

Sentinel Stroke National Audit Programme (SSNAP)

Acute Organisational audit proforma 2019

In collaboration with Getting It Right First Time (GIRFT) in England

(G denotes a question from the GIRFT team)

**School of Health and Population Sciences King’s College London**

This proforma should describe your stroke services as on **3rd June 2019**. Please complete all questions. Clarification is available online against each question and also in the supporting documentation provided. In some cases you will either be directed to a later question or a response will not apply based on answers to key questions. Data should be submitted via the SSNAP Web Portal strokeaudit.org/organisational audit.

Final Deadline: 28 June 2019. Checking week 1-5th July.
Helpdesk:

Telephone: 01164649901 E-mail: ssnap@kcl.ac.uk SITE CODE:[ ]

1. Core Organisational Information

**A1.** How many hospitals are covered by this form? [ ]

**Please give the full name of each individual hospital. In this question, we are asking about acute hospitals which directly admit acute stroke patients or routinely admit them within 7 days.**

(Table to have same number of rows as number entered for preceding question**.)**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Full name of hospital  | Total number of stroke unit beds | SSNAP code for hospital from clinical audit |
| **1** |  |  |  |
| **2** |  |  |  |
| **3** |  |  |  |
| **4** |  |  |  |

TAB ONE

**SECTION 1: Acute Presentation**

**For the purpose of this audit the definition for IN HOURS IS BETWEEN 8:00-18:00 Monday to Friday and OUT OF HOURS IS all days and times outside this range.**

**Care in the first 72 hours after stroke**

**1.1** Which of the following options best describes the service at your site for patients during the first 72 hours after stroke?

(Select only one option)

(i) We treat all of these patients

(ii) We treat some of these patients

(iii) We treat none of these patients

*This should be what best describes your service and what happens to patients generally, not what happens in exceptional circumstances. Please see helpdesk for further information and instruction.*

**1.1 (a)** If 1.1 (iii) is selected give the SSNAP site code of main hospital treating your patients for the first 72 hours [ ] This is the organisational audit site code, not the SSNAP team code

If 1.1(iii) is chosen: go straight to Section 2 question 2.1 after completing 1.1 (a) and omit remaining questions in this section on acute presentation.

If 1.1 is either (i) or (ii) complete the following:

Initial Review on Presentation This section must be completed by all hospitals to treat some or all patients seen during the first 72 hours after stroke.

**1.2** Most of the time, who is the first person ***from any team*** to review a patient presenting to hospital with a suspected stroke? **G**

(Select only one option for in hours and one option for out of hours)

**In Hours Out of Hours**

(i) Stroke Specialist Nurse

(ii) Stroke Junior Doctor (CMT/Foundation Trainee)

(iii) Stroke trained Registrar/Fellow

(iv) General Medical Registrar

(v) Stroke Specialist / General Neurology Consultant

(vi) Other Medical Speciality Consultant

(vii) A&E Consultant

(viii) A&E Junior Doctor/Registrar

(ix) Neurology Junior Doctor/Registrar

(x) Telemedicine link to own Trust Stroke Consultant

(xi) Telemedicine link to regional network Consultant

1.3 Most of the time, who is the first person ***from the stroke team*** to review a patient presenting to hospital with a suspected stroke? **G**

 **In Hours Out of Hours**

(Select only one option for in hours and one option for out of hours)

(i) Stroke Specialist Nurse

(ii) Stroke Junior Doctor (IMT/Foundation Trainee)

(iii) Stroke trained Registrar/Fellow

(iv) Stroke Specialist Consultant

(v) General Neurology Consultant

(vi) Neurology Junior Doctor/Registrar

(vii) Telemedicine link to own Trust Stroke Consultant

(viii) Telemedicine link to regional network Consultant

Scanning

**1.4** What initial acute brain imaging do you request for the following? **G**

(Select all that apply) CT CTA CTP MRI

(i) Clinical suspicion of stroke amenable to thrombolysis

(ii) Clinical suspicion of stroke amenable to thrombolysis & possible thrombectomy

(iii) Clinical suspicion of stroke but over 4.5 hours since onset of symptoms

(iv) Clinical suspicion of posterior circulation stroke but not a thrombolysis candidate

(v) Clinical suspicion of alternative neurological diagnosis

**CT = Computerised tomography, CTA =CT angiography, CTP= CT perfusion MRI= Magnetic resonance imaging**

**1.5** Who is responsible for initial review of brain imaging to inform decisions about thrombolysis / thrombectomy? **G**

(Select all that apply. Select at least one option for in hours and one for out of hours)

(If this is more than one person please tick more than one response e.g. if stroke consultant reviews the images as well as the general radiologist, tick both responses)

 **In Hours Out of Hours**

(i) Stroke Consultant on site [ ]  [ ]

(ii) Stroke Consultant remotely via PACS [ ]  [ ]

 (iii) Stroke Registrar [ ]  [ ]

(iv) Stroke Junior Doctor [ ]  [ ]

(v) Neuroradiologist [ ]  [ ]

(vi) General Radiologist [ ]  [ ]

(vii) “Reporting Hub” [ ]  [ ]

(viii) A&E Consultant/Registrar [ ]  [ ]

(ix) Medical Consultant/Registrar [ ]  [ ]

(x) Stroke consultant at own Trust via telemedicine link [ ]  [ ]

(xi) Stroke consultant in region/network via

 telemedicine link [ ]  [ ]

**1.6** If not during initial assessment, is brain imaging subsequently reviewed by a radiologist with a specific competency in neurovascular imaging in the following patient groups? **G**

(Select only one option for each patient group)

1. **Thrombolysis patients**

 Yes always

 Yes sometimes

 Yes rarely

 No

1. **Large Vessel Occlusion**

 Yes always

 Yes sometimes

 Yes rarely

 No

1. **All stroke patients**

 Yes always

 Yes sometimes

 Yes rarely

 No

**1.7** Do you have stroke specialist nurses (band 6 or above) who undertake hyper-acute assessments of suspected stroke patients in A&E? **G** (Select one option for in hours and one option for out of hours)

 **In Hours Out of Hours**

Yes

No

**1.8** Are your stroke specialist nurses counted within your ward based nurse establishment? **G**

(i.e. they are not supernumerary to your ward based nurses)? (Select one option for in hours and one option for out of hours)

*These are specialist nurses who have responsibilities outside the stroke unit.*

 **In Hours Out of Hours**

Yes

No

**1.9** Do you ever use video tele-health to review patients with your ambulance crews **G**

(Select one option only)

Yes No

**1.10** Do the stroke team receive a pre-alert (telephone call) from your ambulance crews for suspected stroke patients? **G**

**(**Select yes/no/sometimes for each type of patient)

**Yes No Sometimes**

 Thrombolysis candidates only

 All FAST positive

 All other suspected strokes

If Yes or sometimes to Q 1.10

**1.11** If the stroke team receive a pre-alert, who is the call usually made to? **G**

(Select all that apply)

Stroke Specialist Nurse ☐

Directly to Accident and Emergency Department ☐

Stroke Junior Doctor on call ☐

Stroke Consultant on call ☐

CT control room ☐

Call to Stroke ward / HASU ☐

If Yes or sometimes to Q 1.10

**1.12** If the stroke team receive a pre-alert, what information are they usually given by the paramedic crew? **G**

 (Select all that apply)

Name ☐

Date of birth ☐

Symptoms ☐

Time of onset ☐

BP measurement by Paramedics ☐

List of medications ☐

NHS number ☐

Only that patient is on their way ☐

**1.13** Where are your suspected stroke patients that arrive by ambulance taken to for assessment? **G**

(Select all that apply. You must select at least one option for each type of patient)

 **Potential Thrombolysis All other suspected stroke**

 **patients patients**

A&E [ ]  [ ]

HASU/ASU [ ]  [ ]

Neurology Ward [ ]  [ ]

Combined stroke/neurology ward [ ]  [ ]

Acute Medical Unit [ ]  [ ]

HDU/ITU/CCU [ ]  [ ]

CT scan [ ]  [ ]

**1.14** Do you actively admit patients with subarachnoid haemorrhage to your stroke unit? **G**

**(**Select only one option)

Yes No

**1.15** Do you actively admit patients with subdural haematoma to your stroke unit? **G**

**(**Select only one option)

Yes No

**Telemedicine**

**1.16** Does the stroke service at your site use telemedicine to allow remote access for the management of acute stroke care?

(Select only one option)

Yes No

 If yes to 1.16:

**1.17** Which of the following do you use: (Select all that apply)

(i) Remote viewing for brain imaging [ ]

(ii) Video enabled clinical assessment [ ]

**1.18** Do you operate a telemedicine rota with other hospitals?

(Select only one option)

Yes No

**1.19** Which of the following groups of patients are assessed using telemedicine?

(Select only one option)

 Only patients potentially eligible for thrombolysis

Some patients (regardless of eligibility for thrombolysis)

All patients (who require assessment during times when telemedicine is in use)

TAB TWO

**SECTION 2: STROKE UNITS**

**2.1** Please give the following details on type and number of stroke unit beds for each of these hospitals:

|  |  |  |
| --- | --- | --- |
|  |  | **Answer separately for each hospital** |
|  | **(a)** Full name of hospital | **(b)** Total number of stroke unit beds(can be 0).\* | **(c)** Number of stroke unit beds **solely** for patients in first 72 hours after stroke**TYPE 1 Beds** | **(d)** Number of stroke unit beds **solely** forpatients beyond 72 hours after stroke**TYPE 2 Beds** | **(e)** Number of stroke unit beds used for **both** pre and post-72 hour care**TYPE 3 beds** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  | **TOTAL:** |  |  |  |  |

**SECTION 2A: STROKE UNIT - Care on stroke unit beds used solely for patients in the first 72 hours after stroke (please answer based on ALL beds recorded in 2.1(c)) TYPE 1 BEDS**

**2.2** How many of these beds have continuous physiological monitoring (ECG, oximetry, blood pressure)?

 [ ] beds

**2.3** How many stroke consultant ward rounds are conducted on your acute stroke ward per week?

 [ ] ward rounds per week

*(If you have 2 consultant led ward rounds 7 days a week please enter 14. If there is more than one location for these beds, please give an average e.g. if there are 20 beds overall and 10 have ward rounds 7 times a week and the other 10 have ward rounds 5 times a week, you should put 6. If you have permutations outside of this please contact the SSNAP helpdesk).*

*For questions 2.5 - 2.8 only the nursing staff for the beds solely used for patients in the first 72 hours after stroke (i.e. the total entered for 2.1c) should be included.*

**2.4** How many of the following *nursing* staff are there usually on duty at **10AM** for these beds? (Enter 0 if no staff of that grade). *Only the nursing staff for the beds which are solely used for patients in the first 72 hours after stroke (i.e. the total entered for 2.1c).*

*(N.B. Please do not double count any nurses/care assistants listed in 2.09 and 2.16)*

|  |  |  |  |
| --- | --- | --- | --- |
|  | Weekdays | Saturdays | Sundays/Bank Holidays |
| (i) Registered nurses | [ ] | [ ] | [ ] |
| (ii) Care assistants | [ ] | [ ] | [ ] |

**2.5** How many nurses are there usually on duty for these beds at 10am who are trained in the following? (Enter 0 if none).

*(N.B. Please do not double count any nurses listed in 2.10 and 2.17)*

|  |  |  |  |
| --- | --- | --- | --- |
|  | Weekdays | Saturdays | Sundays/Bank Holidays |
| (i) Swallow screening | [ ] | [ ] | [ ] |
| (ii) Stroke assessment |  |  |  |
| and management | [ ] | [ ] |  [ ] |

**2.6** How many nurses are there usually on duty for these beds at **10PM** for these beds? (Enter 0 if no staff of that grade). *Only the nursing staff for the beds which are solely used for patients in the first 72 hours after stroke (i.e. the total entered for 2.1c).*

*(N.B. Please do not double count any nurses/care assistants listed in 2.11 and 2.18)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | Weekdays | Saturdays | Sundays/Bank Holidays |
| (i) | Registered nurses | [ ] | [ ] | [ ] |
| (ii) | Care assistants | [ ] | [ ] | [ ] |

**2.7** What is the total establishment of whole time equivalents (WTEs) of the following bands of nurses for your Type 1 beds (beds solely for patients in the first 72 hours after stroke) in your site? *(Enter 0 if no establishment)*

|  |  |
| --- | --- |
| **Type 1 beds**(beds solely for patients in first 72 hours after stroke) | **Whole time equivalents****WTE** |
| Band 1 |  |
| Band 2 |  |
| Band 3 |  |
| Band 4 |  |
| Band 5 |  |
| Band 6 |  |
| Band 7 |  |
| Band 8a |  |
| Band 8b |  |
| Band 8c |  |

**2.7a** How are your type1 beds currently funded? **G**

(Select only one option)

Block contract

Payment by results (PBR)

Uplifted/enhanced tariff

Unfunded (at risk)

Not known

Site in Wales or N/Ireland (N/A)

**SECTION 2B Care on stroke unit beds used solely for patients beyond 72 hours after stroke (please answer based on ALL beds noted in 2.1(d)) TYPE 2 Beds**

**2.8** How many days per week is there a stroke specialist consultant ward round for these beds? [ ]

*(If there is more than one location for these beds, please give an estimated average e.g. if there are 20 beds overall and 10 have ward rounds 7 times a week and the other 10 have ward rounds 5 times a week, you should put 6. If you have permutations outside of this please contact the SSNAP helpdesk).*

**2.9** How many of the following *nursing* staff are there usually on duty at 10am for these beds? (Enter 0 if no staff of that grade) *Only the nursing staff for the beds which are solely used for patients beyond the first 72 hours after stroke (i.e. the total entered for 2.1d)*

*(N.B. Please do not double count any nurses/care assistants listed in* ***2.4 and 2.16****)*

|  |  |  |  |
| --- | --- | --- | --- |
|  | Weekdays | Saturdays | Sundays/Bank Holidays |
| (i) Registered nurses | [ | ] | [ | ] | [ ] |
| (ii) Care assistants | [ | ] | [ | ] | [ ] |

**2.10** How many nurses are there usually on duty for these beds at 10am who are trained in the following? (Enter 0 if none). *(N.B. Please do not double count any nurses listed in 2****.5 and 2.17****)*

|  |  |  |  |
| --- | --- | --- | --- |
|  | Weekdays | Saturdays | Sundays/Bank Holidays |
| (i) Swallow screening | [ ] | [ ] | [ ] |
| (ii) Stroke assessment |  |  |  |
| and management | [ ] | [ ] |  [ ] |

**2.11** How many of the following *nursing* staff are there usually on duty at **10PM**for these beds? (Enter 0 if no staff of that grade) *Only the nursing staff for the beds which are solely used for patients beyond the first 72 hours after stroke (i.e. the total entered for 2.1d)*

*(N.B. Please do not double count any nurses/care assistants listed in* ***2.6 and 2.18****)*

|  |  |  |  |
| --- | --- | --- | --- |
|  | Weekdays | Saturdays | Sundays/Bank Holidays |
| (i) Registered nurses | [ | ] | [ | ] | [ ] |
| (ii) Care assistants | [ | ] | [ | ] | [ ] |

**2.12** What is the total establishment of whole time equivalents (WTEs) of the following bands of nurses for type 2 beds (beds solely for patients beyond 72 hours after stroke) (Enter 0 if no establishment)

|  |  |
| --- | --- |
| **Type 2 beds**(beds for patients beyond 72 hours after stroke) | **Whole time equivalents****WTE** |
| Band 1 |  |
| Band 2 |  |
| Band 3 |  |
| Band 4 |  |
| Band 5 |  |
| Band 6 |  |
| Band 7 |  |
| Band 8a |  |
| Band 8b |  |
| Band 8c |  |

**2.13** How are your type 2 beds currently funded? **G**

(Select only one option)

Block contract

Payment by results (PBR)

Uplifted/enhanced tariff

Unfunded (at risk)

Not known

Site in Wales or N/Ireland (N/A)

**SECTION 2C Care on Stroke Unit beds which are used for both pre and post-72-hour care (please answer based on ALL beds noted in 2.1(e)) TYPE 3 beds**

**2.14** How many of these beds have continuous physiological monitoring (ECG, oximetry, blood pressure)? [ ] beds

**2.15** How many stroke consultant ward rounds are conducted on your acute stroke ward per week?

 [ ] ward rounds per week

*(If you have 2 consultant led ward rounds 7 days a week please enter 14. If there is more than one location for these beds, please give an average e.g. if there are 20 beds overall and 10 have ward rounds 7 times a week and the other 10 have ward rounds 5 times a week, you should put 6. If you have permutations outside of this please contact the SSNAP helpdesk).*

*Type 3 beds (beds used for pre and post 72 hours only).*

**2.16** How many of the following *nursing* staff are there usually on duty at **10AM** for these beds? (Enter 0 if no staff of that grade). *(N.B. Please do not double count any nurses/care assistants listed in 2.4 and 2.9. Only the nursing staff for the beds which are solely used for patients' pre and post 72-hour care (i.e. the total entered for 2.1e.)*

|  |  |  |  |
| --- | --- | --- | --- |
|  | Weekdays | Saturdays | Sundays/Bank Holidays |
| (i) Registered nurses | [ | ] | [ | ] | [ ] |
| (ii) Care assistants | [ | ] | [ | ] | [ ] |

**2.17** How many nurses are there usually on duty for these beds at **10AM** who are trained in the following? (Enter 0 if none). *(N.B. Please do not double count any nurses listed in 2.5* or *2.10)*

|  |  |  |  |
| --- | --- | --- | --- |
|  | Weekdays | Saturdays | Sundays/Bank Holidays |
| (iii) Swallow screening | [ | ] | [ ] | [ ] |
| (iv) Stroke assessment and management | [ | ] | [ ] | [ ] |

**2.18** How many of the following *nursing* staff are there usually on duty at **10PM** for these beds? (Enter 0 if no staff of that grade). *(N.B. Please do not double count any nurses/care assistants listed in 2.6 and 2.11. Only the nursing staff for the beds which are solely used for patients' pre and post 72-hour care (i.e. the total entered for 2.1e.)*

|  |  |  |  |
| --- | --- | --- | --- |
|  | Weekdays | Saturdays | Sundays/Bank Holidays |
| (i) Registered nurses | [ | ] | [ | ] | [ ] |
| (ii) Care assistants | [ | ] | [ | ] | [ ] |

**2.19** What is the total establishment of whole time equivalents (WTEs) of the following bands of nurses for type 3 beds (beds for both pre and post 72 hour care)? (Enter 0 if no establishment)

|  |  |
| --- | --- |
| **Type 3 beds**Beds for both pre and post 72 hour care) | **Whole time equivalents****(WTE)** |
| Band 1 |  |
| Band 2 |  |
| Band 3 |  |
| Band 4 |  |
| Band 5 |  |
| Band 6 |  |
| Band 7 |  |
| Band 8a |  |
| Band 8b |  |
| Band 8c |  |

**2.19a** How are your type 3 beds funded? **G**

(Select only one option)

Block contract

Payment by results (PBR)

Uplifted/enhanced tariff

Unfunded (at risk)

Don’t know

Site in Wales or N/Ireland (N/A)

TAB THREE **THROMBOLYSIS AND THROMBECTOMY**

**Thrombolysis**

**3.1** Where are the majority of your patients thrombolysed for each procedure? **G**

(Select at least one option for bolus and one for infusion)

 **Bolus Infusion**

A&E [ ]  [ ]

In the CT scanner [ ]  [ ]

Where your Type 1 or Type 3 beds are based [ ]  [ ]

CCU/ITU/HDU [ ]  [ ]

Acute Medical Unit /Medical Ward [ ]  [ ]

Neurology ward [ ]  [ ]

**Thrombectomy**

**3.2** Are you a thrombectomy centre?

(Select only one option)

Yes No

If no to 3.2 go to 3.5

 If yes to 3.2

**3.3** What are the hours of operation for your thrombectomy service?

(Select only one option)

1. Monday – Friday, 9am – 5pm
2. Monday – Friday, extended hours
3. Extended hours including weekends
4. 24 hours a day, 7 days a week
5. Occasional daytime hours during weekends

**3.4** How many consultant level doctors from your site carry out thrombectomy? [ ]

*(Please do not include doctors who work primarily at other sites - each doctor should only be counted at one site. Please include doctors who have performed 1 or more thrombectomy procedures)*

For each of these consultants, please state their specialty.

| 3.4a Which specialty is this consultant? | **Consultant:** |
| --- | --- |
| **1:** | **2:** | **3:** | **4:** | **5:** | **6:** | **7:** | **8:** | **9:** | **10:** |
| Interventional neuroradiology | O | O  | O | O | O | O | O | O | O | O |
| Vascular interventional neuroradiology | O | O | O | O | O | O | O | O | O | O |
| Non-vascular interventional neuroradiology | O | O | O | O | O | O | O | O | O | O |
| Cardiologist | O | O | O | O | O | O | O | O | O | O |
| Neuro-surgeon | O | O  | O | O | O | O | O | O | O | O |
| Stroke Physician | O | O | O | O | O | O | O | O | O | O |
| Other | O | O | O | O | O | O | O | O | O | O |

If no to 3.2

**3.5** Do you refer appropriate patients to a thrombectomy centre?

(Select only one option)

Yes No

If yes to 3.5,

**3.6** Which centre do you refer patients to for thrombectomy? **G**

(Select from the list supplied the centre where the majority of your patients are referred to)

If yes to question 3.5

**3.7** How many patients have you transferred to a thrombectomy centre that **did not have the procedure** in the 12 months prior to June 2019 **G**? (Enter a number) [ ]

If no to 3.2 and no to 3.5 (go to Q3.12a)

If yes to 3.5

**3.8** What is your process for IV thrombolysis prior to transfer for thrombectomy? **G**

(Select all that apply)

Give Bolus and full infusion before transfer [ ]

Give Bolus and infusion but stop infusion at point patient ready to be transferred [ ]

Give Bolus and infusion which is continued in ambulance with support

of stroke nurse on transfer [ ]

Give Bolus and infusion which is continued in ambulance with support

of A&E nurse on transfer [ ]

Give Bolus and infusion which is continued in ambulance with support

from paramedic crew [ ]

Process depends on ambulance service conveying patient

(i.e. different protocols for different services) [ ]

**3.9** Who makes the decision that there is a large vessel occlusion on CTA imaging prior to transferring for thrombectomy? **G**

(Select all that apply. You must select at least one option for in hours and one option for out of hours)

**In Hours Out of Hours**

Stroke Junior Doctor making referral [ ]  [ ]

Stroke Consultant [ ]  [ ]

General Radiologist [ ]  [ ]

Neuroradiologist at your hospital [ ]  [ ]

Neuroradiologist at IAT Centre (if different) [ ]  [ ]

Stroke team at thrombectomy centre [ ]  [ ]

Remote tele-radiology service off site [ ]  [ ]

No service [ ]

**3.10** When a patient requires conveyance to thrombectomy centre at what point do you call the first responder ambulance service? **G**

(Select only one option)

Paramedic crew are kept on standby and not released from initial call

At the point IV thrombolysis is complete

At the point CTA suggests occluded vessel

When accepted by thrombectomy centre

**3.11** Do the stroke team use helicopter transfers for thrombectomy patients? **G**

(Select only one option)

Yes No

**3.12a** What is the average time between call to ambulance from acute hospital to arrival of ambulance crew at acute hospital for your last 5 cases / over last 12 months **G**?

(Select only one option)

 **Call to Arrival of ambulance crew**

10-30mins

31-60mins

61-90mins

91-120mins

>120 mins

**3.12 b** What is the average time between arrival of the ambulance at the acute hospital to departure from acute hospital for your last 5 cases / over last 12 months? **G**

(Select only one option)

**Time from arrival of ambulance crew to departure**

10-30mins

31-60mins

61-90mins

91-120mins

>120 mins

**3.13** What are your arrangements (governance processes) for discussion of patients referred for thrombectomy? **G**

(Select only one option)

Most patients referred reviewed with thrombectomy centre as part of regional MDT

Most patients referred reviewed locally as part of local MDT

Informal feedback

No regular discussion

TAB FOUR

**SECTION 4: SPECIALIST INVESTIGATIONS FOR STROKE AND TIA PATIENTS**

**4.1** What is the usual waiting time for patients to receive carotid imaging? **G**

(Select only one option)

|  |  |  |
| --- | --- | --- |
| (i) The same day (7 days a week) |  |  |
| (ii) The same day (5/6 days a week) |  |  |
| (iii) The next day |  |  |
|  (iv) The next weekday |  |  |
| (v) Within a week |  |  |
| (vi) Longer than a week |  |  |

**4.2** Do you ever image ***intra-cranial vessels*** for your ischaemic stroke patients? **G**

(Select only one option)

Yes No

If yes, to 4.2

**4.2a** Which of the following best describes your practice for imaging these vessels? **G**

(Select only one option)

It is a routine investigation

Only for patients that would be amenable to specific treatment if abnormality detected

If yes to 4.2

**4.2b** Which of the following methods do you use? **G**

(Select all that apply. Select at least one option for in hours and one option for out of hours

 **In hours Out of hours**

CTA [ ]  [ ]

MRA – (CEMRA) [ ]  [ ]

 MRA – (ToF) [ ]  [ ]

 No service [ ]

MRA – (CEMRA = contrast enhanced magnetic resonance imaging, MRA – (ToF) = time of flight imaging

**4.3** Do you image ***extra cranial vessels*** for your ischaemic stroke patients? **G**

(Select only one option)

Yes No

If yes, to 4.3

**4.3a** Which of the following best describes your practice for imaging these vessels? **G**

(Select only one option)

It is a routine investigation

Only for patients that would be amenable to specific treatment if abnormality detected

**4.3b** Which imaging modality do you use as a first line to ***image extra-cranial*** vessels? **G**

 Select only one option for in hours and only one option for out of hours

**In Hours Out of Hours**

Doppler Ultrasound

CTA

MRA – (CEMRA)

MRA – (ToF)

No service

MRA – (CEMRA = contrast enhanced magnetic resonance imaging, MRA – (ToF) = time of flight imaging

**4.4** What is your usual pathway for detecting paroxysmal atrial fibrillation? **G**

*Please list in the sequence of investigations you apply i.e. 1=1st, 2= 2nd etc.)*

**Chronological order**

**1 = First**

**2= Second**

**7= last**

 HASU telemetry monitoring ☐

 Inpatient 24 hour tape [ ]  Outpatient 24 hour tape [ ]

 Extended cardiac recording: 48 hours [ ]

 Extended cardiac recording: 5- 7 days [ ]

 Reveal/implantable loop recorder [ ]

 Transdermal patch (e.g. Ziopatch) [ ]

**4.5** In which stroke patients do you normally perform echocardiography? **G**

(Select all that apply)

In the majority of patients post stroke [ ]

Patients suggestive of cardioembolic source on brain imaging [ ]

Patients with abnormal ECG’s [ ]

Patients with suspected valvular lesions [ ]

Patients with new heart failure [ ]

Patients with known heart failure [ ]

We rarely do echocardiography [ ]

**4.6** In which patients do you request a bubble contrast echo? **G**

(Select all that apply)

All patients post stroke [ ]

All patients with suspected cardioembolic source on brain imaging [ ]

Patients with suspected cardioembolic source but initial

transthoracic echocardiogram (**TTE**) normal [ ]

**4.7** In which patients do you request a TOE (trans-oesophageal echo)? **G**

(Select all that apply)

All patients post stroke [ ]

All patients with suspected cardioembolic source on brain imaging [ ]

Patients with suspected cardioembolic source but initial

transthoracic echocardiogram (**TTE**) normal [ ]

If patient has had a positive bubble contrast echo [ ]

**4.8** Is PFO closure available locally for your stroke patients? (this refers to NHS rather than private provision) **G**

(Select only one option)

Yes No

If no to 4.8 go straight to 4.9

If yes to 4.8a

**4.8a** Are all patients discussed at a specialist stroke/cardiology MDT before PFO closure is offered? **G**

(Select only one option)

Yes No

**4.9** In which stroke patients do you request thrombophilia screening? **G**

(Select only one option)

Majority of patients

Only patients under a specific age

Only patients with previous history of previous DVT/ PE /miscarriage

None

**4.10** Which imaging modality do you most frequently use in your neurovascular clinic for suspected TIAs? Select only one option for brain imaging and on option for carotid imaging

**4.10a** First line brain imaging:

 CT

 MRI

 Rarely image TIAs

 **4.10b** First line carotid imaging:

 Carotid Doppler

 CTA

 MRA – (CEMRA)

 MRA – (ToF)

 Rarely image TIAs

**4.11** How frequently do you use this first line brain imaging modality in your neurovascular clinic for suspected TIAs? **G**

(Select only one option)

Frequently (>70%)

Sometimes (30-70%)

Rarely (<30%)

TAB FIVE

**SECTION 5: SERVICES AND STAFF ACROSS ALL STROKE UNIT BEDS**

Do not answer this section if you do not have any stroke units across your site (i.e. if total of 2.1(b) = 0)

**5.1** Does your stroke unit have access to the following within 5 days of referral?

(Select yes or no for each option)

 Yes No

**a)** Social work

**(b)** Orthotics

**(c)** Orthoptics

**(d)** Podiatry/foot health

**5.2** What is the total establishment of whole time equivalents (WTEs) and number of individuals of the following qualified professionals and support workers for all your stroke unit beds? (Enter 0 if no establishment).

**NB** Only tick the 6 day working or 7 day working option if these professionals treat stroke patients ***in relation to stroke management*** at weekends ***on the stroke unit***.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Whole time equivalentsWTE | Individuals | 5 day working | 6 day working | 7 day working |
| (i) Clinical Psychology (qualified) |  |  |  O | O | O |
| (ii) Clinical Psychology (support worker) |  |  | O | O | O |
| (iii) Dietetics (qualified) |  |  | O | O | O |
| (iv) Dietetics (support worker) |  |  | O | O | O |
| (v) Occupational Therapy (qualified) |  |  | O | O | O |
| (vi) Occupational Therapy (support worker) |  |  | O | O | O |
| (vii) Physiotherapy (qualified) |  |  | O | O | O |
| (viii) Physiotherapy (support worker) |  |  | O | O | O |
| (ix) Speech & Language Therapy (qualified) |  |  | O | O | O |
| (x) Speech & Language Therapy (support worker) |  |  | O | O | O |
| (xi) Pharmacy (qualified) |  |  | O | O | O |
| (xii) Pharmacy (support worker) |  |  | O | O | O |
| (xiii) Nursing (registered): Band 6 |  |  | O | O | O |
| (xiv) Nursing (registered): Band 7 |  |  | O | O | O |
| (xv) Nursing (registered): Band 8a |  |  | O | O | O |
| (xvi) Nursing (registered): Band 8b |  |  | O | O | O |
| (xvii) Nursing (registered): Band 8c |  |  | O | O | O |

**Junior Doctor Sessions**

**5.3** How many sessions of junior doctor time are there per week in total for all stroke unit beds?

a. Specialty trainee 3 (ST3)/registrar grade or above [

] Sessions

] Sessions

] Sessions

b. Foundation years/core training/ST1/ST2 or below [

c. Non training grade junior doctor [

**5.4** Do you have Physician Associates as part of your clinical team?

(Select only one option)

Yes No

**5.4a** How many whole time equivalents do these Physician Associates (Physician Assistants) work across your stroke service? **G** [ ] WTEs

**Venous thromboembolism prevention**

**5.5** What is your first line treatment for preventing venous thromboembolism for patients with reduced mobility? (Select only one option)

(i) Short or long compression stockings

(ii) Intermittent pneumatic compression device

(iii) Low molecular weight heparin

(iv) None of the above

**Post Discharge Reviews**

**Reviews at 6 weeks**

**5.6** Does a stroke patient get a post discharge review within ***6 weeks*** post discharge from hospital? **G**

(Select only one option)

Yes No

 (If no go to Q5.8)

**5.7** If yes to 5.6 Who completes the ***6 week*** reviews post discharge from hospital? **G**

(Select all that apply)

Primary care [ ]

Acute trust stroke team consultant [ ]

Stroke Nurse in hospital/community [ ]

Voluntary section e.g. Stroke Association [ ]

ESD team [ ]

Community therapy team [ ]

Not routinely arranged[ ]

**Reviews at 6 months**

**5.8** Are you commissioned (or in Wales and Northern Ireland expected) to carry out ***6 month*** reviews? **G**

(Select only one option)

Yes No

**5.9** Are the patients that you discharge given a ***6 month*** post stroke review? **G**

(Select only one option)

 All

 Some

 None

**If all or some is selected must answer 5.10. If none is selected go straight to 5.11**

**5.10** Who carries out your ***6 month*** reviews post discharge from hospital? **G**

(Select all that apply)

Specialist Stroke Nurses within hospital [ ]

Specialist Stroke Nurses in community [ ]

Stroke Association [ ]

Other third sector [ ]

Primary care [ ]

Stroke Consultant at Acute Trust [ ]

MDT 6 month review clinic i.e. with therapy support [ ]

Community Therapists [ ]

**5.11** On the 3rd of June, how many patients on your stroke ward are ‘medically fit for discharge’ (i.e. no longer requiring hospital bed based care)? **G** [ }

*(note the total must not be greater than total number of stroke unit beds)*

**5.12** Do you move patients no longer receiving specific stroke intervention to other wards if you need the bed for another stroke patient? **G**

(Select only one option)

Yes

No

Only in exceptional circumstances

TAB SIX

SECTION 6: OTHER STROKE CARE MODELS

EARLY SUPPORTED DISCHARGE TEAM

**Definitions:**

**Early supported discharge team** refers to a multidisciplinary team which provides rehabilitation and support in a community setting with the aim of reducing the duration of hospital care for stroke patients.

**Specialist Early Supported Discharge Team**

A **stroke/neurology specific team** is one which treats stroke patients either solely or as well as general neurology patients. This question should not include non-stroke/neurology specific teams.

**6.1** Do you have access to at least one **stroke/neurology specific** early supported discharge multidisciplinary team?

(Select only one option)

Yes No

**If no go to 6.2**

**6.1a** How many Specialist Early Supported Discharge (ESD) teams does your site have access to? (*Only include teams which see more than 10 patients a year.)* [ ] ESD teams

**6.1b** What percentage of your patients have access to at least one of these teams if needed? [ ]%

Please answer for the team providing care for the majority of your patients if you have multiple providers

**6.1c** For the ESD team that the majority of your patients attend, what duration of time post discharge are they commissioned for? (please select option closest to the duration) **G**

(Select only one option)

6 weeks

6 months

12 months

Needs based

No time limit

6.1d How is your ESD service currently funded? (this refers to your largest provider) G

(Select only one option)

Block contract

Payment by results (PBR)

Uplifted/enhanced tariff

Unfunded (at risk)

Not known

Site in Wales or N/Ireland (N/A)

**6.2** Do you have access to specialist spasticity services for the majority of your patients? **G**

(Select only one option)

Yes No

LONGER TERM COMMUNITY REHABILITATION TEAM

**Definition:** A team working in the community delivering rehabilitation services.

We will ask you about two types of CRT team in this part - stroke/neurology specialist and non-specialist (please make sure you answer the correct section(s) - this could be none, either or both)

**Specialist Community Rehabilitation Team**

**A stroke/neurology specific team is one which treats stroke patients either solely or as well as general neurology patients.**

**6.3** Do you have access to at least one **stroke/neurology specific** community rehabilitation team for longer term management?

(Select only one option)

Yes No

**If no to 6.3 go to 6.4**

If yes to 6.3

**6.3a** How many specialist Community Rehabilitation teams does your site have access to? (*Only include teams which see more than 10 patients a year.)* [ ]

**6.3b** What percentage of your patients have access to at least one of these teams if needed? [ ]%

**Non-specialist Community Rehabilitation Team**

**Definition:** A non-specialist team is one which treats stroke patients, general neurology patients and other types of patients.

6.4 Do you have access to at least one non-specialist community rehabilitation team for longer term management? (Select only one option)

Yes No

 **If no go to 7.1**

**If yes go to 6.4**

**6.4a** How many non-specialist Community Rehabilitation teams who your site have access to? (*Only include teams which see more than 10 patients a year.)* [ ]

**6.4b** What percentage of your patients have access to at least one of these teams if needed? [ ]

**TAB SEVEN**

**SECTION 7: TIA/NEUROVASCULAR SERVICE**

**7.1** Does your site have a neurovascular clinic?

(Select only one option)

Yes No

 If no to 7.1:

**7.2** If no, who provides this for your patients (select one option (a) or (b) only)?

(i) Another site within our trust

Please give name and site code [ ] 3 digit code

(ii) Another site not within our trust

Please give name and site code: [ ] 3 digit code

If no to 7.1 Please go to 7.12 after answering 7.2.

**If yes to 7.1:**

**7.3** How many clinics within a 4 week period? [ ]

**7.4** How many new patients were seen during the past 4 weeks? [ ]

**7.5** What is the current average waiting time for an appointment from referral? [ ] days

**7.6** How are patients referred into your TIA / neurovascular service ? **G**

(Select all options that apply)

Via email/electronic referral [ ]

Fax [ ]

Written referral via post to stroke team [ ]

Written referral via post to Choose and Book [ ]

Telephone referral to stroke team [ ]

**7.7** Do the stroke team triage referrals to the TIA /neurovascular service? **G**

(Select only one option)

Yes No

 If yes to 7.7:

**7.8** Does this involve a telephone call to the patient? **G**

(Select only one option)

Yes No

If yes to 7.8

**7.9** Who triages the referrals? **G**

(Select all that apply. Select a minimum of one option for in hours and one option for out of hours)

 **In hours Out of hours**

Stroke Consultant [ ]  [ ]

Stroke Junior Doctor [ ]  [ ]

Stroke Specialist Nurse [ ]  [ ]

Stroke Specialist Nurse followed by Stroke Dr [ ]  [ ]

Admin staff based on triage criteria [ ]  [ ]

Stroke team contact all patients (tele-triage) [ ]  [ ]

Other [ ]  [ ]

If yes to 7.7

**7.10** Do you classify your patients as high risk or low risk of stroke using the ABCD2 score? **G** (Select only one option)

Yes No

**7.11** Within what timescale can you see, investigate and initiate treatment for ALL your TIA patients?

(Select yes or no for each service) **G**

**Tick which service(s) you have: a)** Inpatient Yes No **b)** Outpatient Yes No

(i) The same day (7 days a week)

(ii) The same day (5 days a week)

(iii) The next day

(iv) The next weekday

(v) Within a week

(vi) Within a month

 (vii) Longer than a month

**7.12** What is the total number of inpatients with confirmed or suspected TIA across all primary admitting hospitals on 3rd June 2019? [ ]

 If 7.12 is 0 please go to Section 8.

**7.13** How many inpatients with confirmed or suspected TIA are in **stroke unit beds** across all primary admitting hospitals on 3rd June 2019? [ ] patients

**TAB EIGHT**

**SECTION 8: SPECIALIST ROLES**

**8.1** Do you have at least one accredited specialist registrar in a post registered for stroke specialist training?

(Select only one option)

Yes No

If yes to 8.1 answer 8.2 and 8.3

If no to 8.1 go straight to 8.4

 **8.2** How many accredited specialist registrar posts do you have at your site? [ ] posts

**8.3** How many of the posts in 8.2 are currently filled? [ ] posts

**Workforce Planning for the service as on 3rd June 2019**

The aim of this section is to match the stroke care you provide to the type of consultant workforce that is, and may in the future, be available in your site. This may improve both national planning for training of future consultant physicians working in stroke medicine and their equitable distribution

**8.4** Do you have any unfilled stroke consultant posts?

(Select only one option)

Yes No

If yes to 8.4

**8.4a** How many programmed activities (PAs) do these posts cover? [ ] PAs

**8.4b** For how many months have these posts been funded but unfilled? [ ] months

If no to 8.4

**Existing posts**

**8.5** How many programmed activities (PAs) do you have in total for Stroke Consultant Physicians? [ ] PAs

**8.5a** How many consultants (individuals) are these PAs divided amongst? [ ] Consultants

**8.5b** How many of these PAs are Direct Clinical Care (DCCs) for Stroke? [ ] PAs

**Planned future posts**

This section refers to changes planned in the next **2 years**.

**8.6** How many new/additional programmed activities (PAs) do you plan to have for Stroke Consultant

Physicians? [ ] PAs

If 8.6 is ‘0' go to section 9

**8.6a** How many new/additional consultants (individuals) will these PAs be divided amongst?

[ ] Consultants

**8.6b** How many of these new/additional PAs will be for Direct Clinical Care (DCC) for Stroke? [ ] PAs

TAB NINE

**SECTION 9: QUALITY IMPROVEMENT, TRAINING & LEADERSHIP AND PATIENTS**

**9.1** What level of management takes responsibility for the follow-up of the results and recommendations of the Sentinel Stroke Audit? (Select all that apply)

(i) Executive on the Board [ ]

(ii) Non-executive on the Board [ ]

(iii) Chairman of Clinical Governance (or equivalent) [ ]

(iv) Directorate Manager [ ]

(v) Stroke Clinical Lead [ ]

(vi) Other [ ]

(vii) No specific individual [ ]

**9.2** Is there a strategic group responsible for stroke?

(Select only one option)

Yes No

If yes to 9.2

**9.2a** Which of the following does it include?

(Select all that apply. Select at least one option)

(i) Ambulance trust representative [ ]

(ii) Clinician [ ]

(iii) Patient representative [ ]

(iv) Commissioner [ ]

(v) Social Services [ ]

(vi) Stroke Network representative [ ]

(vii) Trust board member [ ]

**9.3** Do you have formal meetings with your coding department to improve the quality of stroke coding? **G** (Select only one option)

Yes No

If yes to 9.3

**9.3a** How frequently are these formal meetings held? **G**

 (Select only one option – the one which is closest to the timeframe)

(i) Weekly

(ii) Monthly

(iii) Quarterly

(iv) Annually

(v) Ad hoc/occasionally

**9.4** Do you have “breach” meetings to review performance against SSNAP quality standards? **G** (Select only one option)

Yes No

 If Yes to 9.4

**9.4a** How often are these meetings held? **G**

(Select only one option)

 (i) Daily

(ii) Weekly

(iii) Monthly

(iv) Quarterly

(v) Annually

**9.5** Do you have stroke specific mortality meetings within your Trust? (i.e. formal process to discuss all stroke deaths with stroke MDT team) **G**

(Select only one option)

Yes No

 If yes to 9.5

**9.5a** Which format is used? **G**

(Select only one option)

 Some deaths reviewed

All deaths reviewed

**9.6** Is there funding for external courses available for nurses and therapists? **G**

(Select only one option)

Yes No

**9.7** How often is there a formal survey seeking patient/carer views on stroke service?

*(This does not include the Friends and Family test)* (Select only one option)

(i) Never

(ii) Less than once a year

(iii) 1-2 times a year

(iv) 3-4 times a year

(v) More than 4 a year

(vi) Continuous (every patient)

**Stroke audit**

**9.8** What is the total number of whole time equivalents (WTEs) allocated in your site for stroke data collection? [ ] WTEs

**9.8a** Which disciplines are covered by the WTEs for stroke data collection? (Select all that apply)

Doctor [ ]

Manager [ ]

Nurse [ ]

Therapist [ ]

Clinical Audit/clinical Governance staff member [ ]

Data clerk/analyst with specific responsibility for stroke [ ]

Data clerk/analyst with general audit responsibilities [ ]

**Links with patients and carers**

**9.9** Does the Stroke service have formal links with patients and carers organisations for communication on any of the following? (Select only one option)

Yes No

If yes to 9.9

**9.9a** Which areas are included (Select all that apply):

(i) Service provision [ ]

(ii) Audit [ ]

(iii) Service reviews and future plans [ ]

(iv) Developing research [ ]

**9.10.** Does the stroke service have formal links with community user groups for stroke?

(Select only one option)

Yes No