## DETERMINANTS OF PRE-HOSPITAL TIMINGS FOR ACUTE STROKE: DATA FROM THE SENTINEL STROKE NATIONAL AUDIT PROGRAMME (SSNAP)

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# KING'S SSNAP LONDON Sentinel Stroke National Audit Programme

### **BACKGROUND**

Over the last 5 years through 2019-2023 prehospital data extracted from the Sentinel Stroke National Audit Programme (SSNAP) and submitted by acute hospital trusts and the 11 regional ambulance services in England has shown the median onset-to-arrival time to have increased significantly from 168 to 201 minutes (figure 1). Our initial analysis promoted further investigation into the demographic and clinical variables affecting each component of the prehospital pathway (figure 2) across this large national audit dataset.

#### **METHODS**

We retrospectively investigated the prehospital pathway components of onset-to-call, call-to-scene, time-at-scene and scene-to-hospital. 381,960 ambulance records between Jan 2019-December 2023 were extracted from SSNAP and analysed. Continuous variables were analysed using the Kruskal-Wallis rank sum test, and categorical variables (age, sex, ethnicity, co-morbidities, stroke type and severity [NIHSS at hospital arrival]) analysed using Pearson's chi-squared test. The overall national pathway medians (onset to call 87mins, time on scene 32mins and scene to hospital at 18mins) were extracted and either side of these compared for any significant variable differences to more timely care. For call to location the median was not used in this instance and the evidenced target of 18 minutes preferred in line with the category 2 emergency 999 response that most stroke patients will fall within, after ringing the emergency services.

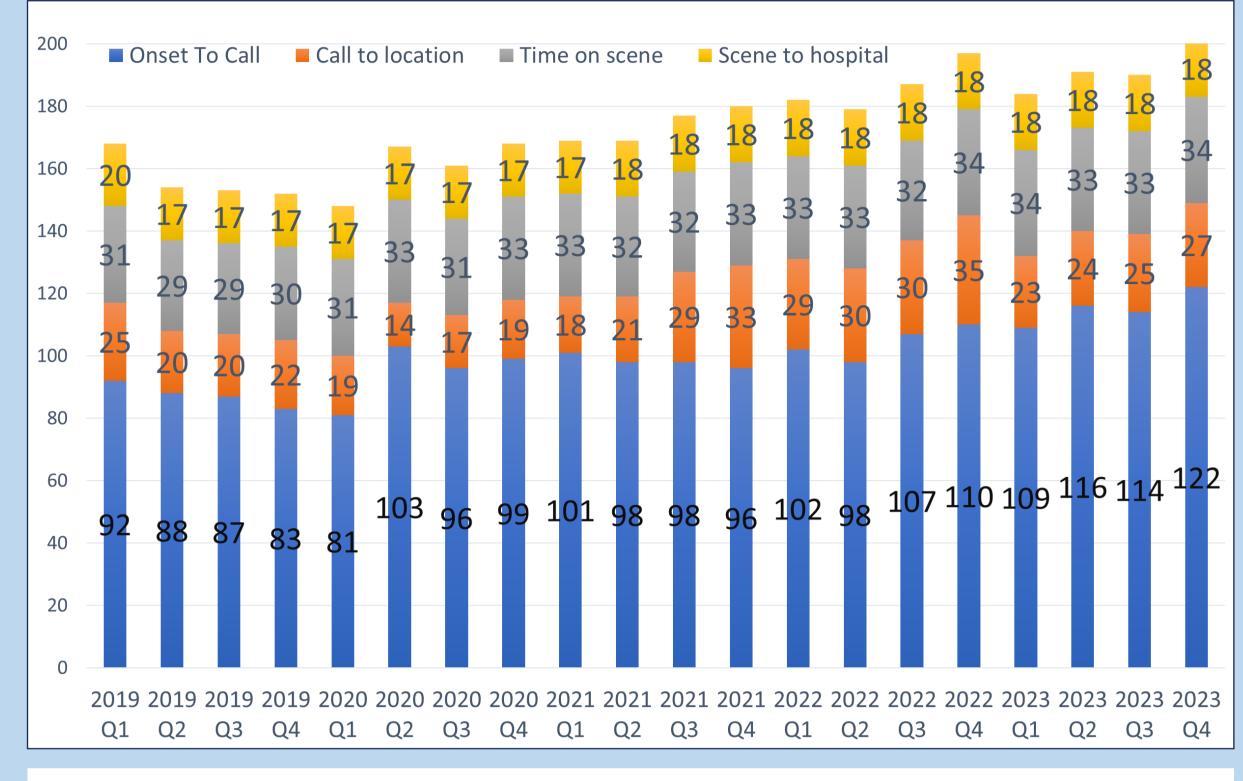


Figure 1: National Quarterly Median Pre-hospital timings (Jan 2019-Dec 2023)

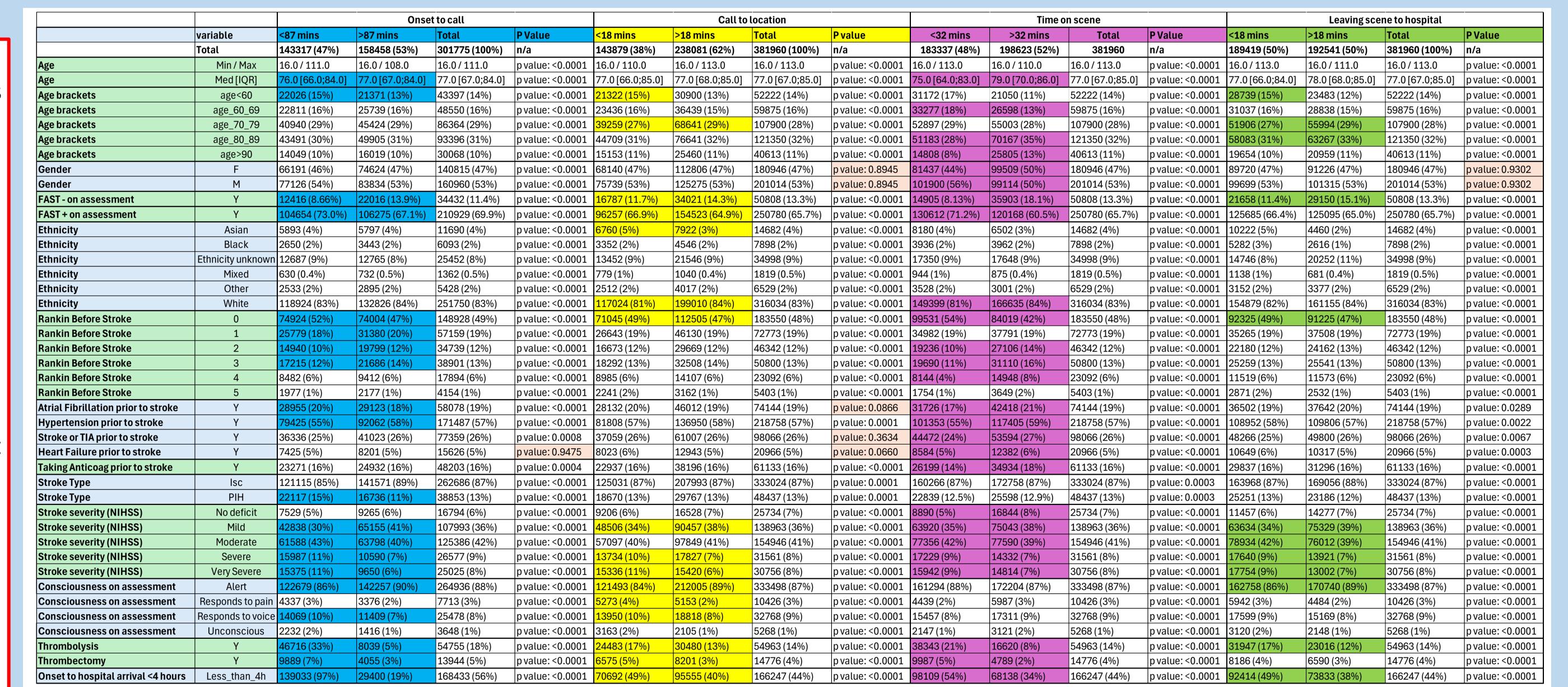
#### **RESULTS**

Onset to call – Age (76 v 77yrs median) (weighted by those <aged 60), stroke severity (moderate, severe and very severe), haemorrhagic stroke (15% v 11%), reduced levels of consciousness, no pre-stroke disability (0 modified Rankin scale score, mRS) and atrial fibrillation (AF) prior to stroke (20% v 18%) were all significantly associated to timelier 999 contact (p<0.0001). Hypertension prior to stroke was noted with a % increase in delayed calls. Within the timelier call group 73% presented as FAST+, 97% arrived within onset of 4 hours, 33% had intravenous thrombolysis (IVT) and 7% had intra-arterial thrombectomy (IAT).

Call to location — Overall no difference in age noted at 77yrs. Those of Asian and mixed background, no pre-stroke disability (mRS of 0), increased stroke severity (severe and very severe) and those non alert on assessment (AVPU) were all significantly associated with a timelier 999 response under 18 minutes (p<0.0001). Within the quicker response group 67% presented as FAST+, 49% arrived within onset of 4 hours, 17% had IVT and 5% had IAT.

**Time on scene** - Age (75 v 79yrs median) (weighted by <60 and those between 60-69), Males (56% v 50%), no pre-stroke disability (mRS of 0), increased stroke severity (Moderate, severe and very severe) all significantly associated with less time on scene. Patients presenting with a comorbidity or taking anticoagulants prior to stroke all stay on scene longer. Within the group spending less time on scene 71% presented as FAST+, 54% arrived within onset of 4 hours, 21% had IVT and 5% had IAT. **Leaving scene to hospital** – Age (77 v 78) weighted by those aged <60, no pre-stroke disability (mRS of 0), increased stroke severity (Moderate, severe and very severe) all significantly associated with quicker transportation to hospital. Within the quicker

transportation group 66% presented as FAST+, 49% arrived within onset of 4 hours,



#### CONCLUSION

Table 1: Quarterly Median National Pre-hospital pathway timings (Jan 2019-Dec 2023)

In this very large national prehospital audit dataset, multiple demographic and clinical variables appear to affect the timeliness of all components of the prehospital stroke pathway. More variables appear to be evident in the "Onset to call" (patient/bystander behaviour) and "Time on scene" windows. Improving the timeliness of stroke care windows is pivotal to patient groups accessing stroke interventions and reducing both disability and death. These findings in the future may influence national public health stroke awareness campaigns with more targeted messaging at specific groups, improve ambulance triage protocols and help response programmes of the future understand the relevance to the current category 2 response target, educate pre-hospital clinicians in allowing them to understand where they may spend longer on scene with different groups of patients and finally assist in the design of potential national or local pre-alert pathways for more critical groups of patients having longer transportations at present. Further studies are promoted to understand where confounding variables may be present on one another in these groups i.e young, severe, haemorrhagic strokes etc............

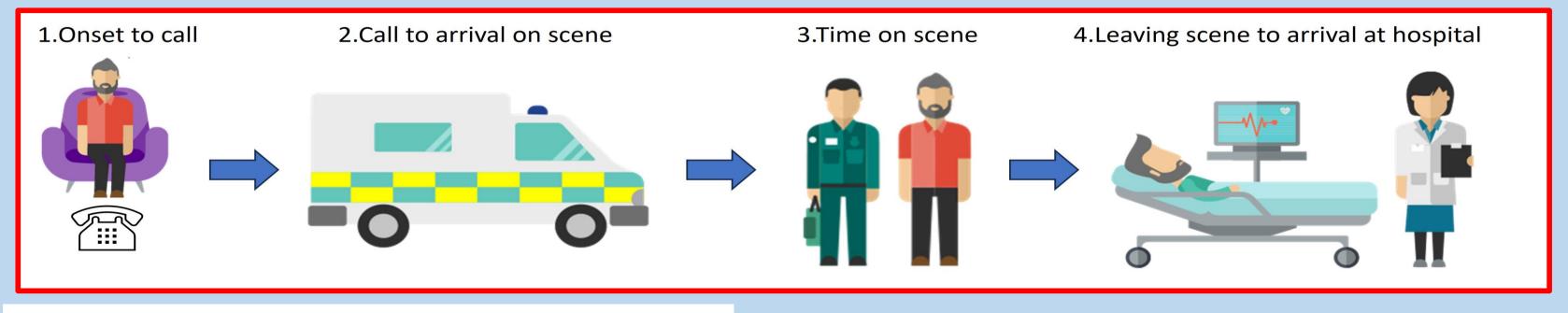


Figure 2: Breakdown of the pre-hospital pathway elements

17% had IVT and 4% had IAT.

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