Why do stroke survivors not receive recommended amounts of active therapy? Findings from the ReAcT study, a mixed-methods case-study evaluation in eight stroke units

Clarke, D. et al, 2018, Clinical Rehabilitation; 32 (8) 1119-1132

Background /Clinical Relevance

To look at why stroke survivors do not get the recommended amount of therapy and if there are areas of practice that could be changed to ensure they do.

Study Aim/ Objective

To find out why the recommendation of 45 minutes, per day, per appropriate therapy is not being met in many English stroke units.

Method

- Mixed Methods Case Study
- Modified Process Mapping
- Non-Participant Observations
- Semi-structured Interviews
- Documentary Analysis
- Carers, Staff and Patients Observed/Interviewed
- 8 Stroke Units across 4 Regions with a variety of SSNAP scores looked at

Results/Findings

The paper found seven areas that affected the amount of therapy that was provided:

- Time spent on handovers – those with an AAA SSNAP score spent less time.
• Time spent on non-patient contact activities
• Staffing levels
• Patient factors
• Lack of knowledge of why 45 minutes needs to be spent with a patient
• Influence of external audit
• Limited use of therapy timetabling

Discussion and Critique of Paper

• Due to different variables between units a qualitative case study was appropriate.
• The Variety of units, staff, patients and carers helped minimise bias.
• When being observed therapists may not have behaved as normal has they knew they were being watched
• Journal is peer reviewed and conflicts of interest were declared
• The findings are each discussed in a very clear and logical way making it easy to read.
• Quotes form the interviews have been included to highlight points.
• Study Protocol published in 2015 and supplementary data available.

Key Limitations

• There is no reasoning for the methods used.
• There is a clear statement of findings, but it is not clear how these were reached.
• Not all non-clinical time is comparable

Clinical Relevance? Will this Change the Team’s Practice?

Changes in handover and timetabling were discussed with plans for a future meeting to take this forward and an evidence search to be conducted to see what other acute neurotherapy teams do regarding this. It was also discussed that all staff and students should be made aware why the 45 minutes a day of therapy is needed.