Royal College of Physicians | Kent, Surrey and Sussex

Stroke care in Kent, Surrey and Sussex

Regional report

This report is for stroke survivors and their families

Easy access version

Based on patients admitted October to December 2012

Useful contacts and websites

Benefit Enquiry Line for People with Disabilities (provides general confidential advice about benefits)

Helpline (voice): 0800 882 200
Helpline (text): 0800 243 355

Carers UK (useful advice and information for carers)

Carers Line: 0808 808 7777

Website: www.carersuk.org

Connect – the communication disability network (works with people living with stroke and aphasia)

Tel: 020 7367 0840

Website: www.ukconnect.org

Different Strokes (is run by and for younger people who have had strokes)

Tel: 0845 130 7172

Website: www.differentstrokes.co.uk

NHS Direct

Tel: 0845 46 47

Website: www.nhsdirect.nhs.uk

Relatives and Residents Association (provides information and support for residents of care homes and their relatives)

Advice Line: 020 7359 8136

Website: www.relres.org

Shaw Trust (a charity which specialises in helping disabled people to return to work)

Tel: 01225 716300
Minicom: 08457 697288
Website: www.shaw-trust.org.uk

Speakability (supports people living with aphasia and their carers)

Helpline: 0808 808 9572

Website: www.speakability.org.uk

The Stroke Association (provides practical support to people who have had strokes and their families)

Helpline: 0303 3033 100

Website: www.stroke.org.uk

Disabled Living Foundation

Helpline: 0845 130 9177

Website: www.dlf.org.uk

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Introduction to the SINAP Easy Access Version Report

This is a short **report** about a project called **SINAP** (Stroke Improvement National Audit Programme).

We have tried to present the information in a way which makes it **easy** to understand.

You might like to have someone to **support** you when you look at this.

What is SINAP?

SINAP is a clinical audit project. Clinical audit wants to **improve** the **quality** of patient care by **reviewing** care against **standards**.

SINAP collected information from hospitals about the care provided to stroke patients in their first **3 days** in hospital.

The aim is that the information and results from the audit are used to **improve care** for stroke patients.

This report tells stroke survivors, their families and the public how **hospitals performed** in important standards of stroke care.

This report gives patients the **power** to discuss the **quality of stroke care** with their local hospitals and at stroke clubs.

This project was run by the **Royal College of Physicians** (RCP).

It was funded by the **Healthcare Quality Improvement Partnership** (HQIP).

It was guided by the **Stroke Working Party,** which is made up of healthcare professionals e.g. physiotherapists, other organisations such as **The Stroke Association**, and **stroke survivors**.

We are grateful to the following groups for their help in making this report easy to read: **Speakeasy**, a charity based in Bury, which supports people with aphasia, and the **South London Stroke Research Patient and Family Group**.

SINAP ended in December 2012. This is the **final** SINAP easy access version report.

More **detailed SINAP results** and previous reports can be found at this **website** **www.rcplondon.ac.uk/sinap.**

A **new stroke audit** called **SSNAP** (Sentinel Stroke National Audit Programme) has started. We plan to produce reports for patients and carers every 3 months from the beginning of 2014.

How to read this document

Each **standard** of care will have the following information, presented in the **same** way. Pictures are used to make the information clearer. Each standard has a different colour.

What should be done?

This section explains the **standard** that should be **met** in hospital.

How quickly should this be done?

This section explains how quickly the standard should be met.

The picture changes to show **different amounts of time or days**.

Within 1 hour

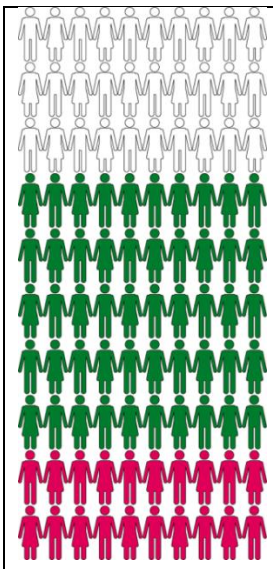
Within 4 Hours

Within 1 day

Within 3 days

Why should this be done?

This explains **why** this standard is **important** and **why** the clinical audit is **measuring** it.



What do the **results** show?

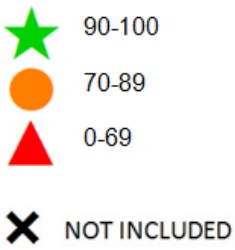
The **white** represents the patients who are **not included** (because they are not applicable for the particular standard). The **green** represents the patients who did receive the standard of care. The **red** represents patients who **did not** receive the standard.

Next to the picture is a pie chart, which shows the results.

Maps

Each standard will have a **map** to show how well hospitals have performed in your area of the country. The ranges are different across the standards. It is important to look at the key below the map to understand the performance that each symbol indicates. The black cross ✕ shows which hospitals **did not** participate.

This is an **example**:

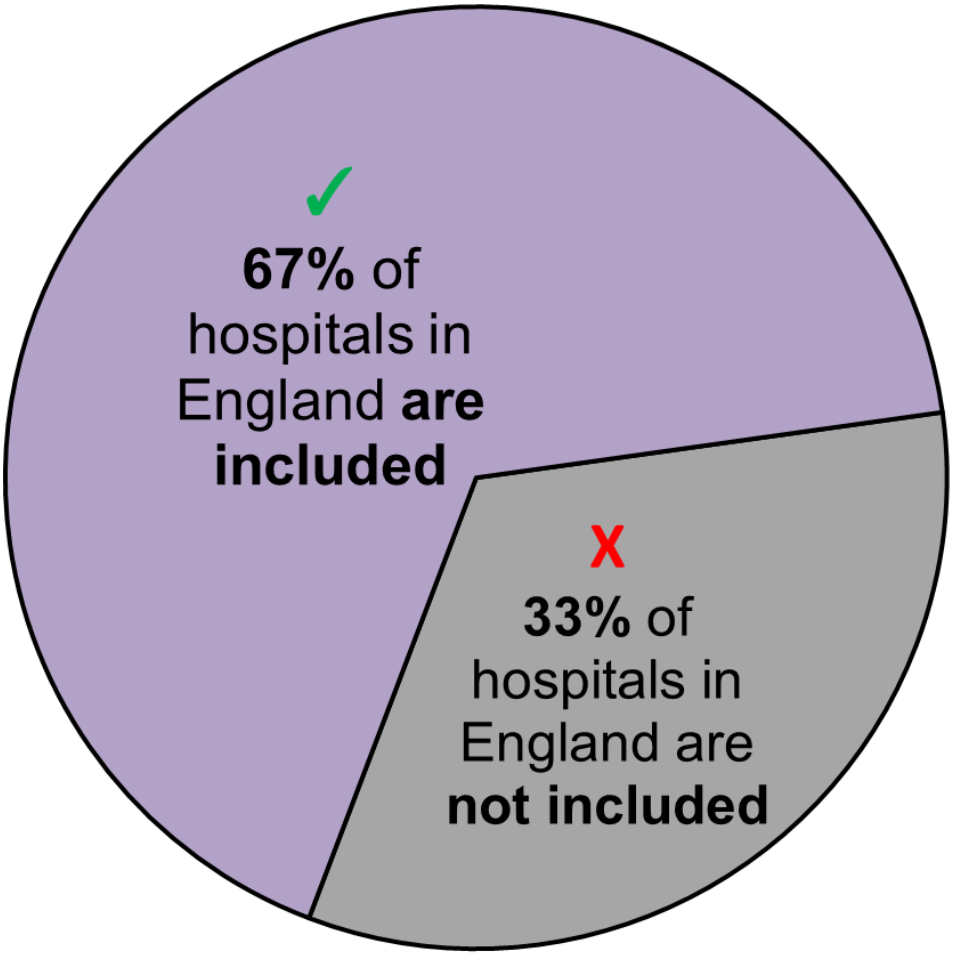


Hospitals included in this report

This report includes **9010 stroke patients** admitted to hospital between **October and December 2012**.

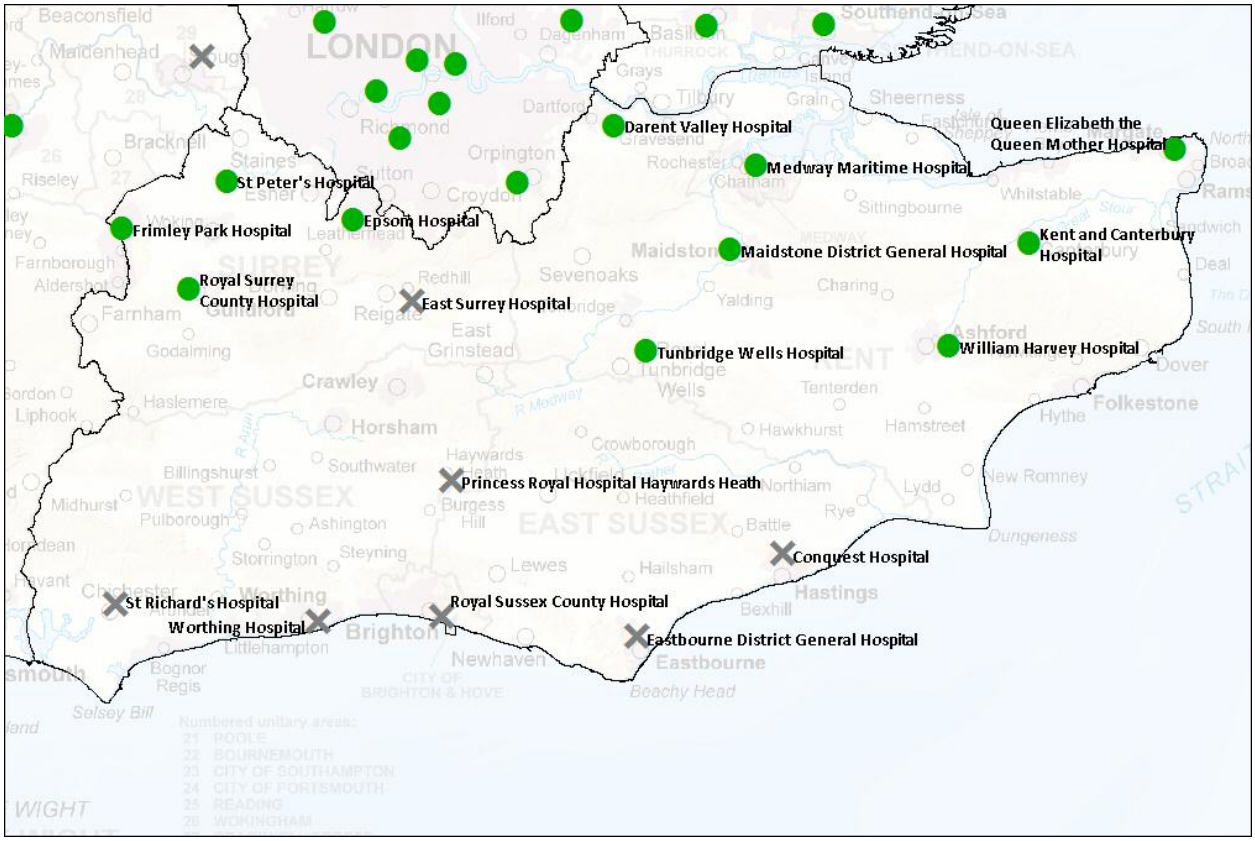
98 hospitals in England are included in this report.

This is **67%** of all hospitals in **England** that treat stroke patients in the first 3 days.



We want **all** hospitals to send in their information so that they can use the results to **improve care** for patients.

In this map the **green dots** show the hospitals **included** in this report. The **black crosses** show hospitals that are **not included**.



Is your local hospital participating?

If not, you could ask them why not.

Brain scan

What should be done?

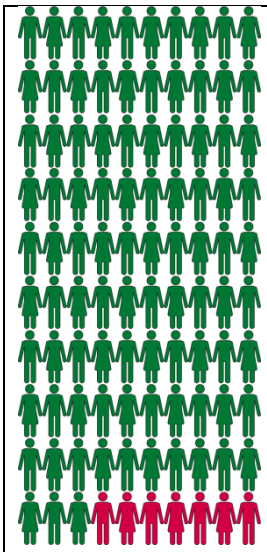
All patients with stroke symptoms should have a **brain scan**.

How quickly should this be done?

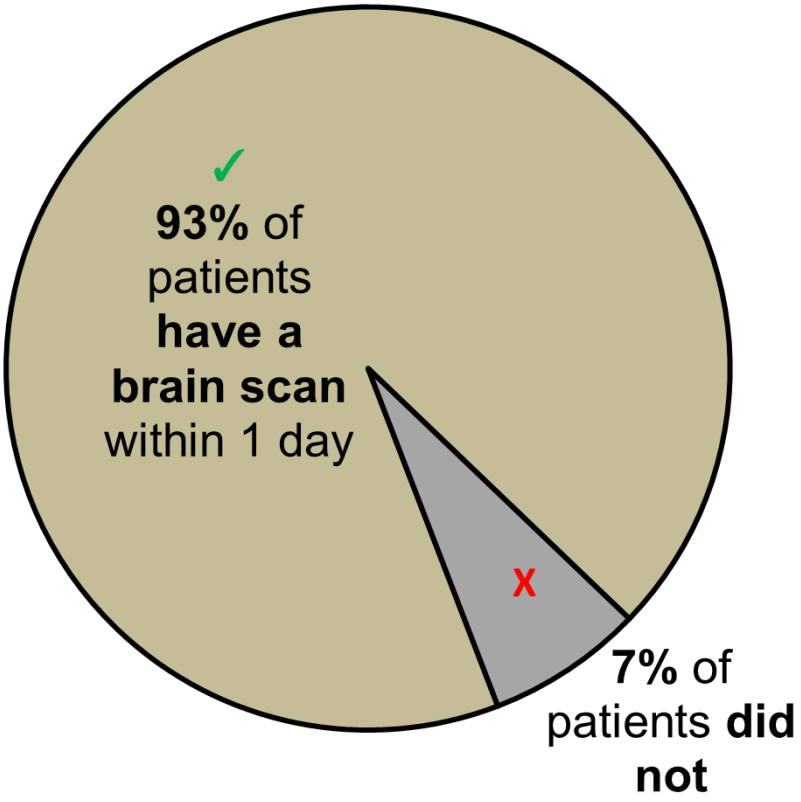
All patients should have a **scan within 1 day** of arriving at hospital.

Why should this be done?

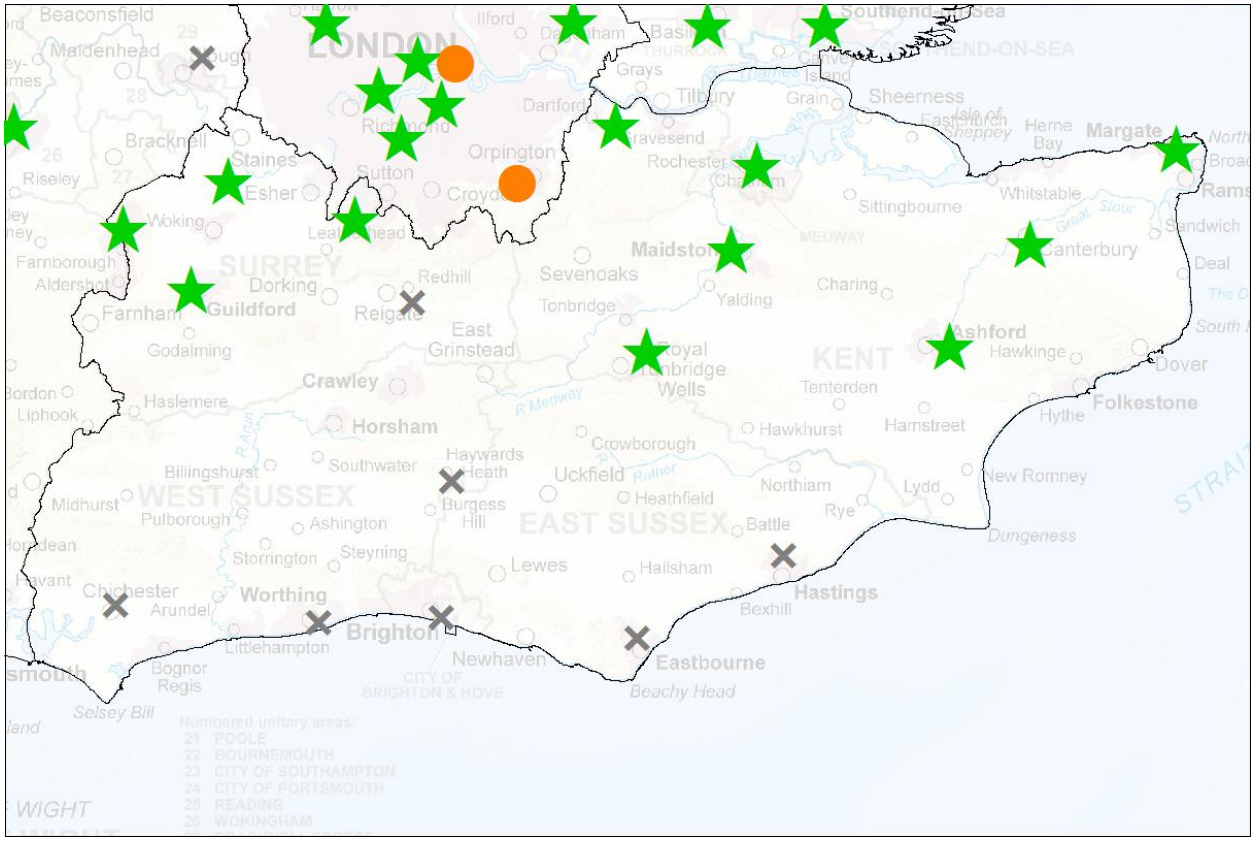
The **brain scan** shows the doctor what **treatment** the patient needs. Immediate treatment can **reduce** the **damage** caused by stroke.



What do the **results** show?



Results for Brain scan in 1 day



Brain scan in 1 day

90-100%

70-89%

0-69%

Stroke unit within 4 hours: 'out of hours'

What should be done?

Patients should get to a **stroke unit** very quickly, no matter what day or what time they arrive at hospital.

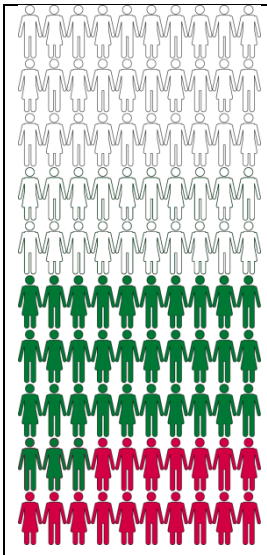
Within 4 Hours

How quickly should this be done?

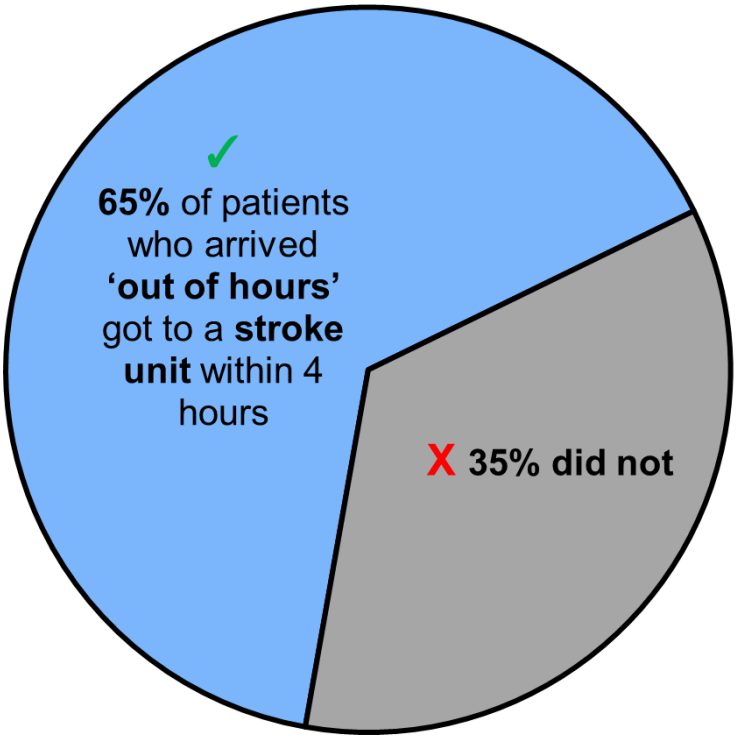
Within 4 hours of arriving at hospital out of hours (at night or at the weekend).

Why should this be done?

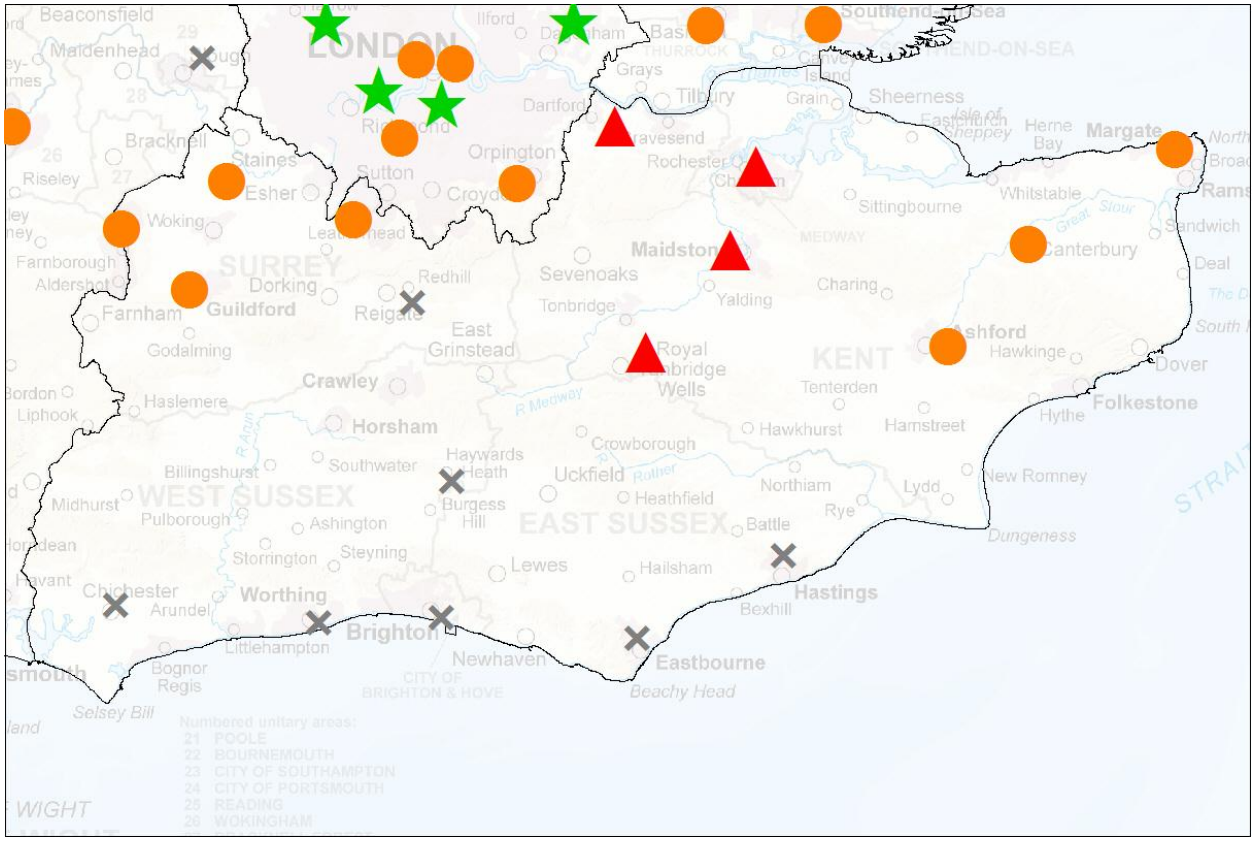
Evidence shows that **stroke units** give the **best care** to stroke patients and this can improve patient recovery.



What do the **results** show?



Results for stroke unit within 4 hours



Stroke Unit within 4 hours: 'out of hours'

- ★ 80-100%
- ● 50-79%
- ▲ 0-49%

Stroke consultant within 1 day

What should be done?

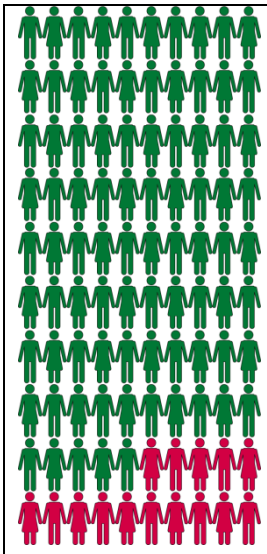
All patients should be seen by a **stroke consultant**.

How quickly should this be done?

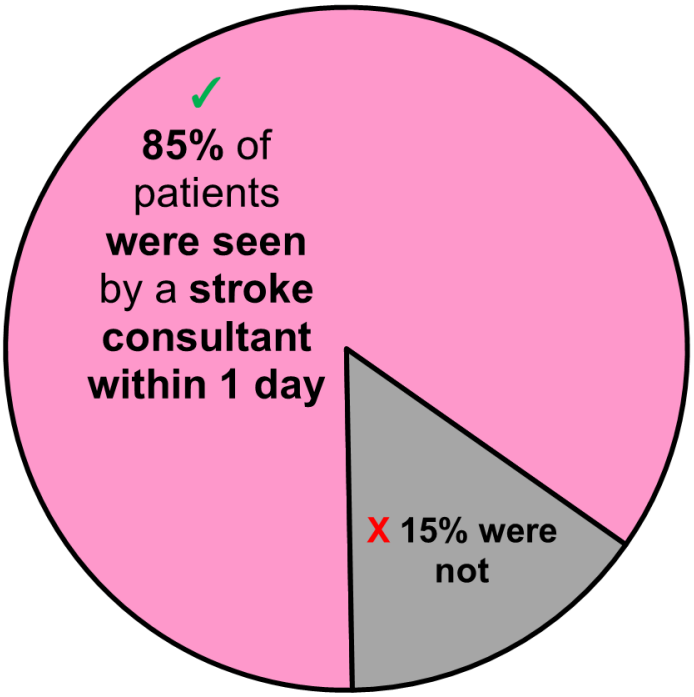
Within **1 day** of arriving at hospital.

Why should this be done?

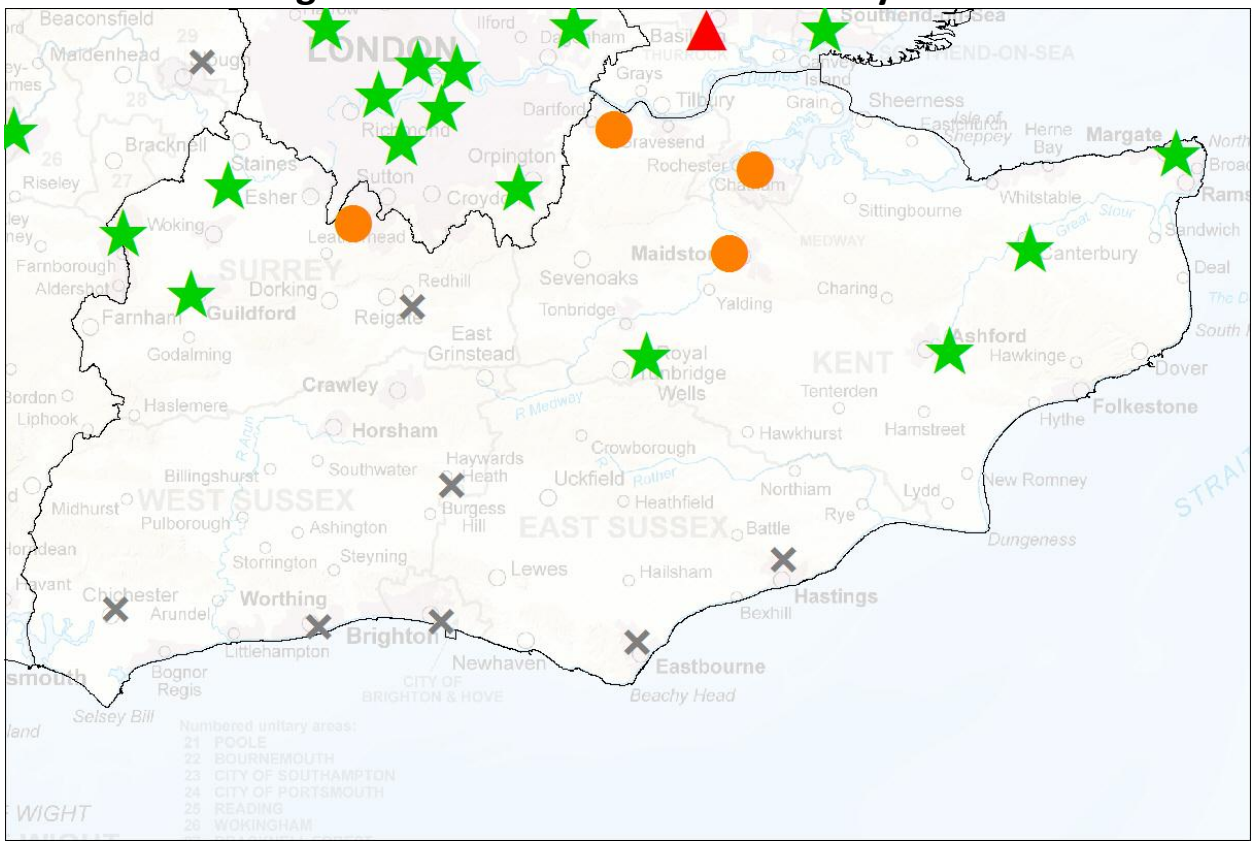
It is important that patients see a stroke consultant quickly to **increase** the **chance of recovery**.



What do the **results** show?



Results for seeing a stroke consultant within 1 day



Stroke consultant within 1 day

- ★ 90-100%
- ● 70-89%
- ▲ 0-69%

Discussion of diagnosis and expected outcome with relatives

What should be done?

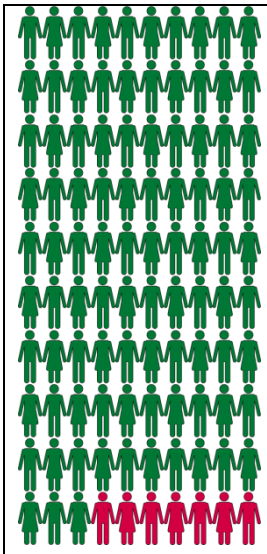
All patients should have their **diagnosis** and **expected outcome** discussed with a **relative** or **carer**.

How quickly should this be done?

Within **3 days** of arriving at hospital.

Why should this be done?

The carer or relative of every patient with a stroke should be **involved** in discussions from the start.



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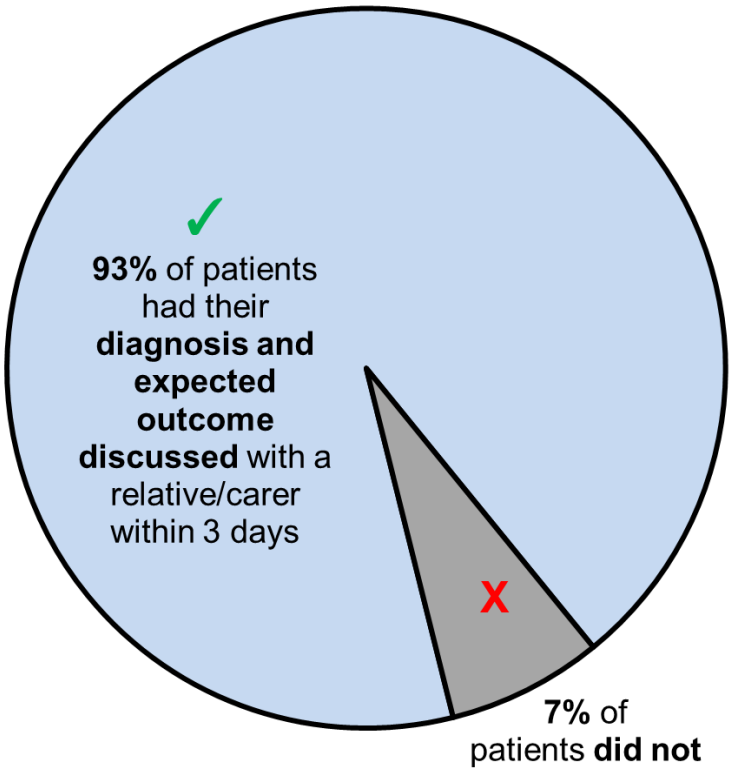
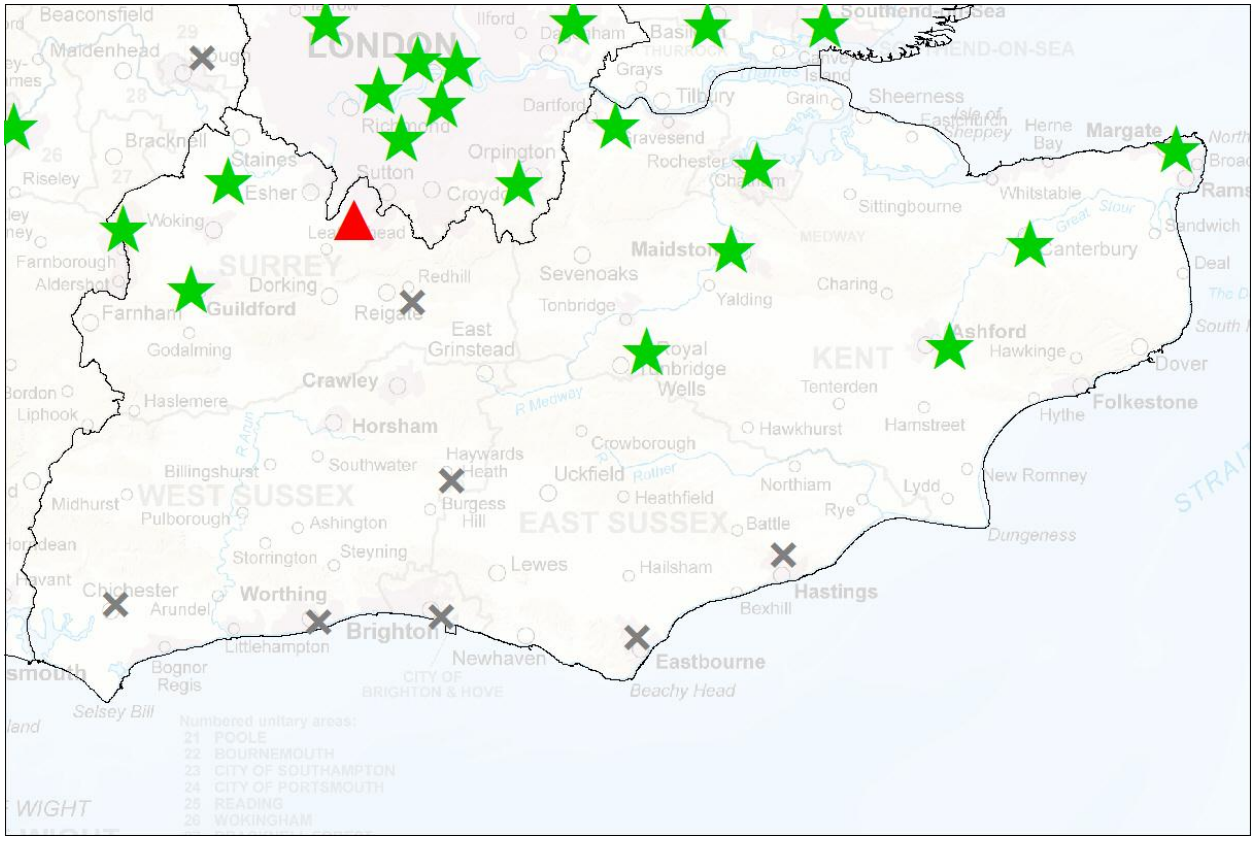


Results for diagnosis and outcome discussed with a relative or carer



Discussion of diagnosis and expected outcome with a relative

- ★ 90-100%
- ● 70-89%
- ▲ 0-69%

Management of continence

What should be done?

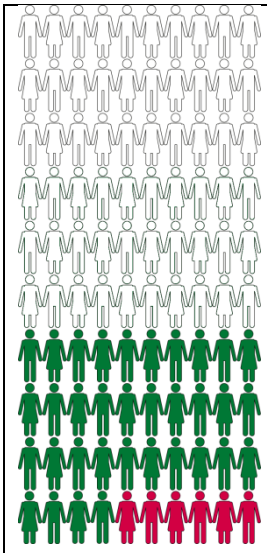
Incontinent patients should get a **plan** for **how** to **manage continence**.

How quickly should this be done?

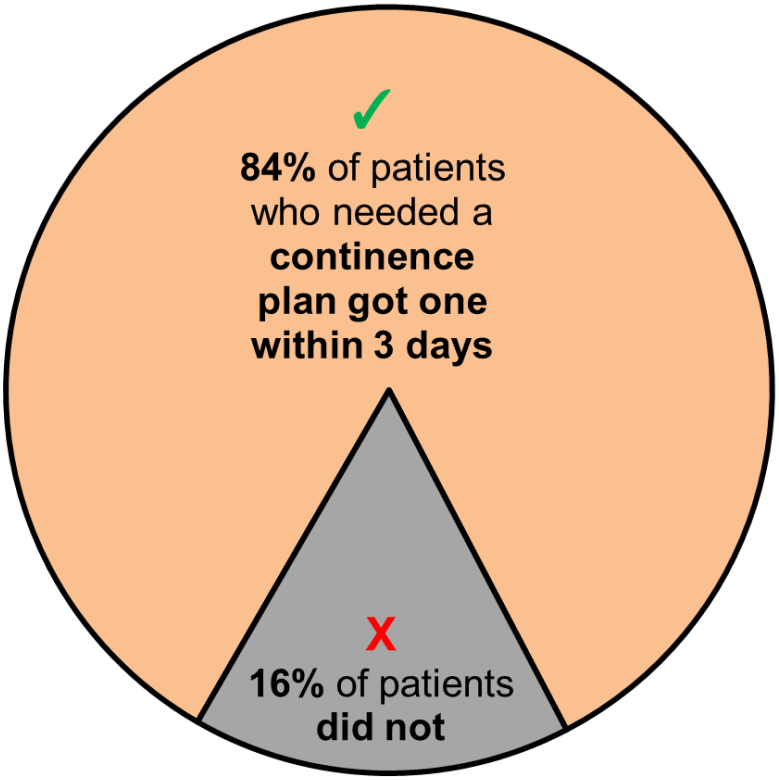
Within **3 days** of arriving at hospital.

Why should this be done?

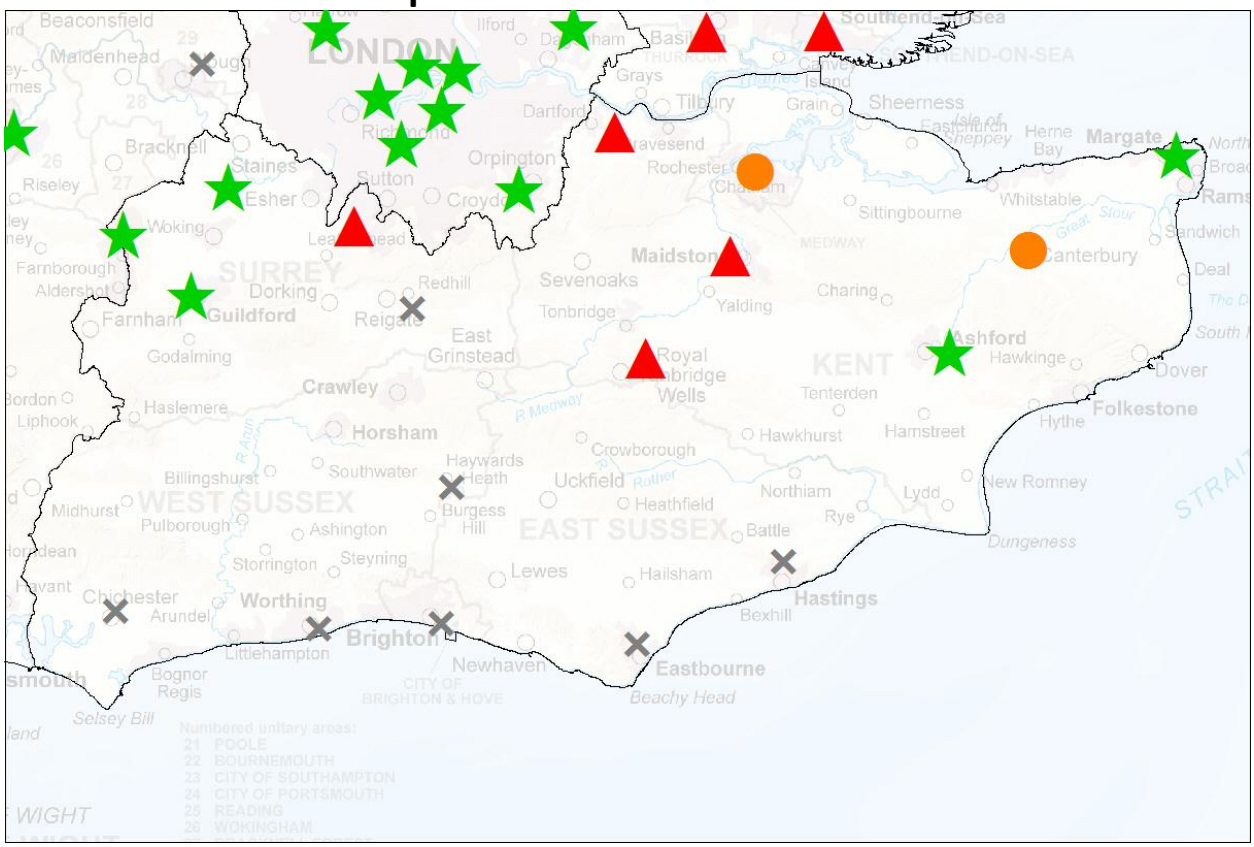
Patients say **continence management** is one of the **most important** areas of care.



What do the **results** show?



Results for continence plan



Management of Continence

- ★ 90-100%
- ● 70-89%
- ▲ 0-69%

% of patients receiving a clot-busting drug treatment

What should be done?

Between 10-20% of patients should receive **a clot-busting drug** treatment. Only patients who have a **clot** rather than a bleed and patients who **get to hospital quickly** after stroke are eligible.

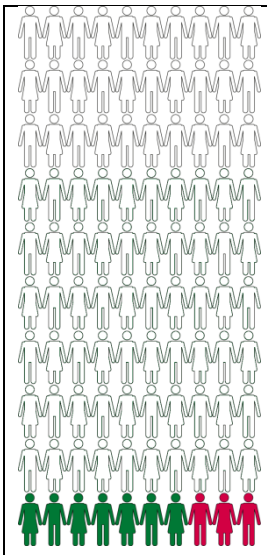
Within 4 Hours

How quickly should this be done?

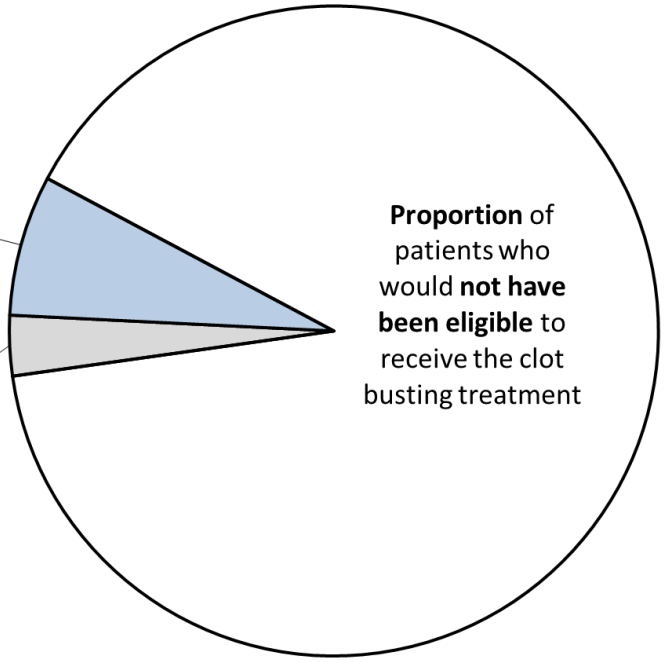
Up to **4 and a half hours** after **stroke** symptoms began.

Why should this be done?

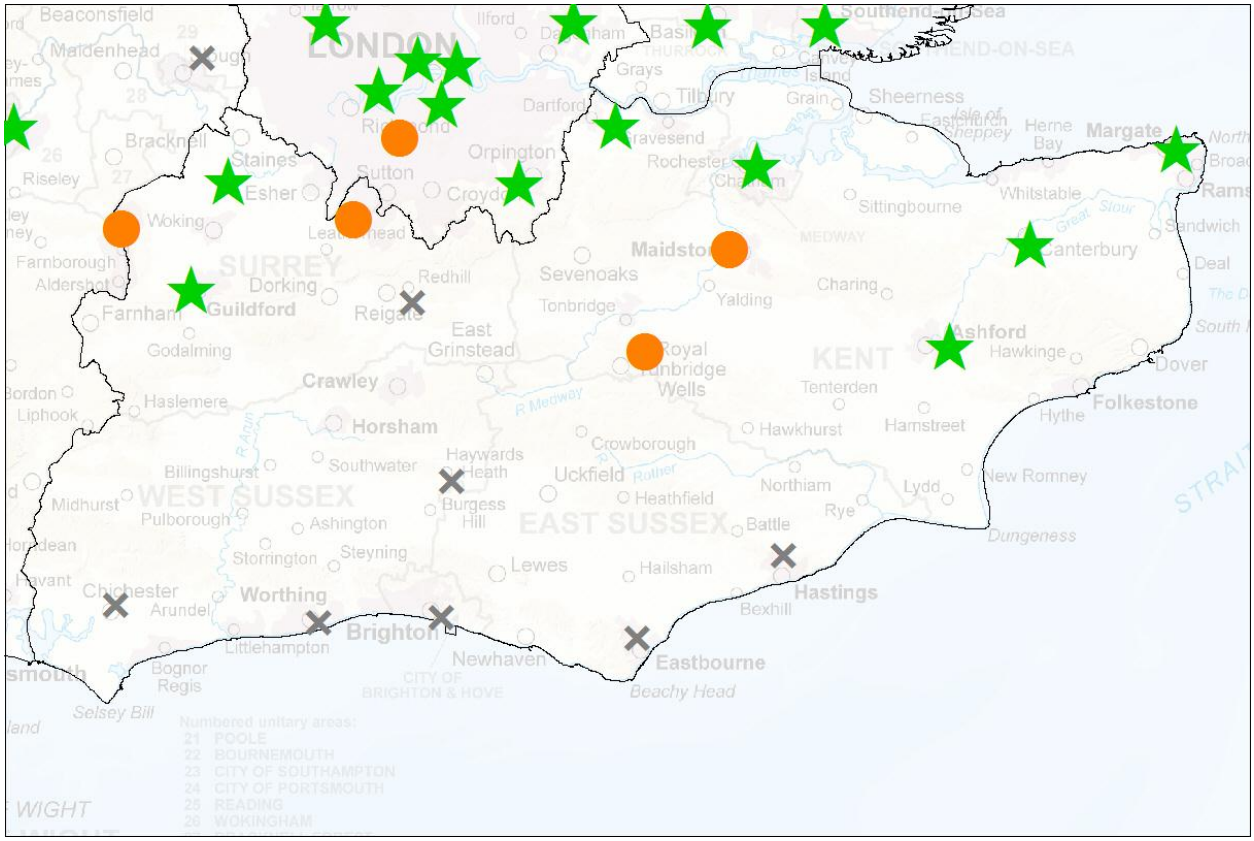
Clot-busting drug treatment can **improve recovery**.



What do the results show?



Results for clot busting treatment



Clot busting drug treatment

- ★ 10%+
- ● 1-9%
- ▲ 0%

Nursing and therapy

What should be done?

Patients should see a **stroke nurse** and all **relevant therapists** eg a physiotherapist. For **some patients** seeing therapists within 3 days is **not appropriate** if they are **very ill**.

How quickly should this be done?

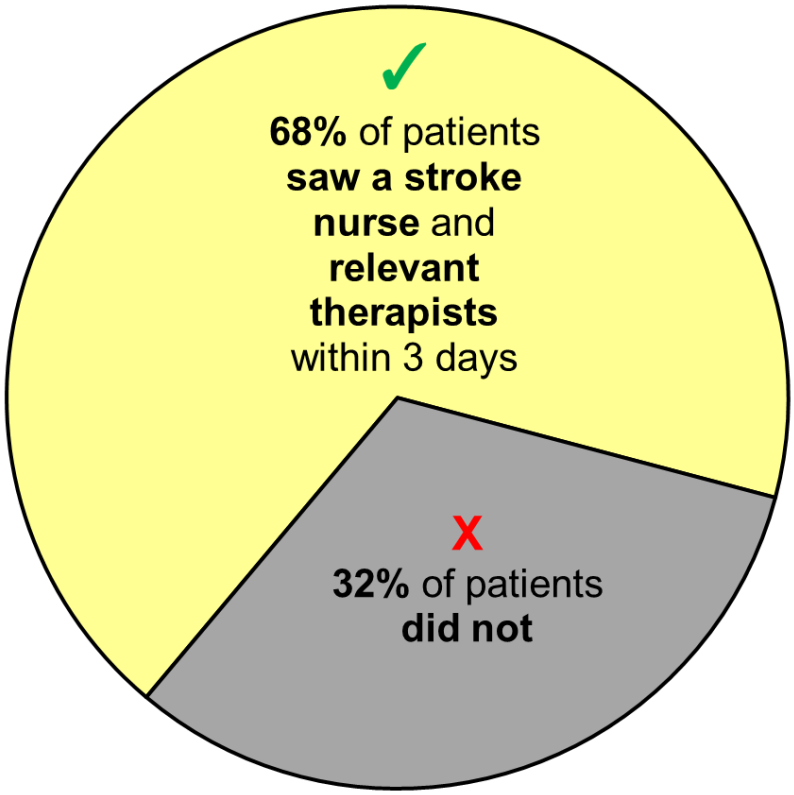
Within **1 day: stroke nurse** and at least **1 therapist**.

Within **3 days: all relevant therapists**.

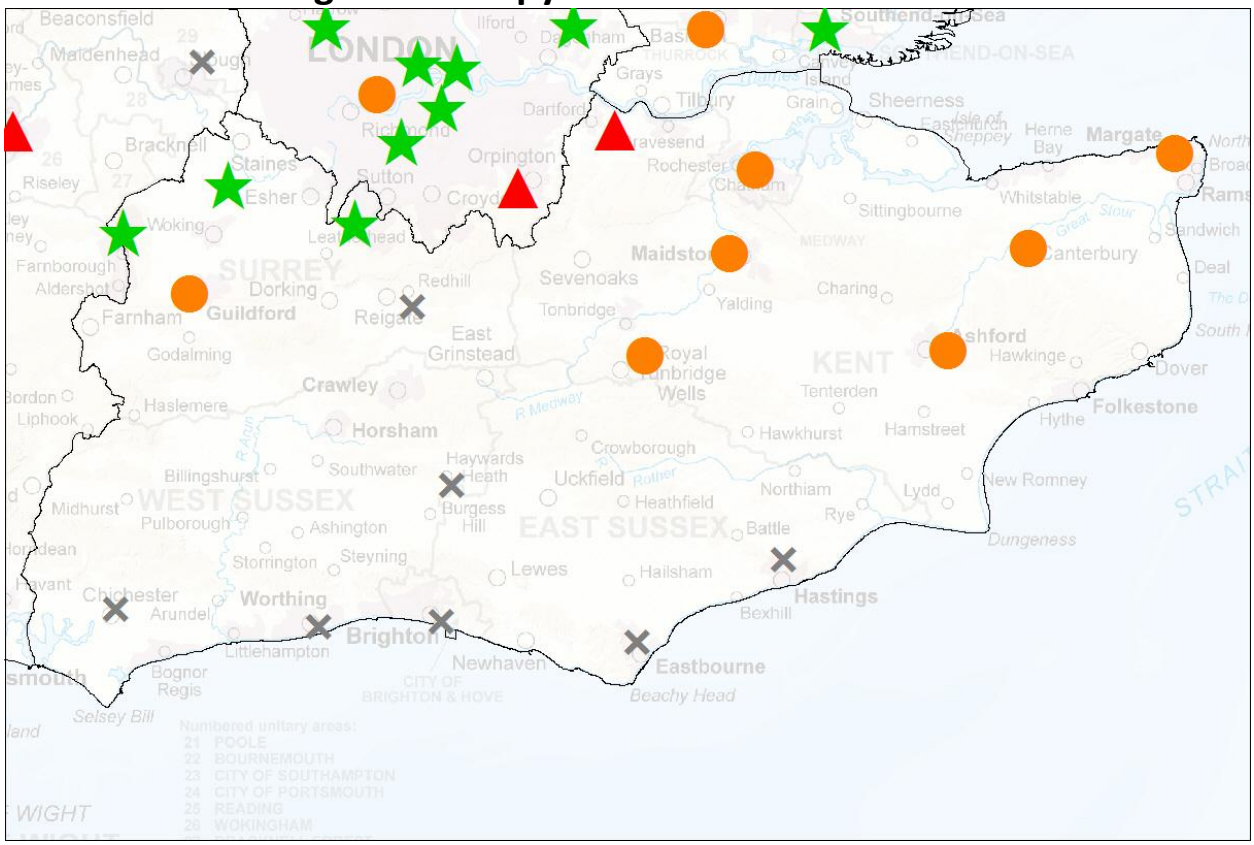
Why should this be done?

It is important that patients see different members of the **stroke team** to receive the care they need to **improve** their **recovery**.

What do the results show?



Results for nursing and therapy



Nursing and therapy

- ★ 80-100%
- ● 50-79%
- ▲ 0-49%

Nutrition screening and swallow assessment

What should be done?

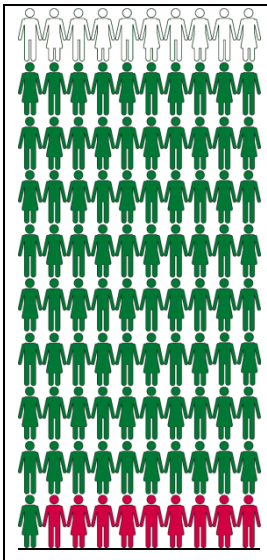
Patients should have **nutrition screening** and a **formal swallow assessment** within 3 days if they have **problems swallowing** food, drink or medication.

How quickly should this be done?

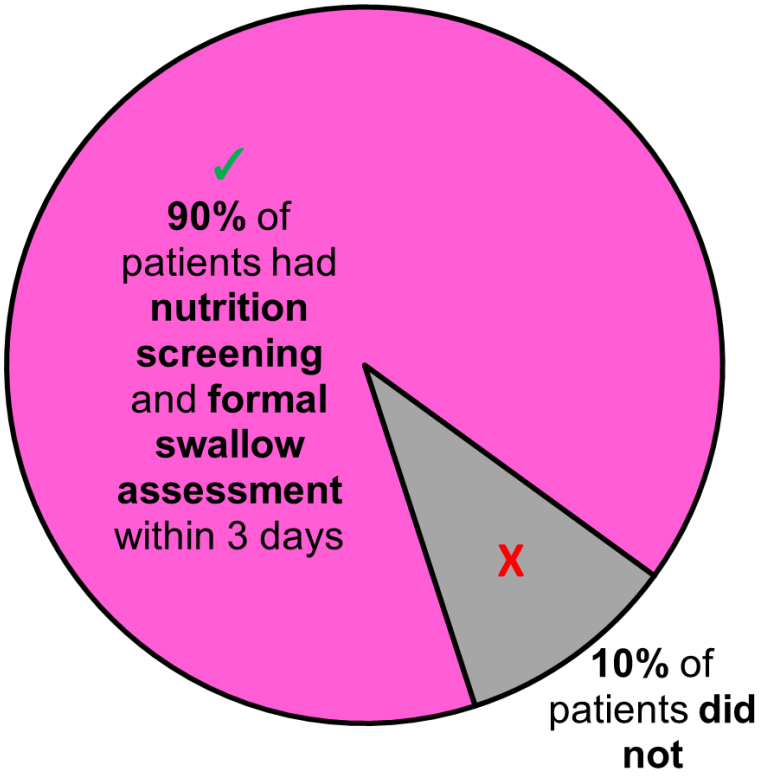
Within 3 days of arriving at hospital.

Why should this be done?

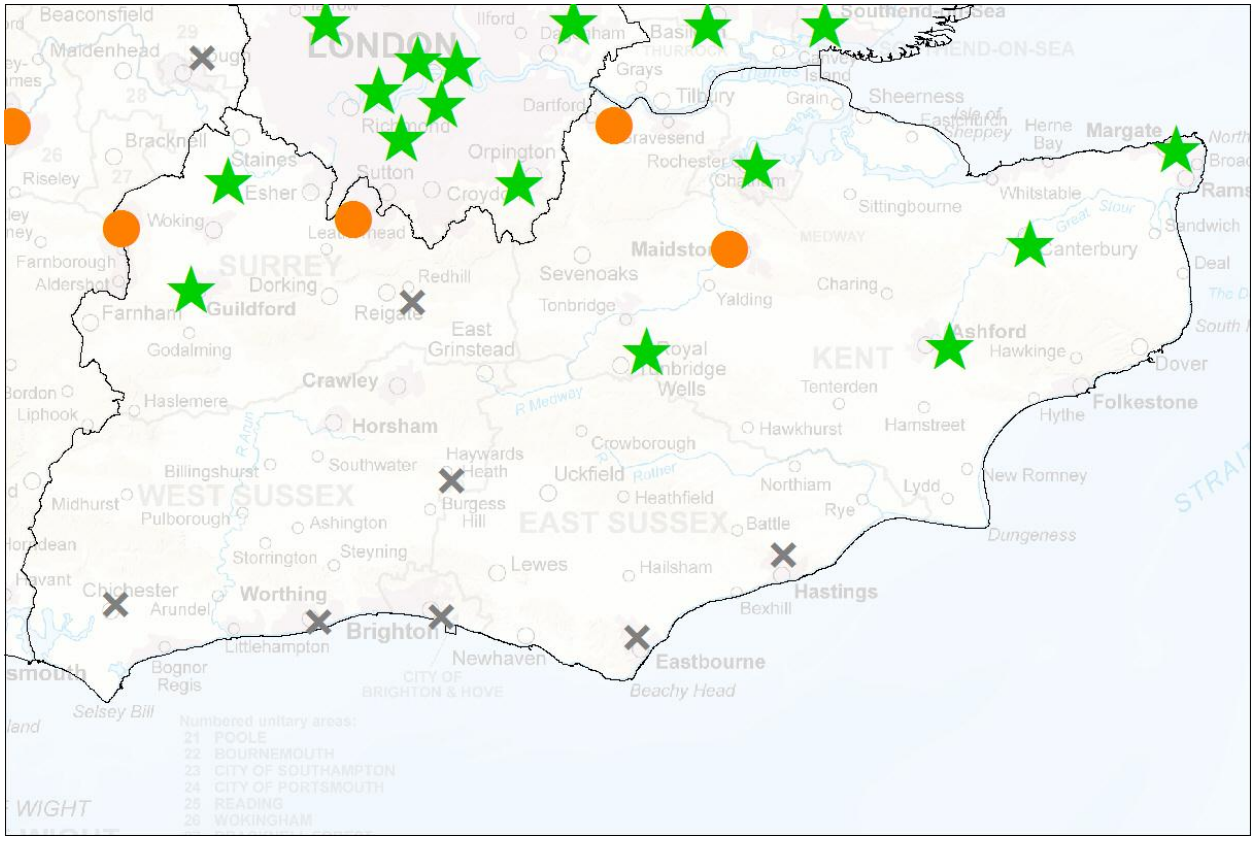
Nutrition screening is important to see if the patient is at **risk of malnourishment**.



What do the **results** show?



Results for nutrition screening and swallow assessment



Nutrition screening and swallow assessment

- ★ 90-100%
- ● 70-89%
- ▲ 0-69%

Direct access to stroke unit

What should be done?

A stroke patient's **first ward of admission** should be a **stroke unit** and they should get there quickly.

Within 4 Hours

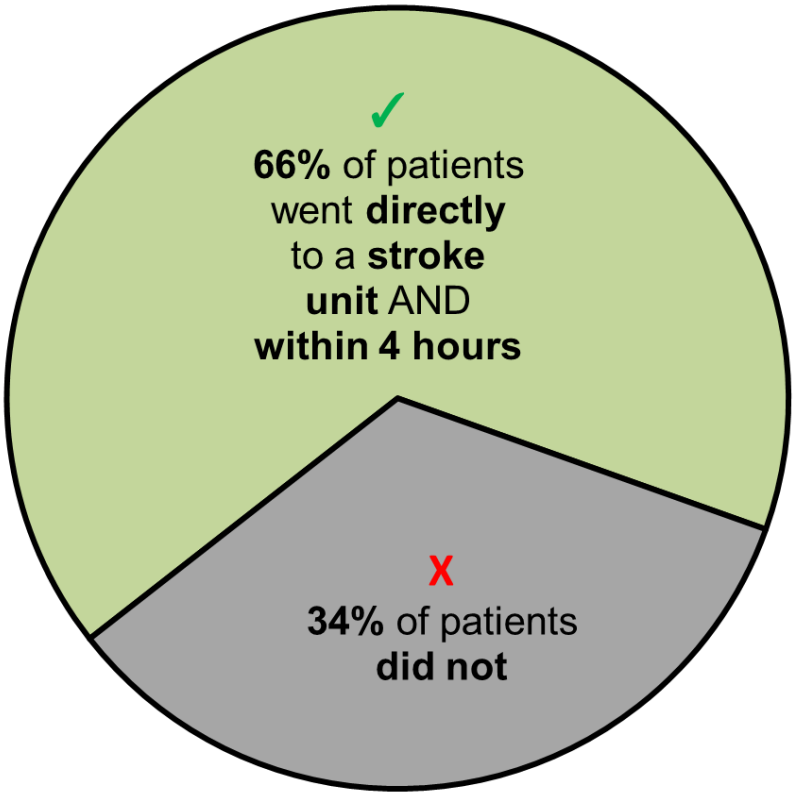
How quickly should this be done?

Patients should be admitted to a stroke unit **within 4 hours**.

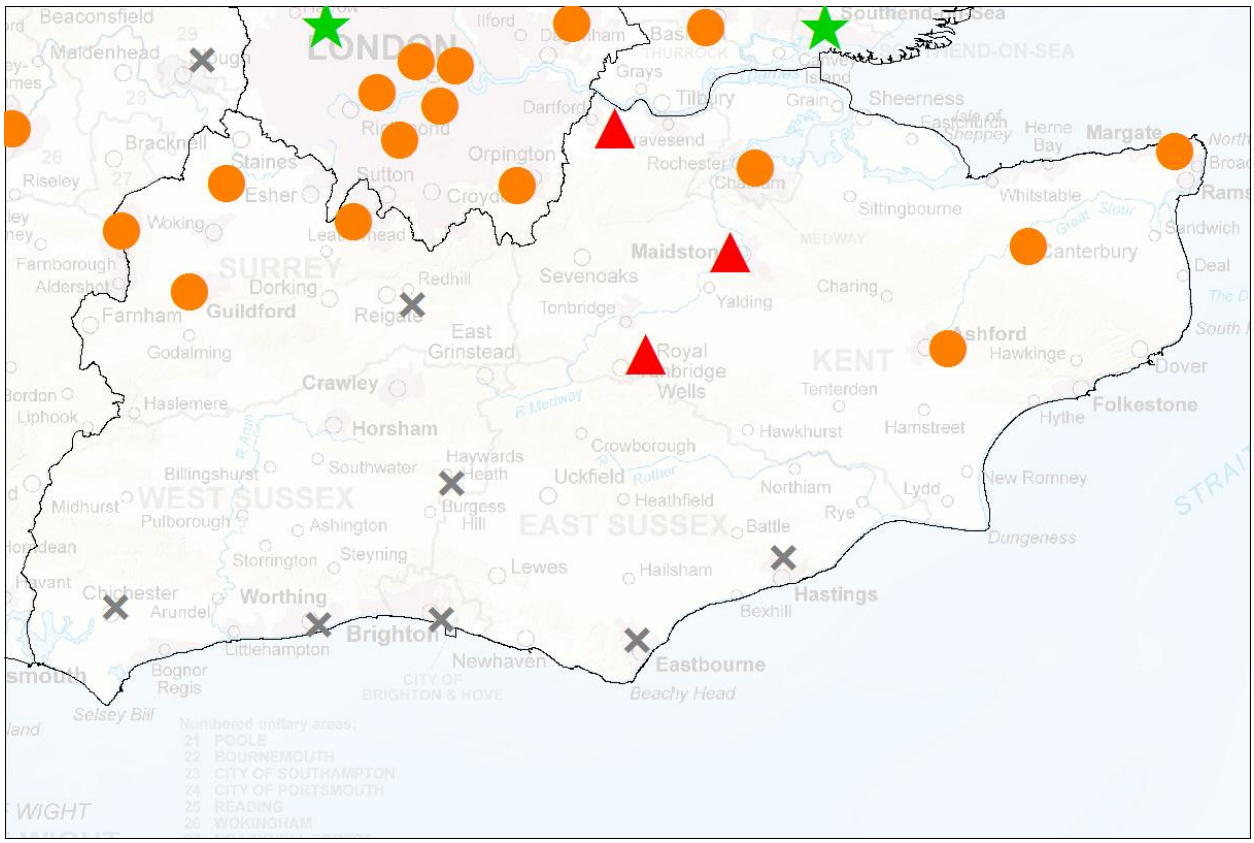
Why should this be done?

Evidence shows that **stroke units** give the **best care** to stroke patients and this can improve patient recovery.

What do the **results** show?



Results for Direct access to stroke unit



Direct access to stroke unit

- ★ 80-100%
- ● 50-79%
- ▲ 0-49%

Provision of nutrition, fluids and aspirin

What should be done?

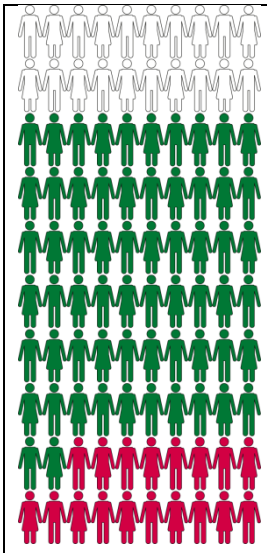
Patients should be given enough **food and drink** and an **antiplatelet** (eg aspirin) if they need it.

How often should this be done?

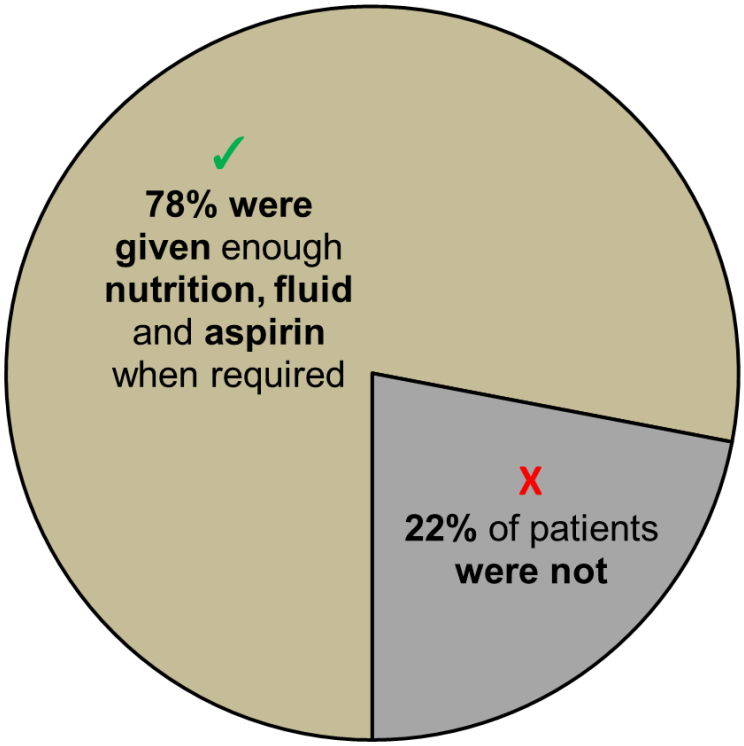
Patients need to receive adequate food and drink **every day**.

Why should this be done?

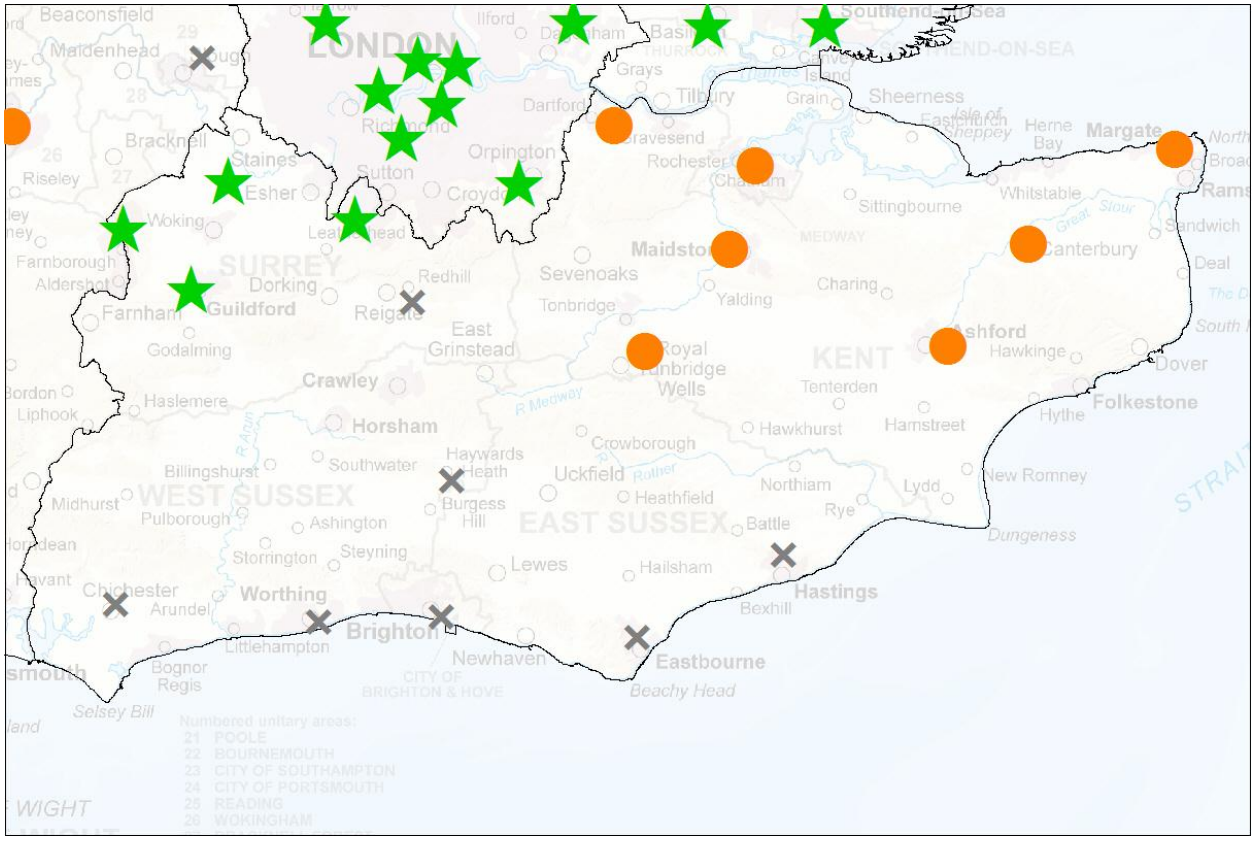
It is important to **prevent** patients becoming **dehydrated** or **malnourished**. **Antiplatelets** are drugs that **prevent blood clots**.



What do the **results** show?



Results for enough food and drink and an antiplatelet



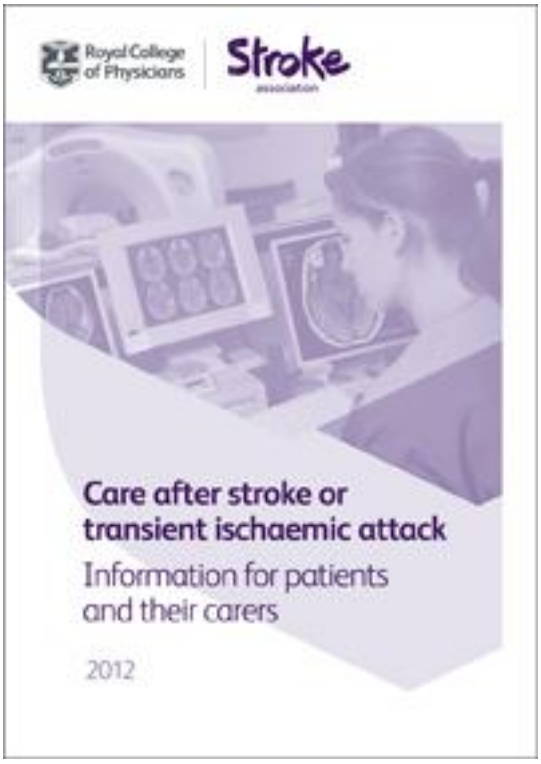
Patients should be given enough food and drink and an antiplatelet (e.g. aspirin)

★ 80-100%

● 50-79%

▲ 0-49%

Further **information** on **stroke** for **patients** and **carers**



- This booklet is a **shorter version** of the 'National Clinical **Guideline** for Stroke' (2012).
- It is written for **stroke survivors and their carers** but is also useful for anyone who has an interest in stroke care and management.
- It gives **information and advice** on the **care and treatment** of adults **after a stroke** or TIA (mini stroke).
- It also has listings of **organisations and support groups** who can help stroke patients and their families or carers.

- Please go to http://www.rcplondon.ac.uk/publications/care-after-stroke-or-transient-ischaemic-attack if you would like to order this patient version of the 'Guideline'.
- You can find a patient version App on your Apple or Android App Store.

Thank you for reading

There is more information about the results in this report on the SINAP website.

Please go to www.rcplondon.ac.uk/sinap for

- more detailed results for all hospitals
- maps showing the results for all hospitals
- charts showing how results have changed over time
- the names of all hospitals taking part and not taking part in the project

If you have any **questions** about this report please **contact the Stroke Programme** at the Royal College of Physicians:

Tel: 020 3075 1318

Email: sinap@rcplondon.ac.uk

If you would like to order an **Easy Access Version** with results from **your region email** sinap@rcplondon.ac.uk.

We want to know……

What do you think of this report? Have you found it useful?

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