

National Stroke Audit

2024 Rehab Services

Organisational Survey questions

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

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

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

9.02 Does your site have a dedicated stroke rehabilitation unit? Yes / No

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

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?

L9.041 – 9.046 Who is responsible for making the decision to refer for rehabilitation at your hospital?

9.041 Acute physician Yes / No

9.042 Post-acute physician (rehabilitation physician, geriatrician) Yes / No

9.043 Nurse Yes / No

9.044 Multidisciplinary team (acute) Yes / No

9.045 Joint acute/rehabilitation team member/s Yes / No

9.046 Other team member (specify) Yes / No

9.05 Is there a standardised process for assessing suitability for inpatient rehabilitation of stroke patients at your hospital? Yes / No

9.06 When does the assessment for inpatient rehabilitation usually occur?

Early (within first 3-4 days) of acute admission / Within the first week of acute admission / After the first week of acute admission / Varies

9.07 Do you have regular multidisciplinary team meetings for the interchange of information about individual stroke patients? Yes / No

9.071 How often are these meetings held per month?

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9.08 Does your site have a formal process for developing and documenting goals with patients? Yes / No

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

Patient interviewed by each discipline only / Goals discussed and reviewed at team meeting after patient meets with each discipline separately / Patient and full multidisciplinary team set goals together / Ad hoc – no consistent process used / Goals not patient - directed at this hospital / Other (specify)

9.10 Does your site provide group circuit classes? Yes / No

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

7 days per week / 6 days per week / 5 days per week / 3-4 days per week / <3 days per week

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.

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.

<1 hour / 1 hour / 2 hours / 3 hours / >3 hours

L9.11 – 9.115 Providing the right amount of physical activity can be limited by a number of factors. Which of the following are factors at your service?

9.11 Staff factors (time/skill, etc.) Yes / No

9.12 Patient factors (capacity, dependence, etc.) Yes / No

9.13 Service factors (equipment, environment, timetabling, etc.) Yes / No

9.14 Time spent on non-patient contact activity, including time spent in information exchange with other clinicians Yes / No

9.15 Not applicable (we provide recommended levels to all patients) Yes / No

9.116 Does your site include individually-tailored exercise interventions to improve cardiorespiratory fitness? Yes / No

9.12 Does your hospital routinely provide patient information prior to discharge? Yes / No

L9.121 – 9.125 If yes, which of the following are included?

9.121 Stroke care, implications and recovery Yes / No

9.122 Secondary prevention Yes / No

9.123 Local community care arrangements Yes / No

9.124 Community stroke support groups Yes / No

9.125 If yes to 9.12, is aphasia friendly communication available for all of the above? Yes / No

9.13 Are there documented processes and systems to support the routine use of evidence-based guidelines to inform clinical care? Yes / No

9.14 Are there documented processes and systems to monitor the routine use of evidence-based guidelines to inform clinical care? Yes / No

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9.15 Are there documented processes and systems to ensure patients receive evidence-based intensity of therapy related to their goals? Yes / No

9.16 Is there a dedicated person liaising between acute and rehabilitation services? Yes / No

9.161 Are there regular meetings between acute and rehabilitation services? Yes / No

9.162 How often are these meetings held per month? *1 per month / 2 per month / 3 per month / 4 or more per month*

9.17 Is there an onsite telehealth facility which has been used for clinical decision making within the last six months? Yes / No

L9.1801-9.1821 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 Yes / No

9.1802 Geriatrician Yes / No

9.1803 General medical physician Yes / No

9.1804 Neurologist Yes / No

9.1805 General practitioner/visiting medical officers Yes / No

9.1806 Rehabilitation nurse Yes / No

9.1807 Clinical nurse consultant Yes / No

9.1808 Clinical nurse specialist Yes / No

9.1809 Physiotherapist Yes / No

9.18091 *If yes, how many days per week?*

9.1810 Speech pathologist Yes / No

9.18101 *If yes, how many days per week?*

9.1811 Dietitian Yes / No

9.1812 Social worker Yes / No

9.1813 Occupational therapist Yes / No

9.18131 *If yes, how many days per week?*

9.1814 Clinical psychologist Yes / No

9.1815 Neuropsychologist Yes / No

9.1816 Recreational therapist Yes / No

9.1817 Diversional therapist Yes / No

9.1818 Allied health assistant/therapy assistant Yes / No

9.18181 *If yes, how many days per week?*

9.1819 Medical resident Yes / No

9.1820 Stroke liaison officer/stroke care coordinator Yes / No

9.1821 Other (specify)

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

Rehabilitation physician / Geriatrician / General medical physician / Neurologist / General practitioner/visiting medical officers

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

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

Yes / No

L9.211 – 9.213 Does your site provide the following community rehabilitation services?

9.211 Centre-based rehabilitation (e.g. Outpatient rehabilitation or day hospital) *Yes / No*

9.212 Home-based rehabilitation *Yes / No*

9.213 Stroke specific Early Supported Discharge (ESD) *Yes / No*

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

Yes / No

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

Yes / No

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

Yes / No

9.26 Does your site routinely review stroke patients after they have returned to the community, to assess their ongoing needs? *Yes / No*

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? *Yes / No*

9.28 Is communication partner training routinely offered to health professionals and/or volunteers who interact with people with aphasia? *Yes / No*

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? *Yes / No*

L9.301-9.308 If yes, in what way has your rehabilitation service been impacted?

9.301 Rehab ward relocated *Yes / No*

9.302 Rehab ward dissolved *Yes / No*

9.303 Inpatient rehab bed numbers reduced *Yes / No*

9.304 Increased use of community rehab *Yes / No*

9.305 Increased use of hospital substitution models (ESD, RITH) *Yes / No*

9.306 Change in format/structure of ward rounds *Yes / No*

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If yes to 9.306, specify:

- | | |
|---------------------------------------|----------|
| 9.3061 Reduced staff involved | Yes / No |
| 9.3062 Less frequent | Yes / No |
| 9.3063 More frequent | Yes / No |
| 9.3064 Reduced direct patient contact | Yes / No |
| 9.3065 Other (specify) | |
| 9.307 Staff shortages | Yes / No |
| 9.308 Other (specify) | |

9.31 Have staff been redeployed to other duties? Yes / No

L9.311-9.329 If yes, what disciplines were redeployed?

- | | |
|----------------------------|----------|
| 9.311 Nursing | Yes / No |
| 9.312 Medical | Yes / No |
| 9.313 Physiotherapy | Yes / No |
| 9.315 Occupational therapy | Yes / No |
| 9.316 Speech therapy | Yes / No |
| 9.317 Social work | Yes / No |
| 9.318 Dietetics | Yes / No |
| 9.319 Psychology | Yes / No |

L9.321-9.324 If yes to 9.31, what was the reason for their redeployment?

- | | |
|---|----------|
| 9.321 To cover shortages in other departments | Yes / No |
| 9.322 Change in structure of unit (dissolved/relocated/reduced beds) so reduced requirement for staff | Yes / No |
| 9.323 Redeployed to COVID-19 specific role ie. COVID-19 virtual/inpatient ward, COVID-19 testing | Yes / No |
| 9.324 Other (specify) | |

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

All staff have returned / Some staff have returned / No staff have returned

9.34 Has the rehabilitation service returned to the structure and staffing levels that were in place prior to the COVID-19 pandemic? Yes / No

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

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