

SSNAP Dataset for ESD/Community Rehab Teams (CRT)

Version control

Version	Date	Changes
1.1.1	12 Dec 2012	- Document created
2.1.1	4 Apr 2014	- Additional fields added after core dataset updated
2.1.2	17 Feb 2015	- Added introduction specific for ESD/CRT teams - Reformatted questions which will not be available to answer by ESD/CRT teams
3.1.1	01 Jul 2021	- Additional fields added after core dataset updated

Introduction to this dataset

Please note that all questions in the dataset will be displayed for all registered teams on the SSNAP webtool. **All SSNAP clinical teams must complete sections 4 and 7 of the dataset.**

When a record has been transferred on the webtool to an ESD or CRT team Sections 4 and 7 will 'refresh' allowing the ESD/CRT team to record and lock their data for these sections.

The SSNAP webtool has multiple validations (based on information supplied by teams in the preceding pathway) so some fields will be either be pre-populated and/or unavailable to answer because they are not relevant for ESD/CRT teams. These questions are shown in grey boxes below.

More information and contacts

For queries, please contact ssnap@kcl.ac.uk

SSNAP webtool: www.strokeaudit.org

To register a new team to participate in SSNAP please download, complete and return a new team registration form at the following link: <https://www.strokeaudit.org/Resources/New-SSNAP-Users.aspx>

Hospital / Team

Auto-completed on web tool

Patient Audit Number

Auto-completed on web tool

Section 1: Demographics

You may find it useful to keep a note of these patient details, but you will not need to enter them onto the webtool as they will have been entered already by the first team treating the patient, except for teams in Northern Ireland where this information is not collected by SSNAP.

1.1. Hospital Number

Free text (30 character limit)

(on the webtool this is just for the first team treating the patient, but you may wish to record a permanent number for the patient specific to your organisation)

1.2. NHS Number

10 character numeric

or No NHS Number

1.3. Surname

Free text (30 character limit)

1.4. Forename

Free text (30 character limit)

1.5. Date of birth

dd mm yyyy

1.6. Gender

Male Female

1.7. Postcode of usual address

2-4 alphanumerics 3 alphanumerics

Section 4: This admission

This section must be completed by every team on SSNAP regardless of their team function and position in the care pathway. Although patients are not 'admitted' to a non-inpatient care setting for ESD and CRT teams this can be taken to mean the period whilst the patient was under the care of your service.

4.1. Date/ time patient arrived at this hospital/team

4.2. Which was the first ward the patient was admitted to at this hospital?
 MAU/ AAU/ CDU Stroke Unit ITU/CCU/HDU Other

4.3. Date/time patient arrived on stroke unit at this hospital (*this question will be unavailable*)

or Did not stay on stroke unit

	1. Physiotherapy	2. Occupational Therapy	3. Speech and language therapy	4. Psychology
4.4. Was the patient considered to require this therapy at any point in this admission?	Yes <input type="radio"/> No <input type="radio"/>			
4.4.1 If yes, at what date was the patient no longer considered to require this therapy?				
4.5. On how many days did the patient receive this therapy across their total stay in this hospital/team?				
4.6. How many minutes of this therapy in total did the patient receive during their stay in this hospital/team?				
4.6.1 How many of the total therapy minutes were provided by a rehabilitation assistant?				
4.6.2 How many of the total therapy minutes were delivered by video/teletherapy?				

4.7. Date rehabilitation goals agreed: or No goals

4.7.1. If no goals agreed, what was the reason?	
Not known <input type="radio"/>	Patient medically unwell for entire admission <input type="radio"/>
Patient refused <input type="radio"/>	Patient has no impairments <input type="radio"/>
Organisational reasons <input type="radio"/>	Patient considered to have no rehabilitation potential <input type="radio"/>

4.8. Was the patient considered to require nursing care at any point whilst under the care of this team?	Yes <input type="radio"/> No <input type="radio"/>
4.8.1 If yes, at what date was the patient no longer considered to require this care?	
4.8.2. On how many days did the patient receive nursing care across their total stay in this team?	
4.8.3. How many minutes of nursing care in total did the patient receive during their stay in this team?	

4.9 Date patient screened for mood using a validated tool or Not Screened

4.9.1 If not screened, what was the reason?

4.10 Date patient screened for cognition using a simple standardised measure?

DD/MM/YYYY

or Not Screened



4.10.1 If not screened, what was the reason?

Enter relevant code

Section 7: Discharge / Transfer

- 7.1. The patient:
- Died
 - Was discharged to a care home
 - Was discharged home
 - Was discharged to somewhere else
 - Was transferred to another inpatient care team
 - Was transferred to an ESD / community team
 - Was transferred to another inpatient care team, not participating in SSNAP
 - Was transferred to an ESD/community team, not participating in SSNAP

7.1.1 If patient died, what was the date of death? *(this question will only be available if you answer "Died" in 7.1)*

dd	mm	yyyy
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7.1.2 Did the patient die in a stroke unit?

Yes No

7.1.3 What hospital/team was the patient transferred to? *(this question is only available if 7.1 answered "Was transferred to an ESD/community team" or "Was discharged to an inpatient care setting")*

Enter team code

7.2. Date/time of discharge from stroke unit

dd	mm	yyyy	hh	mm
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7.3. Date/time of discharge/transfer from team

dd	mm	yyyy	hh	mm
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7.3.1 Date patient considered by the multidisciplinary team to no longer require inpatient care?

dd	mm	yyyy
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7.4. Modified Rankin Scale score at discharge/transfer *(defaults to 6 if 7.1 is died)*

7.5. If discharged to a care home, was the patient: Previously a resident Not previously a resident
(this question will only be available if you answer "Was discharged to a care home" in 7.1)

7.5.1 If not previously a resident, is the new arrangement: Temporary Permanent

7.6. If discharged home, is the patient:

Living alone Not living alone Not known

(this question will only be available if you answer "Was discharged home" in 7.1)

7.7. Was the patient discharged with an Early Supported Discharge multidisciplinary team?

Yes, stroke/neurology specific Yes, non-specialist No

(this question will only be available if you answer "Was transferred to an ESD/community team in 7.1")

7.8. Was the patient discharged with a multidisciplinary community rehabilitation team?
Yes, stroke/neurology specific Yes, non-specialist No
(this question will only be available if you answer "Was transferred to an ESD/community team in 7.1")

7.9. Did the patient require help with activities of daily living (ADL)?
Yes No

If yes:

7.9.1 What support did they receive?

Paid carers Paid care services unavailable
Informal carers Patient refused
Paid and informal carers

7.9.2 At point of discharge, how many visits per week were social services going to provide?

or Not known

7.10. Is there documented evidence that the patient is in atrial fibrillation on discharge?
Yes No

7.10.1 If yes, was the patient taking anticoagulation (not anti-platelet agent) on discharge or discharged with a plan to start anticoagulation within the next month?

Yes No No but

7.11. Is there documented evidence of joint care planning between health and social care for post discharge management?

Yes No Not applicable

7.12. Is there documentation of a named person for the patient and/or carer to contact after discharge?
Yes No

7.13 Was COVID-19 confirmed at any time during the patient's hospital stay (or after death)?
Yes No Not known/not tested

7.13.1 If Yes, was COVID-19:

Present on admission (i.e. the admission COVID test was positive)
Confirmed subsequently during the patient's stay
Confirmed after death

7.14 It is not a requirement that the patient provides explicit consent for their patient identifiable details to be included in SSNAP at this stage. However, where efforts have been made to seek consent from the patient, please state if the patient gave consent for their identifiable information to be included in SSNAP?

Yes, patient gave consent
No, patient refused consent
Patient not asked