

How can SSNAP drive quality improvement in the community?

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Background:

National registries and audit programmes are recognised methods of assessing quality of healthcare delivery¹. The Sentinel Stroke National Audit Programme (SSNAP) began in 2013 and collects a clinical dataset for stroke patients in England, Wales and Northern Ireland (85,000 patients annually)².

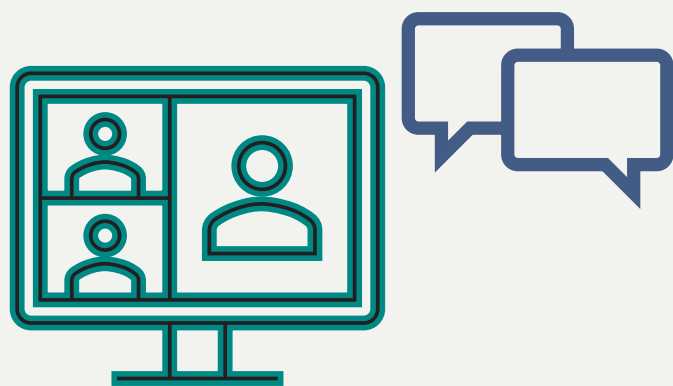
SSNAP has historically focused on hospital-based care and evidence suggests the audit has been successful in driving improvements³. The audit has more recently been expanded to include post-acute and community services. However, its impact in the community setting has yet to be established.

Challenges exist in collecting national data beyond the hospital setting. Community services are diverse, with variations in the commissioning and models of services⁴. This research explored stakeholder perceptions of SSNAP, their engagement and the role of SSNAP feedback in quality improvement.



Research question:

What influences the ability of SSNAP to drive quality improvement in the community setting?



Methods:

Qualitative interviews were undertaken with stakeholders, recruited through established clinical networks and social media in England. Stakeholders included anyone working in, leading, managing or commissioning community stroke rehabilitation in the community. These collaborative semi-structured interviews were completed online using MS Teams™.

"It's the understanding as to why this is so important. It's not a nice to have, it's absolutely must-have because it is the only thing that gives us weight in arguments with Commissioners"
[P9-Service Manager]

"We use SSNAP data to make that commissioning change"
[P20-Commissioner]

"Just tick a box to say you've done it"
[P14-Support Worker]

"You're not comparing an apple with an apple ... that needs to align to the new specification"
[P5-Service Manger]

"We know we lose so much data, we don't feel it's an accurate reflection of what we do. We haven't got to a point where we felt that we could use it for service improvement"
[P3-Team Lead]

"The process of locking and transferring is like dominoes, isn't it? You need everybody to go at the right time. That affects the quality of data"
[P5-Service Manager]

Results:

A diverse sample of stakeholders from across the post-acute audit pathway was achieved (n=20). A breakdown of participant roles is illustrated in Figure 1.

Four distinct themes identified in previous online surveys were explored in the interviews. These were organisation, data extraction, managing records and using data. Findings are summarised in Table 1.

Outcome of interest	Components
1. Organisational support How teams are enabled to be actively engaged in SSNAP.	• Leadership interest • An "Audit Champion" • Dedicated administrative support
2. Accessibility of findings The ease with which "headlines" can be identified, reports navigated, and salient details signposted.	Feedback contains: • Common metrics • A consistent format • Clear signposting • A concise summary
3. Pathway communication Effective channels of communication across the whole stroke pathway	• Local forums to collaborate • Established networks • Availability of up-to-date contact details
4. Accurate data Stakeholders are more confident to use data they perceive to be accurate	• Complete data for entire caseload • Reflects the services delivered by community teams • Captures changes made by stroke survivors in the community setting

Table 1. Summary of interview findings

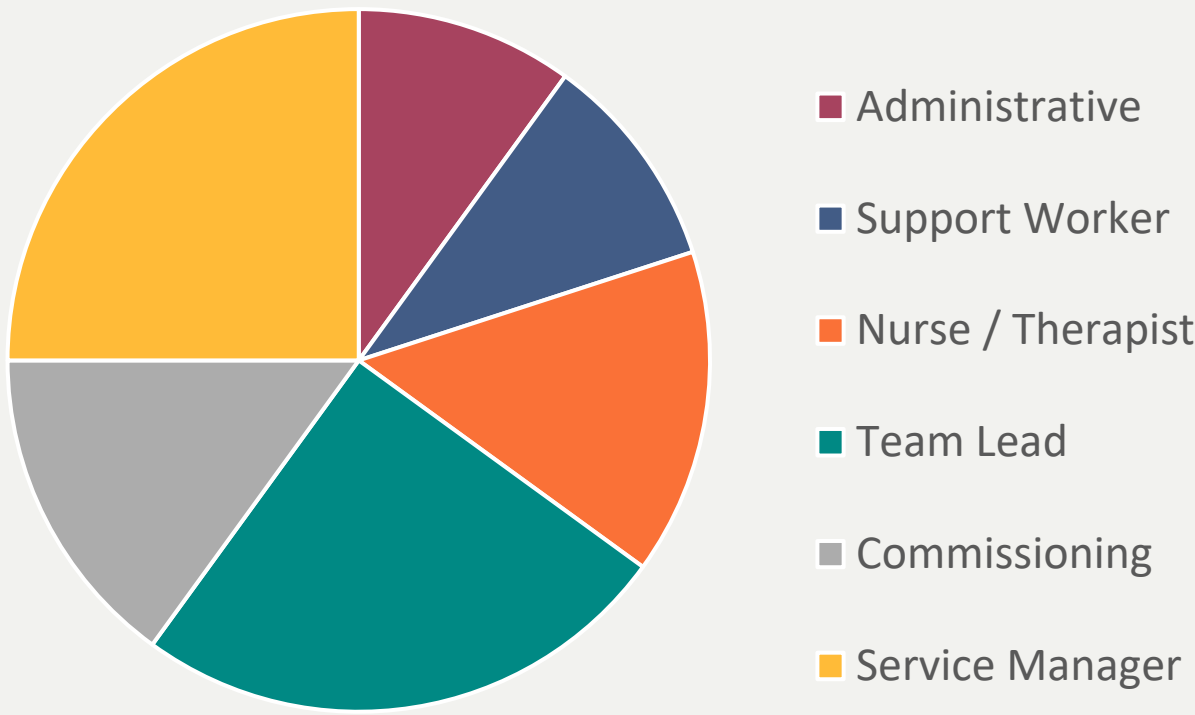


Fig. 1: Participant role

Discussion:

Multidisciplinary audits along a clinical pathway are complex and there are unique challenges in the community. This study found key features that influence the ability of SSNAP to improve the quality of community stroke services.

Clinical teams need organisation support if they are to be enabled to participate in SSNAP. Feedback from the report must be readily accessible to be used to inform strategic conversations such as commissioning of services. Data submitted to SSNAP needs to be perceived as accurate if stakeholders are to be confident using it.

Conclusion:

There are key messages from this study regarding the organisational support necessary for teams to actively engage with SSNAP beyond data collection alone. Efforts are required from rehabilitation teams, healthcare organisations and SSNAP in order to realise the potential of national clinical audit as a tool for quality improvement in the community setting.

Investment is required. Financial investment in administrative support, investment in building networks between services and engaging leadership interest from within organisations and an audit programme invested in its whole pathway.

References:

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