

How can we provide more therapy after stroke?

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Submitted by Dr David Clarke, Lecturer in Stroke Care, Bradford Royal Infirmary, d.j.clarke@leeds.ac.uk

SSNAP data identifies units which are performing well across a range of measures including inpatient therapy provision (rated A to E for each therapy). The audit also identifies marked regional and national variation in provision of the recommended amount of inpatient therapy.

A study funded by the National Institute for Health Research (NIHR) led by Dr David Clarke, from the University of Leeds, investigated factors to explain this variation using observations of the day-to-day work of over 200 therapists in eight stroke units across different English regions.

No single factor accounted for why the recommended amount of therapy was not always received. Two of the most important factors identified, which directly impact on therapy provision across all stroke units were, the amount of time therapists spend in non-clinical activity, and the number of therapists routinely available to provide therapy. Table 1 highlights the large variation in time that individual therapists spent in information exchange events and meetings in the 8 units in the study and which reduced the time available for therapy (range: 1.3 to 8.6 hours per week). Table 2 indicates variation in staffing levels and a probable association between staffing levels and audit ratings for therapy provision. Consensus meetings held with expert clinicians in regions not involved in the study confirmed these factors are likely to be common across stroke units in England but are amenable to change as part of local service improvement initiatives.

An example of where change has occurred in one unit in Yorkshire to increase inpatient therapy provision and which areas of the service were targeted for change is provided in the case studies area of the Annual Report webpage.



Table 1: Minimum time spent per staff member per week in meetings

Unit and team-centred levels for Domains 5-7 (OT/PT/SLT)	1 Ash (67 beds) DDD	2 Beech (28 beds) CCE	3 Chestnut (29 beds) BAD	4 Elm (26 beds) CCE	5 Hazel (68 beds) BDE	6 Oak (24 beds) BCD	7 Rowan (24 beds) AAA	8 Walnut (36 beds) AAA
Handovers and board rounds	5.2 hours	1.6 hours	52 mins	1.2 hours	1.7 hours	1.7 hours	34 mins	1.3 hours
Goal-setting and planning meetings	2.1 hours	1.3 hours	1.3 hours	1.2 hours	41 mins	1.7 hours	4 min	1.25 hours
Time spent by all staff in meetings each week	7.3 hours	2.9 hours	2.2 hours	2.4 hours	2.4 hours	3.4 hours	38 mins	2.55 hours
Multidisciplinary Team meetings (qualified only)	1.3 hours	-	39 mins	2.2 hours	1.4 hours	1.5 hours	38 minutes	1.3 hours
Total time per staff member	8.6 hours	2.9 hours	2.85 hours	4.6 hours	3.8 hours	4.9 hours	1.3 hours	3.85 hours

Table 2: Staffing establishment (qualified therapists only). NB: During the study period units indicated with an * were carrying vacancies or not at establishment.

Unit and team-centred levels for Domains 5-7 (OT/PT/SLT)	1 Ash (67 beds) DDD	2 Beech (28 beds) CCE	3 Chestnut (29 beds) BAD	4 Elm (26 beds) CCE	5 Hazel (68 beds) BDE	6 Oak (24 beds) BCD	7 Rowan (24 beds) AAA	8 Walnut (36 beds) AAA	British Association of Stroke Physicians guidelines 2014
Physio-Therapy	6 WTE	3.5 WTE	3 WTE * (operating at 2.5 WTE)	2 WTE	7.8 WTE* (operating at 4.8 WTE)	3.5 WTE	5.6 WTE	6.5 WTE	
WTE per 5 beds	0.45	0.63	0.52	0.38	0.57	0.73	1.17	0.9	1 WTE per 5 beds
Occupational Therapy	5.4 WTE	2.8 WTE	2.4 WTE	2 WTE	9 WTE* (operating at 6.5 WTE)	2.9 WTE (Operating at 1.9 WTE)	5.8 WTE (Operating at 5 WTE)	5.5 WTE	
WTE per 5 beds	0.4	0.5	0.41	0.38	0.66	0.6	1.21	0.76	1 WTE per 5 beds

Speech And Language Therapy	2.7 WTE	1.2 WTE	1.5 WTE	0.28-0.47 WTE for language, ad hoc for dysphagia	3 WTE (Operating at 2 WTE)	0.6 WTE for language, ad hoc for dysphagia	2.7 WTE	3.24 WTE	
WTE per 7 beds	0.28	0.3	0.36	0.13 plus dysphagia	0.31	0.18 plus dysphagia	0.79	0.63	1 WTE per 7 beds