

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 commissioning, eligibility and staffing⁴. This raises questions as to how best capture multidisciplinary activity and how this relates to patient outcomes⁵.

Research questions:

- How do stakeholders perceive SSNAP?
- Is data from the SSNAP report used for service improvement?

Methods:
An online survey was used to access a national and representative sample of stakeholders, distributed via social media and established clinical networks in England. Individuals were invited to participate if they worked in, managed or commissioned community stroke rehabilitation. A combination of free text, yes / no options and 5-point Likert scales were used to gather both qualitative and quantitative data.

Results:
A broad sample of stakeholders from across the post-acute audit pathway was achieved (n=206). A breakdown of participant roles is illustrated in figure 1.

- Participants reported the audit failed to accurately reflect the post-acute stroke population, or the variety of services delivered in this setting.

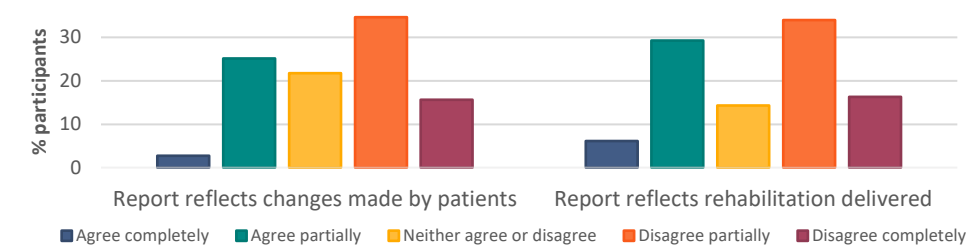


Fig. 2: Participant perception of the SSNAP feedback report

- When asked, 39% of participants reported data being used to support planning a range of service improvement activities, illustrated in figure 3.

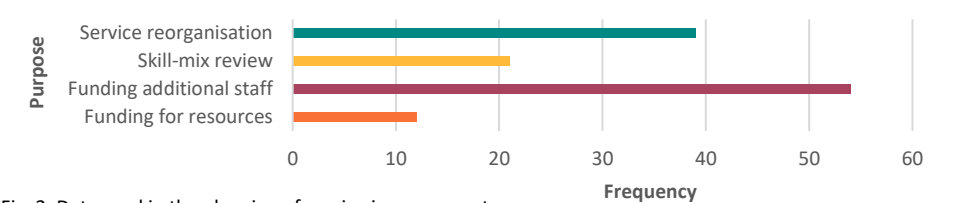


Fig. 3: Data used in the planning of service improvements

Qualitative findings highlighted:

- Frustrations with the perceived limitations of data collected
- A desire to collect a range of specific metrics to more fully reflect both the services delivered and the changes made by patients

In addition, participants identified a number of perceived barriers that prevented audit leading to service improvement. These included:

- Incomplete data
- Lack of administrative support
- Insufficient skills to interpret audit reports
- Lack of organisation support to act on audit findings (leadership & financial)

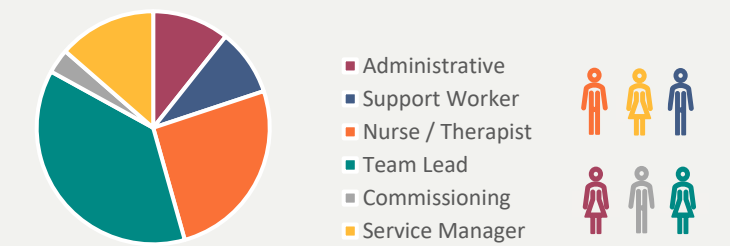


Fig. 1: Participant role

Discussion:
Stakeholders are actively engaged with the post-acute audit and report committing significant efforts to support participation in the community setting.

Data from the national feedback report is currently used to inform a variety of service improvements. However, participants acknowledge the limitations of the data submitted and report frustration with the barriers identified to using this data to improve services.

Conclusion:
Despite the perceived limitations of SSNAP data, it is being utilised by stakeholders to inform service improvements. Further investigation of the barriers identified in this study are required in order to realise the potential of national clinical audit as a tool for quality improvement in the post-acute stroke setting.

References:

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3. Rudd AG, Hoffman A, Paley L, Bray B. 20 years of researching stroke through audit. Clinical Rehabilitation. 2018;32(8):997-1006
4. Sentinel Stroke National Audit Programme. Post-acute Organisational audit 2021 Available at: <https://www.strokeaudit.org/results/PostAcute2021.aspx> [Accessed 22.09.22]
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