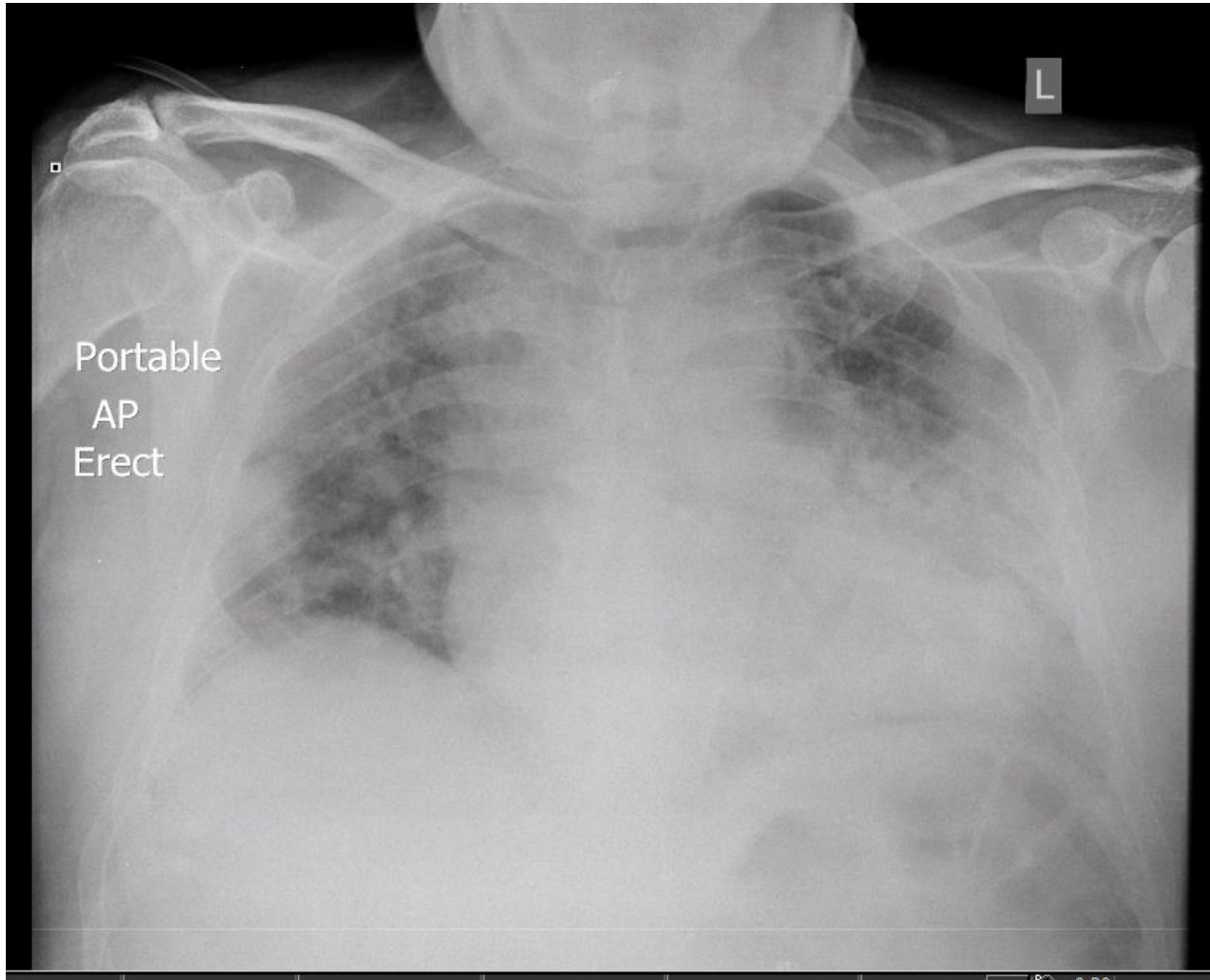


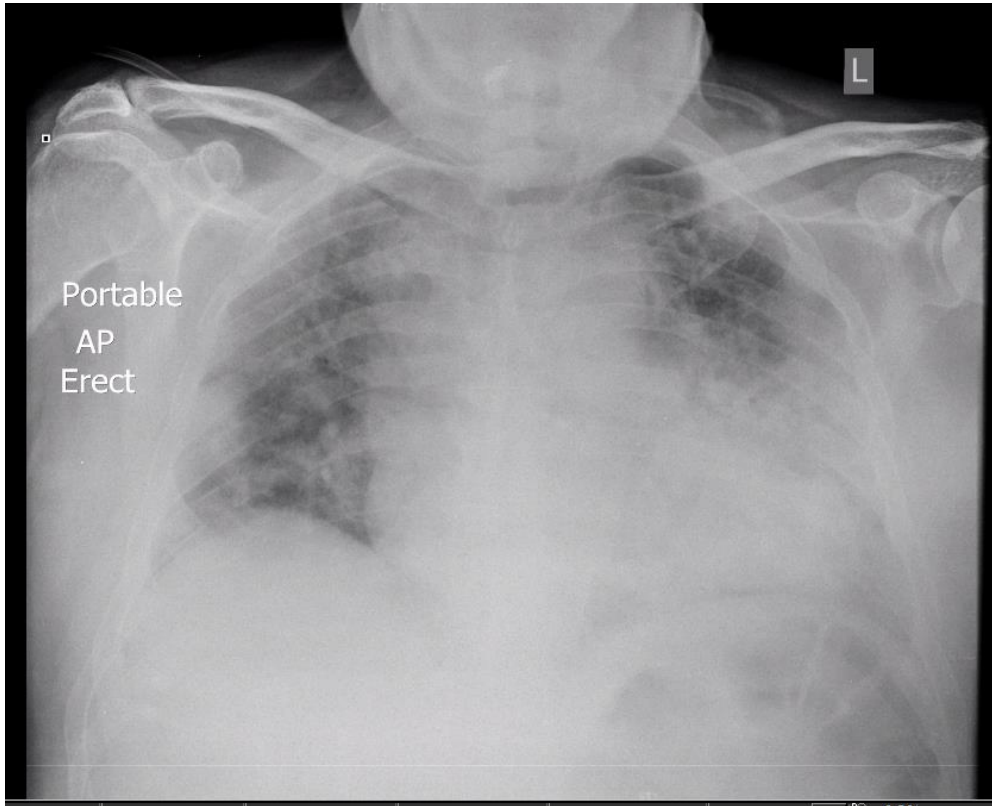
Life After Stroke during COVID

– A Perspective from Ireland

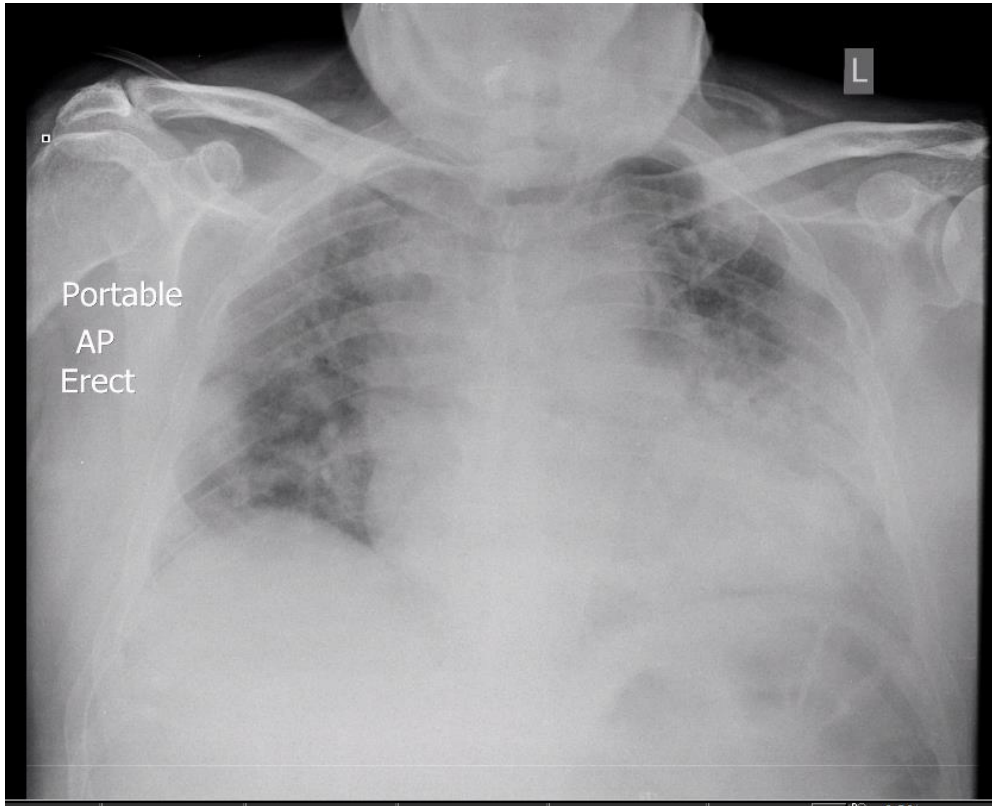


Dr. Liam Healy
Consultant Stroke Physician & Geriatrician
Cork University Hospital
Cork
Ireland





- Oxygen saturations of 66% on room air
- Respiratory rate of 40 breaths per minute
- Temperature of 40 degrees Celsius



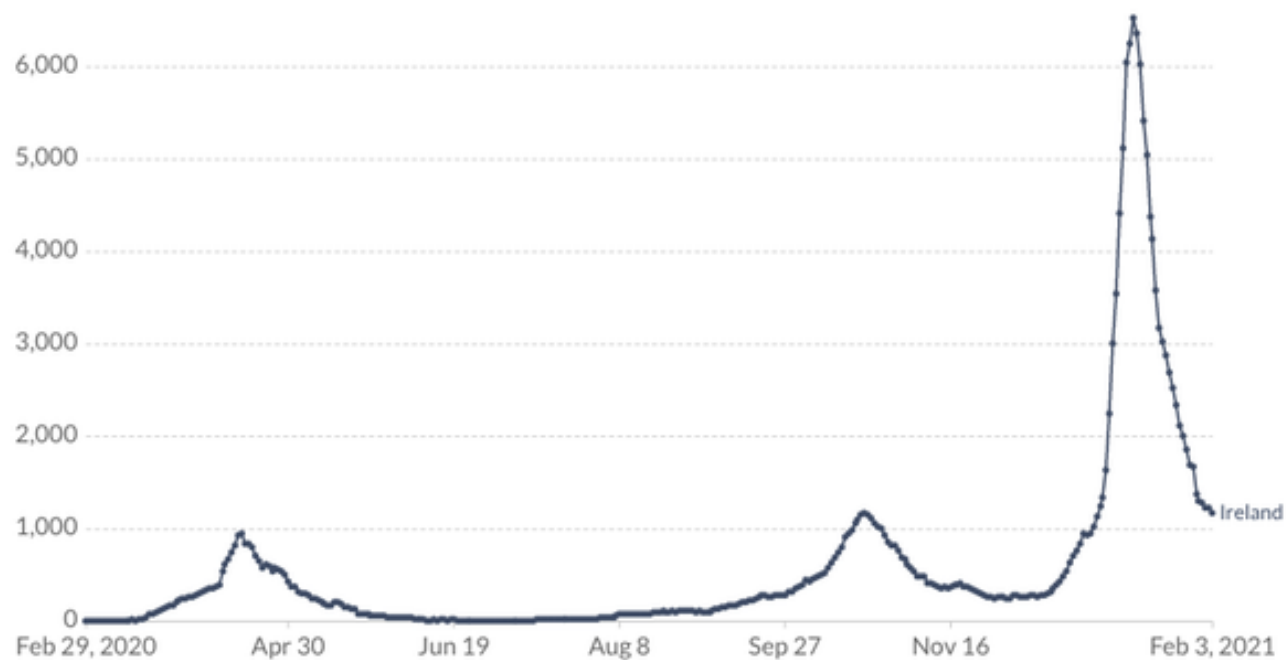
- Intubated in ED
- COVID-19 positive
- Multi-organ failure

Daily new confirmed COVID-19 cases

Shown is the rolling 7-day average. The number of confirmed cases is lower than the number of actual cases; the main reason for that is limited testing.

Our World
in Data

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Source: Johns Hopkins University CSSE COVID-19 Data - Last updated 4 February, 06:03 (London time)

CC BY

▶ Feb 29, 2020  Feb 3, 2021

Week by week change of confirmed COVID-19 cases

The weekly growth rate on any given date measures the percentage change in number of confirmed cases over the last seven days relative to the number in the previous seven days.





The New York Times

A Man, a Pint and a Timer Become Symbols of Ireland's Pandemic Rules

A photo of an older man having a meal in a pub started a national conversation about coronavirus regulations and life's simple pleasures.



BBC

Coronavirus: No wake, no funeral, just prayers in a cemetery



THE IRISH TIMES

NEWS

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OPINION

LIFE & STYLE

CULTURE

Health > Coronavirus

Crowded hospitals 'battling' to save lives but Ireland is starting to flatten the Covid-19 curve through 'solidarity'

Nphet reports 77 more deaths as Martin warns of restrictions for six more months

© Sun, Jan 24, 2021, 08:09

Updated: Sun, Jan 24, 2021, 08:56

Concern as heart attack and stroke patients delay seeking help

Consultants report drop in admissions of people with non-coronavirus related conditions

- [Coronavirus - latest updates](#)
- [See all our coronavirus coverage](#)



▲ Doctors in the UK have warned of a rise in the number of people dying at home. Photograph: Ollie Millington/Getty Images

Further evidence is emerging of dramatic falls in numbers of hospital patients presenting with serious medical conditions such as strokes and heart attacks since the beginning of the coronavirus pandemic.

93 % of Irish hospitals surveyed reported a reduction in stroke presentations during the pandemic



**1 in every 3 stroke units had their Stroke
Clinical Nurse Specialist Redeployed**



**3 of every 4 stroke units reported a reduction
in Health & Social Care Professional Staffing**



9 of every 10 stroke units reported difficulties with discharging patients

The Effect on Stroke Care



Building a
Better Health
Service



National Health Library & Knowledge Service, HSE / HSE Library Guides / Covid-19 HSE Clinical Guidance and Evidence / Stroke remains a medical emergency during the COVID-19 crisis

Covid-19 HSE Clinical Guidance and Evidence

* Phone users, please scroll down to view content. Queries to: clinicaldesign@hse.ie

- About - HSE Repository for Interim Clinical Guidance intended for the Clinical Community
- Frameworks, Operational Pathways, Impact
- Acute / Maternity, Paediatric Hospital Information
- Cancer Care
- Cardiopulmonary Resuscitation (CPR)
- Clinical Assessment
- Coroner and Procedures in the event of death
- Dentistry
- Disability Services
- Ethical Framework
- Health and Social Care Professionals

Acute / Maternity, Paediatric Hospital Information - Navigation

[Acute / Maternity, Paediatric Hospital Information - homepage](#)

[Cardiovascular Guidelines Index](#)

Stroke remains a medical emergency during the COVID-19 crisis

Stroke remains a medical emergency during the COVID-19 crisis (CD 19-011 001/31.03.20)

Advice of the National Programme

- Hospital sites, the HSE and the IHF should continue to encourage patients with FAST+ve symptoms or other acute stroke symptoms to ring 999 immediately, through their communications / websites – 'urgent care is care as usual'
- Stroke is a leading cause of death and disability which will occur at the same or greater rate during the COVID-19 outbreak. One early case series suggested a 5% incidence of stroke in a cohort with COVID-19 infection (see https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3550025).
- Acute stroke is more likely than COVID-19 to cause death or leave you disabled if not treated urgently by a physician trained in stroke and the combination of both conditions may be associated with poorer outcomes, with a 38% mortality reported in one recent series (again see https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3550025).
- Existing Rapid Access Stroke Prevention / TIA clinics and services need to continue in as far as is practical with established urgent referral pathways for patients with suspected TIAs to enable urgent access to stroke specialist assessment, diagnostic equipment/medication and urgent medical treatment

Statement on the rationale for maintaining Early Supported Discharge and Community Stroke services during COVID-19 outbreak – A UK and Ireland collaborative

Early Supported Discharge (ESD) and community stroke rehabilitation teams provide specialised multidisciplinary rehabilitation which reduces hospital length of stay and risk of death, disability and institutionalisation. As an integrated stroke service, they constitute a vital rehabilitation pathway for stroke survivors while facilitating patient flow through acute stroke units and rehabilitation centres. Due to the COVID-19 pandemic, healthcare systems are adapting rapidly in line with current demands. It is vital, however, that ESD and community stroke rehabilitation teams remain operational during the pandemic to maintain pathways from hospital to home and to provide essential stroke rehabilitation.

Stroke is a leading cause of death and disability in the UK and Ireland which will occur at the same or greater rate during the COVID-19 outbreak. One early case series suggested a 5% incidence of stroke in a cohort with COVID-19 infection and the combination of both conditions may be associated with poorer outcomes, with a 38% mortality reported in one recent series.¹ With the increased number of stroke presentations, there is also increasing pressure to facilitate early discharge of stroke survivors. The benefit of early, safe discharge does bring a risk of unmet rehabilitation needs and potential for longer term disability and dependence. Community stroke services, therefore, require skilled and experienced staff where possible and efforts should be made to up-skill staff as necessary through access to stroke training materials. Acute and community stroke services should continue regular communication and multidisciplinary team meetings (organised virtually) to support clinical decision making and prioritise early and safe discharges of appropriate stroke survivors.

Statement on the rationale for maintaining Early Supported Discharge and Community Stroke services during COVID-19 outbreak – A UK and Ireland collaborative

Early Supported Discharge (ESD) and community stroke rehabilitation teams provide specialised multidisciplinary

“Due to the COVID-19 pandemic, healthcare systems are adapting rapidly in line with current demands. It is vital, however, that ESD and community stroke rehabilitation teams remain operational during the pandemic to maintain pathways from hospital to home and to provide essential stroke rehabilitation.”

and multidisciplinary team meetings (organised virtually) to support clinical decision making and prioritise early and safe discharges of appropriate stroke survivors.

Stroke Early Supported Discharge Teams in Ireland

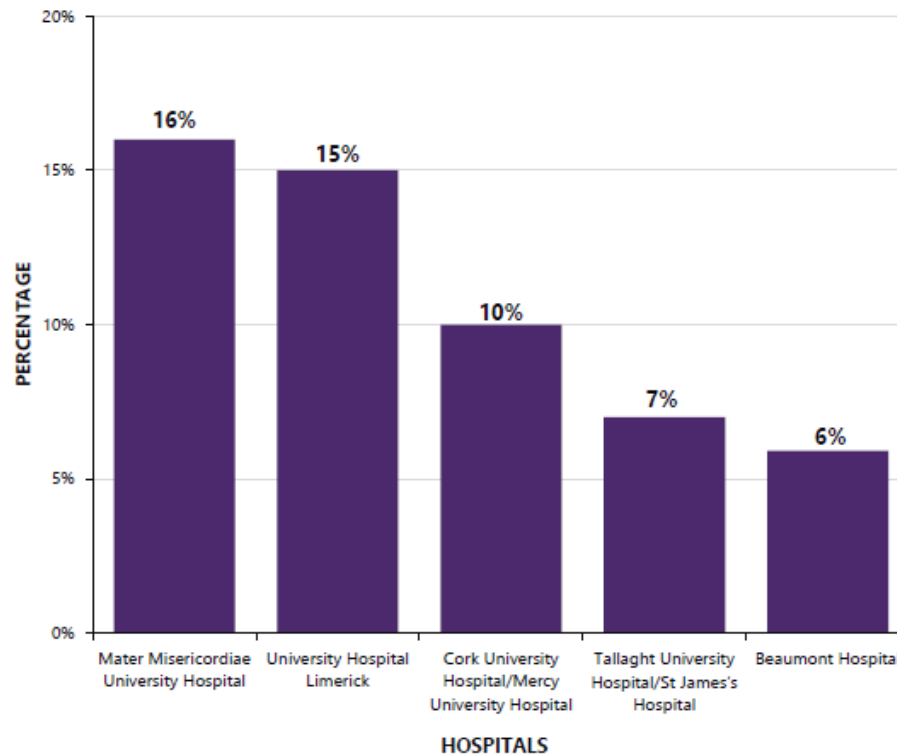


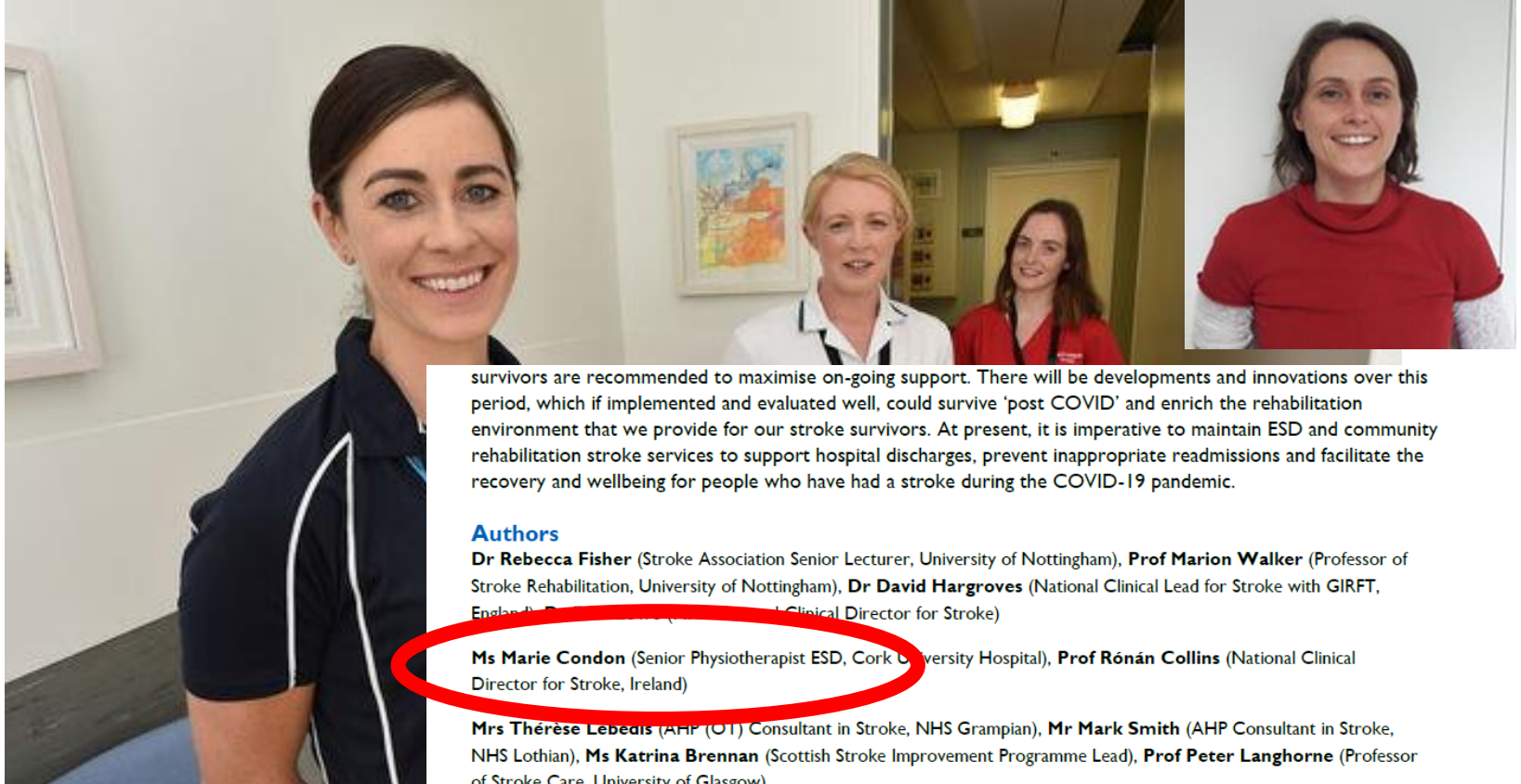
FIGURE 7.6: CASES DISCHARGED HOME WITH EARLY SUPPORTED DISCHARGE, BY HOSPITAL (n=2110)²⁴

Stroke Early Supported Discharge Teams in Ireland

TABLE 7.3 COMPOSITION OF A FULLY RESOURCED EARLY SUPPORTED DISCHARGE TEAM

Profession	Whole time equivalent (WTE)
Clinical nurse specialist	0.5 WTE
Occupational therapist, senior	1.0 WTE
Physiotherapist, senior	1.0 WTE
Speech and language therapist, senior	1.0 WTE
Medical social worker, senior	0.5 WTE
Therapy assistant	1.0 WTE





survivors are recommended to maximise on-going support. There will be developments and innovations over this period, which if implemented and evaluated well, could survive 'post COVID' and enrich the rehabilitation environment that we provide for our stroke survivors. At present, it is imperative to maintain ESD and community rehabilitation stroke services to support hospital discharges, prevent inappropriate readmissions and facilitate the recovery and wellbeing for people who have had a stroke during the COVID-19 pandemic.

Authors

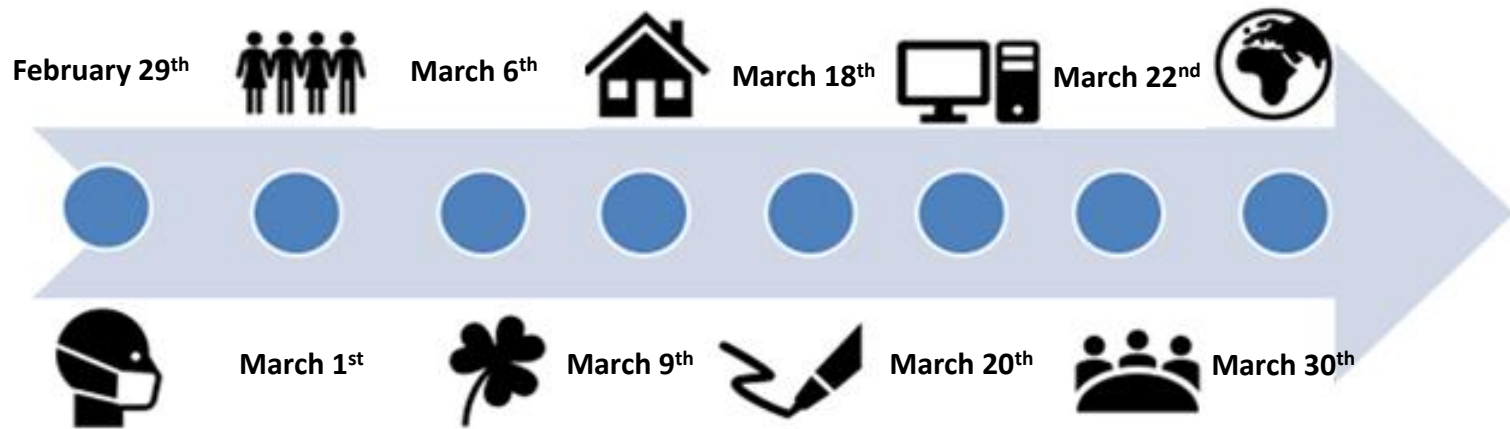
Dr Rebecca Fisher (Stroke Association Senior Lecturer, University of Nottingham), **Prof Marion Walker** (Professor of Stroke Rehabilitation, University of Nottingham), **Dr David Hargroves** (National Clinical Lead for Stroke with GIRFT, England, Scotland and Wales) and **Prof Rónán Collins** (National Clinical Director for Stroke, Ireland)

Ms Marie Condon (Senior Physiotherapist ESD, Cork University Hospital), **Prof Rónán Collins** (National Clinical Director for Stroke, Ireland)

Mrs Thérèse Lebedis (AHP (OT) Consultant in Stroke, NHS Grampian), **Mr Mark Smith** (AHP Consultant in Stroke, NHS Lothian), **Ms Katrina Brennan** (Scottish Stroke Improvement Programme Lead), **Prof Peter Langhorne** (Professor of Stroke Care, University of Glasgow)

Dr Phil Jones (National Clinical Lead for Stroke, Wales)

COVID, ESD & TELEREHAB TIMELINE



Blended Approach to Rehabilitation post-Stroke

- Domiciliary Visits
- Outpatient Attendance
- Virtual Rehabilitation

Technical set
up

Preparing the
environment

Consent

Materials

Documentation

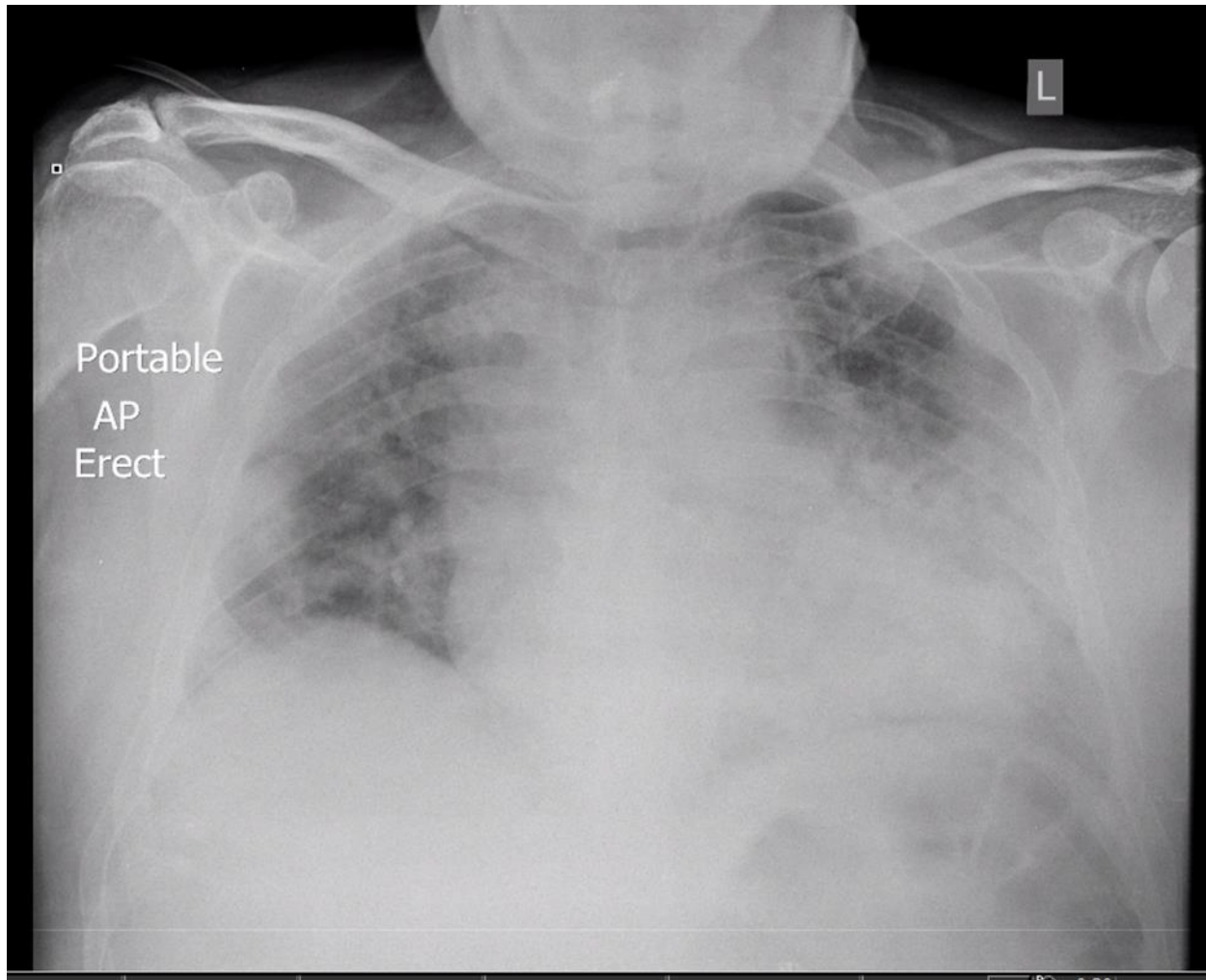
Risk
Assessment



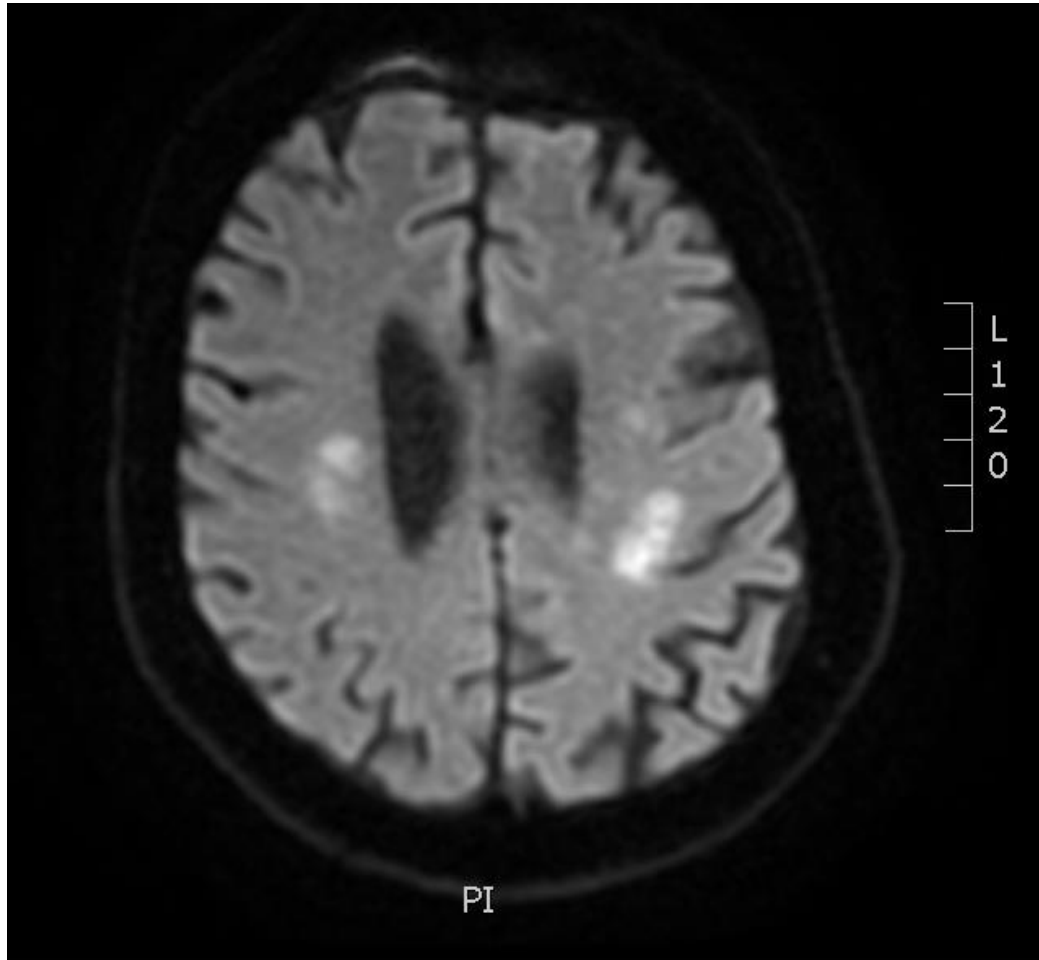












- Moved to ward after 4 weeks in Intensive Care
- Left TACI syndrome
- Hoist transfer
- Dysphasic
- Fed using nasogastric tube
- Requiring assistance with all ADLs
- Delirious
- Critical Care Myopathy
- Dialysis

Louise O'Regan

00:07:49









Time-4-Learning-numeracy-workbook (2).pdf - Adobe Reader

File Edit View Window Help

76 / 126 100% Tools Sign Comment

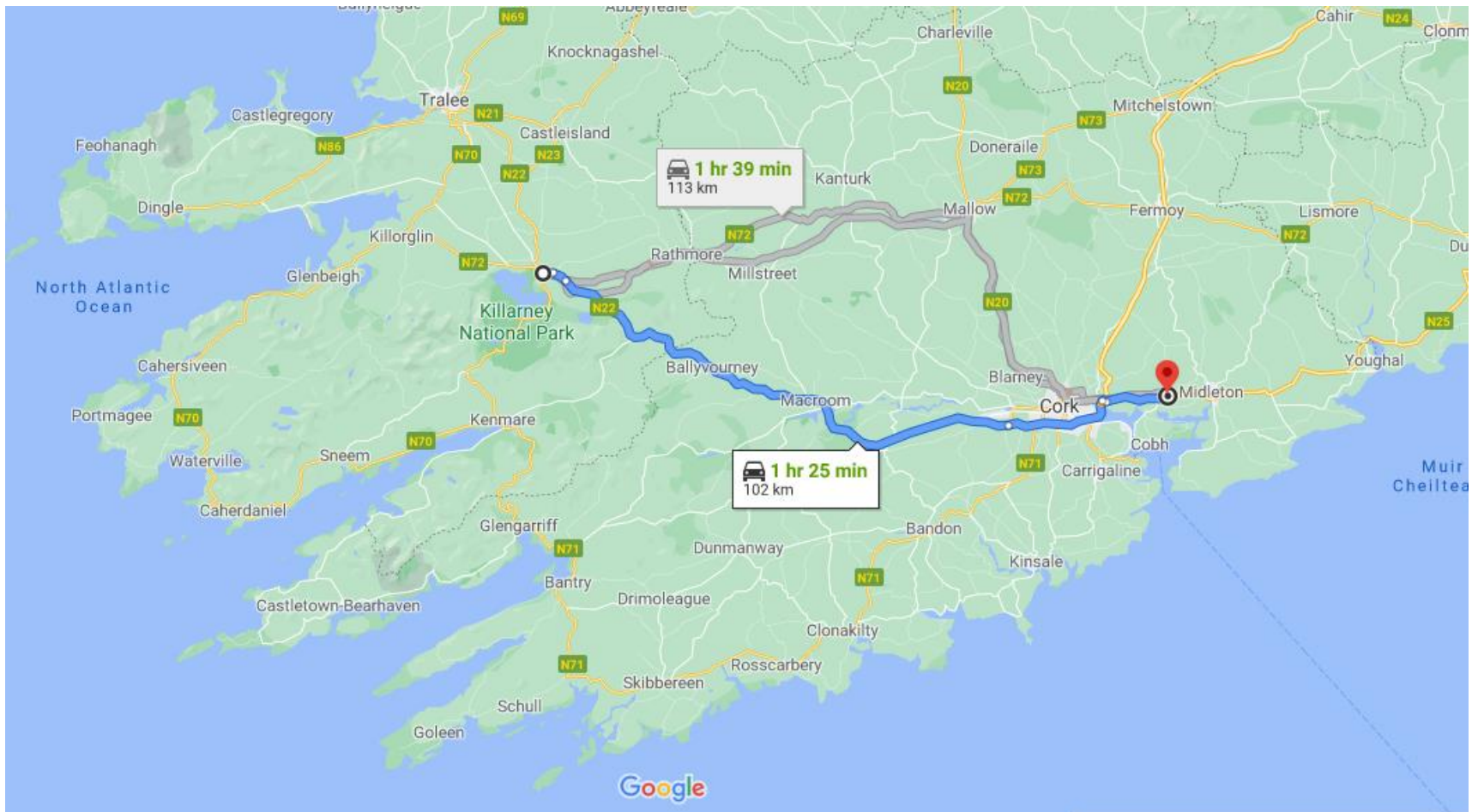
Adding in a Coffee Shop

Look at this menu.

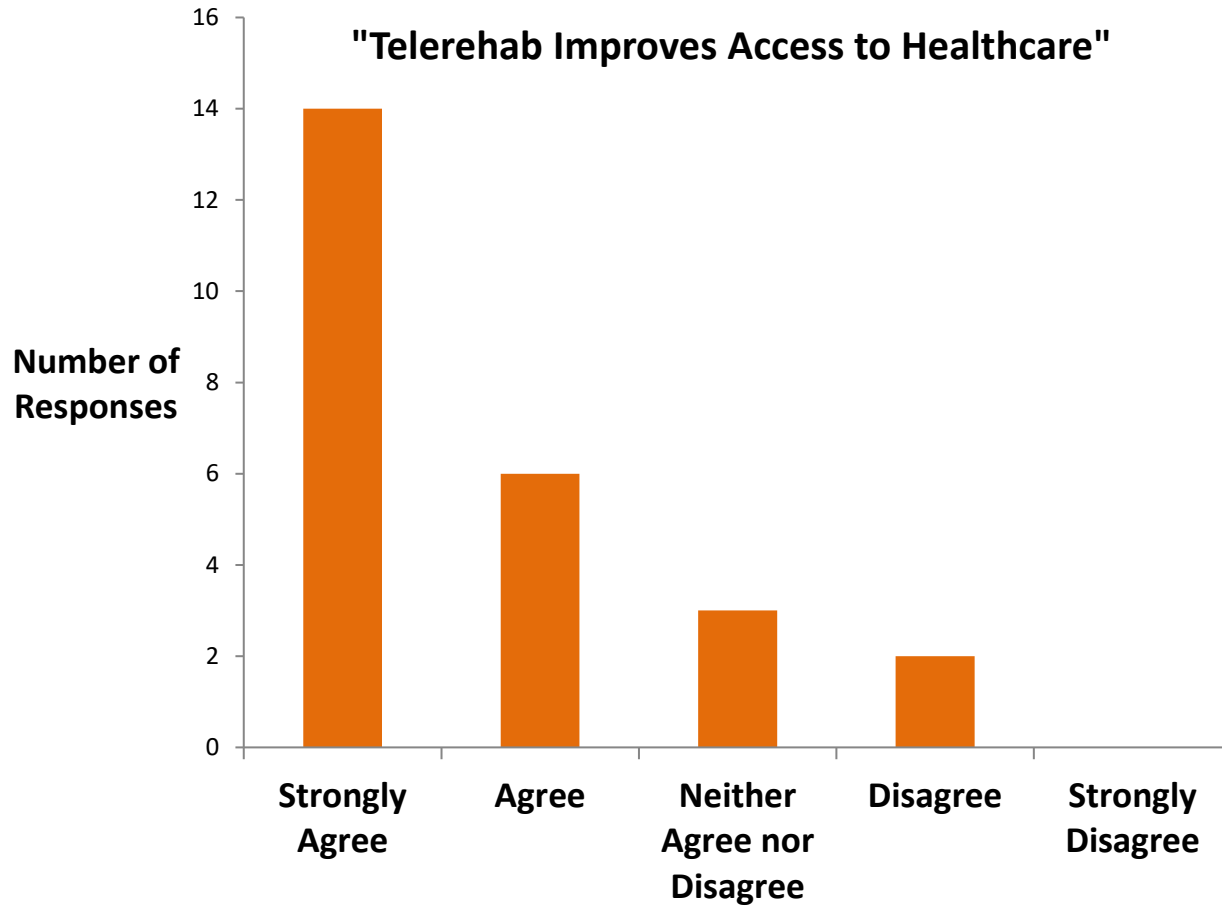
COFFEE SHOP MENU			
			
Sandwich €1.50	Tea €1.00	Coke 70c	Cake €1.20
			
Sausage Roll €1.20	Coffee €1.00	Doughnut €1.35	Chips €1.25

Write down the prices and then add them up.

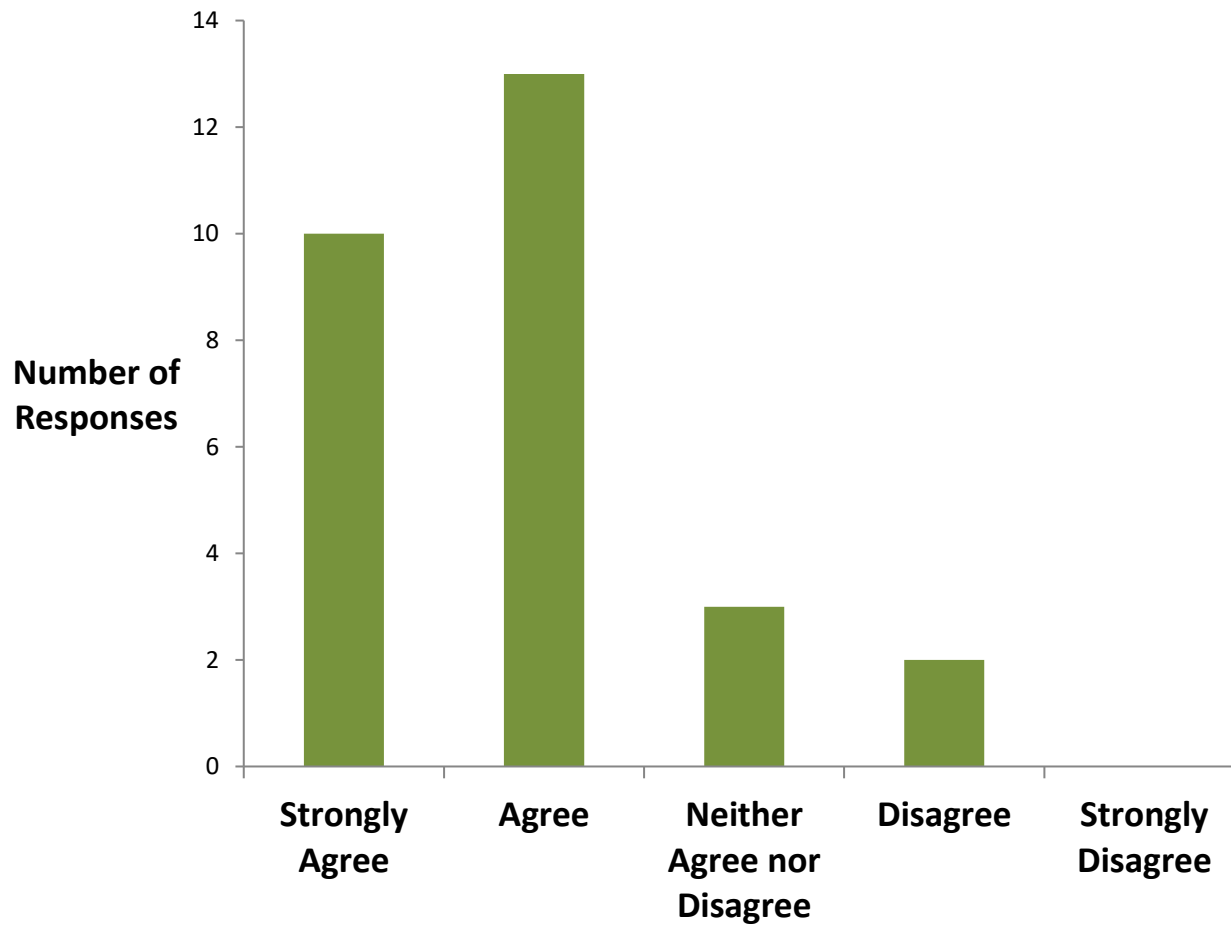




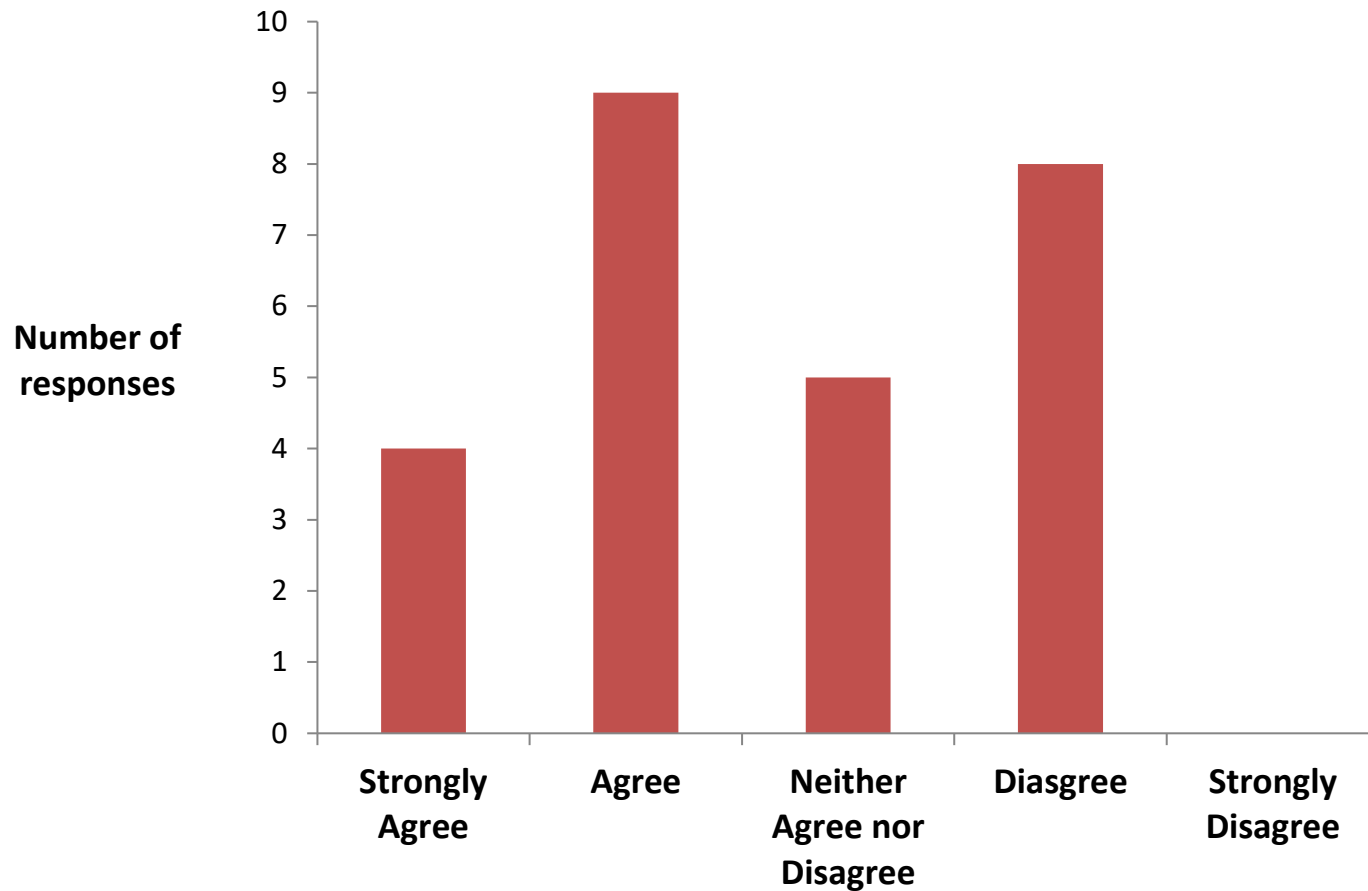




“Telerehab Provides for My Healthcare Needs”



"Telerehab is the same as in-person rehab"





Cochrane
Library

Cochrane Database of Systematic Reviews

Early supported discharge services for people with acute stroke (Review)

Langhorne P, Baylan S, Early Supported Discharge Trialists

Irish Examiner

'I am one of the lucky ones: there is life after stroke'

10 Sep 2020 Colette Sheridan



Thank You