 5th edition to be released in 2016
- Patient and carer version produced



Number of weekend nurses per 10 beds



Weekend Working



How is stroke care organised?

SSNAP Organisational Audit

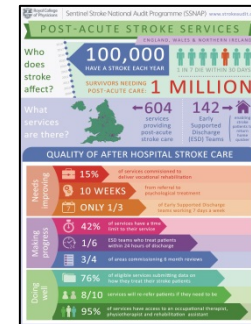
- Run biennially
- 100% participation of acute hospitals since 2004
- Focuses on the **structures in place** to provide stroke care to patients
- Answers **key questions** such as availability of **24/7** acute **interventions**, number of **stroke beds** available, nurse and consultant **staffing levels**
- First ever** audit of **stroke services in the community** ran in 2015
- This **landmark audit** reported on the **availability and structure of post-acute services** within England, Wales and Northern Ireland

How well are patients being treated?

SSNAP Clinical Audit

- Collects information on **every stroke patient** in England, Wales and NI
- 95%** case ascertainment
- 250,000** patients reported on since 2013
- Longitudinal register collecting data from **stroke onset to 6 months post stroke**
- >1000 bespoke reports** produced every **4 months**
- Composite **scoring key indicators** developed
- Results used across the NHS for **QI** and **research** purposes

- Comprehensive **multidisciplinary review** of **stroke services**
- Help** implement improvements to patient care
- Provide expert **advice**
- Exchange** ideas
- Reassure** the public



History of Stroke Audit in UK

- **1997:** Department of Health commissioned first national stroke audit - developed datasets
- **1998 – 2010:** 7 rounds of snapshot audits (total 64,500 patients)
- **2010 – present:** continuous audit registries Currently funded by NHS England

Background to Sentinel Stroke National Audit Programme (SSNAP)

- Current stroke audit - Data collection began in January 2013
- Continuous, prospective audit that measures the processes and outcome of care from onset to 6 months post stroke
- Currently over 95% case ascertainment of patients
- 100% of acute hospitals in England and Wales participating
- Reports periodically and annually at provider, population, regional, and national level

What behaviours do you think are important for clinical leaders to demonstrate?

- Ownership and understanding of your own data as well as that of others
- Be prepared to lead by example
- Be prepared to listen
- Engage meaningfully with people who use the service

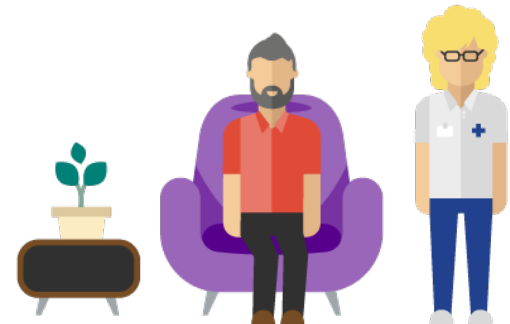
Mind the Gap! | The Third SSNAP
Annual Report
Care received between April 2015 to March 2016



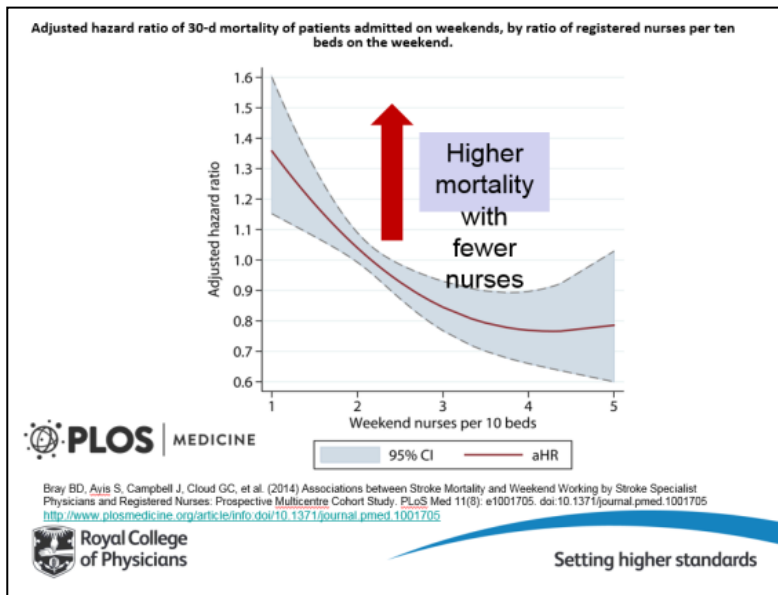
How do you overcome challenges within your team and within your organisation?



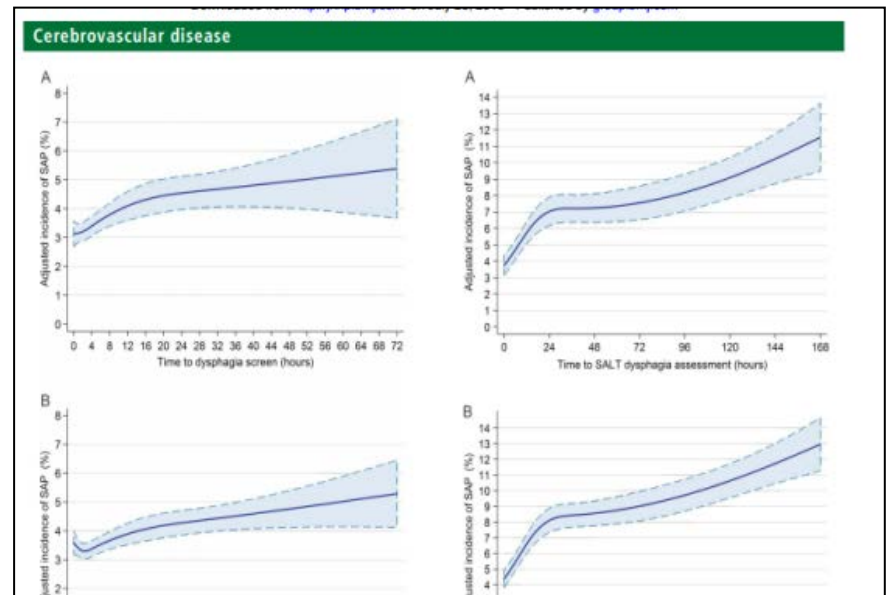
2008-2015: Stroke Service
Reorganisation in Manchester:
challenges at whole system level



Persuading teams to engage with data

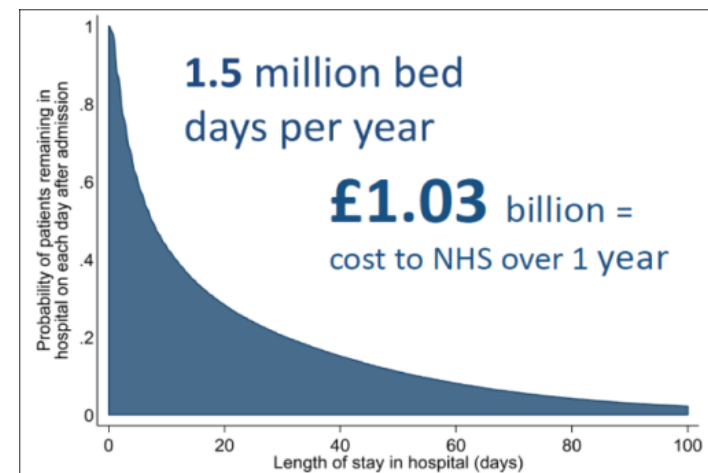
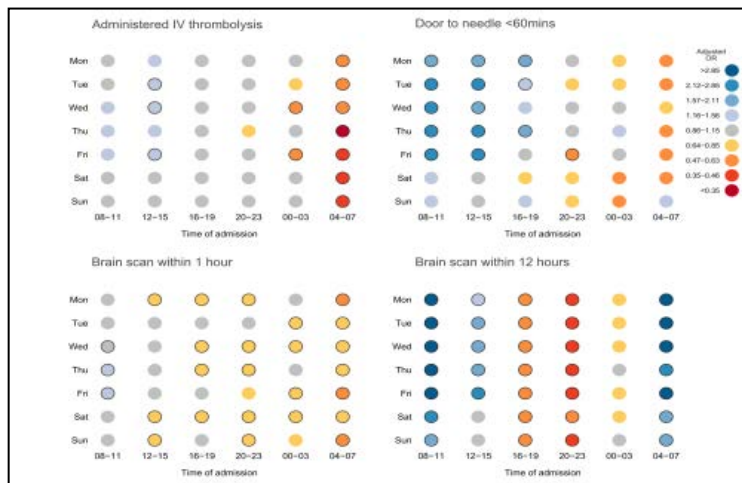


Do staffing levels matter?



Does a delayed swallow screen increase risk of pneumonia?

Providing teams with the data they need



Is there a 'weekend effect' in stroke care?

What is the cost of stroke?

<https://www.strokeaudit.org/Research/>

What has helped you the most to develop as a clinical leader?

- Peer support
- Mentorship
- Working with CEOs, Trust Boards, CCGs, networks
- Parallel career as a research leader
- Engagement with service users
- Working with RCP Stroke Programme

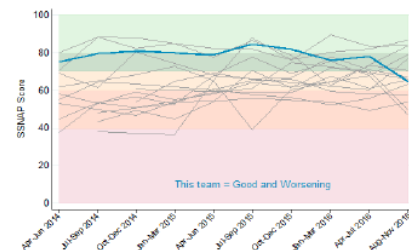


Sentinel Stroke National Audit Programme (SSNAP)

Example - SSNAP Executive Summary

The Sentinel Stroke National Audit Programme (SSNAP) is the National Clinical Audit for Stroke and the main source of stroke data in the NHS. Data is collected on every stroke patient admitted to hospital in England, Wales and Northern Ireland. This is a summary of the stroke care provided by this hospital over the last two and a half years highlighting areas of good, adequate and poor performance. It should be shared with everyone involved in developing and providing stroke care in this hospital, including the non-executive team and managers, in order to draw up action plans for improvement. The SSNAP website has a range of additional tools to help drill down deeper into the data and identify ways to improve.

Overall SSNAP score performance from April 2014 to November 2016



Performance recently has generally been:

Good

This hospital's performance over the two and a half years has generally been:

Worsening

Performance in key indicators of care quality over the past year

Mainly LOW scoring domains (D or E average):	Mainly ADEQUATE domains (C average):	Mainly GOOD domains (A or B average):
(None)	Stroke Unit Speech and Language Therapy Multidisciplinary Team Working Discharge Processes	Scanning Thrombolysis Specialist Assessments Occupational Therapy Physiotherapy Standards by Discharge
**areas to focus quality improvement on, as require substantial improvement	**areas where further improvements are still needed.	**areas to celebrate success, maintain performance and identify whether further improvements are feasible.

For further information about performance in different domains of care and scoring methodology, visit our results portal:

<https://www.strokeaudit.org/results/Clinical-audit/National-Results.aspx>

How do you motivate teams and individuals to work effectively?

- Be part of the team: do the work
- Listen: where are they coming from?
- Understand that data can feel like a threat
- Engage people with the data that is meaningful for them
- Bring in the patient voice
- Have an agreed vision and stick to it

Moving from “*Why*” to “*What*” and “*How*”

Why?

Bad stroke care is bad for patients and their families, and expensive for the rest of us

What?

Evidence based
care for 100% of the
patients 100% of the time

How?

How do we get patients to the right care quickly?

How do we make sure the right facilities and staff are there when patients need them?

How do we ensure staff are properly trained?

How are service users engaged in the process?

How do we measure our performance?

How do we know we are doing what we set out to do?

How do we persuade others to learn from our mistakes?

Engage colleagues in research and QI as well as audit

Morris et al. Impact of centralising acute stroke services in English metropolitan areas on mortality and length of hospital stay: difference-in-differences analysis. BMJ 2014;349:g4757



BMJ 2014;349:g4757 doi: 10.1136/bmj.g4757 (Published 5 August 2014)

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RESEARCH

Impact of centralising acute stroke services in English metropolitan areas on mortality and length of hospital stay: difference-in-differences analysis

OPEN ACCESS

Stephen Morris *professor of health economics*¹, Rachael M Hunter *senior research associate*², Angus I G Ramsay *senior research associate*¹, Ruth Boaden *professor of service operations management*³, Christopher McKeivitt *reader*⁴, Catherine Perry *research associate*³, Nanik Pursani *patient representative*⁵, Anthony G Rudd *professor of stroke medicine*⁶, Lee H Schwamm *professor of neurology*⁷, Simon J Turner *senior research associate*¹, Pippa J Tyrrell *professor of stroke medicine*⁸, Charles D A Wolfe *professor of public health medicine*^{4,9}, Naomi J Fulop *professor of healthcare organisation and management*¹



theguardian

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Centralised stroke care saves more lives, says study
Radical reorganisation of stroke care in London compares



6
News

Hundreds of lives a year could be saved by closure of local hospital stroke units

Chris Smyth Health Correspondent

Almost a hundred lives a year have been saved by closing local stroke units in London, according to a study which suggests that hundreds of people may

24/7 units saved lives and got patients out of hospital two days quicker.

In Manchester, where similar changes were watered down to assuage local fears about hospital closures, no extra lives were saved. The study found

care in fields from heart disease to cancer. The argument for doing more complex care in big expert centres is widely accepted in theory but the NHS has struggled to put it into practice in the face of widespread local opposition

hospital's stroke unit is bad for them, going to a specialised centre further away actually increases their chance of surviving a stroke.
In 2010, instead of sending stroke patients to 37 local hospitals, the

HEALTH

Centralising stroke services 'is saving lives'

By Charlie Cooper
HEALTH REPORTER

Focusing NHS stroke services in fewer but more highly specialised hospitals has saved lives and

and above reductions in stroke mortality seen in the rest of the country.

While there were no extra lives saved in Manchester, researchers said that, in the two years after the reforms were brought in, the region

HEALTH

Some 400,000 suffer strokes a year

A stroke occurs when blood supply to part of brain is cut off which is caused by blood clots or internal bleed

Outcomes after stroke

	1998	2014/15
30 day mortality	28%	14%

	1998	2014/2015
Institutionalisation rates	19%	10.4%

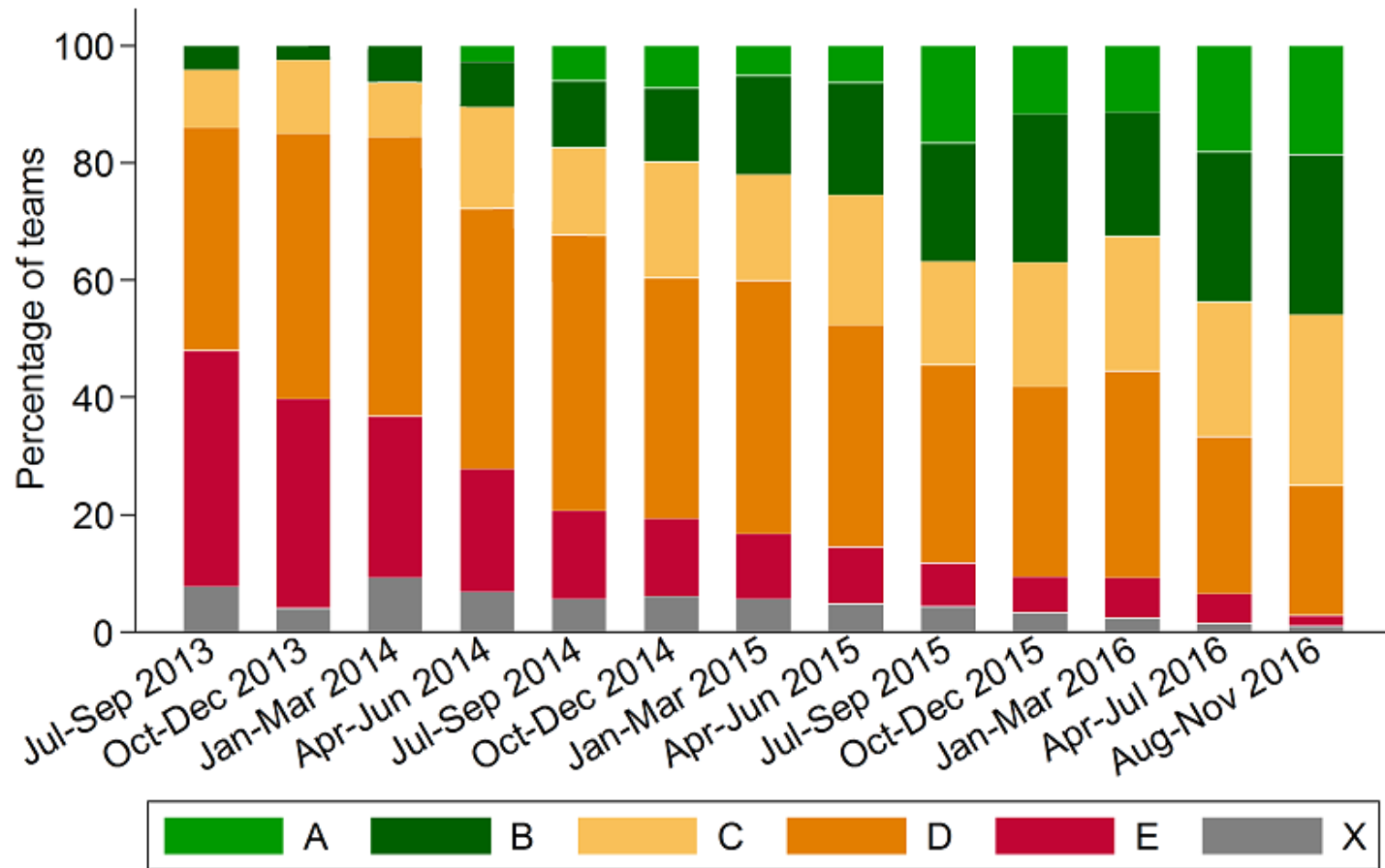
	2004	2014/15
Length of Stay (median)	28 days	7.6 days

Important outcomes after stroke including mortality and institutionalisation rates have dramatically reduced since 1998 as the table above shows. Length of stay in hospital is almost 4 times shorter 1998 and more patients are leaving hospital without severe disabilities.

What are you most keen to learn from your fellow clinical leads at this seminar?

How do we continue the improvement journey to longer term better health and financial savings in the face of short term “savings” and staff shortages?

SSNAP scores over time



Source: SSNAP 2017

The future for stroke care

- Don't try to "save" on high quality data...it drives improvements and enables leaders to lead.
- All expensive areas of care should have the same investment in data as stroke...don't cut stroke audit "because it gets too much"
- We've gone from "basket case" to world leading in just over a decade
- Reversing/stalling the improvements in stroke care will be massively expensive....please don't!