## SSNAP Clinical Executive Summaries – Northern Ireland

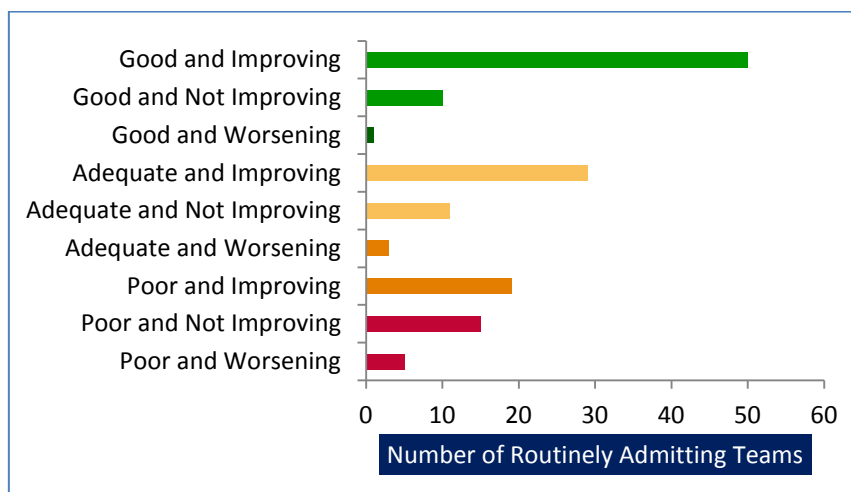## An overview of hospital stroke care quality up to November 2016

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 regional pack contains an overview of the hospitals' overall SSNAP score performance in a series of graphs charting the change in score over time for each hospital. The overall SSNAP score is a composite score combining the achievement on 44 care process measures derived from National Clinical Guidelines for Stroke and adjusted for case ascertainment and audit compliance. The 44 key indicators are grouped into 10 domains of care. The change over time in this overall score has been summarised in two ways:

- Performance over the whole two and a half year period has been characterised as Improving, Not Improving or Worsening depending on the slope of a trend line plotted through all the hospital's scores at every time point.
- Recent performance has been characterised as Good, Adequate or Poor depending on where the trend line meets the latest time period.

This regional pack also contains the individual executive summaries of the stroke care provided by the hospitals in this region between April 2014 and November 2016. These executive summaries highlight areas of good, adequate and poor performance in order to identify key areas to draw up action plans for improvement. Further information on resource use for stroke is given including activity, length of stay, cost of stroke and admissions to care homes after stroke. The SSNAP website has a range of additional tools to help drill down deeper into the data and identify ways to improve.

Nationally, it is encouraging to see that most teams are "Improving", though there are a number of teams who are consistently not achieving "Adequate" scores, and it is concerning that performance within a few services appears to be deteriorating.
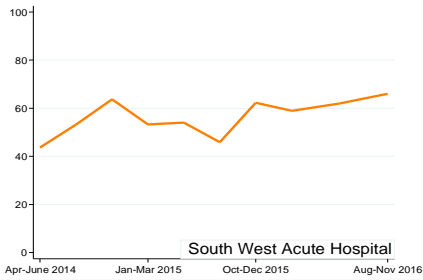


*Distribution of categories for all hospitals which routinely admit stroke patients in England, Wales and Northern Ireland*

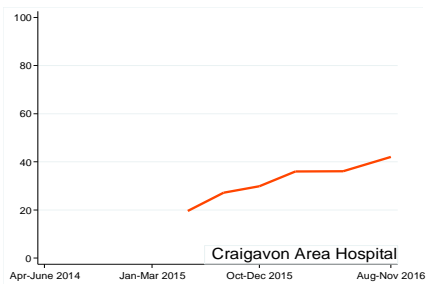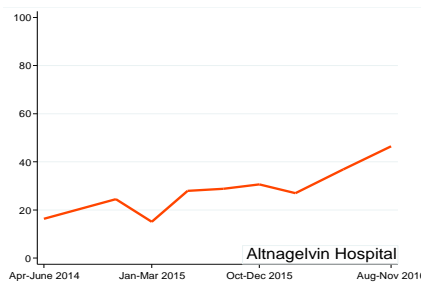# Northern Ireland: SSNAP Clinical Executive Summaries

**Overall SSNAP score performance from April 2014 to November 2016**

**Routinely admitting teams:**

## Adequate and Improving
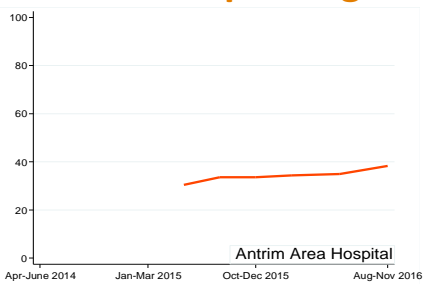


South West Acute Hospital

## Poor and Improving



Antrim Area Hospital



Altnagelvin Hospital



Craigavon Area Hospital

## Poor and Not Improving



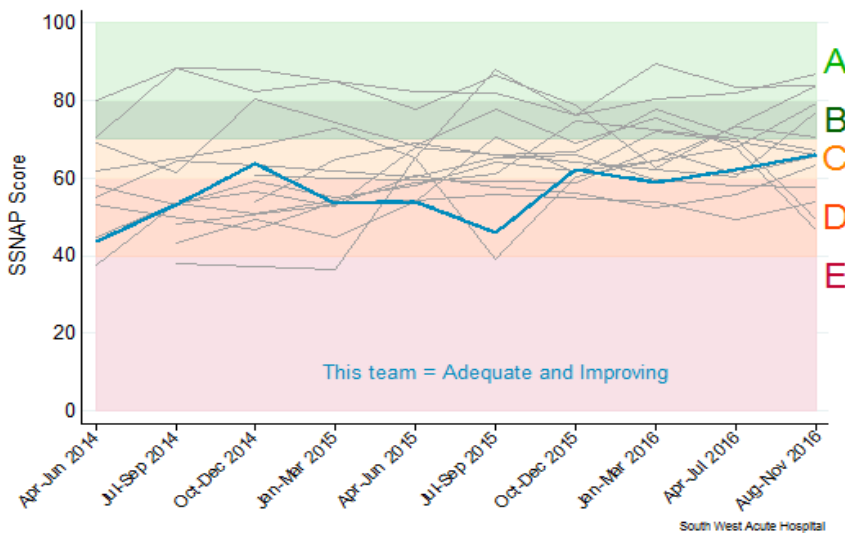Causeway Hospital



Daisy Hill Hospital

## South West Acute Hospital - 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



South West Acute Hospital

**Performance recently has generally been:**

## Adequate

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

## Improving

### 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): |
|---|---|---|
| Speech and Language Therapy<br>Multidisciplinary Team Working | Stroke Unit<br>Discharge Processes | Scanning<br>Thrombolysis<br>Specialist Assessments<br>Occupational Therapy<br>Physiotherapy<br>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

# South West Acute Hospital - SSNAP Executive Summary

## Activity and length of stay

In August-November 2016 this hospital treated 63 patients, of which:

    63 patients were first admitted to this hospital      0 patients were transferred in from another hospital

| Length of stay: | For all routinely admitting teams nationally <br><br><br> N=27,507 | For all patients treated at this team <br><br><br> N=63 | For patients discharged/transferred alive from this team <br> N=54 |
|---|---|---|---|
| **0-3 days** | 40.3% (11,087 patients) | 36.5% (23) | 38.9% (21) |
| **4-7 days** | 20.3% (5,580 patients) | 28.6% (18) | 27.8% (15) |
| **8-21 days** | 21.4% (5,886 patients) | 15.9% (10) | 14.8% (8) |
| **22-30 days** | 5.3% (1,446 patients) | 3.2% (2) | 3.7% (2) |
| **31+ days** | 12.8% (3,508 patients) | 15.9% (10) | 14.8% (8) |
| *Mean* | *14.0 days* | *16.4 days* | *16.5 days* |

## Cost of stroke

These costs have been derived from the SSNAP health economic model. This estimates the average cost of stroke according to patients' age, sex, stroke type and stroke severity. NHS costs include acute treatment costs, bed stays, inpatient and post-discharge rehabilitation, drug prescribing and follow up GP and hospital visits. Social care costs include the costs of nursing home admission and packages of care. They are not the costs for a specific hospital, but the average cost across all providers. The model explored the cost effectiveness of two evidence-based interventions for acute stroke patients; thrombolysis and discharge with Early Supported Discharge. Both of these interventions are appropriate for a subset of acute stroke patients.

| | | |
|---|---|---|
| **Thrombolysis Cost Savings over 5 years:** | *Your current thrombolysis rate* | 12% |
| | *Thrombolysis rate at top 20 performing units* | 20% |
| | *Average NHS cost saving by thrombolysing 1 more eligible patient* | £4,100 |
| | *Average social care cost saving by thrombolysing 1 more eligible patient* | £6,900 |
| | *Overall average cost saving by thrombolysing 1 more eligible patient* | £11,000 |
| | *Average quality-adjusted life-years gained by thrombolysing 1 more eligible patient* | 0.26 QALYs |
| **Early Supported Discharge (ESD) Cost Savings over 5 years:** | *Your current rate of discharge with ESD* | 2% |
| | *Rate of discharge with ESD at top 20 performing units* | 60% |
| | *Average NHS cost saving by discharging 1 more eligible patient with ESD* | £1,600 |
| | *Average social care cost saving by discharging 1 more eligible patient with ESD* | £8,700 |
| | *Overall average cost saving by discharging 1 more eligible patient with ESD* | £10,300 |
| | *Average quality-adjusted life-years gained by discharging 1 more eligible patient with ESD* | 0.14 QALYs |

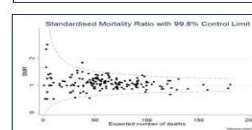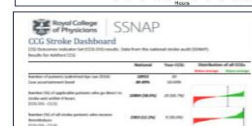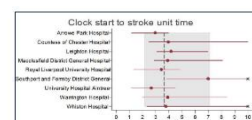## Admissions to care homes after stroke

Nationally, 7.0% of patients discharged alive from inpatient care between August-November 2016 were newly institutionalised into a care home for the first time upon leaving hospital. This compares to 8.2% (4/49) for patients treated by this hospital and discharged from inpatient care either by this hospital or another hospital.

## For further information, visit our results portal:

    www.strokeaudit.org/results

Information is available for different types of users:

o    Data on stroke **care quality** for all **services** in England, Wales and Northern Ireland

o    **Regional** slideshows and **Easy Access** Versions

o    Reporting outputs for Clinical Commissioning Groups (**CCGs**) in England and Local Health Boards (**LHBs**) in Wales

o    Information about **patient outcomes** (30 day all cause **mortality** and AF outcomes)

o    Data about **patient characteristics** (e.g. AF, age profiles)

o    Nationally benchmarked data on how effectively stroke services are **organised** (e.g. **staffing levels**, acute care **protocols** and provision of specialist services)

o    **Interactive root-cause analysis tools** for to help to speed up **thrombolysis** and **intra-arterial intervention** times (*requires log-in* )

o    Detailed data on the **costs of stroke**, and the **costs and benefits** of improving thrombolysis and Early Supported Discharge

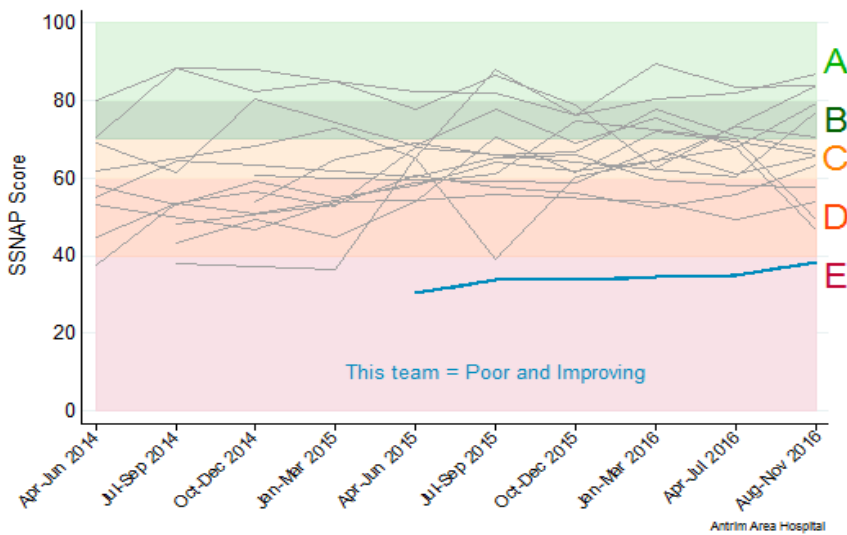o    Interactive **maps, infographics** and **dashboards.**

## Antrim Area Hospital - 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:

# Poor

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

# Improving

### 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): |
|---|---|---|
| Scanning<br>Stroke Unit<br>Specialist Assessments<br>Physiotherapy<br>Speech and Language Therapy<br>Multidisciplinary Team Working<br>Standards by Discharge | Thrombolysis<br>Occupational Therapy | Discharge Processes |
| **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

# Antrim Area Hospital - SSNAP Executive Summary

## Activity and length of stay

In August-November 2016 this hospital treated 123 patients, of which:

123 patients were first admitted to this hospital        0 patients were transferred in from another hospital

| Length of stay: | For all routinely admitting teams nationally  N=27,507 | For all patients treated at this team  N=123 | For patients discharged/transferred alive from this team  N=109 |
|---|---|---|---|
| **0-3 days** | 40.3% (11,087 patients) | 47.2% (58) | 49.5% (54) |
| **4-7 days** | 20.3% (5,580 patients) | 29.3% (36) | 30.3% (33) |
| **8-21 days** | 21.4% (5,886 patients) | 16.3% (20) | 14.7% (16) |
| **22-30 days** | 5.3% (1,446 patients) | 3.3% (4) | 3.7% (4) |
| **31+ days** | 12.8% (3,508 patients) | 4.1% (5) | 1.8% (2) |
| *Mean* | *14.0 days* | *7.0 days* | *6.3 days* |

## Cost of stroke

These costs have been derived from the SSNAP health economic model. This estimates the average cost of stroke according to patients' age, sex, stroke type and stroke severity. NHS costs include acute treatment costs, bed stays, inpatient and post-discharge rehabilitation, drug prescribing and follow up GP and hospital visits. Social care costs include the costs of nursing home admission and packages of care. They are not the costs for a specific hospital, but the average cost across all providers. The model explored the cost effectiveness of two evidence-based interventions for acute stroke patients; thrombolysis and discharge with Early Supported Discharge. Both of these interventions are appropriate for a subset of acute stroke patients.

| | | |
|---|---|---|
| **Thrombolysis Cost Savings over 5 years:** | *Your current thrombolysis rate* | 12% |
| | *Thrombolysis rate at top 20 performing units* | 20% |
| | *Average NHS cost saving by thrombolysing 1 more eligible patient* | £4,100 |
| | *Average social care cost saving by thrombolysing 1 more eligible patient* | £6,900 |
| | *Overall average cost saving by thrombolysing 1 more eligible patient* | £11,000 |
| | *Average quality-adjusted life-years gained by thrombolysing 1 more eligible patient* | 0.26 QALYs |
| **Early Supported Discharge (ESD) Cost Savings over 5 years:** | *Your current rate of discharge with ESD* | 0% |
| | *Rate of discharge with ESD at top 20 performing units* | 60% |
| | *Average NHS cost saving by discharging 1 more eligible patient with ESD* | £1,600 |
| | *Average social care cost saving by discharging 1 more eligible patient with ESD* | £8,700 |
| | *Overall average cost saving by discharging 1 more eligible patient with ESD* | £10,300 |
| | *Average quality-adjusted life-years gained by discharging 1 more eligible patient with ESD* | 0.14 QALYs |

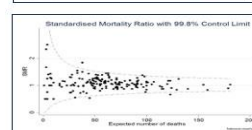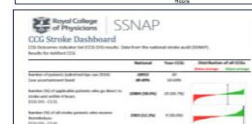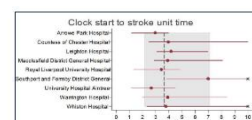## Admissions to care homes after stroke

Nationally, 7.0% of patients discharged alive from inpatient care between August-November 2016 were newly institutionalised into a care home for the first time upon leaving hospital. This compares to 6.6% (7/106) for patients treated by this hospital and discharged from inpatient care either by this hospital or another hospital.

## For further information, visit our results portal:

www.strokeaudit.org/results

Information is available for different types of users:

o    Data on stroke **care quality** for all **services** in England, Wales and Northern Ireland

o    **Regional** slideshows and **Easy Access** Versions

o    Reporting outputs for Clinical Commissioning Groups (**CCGs**) in England and Local Health Boards (**LHBs**) in Wales

o    Information about **patient outcomes** (30 day all cause **mortality** and AF outcomes)

o    Data about **patient characteristics** (e.g. AF, age profiles)

o    Nationally benchmarked data on how effectively stroke services are **organised** (e.g. **staffing levels**, acute care **protocols** and provision of specialist services)

o    **Interactive root-cause analysis tools** for to help to speed up **thrombolysis** and **intra-arterial intervention** times (*requires log-in* )

o    Detailed data on the **costs of stroke**, and the **costs and benefits** of improving thrombolysis and Early Supported Discharge

o    Interactive **maps, infographics** and **dashboards.**

**Royal College of Physicians** | Sentinel Stroke National Audit Programme (SSNAP)
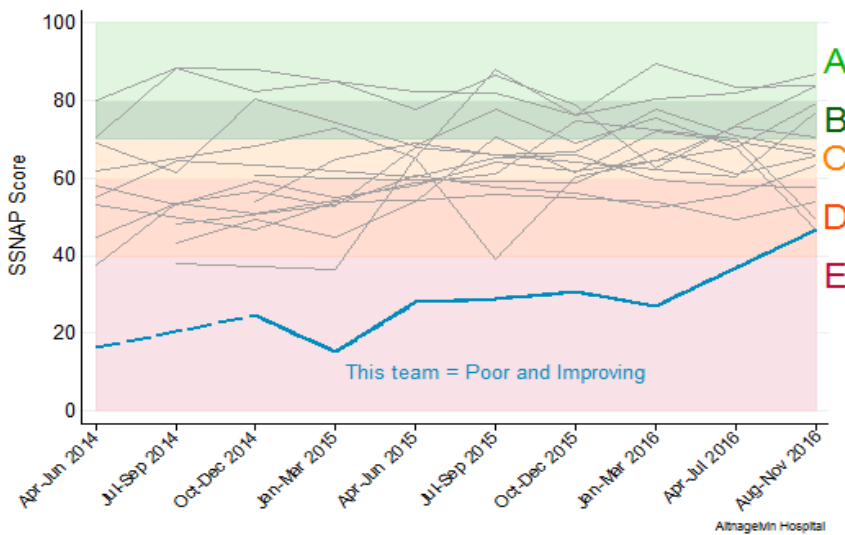
## Altnagelvin Hospital - SSNAP Executive Summary

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



This team = Poor and Improving

Performance recently has generally been:

## Poor

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

## Improving

### 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): |
|---|---|---|
| Scanning | Standards by Discharge | Thrombolysis |
| Stroke Unit | Discharge Processes | |
| Specialist Assessments | | |
| Occupational Therapy | | |
| Physiotherapy | | |
| Speech and Language Therapy | | |
| Multidisciplinary Team Working | | |
| **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

# Altnagelvin Hospital - SSNAP Executive Summary

## Activity and length of stay

In August-November 2016 this hospital treated 63 patients, of which:

63 patients were first admitted to this hospital        0 patients were transferred in from another hospital

| Length of stay: | For all routinely admitting teams nationally<br><br><br>N=27,507 | For all patients treated at this team<br><br><br>N=63 | For patients discharged/transferred alive from this team<br>N=57 |
|---|---|---|---|
| **0-3 days** | 40.3% (11,087 patients) | 12.7% (8) | 10.5% (6) |
| **4-7 days** | 20.3% (5,580 patients) | 19.0% (12) | 17.5% (10) |
| **8-21 days** | 21.4% (5,886 patients) | 44.4% (28) | 45.6% (26) |
| **22-30 days** | 5.3% (1,446 patients) | 3.2% (2) | 3.5% (2) |
| **31+ days** | 12.8% (3,508 patients) | 20.6% (13) | 22.8% (13) |
| *Mean* | *14.0 days* | *19.5 days* | *20.4 days* |

## Cost of stroke

These costs have been derived from the SSNAP health economic model. This estimates the average cost of stroke according to patients' age, sex, stroke type and stroke severity. NHS costs include acute treatment costs, bed stays, inpatient and post-discharge rehabilitation, drug prescribing and follow up GP and hospital visits. Social care costs include the costs of nursing home admission and packages of care. They are not the costs for a specific hospital, but the average cost across all providers. The model explored the cost effectiveness of two evidence-based interventions for acute stroke patients; thrombolysis and discharge with Early Supported Discharge. Both of these interventions are appropriate for a subset of acute stroke patients.

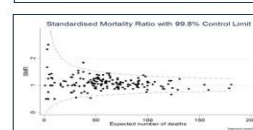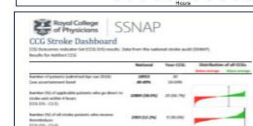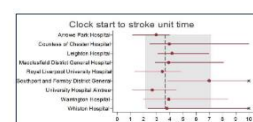| | | |
|---|---|---|
| **Thrombolysis Cost Savings over 5 years:** | *Your current thrombolysis rate* | 14% |
| | *Thrombolysis rate at top 20 performing units* | 20% |
| | *Average NHS cost saving by thrombolysing 1 more eligible patient* | £4,100 |
| | *Average social care cost saving by thrombolysing 1 more eligible patient* | £6,900 |
| | *Overall average cost saving by thrombolysing 1 more eligible patient* | £11,000 |
| | *Average quality-adjusted life-years gained by thrombolysing 1 more eligible patient* | 0.26 QALYs |
| **Early Supported Discharge (ESD) Cost Savings over 5 years:** | *Your current rate of discharge with ESD* | 5% |
| | *Rate of discharge with ESD at top 20 performing units* | 60% |
| | *Average NHS cost saving by discharging 1 more eligible patient with ESD* | £1,600 |
| | *Average social care cost saving by discharging 1 more eligible patient with ESD* | £8,700 |
| | *Overall average cost saving by discharging 1 more eligible patient with ESD* | £10,300 |
| | *Average quality-adjusted life-years gained by discharging 1 more eligible patient with ESD* | 0.14 QALYs |

## Admissions to care homes after stroke

Nationally, 7.0% of patients discharged alive from inpatient care between August-November 2016 were newly institutionalised into a care home for the first time upon leaving hospital. This compares to 6.9% (4/58) for patients treated by this hospital and discharged from inpatient care either by this hospital or another hospital.

## For further information, visit our results portal:

www.strokeaudit.org/results

Information is available for different types of users:

o  Data on stroke **care quality** for all **services** in England, Wales and Northern Ireland

o  **Regional** slideshows and **Easy Access** Versions

o  Reporting outputs for Clinical Commissioning Groups (**CCGs**) in England and Local Health Boards (**LHBs**) in Wales

o  Information about **patient outcomes** (30 day all cause **mortality** and AF outcomes)

o  Data about **patient characteristics** (e.g. AF, age profiles)

o  Nationally benchmarked data on how effectively stroke services are **organised** (e.g. **staffing levels**, acute care **protocols** and provision of specialist services)

o  **Interactive root-cause analysis tools** for to help to speed up **thrombolysis** and **intra-arterial intervention** times (*requires log-in* )

o  Detailed data on the **costs of stroke**, and the **costs and benefits** of improving thrombolysis and Early Supported Discharge

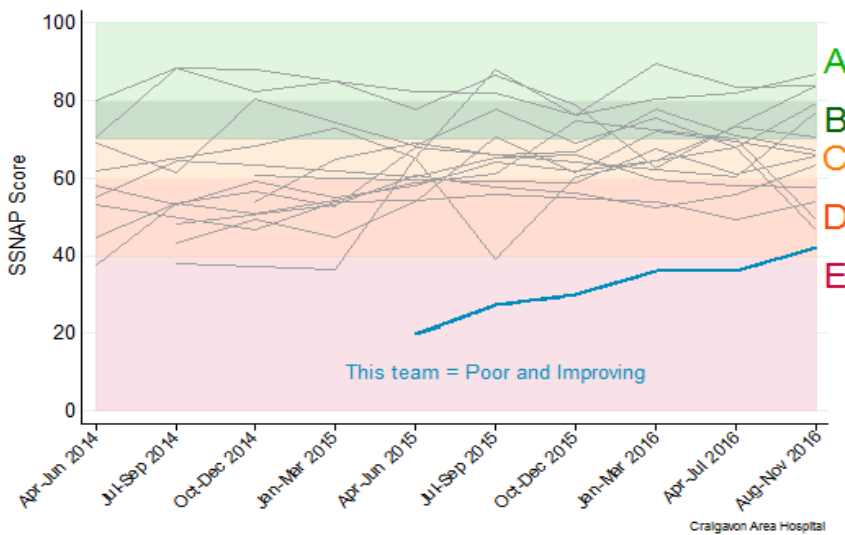o  Interactive **maps, infographics** and **dashboards.**

## Craigavon Area Hospital - 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



Craigavon Area Hospital

**Performance recently has generally been:**

# Poor

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

# Improving

### 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): |
|---|---|---|
| **Scanning** **Stroke Unit** **Thrombolysis** **Specialist Assessments** **Physiotherapy** **Speech and Language Therapy** **Multidisciplinary Team Working** **Discharge Processes** | **Occupational Therapy** | **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

# Craigavon Area Hospital - SSNAP Executive Summary

## Activity and length of stay

In August-November 2016 this hospital treated 107 patients, of which:

104 patients were first admitted to this hospital    3 patients were transferred in from another hospital

| Length of stay: | For all routinely admitting teams nationally N=27,507 | For all patients treated at this team N=107 | For patients discharged/transferred alive from this team N=99 |
|---|---|---|---|
| **0-3 days** | 40.3% (11,087 patients) | 40.2% (43) | 35.4% (35) |
| **4-7 days** | 20.3% (5,580 patients) | 38.3% (41) | 41.4% (41) |
| **8-21 days** | 21.4% (5,886 patients) | 18.7% (20) | 20.2% (20) |
| **22-30 days** | 5.3% (1,446 patients) | 1.9% (2) | 2.0% (2) |
| **31+ days** | 12.8% (3,508 patients) | 0.9% (1) | 1.0% (1) |
| *Mean* | *14.0 days* | *6.1 days* | *6.4 days* |

## Cost of stroke

These costs have been derived from the SSNAP health economic model. This estimates the average cost of stroke according to patients' age, sex, stroke type and stroke severity. NHS costs include acute treatment costs, bed stays, inpatient and post-discharge rehabilitation, drug prescribing and follow up GP and hospital visits. Social care costs include the costs of nursing home admission and packages of care. They are not the costs for a specific hospital, but the average cost across all providers. The model explored the cost effectiveness of two evidence-based interventions for acute stroke patients; thrombolysis and discharge with Early Supported Discharge. Both of these interventions are appropriate for a subset of acute stroke patients.

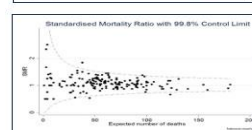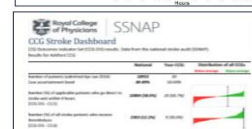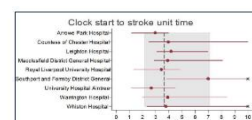| | | |
|---|---|---|
| **Thrombolysis Cost Savings over 5 years:** | *Your current thrombolysis rate* | 8% |
| | *Thrombolysis rate at top 20 performing units* | 20% |
| | *Average NHS cost saving by thrombolysing 1 more eligible patient* | £4,100 |
| | *Average social care cost saving by thrombolysing 1 more eligible patient* | £6,900 |
| | *Overall average cost saving by thrombolysing 1 more eligible patient* | £11,000 |
| | *Average quality-adjusted life-years gained by thrombolysing 1 more eligible patient* | 0.26 QALYs |
| **Early Supported Discharge (ESD) Cost Savings over 5 years:** | *Your current rate of discharge with ESD* | 2% |
| | *Rate of discharge with ESD at top 20 performing units* | 60% |
| | *Average NHS cost saving by discharging 1 more eligible patient with ESD* | £1,600 |
| | *Average social care cost saving by discharging 1 more eligible patient with ESD* | £8,700 |
| | *Overall average cost saving by discharging 1 more eligible patient with ESD* | £10,300 |
| | *Average quality-adjusted life-years gained by discharging 1 more eligible patient with ESD* | 0.14 QALYs |

## Admissions to care homes after stroke

Nationally, 7.0% of patients discharged alive from inpatient care between August-November 2016 were newly institutionalised into a care home for the first time upon leaving hospital. This compares to 1.1% (1/91) for patients treated by this hospital and discharged from inpatient care either by this hospital or another hospital.

## For further information, visit our results portal:

www.strokeaudit.org/results

Information is available for different types of users:

o    Data on stroke **care quality** for all **services** in England, Wales and Northern Ireland

o    **Regional** slideshows and **Easy Access** Versions

o    Reporting outputs for Clinical Commissioning Groups (**CCGs**) in England and Local Health Boards (**LHBs**) in Wales

o    Information about **patient outcomes** (30 day all cause **mortality** and AF outcomes)

o    Data about **patient characteristics** (e.g. AF, age profiles)

o    Nationally benchmarked data on how effectively stroke services are **organised** (e.g. **staffing levels**, acute care **protocols** and provision of specialist services)

o    **Interactive root-cause analysis tools** for to help to speed up **thrombolysis** and **intra-arterial intervention** times (*requires log-in* )

o    Detailed data on the **costs of stroke**, and the **costs and benefits** of improving thrombolysis and Early Supported Discharge

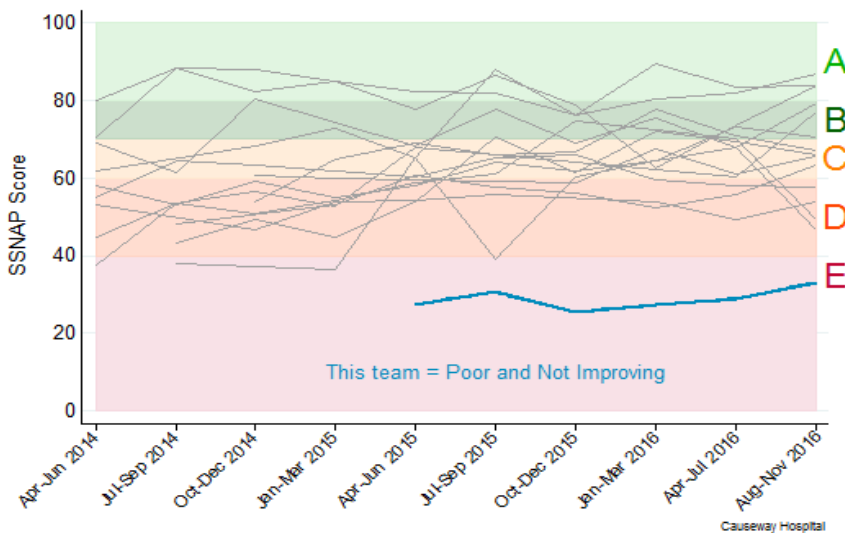o    Interactive **maps, infographics** and **dashboards.**

## Causeway Hospital - 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:**

# Poor

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

# Not Improving

### 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): |
|---|---|---|
| **Scanning** **Stroke Unit** **Thrombolysis** **Specialist Assessments** **Physiotherapy** **Multidisciplinary Team Working** **Standards by Discharge** | **Occupational Therapy** **Speech and Language Therapy** **Discharge Processes** | **(None)** |
| *\*\*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

# Causeway Hospital - SSNAP Executive Summary

## Activity and length of stay

In August-November 2016 this hospital treated 74 patients, of which:

74 patients were first admitted to this hospital          0 patients were transferred in from another hospital

| Length of stay: | For all routinely admitting teams nationally  N=27,507 | For all patients treated at this team  N=74 | For patients discharged/transferred alive from this team  N=62 |
|---|---|---|---|
| **0-3 days** | 40.3% (11,087 patients) | 23.0% (17) | 19.4% (12) |
| **4-7 days** | 20.3% (5,580 patients) | 18.9% (14) | 19.4% (12) |
| **8-21 days** | 21.4% (5,886 patients) | 39.2% (29) | 41.9% (26) |
| **22-30 days** | 5.3% (1,446 patients) | 6.8% (5) | 8.1% (5) |
| **31+ days** | 12.8% (3,508 patients) | 12.2% (9) | 11.3% (7) |
| *Mean* | *14.0 days* | *16.0 days* | *15.7 days* |

## Cost of stroke

These costs have been derived from the SSNAP health economic model. This estimates the average cost of stroke according to patients' age, sex, stroke type and stroke severity. NHS costs include acute treatment costs, bed stays, inpatient and post-discharge rehabilitation, drug prescribing and follow up GP and hospital visits. Social care costs include the costs of nursing home admission and packages of care. They are not the costs for a specific hospital, but the average cost across all providers. The model explored the cost effectiveness of two evidence-based interventions for acute stroke patients; thrombolysis and discharge with Early Supported Discharge. Both of these interventions are appropriate for a subset of acute stroke patients.

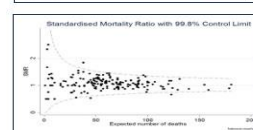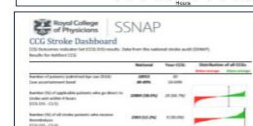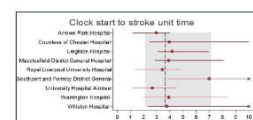| | | |
|---|---|---|
| **Thrombolysis Cost Savings over 5 years:** | *Your current thrombolysis rate* | 8% |
| | *Thrombolysis rate at top 20 performing units* | 20% |
| | *Average NHS cost saving by thrombolysing 1 more eligible patient* | £4,100 |
| | *Average social care cost saving by thrombolysing 1 more eligible patient* | £6,900 |
| | *Overall average cost saving by thrombolysing 1 more eligible patient* | £11,000 |
| | *Average quality-adjusted life-years gained by thrombolysing 1 more eligible patient* | 0.26 QALYs |
| **Early Supported Discharge (ESD) Cost Savings over 5 years:** | *Your current rate of discharge with ESD* | 0% |
| | *Rate of discharge with ESD at top 20 performing units* | 60% |
| | *Average NHS cost saving by discharging 1 more eligible patient with ESD* | £1,600 |
| | *Average social care cost saving by discharging 1 more eligible patient with ESD* | £8,700 |
| | *Overall average cost saving by discharging 1 more eligible patient with ESD* | £10,300 |
| | *Average quality-adjusted life-years gained by discharging 1 more eligible patient with ESD* | 0.14 QALYs |

## Admissions to care homes after stroke

Nationally, 7.0% of patients discharged alive from inpatient care between August-November 2016 were newly institutionalised into a care home for the first time upon leaving hospital. This compares to 11.1% (7/63) for patients treated by this hospital and discharged from inpatient care either by this hospital or another hospital.

## For further information, visit our results portal:

www.strokeaudit.org/results

Information is available for different types of users:

ο   Data on stroke **care quality** for all **services** in England, Wales and Northern Ireland

ο   **Regional** slideshows and **Easy Access** Versions

ο   Reporting outputs for Clinical Commissioning Groups (**CCGs**) in England and Local Health Boards (**LHBs**) in Wales

ο   Information about **patient outcomes** (30 day all cause **mortality** and AF outcomes)

ο   Data about **patient characteristics** (e.g. AF, age profiles)

ο   Nationally benchmarked data on how effectively stroke services are **organised** (e.g. **staffing levels**, acute care **protocols** and provision of specialist services)

ο   **Interactive root-cause analysis tools** for to help to speed up **thrombolysis** and **intra-arterial intervention** times (*requires log-in* )

ο   Detailed data on the **costs of stroke**, and the **costs and benefits** of improving thrombolysis and Early Supported Discharge

ο   Interactive **maps, infographics** and **dashboards.**

**Royal College of Physicians** | Sentinel Stroke National Audit Programme (SSNAP)
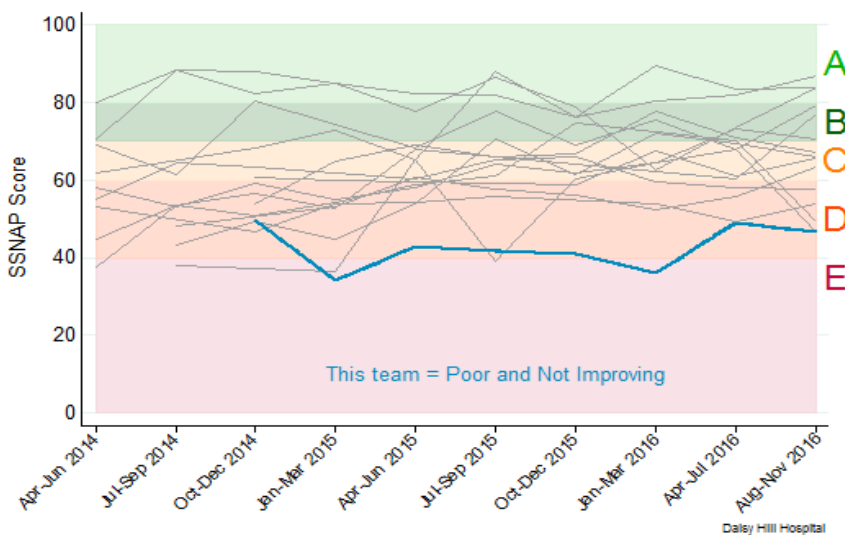
## Daisy Hill Hospital - SSNAP Executive Summary

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:**

# Poor

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

# Not Improving

### 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): |
|---|---|---|
| Stroke Unit | Scanning | Standards by Discharge |
| Specialist Assessments | Thrombolysis | |
| Speech and Language Therapy | Occupational Therapy | |
| Multidisciplinary Team Working | Physiotherapy | |
| Discharge Processes | | |
| **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

# Daisy Hill Hospital - SSNAP Executive Summary

## Activity and length of stay

In August-November 2016 this hospital treated 46 patients, of which:

42 patients were first admitted to this hospital          4 patients were transferred in from another hospital

| Length of stay: | For all routinely admitting teams nationally N=27,507 | For all patients treated at this team N=46 | For patients discharged/transferred alive from this team N=40 |
|---|---|---|---|
| **0-3 days** | 40.3% (11,087 patients) | 21.7% (10) | 20.0% (8) |
| **4-7 days** | 20.3% (5,580 patients) | 15.2% (7) | 15.0% (6) |
| **8-21 days** | 21.4% (5,886 patients) | 23.9% (11) | 25.0% (10) |
| **22-30 days** | 5.3% (1,446 patients) | 17.4% (8) | 15.0% (6) |
| **31+ days** | 12.8% (3,508 patients) | 21.7% (10) | 25.0% (10) |
| *Mean* | *14.0 days* | *18.5 days* | *19.6 days* |

## Cost of stroke

These costs have been derived from the SSNAP health economic model. This estimates the average cost of stroke according to patients' age, sex, stroke type and stroke severity. NHS costs include acute treatment costs, bed stays, inpatient and post-discharge rehabilitation, drug prescribing and follow up GP and hospital visits. Social care costs include the costs of nursing home admission and packages of care. They are not the costs for a specific hospital, but the average cost across all providers. The model explored the cost effectiveness of two evidence-based interventions for acute stroke patients; thrombolysis and discharge with Early Supported Discharge. Both of these interventions are appropriate for a subset of acute stroke patients.

| | | |
|---|---|---|
| **Thrombolysis Cost Savings over 5 years:** | *Your current thrombolysis rate* | 8% |
| | *Thrombolysis rate at top 20 performing units* | 20% |
| | *Average NHS cost saving by thrombolysing 1 more eligible patient* | £4,100 |
| | *Average social care cost saving by thrombolysing 1 more eligible patient* | £6,900 |
| | *Overall average cost saving by thrombolysing 1 more eligible patient* | £11,000 |
| | *Average quality-adjusted life-years gained by thrombolysing 1 more eligible patient* | 0.26 QALYs |
| **Early Supported Discharge (ESD) Cost Savings over 5 years:** | *Your current rate of discharge with ESD* | 15% |
| | *Rate of discharge with ESD at top 20 performing units* | 60% |
| | *Average NHS cost saving by discharging 1 more eligible patient with ESD* | £1,600 |
| | *Average social care cost saving by discharging 1 more eligible patient with ESD* | £8,700 |
| | *Overall average cost saving by discharging 1 more eligible patient with ESD* | £10,300 |
| | *Average quality-adjusted life-years gained by discharging 1 more eligible patient with ESD* | 0.14 QALYs |

## Admissions to care homes after stroke

Nationally, 7.0% of patients discharged alive from inpatient care between August-November 2016 were newly institutionalised into a care home for the first time upon leaving hospital. This compares to 0.0% (0/40) for patients treated by this hospital and discharged from inpatient care either by this hospital or another hospital.

## For further information, visit our results portal:

www.strokeaudit.org/results

Information is available for different types of users:

o    Data on stroke **care quality** for all **services** in England, Wales and Northern Ireland

o    **Regional** slideshows and **Easy Access** Versions

o    Reporting outputs for Clinical Commissioning Groups (**CCGs**) in England and Local Health Boards (**LHBs**) in Wales

o    Information about **patient outcomes** (30 day all cause **mortality** and AF outcomes)

o    Data about **patient characteristics** (e.g. AF, age profiles)

o    Nationally benchmarked data on how effectively stroke services are **organised** (e.g. **staffing levels**, acute care **protocols** and provision of specialist services)

o    **Interactive root-cause analysis tools** for to help to speed up **thrombolysis** and **intra-arterial intervention** times (*requires log-in* )

o    Detailed data on the **costs of stroke**, and the **costs and benefits** of improving thrombolysis and Early Supported Discharge

o    Interactive **maps, infographics** and **dashboards.**