

# National Sentinel Stroke Clinical Audit 2010

## Supplementary Report on Therapy Intensity

### **Generic Report**

Clinical Standards Department, Royal College of Physicians, London  
On behalf of the Intercollegiate Stroke Working Party

March 2012

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Appendix 1: Questions related to therapy from 2010 Sentinel Organisational and Clinical Audits

Appendix 2: Questions and Help Text related to therapy intensity (45 minutes) from 2010 Sentinel Clinical Audit

## **Chapter 1: Introduction**

Data on therapy after stroke have been collected in every round of the National Sentinel Stroke Audit since its inception in 1998. In the 2010 clinical audit, there were 5 standards related to therapy interventions and the organisational audit included data items on therapy staffing levels on the stroke unit, therapists' participation in meetings, and their inclusion in Early Supported Discharge and community teams (See Appendix 1 for relevant questions). In 2010, following the introduction of NICE Quality Standard Statement 7, we aimed for the first time in the clinical audit to assess the percentage of patients deemed appropriate for 45 minutes of physiotherapy (PT), occupational therapy (OT) and speech and language therapy (SALT) and the proportion of patients who received the full amount during the first 20 weekdays of their in-patient stay.

This supplementary therapy report complements the results presented in the 2010 Sentinel Clinical Audit. It allows you to compare your hospital's performance against national statistics in greater depth. It should be read in the context of your hospital's full clinical and organisational reports, local knowledge and the casemix of your patients.

The National Sentinel Stroke Audit helps to improve the quality of care for stroke patients by providing audit data to help clinicians benchmark their services against the national average and identify where improvements are needed, and to support clinicians to lobby for change and celebrate success. The RCP has joined with the Stroke Research Network to deliver a therapy consensus meeting on 26 March 2012 to stimulate collaboration and initiate research to improve the evidence base for therapy intervention after stroke.

### **Methodology and presentation of results**

Data for 11,353 stroke patients admitted between 1 April and 30 June 2010 were entered onto a web based data collection tool between 23 September and 31 November 2010. Data were self reported and validated by the trust.

In the audit, two questions on therapy provision were asked for the first time. These questions asked for the average number of days on which the patient was appropriate for 45 minutes of PT, OT and SALT (Q2.9) and the average number of therapy minutes actually received on those days (Q2.10). Full definitions were provided (see Appendix 2 for question wording and help text). Auditors reported whether the data they submitted were precisely known, estimated or unknown. Records for which data were precisely known and estimated were included in the analysis.

In this supplementary report, results are presented in two ways.

- Method 1 provides further details of how the data related to the 45 minutes of therapy questions were initially analysed and reported on in February 2011. Using this method, patients without relevant deficits were excluded from the denominator of patients included in the therapy intensity analysis.

*Note: in the 'Method 1' sections of the report, we also present data for patients who were removed from the initial analysis as a result of not having relevant deficits. We report on the proportion of these patients who were considered appropriate for 45 minutes of each therapy on at least one day and the proportion receiving at least one minute of each therapy. These figures (in blue text) are for information only as they are not included in the Method 1 results due to not meeting the eligibility criteria (see below).*

- Method 2 is a revised analysis undertaken to address the feedback from therapists about the initial methodology. The subgroup of patients without relevant deficits is not removed from the denominator following Method 2. Instead, the denominator consists of patients identified by auditors in Q2.9 as being appropriate for 45 minutes of therapy on at least one day.

For both methods, we have included the number (N) in addition to the proportion (%) of patients to aid interpretation at hospital level. In the national results column, we give the total number of patients across *all* hospitals and the median number and inter-quartile range (IQR) of patients *per* hospital to enable you to compare your sample against the national profile.

Method 1 indicates the proportion (and number) of patients nationally with relevant deficits considered appropriate for 45 minutes of PT, OT and SALT on at least one day were 74% (5291), 69% (4870) and 50% (2679) respectively. The proportion (and number) of patients receiving an average of 45 minutes or more of therapy per day were 33% (2372), 31% (2209) and 18% (970) for PT, OT and SALT respectively.

Method 2 shows the proportion of patients nationally reported as being appropriate by therapists for 45 minutes of PT, OT and SALT on at least one day were 70% (6508), 67% (6138) and 37% (3249) respectively. The proportions of patients receiving 45 minutes or more of therapy per day were 45% (2944), 47% (2861) and 37% (1199) for PT, OT and SALT respectively.

We also reviewed certain patient characteristics (e.g. age, gender) and the patient pathway followed (e.g. admitted to a stroke unit or not) to ascertain any patterns in the selection of those patients identified as appropriate for and receiving 45 minutes of each therapy. These findings are presented at national level in Section 2.

### **Data cleaning**

A proportion of records for both method 1 and method 2 could not be analysed due to missing or inconsistent data. See page 7 for precise numbers.

1. Missing Data: Records for which the number of days therapy was appropriate (Q2.9) and/or the number of therapy minutes given (Q2.10) were unanswered or answered as 'unknown' could not be analysed.
2. Inconsistent data: Records in which it was stated that 45 minutes of therapy was NOT appropriate for the patient on any day but therapy was provided are excluded in this report. In the original report (February 2011), these patients were included.

**Inclusion criteria (method 1)**

During analysis we reviewed the characteristics of the patients who were considered by the therapists to be appropriate for and received 45 minutes of each therapy using data submitted on their impairments at 24 hours and Barthel scores. It became clear that therapy was being provided to patients without relevant impairments and a decision was made at Implementation Group level to exclude these patients from the analysis i.e.

- Patients for whom 'No' or 'Not known' were answered in relation to motor deficits (Q2.5iii) were excluded from the PT and OT denominator.
- Patients for whom 'No' or 'Not known' were answered in relation to dysphasia/dysarthria (Q2.5i and ii) were excluded from the SALT denominator.

**Revised inclusion criteria (method 2)**

Patients who were reported by the auditors to be NOT appropriate for 45 minutes of therapy on any day (as stated in Q2.9) were removed from the denominator. Patients were included in the denominator regardless of whether they had a relevant deficit or not.

*Note: there were 7/200 sites for which no records were included in the therapy analysis via either method due to missing/inconsistent data and/or records being removed as a result of not meeting the inclusion criteria.*

## Chapter 2: Therapy appropriateness and intensity – hospital level findings

### Data Cleaning

A proportion of records for both method 1 and method 2 could not be analysed due to missing or inconsistent data.

PHYSIOTHERAPY	National		Your site
	(N)	Median (IQR)	(N)
Total number of records entered for Sentinel Clinical Audit 2010	11353	60 (53-60)	
Records removed due to missing or inconsistent data			
• Q2.9 and/or Q2.10 were unanswered or answered 'Unknown'	1760	2 (0-10)	
• 45 minutes of PT stated as being appropriate on 0 days but therapy provided	301	0 (0-1)	
Records going forward for the analysis	9292	52 (34-60)	

OCCUPATIONAL THERAPY	National		Your site
	(N)	Median (IQR)	(N)
Total number of records entered for Sentinel Clinical Audit 2010	11353	60 (53-60)	
Records removed due to missing or inconsistent data			
• Q2.9 and/or Q2.10 were unanswered or answered 'Unknown'	1998	3 (0-14)	
• 45 minutes of OT stated as being appropriate on 0 days but therapy provided	151	0 (0-1)	
Records going forward for the analysis	9204	52 (35-59)	

SPEECH AND LANGUAGE THERAPY	National		Your site
	(N)	Median (IQR)	(N)
Total number of records entered for Sentinel Clinical Audit 2010	11353	60 (53-60)	
Records removed due to missing or inconsistent data			
• Q2.9 and/or Q2.10 were unanswered or answered 'Unknown'	2319	4 (0-18)	
• 45 minutes of SALT stated as being appropriate on 0 days but therapy provided	138	0 (0-1)	
Records going forward for the analysis	8896	51 (31-59)	

**PHYSIOTHERAPY****Method 1: (based on initial analysis February 2011)****Inclusion criteria – only patients with motor deficits at 24 hours are included**

	National		Your site
	(N)	Median (IQR)	(N)
Total number of records post data cleaning	9292	52 (34-60)	
Records removed as did not meet method 1 inclusion criteria i.e. Motor Deficits: 'No' or 'Not Known' (response to Q2.5iii)	2163	11 (6-14)	
<i>Of these records (ineligible according to method 1 inclusion criteria)</i>			
• the number deemed appropriate for 45 minutes of PT on 0 days	946	4 (1-7)	
• the number deemed appropriate for 45 minutes of PT on at least one day	1217	6 (3-9)	
• the number receiving at least one minute of PT	1198	6 (2-9)	
Denominator according to method 1 inclusion criteria i.e. patients with motor deficits	7129	38 (25-47)	

**Appropriateness of Therapy**

PATIENTS CONSIDERED APPROPRIATE FOR 45 MINUTES OF THERAPY (out of 7129 patients with motor deficits (method 1 inclusion criteria))	National		Your site
	% (N)	Median (IQR)	N (%)
Patients NOT considered appropriate for 45 minutes of PT on any day (Q2.9)	1838 (26%)	8 (4-13)	
Patients considered appropriate for 45 minutes of PT on at least one day (Q2.9)	5291 (74%)	27 (16-36)	

**Therapy Received**

AMOUNT OF THERAPY RECEIVED (out of 7129 patients with motor deficits (method 1 inclusion criteria))	National		Your site
	N (%)	Median (IQR)	N (%)
Number and % of			
• Patients receiving 0 minutes of PT	38 (0.5%)	0 (0-1)	
• Patients receiving 1 - 44 minutes of PT	2881 (40%)	12 (5-22)	
• Patients receiving 45+ minutes of PT	2372 (33%)	9 (3-18)	

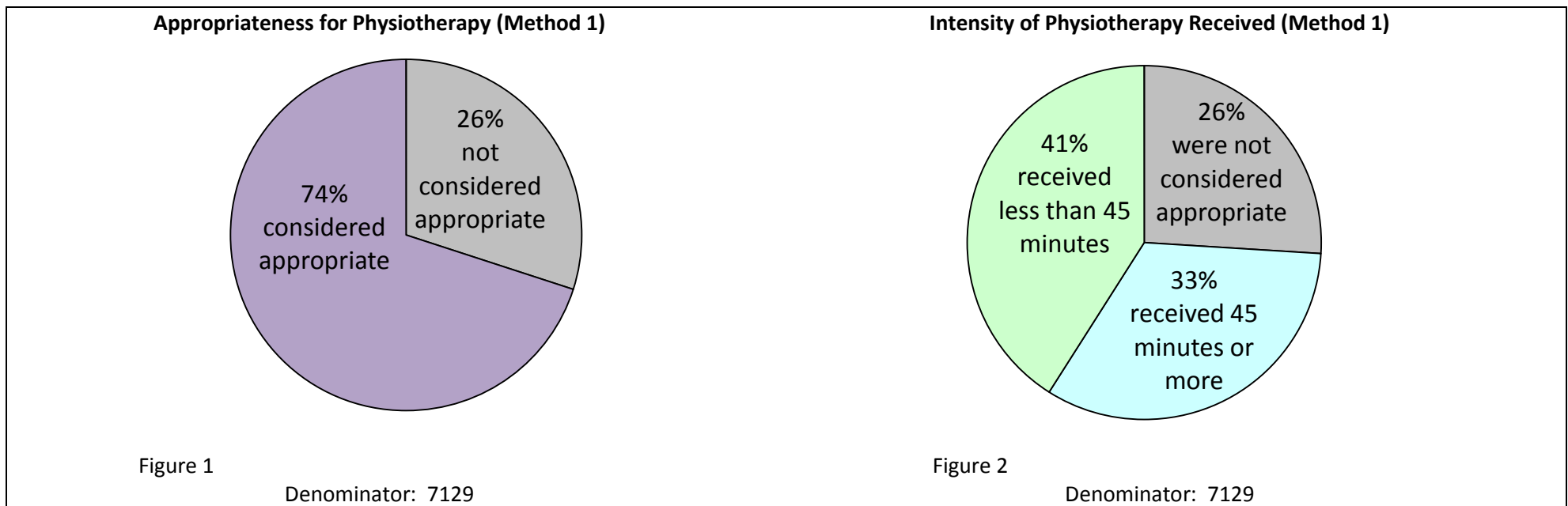


**METHOD 1: only patients with motor deficits at 24 hours are included**

Figure 1 shows the percentage of patients with motor deficits who were considered appropriate and not considered appropriate for 45 minutes of PT on at least one day during the first 20 weekdays of their in-hospital stay.

Figure 2 shows the percentage of patients with motor deficits receiving 45 minutes or more of PT, less than 45 minutes of PT, or considered inappropriate for 45 minutes of PT on any day.

The denominator for figure 1 and 2 is **7129 patients** with motor deficits (method 1 inclusion criteria)



Nationally, out of 7129 patients with motor deficits, **5291 (74%)** patients were considered appropriate for 45 minutes of PT on at least one day.

**In your site, out of X patients with motor deficits, X (X%) patients were considered appropriate for 45 minutes of PT on at least one day.**

Nationally, out of 7129 patients with motor deficits, **2372 (33%)** patients received an average of 45 minutes of PT or more per day.

**In your site, out of X patients with motor deficits, X (X%) patients received an average of 45 minutes of PT or more per day.**

**METHOD 1: only patients with motor deficits at 24 hours are included**

**Site Variation**

Figure 3 shows the variation among sites in relation to how many patients with motor deficits were considered appropriate for 45 minutes of PT on at least one day. Each bar represents a group of 5 values i.e. the first bar in figure 3 shows that 16 sites had 0-4 patients considered appropriate for 45 minutes of PT on any day. Figure 4 shows the variation among sites in relation to the number of patients with motor deficits receiving an average 45 minutes or more of therapy per day.

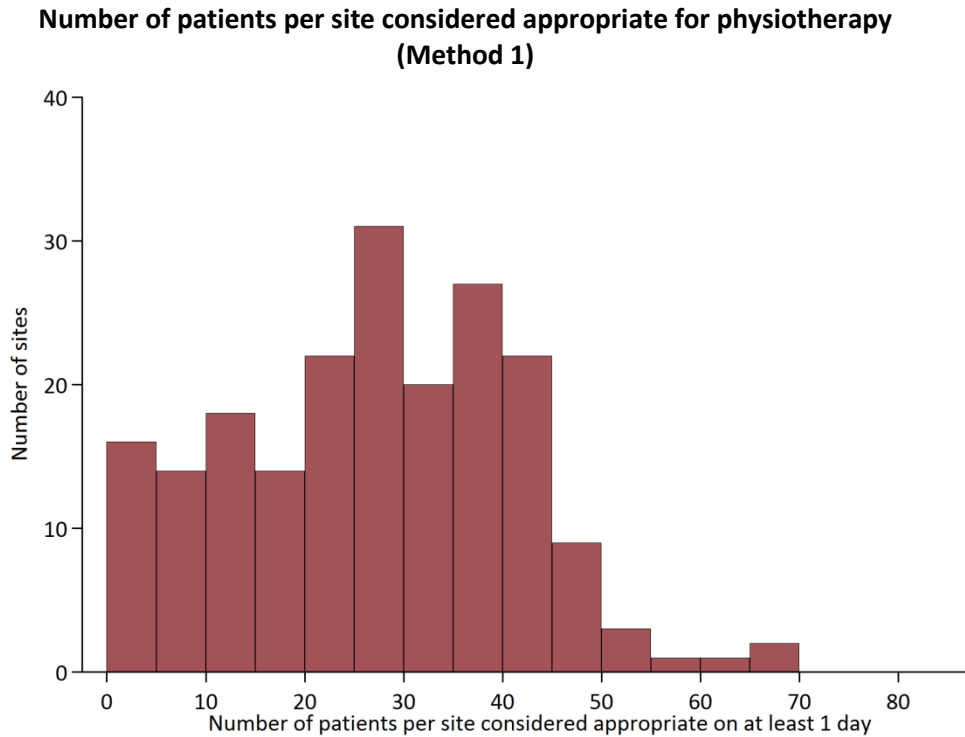


Figure 3 Denominator: 7129

**National Median (IQR): 27 (16-36)**

Your site: X patients

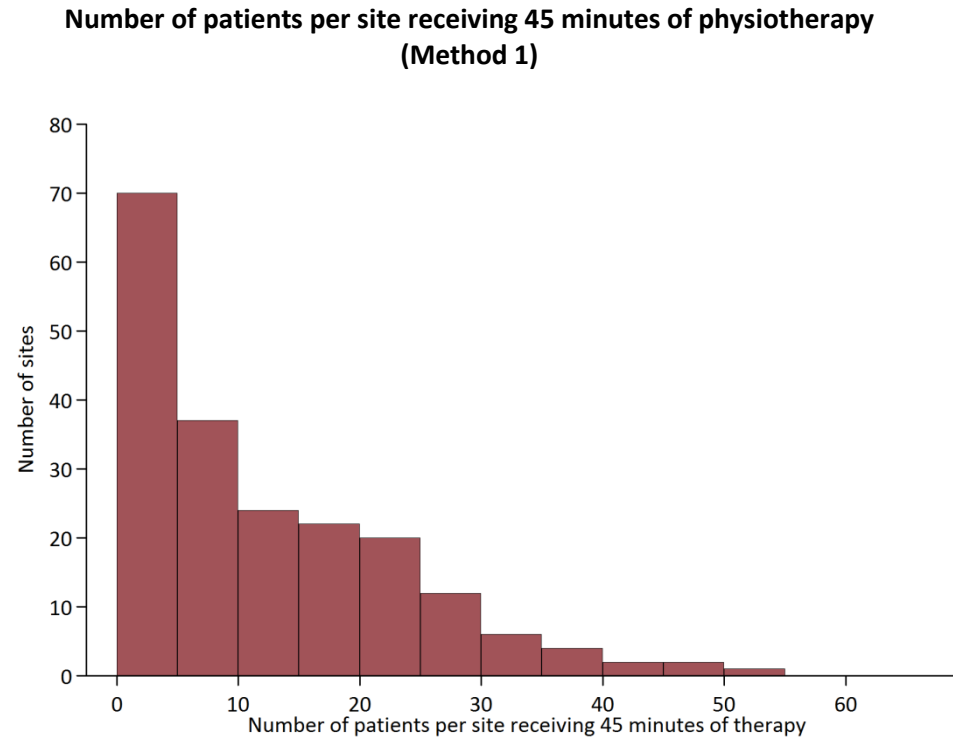


Figure 4 Denominator: 7129

**National Median (IQR): 9 (3-18)**

Your site: X patients

**Method 2: (Revised analysis March 2012)**

**Inclusion criteria – only patients reported as being appropriate by auditors for 45 minutes of therapy on at least one day are included (patients without motor deficits are NOT removed)**

	National		Your site
	N	Median (IQR)	(N)
Total number of records post data cleaning	9292	52 (34-60)	

**Appropriateness of Therapy**

PATIENTS CONSIDERED APPROPRIATE FOR 45 MINUTES OF THERAPY (out of 9292 patients post data cleaning)	National		Your site
	N (%)	Median (IQR)	N (%)
Patients NOT considered appropriate for 45 minutes of PT on any day (Q2.9)	2784 (30%)	13 (6-19)	
Patients considered appropriate for 45 minutes of PT on at least one day (Q2.9)	6508 (70%)	34 (20-44)	

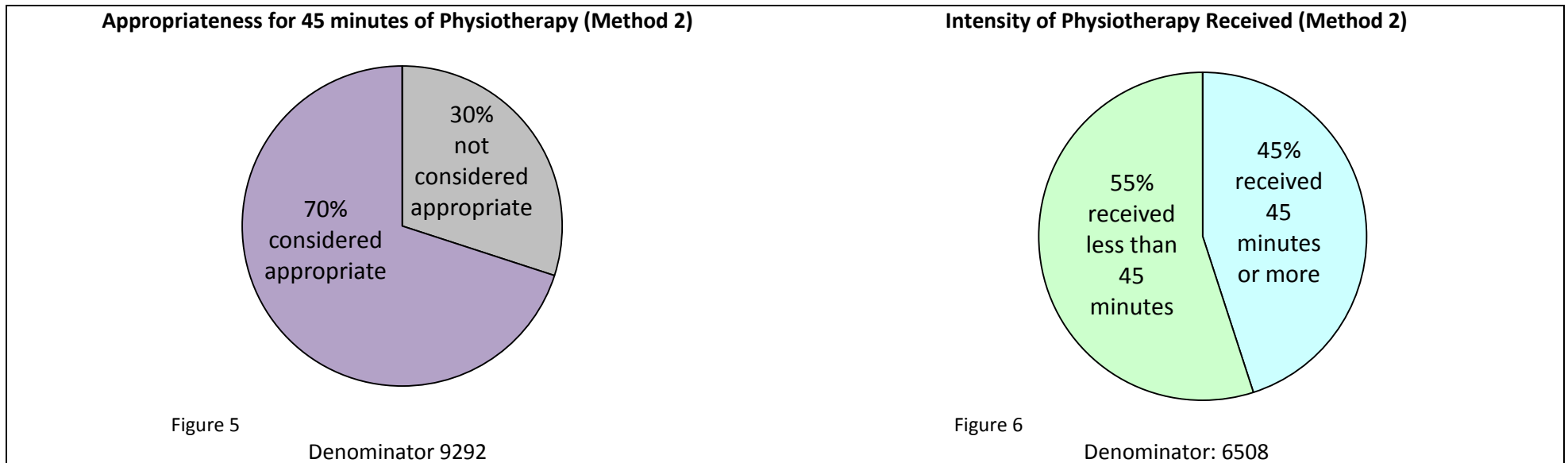
**Therapy received**

AMOUNT OF THERAPY RECEIVED Out of 6508 patients considered appropriate by therapists for 45 minutes of therapy on at least one day (method 2 inclusion criteria)	National		Your site
	N (%)	Median (IQR)	N (%)
Number (%) of			
• Patients receiving 0 minutes of PT	57 (0.9%)	0 (0-0)	
• Patients receiving 1 - 44 minutes of PT	3507 (54%)	15 (6-27)	
• Patients receiving 45+ minutes of PT	2944 (45%)	11 (3-24)	

**METHOD 2: only patients reported as being appropriate by auditors for 45 minutes of therapy on at least one day are included**

Figure 5 shows the percentage of patients nationally who were considered appropriate and not considered appropriate for 45 minutes of PT on any day during the first 20 weekdays. The denominator is **9292 patients** (all patients post data cleaning).

Figure 6 shows the percentage of patients receiving 45 minutes of PT. The denominator is **6508 patients** reported by auditors to be appropriate for 45 minutes of PT on at least one day (inclusion criteria method 2).



Nationally, out of 9292 patients post data cleaning, 6508 (70%) patients were considered appropriate for 45 minutes of PT on at least 1 day.

Of the 6508 (70%) patients considered appropriate, 2944 (45%) patients received an average of 45 minutes of PT or more per day.

In your site, out of X patients remaining after data cleaning, X (X%) patients were considered appropriate for 45 minutes of PT on at least 1 day.

Of the X (X%) patients considered appropriate, X (X%) patients received an average of 45 minutes of PT or more per day.

**METHOD 2: only patients reported as being appropriate by auditors for 45 minutes of therapy on at least one day are included**

**Site Variation**

Figure 7 shows the variation among sites in relation to how many patients were considered appropriate for 45 minutes of PT on at least one day. Each bar represents a group of 5 values i.e. the first bar in figure 7 shows that 13 sites had 0-4 patients considered appropriate for 45 minutes of PT on any day. Figure 8 shows the variation among sites in relation to the number of these patients receiving an average 45 minutes or more of PT per day.

**Number of patients per site considered appropriate for physiotherapy (Method 2)**

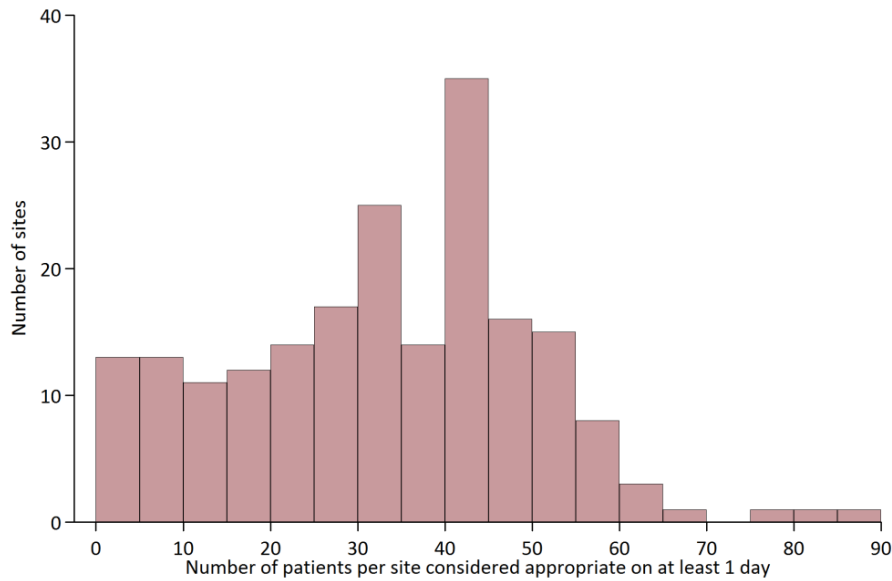


Figure 7

Denominator 9292

**National Median (IQR): 34 (20-44)**

**Your site: X patients**

**Number of patients per site receiving 45 minutes of physiotherapy (Method 2)**

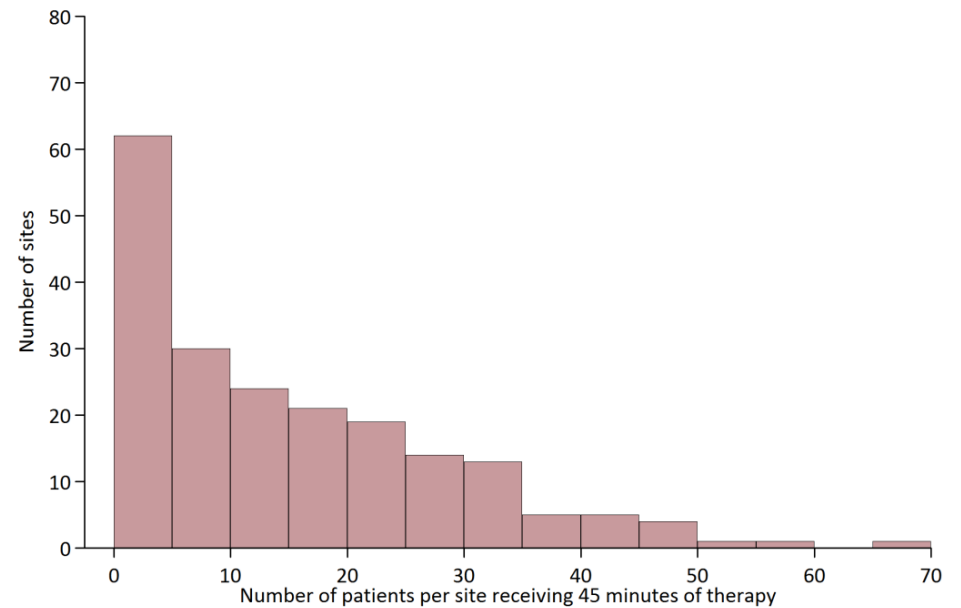


Figure 8

Denominator: 6508

**National Median (IQR): 11 (3-24)**

**Your site: X patients**

**OCCUPATIONAL THERAPY****Method 1: (based on initial analysis February 2011)****Inclusion criteria – only patients with motor deficits at 24 hours are included**

	National		Your site
	(N)	Median (IQR)	(N)
Total number of records post data cleaning	9204	52 (35-59)	
Records removed as did not meet method 1 inclusion criteria i.e. Motor Deficits: 'No' or 'Not Known' (response to Q2.5iii)	2186	11 (6-15)	
<i>Of these records (ineligible according to method 1 inclusion criteria)</i>			
• <i>the number deemed appropriate for 45 minutes of OT on 0 days</i>	918	4 (2-7)	
• <i>the number deemed appropriate for 45 minutes of OT on at least one day</i>	1268	6 (3-9)	
• <i>the number receiving at least one minute of OT</i>	1233	5 (3-9)	
Denominator according to method 1 inclusion criteria i.e. patients with motor deficits	7018	38 (26-47)	

**Appropriateness of Therapy**

PATIENTS CONSIDERED APPROPRIATE FOR 45 MINUTES OF THERAPY out of 7018 patients with motor deficits (method 1 inclusion criteria)	National		Your site
	N (%)	Median (IQR)	N (%)
Patients NOT considered appropriate for 45 minutes of OT on any day (Q2.9)	2148 (31%)	10 (5-15)	
Patients considered appropriate for 45 minutes of OT on at least one day (Q2.9)	4870 (69%)	26 (14-34)	

**Therapy Received**

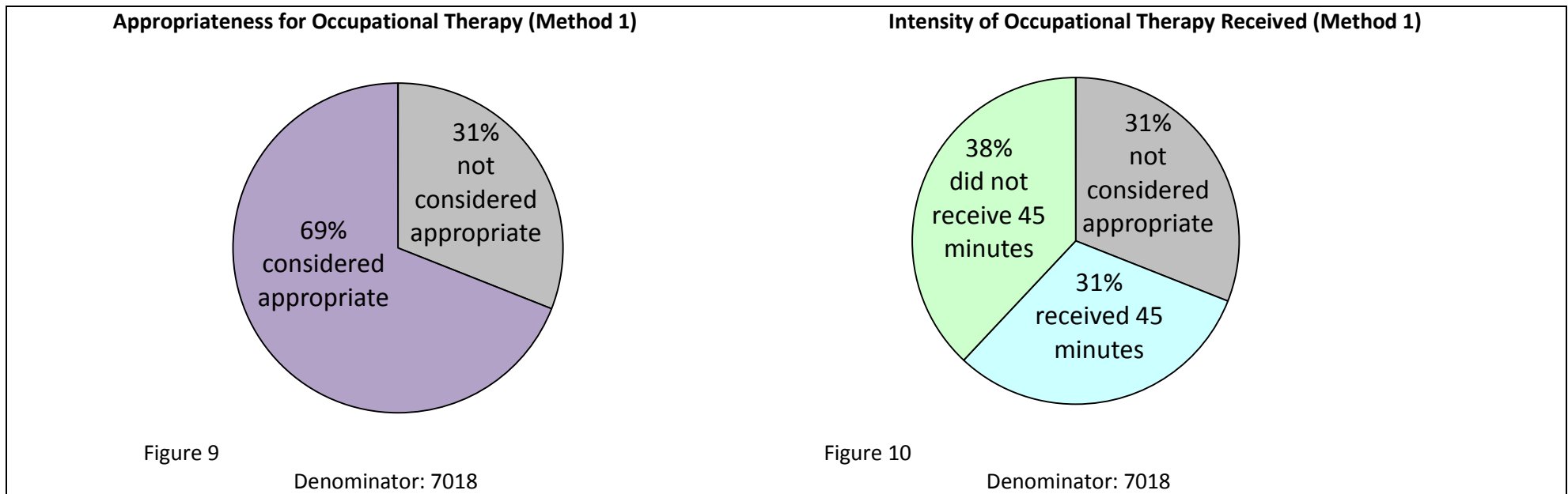
AMOUNT OF THERAPY RECEIVED out of 7018 patients with motor deficits (method 1 inclusion criteria)	National		Your site
	N (%)	Median (IQR)	N (%)
Number (%) of			
• Patients receiving 0 minutes of OT	115 (2%)	0 (0-0)	
• Patients receiving 1 - 44 minutes of OT	2546 (36%)	11 (5-20)	
• Patients receiving 45+ minutes of OT	2209 (31%)	9 (3-16)	

**METHOD 1: only patients with motor deficits at 24 hours are included**

Figure 9 shows the percentage of patients with motor deficits who were considered appropriate and not considered appropriate for 45 minutes of OT on at least one day during the first 20 weekdays of their in-hospital stay.

Figure 10 shows the percentage of patients with motor deficits receiving 45 minutes or more of OT, less than 45 minutes of OT, or considered inappropriate for 45 minutes of OT on any day.

The denominator for figures 9 and 10 is **7018 patients** with motor deficits (method 1 inclusion criteria)



Nationally, out of 7018 patients with motor deficits, 4870 (69%) patients were considered appropriate for 45 minutes of OT on at least one day.

**In your site, out of X patients with motor deficits, X (X%) were considered appropriate for 45 minutes of OT on at least one day.**

Nationally, out of 7018 patients with motor deficits, 2209 (31%) patients received an average of 45 minutes of OT or more per day.

**In your site, X out of patients with motor deficits, X (X%) patients received an average of 45 minutes of OT or more per day.**

**METHOD 1: only patients with motor deficits at 24 hours are included**

**Site Variation**

Figure 11 shows the variation among sites in relation to how many patients with motor deficits were considered appropriate for 45 minutes of OT on at least one day. Each bar represents a group of 5 values i.e. the first bar in figure 11 shows that 16 sites had 0-4 patients considered appropriate for 45 minutes of OT on any day. Figure 12 shows the variation among sites in relation to the number of patients with motor deficits receiving an average 45 minutes or more of OT per day.

**Number of patients per site considered appropriate for Occupational Therapy (Method 1)**

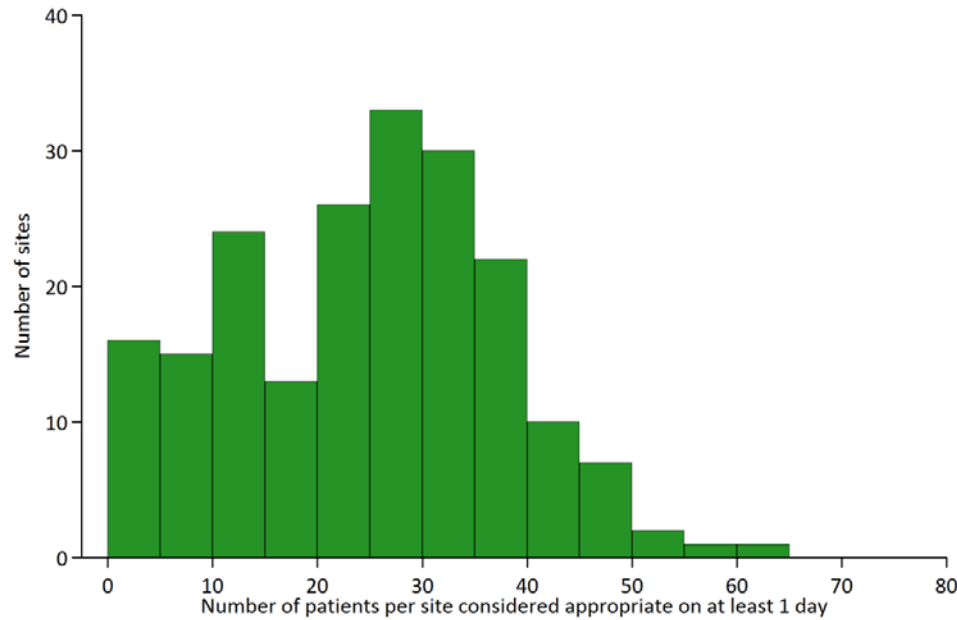


Figure 11

Denominator: 7018

**National Median (IQR): 26 (14-34)**

**Your site: X patients**

**Number of patients per site receiving 45 minutes of Occupational Therapy (Method 1)**

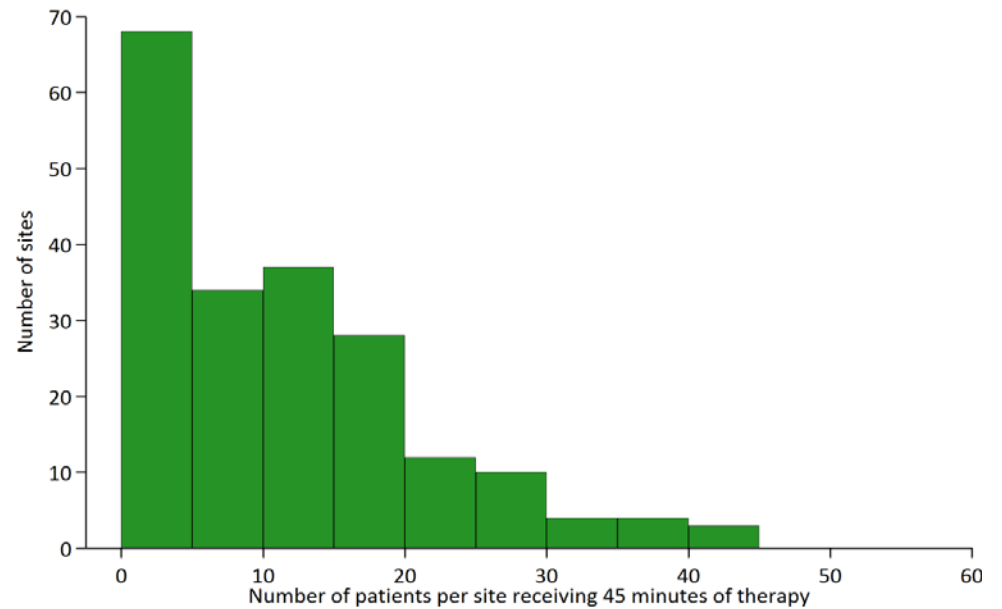


Figure 12

Denominator: 7018

**National Median (IQR): 9 (3-16)**

**Your site: X patients**



**Method 2: (Revised analysis March 2012)**

**Inclusion criteria – only patients reported as being appropriate by auditors for 45 minutes of therapy on at least one day are included (patients without motor deficits are NOT removed)**

	National		Your site
	(N)	Median (IQR)	(N)
Total number of records post data cleaning	9204	52 (35-59)	

**Appropriateness of Therapy**

PATIENTS CONSIDERED APPROPRIATE FOR 45 MINUTES OF THERAPY (out of 9204 patients post data cleaning)	National		Your site
	N (%)	Median (IQR)	N (%)
Patients NOT considered appropriate for 45 minutes of OT on any day (Q2.9)	3066 (33%)	15 (7-23)	
Patients considered appropriate for 45 minutes of OT on at least one day (Q2.9)	6138 (67%)	33 (20-42)	

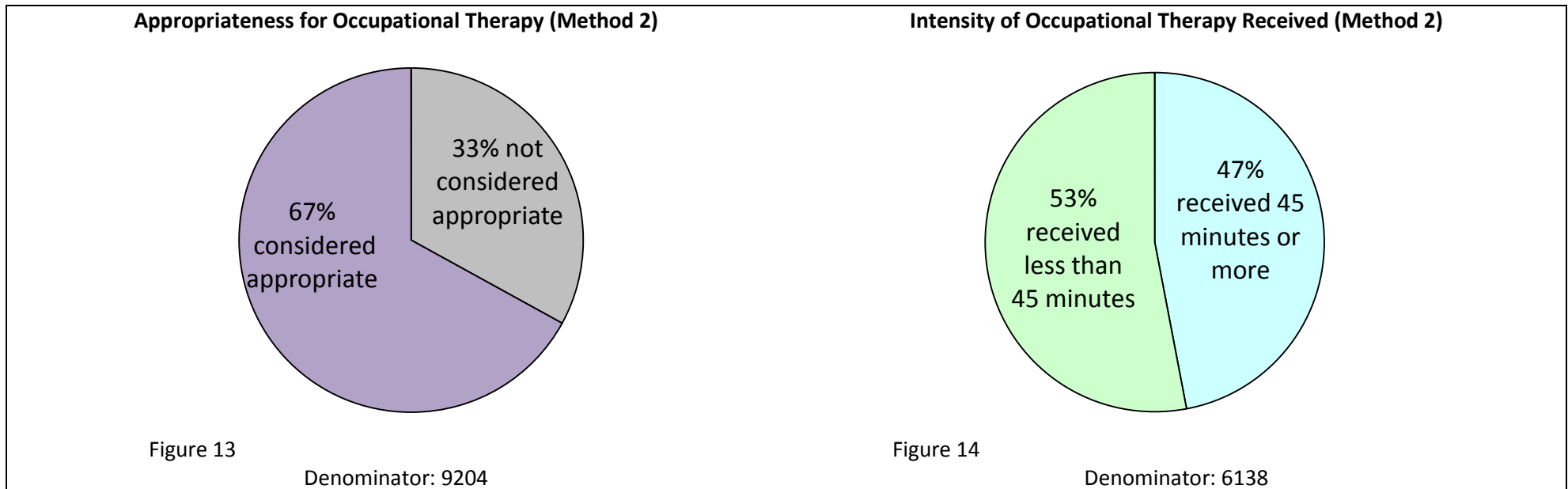
**Therapy received**

AMOUNT OF THERAPY RECEIVED out of 6138 patients considered appropriate by therapists for 45 minutes of therapy on at least one day (method 2 inclusion criteria)	National		Your site
	N (%)	Median (IQR)	N (%)
Number (%) of			
• Patients receiving 0 minutes of OT	150 (2%)	0 (0-1)	
• Patients receiving 1 - 44 minutes of OT	3127 (51%)	14 (6-23)	
• Patients receiving 45+ minutes of OT	2861 (47%)	12 (4-20)	

**METHOD 2: only patients reported as being appropriate by auditors for 45 minutes of therapy on at least one day are included**

Figure 13 shows the percentage of patients nationally who were considered appropriate and not considered appropriate for 45 minutes of OT on any day during the first 20 weekdays. The denominator is **9204 patients** (all patients post data cleaning).

Figure 14 shows the percentage of patients receiving 45 minutes of OT. The denominator is **6138 patients** considered by auditors to be appropriate for 45 minutes of OT on at least one day (method 2 inclusion criteria).



Nationally, out of 9204 patients post data cleaning, 6138 (67%) patients were considered appropriate for 45 minutes of OT on at least 1 day.

Of the 6138 (67%) patients considered appropriate, 2861 (47%) patients received an average of 45 minutes of OT or more per day.

In your site, out of X patients remaining after data cleaning, X (X%) patients were considered appropriate for 45 minutes of OT on at least 1 day.

Of the X (X%) patients considered appropriate, X (X%) patients received an average of 45 minutes of OT or more per day.

**METHOD 2: only patients reported as being appropriate by auditors for 45 minutes of therapy on at least one day are included**

**Site Variation**

Figure 15 shows the variation among sites in relation to how many patients were considered appropriate for 45 minutes of OT on at least one day. Each bar represents a group of 5 values i.e. the first bar in figure 15 shows that 13 sites had 0-4 patients considered appropriate for 45 minutes of OT on any day. Figure 16 shows the variation among sites in relation to the number of these patients receiving an average 45 minutes or more of OT therapy per day.

**Number of patients per site considered appropriate for Occupational Therapy (Method 2)**

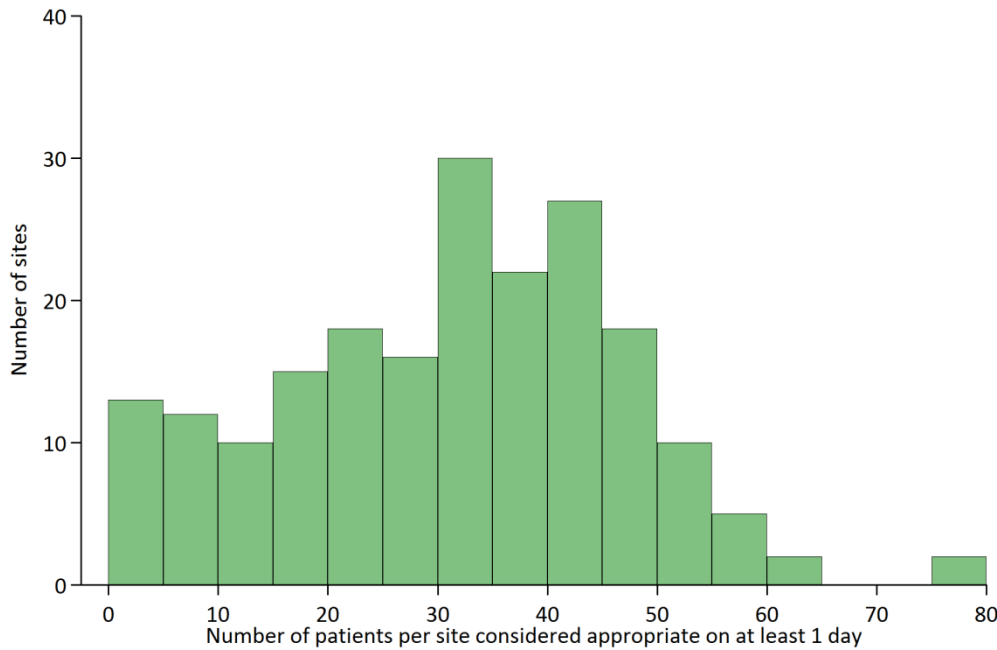


Figure 15

Denominator: 9204

National Median (IQR): 33 (20-42)

Your site: X patients

**Number of patients per site receiving 45 minutes of Occupational Therapy (Method 2)**

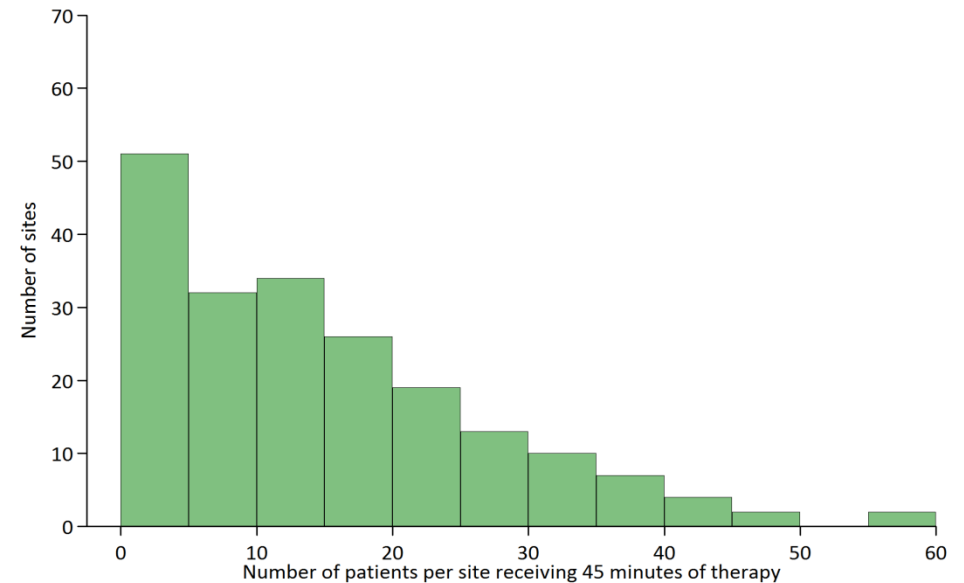


Figure 16

Denominator: 6138

National Median (IQR): 12 (4-20)

Your site: X patients

**SPEECH AND LANGUAGE THERAPY****Method 1: (based on initial analysis February 2011)**

**Inclusion criteria – only patients with dysphasia/dysarthria at 24 hours are included**

	National		Your site
	(N)	Median (IQR)	(N)
Total number of records post data cleaning	8896	51 (31-59)	
Records removed as did not meet method 1 inclusion criteria i.e. Dysarthria/Dysphasia: 'No' or 'Not Known' (response to Q2.5i or 2.5ii)	3525	18 (12-24)	
<i>Of these records (ineligible according to method 1 inclusion criteria)</i>			
• <i>the number deemed appropriate for 45 minutes of SALT on 0 days</i>	2955	16 (8-21)	
• <i>the number deemed appropriate for 45 minutes of SALT on at least one day</i>	570	2 (0-4)	
• <i>the number receiving at least one minute of SALT</i>	536	1 (0-4)	
Denominator according to method 1 inclusion criteria i.e. patients with dysarthria/dysphasia	5371	30 (19-36)	

**Appropriateness of Therapy**

PATIENTS CONSIDERED APPROPRIATE FOR 45 MINUTES OF THERAPY out of 5371 patients with dysarthria/dysphasia (method 1 inclusion criteria)	National		Your site
	N (%)	Median (IQR)	N (%)
Patients NOT considered appropriate for 45 minutes of SALT on any day (Q2.9)	2692 (50%)	13 (7-20)	
Patients considered appropriate for 45 minutes of SALT on at least one day (Q2.9)	2679 (50%)	13 (5-20)	

**Therapy Received**

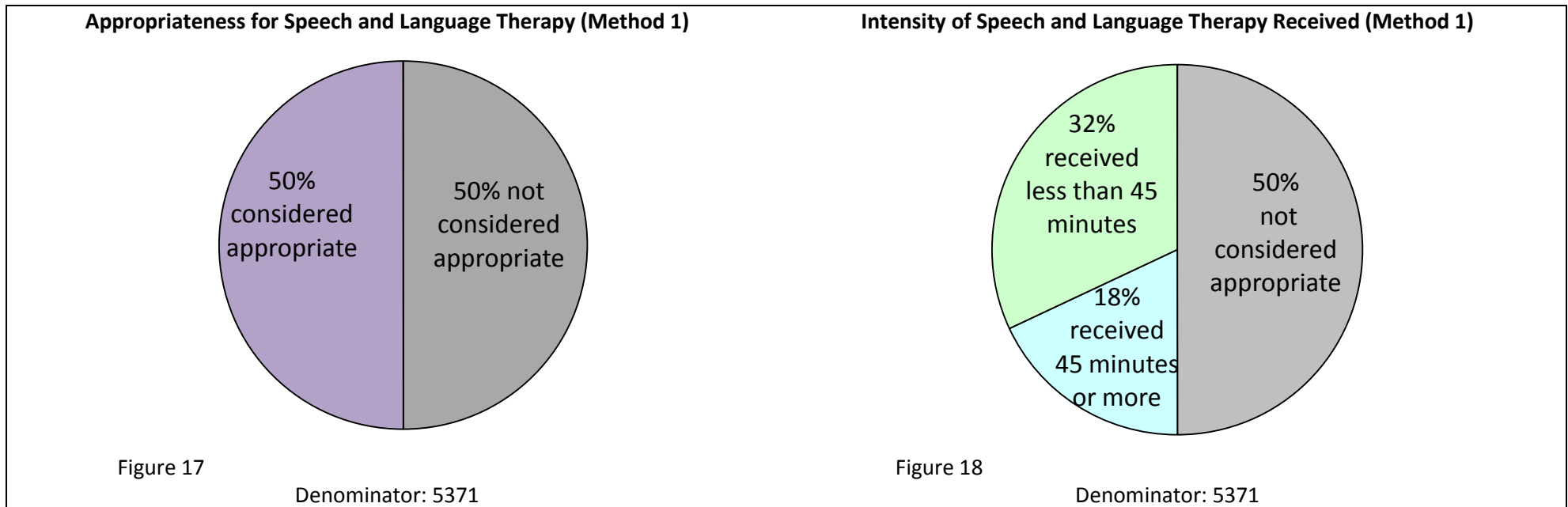
AMOUNT OF THERAPY RECEIVED out of 5371 patients with dysarthria/dysphasia (method 1 inclusion criteria)	National		Your site
	N (%)	Median (IQR)	N (%)
Number (%) of			
• Patients receiving 0 minutes of SALT	187 (3%)	0 (0-1)	
• Patients receiving 1 - 44 minutes of SALT	1522 (28%)	6 (1-12)	
• Patients receiving 45+ minutes of SALT	970 (18%)	3 (0-7)	

**METHOD 1: only patients with dysphasia/dysarthria at 24 hours are included**

Figure 17 shows the percentage of patients with dysphasia/dysarthria who were considered appropriate and not considered appropriate for 45 minutes of SALT on at least one day during the first 20 weekdays of their in-hospital stay.

Figure 18 shows the percentage of patients with dysphasia/dysarthria receiving 45 minutes of more of SALT, less than 45 minutes of SALT, or not considered appropriate for 45 minutes of SALT on any day.

The denominator for figures 17 and 18 is **5371 patients** with dysphasia/dysarthria (method 1 inclusion criteria)



Nationally, out of 5371 patients with dysphasia/dysarthria, 2679 (50%) patients were considered appropriate for 45 minutes of SALT on at least 1 day

**In your site, out of X patients with dysphasia/dysarthria, X (X%) patients were considered appropriate for 45 minutes of SALT on at least 1 day.**

Nationally, out of 5371 patients with dysphasia/dysarthria, 970 (18%) patients received an average of 45 minutes of SALT or more per day.

**In your site, out of X patients with dysphasia/dysarthria, X (X%) received an average of 45 minutes of SALT or more per day.**

**METHOD 1: only patients with dysphasia/dysarthria at 24 hours are included**

**Site Variation**

Figure 19 shows the variation among sites in relation to how many patients with dysphasia/dysarthria were considered appropriate for 45 minutes of SALT on at least one day. Each bar represents a group of 5 values i.e. the first bar in figure 19 shows that 44 sites had 0-4 patients considered appropriate for 45 minutes of SALT on any day. Figure 20 shows the variation in relation to the number of patients with dysphasia/dysarthria receiving an average 45 minutes or more of SALT per day.

**Number of patients per site considered appropriate for Speech and Language Therapy (Method 1)**

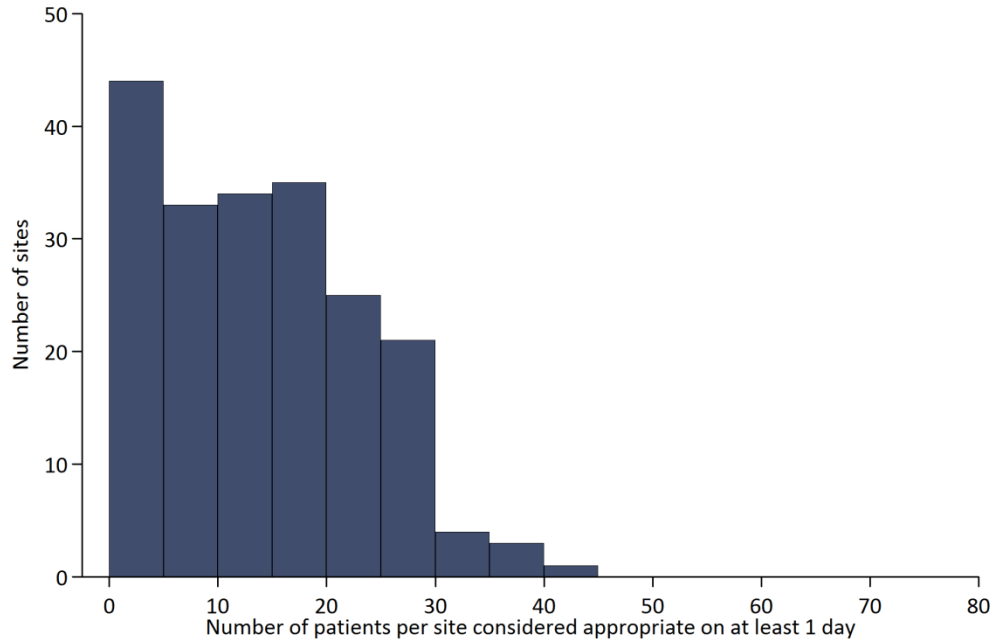


Figure 19

Denominator: 5371

**National Median (IQR): 13 (5-20)**  
 Your site: X patients

**Number of patients per site receiving 45 minutes of Speech and Language Therapy (Method 1)**

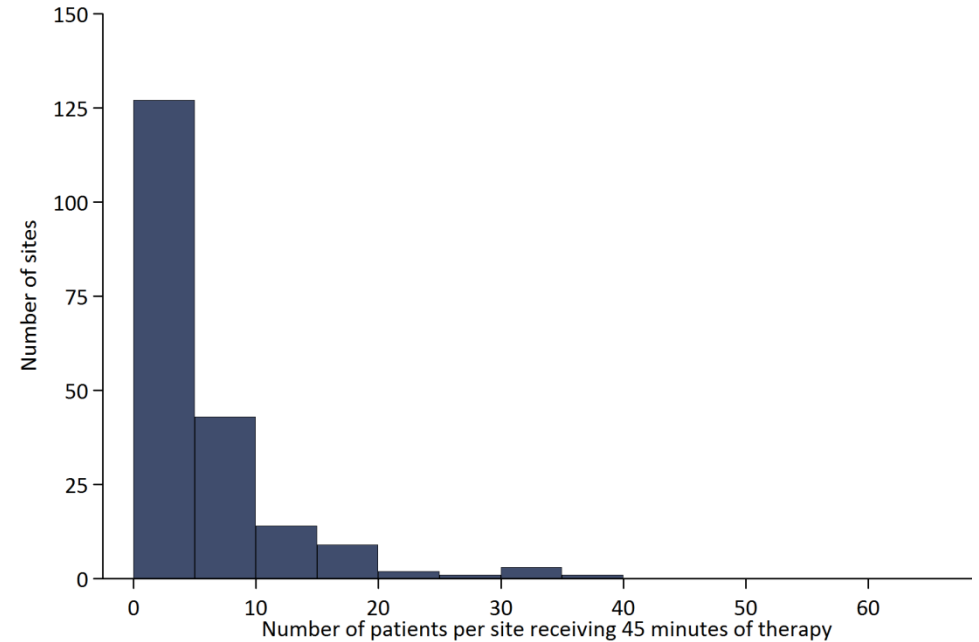


Figure 20

Denominator: 5371

**National Median (IQR): 3 (0-7)**  
 Your site: X patients

**Method 2: (Revised analysis March 2012)**

**Inclusion criteria – only patients reported as being appropriate by auditors for 45 minutes of therapy on at least one day are included (patients without deficits NOT removed)**

	National		Your site
	(N)	Median (IQR)	(N)
Total number of records post data cleaning	8896	51 (31-59)	

**Appropriateness of therapy**

PATIENTS CONSIDERED APPROPRIATE FOR 45 MINUTES OF THERAPY (out of 8896 patients post data cleaning)	National		Your site
	N (%)	Median (IQR)	N (%)
Patients NOT considered appropriate for 45 minutes of SALT on any day (Q2.9)	5647 (63%)	31 (16-39)	
Patients considered appropriate for 45 minutes of SALT on at least one day (Q2.9)	3249 (37%)	15 (6-24)	

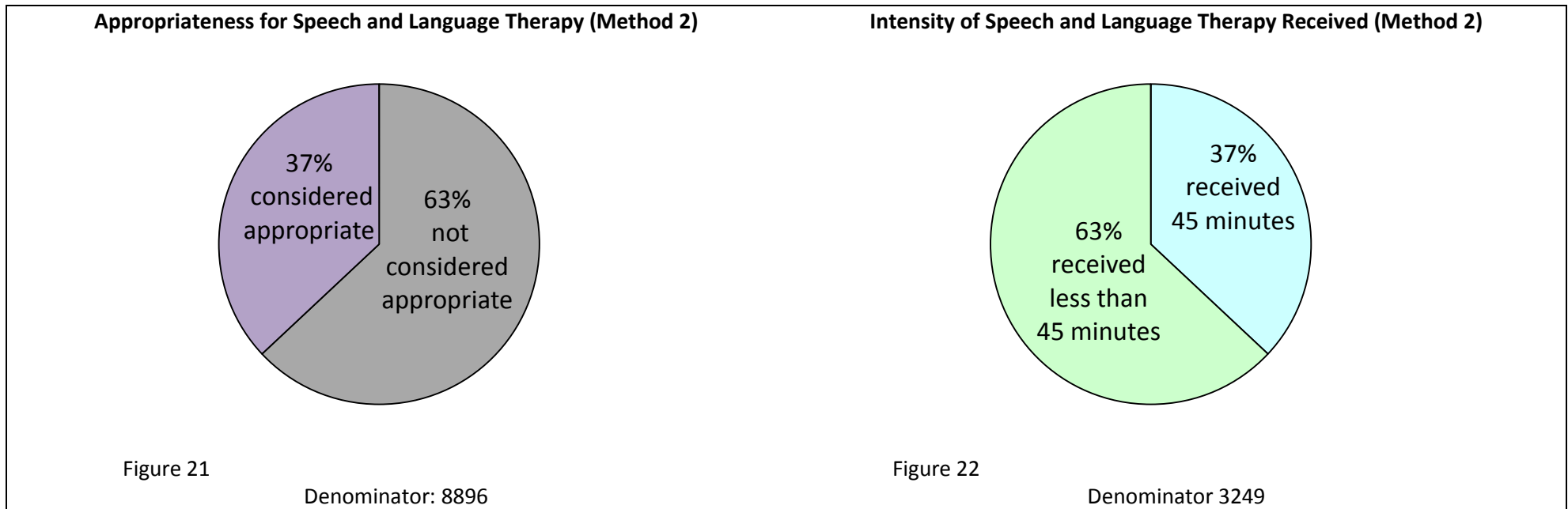
**Therapy received**

AMOUNT OF THERAPY RECEIVED out of 3249 patients considered appropriate by therapists for 45 minutes of therapy on at least one day (method 2 inclusion criteria)	National		Your site
	N (%)	Median (IQR)	N (%)
Number (%) of			
• Patients receiving 0 minutes of SALT	221 (7%)	0 (0-1)	
• Patients receiving 1 - 44 minutes of SALT	1829 (56%)	8 (2-14)	
• Patients receiving 45+ minutes of SALT	1199 (37%)	3 (1-9)	

**METHOD 2: only patients reported as being appropriate by auditors for 45 minutes of therapy on at least one day are included**

Figure 21 shows the percentage of patients nationally who were considered appropriate and not considered appropriate for 45 minutes of SALT on any day during the first 20 weekdays. The denominator is **8896 patients** (all patients post data cleaning).

Figure 22 shows the percentage of patients receiving 45 minutes of SALT. The denominator is **3249 patients** considered by auditors to be appropriate for 45 minutes of SALT on at least one day (inclusion criteria method 2).



Nationally, out of 8896 patients post data cleaning, 3249 (37%) patients were considered appropriate for 45 minutes of SALT on at least 1 day.

Of the 3249 (37%) patients considered appropriate, 1199 (37%) patients received an average of 45 minutes of SALT or more per day.

In your site, out of X patients remaining after data cleaning, X (X%) patients were considered appropriate for 45 minutes of SALT on at least 1 day.

Of X (X%) patients considered appropriate, X (X%) patients received an average of 45 minutes of SALT or more per day.



**METHOD 2: only patients reported as being appropriate by auditors for 45 minutes of therapy on at least one day are included**

**Site Variation**

Figure 21 shows the variation among sites in relation to how many patients were considered appropriate for 45 minutes of SALT on at least one day. Each bar represents a group of 5 values i.e. the first bar in figure 21 shows that 38 sites had 0-4 patients considered appropriate for 45 minutes of SALT on any day. Figure 22 shows the variation in relation to the number of these patients receiving an average 45 minutes or more of SALT therapy per day.

**Number of patients per site considered appropriateness for Speech and Language Therapy (Method 2)**

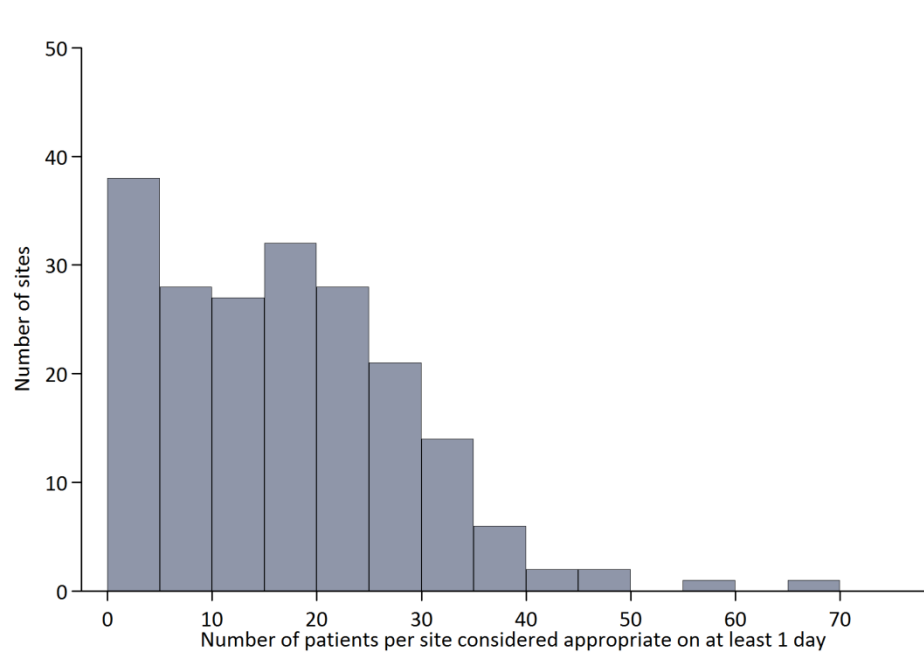


Figure 21

National Median (IQR): 15 (IQR 6-24)

Your site: X patients

**Number of patients per site receiving 45 minutes of Speech and Language Therapy (Method 2)**

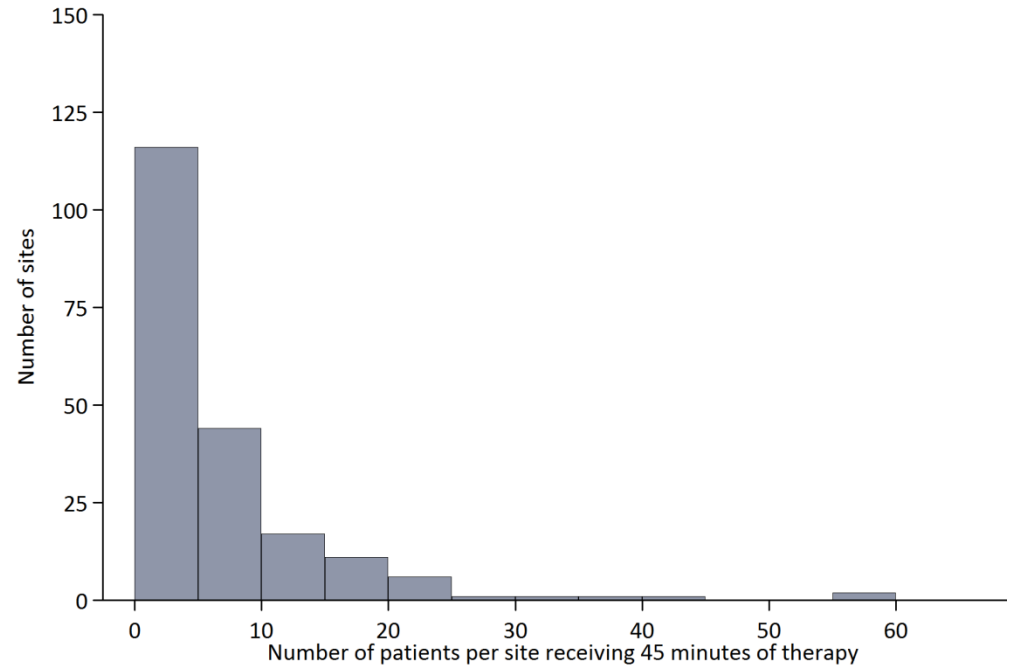


Figure 22

National Median (IQR): 3 (1-9)

Your site: X patients

## **SECTION 2: Additional analyses – national level only:**

During data analysis for this supplementary report we sought to investigate whether there is a significant difference among patients considered appropriate and those not considered appropriate for 45 minutes of therapy according to various patient level characteristics (e.g. age, gender) and the patient pathway followed (e.g. got to a stroke unit or not). We also looked at these factors in relation to whether patients received 45 minutes of therapy or not.

This section follows Method 2. The ‘factors influencing appropriateness of therapy’ subsection reports the number and percentage of patients within each category (e.g. males, alive at 30 days) *out of all patients post data cleaning* who were considered appropriate for 45 minutes of each therapy on at least one day. The ‘factors influencing intensity of therapy received’ subsection reports the number and percentage of patients within each category who received 45 minutes of each therapy *out of those patients reported by therapists as being appropriate for 45 minutes of each therapy on at least one day*.

From these analyses some trends relating to which patients are considered appropriate for and receive 45 minutes of each therapy begin to emerge. In particular, *for all therapies*, getting to a stroke unit is consistently associated with being considered appropriate for 45 minutes of therapy and receiving 45 minutes of therapy. The longer the length of stay, the more like a patient is to be considered appropriate for 45 minutes of each therapy

### Factors influencing appropriateness of therapy

The 'factors influencing appropriateness of therapy' subsection reports the number and percentage of patients within each category (e.g. males, alive at 30 days) *out of all patients post data cleaning* who were considered appropriate for 45 minutes of each therapy on at least one day.

### Physiotherapy

Overall denominator: 9292 patients

Each category in the table below is a subset of this overall denominator i.e. 71.9% of all male patients in the sample were considered appropriate for 45 minutes of PT on at least one day.

Proportion of patients reported as being appropriate for 45 minutes of PT on at least one day according to patient characteristics and pathway followed		All Hospitals
Gender	Male	71.9% (3285)
	Female	68.2% (3223)
Age	Less than 75 years	71.6% (2703)
	75 years or above	69% (3805)
Treated on stroke unit at any time during stay	Yes	75.6% (6230)
	No	26.6% (278)
Spent 90% or more of stay on stroke unit	Yes	76.9% (5049)
	No	53.6% (1459)
Length of stay	0-2 days	37.2% (520)
	3-7 days	62.3% (1608)
	8-28 days	78.4% (2513)
	More than 28 days	88.5% (1836)
	Unknown	91.2% (31)
Newly institutionalised at discharge	Yes	88.2% (648)
	No	76.2% (4986)
	Unknown	80.6% (187)
Independent before stroke	Yes	72.6% (5139)
	No	62.9% (1252)
	Unknown	53.4% (117)
7 day mortality	Alive	75.4% (6378)
	Dead	15.7% (130)
30 day mortality	Alive	77.9% (5769)
	Dead	31.2% (476)

**Occupational Therapy**

Overall denominator: 9204 patients

Each category in the table below is a subset of this overall denominator i.e. 68.9% of patients 75 years or above in the sample were considered appropriate for 45 minutes of OT on at least one day.

<b>Proportion of patients reported as being appropriate for 45 minutes of OT on at least one day according to patient characteristics and pathway followed</b>		<b>All Hospitals</b>
<b>Gender</b>	Male	67.8% (3049)
	Female	65.6% (3089)
<b>Age</b>	Less than 75 years	68.9% (2580)
	75 years or above	65.2% (3558)
<b>Treated on stroke unit at any time during stay</b>	Yes	72.8% (5937)
	No	19.1% (201)
<b>Spent 90% or more of stay on stroke unit</b>	Yes	73.9% (4807)
	No	49.2% (1331)
<b>Length of stay</b>	0-2 days	30.2% (422)
	3-7 days	59.1% (1534)
	8-28 days	77.3% (2452)
	More than 28 days	84.9% (1700)
	Unknown	83.3% (30)
<b>Newly institutionalised at discharge</b>	Yes	84.8% (595)
	No	75.3% (4894)
	Unknown	77.6% (177)
<b>Independent before stroke</b>	Yes	70.6% (4962)
	No	55.1% (1081)
	Unknown	43.1% (94)
<b>7 day mortality</b>	Alive	72.7% (6098)
	Dead	4.9% (40)
<b>30 day mortality</b>	Alive	76.4% (5600)
	Dead	18.8% (285)

**Speech and Language Therapy**

Overall denominator: 8896 patients

Each category in the table below is a subset of this overall denominator i.e. 39.9% of patients who were treated on a stroke unit were considered appropriate for 45 minutes of SALT on at least one day.

<b>Proportion of patients reported as being appropriate for 45 minutes of SALT on at least one day according to patient characteristics and pathway followed</b>	<b>All Hospitals</b>
<b>Gender</b>	Male Female
<b>Age</b>	Less than 75 years 75 years or above
<b>Treated on stroke unit at any time during stay</b>	Yes No
<b>Spent 90% or more of stay on stroke unit</b>	Yes No
<b>Length of stay</b>	0-2 days 3-7 days 8-28 days More than 28 days Unknown
<b>Newly institutionalised at discharge</b>	Yes No Unknown
<b>Independent before stroke</b>	Yes No Unknown
<b>7 day mortality</b>	Alive Dead
<b>30 day mortality</b>	Alive Dead

### Factors influencing intensity of therapy received

The 'factors influencing intensity of therapy received' subsection reports the number and percentage of patients within each category who received 45 minutes of each therapy *out of those patients reported by therapists as being appropriate for 45 minutes of each therapy on at least one day.*

### Physiotherapy

Overall denominator: 6508

Each category in the table below is a subset of this overall denominator i.e. 42.9% of females who were reported as being appropriate for 45 minutes of PT on at least one day received an average of 45 minutes of PT per day.

Proportion of patients receiving an average of 45 minutes of PT per day according to patient characteristics and pathway followed		(All Hospitals)
Gender	Male	47.6% (1563)
	Female	42.9% (1381)
Age	Less than 75 years	48.4% (1307)
	75 years or above	43% (1637)
Treated on stroke unit at any time during stay	Yes	45.1% (2808)
	No	48.9% (136)
Spent 90% or more of stay on stroke unit	Yes	45.3% (2287)
	No	45% (657)
Length of stay	0-2 days	59.2% (308)
	3-7 days	50.8% (817)
	8-28 days	43.4% (1090)
	More than 28 days	38.5% (706)
	Unknown	74.2% (23)
Newly institutionalised at discharge	Yes	40.3% (261)
	No	45% (2245)
	Unknown	52.4% (98)
Independent before stroke	Yes	46.6% (2395)
	No	40.4% (506)
	Unknown	36.7% (43)
7 day mortality	Alive	44.9% (2865)
	Dead	60.8% (79)
30 day mortality	Alive	44.3% (2557)
	Dead	53.4% (254)

## Occupational Therapy

Overall denominator: 6138

Each category in the table below is a subset of this overall denominator i.e. 66.1% of patients who had a length of stay of 0-2 days *and* who were reported as being appropriate for 45 minutes of OT on at least one day received an average of 45 minutes of OT per day.

Proportion of patients receiving an average of 45 minutes of OT per day according to patient characteristics and pathway followed		(All Hospitals)
Gender	Male	48.9% (1491)
	Female	44.3% (1370)
Age	Less than 75 years	49.4% (1274)
	75 years or above	44.6% (1587)
Treated on stroke unit at any time during stay	Yes	46.6% (2766)
	No	47.3% (95)
Spent 90% or more of stay on stroke unit	Yes	45.9% (2209)
	No	49% (652)
Length of stay	0-2 days	66.1% (279)
	3-7 days	56.4% (865)
	8-28 days	43.9% (1077)
	More than 28 days	36.9% (627)
	Unknown	43.3% (13)
Newly institutionalised at discharge	Yes	40.3% (240)
	No	48.1% (2353)
	Unknown	53.1% (94)
Independent before stroke	Yes	48.7% (2415)
	No	37.7% (408)
	Unknown	39.4% (37)
7 day mortality	Alive	46.6% (2844)
	Dead	42.5% (17)
30 day mortality	Alive	46.8% (2619)
	Dead	38.3% (109)

**Speech and Language Therapy**

Overall denominator: 3249

Each category in the table below is a subset of this overall denominator i.e. 38.1% of patients who spent 90% of their stay on a stroke unit *and* who were reported as being appropriate for 45 minutes of SALT on at least one day received an average of 45 minutes of SALT per day.

<b>Proportion of patients receiving an average of 45 minutes of SALT per day according to patient characteristics and pathway followed</b>		<b>(All Hospitals)</b>
<b>Gender</b>	Male	39.2% (633)
	Female	34.7% (566)
<b>Age</b>	Less than 75 years	41.3% (515)
	75 years or above	34.2% (684)
<b>Treated on stroke unit at any time during stay</b>	Yes	37% (1155)
	No	34.4% (44)
<b>Spent 90% of stay on stroke unit</b>	Yes	38.1% (1004)
	No	31.9% (195)
<b>Length of stay</b>	0-2 days	43% (65)
	3-7 days	42.1% (277)
	8-28 days	38.6% (496)
	More than 28 days	30.9% (351)
	Unknown	47.6% (10)
<b>Newly institutionalised at discharge</b>	Yes	32.4% (129)
	No	38.1% (895)
	Unknown	49.5% (51)
<b>Independent before stroke</b>	Yes	38.3% (696)
	No	31.6% (208)
	Unknown	38.6% (22)
<b>7 day mortality</b>	Alive	36.9% (1183)
	Dead	37.2% (16)
<b>0 day mortality</b>	Alive	37.2% (1068)
	Dead	31.4% (80)



## Appendix 1 – All questions related to therapy from 2010 Sentinel clinical and organisational audits

### Clinical Audit 2010

Auditor Discipline(s) (tick all that apply)

A1) Clinical Audit  Medicine  Nursing  Therapy  Other: Specify \_\_\_\_\_

2.9 On how many weekdays during the hospital stay were 45min of the following therapies appropriate for the patient to receive?: (where length of stay is greater than 20 workdays then just use the first 20 workdays)

- |      |  |  |   |
|------|--|--|---|
| i.   | Physiotherapy<br>How was this figure obtained?               | <input type="text"/> Days<br>Accurately from our records <input type="radio"/> | Not Known <input type="checkbox"/><br>By estimating <input type="radio"/> |
| ii.  | Occupational Therapy<br>How was this figure obtained?        | <input type="text"/> Days<br>Accurately from our records <input type="radio"/> | Not Known <input type="checkbox"/><br>By estimating <input type="radio"/> |
| iii. | Speech and Language Therapy<br>How was this figure obtained? | <input type="text"/> Days<br>Accurately from our records <input type="radio"/> | Not Known <input type="checkbox"/><br>By estimating <input type="radio"/> |

2.10 For those days in 2.9, what was the average number of minutes of daily face-to-face direct therapy?

- |      |  |   |   |
|------|--|---|---|
| ii.  | Physiotherapy<br>How was this figure obtained?               | <input type="text"/> Minutes<br>Accurately from our records <input type="radio"/> | Not Known <input type="checkbox"/><br>By estimating <input type="radio"/> |
| ii.  | Occupational Therapy<br>How was this figure obtained?        | <input type="text"/> Minutes<br>Accurately from our records <input type="radio"/> | Not Known <input type="checkbox"/><br>By estimating <input type="radio"/> |
| iii. | Speech and Language Therapy<br>How was this figure obtained? | <input type="text"/> Minutes<br>Accurately from our records <input type="radio"/> | Not Known <input type="checkbox"/><br>By estimating <input type="radio"/> |

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3.5 Has swallowing been assessed within 72 hours of admission (or of stroke if the stroke occurred in hospital) by a speech and language therapist or other professional trained in dysphagia assessment (i.e. not screening)?

Yes  No  No but

3.6 Has the patient been assessed by a physiotherapist within 72 hours of admission (or of stroke if the stroke occurred in hospital)?

Yes  No  No but

4.1 Has there been an initial assessment of communication problems by the speech and language therapist within 7 days of admission (or of stroke if the stroke occurred in hospital)?

Yes  No  No but

4.2 Was the patient assessed by an occupational therapist within 4 working days of admission (or of stroke if the stroke occurred in hospital)?

Yes  No  No but

4.2i If no or no but, was the patient assessed by an occupational therapist within 7 days of admission (or of stroke if the stroke occurred in hospital)?

Yes  No  No but

4.5 Is there written evidence of rehabilitation goals agreed by all relevant members of the specialist rehabilitation team within 5 days of admission?

Yes  No  No but

4.5i If no, have rehabilitation goals been agreed by the multi-disciplinary team by discharge?

Yes  No  No but

**Organisational Audit 2010**

**A1. Auditor Discipline: (tick all that apply)**

Doctor  Manager  Nurse  Therapist  Clinical Audit/Clinical Governance  Other (please specify) \_\_\_\_\_

**2.7.** Is there a system in place to make sure that there is always a nurse or therapist on duty in the MAU who is trained and assessed as competent in the following?

- (a) Swallow screening Yes  No   
 (b) Stroke assessment and management Yes  No

**4.3.** What is the total establishment of whole time equivalents (WTEs) of the following qualified professionals and support workers for all your stroke unit beds? (Enter 0 if no establishment). Only tick the 6 day working or 7 day working option if these professionals treat stroke patients *in relation to stroke management* at weekends *on the stroke unit*.

	WTE	5 day working	6 day working	7 day working
(i) Clinical Psychology (qualified)	[ ]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(ii) Clinical Psychology (support worker)				
(iii) Dietetics (qualified)				
(iv) Dietetics (support worker)				
(v) Occupational Therapy (qualified)				
(vi) Occupational Therapy (support worker)				
(vii) Physiotherapy (qualified)				
(viii) Physiotherapy (support worker)				
(ix) Speech & Language Therapy (qualified)				
(x) Speech & Language Therapy (support worker)				
(xi) Pharmacy (qualified)				
(xii) Pharmacy (support worker)				
(xiii) Nursing (qualified)				
(xiv) Nursing (care assistant/support worker)				

**4.4.** Do patients on the stroke unit stay in bed until assessed by a physiotherapist?

Yes  No

**4.6(a)** Which of the following disciplines regularly attend the team meetings to discuss stroke patients on the stroke unit(s)?

- (i) Clinical Psychology
- (ii) Dietetics
- (iii) Medicine (senior doctor)
- (iv) Nursing
- (v) Occupational Therapy
- (vi) Physiotherapy
- (vii) Social Work
- (viii) Speech and Language Therapy

**Question about composition of Early Supported Discharge Team (stroke specialist team and non-stroke specialist team) and Community Rehabilitation Team (stroke specialist team and non-stroke specialist team)**  
**5.1(c), 5.2(b), 5.3(c) & 5.4 (b)**

Does the team include the following professional groups (please select yes or no)?

- Clinical Psychologist
- Dietitian
- Occupational Therapist
- Physiotherapist
- Social Worker
- Specialist doctor
- Specialist Nurse
- Speech and Language Therapist
- Generic Therapy Worker
- Family/Carer support worker

Q5.1(f), 5.2(e), 5.3(e)5.4(d)

Are there delays in discharging patients suitable for ESD/community rehabilitation because of delays in ESD or community team response time/ therapy assessments/ social work/ home adaptations?

Yes      No

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**8.13.** How much time (in whole time equivalents, WTE, and however funded) is spent on ANY activity related to a clinical stroke research study?. Please give as a total and then estimate by type of profession.

Total	[	] WTE
a) Doctor	[	] WTE
b) Nurse	[	] WTE
c) Occupational Therapy	[	] WTE
d) Physiotherapy	[	] WTE
e) Speech & Language Therapy	[	] WTE
f) Psychologist	[	] WTE
g) Dietitian	[	] WTE
h) Other	[	] WTE

## Appendix 2

### Questions and Helptext on Therapy Intensity from Sentinel Clinical Audit 2010 (as appeared on clinical audit proforma)

#### QUESTION 2.9

On how many weekdays during the hospital stay were 45min of the following therapies appropriate for the patient to receive? (where length of stay is greater than 20 workdays then just use the first 20 workdays)

- |      |                               |                             |                       |               |                          |
|------|-------------------------------|-----------------------------|-----------------------|---------------|--------------------------|
| iii. | Physiotherapy                 | <input type="text"/>        | Days                  | Not Known     | <input type="checkbox"/> |
|      | How was this figure obtained? | Accurately from our records | <input type="radio"/> | By estimating | <input type="radio"/>    |
| ii.  | Occupational Therapy          | <input type="text"/>        | Days                  | Not Known     | <input type="checkbox"/> |
|      | How was this figure obtained? | Accurately from our records | <input type="radio"/> | By estimating | <input type="radio"/>    |
| iii. | Speech and Language Therapy   | <input type="text"/>        | Days                  | Not Known     | <input type="checkbox"/> |
|      | How was this figure obtained? | Accurately from our records | <input type="radio"/> | By estimating | <input type="radio"/>    |

*45 minutes of therapy is **NOT appropriate** if this particular therapy is not indicated for this patient, the patient declines this therapy input, the patient is unable to tolerate this amount of therapy e.g. because the patient has other medical problems (e.g. infections) or the patient is receiving end of life care. The lack of availability of therapy staff is **NOT** a justifiable reason for not giving 45 minutes of therapy.*

#### HELPTEXT (Q2.9)

45 minutes of therapy is **NOT** appropriate if

- this particular therapy is not indicated for this patient
- the patient declines this therapy input
- the patient is unable to tolerate this amount of therapy e.g. because the patient has other medical problems (e.g. infections) or the patient is receiving end of life care.

45 minutes of therapy **IS** considered appropriate for all other stroke patients

The lack of availability of therapy staff is **NOT** a justifiable reason for not giving 45 minutes of therapy.

- If a patient spends more than 4 weeks (maximum 20 weekdays) in hospital data will only be required for the first 4 weeks (20 weekdays).
- Bank holidays are not included as weekdays.

**QUESTION 2.10**

For those days in 2.9, what was the average number of minutes of daily face-to-face direct therapy?

- |      |  |   |                                    |                                     |                       |
|------|--|---|------------------------------------|-------------------------------------|-----------------------|
| iv.  | Physiotherapy<br>How was this figure obtained?               | <input type="text"/> Minutes<br>Accurately from our records | Not Known <input type="checkbox"/> | <input type="radio"/> By estimating | <input type="radio"/> |
| ii.  | Occupational Therapy<br>How was this figure obtained?        | <input type="text"/> Minutes<br>Accurately from our records | Not Known <input type="checkbox"/> | <input type="radio"/> By estimating | <input type="radio"/> |
| iii. | Speech and Language Therapy<br>How was this figure obtained? | <input type="text"/> Minutes<br>Accurately from our records | Not Known <input type="checkbox"/> | <input type="radio"/> By estimating | <input type="radio"/> |

*“Direct therapy” includes assessment and goal directed therapy given by qualified or non-registered therapy assistants on a face-to-face contact basis. It includes a patient being treated directly in a one-to-one or group setting, and carer training and home visits where patient is present. “Direct Therapy” does not include time for patient transport, documentation, environmental visits and MDTs).*

**HELPTTEXT (Q2.10)**

Please estimate retrospectively the average number of minutes that the patient received of each therapy taking into account the following:

- Only ‘Direct Therapy’ is to be counted.
- Direct Therapy includes assessment and goal-directed therapy (i.e. towards goals that have been set and agreed by the team).
- Therapy can be provided by qualified or non-registered therapy assistants.
- Therapy must be face-to-face with patients – this can include individual or group therapy, carer training together with patient, home visits where the patient is present.
- Speech and Language Therapy refers to communication therapy; it does not include swallowing therapy.
- Direct therapy does not include time for patient transport, documentation, environmental visits, MDTs, case conferences or case reviews.
- For each therapy, the amount is the total daily i.e. the sum of individual treatment sessions (20 mins in the morning + 25 mins in the afternoon = 45 mins).
- If two therapists of the same profession treat a patient for 45 minutes at the same time, the total therapy given is 45 minutes.
- If two therapists of different professions treat a patient for 45 minutes at the same time, record 45 minutes of each therapy.
- If one therapy assistant works on two different therapies during a 45 minutes session, record 45 minutes for only one profession or 22.5 minutes for both.
- Therapy is only assessed on weekdays (5 days).
- If a patient spends more than 4 weeks (maximum 20 weekdays) in hospital data will only be required for the first 4 weeks (20 weekdays) or for the total length of stay if the patient is discharged within 4 weeks.
- The average therapy time is the mean i.e. the total number of minutes per days on which 45 minutes was appropriate divided by the number of days on which 45 minutes was appropriate.

**Question and Helptext on Deficits from Sentinel Clinical Audit 2010 (as appeared on clinical audit proforma)**

**QUESTION 2.5**

Did the patient have any of the following during the first 24 hours?

- |     |                |     |                       |    |                       |           |                       |
|-----|----------------|-----|-----------------------|----|-----------------------|-----------|-----------------------|
| i   | Dysphasia      | Yes | <input type="radio"/> | No | <input type="radio"/> | Not known | <input type="radio"/> |
| ii  | Dysarthria     | Yes | <input type="radio"/> | No | <input type="radio"/> | Not known | <input type="radio"/> |
| iii | Motor deficits | Yes | <input type="radio"/> | No | <input type="radio"/> | Not known | <input type="radio"/> |

**HELPTEXT (Q2.5)**

This item is to assess for casemix adjustment. Refer to case records including speech and language therapy