

National Stroke Audit Rehabilitation Services 2024

Organisational Survey Data Dictionary

9.00 Which of the following best describes the rehabilitation service at your site?

Definition:	This is a description of the type of rehabilitation service at your location
Format:	Drop down list
Values:	Free standing rehabilitation hospital Rehabilitation ward within acute hospital in same building of same health campus Rehabilitation ward within acute hospital in separate buildings of same health campus Rehabilitation service within acute hospital (no designated beds) Comprehensive Stroke Unit
Auditing Guidance:	Select the service that most appropriately describes your service. If these definitions do not relate to your service, please contact the audit team. A comprehensive stroke unit is one that manages patient recovery for at least a few weeks on the one ward (e.g. acute stroke patients who stay on the same ward and are then seen by the same team as they receive formal rehabilitation).
Obligations:	Mandatory
Data item type:	Structure Indicator

9.01 How many beds are dedicated for inpatient rehabilitation at your site?

Definition:	The amount of beds in your facility designated for inpatient rehabilitation
Format:	Numerical

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Values:	Free text
Auditing Guidance:	Do Not include any other type of bed such as acute or palliative - only rehabilitation beds. This is the total bed dedicated for any inpatient rehabilitation e.g. not just stroke.
Obligations:	Mandatory
Data item type:	Structure Indicator

9.02 Does your site have a dedicated stroke rehabilitation unit?

Definition:	There are many attributes to a stroke unit, these include: Co-located beds within a geographically defined ward - A dedicated MDT with an interest in stroke or rehabilitation - Regular team meetings - Access to ongoing professional development - Beds must be those set aside for the rehabilitation of stroke patients only
Format:	Radio button
Values:	<ul style="list-style-type: none"> • Yes • No
Auditing Guidance:	Only select yes if your unit falls within the definition of a stroke unit. Beds don't necessarily need to be located within the same bay/room but do need to be located <u>within one ward</u>
Obligations:	Mandatory
Data item type:	Structure Indicator

9.021 If yes, how many beds are in your dedicated stroke rehabilitation unit?

Definition:	This is the number of beds in your dedicated stroke rehabilitation unit exclusively for stroke rehabilitation patients
Format:	Numerical
Values:	Free text
Auditing Guidance:	Only answer if the bed is dedicated for the sole purpose of stroke rehabilitation
Rules:	Required if yes to 9.02

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Obligations:	Conditional
Data item type:	Structure Indicator

9.03 How many stroke rehabilitation patients (patients coded with a rehabilitation episode-type):

9.031 Are currently in all your inpatient rehabilitation beds?

9.032 Were admitted to your site last year?

9.033 Are currently in your dedicated stroke rehabilitation unit today?

9.034 Were admitted to your dedicated stroke rehabilitation unit last year?

Definition:	Enter the number of beds and patient/s according to the question
Format:	Numerical
Values:	Free text
Auditing Guidance:	If you do not have designated beds for inpatient rehabilitation, please add how many stroke patients coded with a rehabilitation episode in your hospital today and last year
Obligations:	Mandatory If yes to 9.02, 9.033 and 9.044 enabled
Data item type:	Structure Indicator

9.04 Who is responsible for making the decision to refer for rehabilitation at your hospital?

9.041 Acute physician

9.042 Post-acute physician (rehabilitation physician, geriatrician)

9.043 Nurse

9.044 Multidisciplinary team (acute)

9.045 Joint acute/rehabilitation team member/s

9.046 Other team member,

9.0461 Other (specify)

Definition:	This is the person responsible for assessing the patient and agreeing to admit them for rehabilitation
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Format	Radio button
Values:	Yes / No
Auditing Guidance:	If selecting acute or post-acute physician, they are to be a specialist. If a GP or visiting medical officer oversees the decision, then 'other team member' is to be selected
Obligations:	Mandatory 9.4061 enabled if yes to 9.046
Data item type:	Structure Indicator

9.05 Is there a standardised process for assessing suitability for inpatient rehabilitation of stroke patients at your hospital?

Definition:	The presence of a standardised process in assessing suitability for rehabilitation
Format:	Radio button
Values:	<ul style="list-style-type: none"> • Yes • No
Auditing Guidance:	Select 'Yes' only if there is a standardised process in place at your facility, e.g. routine attendance at acute stroke case conference by a member of the rehabilitation team or agreed written referral requests, agreed phone referral, video conference, etc. 'Standardised' is defined as locally agreed and documented
Obligations:	Mandatory
Data item type:	Structure Indicator

9.06 When does the assessment for inpatient rehabilitation usually occur?

Definition:	An estimate of the time taken for an assessment to occur
Format:	Drop down list
Values:	Only select one answer: <ul style="list-style-type: none"> • Early (within first 3-4 days) of acute admission • Within the first week of acute admission • After the first week of acute admission • Varies

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Auditing Guidance:	Select the most appropriate description for the time to assessment process at your facility. Record the most common time frame
Obligations:	Mandatory
Data item type:	Structure Indicator

9.07 Do you have regular multidisciplinary team meetings for the interchange of information about individual stroke patients?

Definition:	A documented meeting with all the MDT that discusses management of patients on an individual basis
Format:	Radio button
Values:	<ul style="list-style-type: none"> • Yes • No
Obligations:	Mandatory
Data item type:	Structure Indicator

9.071 How often are these meetings held per month?

Definition:	An indicator for the frequency of multidisciplinary meetings
Format:	Numerical
Values:	Free text
Obligations:	Conditional (if yes to 9.07)
Data item type:	Structure Indicator

9.08 Does your site have a formal process for developing and documenting goals with patients?

Definition:	Goal setting is a fundamental process of rehabilitation that enables interdisciplinary teamwork, motivates clients and provides a measure of evaluating patient progress
Format:	Radio button
Values:	<ul style="list-style-type: none"> • Yes • No
Auditing Guidance:	Is there a formal process in your hospital for goal setting

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Obligations:	Mandatory
Data item type:	Process Indicator

9.09 How does your hospital usually establish patient-directed goals?

Definition:	A process that aids the patient in identifying goals for rehabilitation and integration back into community
Format:	Drop down list
Values:	<p>Patient interviewed by each discipline only</p> <p>Goals discussed and reviewed at team meeting after patient meets with each discipline separately</p> <p>Patient and full multidisciplinary team set goals together</p> <p>Ad hoc – no consistent process used</p> <p>Goals not patient - directed at this hospital</p> <p>Other (specify)</p>
Auditing Guidance:	<p>Patient meets with individual therapist and clinician to establish goals.</p> <p>Full team discusses patient goals after patient has met with each discipline separately.</p> <p>Ad Hoc means that the patient is included in the process but there’s no fixed process used for all patients.</p> <p>If the patient is not central in the goal setting process, e.g. the team decides without consultation with the patient then select ‘goals not patient directed at this hospital’.</p>
Obligations:	<p>Mandatory</p> <p>9.091 enabled if ‘other (specify)’ selected</p>
Data item type:	Process Indicator

9.10 Does your site provide group circuit classes?

Definition:	An indicator of the availability of group circuit classes at your hospital. This can increase scheduled therapy time if used effectively
Format:	Radio button
Values:	<ul style="list-style-type: none"> • Yes

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	<ul style="list-style-type: none"> No
Auditing Guidance:	A 'Yes' response can be selected if any discipline uses group circuit classes. Circuit class therapy offers a supervised group forum to practise tasks to help patients regain mobility after stroke, enabling increased practice time.
Obligations:	Mandatory
Data item type:	Structure Indicator

9.101 How many days a week does your service provide active therapy (Physiotherapy and/or Occupational Therapy)?

Definition:	Days per week therapists are available to provide active clinical care
Format:	Drop down list
Values:	7 days per week 6 days per week 5 days per week 3-4 days per week <3 days per week
Auditing Guidance:	Active therapy e.g. physiotherapy and/or occupational therapy
Obligations:	Mandatory
Data item type:	Structure indicator

9.102 What is the average number of minutes of active physical therapy (PT and/or OT) per patient that is provided per week?

This should include total therapy delivered via any mechanism – 1:1, group/circuit classes, allied health assistants.

Definition:	Total estimated number of minutes of active physical therapy provided on average in a week
Format:	Numerical
Values:	Free text
Auditing Guidance:	Estimate AVERAGE time each patient spends in therapy (either face to face, in group/circuit class or with assistant). This does not include time in self-practice or semi supervised practice (with family, nursing staff, etc.).

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	Answer response deemed to be the closest number, round up or down. Therapy times may be used as a reference. Estimate total time on average (physio and OT).
Obligations:	Mandatory
Data item type:	Structure indicator

9.103 How long on average do patients with motor impairments undertake active physical therapy (PT and/or OT) per day? This should not include time spent watching others.

Definition:	Indication of the amount of physical practice a patient receives each day
Format:	Drop down list
Values:	<1 hour 1 hour 2 hours 3 hours >3 hours
Auditing Guidance:	Estimate AVERAGE time spent in therapy practicing per day (e.g. doing physiotherapy or occupational therapy). This does NOT equate to scheduled therapy time per se (or time in gym/kitchen). Answer response deemed to be the closest number
Obligations:	Mandatory
Data item type:	Structure indicator

L9.11 Providing the right amount of physical activity can be limited by a number of factors. Which of the following are factors at your service?

9.111 Staff factors (time/skill, etc.)

9.112 Patient factors (capacity, dependence, etc.)

9.113 Service factors (equipment, environment, timetabling, etc.)

9.114 Time spent on non-patient contact activity, including time spent in information exchange with other clinicians

9.115 Not applicable (we provide recommended levels to all patients)

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Definition:	Possible reasons for factors that may lead to lower amount of practice a patient receives at your service
Format:	Radio button
Values:	<ul style="list-style-type: none"> • Yes • No
Auditing Guidance:	If your site provides the recommended level of physical activity (at least an hour per day 5 days per week) to all patients please answer <u>Not Applicable</u>
Obligations:	Mandatory
Data item type:	Structure indicator

9.116 Does your site include individually tailored exercise interventions to improve cardiorespiratory fitness?

Definition:	An indicator of the delivery of exercise to improve cardiorespiratory fitness.
Format:	Radio button
Values:	<ul style="list-style-type: none"> • Yes • No
Auditing Guidance:	A ‘Yes’ response can be selected if routine provision of exercise to improve cardiorespiratory fitness (i.e. exercises that specifically increase heart rate to achieve greater cardiorespiratory fitness) is provided. This may be via treadmill walking/running or stationary bike or arm ergometer.
Obligations:	Mandatory
Data item type:	Process Indicator

9.12 Does your hospital routinely provide patient information prior to discharge?

Definition:	Evidence that information covering stroke, hospital management, secondary prevention and recovery was provided to patient and/or family
Format:	Radio button
Values:	<ul style="list-style-type: none"> • Yes • No
Obligations:	Mandatory

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Data item type:	Structure indicator
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If yes, which of the following are included?

- 9.121 Stroke care, implications and recovery
- 9.122 Secondary prevention
- 9.123 Local community care arrangements
- 9.124 Community stroke support groups

Definition:	Education on stroke given to patient prior to discharge
Format:	Radio button
Values:	Yes No
Auditing Guidance:	Please identify the usual process for delivering education to your patients following stroke If yes, see details in 9.125 below
Obligations:	Conditional (if yes to 9.12)
Data item type:	Structure Indicator

9.125 If yes, is aphasia friendly communication available for all of the above?

Definition:	Aphasia friendly education on stroke given to patient prior to discharge
Format:	Radio button
Values:	<ul style="list-style-type: none"> • Yes • No
Obligations:	Conditional (if yes to 9.121-9.124)
Data item type:	Structure indicator

9.13 Are there documented processes and systems to support the routine use of evidence-based guidelines to inform clinical care?

Definition:	Routine use of evidence-based guidelines to inform evidence-based therapy
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Format:	Radio button
Values:	<ul style="list-style-type: none"> • Yes • No
Auditing Guidance:	<p>Documented processes could be protocols or locally agreed procedures for topics. For example, the Occupational Therapy department might have an agreed, documented approach to assess and support return to driving.</p> <p>The physiotherapy department might have a documented approach to electrical stimulation of the shoulder or arm. Systems could include evidence-based upper limb exercise groups.</p> <p>Other examples would include agreed/documentated treatment approaches for various impairments that align or refer to the national guidelines.</p> <p>More than one written statement is required to answer yes</p>
Obligations:	Mandatory
Data item type:	Structure Indicator

9.14 Are there documented processes and systems to monitor the routine use of evidence-based guidelines to inform clinical care?

Definition:	Routine use of evidence-based guidelines to inform evidence-based therapy
Format:	Radio button
Values:	<ul style="list-style-type: none"> • Yes • No
Auditing Guidance:	<p>Documented processes could be collecting and reviewing statistics for use of protocols or pathways. Systems may include regular in-services to review and discuss evidence about topics related to clinical care. It could also be team meetings that review adherence to clinical care indicators linked to guidelines based on registry or audit data.</p> <p>More than one written statement is required to answer yes</p>
Obligations:	Mandatory
Data item type:	Structure Indicator

9.15 Are there documented processes and systems to ensure patients receive evidence-based intensity of therapy related to their goals?

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Definition:	Best practice and evidence-based intensity of therapy for goal related activity
Format:	Radio button
Values:	<ul style="list-style-type: none"> • Yes • No
Auditing Guidance:	<p>Amount/intensity of practice relates to patient centred goals.</p> <p>Documented processes could be protocols or locally agreed procedures for increasing the amount of practice. This may include procedures for practice of goals with family including recording repetitions of movements.</p> <p>Systems could include keeping records of amount of practice per day/week or amount of therapy directly provided by therapist or assistant.</p> <p>Other examples of processes or systems would include agreed/documentated treatment approaches that aims to maximise practice for patients. This may include circuit classes in groups, upper limb groups, communication groups, individual approaches for repetition of practice with set goals etc.</p> <p>More than one written statement is required to answer yes</p>
Obligations:	Mandatory
Data item type:	Structure Indicator

9.16 Is there a dedicated person liaising between acute and rehabilitation services?

Definition:	Dedicated personnel responsible for effective links with acute stroke service providers
Format:	Radio button
Values:	<ul style="list-style-type: none"> • Yes • No
Auditing Guidance:	<p>Liaison between acute and rehabilitation services is essential for good referral, transfer and community practices.</p> <p>Answer 'Yes' if you know there is someone within the acute referral team that has it as part of their role.</p> <p>Person may be within rehabilitation or acute teams. Needs to have agreed role within job description to liaise with other service to ensure appropriate assessment, referral and communication between</p>

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	acute and rehabilitation teams. This may be the rehabilitation doctor, a nurse coordinator, or other team member.
Obligations:	Mandatory
Data item type:	Structure Indicator

9.161 Are there regular meetings between acute and rehabilitation services?

Definition:	An indicator of coordinated care
Format:	Radio button
Values:	<ul style="list-style-type: none"> • Yes • No
Auditing Guidance:	<p>Liaison between acute and rehabilitation services is essential for good referral, transfer and community practices.</p> <p>Meetings need to be agreed (preferably documented) meetings between staff directly involved in acute and rehabilitation services with the intention to discuss patient care including referral for rehabilitation.</p> <p>Meetings may occur by phone, teleconference or in person.</p>
Obligations:	Mandatory
Data item type:	Structure Indicator

9.162 How often are these meetings held per month?

Definition:	An indicator of coordinated care
Format:	Drop down list
Values:	<ul style="list-style-type: none"> • < once per month • 1 per month • 2 per month • 3 per month • 4 or more per month
Auditing Guidance:	Number of meetings per month; e.g. you meet once a week then that would be 4 meetings per month

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Obligations:	Conditional (if yes to 9.161)
Data item type:	Structure Indicator

9.17 Is there an onsite telehealth facility which has been used for clinical decision making within the last six months?

Definition:	Organisational feature
Format:	Radio button
Values:	<ul style="list-style-type: none"> • Yes • No
Auditing Guidance:	<p>Telehealth use must have been used in clinical care delivery (or available for use if no case was required). Telehealth facilities include telephone calls and video conferencing technologies that allow clinicians from different physical locations to meet and discuss patient care (rather than education etc).</p> <p>Answer 'Yes' if the facility is available even if you didn't use this for patient care during the last 12 months</p>
Obligations:	Mandatory
Data item type:	Structure Indicator

9.18 Please identify which of the following health professionals are actively involved in the rehabilitation management of stroke patients at your hospital?

- 9.1801 Rehabilitation physician
- 9.1802 Geriatrician
- 9.1803 General medical physician
- 9.1804 Neurologist
- 9.1805 General practitioner/visiting medical officers
- 9.1806 Rehabilitation nurse
- 9.1807 Clinical nurse consultant
- 9.1808 Clinical nurse specialist
- 9.1809 Physiotherapist

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- 9.18091 *If yes, how many days per week?*
- 9.1810 Speech pathologist
- 9.18101 *If yes, how many days per week?*
- 9.1811 Dietitian
- 9.1812 Social worker
- 9.1813 Occupational therapist
- 9.18131 *If yes, how many days per week?*
- 9.1814 Clinical psychologist
- 9.1815 Neuropsychologist
- 9.1816 Recreational therapist
- 9.1817 Diversional therapist
- 9.1818 Allied health assistant/therapy assistant
- 9.18181 *If yes, how many days per week?*
- 9.1819 Medical resident
- 9.1820 Stroke liaison officer/stroke care coordinator
- 9.1821 Other (specify)

Definition:	This is a staff member who is regularly involved in the patients stroke rehabilitation management.
Format:	Radio button / numerical
Values:	<ul style="list-style-type: none"> • Yes • No If yes, free text
Auditing Guidance:	Please select yes or no for each of the disciplines listed. If yes to physiotherapist, speech pathologist, occupational therapist, allied health assistant/therapy assistant please provide details of how many days per week this therapist/s is/are able to provide clinical care.
Obligations:	Mandatory (Conditional for days per week if yes to 9.1809, 9.1810, 9.1813, 9.1818)
Data item type:	Structure Indicator

9.191 Which of the following is the medical leader responsible for the management of your stroke rehabilitation patients?

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Definition:	An indicator of the existence of medical leadership for stroke
Format:	Radio button
Values:	<ul style="list-style-type: none"> • Rehabilitation physician • Geriatrician • General medical physician • Neurologist • General practitioner/visiting medical officers
Obligations:	Mandatory
Data item type:	Structure Indicator

9.192 Please indicate whether this is formal recognition (a defined process exists), or whether this person usually assumes the responsibility?

Definition:	An indicator of the existence of medical leadership for stroke
Format:	Radio button
Values:	<ul style="list-style-type: none"> • Formal • Usually
Auditing Guidance:	If there is a formal process mandating the referral of all patients with stroke to one discipline/individual, please indicate this using 'formally'.
Obligations:	Conditional
Data item type:	Structure Indicator

9.20 Is there a program for the continuing education of staff relating to the management of stroke?

Definition:	Professional development for staff members regarding stroke
Format:	Radio button
Values:	<ul style="list-style-type: none"> • Yes • No
Auditing Guidance:	Education available to staff members to increase their knowledge of stroke. This education may include agreed regular in-services by therapists (within disciplines or interprofessional). It may also

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	include regional stroke education meetings where staff are actively involved in planning and/or presenting updates within a state or local health district.
Obligations:	Mandatory
Data item type:	Structure Indicator

L9.211 Does your site provide the following community rehabilitation services?

9.211 Centre-based rehabilitation

9.212 Home-based rehabilitation

9.213 Stroke-specific Early Supported Discharge (ESD)

Definition:	Indicate whether your patients can access community rehab through the services listed
Format:	Radio button
Values:	<ul style="list-style-type: none"> • Yes • No
Auditing Guidance:	<p>Centre-based rehabilitation any service that is provided at same service where the patient comes to the centre from the community to receive care, e.g. outpatient therapy or day hospital care.</p> <p>Home-based rehabilitation any rehabilitation service provided physically in people’s homes or care facilities. That is, where therapy staff go out into the community to provide rehabilitation care (excluding early supported discharge).</p> <p>Early Supported Discharge is service designed to discharge patient’s home sooner from hospital care but still provide same level of therapy as would occur while in hospital (e.g. bed-substitution model to in-hospital rehabilitation).</p>
Obligations:	Mandatory
Data item type	Structure Indicator

9.22 Does your site have protocols guiding discharge planning for your stroke rehabilitation patients?

Definition:	Protocols that provide guidance to staff for developing a plan for care and support post-discharge
Format:	Radio button

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Values:	<ul style="list-style-type: none"> • Yes • No
Auditing Guidance:	Protocols or procedures must be documented. It will cover who is responsible to do what and when.
Obligations:	Mandatory
Data item type:	Structure Indicator

9.23 Are patients routinely given a discharge care (personal recovery) plan on discharge from hospital?

Definition:	A care plan outlines care in the community after discharge developed by input from both the multi-disciplinary team and the patient
Format:	Radio button
Values:	<ul style="list-style-type: none"> • Yes • No
Auditing Guidance:	<p>Documented evidence that the patient, or the patient’s family, have received an individualised plan that outlines care in the community post discharge (i.e. written specifically for the patient, NOT generic information and NOT a copy of the discharge summary provided to other health professionals).</p> <p>Care plans are developed with input from both the multidisciplinary team and the patient; or in situations where the patient is no longer able to make decisions, with the family or significant other. The care plan should include the following information: Rehabilitation goals; Lifestyle modifications and medications required to manage risk factors; Any equipment needed; Follow up appointments; Contact details for ongoing support services in the community.</p> <p>An individualised care plan is provided to the patient before they leave hospital and to the GP or ongoing care provider within 48 hours.:</p>

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	Answer 'Yes' if this is a subsequent hospital stay and the patient already had a care plan developed from the last episode which is still deemed to be appropriate to current goals
Obligations:	Mandatory
Data item type:	Structure Indicator

9.24 Does your site routinely provide training to carers requiring it?

Definition:	Provision of carer training to carers
Format:	Radio button
Values:	<ul style="list-style-type: none"> • Yes • No
Auditing Guidance:	<p>Carer training should be tailored to specific needs but may include personal care techniques, communication strategies, physical handling training, dietary modification, ongoing prevention of stroke and related complications, and management of difficult behaviours.</p> <p>Answer 'Yes' if patients with carers who require training are routinely provided it.</p> <p>Answer 'Yes' if carer has previously received training (e.g. previous stroke) and has agreed that no further training needs.</p>
Obligations:	Mandatory
Data item type:	Structure Indicator

9.26 Does your site routinely review stroke patients after they have returned to the community, to assess their ongoing needs?

Definition:	A service provided to patients to assess their needs after stroke
Format:	Radio button
Values:	<ul style="list-style-type: none"> • Yes • No
Auditing Guidance:	<p>An indication of processes to monitor stroke patients over time beyond the initial return to the community. Answer 'Yes' if there is an agreed process for providing access to ongoing review by a member of the stroke rehabilitation team e.g. routine outpatient appointment for all patients</p>
Obligations:	Mandatory

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Data item type:	Structure Indicator
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9.27 Over the last 2 years has the stroke team been involved in quality improvement activities that have included collecting and reviewing local stroke data and agreeing on strategies to improve care?

Definition:	Quality improvement activities that have been included since reviewing local audit data
Format:	Radio button
Values:	<ul style="list-style-type: none"> • Yes • No
Auditing Guidance:	Reviewing data may include AROC or National Stroke Audit data. It is usual practice to review this as a team and agree on gaps and aspects to focus quality improvement activities on
Obligations:	Mandatory
Data item type:	Structure Indicator

9.28 Is communication partner training routinely offered to health professionals and/or volunteers who interact with people with aphasia?

Definition:	Training offered to health professionals and/or volunteers to increase their knowledge, confidence and use of communication strategies that support the stroke survivor’s communication activity and participation.
Format:	Radio button
Values:	<ul style="list-style-type: none"> • Yes • No
Auditing Guidance:	Select ‘Yes’ if communication partner education and skills training is routinely offered (i.e., at least annually for permanent staff/volunteers and on commencement for new starters) to health professionals/volunteers at your site who interact with people with aphasia. Ideally, training will have been provided to at least half of those offered in the past 12 months.

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	Communication Partner Training can be delivered face-to-face, by video/telehealth or e-learning delivery formats.
Obligations:	Mandatory
Data item type:	Process indicator

Additional questions related to COVID-19:

9.29 Did the COVID-19 pandemic in any way impact the delivery of inpatient rehabilitation services at your site?

Definition:	The way in which you deliver your service changed as a result of the COVID-19 pandemic
Format:	Radio button
Values:	<ul style="list-style-type: none"> • Yes • No
Auditing Guidance:	Select 'yes' if as a direct result of the pandemic, your service changed in any way for example a change in staffing or processes
Obligations:	Mandatory
Data item type:	Structure Indicator

9.30 If yes, in what way has your rehabilitation service been impacted?

- 9.301 Rehab ward relocated
- 9.302 Rehab ward dissolved
- 9.303 Inpatient rehab bed numbers reduced
- 9.304 Increased use of community rehab
- 9.305 Increased use of hospital substitution models (ESD, RITH)
- 9.306 Change in format/structure of ward rounds
- 9.3061 *Reduced staff involved*
- 9.3062 *Less frequent*

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- 9.3063 More frequent
- 9.3064 Reduced direct patient contact
- 9.3065 Other (specify)
- 9.307 Staff shortages
- 9.308 Other (specify)

Definition:	Details regarding how your service was impacted by the COVID-19 pandemic
Format:	Radio button
Values:	<ul style="list-style-type: none"> • Yes • No 9.3065 and 9.308 free text
Auditing Guidance:	Select 'other' to specify any other ways not already listed in which your rehab service has been impacted by the COVID-19 pandemic
Obligations:	Conditional (if yes to 9.29) / (9.3061-9.3065 enabled if yes to 9.306)
Data item type:	Structure Indicator

9.31 Have staff been redeployed to other duties?

Definition:	Any staff who have been redeployed to a position/location other than their usual role
Format:	Radio button
Values:	<ul style="list-style-type: none"> • Yes • No
Audit guidance	Select 'yes' if staff have been moved from their usual role or location. This could be a different role within the same unit, same role in a different unit, different role in a different unit
Obligations:	Conditional (if yes to 9.29)
Data item type:	Structure Indicator

L9.31 If yes, what disciplines were redeployed?

9.311 Nursing

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- 9.312 Medical
- 9.313 Physiotherapy
- 9.315 Occupational therapy
- 9.316 Speech therapy
- 9.317 Social work
- 9.318 Dietetics
- 9.319 Psychology

Definition:	Individual disciplines that were redeployed
Format:	Radio button
Values:	<ul style="list-style-type: none"> • Yes • No
Audit guidance	Select 'yes' if any staff from the listed disciplines were moved from their usual role/location to alternative role/location as a result of the COVID-19 pandemic
Obligations:	Conditional (if yes to 9.31)
Data item type:	Structure Indicator

L9.32 If yes, what was the reason for their redeployment?

- 9.321 To cover shortages in other departments
- 9.322 Change in structure of unit (dissolved/relocated/reduced beds) so reduced requirement for staff
- 9.323 Redeployed to COVID-19 specific role ie. COVID-19 virtual/inpatient ward, COVID-19 testing
- 9.324 Other (specify)

Definition:	For what reason were staff redeployed from your unit as a result of the COVID-19 pandemic
Format:	Radio button
Values:	<ul style="list-style-type: none"> • Yes • No
Audit guidance	Select 'other (specify)' if the reason for staff redeployment is not listed. Please provide detail regarding the reason for their redeployment

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Obligations:	Conditional (if yes to 9.31)
Data item type:	Structure Indicator

9.33 Have redeployed staff now returned to their previous position in the rehabilitation unit?

Definition:	
Format:	Radio button
Values:	<ul style="list-style-type: none"> • All staff have returned • Some staff have returned • No staff have returned
Obligations:	Conditional (if yes to 9.31)
Data item type:	Structure Indicator

9.34 Has the rehabilitation service returned to the structure and staffing levels that were in place prior to the COVID-19 pandemic?

Definition:	
Format:	Radio button
Values:	<ul style="list-style-type: none"> • Yes • No
Obligations:	Conditional (if yes to 9.29)
Data item type:	Structure Indicator

If you have any further questions, please do not hesitate to contact:

Stroke Foundation Stroke Data Coordinator

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