# Remote working support for Early Supported Discharge and Community Stroke teams

We want to support community stroke services to provide stroke rehabilitation in the context of the COVID-19 pandemic. This is a coordinated response from stroke researchers and clinicians to offer short-term advice and identify ways to offer on-going guidance to you in the longer-term.

We have highlighted some of the key issues of importance in relation to remote delivery of stroke rehabilitation and we share some immediate information, resources and support already available.

Our longer-term goal is to create an online platform to ensure community stroke rehabilitation teams can be signposted to information and have access to new resources and ideas through an on-line community of practice.

## Decision making about rehabilitation delivery

Provision of community stroke care is vital at this time. Whilst we acknowledge the pressure placed on acute stroke services, community multidisciplinary teams need to maintain core staff in order to support increased caseloads of stroke survivors being discharged into the community.

Communication with acute stroke staff is likely to be compromised, yet the rate of discharges is increasing. If not already in place, nominate a team member to have regular check-ins with hospital staff to facilitate collaborative information sharing and forward planning (including updates on changes in practice).

As a team it's important to acknowledge that you can no longer follow national stroke clinical guidelines about intensity of therapy. The team leader needs to ensure you have regular opportunities to discuss and communicate what your priorities are and how you will make decisions going forward.

Regional guidance is now available (e.g. Greater Manchester ODN) and teams are encouraged to contact their regional networks to share approaches.

Most teams will be triaging patients so that only those patients deemed essential for face-to-face contact are visited. Factors for teams to consider should include rehabilitation needs, and how these could be addressed remotely, taking into account their living arrangements, available support and family situation.

We would also recommend open discussions with patients and staff in relation to safeguarding, ensuring everyone involved understands the risks of face-to-face contact.

With regard to remote rehabilitation delivery, understanding patient/family's needs is a first priority, making sure that the patient knows that there are likely to be a limited number of interactions. Focus on what's most important to the patient and on supporting and up-skilling family and caregivers, where possible.

Given increased caseloads and the need for facilitated hospital discharge, the length of intervention provided by the team will need to be reviewed. Where possible agree a fixed length of overall time with the service, to manage expectations. Make the most of the voluntary sector (e.g. Stroke Association) to maximise ongoing support and to encourage a local increase in volunteers.

## Team working

Multidisciplinary team meetings remain a crucial forum for clinical decision making and team communication whilst working remotely. Support individuals to use the available technology to engage in team meetings, to help maintain team ethos and common goals. There needs to be time and space for staff to debrief and share.

Keep regular contact with staff to summarise ways of working in a format that can be shared with all team members and that can be reflected on and adapted as things progress.

Your team's decision making about individual patients needs to be clear and easy to replicate in case staff members are self-isolating, e.g. focus primarily on the key needs identified by the patient and families.

Administration and some data collection remain important even at these times so that decisions are documented, communication is enhanced and outcomes are captured. Use the opportunity to stream-line processes, so that non-essential admin is avoided. Although SSNAP has been suspended, where possible, maintain an agreed minimum dataset to monitor team processes (number of contacts) and patient outcomes.

## IT/digital issues

Teams have told us about issues with IT, in terms the lack of hardware provision and information governance restrictions.

We advise staff to follow their NHS Trust and NHS X Information governance advice and where necessary request lifting of regulations to enable use of video with the range of options available (WhatsApp, Skype, Microsoft teams, zoom, Cisco Webex, accuRx).

It may be useful to approach individual NHS Trusts to ascertain their current stance regarding information governance for the use of Trust or personal devices as a means of staff contact as well as with patients and their carers.

Be mindful of what technology is already available to patients and their families – the simpler the better in the first instance.

## On-line resources and apps

There is a range of online resources that are designed to support delivery of home-based rehabilitation, exercise, practice or self-management. We also know many of you are already trialing new approaches – we aim to support the sharing of ideas and innovations on-line. We have begun to collate examples (see below) and will work on making these more accessible.

Many are specific to a certain discipline and some, whilst relevant, were not developed specifically for stroke survivors. It is important that clinicians use their professional judgement when using these resources, assessing what is most appropriate and how to educate, support and progress individuals in their usage. It is crucial that Early Supported Discharge and Community Stroke teams work together as multidisciplinary teams, so that stroke specialist knowledge and interdisciplinary working, where possible, can be maintained.

## Resources

- Clinical guide for the management of stroke patients during the coronavirus pandemic

### Remote consultation guidance
- Video consultations: a guide for practice – Trisha Greenhalgh
- COVID-19: guide for rapid implementation of remote consultations – Chartered Society of Physiotherapy

### Resources and apps for rehabilitation delivery
- My therappy NHS database of rehabilitation apps
  - Stroke and Brain Injury apps
- NHS apps general health apps

- Giraffe web-based physiotherapy platform
- REPS recovery exercises – upper limb movement
- Hand therapy
- Otago Exercise programme – balance
- Strocit – post stroke exercise

- [Canplan app](#) – cognition
- [Aphasia toolbox](#) – The Tavistock Trust for Aphasia software, apps, articles
- [Aphasia software finder](#)
- [Informed SLT](#) – speech and language resources (US focus)
- [Facial muscles exercise](#) – YouTube video for stroke survivors

- [My stroke guide](#) – self-management support for stroke survivors
    - [Self Help 4 Stroke](#) – self-management support for stroke survivors
    - [Facebook Group Different Strokes](#) – online support group for stroke survivors
    - [Stroke Foundation Australia](#) – telerehab resources

## Evidence summaries

- [Telerehabilitation services for stroke](#) – Cochrane systematic review

Finally, we would like to thank all the teams for their dedication, tenacity and commitment. We strive to support you as best we can.

[Rebecca Fisher](#) on behalf of stroke researchers and stroke team members (Fiona Jones, Marion Walker, Elizabeth Russell, Gemma Hayden, Joanne Howe, Marie Condon, Lesley Scobbie, Lisa Kidd, Nicola Hancock, Leanna Dennis, Rachel Stockley, Louise Connell, Nick Ward, Rebecca Palmer, Tracy Walker). [Bridges Self Management COVID-19 resources](#)