

Working Together to Co-design: A Life After Stroke Support Pathway

Dr Mary O'Neill
9th March 2026



Conflict of interest

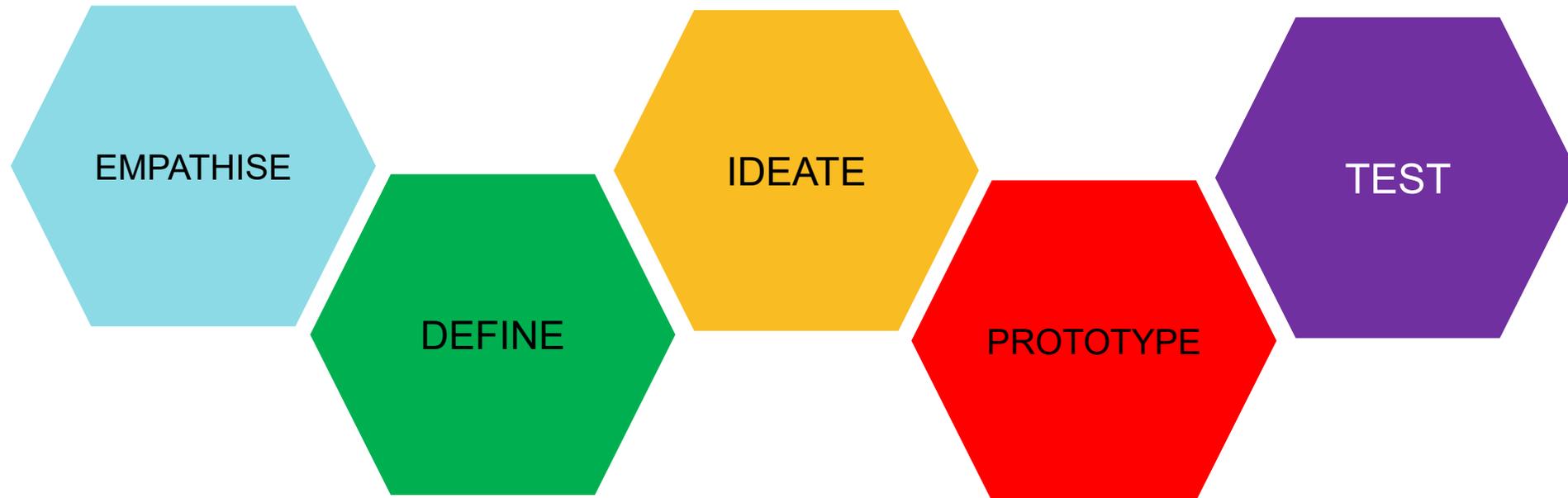
None to declare

Codesigning a life after stroke pathway

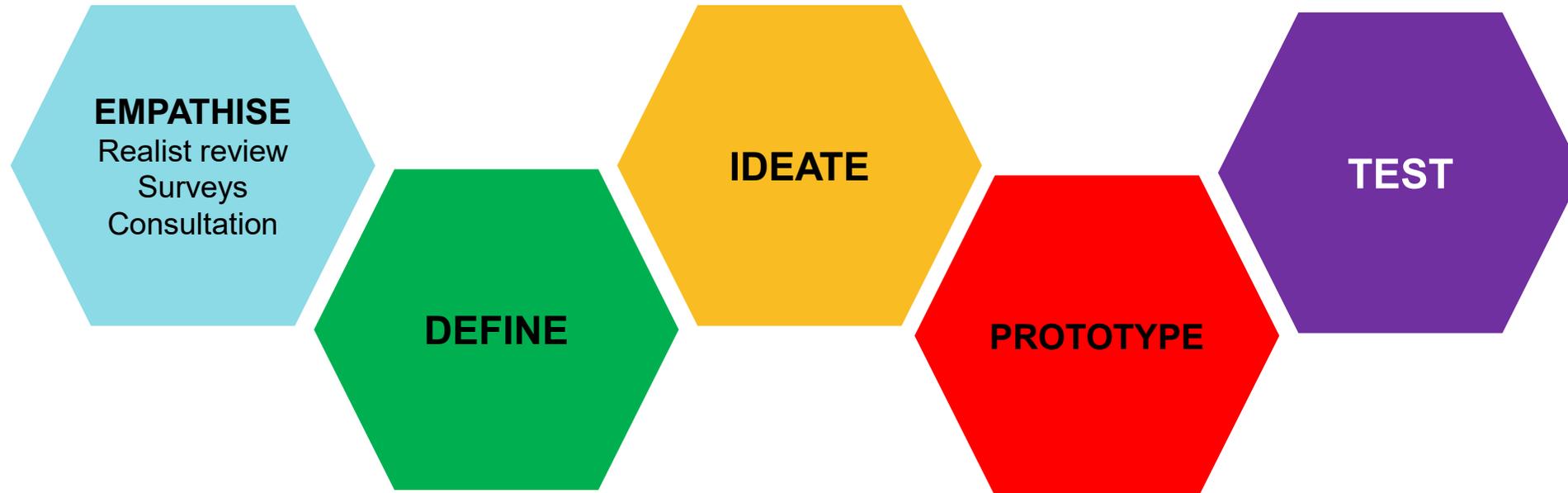


To **co-design** a care pathway through engagement with key stakeholders to best support life after stroke which will result in improved patient experiences and outcomes for stroke survivors (and their carers) using a participatory research and co-design approach.

Design Thinking Process



Design Thinking Process



d.School Executive Education
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Codesign workshops and consultations

Gather patient, family and staff experiences

- What are the supports/resources that enable long-term support after stroke?

Must have?

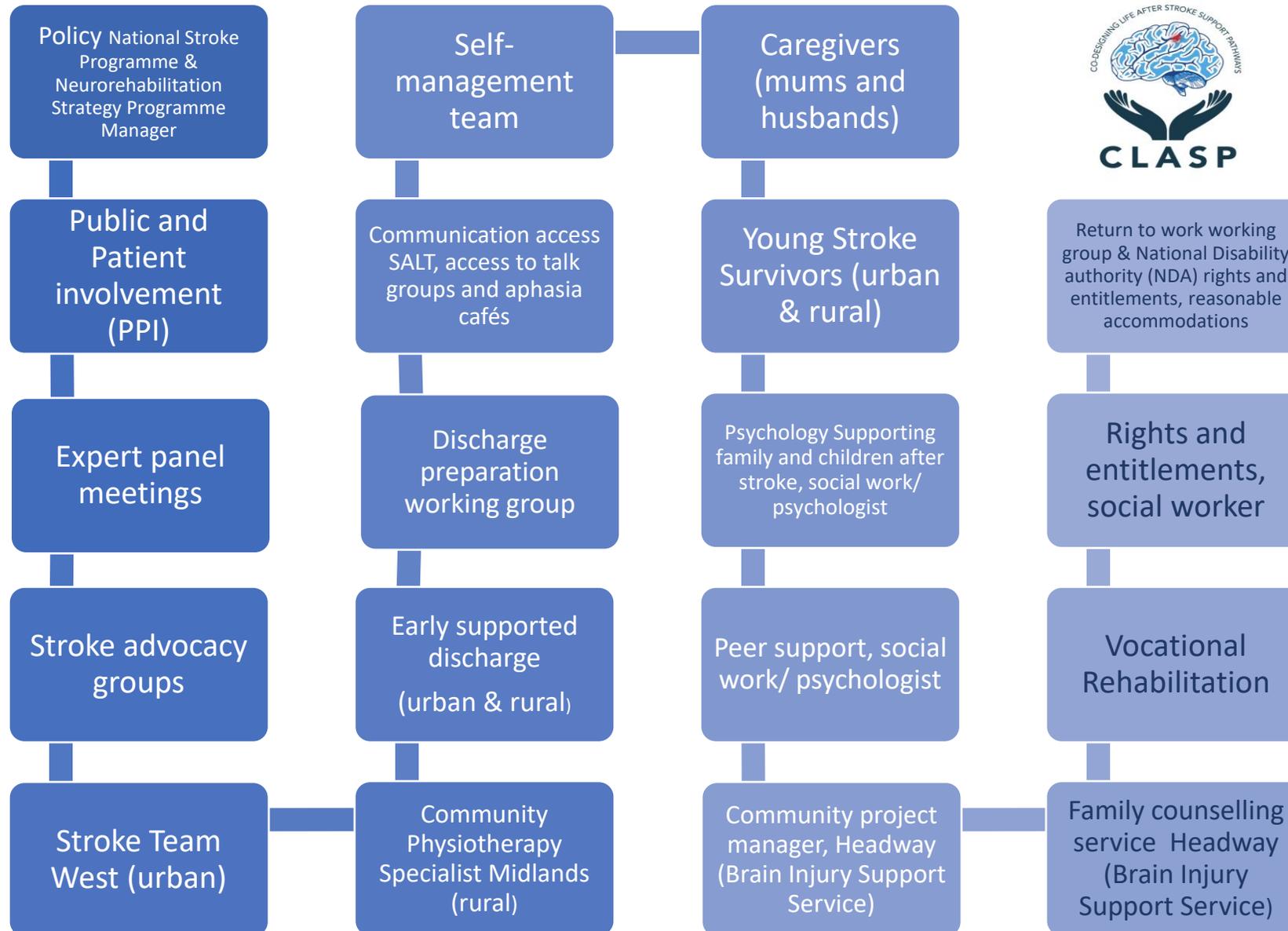
Should have?

Would have?

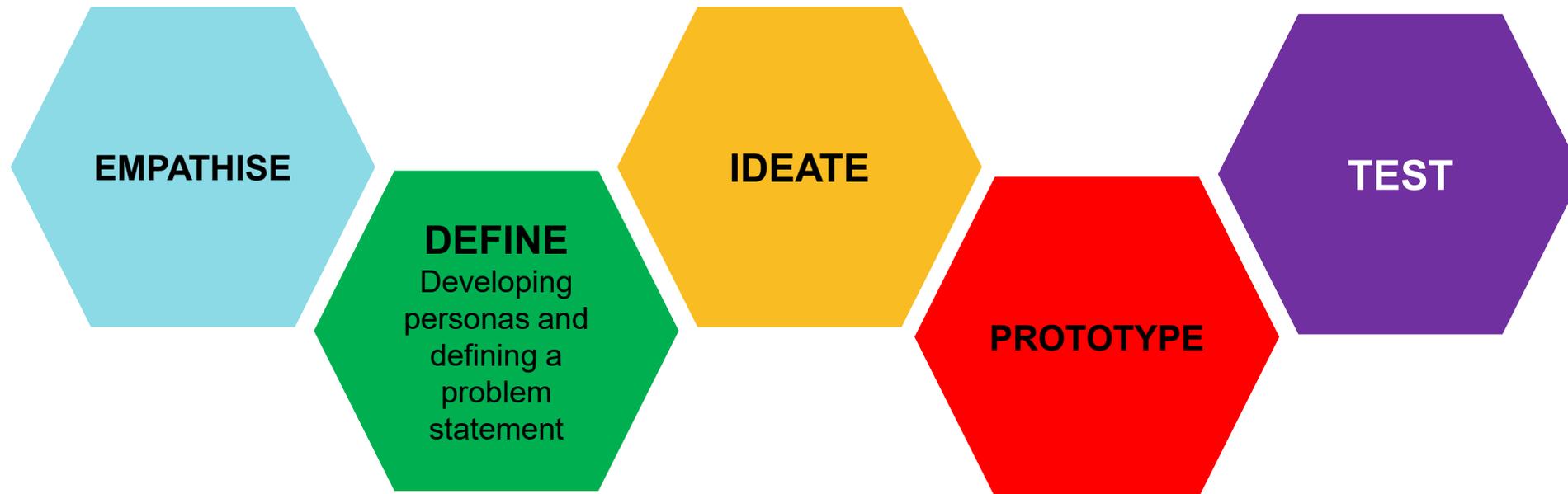
Using information from the realist review, surveys, existing narratives stroke survivor stories/**personas**, allowed the research team to develop a specific focus for the co-design sessions



Wide stakeholder consultation, who we met



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MARY

Age: 62 years old

Gender: Female

Background: Widowed, works in tele-sales, has aphasia after her stroke

Persona 1

Mary is 62-years old and lives on the outskirts of Wexford, Ireland (Rural).

- Widow and mother of two adult children.
- Can drive and has a close-knit family.
- Visits her GP regularly.
- Member of book club and enjoys golf.

WANTS & NEEDS

Accessible Services

Information on speech and language therapy (SALT) locally to help with her aphasia.

Empowerment

Mary wants to get back to work, she is not sure if it will be the same role because of her speech difficulty.



FRUSTRATIONS

Lack of Access

Mary cannot access SALT in the community and may need to pay.

Reintegration

- GP has limited details on vocational rehabilitation.
- She's anxious about having this conversation with her employer.

FINDING JOY

- Returned to the book club.
- Overcoming embarrassment about aphasia.
- Played a round of golf with her family.



JOHN

Age: 67 years old

Gender: Male

Background: Asthma, recent stroke, memory changes after stroke, struggles with ADL, feels tired all the time

Persona 2

John is a 67-year-old retired man who has had asthma all his life, had a recent stroke, following an earlier episode of a TIA. Lives with his wife, has two grown up daughters. He has noticed memory changes after his stroke, and he can't manage the fatigue since he was discharged from ESD.

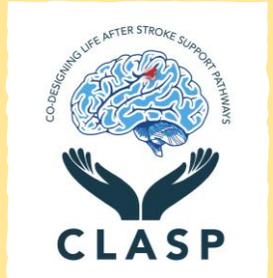
WANTS & NEEDS

Future Health Outlook

- John is worried about his memory. He is becoming increasingly stressed about this.
- His wife wants him to talk to the GP.

Regaining independence:

- Because of his fatigue and memory changes, John is isolating himself.
- He doesn't go out anymore.
- He forgets to take his medication, his wife now looks after that and all his medical appointments.



FRUSTRATIONS

Uncertainty

- About his memory changes and managing fatigue.

Lack of Support

- He's doesn't know who to talk to about this.
- GP consultation time always short and rushed.

FINDING JOY

- Getting back to gardening.
- Gradually socialising at family occasions.



JULIA

Age: 28 years old

Gender: Female

Background: Young mother, recent stroke, right sided weakness, walking with stick, upper limb still weak

Persona 3

Julia lives in Ireland with her husband and two young children who attend primary school.

WANTS & NEEDS

Accessible Resources

- Julia has significant disability and is still attending physiotherapy.
- Her husband is very supportive, but she feels very guilty that she can't help at home and is slow doing everything.
- Her husband rushes in and has little patience with her.

FRUSTRATIONS

Emotional Support

- Julia is managing her physical disability, but has noticed low mood, and a strain in her relationships.

Changing Role

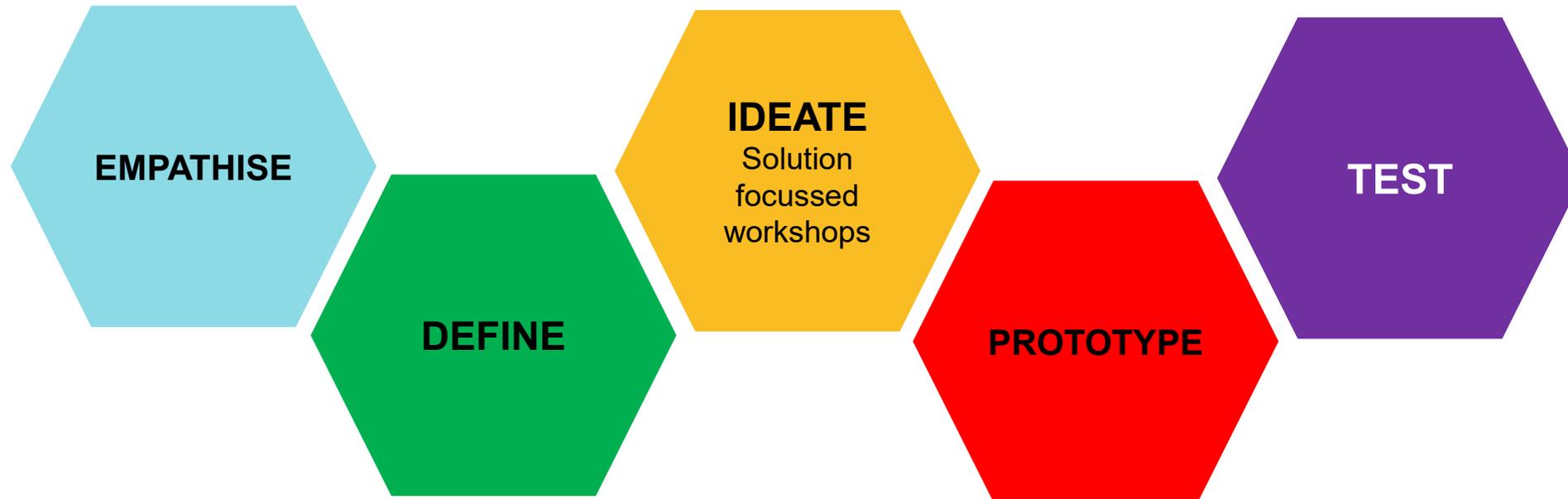
- She is frustrated that she can't do the things a mum would do like to do.
- She finds it hard to talk to her kids about what happened. She does not want them to worry about her.
- Her physio says she is making very good progress in her weekly sessions.

FINDING JOY

- Being able to pick her daughter up from school.



Design Thinking Process



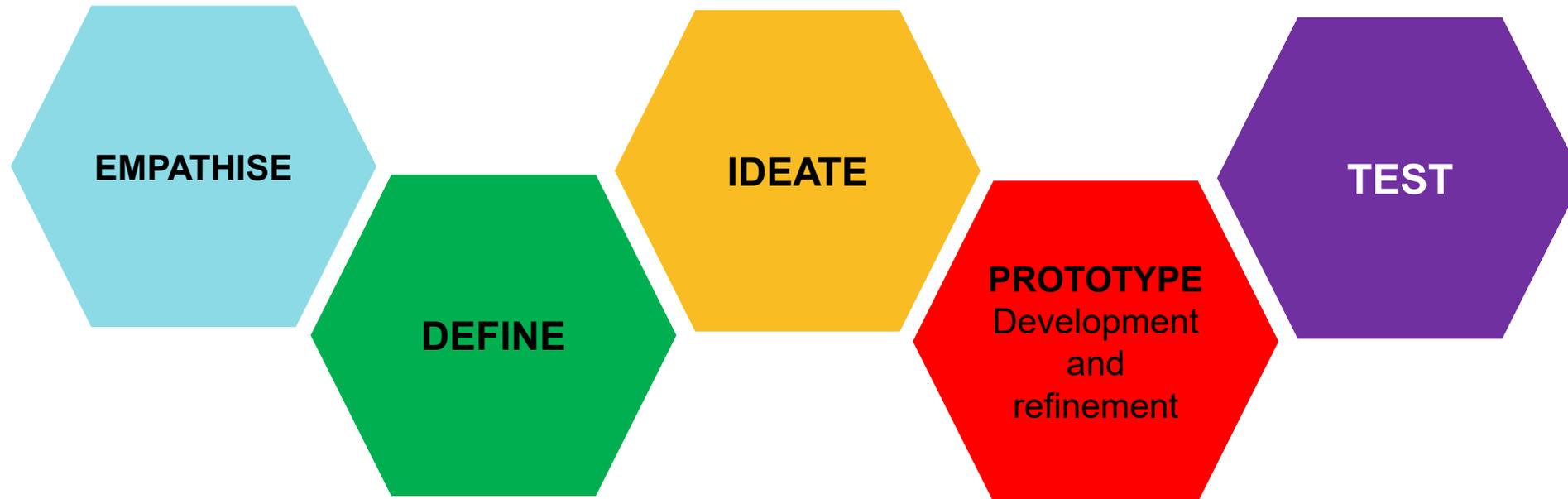
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CLASP PPI IHF and Croí Workshops 2025



IHF: Irish Heart Foundation and Croí: Heart & Stroke Charity Galway

Design Thinking Process

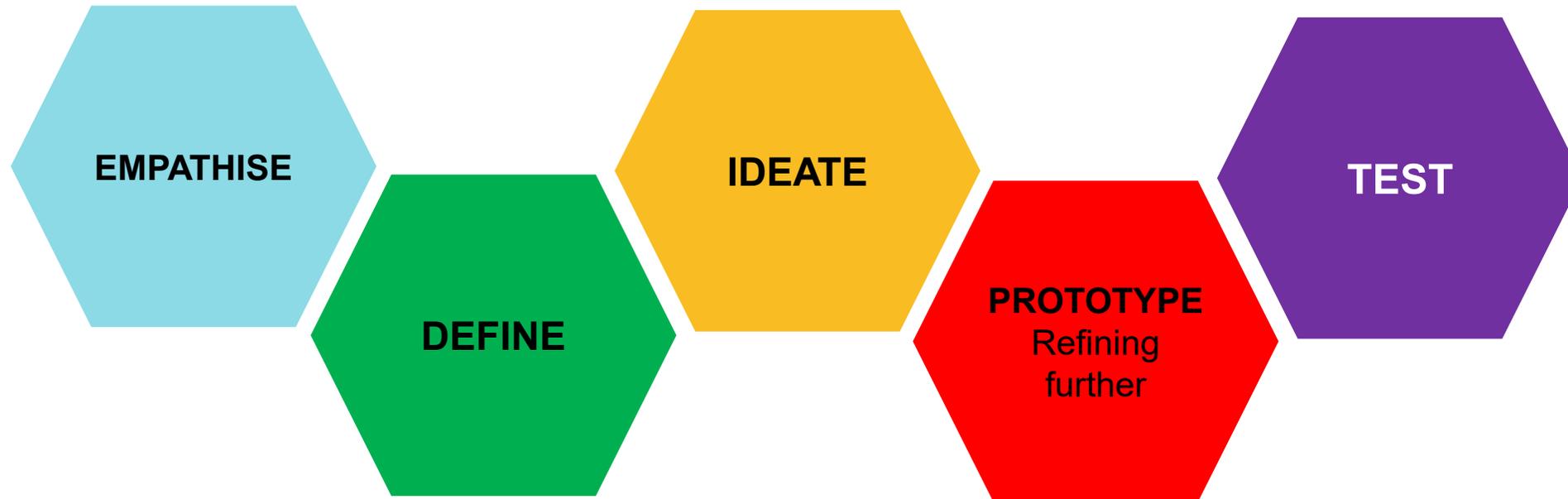


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Croí Workshop Sept. 2025



Design Thinking Process



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CLASP early prototype

Have we heard you correctly?

- What do you agree with?
- What is unclear or missing?
- What should we do next?



**LIFE AFTER STROKE
STROKE CARE
PATHWAY**

EMERGENCY RESPONSE AND ACUTE CARE (HOSPITAL PHASE)

- Recognition and respond - **FAST** (Face drooping, **A**rm weakness, **S**peech difficulty, **T**ime to call)
- (Ambulance) FAST call to ED - Time = Brain
- Diagnosis and Admission - medical assessment and management thrombolysis/ thrombectomy

DISCHARGE PREPARATION

Planning meetings

- MDT meeting/ family meeting
- MSW Consultation (payments, benefits and supports)
- ESD and level 1/2 rehabilitation centres
- Community rehab referrals
- Support services linkages

Discharge information

- Discharge checklist summary/ passport, GP Letter, prescriptions
- Secondary prevention targets - know your numbers and risk behaviours
- Follow up appointment details
- Carer information
- Keyworker/ signpost contact
- Peer support
- Home visit/ equipment

EARLY POST -DISCHARGE SUPPORT (0-3 MONTHS)

Community services and transitions

- Community rehab/ ESD
- Access to Neurorehab/ IDT teams
- Targeted risk reduction and health promotion
- Secondary prevention clinic
- Connect with Nurse Support Lines

Supported self - management and lifestyle

- Healthy lifestyle - living well/ staying active/ mood regulation/addressing substance use
- Self-evaluation and goal setting
- Supported behaviour change/ social prescribing
- Physical activity programmes, classes

MEDIUM TERM RECOVERY/ RE-INTEGRATION (3-6+ MONTHS)

- GP Blood checks/ prescription
- Ongoing secondary prevention clinic/ structured multi-modal interventions
- Speciality clinics

Empowerment

- Self-management coaching
- New identity and role reconstruction
- Engagement in meaningful life activities - return to work
- Maintaining positive health behaviours
- Peer support

CROSS CUTTING ENABLERS

Therapy Check in (PT/OT/SLT)

- Integrated communication
- Skilled conversations about priorities and hopes
- Psychological support adjustment to post stroke self
- Emotional/ family counselling
- Formal and informal peer networks
- Care giver support family, carer and friends
- Support for carers
- Needs-led assessments e.g. return to work, driving

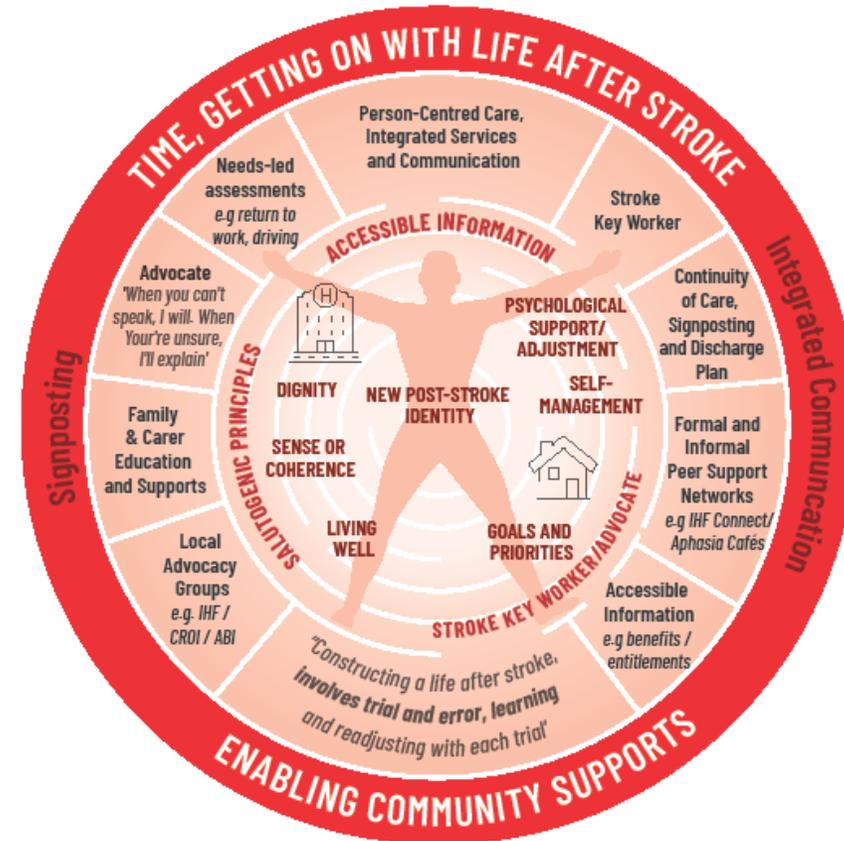
RCSI UNIVERSITY OF MEDICINE AND HEALTH SCIENCES

Refining further

Have we heard you?

- What do you agree with?
- What is unclear or missing?
- What should we do next?

An integrated life after stroke model
of care that focuses on health and wellbeing



PERMA Model
Positive Emotion,
Engagement,
Relationships,
Meaning and
Accomplishments

A Salutogenic Model
focuses on what strengthens
health and well-being,
integrating support systems
that help people thrive—not
just avoid illness

CIA Model
Control, Influence,
Accept Maslow's
Hierarchy of Needs

Mapping the Pathway To Support Life After Stroke



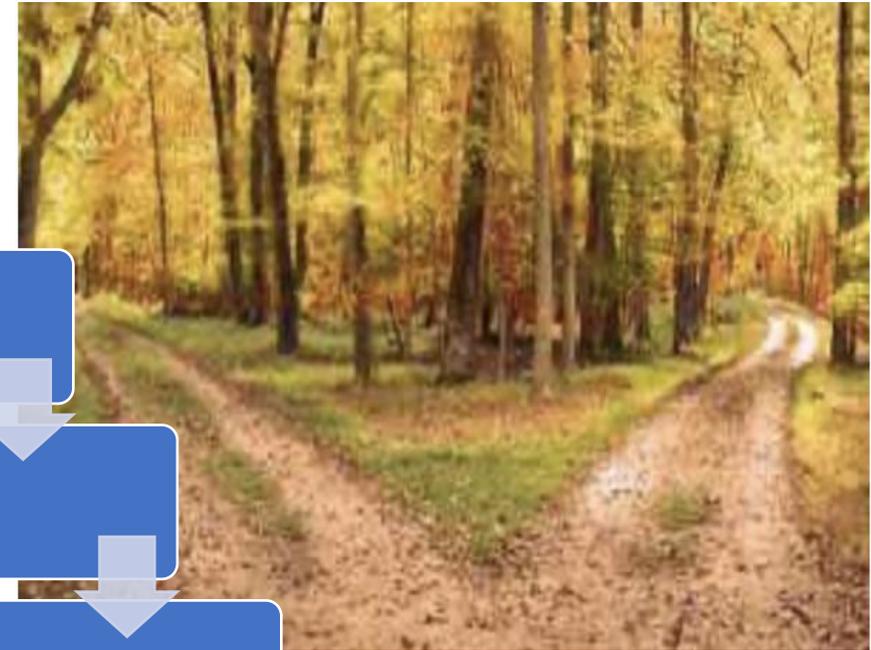
- Early stroke phase

- Discharge preparation

- Early post discharge support (0 - 3 months)

- Medium to long-term recovery (3 - 6+ months)

- Getting on with life

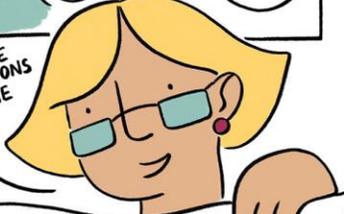


A PATHWAY TO SUPPORT LIFE AFTER STROKE

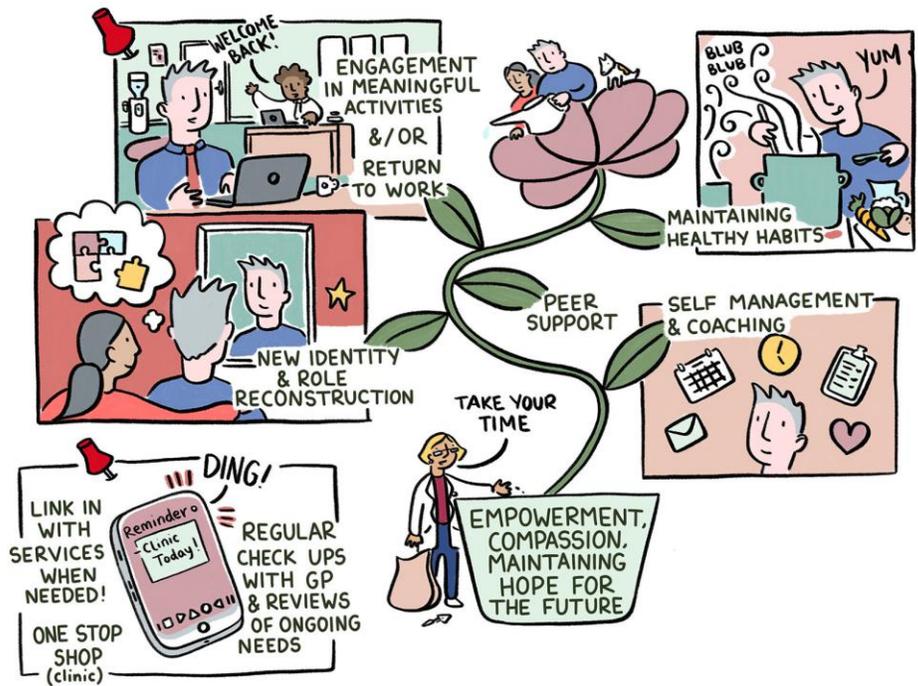
Cross Cutting Enablers
PINS 
 PERSON CENTRED,
 INTEGRATED,
 NEEDS-LED
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 WITH
 STROKE PERSONNEL
 at all points on
 the pathway



IF YOU HAVE ANY QUESTIONS JUST LET ME KNOW




- DISCHARGE CHECKLIST**
- WHO YOU HAVE BEEN REFERRED ONTO & WHY
 - SUMMARY, PASSPORT, GP LETTER & PRESCRIPTIONS
 - SECONDARY PREVENTION TARGETS - KNOW YOUR NUMBERS & RISKS
 - FOLLOW UP APPOINTMENT DETAILS
 - CARER/FAMILY INFO & SUPPORTS
 - SIGNPOSTING/KEYWORKER
 - STROKE SUPPORT SERVICES
 - HOME VISITS/EQUIPMENT
 - EARLY SUPPORTED DISCHARGE &/OR LEVEL 1/2 REHAB
 - COMMUNITY REHAB REFERRALS
 - CONTACT DETAILS FOR ALL



- COMMUNITY SERVICES, EARLY SUPPORTED DISCHARGE OR NEURO REHAB TEAMS
- CONNECT WITH STROKE SUPPORT ORGANISATIONS / NURSE SUPPORT LINES



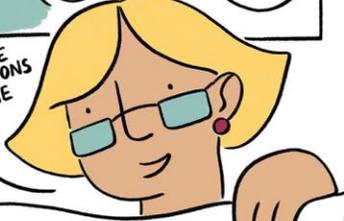
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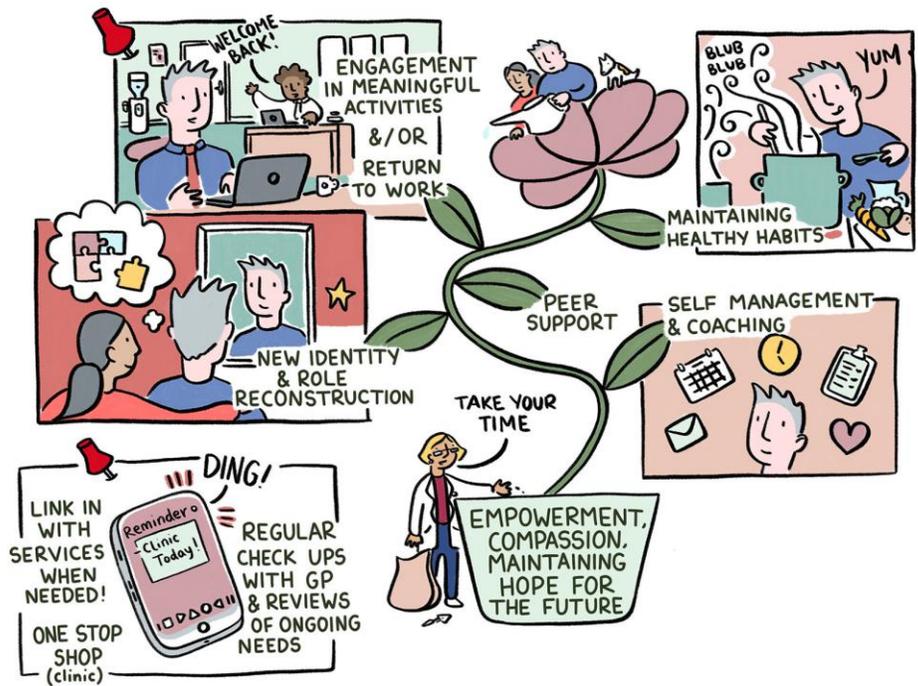
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A PATHWAY TO SUPPORT LIFE AFTER STROKE

Early Stroke Phase

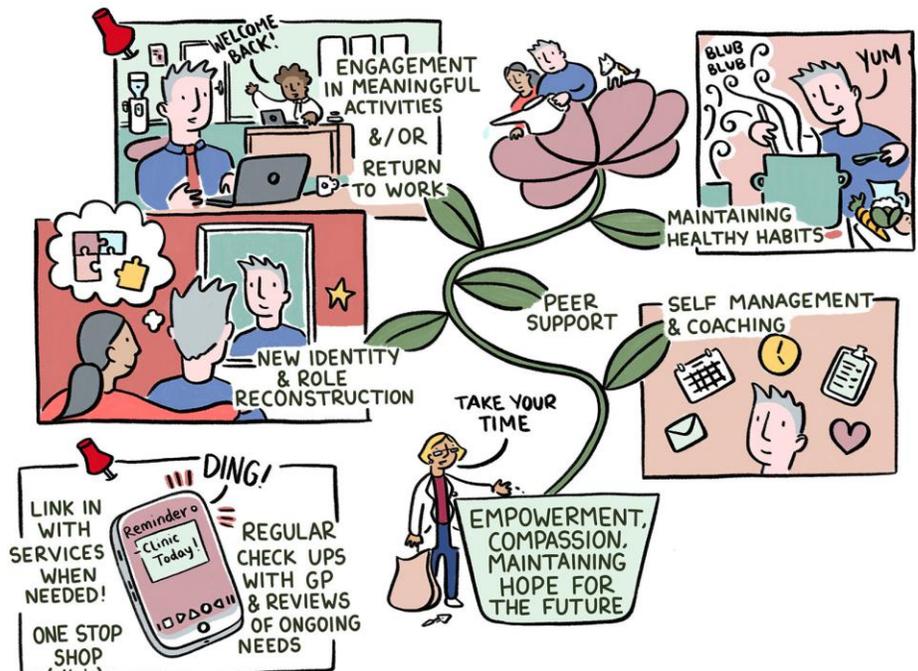
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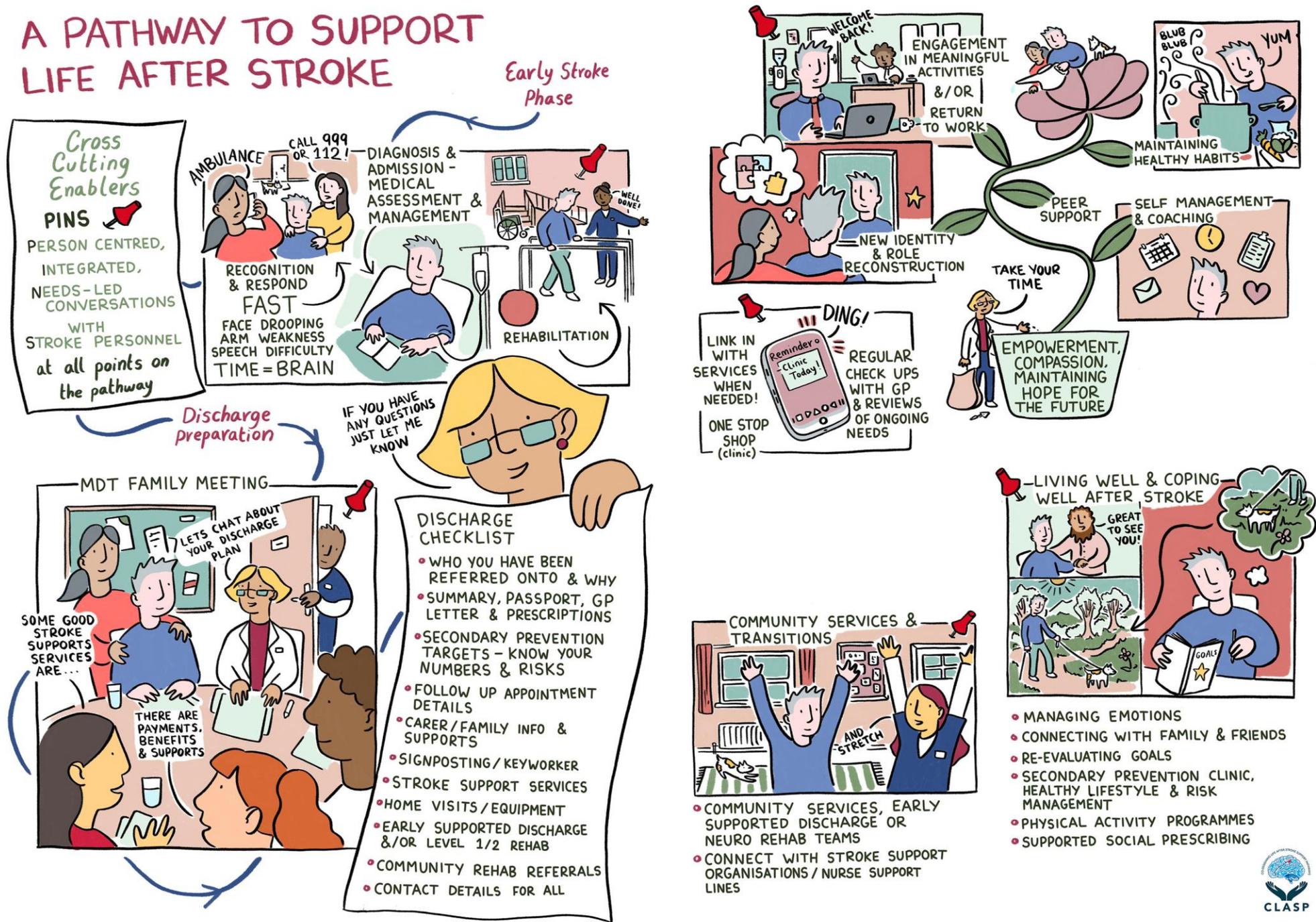


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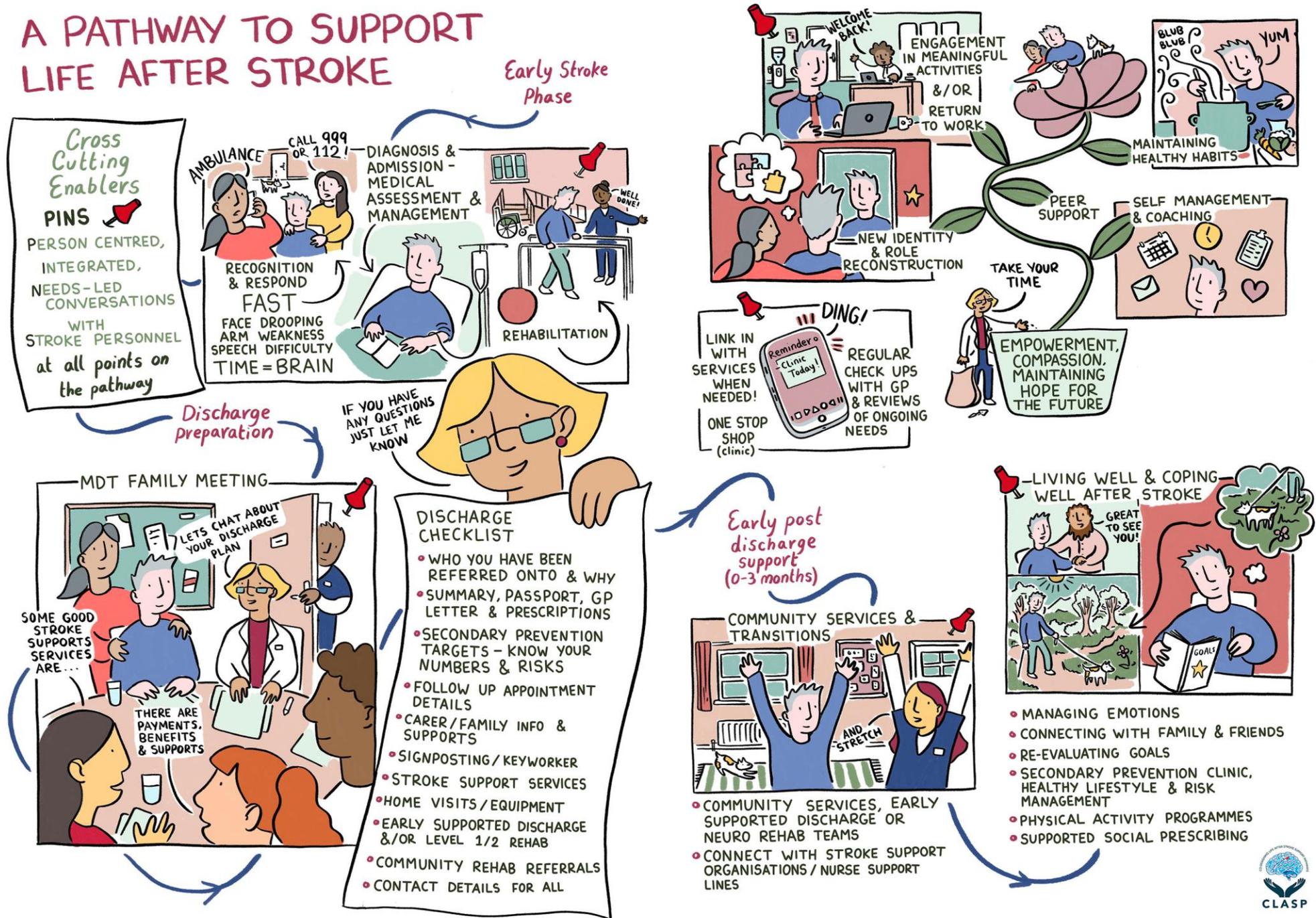


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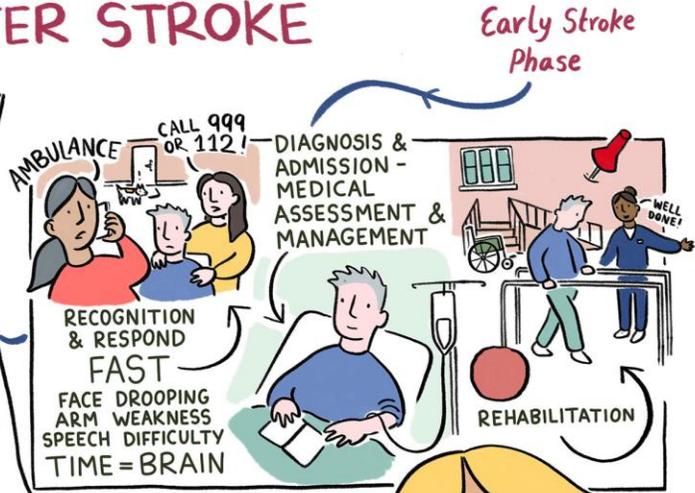


A PATHWAY TO SUPPORT LIFE AFTER STROKE



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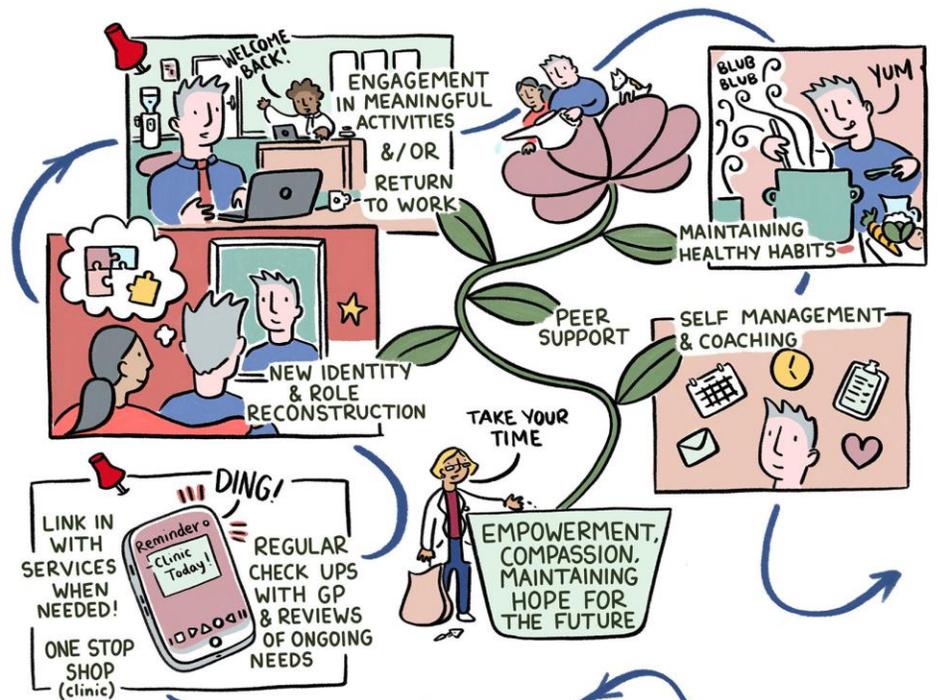


Discharge preparation



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Early post discharge support (0-3 months)

Medium to long term recovery (3-6+ months)



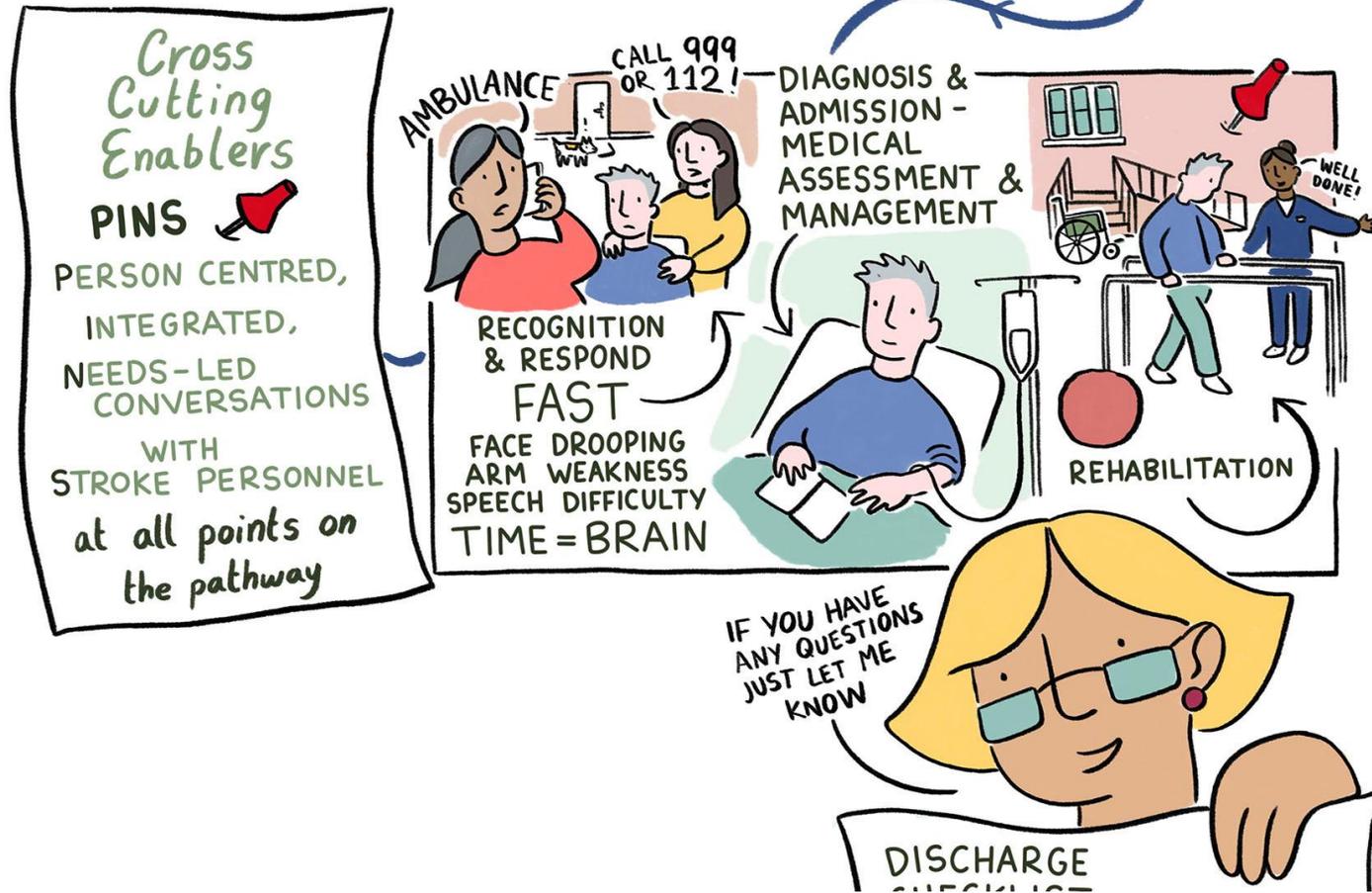
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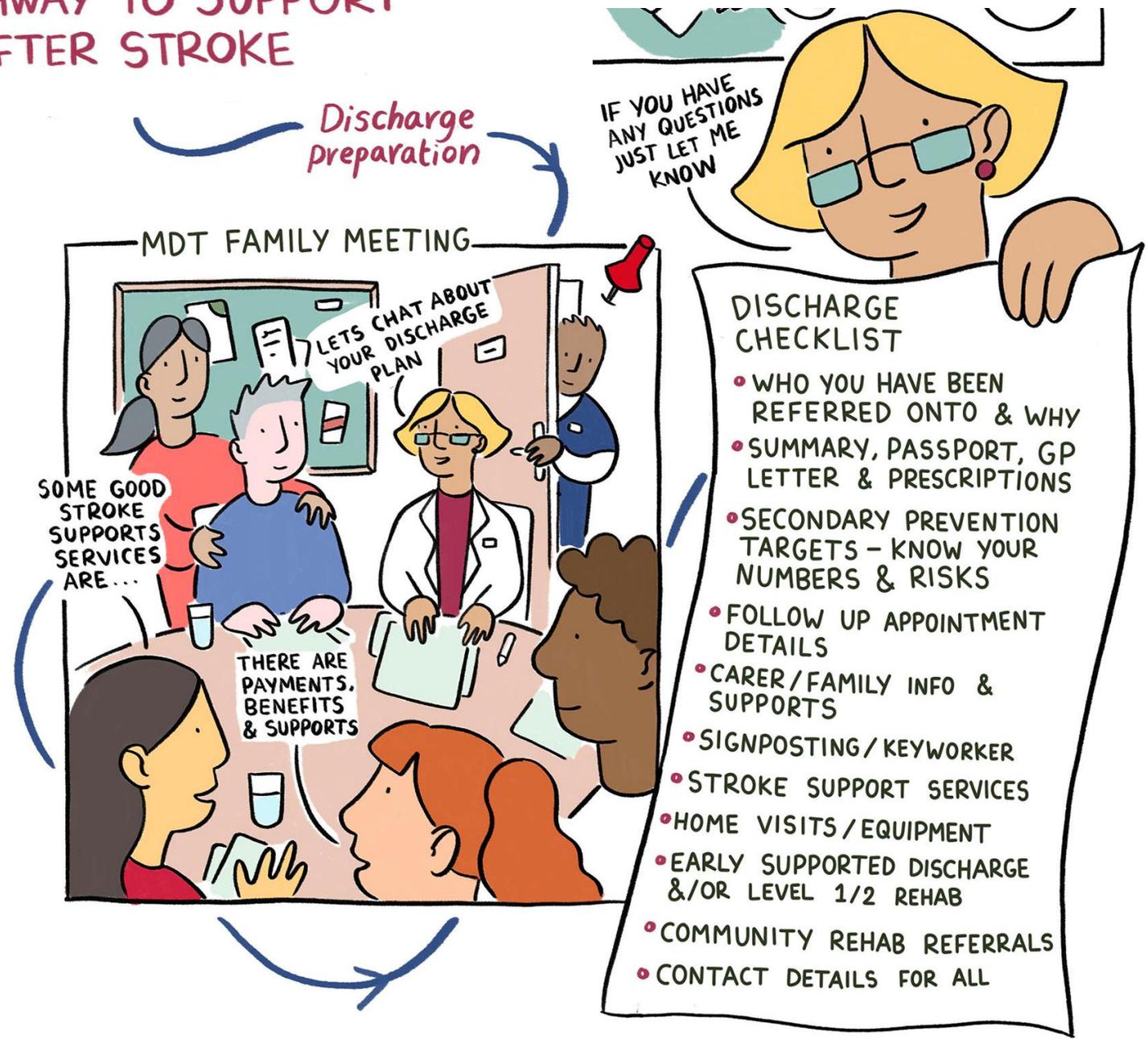
A PATHWAY TO SUPPORT LIFE AFTER STROKE

Early Stroke Phase



Early Stroke Phase

A PATHWAY TO SUPPORT LIFE AFTER STROKE



Discharge Preparation

A PATHWAY TO SUPPORT LIFE AFTER STROKE

Early post discharge support (0-3 months)



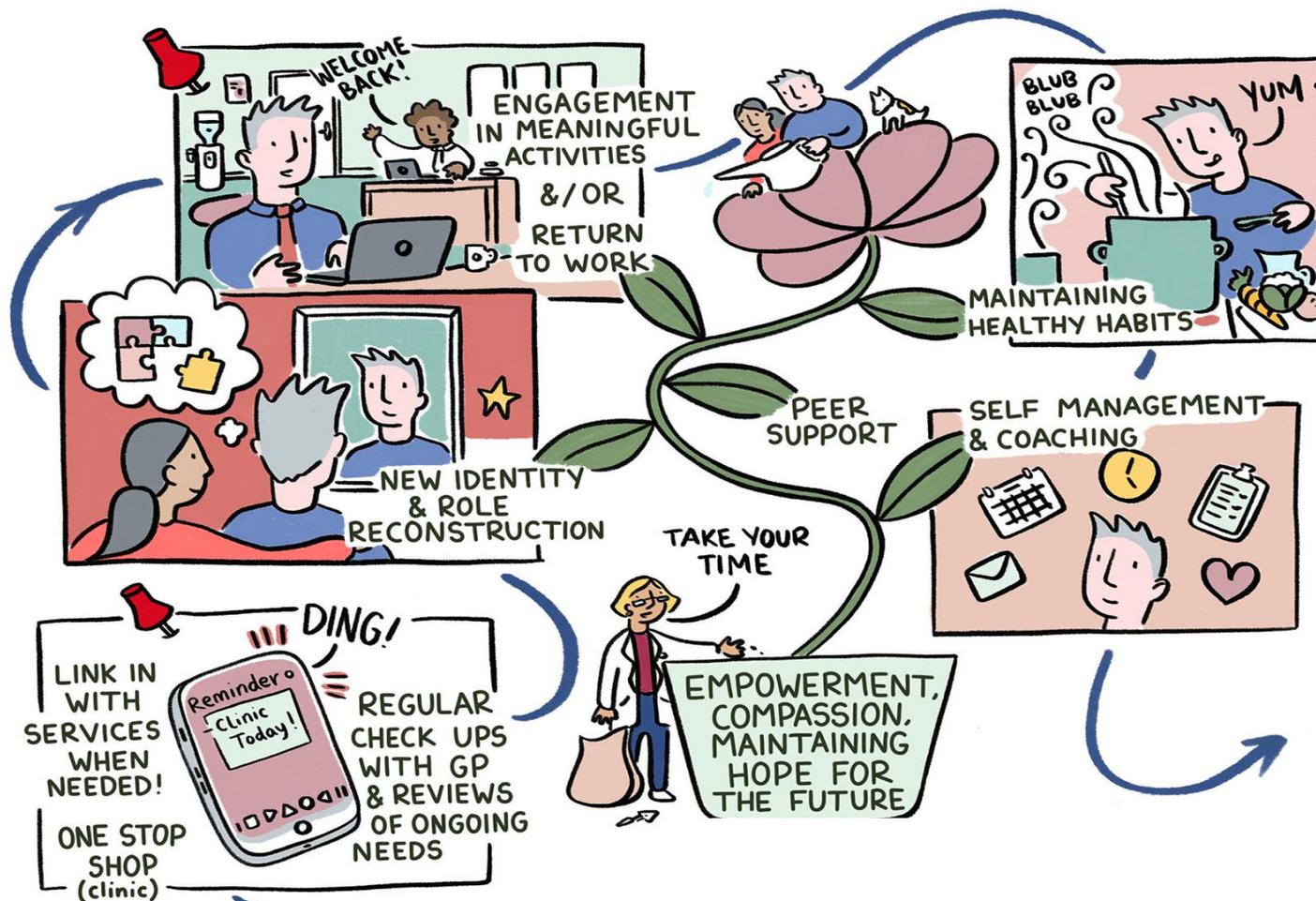
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Early Post-Discharge Support (0 - 3 Months)

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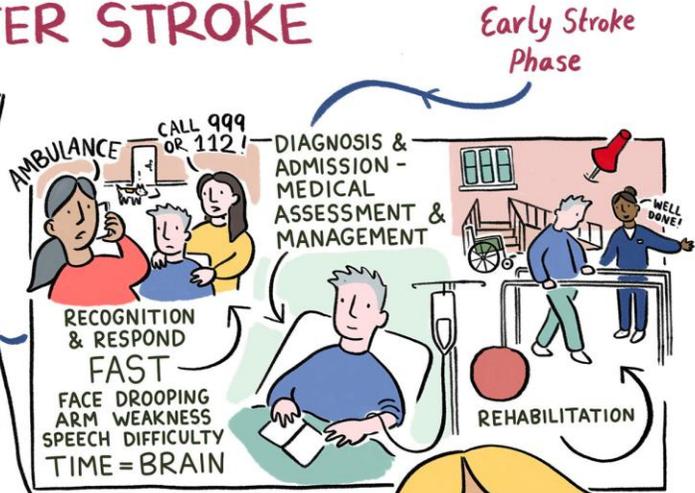


Medium to Long-Term Recovery (3 - 6+ Months)

Medium to long term recovery (3-6+ months)

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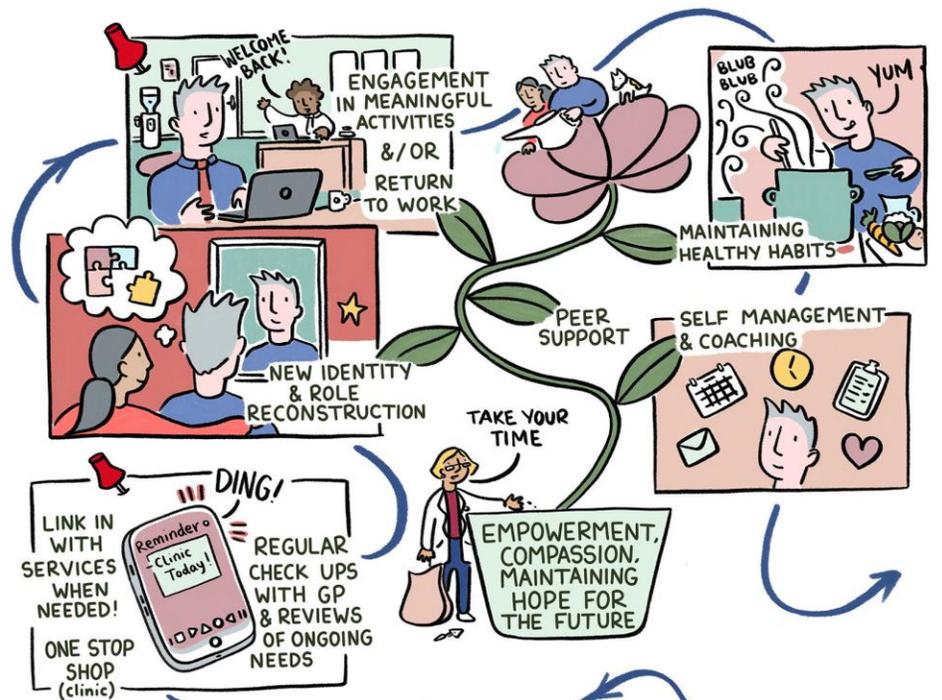


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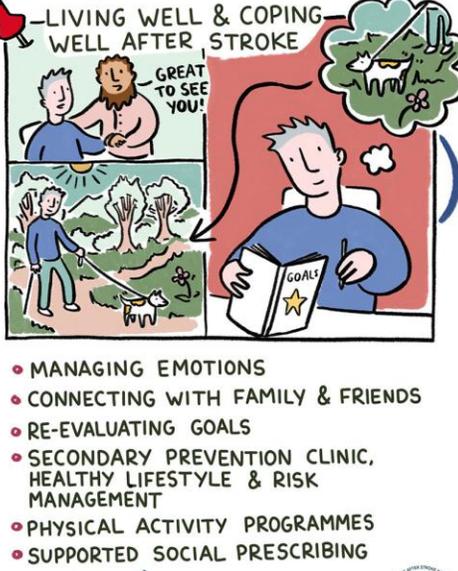
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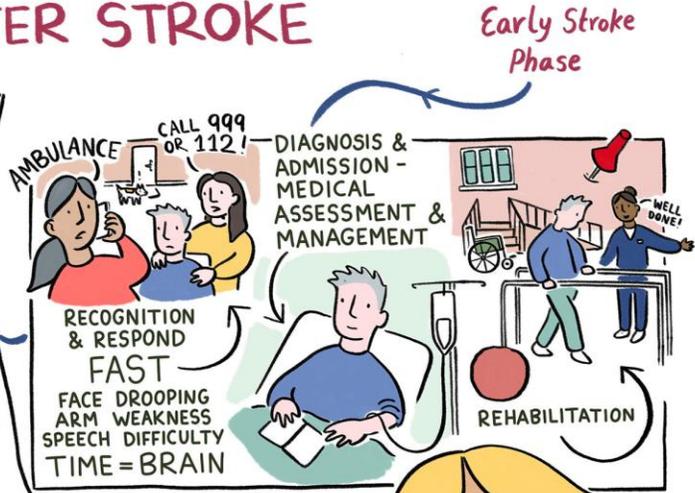
Early post discharge support (0-3 months)

Medium to long term recovery (3-6+ months)



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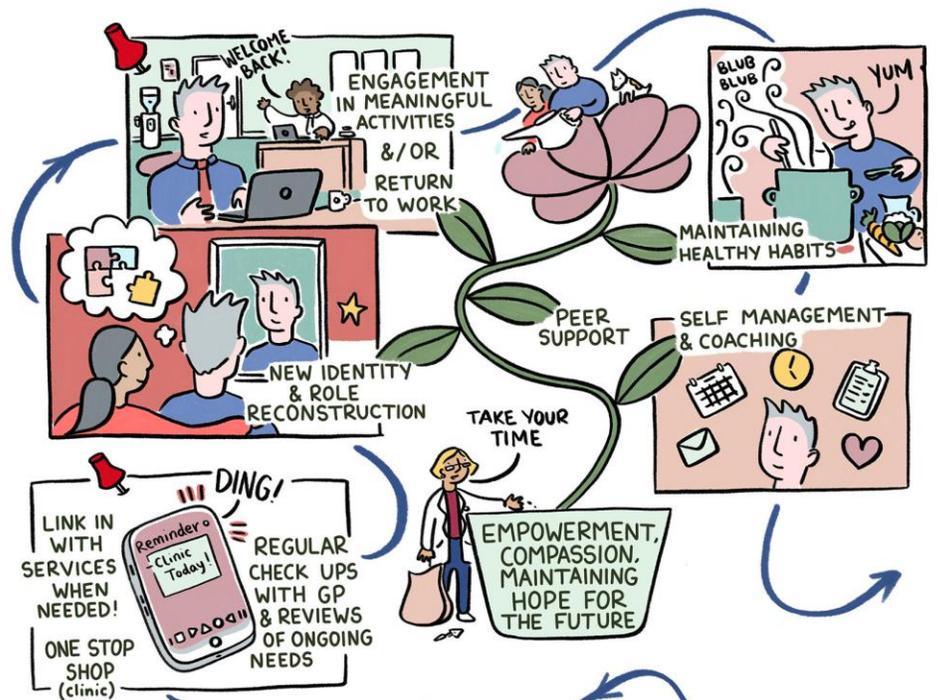


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Early post discharge support (0-3 months)



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PINS 📌

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Early Stroke Phase



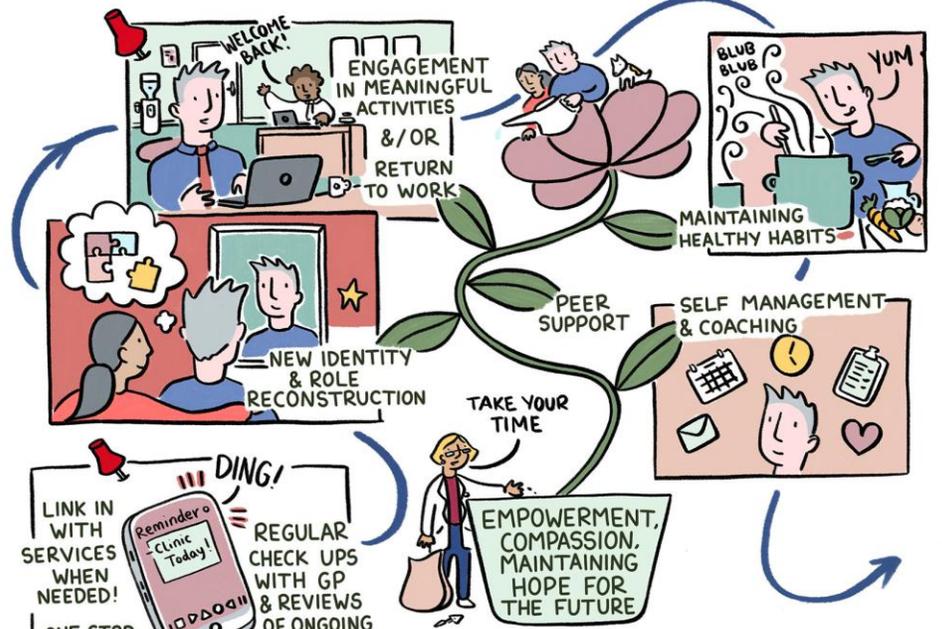
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Medium to long term recovery (3-6+ months)

Early post discharge support (0-3 months)



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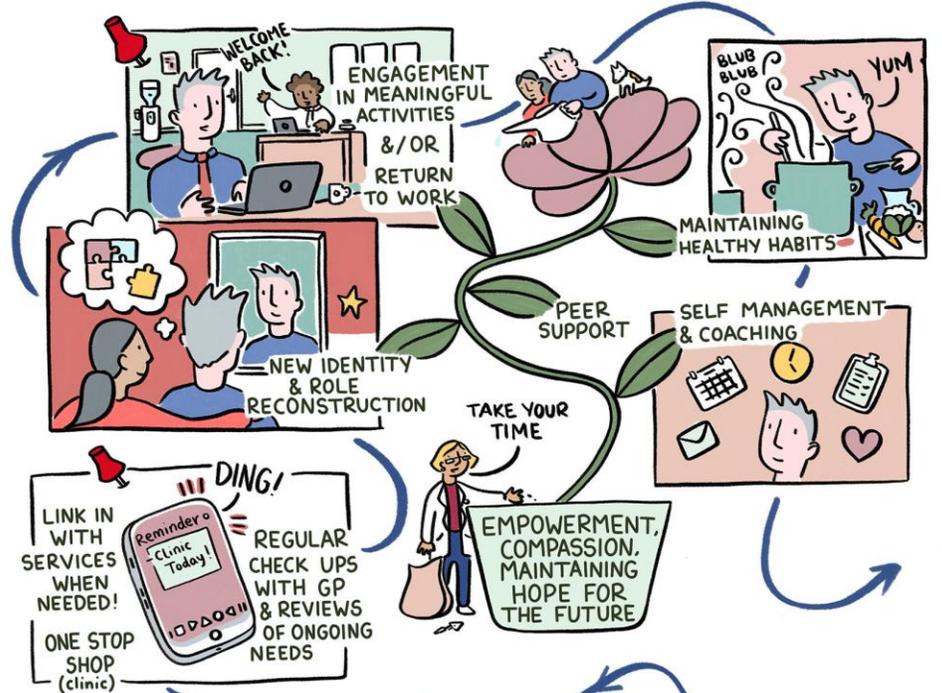
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- CONNECT WITH STROKE SUPPORT ORGANISATIONS / NURSE SUPPORT LINES

Medium to long term recovery (3-6+ months)



- MANAGING EMOTIONS
- CONNECTING WITH FAMILY & FRIENDS
- RE-EVALUATING GOALS
- SECONDARY PREVENTION CLINIC, HEALTHY LIFESTYLE & RISK MANAGEMENT
- PHYSICAL ACTIVITY PROGRAMMES
- SUPPORTED SOCIAL PRESCRIBING

A PATHWAY TO SUPPORT LIFE AFTER STROKE

Early Stroke Phase

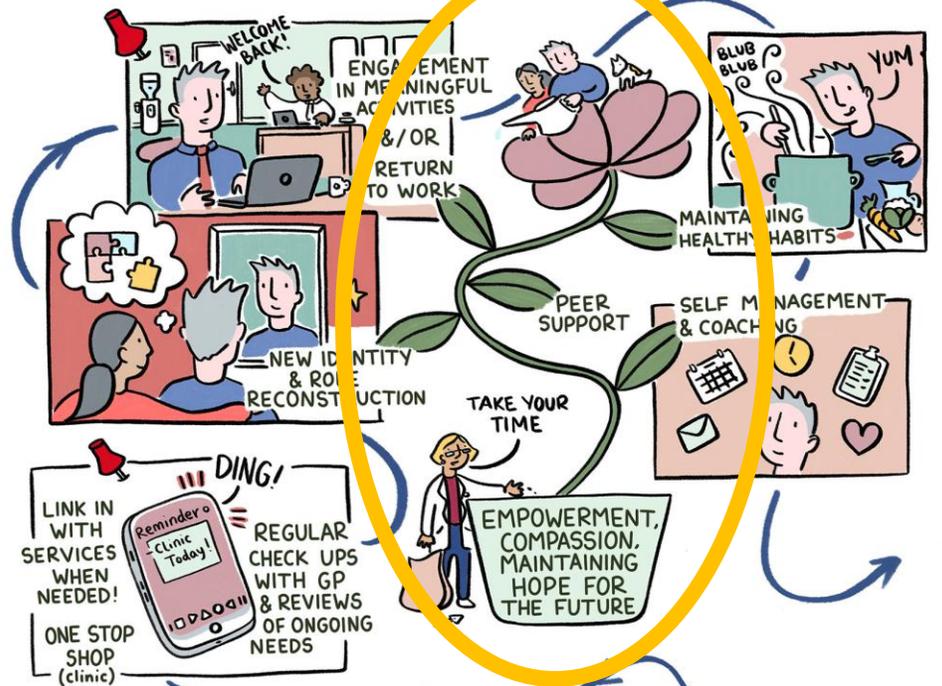
Cross Cutting Enablers
PINS
 PERSON CENTRED,
 INTEGRATED,
 NEEDS-LED
 CONVERSATIONS
 WITH
 STROKE PERSONNEL
 at all points on
 the pathway



Discharge preparation



- IF YOU HAVE ANY QUESTIONS JUST LET ME KNOW
- DISCHARGE CHECKLIST**
- WHO YOU HAVE BEEN REFERRED ONTO & WHY
 - SUMMARY, PASSPORT, GP LETTER & PRESCRIPTIONS
 - SECONDARY PREVENTION TARGETS - KNOW YOUR NUMBERS & RISKS
 - FOLLOW UP APPOINTMENT DETAILS
 - CARER/FAMILY INFO & SUPPORTS
 - SIGNPOSTING/KEYWORKER
 - STROKE SUPPORT SERVICES
 - HOME VISITS/EQUIPMENT
 - EARLY SUPPORTED DISCHARGE &/OR LEVEL 1/2 REHAB
 - COMMUNITY REHAB REFERRALS
 - CONTACT DETAILS FOR ALL



Early post discharge support (0-3 months)

Medium to long term recovery (3-6+ months)

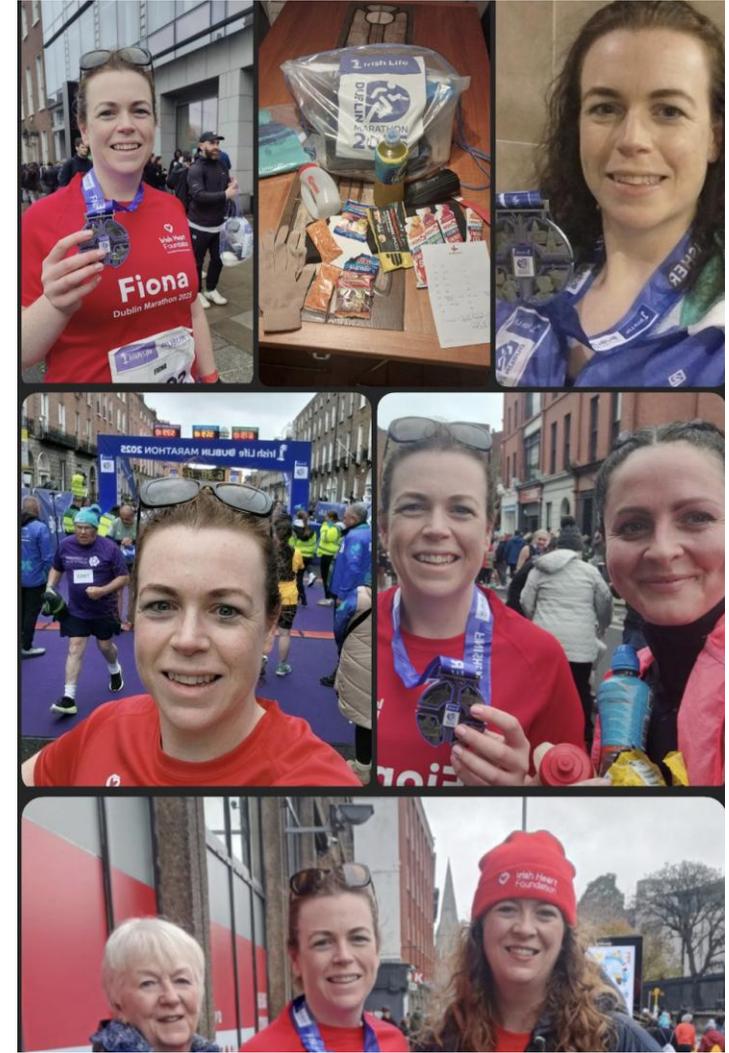


- COMMUNITY SERVICES, EARLY SUPPORTED DISCHARGE OR NEURO REHAB TEAMS
- CONNECT WITH STROKE SUPPORT ORGANISATIONS / NURSE SUPPORT LINES



- MANAGING EMOTIONS
- CONNECTING WITH FAMILY & FRIENDS
- RE-EVALUATING GOALS
- SECONDARY PREVENTION CLINIC, HEALTHY LIFESTYLE & RISK MANAGEMENT
- PHYSICAL ACTIVITY PROGRAMMES
- SUPPORTED SOCIAL PRESCRIBING

Life after stroke: Taking Back Control by Degrees



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