

#OTalk Transcript

Healthcare social media transcript of the #OTalk hashtag.

Tue, June 25th 2019, 8:00PM – Tue, June 25th 2019, 9:15PM (Europe/London).

See #OTalk Influencers/Analytics.



RCOT Neuro Practice @RCOT_NP

Welcome everyone and thanks for joining us. It's @louiseclark15 tweeting and joined by the rest of the stroke forum @JenniferNCrow @NicoleCWalmsley and @chungsongyau. Remember to follow #OTalk and add to all your tweets to follow the thread. Here we go...



Charlie Chung @chungsongyau

RT @RCOT_NP: Welcome everyone and thanks for joining us. It's @louiseclark15 tweeting and joined by the rest of the stroke forum @Je



Jennifer Crow @JenniferNCrow

RT @RCOT_NP: Welcome everyone and thanks for joining us. It's @louiseclark15 tweeting and joined by the rest of the stroke forum @Je



OTalk @OTalk_

Welcome to tonight's #OTalk tonight hosted by @RCOT_NP say hello if your joining tonight, even if your just planning on lurking. @OT_rac for support tonight <https://t.co/kByTPktNU5>



Kerri Schubert @kerri_schOT

Here for #otalk tonight! Haven't tweeted in a loooooooooong while 🍷



Bill Wong, OTD, OTR/L @BillWongOT

Hello peeps! Back to home sweet home in Los Angeles. 😊 #OTalk



RCOT Neuro Practice @RCOT_NP

Let's get started with question 1. What do you think are the positives of the Sentinel Stroke National Audit Programme? #OTalk



RCOT Neuro Practice @RCOT_NP

Unfortunately @SSNAPaudit aren't able to join us this evening, but we'll pass on any queries we can't answer. We have links to lots of resc that'll help too #OTalk



RCOT Neuro Practice @RCOT_NP

Hi everyone!!! Hi @OT_rach and thanks for having us back! #OTalk



OTalk @OTalk_

Just a few house rules before we get started #OTalk <https://t.co/X7q7BhMHOU>



OTalk @OTalk_

#OTalk 🍷 <https://t.co/Cej8gasQLD>



latish @tis7ha

@JadeCodesido @OTJenny @emmaneuroOT @mclellan_nicola @kathfoster_ @Anyaphysio1417 🍷🍷



RCOT Neuro Practice @RCOT_NP

Great, Let's get started with question 1. What do you think are the positives of the Sentinel Stroke National Audit Programme? #OTalk



OTalk @OTalk_

Please remember the #OTalk so we can capture the full discussion; remember code of conduct; have fun (if you forget the hashtag it will no the transcript) <https://t.co/dljKHlycTj>



OTalk @OTalk_
@AideenKa @RCOT_NP @OT_rach @otalk Use the # not the @ #OTalk



RCOT Neuro Practice @RCOT_NP
Unfortunately @SSNAPaudit aren't able to join us this evening, but we'll pass on any queries we can't answer. We have links to lots of resc that'll help too #OTalk



OTalk @OTalk_
Quick off the mark here is Question 1



Rowena Padamsey @RPadamsey
@OTalk_ @RCOT_NP @OT_rach Hi all, I'm lurking! 🙋 #OTalk



OTalk @OTalk_
Welcome #OTalk



Annika Niebuhr @AnnieOT
@OTalk_ @RCOT_NP @OT_rach Hi. I'm new to twitter and #OTalk. Therefore just lurking and learning.



Bill Wong, OTD, OTR/L @BillWongOT
@RCOT_NP @SSNAPaudit That will help because obviously I am from the USA and not familiar with many of the things that are being dis this evening. #otalk



OTalk @OTalk_
Everyone is more than welcome don't feel free to join in if you have any questions or comments. #OTalk



Jennifer Crow @JenniferNCrow
One of the positives is that SSNAP results are noted at a trust management level and this helps to ensure staffing levels stay as they should to achieve the therapy intensity SSNAP standard #OTalk



Jenny OT @OTJenny
@OTalk_ @RCOT_NP @OT_rach Hey @OTalk_ @tis7ha @emmaneuroOT @mclellan_nicola @kathfoster_ @JadeCodesido Love a lurk #OTalk



Kerri Schubert @kerri_schOT
@RCOT_NP it helps to measure the quality of stroke care #otalk



OTalk @OTalk_
You need to use the # not the @ for people to see you engaging in this conversation #OTalk <https://t.co/ZKYNluC0t3>



OTalk @OTalk_
Remember remember remember remember, # # # in every tweet in every tweet. #otalk



OTalk @OTalk_
@OTJenny @RCOT_NP @OT_rach @tis7ha @emmaneuroOT @mclellan_nicola @kathfoster_ @JadeCodesido That's better 😊 #OTalk



Louise @Louisepenny87
@RCOT_NP Helps give a target for time of rehab per day and time frames for disciplines to see a patient by. Early intervention by MDT su stroke care and rehab #otalk



RCOT Neuro Practice @RCOT_NP
@kerri_schOT Absolutely. A bit of healthy competition between trusts and teams can help learn from each other and improve care #OTalk

**Rowena Padamsey** @RPadamsey

@OTalk_ It gives services an opportunity to benchmark against other services, measure the performance of a service against 'quality' indicators provides transparency for patients and service users #OTalk

**OTalk** @OTalk_

RT @kerri_schOT: @RCOT_NP it helps to measure the quality of stroke care #otalk

**Jennifer Crow** @JenniferNCrow

RT @RPadamsey: @OTalk_ It gives services an opportunity to benchmark against other services, measure the performance of a service a

**Bill Wong, OTD, OTR/L** @BillWongOT

RT @RPadamsey: @OTalk_ It gives services an opportunity to benchmark against other services, measure the performance of a service a

**Jennifer Crow** @JenniferNCrow

RT @Louispenny87: @RCOT_NP Helps give a target for time of rehab per day and time frames for disciplines to see a patient by. Early in

**OTalk** @OTalk_

Welcome and I hope you enjoy yourself top tip just go with the flow #otalk

**Kerri Schubert** @kerri_schOT

RT @RCOT_NP: @kerri_schOT Absolutely. A bit of healthy competition between trusts and teams can help learn from each other and improve car...

**Kerri Schubert** @kerri_schOT

RT @OTalk_: Remember remember remember remember, # # # in every tweet in every tweet. #otalk

**Kerri Schubert** @kerri_schOT

RT @RPadamsey: @OTalk_ It gives services an opportunity to benchmark against other services, measure the performance of a service a

**latish** @tis7ha

RT @JenniferNCrow: One of the positives is that SSNAP results are noted at a trust management level and this helps to ensure staffing lev

**Bill Wong, OTD, OTR/L** @BillWongOT

@RPadamsey @OTalk_ So it sounds like a Yelp between such units- so that service users can get some info on what they maybe in for. #

**RCOT Neuro Practice** @RCOT_NP

Absolutely. Senior management do seem to really engage with the data and seems to give therapy an importance alongside some of the performance measures #OTalk

**OTalk** @OTalk_

Here is question one in case you missed it! #OTalk

**Jennifer Crow** @JenniferNCrow

RT @RCOT_NP: Great, Let's get started with question 1. What do you think are the positives of the Sentinel Stroke National Audit Program

**Bill Wong, OTD, OTR/L** @BillWongOT

@RPadamsey @OTalk_ If I were a patient or caregiver, I am for this because I want to know what kind of care me or my loved ones will receive #otalk

**Louise** @Louispenny87

RT @JenniferNCrow: One of the positives is that SSNAP results are noted at a trust management level and this helps to ensure staffing lev

**OTalk** @OTalk_

@AvrilDrummond1 Hi there you need to use the hashtag in every tweet the @ Will not work #OTalk

**RCOT Neuro Practice** @RCOT_NP

@LouisePenny87 Absolutely, really important!! I'm sure you'll have lots to add for the next couple of questions #OTalk

**Charlie Chung** @chungsongyau

RT @RPadamsey: @OTalk_ It gives services an opportunity to benchmark against other services, measure the performance of a service a

**Ismalia De Sousa MSc RN** @Ismalia_S

@JenniferNCrow Or that they need to increase #otalk

**Jennifer Crow** @JenniferNCrow

A number of the standards require collaborative MDT working to ensure Standards by discharge for example - it is not about each discipline themselves - we need to work together #OTalk

**Charlie Chung** @chungsongyau

RT @RCOT_NP: @kerri_schOT Absolutely. A bit of healthy competition between trusts and teams can help learn from each other and improve car...

**RCOT Neuro Practice** @RCOT_NP

@RPadamsey @OTalk_ Yes, the results are publicly available so patients can look at how their local units are performing and exercise choice lobby for improvement #OTalk

**Louise** @LouisePenny87

@RCOT_NP Also helps in the justification of service provision. Having left the London bubble recently, I'm shocked by the variability of service provision elsewhere #OTalk

**Alex Smith** @YmchwilStroc

@RCOT_NP Much potential to answer many novel questions from such widespread population level data 📊📊📊 #OTalk

**Jennifer Crow** @JenniferNCrow

The patients voice carries weight and transparency is good #OTalk

**Nicole Claire Walmsley** @NicoleCWalmsley

Prompts therapists to consider how they can improve intensity. Its not always about increasing staffing, its efficiency also #OTalk

**RCOT Neuro Practice** @RCOT_NP

@JenniferNCrow So it promotes joined up discussions and action planning to improve care? #OTalk

**Kerri Schubert** @kerri_schOT

RT @JenniferNCrow: One of the positives is that SSNAP results are noted at a trust management level and this helps to ensure staffing lev

**Kerri Schubert** @kerri_schOT

RT @Ismalia_S: @JenniferNCrow Or that they need to increase #otalk

**Jennifer Crow** @JenniferNCrow

We miss @LouisePenny87 in our London bubble @OTalk

**Rowena Padamsey** @RPadamsey

@RCOT_NP They do....but at the risk of trusts feeling that once an 'A' has been achieved, no more needs to be done/invested to push for service improvement #OTalk

**RCOT Neuro Practice** @RCOT_NP

Moving onto question 2: How do you use the data day to day to plan or improve patient care? #OTalk #stroke

**Avril Drummond** @AvrilDrummond1

RT @OTalk_: @AvrilDrummond1 Hi there you need to use the hashtag in every tweet the @ Will not work #OTalk

**Jennifer Crow** @JenniferNCrow

Yes until the A becomes a C and then they sit up take notice and listen again #OTalk

**RCOT Neuro Practice** @RCOT_NP

@YmchwilStroc I love this answer! The power in that data!!!! Swoooooooooon!!!! A huge population, measuring change over time, impact of elements of the system and different service models #OTalk

**Kerri Schubert** @kerri_schOT

@Ismalia_S @JenniferNCrow yes! makes sure there are enough staff to ensure patients have a high level of frequent therapy #otalk

**Charlie Chung** @chungsongyau

RT @JenniferNCrow: One of the positives is that SSNAP results are noted at a trust management level and this helps to ensure staffing lev

**Aideen Carroll** @AideenKa

@OTalk_ @RCOT_NP @OT_rach @otalk Oops #OTalk.

**Jennifer Crow** @JenniferNCrow

RT @kerri_schOT: @Ismalia_S @JenniferNCrow yes! makes sure there are enough staff to ensure patients have a high level of frequent t

**Bill Wong, OTD, OTR/L** @BillWongOT

@RPadamsey @RCOT_NP Since I am not familiar with the system... how often these grades are updated? #otalk

**RCOT Neuro Practice** @RCOT_NP

@RPadamsey And the same the other way, when trusts are struggling to achieve A+B's and it's used as a stick to hit with, rather than a ca promote positive change #OTalk

**OTalk** @OTalk_

Question 2 #OTalk

**Jennifer Crow** @JenniferNCrow

Are there any community therapists out there tonight? I think the community experience is quite different to the acute would love to hear so community voices #OTalk

**OTalk** @OTalk_

@AideenKa @RCOT_NP @OT_rach @otalk It's okay it's an easy mistake to make and that's what I'm here for to keep you on track! #otall

**OTMargaret** @margaret_ot#OTalk - 25th June 2019 - The Sentinel Stroke National Audit Programme (SSNAP) <https://t.co/qdGbpoGhxx> via @OTalk_**Charlie Chung** @chungsongyau

@JenniferNCrow #OTalk That's such an important point. In Scotland, we don't have the time targets yet and it makes it more challenging to staffing levels.

**Rowena Padamsey** @RPadamsey

@RCOT_NP We use the 72hr guidance to ensure the hyper acute service is front loaded (when needed), making sure people are seen AS admission #OTalk

**Ismalia De Sousa MSc RN** @Ismalia_SRT @JenniferNCrow: Yes until the A becomes a C and then they sit up take notice and listen again #OTalk <https://t.co/uUGPw6GSi8>**RCOT Neuro Practice** @RCOT_NP

@kerri_schOT @Ismalia_S @JenniferNCrow We visit a lot of areas where staffing levels are still very low. It would be good to share how p have used the data successfully in business cases #OTalk

**Emma Burgess** @emmaneuroOT

@RCOT_NP It helps with prioritising our daily caseloads to ensure all patients receive the recommended time #OTalk

**Bill Wong, OTD, OTR/L** @BillWongOT

@kerri_schOT @Ismalia_S @JenniferNCrow And also consistent staff too! Rapport with patients is paramount. Inconsistent staff can make care difficult. #otalk

**Rowena Padamsey** @RPadamsey

@RCOT_NP It presses us to consider staffing levels on the rehab wards to ensure equity of service in rehab provision #OTalk

**Kerri Schubert** @kerri_schOT

RT @BillWongOT: @kerri_schOT @Ismaia_S @JenniferNCrow And also consistent staff too! Rapport with patients is paramount. Inconsist...

**Elizabeth Taylor** @ElizaTay1

@RCOT_NP @RPadamsey @OTalk_ I wonder how common it is for patients to use the results to exercise choice #OTalk Has anyone seen action?

**RCOT Neuro Practice** @RCOT_NP

@BillWongOT @RPadamsey We have a quarterly report, which reports on every stroke unit in England and those participating in Wales and Northern Ireland #OTalk

**Jennifer Crow** @JenniferNCrow

The 24 hour and 72 hour target is what led to the implementation of our 7 day OT/PT service. Maybe not loved by all but certainly better for #OTalk

**RCOT Neuro Practice** @RCOT_NP

@OTalk_ @AideenKa @OT_rach @otalk Thank goodness you're here! #OTalk

**Rowena Padamsey** @RPadamsey

@RCOT_NP However, often trust flow issues can override these recommendations and caseloads need to be re-prioritised accordingly #OTalk

**Bill Wong, OTD, OTR/L** @BillWongOT

RT @RCOT_NP: @BillWongOT @RPadamsey We have a quarterly report, which reports on every stroke unit in England and those participating in Wales...

**Jennifer Crow** @JenniferNCrow

It is a powerful and visual statement of how your service compares with others #OTalk

**RCOT Neuro Practice** @RCOT_NPDid you know that you can use real time indicators, where the system tells you which domains are not yet achieved? (only if you upload in real time) <https://t.co/2ldoMsR82a> #OTalk**RCOT Neuro Practice** @RCOT_NP

@RPadamsey Can you tell us more about this? Do you operate an outreach service where therapists attend a stroke call in ED or immediate assessment on the HASU? #OTalk

**Bill Wong, OTD, OTR/L** @BillWongOTRT @RCOT_NP: Did you know that you can use real time indicators, where the system tells you which domains are not yet achieved? (only if you upload in real time) <https://t.co/2ldoMsR82a> #OTalk**Charlie Chung** @chungsongyau

#OTalk when it's not possible to achieve the recommended time for all patients, how do you approach workload management?

**Jenny OT** @OTJenny

@emmaneuroOT @RCOT_NP We keep a running total of each professional's time, with each patient. It helps us to see who may benefit from input #OTalk

**Charlie Chung** @chungsongyau

RT @RPadamsey: @RCOT_NP We use the 72hr guidance to ensure the hyper acute service is front loaded (when needed), making sure we are seen... #OTalk

**RCOT Neuro Practice** @RCOT_NP

@emmaneuroOT Great. How do you do this? Do you use the data on the system in real time? Or do you have it in mind for timetabling based on what else has happened that week for the patient? #OTalk

**Nicole Claire Walmsley** @NicoleCWalmsley

@RCOT_NP Is this just for the first 72 hours data at present? #OTalk

**Louise** @Louispenny87

@RCOT_NP I don't work in a service that reports to SSNAP anymore, but it's still ingrained to think about therapy input per day, time to input discipline and MDT working #OTalk

**Rowena Padamsey** @RPadamsey

@RCOT_NP We have planned cover on the HASU (direct admissions) and can flex up/down as needed #OTalk

**Jennifer Crow** @JenniferNCrow

We are now capturing our data live which means that it can serve as a prompt when cog screens or other targets such as goal setting are r #OTalk

**Jennifer Crow** @JenniferNCrow

RT @Louisepenny87: @RCOT_NP I don't work in a service that reports to SSNAP anymore, but it's still ingrained to think about therapy in

**Charlie Chung** @chungsongyau

RT @JenniferNCrow: We are now capturing our data live which means that it can serve as a prompt when cog screens or other targets suc

**Charlie Chung** @chungsongyau

RT @RPadamsey: @RCOT_NP We have planned cover on the HASU (direct admissions) and can flex up/down as needed #OTalk

**Ismalia De Sousa MSc RN** @Ismalia_S

@RCOT_NP @kerri_schOT @JenniferNCrow I think it's multifactorial. You need the data, to compare it with others, have at least 1 person profession amongst the MDT that is a "doer" or a driving force for change. Then you need the right people at the table #otalk

**Charlie Chung** @chungsongyau

RT @Louisepenny87: @RCOT_NP I don't work in a service that reports to SSNAP anymore, but it's still ingrained to think about therapy in

**Jennifer Crow** @JenniferNCrow

RT @Ismalia_S: @RCOT_NP @kerri_schOT @JenniferNCrow I think it's multifactorial. You need the data, to compare it with others, have

**Bill Wong, OTD, OTR/L** @BillWongOT

RT @Ismalia_S: @RCOT_NP @kerri_schOT @JenniferNCrow I think it's multifactorial. You need the data, to compare it with others, have

**Kerri Schubert** @kerri_schOT

RT @NicoleCWalmsley: Prompts therapists to consider how they can improve intensity. Its not always about increasing staffing, its efficien

**RCOT Neuro Practice** @RCOT_NP

@JenniferNCrow Would be great for you to try the real time indicators. There's also a therapy calculator which you can use to tot up as you which can then be uploaded to SSNAP #OTalk

**Kerri Schubert** @kerri_schOT

RT @RPadamsey: @RCOT_NP We use the 72hr guidance to ensure the hyper acute service is front loaded (when needed), making sure are se...

**RCOT Neuro Practice** @RCOT_NP

Here's the link for the therapy pages. Lots of interesting information and guidance. <https://t.co/dibrD5f75C>. Including FAQ's, reports, how to links to research, how to interpret the results and vignettes re what does and doesn't count #OTalk

**Avril Drummond** @AvrilDrummond1

#otalk Easier said that done. But giving everyone something is better than leaving some patients completely. <https://t.co/9kA0fVr6TV>

**Avril Drummond** @AvrilDrummond1

RT @RCOT_NP: Here's the link for the therapy pages. Lots of interesting information and guidance. <https://t.co/dibrD5f75C>. Including FAQ

**Aideen Carroll** @AideenKa

@RCOT_NP @RPadamsey Is HASU Hyper acute stroke unit? I'm on placement on a stroke ward and am getting used to the terminology ;

**RCOT Neuro Practice** @RCOT_NP

@Ismalia_S @kerri_schOT @JenniferNCrow Completely agree. It gives you useful information to start and frame a conversation. Change because of people getting together with a common aim after all #OTalk

**Charlie Chung** @chungsongyau

@Louisepenny87 @RCOT_NP #OTalk that's interesting that it becomes embedded. Do you ever find that other non-patient tasks are negle them becoming lower priority?

**Jenny OT** @OTJenny

@RachelTeasy @RCOT_NP We've incorporated the SSNAP data that needs to be collected on the front page of our initial neuro assessm helps to prompt us to ensure we complete the data collection. We also now update the mood screen each week in MDT meetings for each #OTalk @emmaneuroOT

RCOT Neuro Practice @RCOT_NP



Has anyone used the 'custom export' function to pull the data off they need to support business cases or service improvement projects? It's when you know how...<https://t.co/ERTaFisP0e> #OTalk



OTalk @OTalk_

#otalk hi Emma you need to ensure that you include the hashtag otherwise people won't say what you said



OTalk @OTalk_

@emmaneuroOT @RCOT_NP Don't forget the hashtag in all your tweets #OTalk



Rowena Padamsey @RPadamsey

@chungsongyau We have to look at when people were last seen, have they accessed groups etc, are we dch planning with them #OTalk



Jennifer Crow @JenniferNCrow

We do find that supervision sessions as an example may need to be rescheduled when staffing is low #OTalk



Bill Wong, OTD, OTR/L @BillWongOT

RT @RCOT_NP: Here's the link for the therapy pages. Lots of interesting information and guidance. <https://t.co/dibrD5f75C>. Including FAQ



RCOT Neuro Practice @RCOT_NP

We've (@louiseclark15) used the custom export to analyse length of stay per MRS group on discharge. Enabled us to look in more detail at subgroups of patients, what was holding them up, design the right pathways for them and will let us monitor impact on LOS #OTalk



Avril Drummond @AvrilDrummond1

RT @RCOT_NP: Has anyone used the 'custom export' function to pull the data off they need to support business cases or service improve



Emma Burgess @emmaneuroOT

@OTalk_ Ooooooppss sorry 🙄 #OTalk



Charlie Chung @chungsongyau

#OTalk So for occupational therapy, where many direct patient contacts are not necessarily practice sessions, but education or reflection, a proportion of patients may be seen productively compared to when there are no targets? <https://t.co/lqX4vg9kZa>



Louise @Louisepenny87

@chungsongyau When we knew we would struggle to meet the 45min target we would consider group or paired sessions to increase time #OTalk



Avril Drummond @AvrilDrummond1

RT @chungsongyau: #OTalk So for occupational therapy, where many direct patient contacts are not necessarily practice sessions, but ed



Aideen Carroll @AideenKa

@emmaneuroOT @RCOT_NP On placement we also use real time and make sure we screen each new patient that comes onto the ward



Jennifer Crow @JenniferNCrow

Ah yes the use of groups is a great idea to increase therapy intensity and at the same time addressing isolation, low mood and other social interaction and communication goals #OTalk



RCOT Neuro Practice @RCOT_NP

@chungsongyau @Louisepenny87 I think it helps you question your priorities and keep tabs on how much other "stuff" we're doing. When at the evidence (REACT study) a lot of the time we're tied up in other things. Even in treatment sessions we're losing a lot of time not active treating #OTalk



Emma Burgess @emmaneuroOT

@RCOT_NP We have a large board in our office that we put times down for OT,SLT,physio for each patient. This visual display makes it ea our team to tally up over the week. At the weekend we can also see who needs 'topping up' to make sure they have had enough time #OTa



Louise @Louisepenny87

@RPadamsey @chungsongyau It's a shame that the discharge planning process gets in the way of direct face to face input, as this must b start of the 'falling of a cliff edge' reported by people with stroke discharged from services #OTalk



Avril Drummond @AvrilDrummond1

RT @RCOT_NP: @chungsongyau @Louisepenny87 I think it helps you question your priorities and keep tabs on how much other "stuff" w doing...

@NickyRyderOT @NicholaRyder



@hspenceruk that is amazing, such a great idea! How did you find all the makaton type symbols? Was thinking of trying something akin to overcome verbal barriers in later stage dementia. #communication #OTalk



Bill Wong, OTD, OTR/L @BillWongOT

RT @JenniferNCrow: Ah yes the use of groups is a great idea to increase therapy intensity and at the same time addressing isolation, low



Jennifer Crow @JenniferNCrow

You see this is why we miss you, thinking outside the box ... paired sessions are a great way to increase intensity and enable informal peer at an early stage #OTalk



RCOT Neuro Practice @RCOT_NP

People have mixed feelings re the 45 min therapy target. Why is it important for patients and for services? #OTalk #stroke



OTalk @OTalk_

@emmaneuroOT That's okay that's what I'm here for to catch you out! 😊 I mean help! 🙏🙏 #OTalk



OTMargaret @margaret_ot

@OTalk_ @RCOT_NP #OTalk I am new to twitter after being helped to sign up last week at the Occupational Therapy conference in Birmingham which was brilliant. I am interested in stroke management in children so will be lurking and listening in.



RCOT Neuro Practice @RCOT_NP

@emmaneuroOT I like the use of the totting up in order to highlight who needs a top up! Sure many of us could easily adopt that #OTalk



RCOT Neuro Practice @RCOT_NP

Have you read the REACT study? This gives some pointers about things we're getting tied up in, which reduce our ability to provide face to therapy. Link on the SSNAP therapy page. Also, keep an eye out for SSNAPIEST from manchester, using SSNAP therapy data #OTalk



Bill Wong, OTD, OTR/L @BillWongOT

@JenniferNCrow Camaraderie between patients is often overlooked in therapy related outcomes. #otalk



Emma Burgess @emmaneuroOT

@RCOT_NP We have found that it has really helped. #OTalk



Louise @Louisepenny87

@chungsongyau @RCOT_NP Yes, definitely @chungsongyau, but sooner or later the non patient contact ends up higher on your priority list gets done! It's certainly a juggling act #OTalk



OTalk @OTalk_

@margaret_ot @RCOT_NP That's great to hear Margaret, just keep on clicking on the blue #otalk - and your app will keep on refreshing w conversation. Remember to put the hashtag in any of your tweets so that people can see them and follow the conversation.



Charlie Chung @chungsongyau

#OTalk Great point. I think that's really important as we could argue that doing something well for a shorter time is more effective than doing something for the sake of doing it for longer. May depend on the activity - movement practice intensity still needs a greater dosage?



Jenny OT @OTJenny

@RCOT_NP It's evidenced based. 45 minutes provides better outcomes for our patients #OTalk @emmaneuroOT @mclellan_nicola @tis7 @kathfoster_



Avril Drummond @AvrilDrummond1

#OTalk #stroke. Easy to forget that it was not that long ago that many patients literally received no therapy for days on end. Setting the target implementing it was the start of tackling this unfair system.



Alex Smith @YmchwilStroc

@RCOT_NP @louiseclark15 Nice idea, would love a bit more granularity in the data for many analyses. It would be good to have some other measure routinely collected and recorded in @SSNAPaudit #OTalk



Charlie Chung @chungsongyau

RT @Louisepenny87: @chungsongyau @RCOT_NP Yes, definitely @chungsongyau, but sooner or later the non patient contact ends up higher on your...



Louise @Louisepenny87

Step 1: see a patient for 45 minutes. Step 2: work damn hard during all of those 45 minutes! #OTalk

Avril Drummond @AvrilDrummond1



RT @chungsongyau: #OTalk Great point. I think that's really important as we could argue that doing something well for a shorter time is mc



Jennifer Crow @JenniferNCrow

We spend too much time in information exchange according to the REACT study and I can see this happening on the ward - lots of talking patients at times which is good but time needs to be balanced with doing #OTalk



Charlie Chung @chungsongyau

RT @RCOT_NP: @chungsongyau @Louise penny87 I think it helps you question your priorities and keep tabs on how much other "stuff" w doing...



Bill Wong, OTD, OTR/L @BillWongOT

RT @YmchwilStroc: @RCOT_NP @louiseclark15 Nice idea, would love a bit more granularity in the data for many analyses. It would be g h...



Jenny OT @OTJenny

@RachelTeasy @RCOT_NP As do I 😊 #OTalk



RCOT Neuro Practice @RCOT_NP

@BillWongOT @JenniferNCrow I think we've got lots to explore from the group therapy and gym set ups we see in Australia for example, v they're striving for closer to 3 hours of therapy and maximum practice, semi supervised practice etc #OTalk



Charlie Chung @chungsongyau

RT @Louise penny87: @RPadamsey @chungsongyau It's a shame that the discharge planning process gets in the way of direct face to fa ...



OTalk @OTalk_

We are halfway through the hour already #OTalk <https://t.co/YfYnpffg1j>



Emma Burgess @emmaneuroOT

@OTJenny @RCOT_NP @mclellan_nicola @tis7ha @kathfoster_ We have daily groups 1:1 qualified and assistant sessions to help us at this daily on our wards. #OTalk @OTJenny



Bill Wong, OTD, OTR/L @BillWongOT

@RCOT_NP @JenniferNCrow I will sure want to find out more if I can- since I am going to their conference in 2.5 weeks' time. #otalk



Rowena Padamsey @RPadamsey

@RCOT_NP @BillWongOT @JenniferNCrow How do they balance this with the discharge planning aspect of things? #OTalk



Charlie Chung @chungsongyau

#OTalk Sounds good - bring more creative with the use of time and also providing the added benefits of group work such as mutual encour and peer support?



Charlie Chung @chungsongyau

RT @JenniferNCrow: We do find that supervision sessions as an example may need to be rescheduled when staffing is low #OTalk <https://>



Louise @Louise penny87

@BillWongOT @JenniferNCrow Everyone loves a bit of healthy competition #OTalk



Charlie Chung @chungsongyau

RT @RPadamsey: @chungsongyau We have to look at when people were last seen, have they accessed groups etc, are we dch planning them #O...



Nicole Claire Walmsley @NicoleCWalmsley

@JenniferNCrow Agreed. Aren't all SU therapist offices full of chat?! which is good... but do we do too much? #OTalk



Louise @Louise penny87

RT @RCOT_NP: @BillWongOT @JenniferNCrow I think we've got lots to explore from the group therapy and gym set ups we see in Austr ex...



RCOT Neuro Practice @RCOT_NP

@JenniferNCrow Definitely. We (@louiseclark15) were sure we needed more staff and were preparing a business case. Before we submit evaluated how much time the team were spending timetabling. By reviewing this, we released the equivalent of 1.0 WTE band 6 #OTalk

Jennifer Crow @JenniferNCrow



Was in a meeting today with HASU's and ASU's - HASU's had data entry staff but ASU's do not. Discussion was that it is hard to justify a pt numbers are low. Are there ASU's out there with specific non clinical data entry staff #OTalk



Bill Wong, OTD, OTR/L @BillWongOT

@Louispenny87 @JenniferNCrow And everyone can also use friendly support... especially for those who have not as many friends or as support systems goes. #otalk



Charlie Chung @chungsongyau

#OTalk that's a great idea to have something visual to inform continuous workload planning.



Elizabeth Taylor @ElizaTay1

@YmchwilStroc @RCOT_NP @louiseclark15 @SSNAPaudit Which additional measures would you like to see included? #OTalk



Jennifer Crow @JenniferNCrow

In my view yes #OTalk



Avril Drummond @AvrilDrummond1

RT @chungsongyau: #OTalk that's a great idea to have something visual to inform continuous workload planning. <https://t.co/5ynApKJACa>



RCOT Neuro Practice @RCOT_NP

@NicoleCWalmsley @JenniferNCrow Are some of the things we do are more for us, than for the benefit of the patients?? Sometimes we accidentally fall into this #OTalk



Rowena Padamsey @RPadamsey

@JenniferNCrow Our band 3 therapy support workers input the data daily...taking up at least one pt session a day - doesn't feel like we have balance right #OTalk



Louise @Louispenny87

@NicoleCWalmsley @JenniferNCrow That's part of the challenge of having such a broad MDT. I had 3 conversations today about a patient a whole meeting dedicated to them tomorrow! Comms are important but can get out of hand #OTalk



Ciaran O'Hagan @OT_Ciaran

I'm new to stroke and I find the 45-min daily therapy guideline difficult to adhere to. Some patient sessions take longer therefore cutting into needed for another patient. Group work is going to be a key ally in helping me ensure all patients get enough therapy time. #OTalk



OTMargaret @margaret_ot

@OTalk_ @RCOT_NP #OTalk thank you that's helped me understand what to do.



RCOT Neuro Practice @RCOT_NP

@ElizaTay1 @YmchwilStroc @louiseclark15 @SSNAPaudit We've had some discussions at ICSWP recently about making some additions not possible for lots of new questions at present. We do have a list of ideas though #OTalk



OTalk @OTalk_

Question 3 #OTalk



Avril Drummond @AvrilDrummond1

RT @OTJenny: @emmaneuroOT @RCOT_NP We keep a running total of each professions time, with each patient. It helps us to see who benefit...



RCOT Neuro Practice @RCOT_NP

You can also add an extra domain to SSNAP to collect additional data that your service or region feel they need. Services in Wessex have @PhysioLouiseJ might be able to tell you more. Here's how...<https://t.co/qOh6ZKnAbg> #OTalk



Charlie Chung @chungsongyau

#OTalk that's the thing about OT isn't it, the tasks we undertake are so diverse and not all are relatable to time targets. However, I'm getting that time targets may still have the influence on pushing to ensure we work with people as frequently and as long as possible



Louise @Louispenny87

@chungsongyau Yes. I love using paired sessions if I'm giving similar information, or doing a similar type of rehab #OTalk



Charlie Chung @chungsongyau

RT @Louispenny87: @chungsongyau Yes. I love using paired sessions if I'm giving similar information, or doing a similar type of rehab #OTalk

Jennifer Crow @JenniferNCrow

Yes I have never really considered how scrutinised a new member of the team might feel as regards their ability to deliver the 45 min target



for raising #OTalk



Nicole Claire Walmsley @NicoleCWalmsley

@JenniferNCrow our ASU has no data entry support which I imagine would be the same for most community services? All our data is input senior therapists. Which is a pain... but helps senior therapist keep tabs on quality of data inputted and monitor issues... #OTalk



OTalk @OTalk_

@margaret_ot @RCOT_NP That's what I'm here for. Other advice is just go with the flow you're bound to miss things but that's okay. I'll create transcript of the conversation and put it on the blog in a few days so you can read over that and see anything that you've missed. #otalk



Rowena Padamsey @RPadamsey

@OTalk_ As previously mentioned- before this there wasn't anything to inform how long patients should receive for therapy/day #OTalk



RCOT Neuro Practice @RCOT_NP

One of the areas the forum has asked to be considered for inclusion on SSNAP is home visits. This uses a lot of resource, but patients really need it. They are also something that is often rationalised when under pressure #OTalk



OTalk @OTalk_

RT @RCOT_NP: You can also add an extra domain to SSNAP to collect additional data that your service or region feel they need. Services



Alex Smith @YmchwilStroc

@ElizaTay1 @RCOT_NP @louiseclark15 @SSNAPaudit Good question! I think a good place to start would be the cognitive screen scores mood screen scores, which are currently just tick boxes of administered/ not administered #OTalk



RCOT Neuro Practice @RCOT_NP

@chungsongyau We hear often the burden clinicians feel to "feed the beast", that is SSNAP and that it's all about targets. We can't argue that more is better, we're often not meeting 45 mins & we know that 45 minutes is nowhere near enough either #OTalk



RCOT Neuro Practice @RCOT_NP

@chungsongyau It helps to remember the intention behind all the targets is to encourage us to give the patients more of what they need to and to drive improvement in services #OTalk



Charlie Chung @chungsongyau

RT @RCOT_NP: @chungsongyau We hear often the burden clinicians feel to "feed the beast", that is SSNAP and that it's all about targets



OTMargaret @margaret_ot

@RCOT_NP #OTalk this was a really useful article.



Charlie Chung @chungsongyau

RT @RCOT_NP: @chungsongyau It helps to remember the intention behind all the targets is to encourage us to give the patients more of



Jennifer Crow @JenniferNCrow

RT @RCOT_NP: @chungsongyau We hear often the burden clinicians feel to "feed the beast", that is SSNAP and that it's all about targets



Avril Drummond @AvrilDrummond1

#OTalk How long have you got? I could write a short essay on this one issue :)



Louise @Louisepenny87

@RCOT_NP It's a fair (and generally pragmatic) target. I guess some places might see it as a maximum rather than a minimum number. I love therapist to be more aware of what each 45 minute chunk consists of #OTalk



Charlie Chung @chungsongyau

RT @RCOT_NP: @YmchwilStroc I love this answer! The power in that data!!!! Swoooooooooon!!!! A huge population, measuring change or ...



RCOT Neuro Practice @RCOT_NP

@RPadamsey @JenniferNCrow Having a data administrator for your stroke service is a model a lot of areas have adopted. In our service we're trying to get our therapy stats on an electronic system to export into a SSNAP format for easy upload. #OTalk



Aileen Carroll @AideenKa

@cawstroke @RCOT_NP The Royal College of Physicians (2016) recommend 45 minutes of therapy each day #OTalk

Alex Smith @YmchwilStroc

@RCOT_NP @ElizaTay1 @louiseclark15 @SSNAPaudit True, it would require @SSNAPaudit requiring certain assessments or measures

**Charlie Chung** @chungsongyau

RT @JenniferNCrow: Are there any community therapists out there tonight? I think the community experience is quite different to the acute

**RCOT Neuro Practice** @RCOT_NP

@RPadamsey @JenniferNCrow There's also a therapy calculator tool on the links we've shared which you can fill in as you go and then up #OTalk

**Charlie Chung** @chungsongyau

RT @RCOT_NP: @BillWongOT @RPadamsey We have a quarterly report, which reports on every stroke unit in England and those partici Wa...

**Charlie Chung** @chungsongyau

RT @JenniferNCrow: The 24 hour and 72 hour target is what led to the implementation of our 7 day OT/PT service. Maybe not loved by all

**RCOT Neuro Practice** @RCOT_NP

@NicoleCWalmsley @JenniferNCrow Do you have a tally of how many 'therapy minutes' that equates too? #OTalk

**Charlie Chung** @chungsongyau

RT @NicoleCWalmsley: @RCOT_NP Is this just for the first 72 hours data at present? #OTalk

**Beth Clark** @BethClark_OT

@RCOT_NP Evidence for a minimum beneficial amount of daily therapy is currently unavailable - BUT important to have this guidance as i reduce variability between services, keeps rehabilitation therapy on the agenda, gives services a standard to measure themselves against.

**Rowena Padamsey** @RPadamsey

@RCOT_NP @JenniferNCrow We currently upload data onto an electronic system but are looking at alternatives- if data admin did this we free up approx 3hrs/day therapy time #OTalk

**Charlie Chung** @chungsongyau

RT @OTJenny: @RachelTeasy @RCOT_NP We've incorporated the SSNAP data that needs to be collected on the front page of our initial ass...

**Kerri Schubert** @kerri_schOT

RT @RCOT_NP: @Ismalia_S @kerri_schOT @JenniferNCrow Completely agree. It gives you useful information to start and frame a conversation ...

**Kerri Schubert** @kerri_schOT

RT @Ismalia_S: @RCOT_NP @kerri_schOT @JenniferNCrow I think it's multifactorial. You need the data, to compare it with others, have

**Beth Clark** @BethClark_OT

@cawstroke @RCOT_NP YES! #OTalk

**Kerri Schubert** @kerri_schOT

RT @RCOT_NP: One of the areas the forum has asked to be considered for inclusion on SSNAP is home visits. This uses a lot of resources

**Charlie Chung** @chungsongyauRT @RCOT_NP: Here's the link for the therapy pages. Lots of interesting information and guidance. <https://t.co/dibrD5f75C>. Including FAQ**Kerri Schubert** @kerri_schOT

RT @RCOT_NP: You can also add an extra domain to SSNAP to collect additional data that your service or region feel they need. Services

**RCOT Neuro Practice** @RCOT_NP

Last question for tonight's #OTalk. What can you do to improve your 45 min performance? #stroke

**Charlie Chung** @chungsongyau

RT @RCOT_NP: @Ismalia_S @kerri_schOT @JenniferNCrow Completely agree. It gives you useful information to start and frame a conversation ...

Jennifer Crow @JenniferNCrow

That would be interesting to calculate the cost of senior therapists time inputting data that may be able to be done by an administrator #OTalk

**RCOT Neuro Practice** @RCOT_NP

@YmchwilStroc @ElizaTay1 @louiseclark15 @SSNAPaudit The only thing to remember is that it's an audit of process predominantly. You can add an additional domain though to collect these. See the link in the support section on SSNAP to add this #OTalk

**Nicole Claire Walmsley** @NicoleCWalmsley

I think SSNAP therapy targets is the biggest challenge for OT compared to other therapies where so much of our role is not counted towards therapy minutes.....have we got recommended staffing levels right? I think not #OTalk

**Louise** @Louisepenny87

@RCOT_NP I must admit though, for a profession as broad as OT, some aspects of our work can get missed. 45 functional task practice c that intensive UL, cog or other aspects of rehab are omitted #OTalk

**alice newbury** @newbury_alice

@RCOT_NP Home visits are so important, I used to complete them for most pt's when I worked in an inpatient setting, now working in the community you can tell the difference between the pt's who have had home visits vs those that haven't #OTalk

**OTalk** @OTalk_

Everyone is doing really well in remembering the #OTalk this pleases me greatly! <https://t.co/lZ2g4maX2W>

**RCOT Neuro Practice** @RCOT_NP

@AvrilDrummond1 I thought that might spark a fire Avril! ;-p #OTalk

**Emma Burgess** @emmaneuroOT

@RCOT_NP There are multiple pieces of research to suggest that increased intensity produces the best results. This is transferable across of stroke rehabilitation. Obviously there are restrictions (medical, fatigue etc) however this is something we should all strive towards. #OTalk

**OTalk** @OTalk_

Question 4 #OTALK

**Charlie Chung** @chungsongyau

RT @JenniferNCrow: A number of the standards require collaborative MDT working to ensure Standards by discharge for example - it is not

**Charlie Chung** @chungsongyau

RT @NicoleCWalmsley: Prompts therapists to consider how they can improve intensity. It's not always about increasing staffing, it's efficiency

**Avril Drummond** @AvrilDrummond1

Radically look at reducing our paperwork.....! #otalk #stroke

**carol Williams** @cawstroke

@BethClark_OT @RCOT_NP Absolutely agree #OTalk

**Charlie Chung** @chungsongyau

RT @RCOT_NP: Have you read the REACT study? This gives some pointers about things we're getting tied up in, which reduce our ability

**Charlie Chung** @chungsongyau

RT @AvrilDrummond1: #OTalk #stroke. Easy to forget that it was not that long ago that many patients literally received no therapy for days

**Avril Drummond** @AvrilDrummond1

RT @RCOT_NP: @AvrilDrummond1 I thought that might spark a fire Avril! ;-p #OTalk

**Jennifer Crow** @JenniferNCrow

The demise of home visits is not a stroke only problem but I can imagine the difference you might see between a pt who has and hasn't had a visit #OTalk

**RCOT Neuro Practice** @RCOT_NP

@NicoleCWalmsley You're right, our recommended staffing level is lower than physio in the 2016 guideline, however there is something to be said for not all discharge planning needs to involve an OT! We need to share the love #OTalk

**Beth Clark** @BethClark_OT

@RCOT_NP ...challenges individual therapists and services to review their practice, can be used as an argument for resources (gaining or maintaining). #OTalk

**Charlie Chung** @chungsongyau

RT @RCOT_NP: We've (@louiseclark15) used the custom export to analyse length of stay per MRS group on discharge. Enabled us to lo mor...

**Louise** @Louisepenny87

@RCOT_NP And closer relationships between acute and community would also up the value of home visits. I'm sure integrated inpatient / services really benefit during the transition home #otalk

**Jennifer Crow** @JenniferNCrow

Yes, yes, yes #OTalk

**Rowena Padamsey** @RPadamsey

@AvrilDrummond1 Yes! The majority of our paperwork is process driven and doesn't add any value to the patients experience #OTalk

**Alex Smith** @YmchwilStroc

@RCOT_NP @ElizaTay1 @louiseclark15 @SSNAPaudit True, but it seems such a shame not systematically record such important data #

**RCOT Neuro Practice** @RCOT_NP

Loving the discussions. We hear often the burden clinicians feel to "feed the beast", that is SSNAP and that it's all about targets. We can't e fact that more is better, we're often not meeting 45 mins & we know that 45 minutes is nowhere near enough either #OTalk

**Nicole Claire Walmsley** @NicoleCWalmsley

@RCOT_NP Be creative, prioritise patients across teams not individual staff members caseloads, make confident decisions about rehab ne when to stop, timetable, groups....#OTalk we should see a challenges as an opportunities!

**Jennifer Crow** @JenniferNCrow

Our physios are very good at supporting with discharge planning #OTalk

**Louise** @Louisepenny87

@RCOT_NP @NicoleCWalmsley Keyworker roles help us divvy out some discharge planning tasks to allow more direct OT face to face cc #otalk

**Charlie Chung** @chungsongyau

RT @JenniferNCrow: Ah yes the use of groups is a great idea to increase therapy intensity and at the same time addressing isolation, low

**Avril Drummond** @AvrilDrummond1

#otalk We probably need something- but pages of blurb are in no one's interests (except the legal team!).

**Aideen Carroll** @AideenKa

@RCOT_NP For a patient who might not be able to tolerate 45 minutes in one go, you could break the time down into 15 minute sessions :

**Jennifer Crow** @JenniferNCrowRT @AvrilDrummond1: #otalk We probably need something- but pages of blurb are in no one's interests (except the legal team!). <https://t.c>**Charlie Chung** @chungsongyau

RT @AideenKa: @RCOT_NP For a patient who might not be able to tolerate 45 minutes in one go, you could break the time down into 15 S...

**Louise** @Louisepenny87

@YmchwilStroc @RCOT_NP @ElizaTay1 @louiseclark15 @SSNAPaudit The cognitive screens completed vary hugely, so would be hard unless a specific screen was mandated #OTalk

**Charlie Chung** @chungsongyauRT @AvrilDrummond1: #otalk We probably need something- but pages of blurb are in no one's interests (except the legal team!). <https://t.c>**Beth Clark** @BethClark_OT

@Louisepenny87 @RCOT_NP Agree - one of the problems is that it is seen as a target & therapy can be stopped once it is achieved, whe it's a minimum recommendation #OTalk

**RCOT Neuro Practice** @RCOT_NP

@AvrilDrummond1 We'd happily share any tried and tested examples of this. A major finding from the REACT study. We've heard from inte colleagues that they only note exceptions and then do a weekly full report in the notes. Not convinced our notes are all read anyway!! #OTa

**Charlie Chung** @chungsongyau

RT @Louisepenny87: @RCOT_NP @NicoleCWalmsley Keyworker roles help us divvy out some discharge planning tasks to allow more di face t...

**Charlie Chung** @chungsongyauRT @JenniferNCrow: Our physios are very good at supporting with discharge planning #OTalk <https://t.co/MROOoMB0VR>**alice newbury** @newbury_alice

@JenniferNCrow Absolutely, a lot of the time I am needing to change equipment as what has been put in place is not suitable because the wasn't assessed before hand. #OTalk

**Jenny OT** @OTJenny

@RCOT_NP We occasionally do discharge home visits with patients and meet our ESD colleagues at their homes. We have a great relatic with them, I also feel they are part of our team. #OTalk

**Charlie Chung** @chungsongyau

RT @NicoleCWalmsley: @RCOT_NP Be creative, prioritise patients across teams not individual staff members caseloads, make confident decisions...

**Avril Drummond** @AvrilDrummond1

#otalk Absolutely. You'd be amazed how few times this really happens around the country.

**Jennifer Crow** @JenniferNCrow

RT @RCOT_NP: @AvrilDrummond1 We'd happily share any tried and tested examples of this. A major finding from the REACT study. We' heard...

**Avril Drummond** @AvrilDrummond1RT @JenniferNCrow: Our physios are very good at supporting with discharge planning #OTalk <https://t.co/MROOoMB0VR>**Jennifer Crow** @JenniferNCrowRT @AvrilDrummond1: #otalk Absolutely. You'd be amazed how few times this really happens around the country. <https://t.co/NTxrYFa1bd>**Bill Wong, OTD, OTR/L** @BillWongOT

RT @AideenKa: @RCOT_NP For a patient who might not be able to tolerate 45 minutes in one go, you could break the time down into 15 s...

**Avril Drummond** @AvrilDrummond1

RT @RCOT_NP: @AvrilDrummond1 We'd happily share any tried and tested examples of this. A major finding from the REACT study. We' heard...

**RCOT Neuro Practice** @RCOT_NP

ABSOLUTELY THIS!!! This needs to be the question we ask ourselves always... how is this adding value for the patient and if it isn't we ne if we should be doing it!! #OTalk

**Charlie Chung** @chungsongyauRT @AvrilDrummond1: Radically look at reducing our paperwork.....! #otalk #stroke <https://t.co/eGgqA7XShj>**Alex Smith** @YmchwilStroc

@AideenKa @RCOT_NP Such a simple idea but often forgotten as it requires adaptability and flexibility #OTalk

**Charlie Chung** @chungsongyauRT @OTalk_: Everyone is doing really well in remembering the #OTalk this pleases me greatly! <https://t.co/IZ2g4maX2W>**Avril Drummond** @AvrilDrummond1

RT @RCOT_NP: ABSOLUTELY THIS!!! This needs to be the question we ask ourselves always... how is this adding value for the patient a

**carol Williams** @cawstroke

@RCOT_NP Is more better? and given fatigue and other factors should one 45 min session of therapy be the goal or should this be investi further? #OTalk

**Louise** @Louisepenny87

@RCOT_NP I must admit, having worked in a unit reporting to TARN for trauma, SSNAP was a breeze! #OTalk

Heather Sheldon @HeatherSheldo17

@RCOT_NP #OTalk 45 mins a day in the community is even more challenging and our patients expect it.



Charlie Chung @chungsongyau
#OTalk that would be an interesting study!



Charlie Chung @chungsongyau
RT @Louisepenny87: @RCOT_NP I must admit though, for a profession as broad as OT, some aspects of our work can get missed. 45 fur ta...



Alex Smith @YmchwilStroc
@Louisepenny87 @RCOT_NP @ElizaTay1 @louiseclark15 @SSNAPaudit Definitely opens to a wider discussion, but might be one worth #OTalk



Charlie Chung @chungsongyau
RT @NicoleCWalmsley: I think SNNAP therapy targets is the biggest challenge for OT compared to other therapies where so much of our r



RCOT Neuro Practice @RCOT_NP
@BethClark_OT @Louisepenny87 The Australian's are now working towards 3 hours of active therapy a day!!! This would be amazing!!! F inconceivable at present but something to work towards. The intensity data is there and shouldn't be ignored!! #OTalk



Avril Drummond @AvrilDrummond1
@RCOT_NP #otalk. we need investment across the NHS into how to solve this- issue bigger than #stroke or #AHPs



Jennifer Crow @JenniferNCrow
More is better but we need to be flexible about how it is delivered. We know from the AVERT trial that long sessions in the first 24 - 48 hrs c lead to better outcomes. Seeing a pt for 3 x 15 min sessions per day may be what is needed #OTalk



Charlie Chung @chungsongyau
RT @RCOT_NP: @NicoleCWalmsley You're right, our recommended staffing level is lower than physio in the 2016 guideline, however ther som...



Emma Burgess @emmaneuroOT
@RCOT_NP A variety of 1:1 qualified and assistant sessions as well as daily groups. 45 minutes doesn't have to be given in one session, i be graded throughout the day particularly for patients that may not tolerate a solid 45 mins session #OTalk @OTJenny



Avril Drummond @AvrilDrummond1
#otalk Great study of OT home visits currently being led in Australia by @NatashaLannin



OTalk @OTalk_
RT @RCOT_NP: @BethClark_OT @Louisepenny87 The Australian's are now working towards 3 hours of active therapy a day!!! This woul amazin...



Ciaran O'Hagan @OT_Ciaran
@RCOT_NP No way. 45 mins feels like the blink of an eye. I could easily spend much more time with each patient. Actually, maybe it was that came up with the 45 min target? They cant handle all that enthusiasm for any longer! 😊 #OTalk #OTgeek



OTalk @OTalk_
Only 5 minutes left. #OTalk <https://t.co/WyJHoXiVsb>



Avril Drummond @AvrilDrummond1
RT @RCOT_NP: @BethClark_OT @Louisepenny87 The Australian's are now working towards 3 hours of active therapy a day!!! This woul amazin...



RCOT Neuro Practice @RCOT_NP
@AvrilDrummond1 This is a really important point. We can be so busy with our 45 minute patients that those who aren't able to tolerate oft deprioritised. Little and often should be a possibility too #OTalk



Charlie Chung @chungsongyau
#OTalk Thanks - great to know. Is there an estimated completion date @AvrilDrummond1 ?



Louise @Louisepenny87
@RCOT_NP Group work, paired sessions, squeezing in the odd ten minute session here and there (love a bit of teeth brushing before boa round!) #OTalk



**Charlie Chung** @chungsongyau

RT @BethClark_OT: @RCOT_NP ...challenges individual therapists and services to review their practice, can be used as an argument for

**Charlie Chung** @chungsongyau

RT @LouisePenny87: @RCOT_NP And closer relationships between acute and community would also up the value of home visits. I'm sure integrate...

**RCOT Neuro Practice** @RCOT_NP

@cawstroke More is better, how we deliver it should be tailored per patient though taking into account fatigue, cognition, language etc in ta selection #OTalk

**Rowena Padamsey** @RPadamsey

@emmaneuroOT @RCOT_NP @OTJenny I find that often we are spending longer sessions e.g 90mins 3 x week rather than 45mins/ day on pt need and tolerance (plus groups) #OTalk

**Louise** @LouisePenny87

@RCOT_NP And don't stop after 45 minutes! #OTalk

**Jennifer Crow** @JenniferNCrow

SSNAP has been great for improving stroke services in the acute settings, more focus on what is being measured in the community would and recording 6 month reviews is SOOOO important #OTalk

**Avril Drummond** @AvrilDrummond1

#otalk Especially when we know that it is often the most severe patients who get less therapy. This would be an ideal way to maximise their

**Jennifer Crow** @JenniferNCrow

RT @LouisePenny87: @RCOT_NP And don't stop after 45 minutes! #OTalk

**Rachel Lucidarme** @rachlucidarme

@RCOT_NP Completely agree, we used data to demonstrate gaps in resources, SSNAP data is really powerful for that purpose #OTalk

**Elizabeth Taylor** @ElizaTay1

@RCOT_NP Remember the intention behind it, and that lots of things that matter aren't measured. #OTalk

**Alex Smith** @YmchwilStroc

@JenniferNCrow Also need to remember there is potential for therapy outside of the 7.5 hour working day #OTalk

**RCOT Neuro Practice** @RCOT_NP

@HeatherSheldo17 Yes, we've focussed a lot on acute SSNAP here, but achieving that in the community is really challenging as are often staffed. There will be developments to SSNAP for rehabilitation following the Long term plan. Watch this space...#OTalk

**Charlie Chung** @chungsongyau

RT @RCOT_NP: @BethClark_OT @LouisePenny87 The Australian's are now working towards 3 hours of active therapy a day!!! This would be amazin...

**Charlie Chung** @chungsongyau

RT @AvrilDrummond1: @RCOT_NP #otalk. we need investment across the NHS into how to solve this- issue bigger than #stroke or #AHF

**Louise** @LouisePenny87

@newbury_alice @JenniferNCrow This is interesting. I wonder how active they are being on the days they aren't getting therapy input? #OTalk

**RCOT Neuro Practice** @RCOT_NP

Thank you so much for joining us tonight for #OTalk. The stroke forum will continue to answer outstanding tweets & queries. Watch out for evaluation in the next few days. 1)What were your top take away messages 2)Will anything change in your practice? 3) Any other feedback?

**Beth Clark** @BethClark_OT

@RCOT_NP @LouisePenny87 We certainly cannot ignore that intensity of therapy is important - but it also concerns me that measuring the time spent in therapy may not be the best way to measure therapy intensity #OTalk

**Jenny OT** @OTJenny

@cawstroke @RCOT_NP When fatigue is a factor, we often do mini sessions throughout the day...could be a technician sees for a session or another professional, maybe 2 professions at one time, if goals are similar. #OTalk I agree, some people at stages in their recovery can not do 45 minutes

**Jennifer Crow** @JenniferNCrow

Very good point - Use of family members and encouraging and enabling self management @OTalk

**OTalk** @OTalk_

So that's 9 o'clock! And the chat is over. #OTalk

**Emma Burgess** @emmaneuroOT

@cawstroke @RCOT_NP Absolutely!! this years UKSF was all about increasing the intensity of what we are doing to improve outcomes! T session doesn't have to be delivered in one go, by being client centred and thinking of innovative ways this is easily achievable #OTalk @C

**RCOT Neuro Practice** @RCOT_NP

@OT_Ciaran But sadly a recent study showed that even in a 45 minute OT session, the patient was only actively doing something for 23 m it! #OTalk

**OTalk** @OTalk_Just before you all disappear remember to record your reflections from tonight's discussion for your CPD. Transcript will be available later in week. #otalk <https://t.co/DnI21vqZqu>**OTalk** @OTalk_

Hope you enjoyed tonight's chat @RCOT_NP have 3 Future chats plan; 24th September 2019 – Neglect (with Dr Ailie Turton) 26th Novem – Driving (with Paul Graham) 25th February 2020 – Vision (with the British and Irish Orthoptic Society- BIOS Pop them in your diary #OTalk

**OTalk** @OTalk_

I (@OT_rach) plan to create the transcript of tonight's chat tomorrow and put it on the blog as I'm going on holiday on Thursday morning. T be three follow-up questions with the transcript so look out for the tweets. #OTalk

**RCOT Neuro Practice** @RCOT_NP

@OTalk_ My thought is that an hour goes too fast!!! (but love island does start soon!) #OTalk

**alice newbury** @newbury_alice

@AvrilDrummond1 @NatashaLannin Would be interested in knowing more about this. #OTalk

**OTalk** @OTalk_#OTalk (Research), 2nd July 2019 Testing out the new draft RCOT Research and Development Strategy <https://t.co/wI7iL6c36V>**Jennifer Crow** @JenniferNCrow

@EmPlayfair dates for the diary, where were you tonight?

**RCOT Neuro Practice** @RCOT_NP

RT @OTalk_: Just before you all disappear remember to record your reflections from tonight's discussion for your CPD. Transcript will be a

**OTalk** @OTalk_

Lol - priorities #otalk

**OTalk** @OTalk_

Can we please thank @RCOT_NP (@louiseclark15 - on the account tonight). For hosting what I'm sure you will all agree is a great chat. T @OT_rach on the #otalk signing off. Night all!

**Charlie Chung** @chungsongyau

RT @RCOT_NP: @AvrilDrummond1 This is a really important point. We can be so busy with our 45 minute patients that those who aren't a

**Jennifer Crow** @JenniferNCrow

Thank you @louiseclark15 for doing a great job as always #OTalk

**Charlie Chung** @chungsongyau

RT @LouisePenny87: @RCOT_NP Group work, paired sessions, squeezing in the odd ten minute session here and there (love a bit of tee brushhi...

**Louise** @LouisePenny87

@OTJenny @cawstroke @RCOT_NP And fatigue management and education is such an important rehab intervention in itself #OTalk

**OTalk** @OTalk_RT @JenniferNCrow: Thank you @louiseclark15 for doing a great job as always #OTalk <https://t.co/uYnQfCEQHU>

**Charlie Chung** @chungsongyau

RT @RCOT_NP: @cawstroke More is better, how we deliver it should be tailored per patient though taking into account fatigue, cognition,

**RCOT Neuro Practice** @RCOT_NP

Thank you everyone. We'll go through and make sure we've answered all points raised. Please use the links we've shared tonight as you can use SSNAP to your advantage if you know what it can do #OTalk

**Aideen Carroll** @AideenKa

@RCOT_NP Thank you #OTalk I learnt loads.

**Avril Drummond** @AvrilDrummond1

#otalk Thanks all! very interesting!

**Charlie Chung** @chungsongyau

#OTalk certainly in our rehab units, considerable time is required when people need a lot of postural management and hoisting for joint sessions can include two or three professions.

**Elizabeth Taylor** @ElizaTay1

@RCOT_NP @AvrilDrummond1 And THIS is a really important point! Shame we didn't get to talk about how different services are deciding to include in the audit for intensity and what happens to those not included. There's so much variation in this. #OTalk

**NSNF** @ukstrokenursing

RT @RCOT_NP: You can also add an extra domain to SSNAP to collect additional data that your service or region feel they need. Services

**Avril Drummond** @AvrilDrummond1

RT @RCOT_NP: Thank you everyone. We'll go through and make sure we've answered all points raised. Please use the links we've shared

**Charlie Chung** @chungsongyau

RT @RCOT_NP: Thank you so much for joining us tonight for #OTalk. The stroke forum will continue to answer outstanding tweets & queries. \

**Charlie Chung** @chungsongyau

RT @BethClark_OT: @RCOT_NP @LouisePenny87 We certainly cannot ignore that intensity of therapy is important - but it also concerns that...

**Charlie Chung** @chungsongyau

RT @OTJenny: @cawstroke @RCOT_NP When fatigue is a factor, we often do mini sessions throughout the day...could be a technician's a...

**Charlie Chung** @chungsongyau

RT @emmaneuroOT: @cawstroke @RCOT_NP Absolutely!! this year's UKSF was all about increasing the intensity of what we are doing to our...

**Avril Drummond** @AvrilDrummond1

#OTalk We can always have a sequel.....!

**Charlie Chung** @chungsongyau

RT @RCOT_NP: @OT_Ciaran But sadly a recent study showed that even in a 45 minute OT session, the patient was only actively doing something...

**Charlie Chung** @chungsongyau

RT @OTalk_: Just before you all disappear remember to record your reflections from tonight's discussion for your CPD. Transcript will be available

**OTalk** @OTalk_

@margaret_ot well done I hope you manage to follow the conversation. #otalk

**Charlie Chung** @chungsongyau

RT @OTalk_: Hope you enjoyed tonight's chat @RCOT_NP have 3 Future chats plan; 24th September 2019 – Neglect (with Dr Ailie Turtor N...

**Katherine Foster** @kathfoster_

RT @emmaneuroOT: @RCOT_NP We have a large board in our office that we put times down for OT,SLT,physio for each patient. This visual display...



Rachel Booth @OT_rach
It was a great chat tonight! #otalk



Rachel Booth @OT_rach
Don't forget about next week's Twitter chat. First Tuesday of the month is always a research based chat. #OTalk



Charlie Chung @chungsongyau
RT @RCOT_NP: Thank you everyone. We'll go through and make sure we've answered all points raised. Please use the links we've share



Alex Smith @YmchwilStroc
@BethClark_OT @chungsongyau @RCOT_NP @LouisePENNY87 Or dare I say it ... 'quality' ... #OTalk



RCOT Neuro Practice @RCOT_NP
@AvrilDrummond1 And some more challenge and exploration about 'unable to tolerate' #OTalk



alice newbury @newbury_alice
These all sound really interesting #OTalk



Emma Burgess @emmaneuroOT
@RCOT_NP Absolutely!! this years UKSF was all about increasing the intensity of what we are doing to improve outcomes! The session d have to be delivered in one go, by being client centred and thinking of innovative ways this is easily achievable #OTalk @OTJenny



Charlie Chung @chungsongyau
RT @OT_rach: Don't forget about next week's Twitter chat. First Tuesday of the month is always a research based chat. #OTalk <https://t.co/https://t.co>



Elizabeth Taylor @ElizaTay1
@OTalk_ @RCOT_NP @louiseclark15 @OT_rach Thanks @RCOT_NP @louiseclark15 #OTalk, and here's a quick plug for a paper I wrote topic for anyone interested... <https://t.co/AQjQRThe7Y>



RCOT Neuro Practice @RCOT_NP
@YmchwilStroc @LouisePENNY87 @ElizaTay1 @louiseclark15 @SSNAPaudit We did talk this through at the last ICSWP and felt that it op never ending list of measures for lots of things, which might not be routinely carried out everywhere and might change over time. Def could the extra domain though- regionally or as an STP #OTalk



Katherine Foster @kathfoster_
RT @RCOT_NP: @BillWongOT @JenniferNCrow I think we've got lots to explore from the group therapy and gym set ups we see in Austr ex...



Steve Williams @srowilliams
RT @RCOT_NP: Did you know that you can use real time indicators, where the system tells you which domains are not yet achieved? (onl



RCOT Neuro Practice @RCOT_NP
@JenniferNCrow I wonder if people are put off as these are often the more dependent patients and so the manual handling and set up can while? Having easy set up stations could help this #OTalk



RCOT Neuro Practice @RCOT_NP
RT @AvrilDrummond1: #otalk Great study of OT home visits currently being led in Australia by @NatashaLannin <https://t.co/AHDIWQu2Zd>



Sheena Wight @sheena_OT
RT @OTalk_: Hope you enjoyed tonight's chat @RCOT_NP have 3 Future chats plan; 24th September 2019 – Neglect (with Dr Ailie Turtor N...



RCOT Neuro Practice @RCOT_NP
@LouisePENNY87 I expect the patients do too! Well done. Sounds like you're doing really well with it. Keep sharing your ideas and success

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