



Service Priorities and Programmes
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Community re-integration for post-stroke patient empowerment through a post-stroke discharge support group

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Introduction

Stroke can be a devastating and life changing event for people. 2 out of 5 stroke survivors in TMH ASU discharge directly, post stroke supported services were expected to build around their individual needs with board range of services to help them recover from and cope with the effects of stroke. However, services provided were varies and fragmented, age below 60y would not be included in Geriatric-day training, while patients on discharged with modified rankin scale (mRS) 0 -3 were relatively low in priority to transfer to Rehabilitation Stroke Unit. More than 90% of discharged patients from ASU had to wait four weeks on average until they receive community-based physiotherapy, occupational therapy and speech and language therapy. Although some information packs provided a helpline on local services, almost all were not available outside office hours and without a named contact person to introduce their services, which sometimes patients cannot talk. An innovative group program, collaborated with Social worker (SW) of Community Service center and Non-government Organizations (NGOs) has been established in April 2017, consist of 2 hours for 4 times. Patients can come with carers and participate in interactive information sessions and peer-to-peer sharing group. The key part of this program is some of our previously participants to act as volunteers in this program

Objectives

• To provide self-management support • To promote peer-to-peer support • To build up patient's confidence and mindset change so as to re-engage in healthy lifestyle behaviors

Methodology

• Data collected from 1/4/2017 to 31/12/2017 by TMH stroke nursing team • All ASU admitted patients were inclusive and recruited under voluntary base. • Participants

with 2 or more attendance will be recruited for data analysis via telephone consultation by SW , 1 pre & post survey to examine stroke knowledge. 1 post survey to evaluate the effectiveness of peer-to-peer support 1 post survey to evaluate the effectiveness of information transfer for community-based rehabilitation services.

Result

Result and outcome: There were total 194 patients recruited with 93 patients or carers attended the support group at least once. Overall, there were 214 attendance recorded, of which, 25 patients attended more than 2 times were selected for data analysis. Stroke knowledge increased from 44% to 100% after program attended. 72% (18) patients find friendships build up and 96% (24) patients become empowered by each other to follow health behaviors outside the program, where they have confidence in doing daily important activities. Total 88% (22) patients attended NGOs services after referred from program and 3 patients act as volunteers to support this program in return and become role models for positive influence to others. Conclusion and recommendation: We did not expect to see any obvious change after just attend for two or more classes, but peer group support is one of the important elements in post stroke rehabilitation journey. Although the group is small in scale, we formed a stroke community where good habits are spread by patients themselves. The service still has rooms for improvement, for example that not much patients come back for more than two times as content is needed to review. Referred patients to NGOs were difficult for outcome monitoring and measurement. There are no standardized validated tools to test for program outcome. Further develop the networking with NGOs for community service is needed.