Survey on Stroke Rehabilitation in Europe (SUSTAIN-EU)

to evaluate European stroke rehabilitation services

Stroke SISC ESPRM

What is the aim of the survey?

The overall aim of the survey is to provide an overview and evaluate the contexture of post-stroke rehabilitation service in European countries.

Who is eligible to complete the survey?

The Survey are expected to complete by the national delegates and /or (the national delegates may further distribute the survey to) the key persons in different regions in the country.

Which information is going to be collected?

The survey is collecting data regarding general information on stroke and stroke rehabilitation, telerehabilitation, quality registries and control.

Why should I participate the survey?

The data will serve as a unique recourse to compare and contrast different stroke rehabilitation services delivery systems not only between the countries but also between the different regions within a country. It will enhance the scarce knowledge regarding optimal stroke rehabilitation service delivery in Europe

What should I do, if I can't answer the question?

If you have no answer to the certain question, indicate that no information is available (such as "NA").

Thank you very much for your participation!

The link to the on-line survey: https://forms.gle/3HprkWiw37K5WFTU7

General Information

1.1. Information on person who is filling the form

Name, surname		Click or tap here to enter text.	
Gender		Male ☐	Female ☐
Career level		Senior Consultant ☐	
		Consultant ☐	
		Resident ☐	
Specialization		Click or tap here to enter text.	
E-post address		Click or tap here to enter text.	
Position in ESPRM		Nationtional delegate Yes ☐ No ☐	
Affiliation	Institution	Click or tap here to enter text.	
	City	Click or tap here to enter text.	
	Country	Click or tap here to enter text.	
Representation	Name of the country	Click or tap here to enter text.	
	N of regions in the country		
	Name of the region (if applicable)	Click or tap here to enter text.	
	Population	Click or tap here to enter text.	
Please, describe differences in stroke care of rehabilitation among the different regions?		Click or tap here to enter text.	

1.2. *Number of PRM physicians*

Absolute number	Click or tap here to enter text.
Physicians officially responsible for acute rehabilitation for stroke patients	Click or tap here to enter text.
Physicians responsible for post-acute/long term rehabilitation for stroke rehabilitation	Click or tap here to enter text.

1.3. Stroke

Data should be rate for /100 000 inhabitants			
The estimated annual number of the incident strokes (N/100 000 inhabitants)		Click or tap here to enter text.	Cannot be estimated ☐
The estimated annual number of the incident strokes with rehabilitation needs (N/100 000 inhabitants)		Click or tap here to enter text.	Cannot be estimated ☐
The estimated annual number of the incident transient ischemic attack (TIA) (N/100 000 inhabitants)		Click or tap here to enter text.	Click or tap here to enter text.
The estimated annual number of the incident TIA with rehabilitation needs (N/100 000 inhabitants)		Click or tap here to enter text.	Cannot be estimated ☐
Provided information is based on:	registries	Yes ☐	No ☐
	estimates	Yes ☐	No ☐
	others	Yes ☐	No ☐

			Please, specify: Click or tap here to enter text.

1.4. *Organization of stroke rehabilitation care system*

In your country, is there an established/ defined plan/program/strategy to address stroke rehabilitation recommendations?	Yes ☐	No ☐
If yes, at what level operates the stroke rehabilitation plan/program/strategy?	National ☐ Regional ☐ Local ☐ Other, please specift Click or tap here to enter text.	
In your country, is there an established/ defined stroke rehabilitation pathway?	Yes ☐	No ☐
Which rehabilitation guidelines are implemented in your country?	World Health Organization's ☐ European Stroke Organization's ☐ National ☐ Others, please specifyClick or tap here to enter text. None ☐	
Does the health administration apply any ¨pay for performance¨ strategy that is based on performance measures for stroke rehabilitation?	Yes ☐	No ☐
Does your country has stratification of stroke – service departments (stroke unit, stroke centre, comprehensive stroke unit) according to Action Plan for stroke in Europe 2018-2030?	Yes ☐	No ☐
If you have a stroke registry what proportion of stroke patients is covered by the registry (%)?	Click or tap here to enter text.	

Which services of the stroke rehabilitation is provided in your country?

	Rehabilitation in stroke unit	☐
	Rehabilitation in acute ward	☐
	Early supported discharge	☐
	In-patient rehabilitation	☐
	Day rehabilitation	☐
	Home rehabilitation	☐
	Out-patient/ambulatory rehabilitation	☐
	Community based rehabilitation	☐

	Follow-up/intermittent rehabilitation	☐
	Telerehabilitation	☐
	Other, please specify	Click or tap here to enter text.

Definitions of stroke rehabilitation services

Stroke Unit:	Organised stroke unit care is a form of care provided in hospital by nurses, doctors and therapists who specialise in looking after stroke patients and work as a co-ordinated team. (1)Organised inpatient (stroke unit) care is a term used to describe the focusing of care for stroke patients in hospital under a multidisciplinary team who specialise in stroke management. (2)
Rehabilitation for stroke patients in acute wards	Establishment of a mobile visiting PRM team under the responsibility of a specialist in PRM, while the patient remains in the referring specialist's bed (acute rehabilitation team (ART). • Daily visits to the acute wards by specialists from a standalone PRM facility. • Establishment of facilities in PRM centres to take patients very early to start their PRM programme. (3)
Early supported discharge	Team offering rehabilitation in the community that replicates the stroke unit care; this enables earlier home discharge than would be possible if the team was not available (reach out or reach in). (4)
In-patient rehabilitation	Goal-oriented multi-professional rehabilitation under the responsibility of a PRM physician in the in-patient rehabilitation facility. (5)
Day rehabilitation	Goal-oriented multi-professional rehabilitation under the responsibility of a PRM physician in the out-patient rehabilitation facility. (6)
Out-patient – ambulatory rehabilitation	Single rehabilitation services in the out-patient rehabilitation facility. (6)
Home rehabilitation	Rehabilitation at home provided by interprofessional teams to replace institutional rehabilitation (7)
Home based rehabilitation	Home exercise done by patients themselves following professional instructions to prevent deterioration and promote health through physical activity. (7)
Community based rehabilitation	Strategy within general community development for the rehabilitation, equalization of opportunities, poverty reduction and social inclusion of people with disabilities (8)
Follow-up or intermittent rehabilitation	Intermittent inpatient rehabilitation services can be used to induce and bolster rehabilitation effects in patients with chronic health conditions, in particular if they are related to psychosocial stress and vocational problems. (9)
Telerehabilitation	The delivery of rehabilitation services via information and communication technologies (10)

Telerehabilitation

	Rehabilitation in stroke unit	Rehabilitation in acute ward	Early supported discharge	In-patient rehabilitation	Day rehabilitation	Home rehabilitation	Out-patient/ambulatory rehabilitation	Community based rehabilitation	Follow-up/intermittent rehabilitation	Telerehabilitation	Other specified
Telerehabilitation is used to:											
Replace existing services	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Complement existing services	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
For what purposes telerehabilitation is used in stroke care?											
Assessment/evaluation of patient	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Diagnostics	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Setting goals	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Treatment/ rehabilitation therapy	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Education	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Monitoring/follow-up	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
In what way telerehabilitation is provided? (11)											
2-way real-time visits with audio and/or video	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Asynchronous e-visits	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Virtual check-ins	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Remote evaluations of recorded videos or images	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Telephone assessment and management services	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Stroke rehabilitation registries and quality control

Does your country have National Stroke register	Yes ☒	No ☒
If yes, what proportion of stroke patients is covered by the registry	Click or tap here to enter text.	
Does your country have National Rehabilitation register	Yes ☐	No ☒
If yes, what proportion of stroke patients is covered by the registry	Click or tap here to enter text.	

Is there:	Rehabilitation in stroke unit	Rehabilitation in acute ward	Early supported discharge	In-patient rehabilitation	Day rehabilitation	Home rehabilitation	Out-patient/ambulatory rehabilitation	Community based rehabilitation	Follow-up/intermittent rehabilitation	Telerehabilitation	Other specified
Assessment/evaluation of service delivery quality?	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Identification of problems or shortcomings in service delivery?	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Designing activities to overcome these deficiencies?	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Follow-up monitoring to ensure effectiveness of corrective steps?	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Accreditation/certification	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Audit	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Appointed quality manager	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Single intervention explicitly to improve structure/process/outcome quality	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

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