Group: Acute stroke physical therapists (not on implementation team) **PHASE: 1 / ~~2~~**

Tick relevant behaviours on this list, adding any that haven't been listed.

Identifies suitable patients for PREP2 in a timely manner (before day 3 post-stroke), and accurately obtains the SAFE score in a timely manner (up to day 3 post-stroke) and interprets the results	✓
Accurately determines eligibility for TMS	
Accurately performs TMS assessment in a timely fashion (day 5 – 7 post-stroke) and interprets the results	
Accurately completes the NIHSS in a timely fashion (day 3 post-stroke) and interprets the results	
Communicates the predicted upper limb functional outcome to the patient (and their family)	
Communicates the predicted upper limb functional outcome and rehabilitation focus to the MDT, and to relevant subsequent rehabilitation services, such as inpatient, outpatient, or community teams	✓
Documents the PREP2 prediction accurately and in a timely fashion	
Develops appropriate upper limb rehabilitation goals, and delivers focused upper limb rehabilitation based on the PREP2 prediction	✓
Answers questions and supports patients who have been given a PREP2 prediction	✓

Target behaviours: List 2 - 3 behaviours for discussion that are most relevant and most amenable to change (combine behaviours if appropriate). The remaining barriers not chosen can be reviewed at a later stage.

1) Identifies suitable patients for PREP2 in a timely manner (before day 3 post-stroke), and accurately obtains the SAFE score in a timely manner (day 3 post- stroke) and interprets the results

2) Communicates the predicted upper limb functional outcome and rehabilitation focus to the MDT, and to relevant subsequent rehabilitation services, such as inpatient, outpatient, or community teams

3) Develops appropriate upper limb rehabilitation goals, and delivers focused upper limb rehabilitation based on the PREP2 prediction

Notes for the example:

- 'Answer questions and supports patient who has been given a UL prediction' is important but probably lower priority than the other behaviours. This is because it is expected that the acute stroke physical therapists will most likely receive a lot of education on PREP2 and be in a position to complete this behaviour with little specific training needed.
- In this example the implementation team are initially responsible for communicating the predictions and completing PREP2 documentation. However, acute stroke physical therapists are likely to progress onto communicating the predicted upper limb functional outcome for patients with a SAFE score > 5 and will need to document this. Therefore 'Communicates the potential for UL recovery to the patient (and their family)' and 'Documents predication accurately and in a timely fashion' are high priority target behaviours to focus on early after implementation starts.

Facilitators and Barriers: Record the perceived facilitators and barriers, and what need to happen for the target behaviour to occur.

Group: Acute stroke PTs

Target behaviour	Facilitators	Barriers	What needs to change for the target behaviour to occur?
Identifies suitable patients for PREP2 in a timely manner (before day 3 post-stroke), and accurately obtains the SAFE score in a timely manner (day 3 post-stroke) and interprets the results	• Know which patients to use PREP2 for • Have the clinical skills to obtain the SAFE score • Already routinely assess the upper limb • See patient at bedside most days • Don't need any new equipment • Think objective upper limb assessment is important and relevant to their role	• Sometimes hard to select a score for upper limb power (e.g. where there is longstanding deconditioning or musculoskeletal conditions that affect the arm/hand) • Not previously used the SAFE score • Don't always see a patient on day 3 post-stroke • Don't know the method for recording the SAFE score	• A good understanding of the scoring for the SAFE score • To know what to do next after the SAFE score is determined • Needs time to see each patient on day 3 • Learn how to formally record the SAFE score • Needs appropriate documentation to enable formal recording of the SAFE score
Communicates the predicted upper limb functional outcome and rehabilitation focus to the MDT, and to relevant subsequent rehabilitation services, such as inpatient, outpatient, or community teams	• Already writes in the clinical notes each time the patient is seen • Already attends the weekly MDT meeting, and shares patient assessment and updates • Keen to share accurate upper limb prediction information, believes it important • Already gives handover and referral documentation to subsequent services	• Sometimes staff miss the MDT meeting • Not confident to talk to the team about the prediction and implications unless they know it really well • Unsure of everyone's level of understanding of PREP2 (especially in community services)	• Needs confidence in the predictions and their implications, and how to share this information effectively • Add upper limb prediction information to the clinical notes – including any formal documentation • Need to communicate PREP2 to subsequent rehabilitation teams • Know what level of understanding other stakeholders have about PREP2
Develops appropriate upper limb rehabilitation goals, and delivers focused upper limb rehabilitation based on the PREP2 prediction	• Already skilled in setting upper limb goals, and giving appropriate rehabilitation • Motivated to give the appropriate input for the patient to reach their potential for recovery	• Not sure what to do if SAFE is less than 5 and all the tests haven't been completed yet • Not always time to deliver much treatment when the patient is on the acute ward	• Need to be clear on which prediction category the patient is, and what to do if the upper limb prediction is not yet known • Know any resources that are available