

Acute Stroke Quality Improvement Measures Site Summary

Dec-21

Quality Improvement Measures		Aneurin Bevan		Betsi Cadwaladr			Cardiff & Vale			Cwm Taf Morgannwg			Hywel Dda				Swansea Bay		All Wales	SSMAP Audit Oct - Dec 2018
		SSMAP Reference	The Grange	Bangor	Glan Clwyd	Wrexham Maelor	UNW	Prince Charles	Princess of Wales	Bronlais	Withybush	Glangwili	Prince Philip	Morriston						
Urgent Intervention	Percentage of stroke patients given thrombolysis (all stroke types)	3.1	9.3%	0.0%	13.3%	17.6%	11.5%	7.3%	0.0%	50.0%	14.3%	6.3%	0.0%	27.0%	11.8%	10.4%				
	Thrombolysed patients DTN <= 45 mins	N/A	20.0%	0.0%	0.0%	16.7%	0.0%	100.0%		25.0%	50.0%	0.0%		10.0%	19.5%					
	Percentage of patients scanned within 1 hour of clock start	1.1	50.0%	39.3%	40.0%	41.2%	44.2%	61.0%	33.3%	87.5%	64.3%	50.0%	100.0%	35.1%	48.4%	55.9%				
	Percentage of patients directly admitted to a stroke unit within 4 hours of clock start	2.1	18.5%	25.0%	30.0%	16.1%	8.7%	12.5%	0.0%	85.7%	71.4%	35.7%	55.6%	16.7%	21.8%	51.5%				
	Percentage of applicable patients who were given a swallow screen within 4 hour of clock start	4.5	47.2%	52.0%	57.1%	51.7%	40.8%	59.5%	83.3%	83.3%	75.0%	100.0%	100.0%	78.4%	61.0%	74.4%				
Urgent Assessment	Percentage of Unique stroke patients given thrombectomy (all stroke types)	N/A	0.0%	0.0%	0.0%	0.0%	3.8%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.6%	N/A				
	Percentage of patients assessed by stroke specialist consultant /physician within 24 hours of clock start	4.1	77.8%	71.4%	66.7%	82.4%	65.4%	61.0%	57.1%	87.5%	92.9%	100.0%	91.7%	97.3%	76.1%	84.9%				
	Assessed by one of OT, PT, SALT within 24 hours	N/A	33.3%	85.7%	80.3%	98.1%	98.3%	73.3%	76.2%	87.5%	85.7%	81.3%	75.0%	91.9%	78.1%					
	Percentage of applicable patients who were given a formal swallow screen assessment within 72 hours of clock start	4.6	98.1%	100.0%	88.2%	90.0%	92.3%	36.4%	75.0%	75.0%	83.3%	80.0%	100.0%	100.0%	87.8%	87.3%				
	Percentage of patients who spent at least 90% of their stay on stroke unit *	2.3	78.5%	35.8%	67.2%	74.7%	83.1%	52.3%	63.5%	90.3%	77.1%	62.3%	86.2%	69.7%	69.9%	81.3%				
Inpatient Rehab	Compliance with patients receiving the required minutes for OT (3-month rolling)	5.4	58.4%	36.4%	60.6%	41.8%	77.8%	89.8%	64.6%	75.7%	74.9%	61.9%	47.9%	67.8%	67.1%	90.3%				
	Compliance with patients receiving the required minutes for physiotherapy (3-month rolling)	6.4																		
	Compliance with patients receiving the required minutes for SALT (3-month rolling)	7.4	22.8%	37.1%	52.5%	36.6%	64.3%	58.6%	25.6%	47.7%	57.4%	59.3%	74.2%	45.6%	44.6%	56.0%				
	Percentage of applicable patients screened for nutrition and seen by a dietitian by discharge (exc. Palliative care pts)	9.1		88.9%	100.0%	100.0%	100.0%	100.0%	92.3%	100.0%	100.0%	100.0%	100.0%	80.0%	97.1%	81.0%				
Discharge Standards	Percentage of patients discharged with ESD/Community Therapy Multidisciplinary Team	K23.3 OR K23.4	10.8%	2.0%	0.0%	0.0%	67.5%	50.0%	1.5%	7.7%	66.7%	0.0%	0.0%	51.2%	27.6%	46.5%				
	Six month follow-up assessment	B13.3	44.7%	44.7%	61.1%	33.3%	56.3%	89.6%	43.3%	74.4%	43.6%	84.4%	43.6%	37.7%	58.2%					

Breakdown of combined indicators		Aneurin Bevan		Betsi Cadwaladr			Cardiff & Vale			Cwm Taf Morgannwg			Hywel Dda				Swansea Bay		All Wales
		SSMAP Reference	The Grange	Bangor	Glan Clwyd	Wrexham Maelor	UNW	Prince Charles	Princess of Wales	Bronlais	Withybush	Glangwili	Prince Philip	Morriston					
Discharge Standards	Percentage of patients treated by a stroke skilled Early Supported Discharge team	K23.3	10.8%	0.0%	0.0%	0.0%	67.5%	39.7%	1.5%	0.0%	64.3%	0.0%	0.0%	47.6%	25.5%				
	Percentage of patients discharged with a multidisciplinary community rehabilitation team	K23.3	4.8%	2.0%	0.0%	0.0%	0.0%	14.7%	1.5%	7.7%	2.4%	0.0%	0.0%	3.6%	3.4%				

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	Percentage of applicable patients who were given a swallow screen within 4 hour of clock start	4.5	47.2%	53.3%	40.8%	67.3%	59.1%	78.4%	61.0%
Urgent Assessment	Percentage of Unique stroke patients given thrombectomy (all stroke types)	N/A	0.0%	0.0%	3.8%	0.0%	59.1%	0.0%	0.6%
	Percentage of patients assessed by stroke specialist consultant /physician within 24 hours of clock start	4.1	77.8%	73.9%	65.4%	59.7%	59.1%	97.3%	76.1%
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	Percentage of applicable patients who were given a formal swallow screen assessment within 72 hours of clock start	4.6	98.1%	90.3%	92.3%	52.6%	59.1%	100.0%	87.8%
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	Compliance with patients receiving the required minutes for physiotherapy (3-month rolling)	6.4	37.9%	44.3%	64.6%	68.0%	59.1%	81.2%	59.4%
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	Percentage of applicable patients screened for nutrition and seen by a dietitian by discharge (exc. Palliative care pts)	9.1		97.1%	100.0%	95.7%	59.1%	80.0%	97.1%
Discharge Standards	Percentage of patients discharged with ESD/Community Therapy Multidisciplinary Team	K23.3 OR K23.4	10.8%	0.8%	67.5%	25.9%	59.1%	51.2%	27.6%
	Six month follow-up assessment	B13	69.6%	46.6%	53.0%	74.4%	59.1%	37.2%	58.2%

  

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