

# National Stroke Audit 2024

## Rehabilitation Services



### Clinical Audit Questions

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#### AUDITOR INFORMATION

- 1.000 Hospital name (auto-populated)
- 1.020 Auditor name (auto-populated)
- 1.030 Auditor Email (auto-populated)
- 1.050 Auditor discipline (auto-populated)

#### PATIENT DEMOGRAPHICS

##### Patient details

- 2.000 Patient record ID (auto-created)
- 2.090 Date of birth
- 2.100 Age
- 2.130 Gender? *Male / Female / Intersex or indeterminate / Not stated*
- 2.170 Interpreter needed? *Yes / No*
- 2.180 Is the patient of Aboriginal/Torres Strait Islander origin?

#### ADMISSION AND TRANSFER INFORMATION

##### Admission details

- 4.000 Onset date                          4.010 Date unknown
- 4.340 What date was the patient admitted to the inpatient rehabilitation facility?

##### Intra hospital transfers

- 4.660 Prior to rehabilitation, where has the patient come from?  
*Stroke unit / Acute inpatient ward / Other rehabilitation ward / General practitioner referral / Other / Unknown*
- 4.670 Where was this patient treated during inpatient rehabilitation?  
*Dedicated stroke rehabilitation unit / Neurorehabilitation unit / Combined acute and rehabilitation unit / Mixed rehabilitation ward) / Other (specify)*

## Other clinical information

9.00 On admission were any of the following impairments present?

9.000	Sensory deficit	Yes / No
9.010	Cognitive deficit	Yes / No
9.020	Visual deficit	Yes / No
9.030	Perceptual deficit	Yes / No
9.040	Speech/communication impairment	Yes / No
9.050	Hydration problems	Yes / No
9.060	Nutrition problems	Yes / No
9.061	Arm deficit	Yes / No
9.062	Lower limb deficit	Yes / No
9.063	Dysphagia	Yes / No
9.064	Continence	Yes / No
9.065	Balance	Yes / No
9.066	Other	Yes / No
9.067	Other (specify)	

## Hydration & nutrition

9.220 Was malnutrition screening performed? *Yes / No / Not documented*

9.270 Was the patient at risk of malnutrition? *Yes / No / Not documented*

Management included:

9.330 Ongoing monitoring by a dietitian *Yes / No*

9.340 Nutritional supplementation for those whose nutritional status was poor or deteriorating *Yes / No*

9.350 Alternative feeding *Yes / No*

9.355 Type: *NG feeding / PEG*

## Mobilisation

9.360 Was the patient able to walk independently on admission? (e.g. may include walking aid, but without assistance from another person) *Yes / No / Unknown*

Management included:

9.410 Tailored, repetitive practice of walking (or components of walking) *Yes / No*

# Clinical Audit Questions



- 9.411 Circuit class therapy (with focus on overground walking practice) Yes / No
- 9.412 Treadmill training with or without body weight support Yes / No
- 9.420 Cueing of cadence Yes / No
- 9.430 Mechanically assisted gait (via treadmill or other mechanical or robotic device) Yes / No
- 9.440 Joint position feedback Yes / No
- 9.450 Other therapy Yes / No

## Arm deficit

- 9.460 Was the patient's upper limb assessed? Yes / No / Not documented
- Management included:
- 9.510 Constraint-induced movement therapy (in selected people) Yes / No
- 9.520 Repetitive task-specific training in patients with some voluntary movement present Yes / No
- 9.530 Mechanically assisted training Yes / No
- 9.540 Other therapy (for example, virtual reality training, mental practice, mechanically assisted training, mirror therapy) Yes / No

## Continence

- 9.550 Was the patient assessed for urinary incontinence within 72hrs? Yes / No / Not documented
- [Note: this is a generic question, for purposes of the Rehabilitation Audit, please treat as 72 hours within admission to inpatient rehabilitation]
- 9.611 Was the patient incontinent of urine during their rehabilitation care? Yes / No / Not documented
- 9.660 Was a urinary incontinence structured management plan documented? Yes / No / Not documented

## Mood

- 9.740 Was the patient's mood assessed? Yes / No / Not documented
- 9.780 Did the patient have a mood impairment (depression, emotional lability or anxiety)?  
Yes / No / Not documented
- Management included:
- 9.790 Antidepressants Yes / No
- 9.800 Psychological (e.g. cognitive-behavioural) interventions Yes / No
- 9.810 Other therapy (for example, structured exercise program, non-invasive brain stimulation, acupuncture) Yes / No
- 9.820 No therapy provided Yes / No

# Clinical Audit Questions

## ADL

9.830 Did the patient have difficulty with Activities of Daily Living? *Yes / No / Not documented*

Management included:

9.840 Task specific practice *Yes / No*

9.850 Trained use of appropriate aids *Yes / No*

9.860 Other (e.g. virtual reality therapy) *Yes / No*

## Aphasia

9.870 Did the patient have aphasia? *Yes / No / Not documented*

Management included:

9.880 Alternative means of communication (e.g. gestures, drawing, writing, use of augmentative and alternative communication devices) *Yes / No / Declined*

9.890 Phonological & semantic interventions *Yes / No / Declined*

9.900 Constraint-induced language therapy *Yes / No / Declined*

9.901 Speech and language therapy 2-3 days per week *Yes / No / Declined*

9.910 Communication partner training provided to the primary communication partner of the person with aphasia *Yes / No / Declined / No primary communication partner*

9.920 Delivery of therapy programs via computer *Yes / No / Declined*

9.930 Group therapy (e.g. conversation groups) *Yes / No / Declined*

9.940 Other therapy *Yes / No / Declined*

## Neglect

9.950 Did the patient have neglect/inattention? *Yes / No / Not documented*

Management included:

9.960 Visual scanning training *Yes / No*

9.970 Prism adaptation *Yes / No*

9.980 Eye patching *Yes / No*

9.990 Simple cues to draw attention to the affected side *Yes / No*

10.000 Mental practice *Yes / No*

10.010 Other therapy (e.g. mirror therapy) *Yes / No*

## Early outcome measures

10.310 First known modified Rankin Scale (mRS) within 72 hours of admission to rehabilitation: Score 0 - 6

10.320 Unknown/derive

10.330 Is the patient alive? *Yes / No*

## Clinical Audit Questions

- 10.340 Can the patient walk on their own (e.g. without the assistance of another person, but may include walking aid)? Yes / No
- 10.350 If the patient can't walk on their own can they walk if someone is helping them? Yes / No
- 10.360 If the patient can walk on their own (includes walking aids) do they help with simple usual personal activities (toilet, bathing, dressing, cooking, household tasks, simple finances)? Yes / No
- 10.370 If the patient can perform simple personal activities, do they need help with more complex usual activities (driving, golf, finances, household bills, work tasks)? Yes / No
- 10.380 If the patient has no disability do they have any symptoms? Yes / No
- 10.390 Total Motor FIM score on admission: Score 13 – 91 10.400 Unknown
- 10.410 Total Cognitive FIM score on admission: Score 13 – 91 10.420 Unknown

### Communication and support for patient and family/carer

- 10.760 Were goals set with input from the team and patient (or family alone if patient has severe aphasia or cognitive impairments)? Yes / No
- 10.790 Did the patient and/or family receive information covering stroke, hospital management, secondary prevention and recovery (e.g. 'My Stroke Journey' booklet)? Yes / No / Not documented
- 10.830 Does the patient have a carer? Yes / No / Not required
- 10.840 Did the carer receive relevant carer training? Yes / No
- 10.841 Reason (if, 'No') Patient transferred to inpatient rehab or other acute care / Carer declined / Other
- 10.850 Did the carer receive a support needs assessment (e.g. physical, emotional and social)? Yes / No
- 10.851 Reason (if, 'No') Patient transferred to inpatient rehab or other acute care / Carer declined / Other
- 10.860 Was the carer provided with information about peer support resources prior to patient's discharge? Yes / No / Not documented

### ALLIED HEALTH MANAGEMENT

- 10.450 Was the patient seen by a physiotherapist? Yes / No / Not required / Patient declined / Therapist not on staff
- 10.460 Date 10.470 Unknown
- 10.500 Was the patient seen by an occupational therapist? Yes / No / Not required / Patient declined / Therapist not on staff
- 10.510 Date 10.520 Unknown
- 10.550 Was the patient seen by a speech pathologist? Yes / No / Not required / Patient declined / Therapist not on staff
- 10.560 Date 10.570 Unknown
- 10.600 Was the patient seen by a social worker? Yes / No / Not required / Patient declined / Therapist not on staff
- 10.610 Date 10.620 Unknown

# Clinical Audit Questions



10.650 Was the patient seen by a dietitian? *Yes / No / Not required / Patient declined / Therapist not on staff*

10.660 Date 10.670 Unknown

10.700 Was the patient seen by a psychologist? *Yes / No / Not required / Patient declined / Therapist not on staff*

10.710 Date 10.720 Unknown

## COMPLICATION DURING HOSPITAL ADMISSIONS

Did the patient have any of the following complications **during their admission** to rehabilitation?

- |                                      |          |
|--------------------------------------|----------|
| 11.160 Aspiration pneumonia          | Yes / No |
| 11.170 Deep Vein Thrombosis (DVT)    | Yes / No |
| 11.180 Falls                         | Yes / No |
| 11.190 Fever                         | Yes / No |
| 11.200 Pressure sores                | Yes / No |
| 11.230 Shoulder pain                 | Yes / No |
| 11.240 Shoulder subluxation          | Yes / No |
| 11.280 Malnutrition                  | Yes / No |
| 11.290 New onset atrial fibrillation | Yes / No |
| 11.320 Urinary tract infection       | Yes / No |
| 11.350 Contracture                   | Yes / No |

## FURTHER REHABILITATION AND COMMUNITY RE-INTEGRATION

12.040 Was a referral made to rehabilitation? *Yes / No / Unknown*

**[Note:** this is a generic question, for the purposes of the Rehabilitation Audit, please treat as referral to further rehabilitation on discharge]

12.051 If yes, Type: *Inpatient rehabilitation / Inpatient rehabilitation within ASU / Outpatient rehabilitation / Community rehabilitation home based / Community rehabilitation day hospital / Early supported discharge service / GEM rehabilitation / Transition care – residential / Transition care – community / Individual therapist (home based) / Individual therapist (centre based) / Other* 12.06 Other [Specify]

12.190 Was the patient asked if they wanted to return to driving? *Yes / No / Not documented*

12.191 Reason (if 'No') *Did not drive prior to stroke / Patient too ill to participate / Severe cognitive impairment / Other*

12.200 Did the patient want to return to driving? *Yes / No*

12.220 Was the patient provided with information about the process to return to driving? *Yes / No / Not documented*

12.230 Was the patient referred for driving assessment? *Yes / No / Not documented*

# Clinical Audit Questions



- 12.231 Was the patient employed before the stroke onset? Yes / No
- 12.240 Was the patient asked if they wanted to return to work? Yes / No / Not documented
- 12.250 Did the patient want to return to work? Yes / No
- 12.260 Was the patient informed of services to assist with return to work? Yes / No / Not documented

With regard to sexuality, was the patient offered:

- 12.270 The opportunity to discuss issues relating to sexuality? Yes / No
- 12.280 Written information addressing issues relating to sexuality post stroke? Yes / No
- 12.290 Was the patient provided with information about peer support (e.g. availability and benefits of local stroke support groups or other sources of peer support such as Stroke Foundation EnableMe online support)? Yes / No / Not documented

## SECONDARY PREVENTION

13.000 Is there evidence of patient education about behaviour change for modifiable risk factors prior to discharge? Yes / No

13.001 If no, select reason: *Severe cognitive impairment / Severe communication impairment / Treatment was futile / Discharge to another hospital / Patient refused / Other*

13.011 For patients who are currently smoking or recently quit, did the patient receive smoking cessation advice (or family alone if patient has severe aphasia or cognitive impairments)?

*Yes / No / Not applicable (non-smoker) / not documented*

## Medication prescribed on discharge

13.020 On discharge was the patient prescribed antithrombotics? Yes / No / Unknown / Contraindicated

13.110 If no, select reason: *Patient refused / Under review / Treatment was futile (e.g. advance care directive is enacted, or the patient is on a palliative care pathway) / No reason given*

13.120 On discharge was the patient prescribed antihypertensives? Yes / No / Unknown / Contraindicated

13.200 If no, select reason: *Patient refused / Under review / Treatment was futile (e.g. advance care directive is enacted, or the patient is on a palliative care pathway) / No reason given*

13.210 On discharge was the patient prescribed lipid-lowering treatment? Yes / No / Unknown / Contraindicated

13.240 If no, select reason: *Patient refused / Under review / Treatment was futile (e.g. advance care directive is enacted, or the patient is on a palliative care pathway) / No reason given*

13.250 On discharge was the patient with ischaemic stroke and atrial fibrillation prescribed oral anticoagulation therapy? *Yes / No / Contraindicated / Not applicable (no AF and/or not ischaemic stroke)*

## DISCHARGE INFORMATION

14.080 Date of discharge DD/MM/YYYY

14.150 What is the discharge ICD 10 Classification Code?

14.160 What is the discharge destination/mode?



# Clinical Audit Questions



*Discharge or transfer to (an)other acute hospital / Discharge or transfer to a residential aged care service unless this is the usual place of residence / Statistical discharge – type change / Left against medical advice or discharged at own risk / Died / Other / Usual residence (e.g. home) with supports / Usual residence (e.g. home) without supports / Inpatient rehabilitation / Transitional care services*

14.190 Is there evidence that a care plan outlining post discharge care in the community was developed with the team and the patient (or family alone if patient has severe aphasia or cognitive impairments)?

*Yes / No / Unknown / Not applicable (remains in hospital e.g. inpatient rehabilitation or other acute care)*

L14.20 If yes, did this include:

14.200 Patient? Yes / No

14.201 Family/carer? Yes / No

14.210 Is there evidence that the general practitioner and or community providers were provided with a copy of the discharge summary? *Yes / No / Not applicable (e.g. inpatient rehab)*

14.220 Was a home environment assessment carried out? *Yes / No / Not required*

14.240 Did the patient receive the contact details of someone in the hospital for any post-discharge questions? *Yes / No / No but provided to family*

## Dependency on discharge

14.250 Functional status on discharge? modified Rankin Scale (mRS): Score 0 - 6

14.260 Unknown/Derive

14.265 Is the patient alive? Yes / No

14.270 Can the patient walk on their own (e.g. without the assistance of another person, but may include walking aid)? Yes / No

14.280 If the patient can't walk on their own can they walk if someone is helping them? Yes / No

14.290 If the patient can walk on their own (includes walking aids) do they help with simple usual personal activities (toilet, bathing, dressing, cooking, household tasks, simple finances)? Yes / No

14.300 If the patient can perform simple personal activities, do they need help with more complex usual activities (driving, golf, finances, household bills, work tasks)? Yes / No

14.310 If the patient has no disability, do they have any symptoms? Yes / No

14.340 Total Motor FIM score on discharge: Score 13 – 91 14.350 Unknown

14.360 Total Cognitive FIM score on discharge: Score 13 – 91 14.370 Unknown

***If you have any further questions, please do not hesitate to contact:  
Stroke Foundation Stroke Data Coordinator  
[audit@strokefoundation.org.au](mailto:audit@strokefoundation.org.au)***