Using SSNAP data to support advocate for resources

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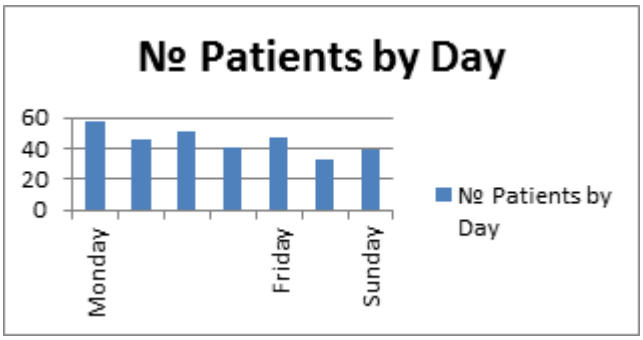
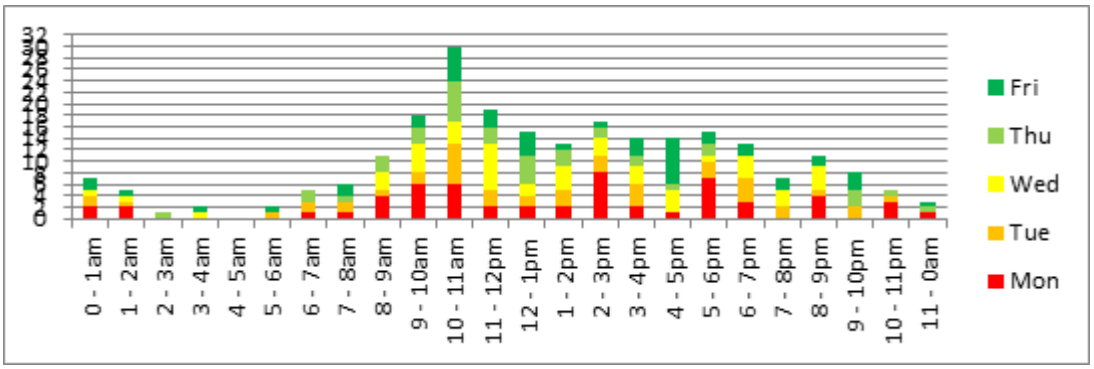
(Nurse staffing)

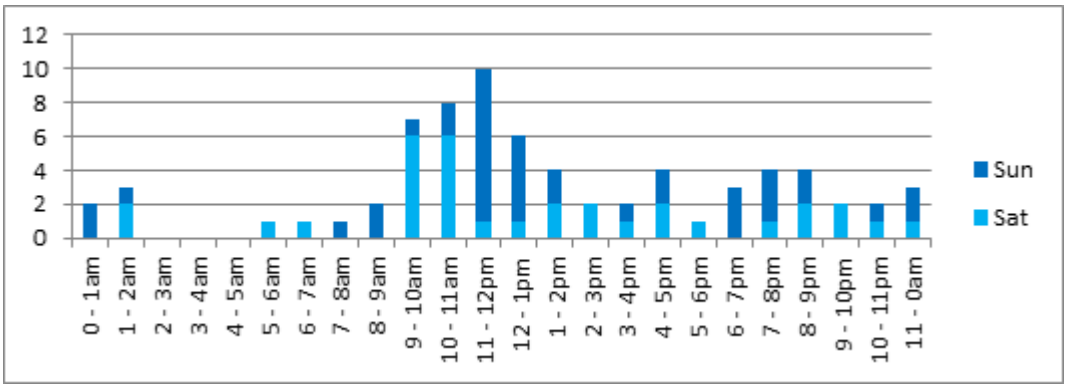
As a small hospital staffing to provide specialist stroke nurse support 24/7 was not feasible both financially and having sufficient staff employed with the required skills, despite this the stroke team wished to expand the team out of hours, but wanted to maximise its effectiveness. Detailed analysis of the SSNAP data therefore occurred prior to submitting a business case.

<u>Data analysis (taken from SSNAP)</u>

1st June 2014 – 31st May 2015 and a total of 313 patients were given the diagnosis of Stroke. The time and day of arrival was investigated and the following identified:







	8am - 6pm	**8am - 8pm**	**8am - 10pm**		**9am - 2pm**	**9am - 5pm**
Monday	70.2%	75.4%	82.5%	Saturday	48.5%	63.6%
Tuesday	60.9%	73.9%	80.4%	Sunday	48.7%	56.4%
Wednesday	72.5%	86.3%	94.1%	**Sat - Sun**	**48.6%**	**59.7%**
Thursday	77.5%	77.5%	85.0%			
Friday	63.8%	72.3%	83.0%			
Mon - Fri	**68.9%**	**77.2%**	**85.1%**			

This data was used to help support a business case to extend the working day from 9-5 to 8-6 Monday- Friday and provide a weekend service of 9-2. The additional cost of £27,600 which was felt to be achievable to the organisation. The business case was supported and a new staff member appointed.

This model is now being considered with the other specialities which have clinical nurse specialists working Monday to Friday 9-5 only

The benefit of this expansion can also be shown with the SSNAP data with regards to the initial a

This data is due to be repeated to ensure the current service remains fit for purpose.

(Scanning)

The local community invested financially and emotionally in the purchasing of a 2nd CT scanner and the stroke team were actively involved in the fund raising.

After its introduction we felt that it would be beneficial to clearly show the positive impact it has had on the stroke service and the SSNAP data was essential for this.

Thrombolysis times:

	Before 2nd CT		After 2nd CT	
Number of Patients	*143*		*61*	
	Mean	Median	Mean	Median
Door to Needle (mins)	77	68	57	55
Door to Scan (mins)	30	22	14	12

All patient door to scan times:

	Before 2nd CT		After 2nd CT	
Number of Patients	*671*		*364*	
	Mean	Median	Mean	Median
Door to Scan (mins)	541	72	197	48

This data was publicised within the organisation to clearly demonstrate that the 2nd scanner has improved the experience for both the patient and staff involved.

(this data is 2015 and we can repeat again if needed as I'm confident the times have come down further still)