Organisational Survey - Hospital Stroke Services

**Hospital Details**

Your hospital name

__________________________________

How many total inpatient beds are there in your hospital?

(Include all inpatient beds including mental health and paediatrics, maternity, day-stay, ICU/PACU, ED, Clinical Trial Unit etc and even currently unresourced/unstaffed beds.)

How many acute medical and surgical beds are there in your hospital?

(Excluding ICU/PACU, ED, paediatrics, mental health, maternity, day-stay, rehabilitation, but including MAPU and any beds currently not resourced.)

How many of the acute medical/surgical beds are currently fully resourced/staffed?

(i.e. exclude any beds that are routinely kept vacant)

How many inpatient rehabilitation beds are there in your hospital (include >65 and < 65 beds)?

__________________________________

How many of the inpatient rehabilitation beds are currently resourced/staffed (i.e. available for use)?

__________________________________

**ACUTE STROKE SERVICE**

Does your hospital have an acute stroke unit?

☐ Yes  ☐ No

If yes, is your ‘acute stroke unit’ dedicated to stroke (ie. not a shared space)?

☐ Yes  ☐ No

Do you have a mobile inpatient stroke team?

☐ Yes  ☐ No

Does your stroke unit team routinely provide clinical care or advice for patients not on the stroke unit?

☐ Yes  ☐ No

How many beds are in the acute stroke unit?

__________________________________

How many patients with acute stroke were admitted to your hospital in the last year (approx)?

__________________________________
How many patients with acute stroke were admitted to the stroke unit in the last year?

__________________________________
(Please provide a number rather than a %)

How many patients with acute stroke are present in your hospital today?
__________________________________

How many patients with acute stroke are present in the stroke unit today?
__________________________________

Which of the following is the medical leader ('Lead Stroke Physician') responsible for the leadership of your acute stroke service?

- Rehabilitation physician
- Geriatrician
- General medical physician
- Neurologist
- MOSS
- General practitioner
- Rural hospital medicine specialist
- Other (please specify in comment box at end of survey)
### Does your hospital have:

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>A consultant physician with specialist knowledge of stroke who is formally recognised as having a principal responsibility for stroke at your hospital</td>
<td></td>
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<tr>
<td>A nurse with knowledge of stroke who provides nurse leadership</td>
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<tr>
<td>Rapid access to specialist TIA care (&lt; 1 day)</td>
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<tr>
<td>TIA guideline/pathway</td>
<td></td>
<td></td>
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<tr>
<td>Does TIA pathway include primary care?</td>
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<tr>
<td>Ability to manage post-thrombolysis/thrombectomy patients in the stroke unit</td>
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<tr>
<td>High Dependency/Intensive Care Unit</td>
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<tr>
<td>Access to onsite neurosurgery</td>
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<td></td>
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<tr>
<td>Access to onsite vascular surgery</td>
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<tr>
<td>Access to onsite cardiology</td>
<td></td>
<td></td>
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<tr>
<td>Access to onsite palliative care</td>
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<tr>
<td>Onsite telehealth facility which has been utilised for clinical decision making in the last six months</td>
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<tr>
<td>Access to telehealth facilities for professional education</td>
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<tr>
<td>Facilities to manage all strokes onsite, including complex strokes?</td>
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<tr>
<td>Protocols for transferring patients to other hospitals</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does your hospital have regional responsibility for tertiary stroke care and provides support to provincial secondary sites?</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>
Hyper-Acute Stroke Care

Does the local ambulance service notify your ED team of a stroke patient before they arrive at the hospital?

- Yes  
- No  
- No but, there is agreement to bypass our hospital for another stroke specific service  
- Unsure

Does your stroke team get pre-notified by ED or directly by the ambulance service before a patient arrives at the hospital?

- Yes  
- No

Are there Emergency Department protocols for rapid triage for patients presenting with acute stroke?

- Yes  
- No

Does your hospital utilise a 'code stroke' alert to notify the stroke team/other relevant clinicians of a potential thrombolysis candidate?

- Yes  
- No

Do you offer intravenous thrombolysis (tPA) for appropriate stroke patients at your hospital?

- Yes  
- No

If yes, is this offered 24hrs 7 days a week?

- Yes  
- No

If no, do you routinely divert patients to another hospital to ensure patients have access to thrombolysis?

- Yes  
- No

How many patients have been thrombolysed in your hospital during the past 12 months?


How many of your patients have been diverted/transferred for thrombolysis at another hospital over the past 12 months?


Does your hospital provide onsite endovascular stroke therapy?

- Yes  
- No

If yes, is it available 24/7?

- Yes  
- No

If no, do you divert or transfer any patients to another hospital to ensure patients have consistent access to endovascular stroke therapy?

- Yes  
- No

How many patients have received endovascular stroke therapy in your hospital during the past 12 months?


How many patients from your hospital have been diverted/transferred for endovascular stroke therapy at another hospital during the past 12 months?


Which ward is a patient with acute stroke most likely to be admitted to first?

- Medical assessment unit
- General medical ward
- Geriatric ward
- Geriatric rehabilitation ward
- Acute stroke unit
- Neurology ward
- Other stroke unit (e.g. rehabilitation stroke unit, comprehensive stroke unit)
- Other

**Imaging**

Does your hospital have access to CT scanning within 1 hour of presentation to hospital for patients potentially eligible for thrombolysis (available 24/7)?

- Yes
- No

Does your hospital have access to CT scanning within 3 hours of presentation to hospital for all stroke patients (available 24/7)?

- Yes
- No

If no, which of the following reasons apply (select all that apply)?

- Access to scanning only available during business hours
- Scanning equipment and staff on call but often not available within 3 hours
- Limited access to staff to report on scans (not 24/7)
- Other

Does your hospital have access to MRI scanning within 24 hours?

- Yes
- No

Does your hospital have access to carotid imaging within 24 hours?

- Yes
- No

Do you have access to, and use, non-invasive angiography (e.g. CTA or MRA) at your hospital?

- Yes
- No

Is there the ability to provide telemetry monitoring for at least up to 72 hours?

- Yes
- No

**Organisation of Workforce**

What team usually manages acute stroke patients?

- General medical team
- Stroke geriatric team
- Geriatric team
- Stroke neurology team
- General neurology team
- Shared neurology/geriatrics
- Shared neurology/medicine
- Shared medicine/geriatrics
- Other

If other, please describe:

______________________________
Are the following health professionals actively involved with the management of acute stroke at your hospital?

<table>
<thead>
<tr>
<th>Professional</th>
<th>Yes - MDT Member</th>
<th>Yes - upon referral</th>
<th>No - not routinely involved, but available</th>
<th>No - not available</th>
</tr>
</thead>
<tbody>
<tr>
<td>General practitioner</td>
<td>○</td>
<td>○</td>
<td></td>
<td>○</td>
</tr>
<tr>
<td>Rural hospital medicine specialist</td>
<td>○</td>
<td>○</td>
<td></td>
<td>○</td>
</tr>
<tr>
<td>General physician</td>
<td>○</td>
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<td></td>
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</tr>
<tr>
<td>Geriatrician</td>
<td>○</td>
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<tr>
<td>Neurologist</td>
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<tr>
<td>Rehabilitation physician</td>
<td>○</td>
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<tr>
<td>Clinical nurse specialist</td>
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<tr>
<td>Stroke specialist research nurse</td>
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<tr>
<td>Nurse practitioner</td>
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<tr>
<td>Charge nurse manager</td>
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<tr>
<td>Stroke nurse educator</td>
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<tr>
<td>Other nurse educator</td>
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<tr>
<td>Physiotherapist</td>
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<tr>
<td>Occupational therapist</td>
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<tr>
<td>Speech-language therapist</td>
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<tr>
<td>Social worker</td>
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<tr>
<td>Dietitian</td>
<td>○</td>
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<tr>
<td>Clinical psychologist</td>
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<tr>
<td>Neuropsychologist</td>
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<tr>
<td>Pharmacist</td>
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<tr>
<td>Advanced medical registrar</td>
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<tr>
<td>Basic medical registrar</td>
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<tr>
<td>Medical house officer</td>
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<tr>
<td>M&amp;257ori support services</td>
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<td>○</td>
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<tr>
<td>Pacific support services</td>
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<td></td>
<td>○</td>
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<tr>
<td>Interpreter</td>
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</tr>
</tbody>
</table>

Are there formal protocols/guidelines for referral to the following disciplines for patients with stroke?

<table>
<thead>
<tr>
<th>Discipline</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dietitian</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Occupational therapist</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Physiotherapist</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Psychologist</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>
Social worker

Speech-language therapist

And/or are all stroke patients routinely reviewed by MDT the day after admission without a formal referral? (may exclude weekends/public holidays)

Yes  No

And/or are all stroke patients discussed by MDT on a daily basis to decide which team members need to review patients on a case by case basis without formal referral? (may exclude weekends/public holidays)

Yes  No

**Team Coordination and Assessment**

Does the hospital have a clinical care pathway or guideline for managing stroke?

Yes  No

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

Yes  No

What is routinely discussed at MDT meetings? (tick all that apply)

- [ ] Medical diagnosis and management
- [ ] Continence
- [ ] Bowel function
- [ ] DVT prophylaxis
- [ ] Mobility
- [ ] Swallowing
- [ ] ADLs
- [ ] Behaviour/mood
- [ ] Nutrition
- [ ] Social needs
- [ ] Discharge planning

How many meetings are held per month?

__________________________________
Are there locally agreed and documented management protocols/guidelines addressing the following?

<table>
<thead>
<tr>
<th>Protocol/Guideline</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thrombolysis</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Endovascular stroke therapy</td>
<td>○</td>
<td>○</td>
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<tr>
<td>Fever</td>
<td>○</td>
<td>○</td>
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<tr>
<td>Glucose</td>
<td>○</td>
<td>○</td>
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<tr>
<td>Hydration</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Continence (urinary)</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Bowel function/faecal incontinence</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>DVT prophylaxis</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Nutrition</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Swallow dysfunction</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Consciousness</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Timing of mobilisation</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Shoulder pain</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Falls</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Pressure injuries</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Culturally appropriate stroke care</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>

Access to further services

Regarding assessing suitability for rehabilitation, who is responsible for making the decision to refer to rehabilitation services?

- [ ] Acute physician
- [ ] Post-acute physician (rehabilitation physician, geriatrician, general physician)
- [ ] Nurse
- [ ] PT/OT
- [ ] Multidisciplinary team (acute)
- [ ] Joint acute/rehabilitation team members
- [ ] Other

If other, please specify:

__________________________________________________________

Is there a standardised process regarding assessing suitability for further rehabilitation at your hospital?

- [ ] Yes  - [ ] No

If yes, please describe assessment process.

__________________________________________________________
When does the assessment for inpatient rehabilitation usually occur?

- Within first 3-4 days of acute admission
- Within first week of acute admission
- After the first week of acute admission
- Varies

Does your site have access to the following rehabilitation services (select all that apply)?

- Inpatient rehabilitation
- Outpatient rehabilitation
- Day hospital
- Community-based rehabilitation provided in the home
- Stroke specialist Early Supported Discharge

What is the PREDOMINANT mode of medical/nursing follow-up following discharge from the acute stroke service?

- GP only
- Nurse led clinic
- General consultant/registrar clinic
- Specialist vascular clinics
- Nurse phone calls
- Other

Please estimate the % of patients undergoing the above selected mode of follow-up.

- >90%
- 75-90%
- 50-75%
- 25-50%
- 0-25%

Are patients with stroke routinely referred to the Stroke Foundation?

- Yes
- No

If yes, which is the usual method of referral?

- Stroke Foundation community advisor/field officer visits the ward
- Referral is made by ward staff
- Patient is provided with Stroke Foundation information leaflet for self-referral
- Other

Communication with patient and carer

Does the acute stroke team routinely inform about and involve the patient and their family/carer in:

- Clinical management
- Goal setting
- Planning for discharge

Does your hospital routinely provide patient information prior to discharge?

- Yes
- No

If yes, which of the following are included (select all that apply):

- Stroke care, implications and recovery
- Secondary prevention
- Local community care arrangements
- Community stroke support groups
The above information is translated and available in the following languages (tick all that apply):

☐ Te Reo Māori  ☐ Samoan  ☐ Tongan  ☐ Mandarin  ☐ Hindi  ☐ Other

Are these materials aphasia friendly/available in aphasia friendly format?

○ Yes - all  ○ Yes - some  ○ No - none  ○ Unsure

Māori culturally responsive information/support is available?

☐ Yes, routinely provided to Māori patients  ☐ Yes, occasionally provided to Māori patients
☐ No  ☐ Unsure

Pasifika culturally responsive information/support is available?

☐ Yes, routinely provided to Pacific patients  ☐ Yes, occasionally provided to Pacific patients
☐ No  ☐ Unsure

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

○ Yes  ○ No

Are patients/carers given details of a hospital contact on transfer from hospital to community for post discharge queries and post discharge supports?

○ Yes  ○ No

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**Continuing Education/Quality Assurance (acute)**

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

○ Yes  ○ No

Are core acute stroke IDT staff generally able to attend at least 8 hours of stroke specific education per year?

○ Yes  ○ No

Over the last 1-2 years has the acute 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

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**INPATIENT REHABILITATION SERVICE**

Which best describes the inpatient rehabilitation service at your hospital?

○ Separate rehabilitation unit offsite to acute stroke services  ○ Separate rehabilitation unit on same site as acute hospital  ○ Comprehensive stroke unit (co-located with acute stroke unit)  ○ General ward on acute hospital site where a mobile rehabilitation team provides care  ○ Other

If other, please describe:

__________________________________________________________________________________________
Does your site have a dedicated all-age stroke rehabilitation unit with co-located stroke beds within a geographically defined unit/ward?

○ Yes  ○ No

Does your site have age-specific dedicated rehabilitation unit(s) with geographically co-located beds?

○ No  ○ Yes - only for < 65  ○ Yes - only for >65  ○ Yes, one for < 65 and one for >65

If yes, how many designated stroke rehabilitation beds are there?

__________________________________

How many stroke rehabilitation patients are currently in all your inpatient rehabilitation beds today?

__________________________________

How many stroke rehabilitation patients were admitted to your site last year?

__________________________________

How many stroke rehabilitation patients are currently in your dedicated stroke rehabilitation unit today?

__________________________________

How many stroke rehabilitation patients were admitted to your dedicated stroke rehabilitation unit last year?

__________________________________

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

○ Yes  ○ No

What is routinely discussed at MDT meetings? (tick all that apply)

☐ Medical diagnosis and management  ☐ Continence  ☐ Bowel function  ☐ DVT prophylaxis  ☐ Mobility  ☐ Swallowing  ☐ ADLs  ☐ Behaviour/mood  ☐ Nutrition  ☐ Social needs  ☐ Discharge planning

How may meetings are held per month?

__________________________________

Does your site have a formal process for developing and documenting goals with patients/their families?

○ Yes  ○ No

Does your stroke rehabilitation service offer an environment and culture that supports activity over the 24 hour period which facilitates and reinforces therapy goals?

○ Yes  ○ No
How does your rehabilitation team 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 MDT set goals together
- No consistent process used
- Goals not patient-directed
- Other

If other, please describe:

__________________________________

Does your site provide therapy in a group setting?
- Yes  ○ No

Does your site offer circuit training for stroke patients to maximise therapy time?
- Yes  ○ No

Do patients with motor impairments routinely undertake at least one hour of active physical therapy (physiotherapy and/or occupational therapy) per day, at least 5 times per week? (*This would exclude patients who are unable/unwilling to participate in rehab)
- Yes  ○ No

Do patients with motor impairments undertake at least THREE hours of active physical therapy (physiotherapy and/or occupational therapy) per day, at least 5 times per week?
- Yes  ○ No

Does your site regularly measure and document rehab intensity (i.e. time patients spend in active rehabilitation grouped by provider - e.g. PT, SLT, RN, therapy assistant?)
- Yes  ○ No

---

**What is the usual duration of therapy sessions in your inpatient rehabilitation service (counting face-to-face patient contact time only)**

Physiotherapy (patient contact minutes/sessions)

__________________________________

Occupational therapy (patient contact minutes/sessions)

__________________________________

Speech and language therapy (patient contact minutes/sessions)

__________________________________

Does your rehabilitation service routinely provide written patient stroke education/information prior to discharge?
- Yes  ○ No
If yes, which of the following are included (select all that apply)?

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

The above information is translated and available in the following languages (tick all that apply):

- Te Reo Māori
- Samoan
- Tongan
- Mandarin
- Hindi
- Other

Are these materials aphasia friendly/available in aphasia friendly format?

- Yes - all
- Yes - some
- No - none
- Unsure

Māori culturally responsive information/support is available?

- Yes, routinely provided to Māori patients
- Yes, occasionally provided to Māori patients
- No
- Unsure

Pasifika culturally responsive information/support is available?

- Yes, routinely provided to Pacific patients
- Yes, occasionally provided to Pacific patients
- No
- Unsure

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

- Yes
- No

Is there an onsite telehealth facility which has been utilised for stroke rehabilitation clinical decision making within the last 6 months?

- Yes
- No
Please identify which of the following health professionals are actively involved in the rehabilitation management of stroke patients at your hospital?

<table>
<thead>
<tr>
<th>Professional</th>
<th>Yes - MDT member</th>
<th>Yes - available upon referral</th>
<th>No - not routinely involved, but available</th>
<th>No - not available</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rehabilitation physician</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Geriatrician</td>
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<tr>
<td>General medical physician</td>
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<tr>
<td>Neurologist</td>
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<tr>
<td>Rural hospital medicine specialist</td>
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<tr>
<td>General practitioner</td>
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<td>Nurse practitioner</td>
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<tr>
<td>Clinical nurse specialist</td>
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<tr>
<td>Physiotherapist</td>
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<tr>
<td>Speech and Language therapist</td>
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<tr>
<td>Dietician</td>
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<tr>
<td>Social worker</td>
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<tr>
<td>Occupational therapist</td>
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<tr>
<td>Clinical psychologist</td>
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<tr>
<td>Neuropsychologist</td>
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<tr>
<td>Recreational therapist</td>
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<tr>
<td>Diversional therapist</td>
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<tr>
<td>Allied health assistant/therapy assistant</td>
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<tr>
<td>Medical registrar</td>
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<tr>
<td>Medical house officer</td>
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<tr>
<td>Stroke care coordinator</td>
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<tr>
<td>Other</td>
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<tr>
<td>NASC co-ordinator</td>
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<tr>
<td>M&amp;#257ori support services</td>
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<tr>
<td>Pacific support services</td>
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<tr>
<td>Stroke Foundation community advisor/field officer</td>
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</tbody>
</table>

If other, please specify:__________________________________________
Which medical specialty generally manages stroke rehab patients at your hospital?

- Rehabilitation physician
- Geriatrician
- General medical physician
- Neurologist
- General practitioner
- Rural hospital medicine specialist
- Other

Is there a named stroke rehabilitation lead physician?

- Yes  
- No

Is there a named stroke rehabilitation lead nurse?

- Yes  
- No

Is there a named lead allied health clinician?

- Yes  
- No

---

**Are there locally agreed and documented assessment protocols/guidelines for the following?**

<table>
<thead>
<tr>
<th>Assessment Protocol/Guideline</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Activities of Daily Living</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Communication</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Executive function</td>
<td></td>
<td></td>
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<tr>
<td>Mood</td>
<td></td>
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</tr>
<tr>
<td>Motor impairment</td>
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<tr>
<td>Sensory impairment</td>
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<td></td>
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<tr>
<td>Visual impairment</td>
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</tbody>
</table>

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

- Yes  
- No

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

- Yes  
- No

Are patients/carers given details of a hospital contact on transfer from hospital to the community?

- Yes  
- No

Do all stroke patients managed by your rehabilitation service routinely undergo review by a DHB staff member following discharge?

- Yes  
- No

Does your site have access to community rehabilitation services?

- Yes  
- No
What is the PREDOMINANT mode of medical/nursing follow-up following discharge from the rehabilitation service?

- GP only
- Nurse led clinic
- General consultant/registrar clinic
- Specialist vascular clinics
- Nurse phone calls
- Other

Please estimate the % of patients undergoing the above selected mode of follow-up.

- >90%
- 75-90%
- 50-75%
- 25-50%
- 0-25%

Are patients with stroke routinely referred to the Stroke Foundation by your rehabilitation service?

- Yes
- No

If yes, which is the usual method of referral?

- Stroke Foundation community advisor/field officer visits the ward
- Referral is made by ward staff
- Patient is provided with Stroke Foundation information leaflet for self-referral
- Other

---

**Continuing Education/Quality Assurance (Rehab)**

Is there a programme for the continuing education of inpatient rehabilitation staff relating to the management of stroke?

- Yes
- No

Are core rehab stroke MDT staff generally able to attend at least 8 hours of stroke specific education per year?

- Yes
- No

Over the last 1-2 years has the rehab 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

Does your stroke rehabilitation service participate in AROC data collection?

- Yes
- No

---

**COMMUNITY REHABILITATION**

Which best describes the community rehabilitation service for patients with stroke at your site?

- Stroke-specific community rehabilitation team
- General community rehabilitation team, providing stroke rehabilitation
- Early supported discharge team
- Other (explain comment box at end of survey)

Does your site apply different prioritisation criteria for stroke patient referrals compared with other patient groups?

- Yes
- No

If yes, please explain the difference in prioritisation?

______________________
Which of the following does your community rehabilitation service provide for patients with stroke (select all that apply)?

- [ ] Home/community visits
- [ ] Outpatient clinic
- [ ] Group therapy
- [ ] Day hospital

Are there more than one community team in your DHB?

- [ ] Yes
- [ ] No

If yes, please list the various teams by name, locality, and/or clinical focus:

Describe the members of your community team caring for stroke patients:

<table>
<thead>
<tr>
<th></th>
<th>MDT member with stroke expertise</th>
<th>MDT member without stroke expertise</th>
<th>Accessible upon request but not MDT member</th>
<th>NOT routinely involved</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nurse</td>
<td>[ ]</td>
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<tr>
<td>Clinical nurse specialist</td>
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<tr>
<td>Nurse practitioner</td>
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<tr>
<td>Physiotherapist</td>
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<tr>
<td>Occupational therapist</td>
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<tr>
<td>Speech and language therapist</td>
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<tr>
<td>Social worker</td>
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<tr>
<td>Dietician</td>
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<tr>
<td>Medical doctor</td>
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<tr>
<td>Psychologist</td>
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<tr>
<td>Care coordinator/NASC</td>
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<tr>
<td>Stroke Foundation community advisor/field officer</td>
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<tr>
<td>Therapy assistant</td>
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<tr>
<td>Other</td>
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</tbody>
</table>

If other, please name:

Is there a single point of entry for referrals for all adult stroke service users and health professionals?

- [ ] Yes
- [ ] No

Does the team work in partnership with the patients and family/whanau to enhance autonomy and self-management, with use of 'homework' to increase intensity or practice and activity levels?

- [ ] Yes
- [ ] No
Does each patient have a documented goal specific rehabilitation plan that is developed in conjunction with the patient and family?

☐ Yes  ☐ No

If yes, do you have a process of regularly evaluating progress towards the goals?

☐ Yes  ☐ No

Rate the strength of the links between the inpatient teams and the community team to assist with discharge planning and to discuss long term goals for the patient's rehabilitation once they are in the community setting?

☐ Excellent  ☐ Strong - generally effective - a few gaps  ☐ Average - could be better  ☐ Weak - need a lot of work  ☐ Non-existent

Do staff from the community team attend MDT meetings on the hospital wards to assist with discharge planning and to discuss long term goals for the patients' rehabilitation once they are in a community setting?

☐ Yes - for all patients  ☐ Yes - for some patients  ☐ No - never

Are there established processes for communicating effectively with GPs other primary care/community providers?

☐ Yes  ☐ No

How many times per month does the community MDT meet to discuss patients?

__________________________________

What is routinely discussed at MDT meetings?

__________________________________

How many contacts per week, on average, do patients with stroke receive from the community rehabilitation service?

__________________________________

Is there a standard maximum duration of community rehabilitation input (e.g. < 3 months)?

☐ Yes - generally up to 6 weeks (even if some goals not met)  ☐ Yes, generally up to 3 months (even if some goals not met)  ☐ Yes, generally up to 1 year (even if some goals not met)  ☐ No - care is provided until all of the agreed therapist/patient goals are met (even if this takes >1 year)  ☐ No - care is provided until the patient requests to be discharged (even if this takes >1 year)  ☐ Neither - we generally achieve all agreed goals within 3 months following discharge  ☐ Neither - we generally achieve all agreed goals within 6 months following discharge

Do you help patients link into other community services following discharge?

☐ Yes  ☐ No

If yes please list some examples

__________________________________

Do core community MDT members caring for stroke patients have access to stroke specific education of at least 8 hours per year?

☐ Yes  ☐ No
Over the last 1-2 years has the community 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

Thank you! This is the end of the survey. Any additional comments can be added below.

Comments