

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.

Protection of staff and stroke survivors from risk of contracting COVID-19 is a priority. Patients need to be triaged to enable prioritisation and only patients with urgent needs or/and at high risk should be visited face-to-face, in line with local infection control and PPE guidance. It is important to acknowledge, teams may no longer be able to follow national stroke clinical guidelines regarding therapy intensity during the COVID-19 outbreak. ESD and community stroke services are encouraged to adopt a tele-rehabilitation approach, in line with IT governance and patients and families' needs. While research is still on-going regarding the benefits of tele-rehabilitation, it is currently the best alternative to face-to-face therapy. Partnerships with the voluntary sector and online support services for stroke 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.

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Appendix I

- [Remote working support for ESD and community stroke teams](#)

Reference

1. Li Y, Wang M, Zhou Y, et al. Acute cerebrovascular disease following COVID-19: a single center, retrospective, observational study (3/3/2020). <http://dx.doi.org/10.2139/ssrn.3550025>