



NROL@QS Screening Process

S/ Patient contacted to determine if they can participate in the NROL programme. Pt consented to screening session today. The following processes were completed:

1. NROL Orientation
2. Clinical Screening
3. Zoom Orientation
4. Outcome Measures

1. NROL Orientation

- You have been referred to the Queen Square Neuro Rehabilitation Online (NROL) Service due to your recent stroke/brain injury. Do you know what this is?
- {Yes/No/Don'tKnow:34546}
- The groups are run through a Video Conferencing App called Zoom. Have you used this app before? {YES/NO:31935}
- You have been referred for the following groups: {NROL group list:34626}
- If deemed appropriate, would you be happy to attend these groups? {YES/NO:31935}

2. Clinical Screening

The following questions were asked during this screening call today. Outcomes as provided by patient***, stated after each question:

- Which London Borough do you live in? {LondonBoroughs:34634}
- Do you live alone? {YES/NO:31935}
- Confirm emergency contact details as stated on EPIC? EPIC details accurate?{YES/NO:31935}
- Are there any arrangements for emergency access to your property that we should be aware of?{YES/NO:31935}***
- Do you have a pendant alarm? {YES/NO:31935}
- Do you have any swallowing problems? {YES/NO:31935}
- Do you have any concerns about returning to exercise and what might they be? {YES/NO:31935} ***
- Do you have any:
 - Problems affecting your joints {YES/NO:31935}
 - Heart problems {YES/NO:31935}
 - Long-standing conditions {YES/NO:31935}
 - History of surgery? {YES/NO:31935}



Physical Exercise post stroke knowledge (Please indicate your agreement with the following statements)

- I understand why I need to engage in moderate to strenuous activity since my stroke (getting slightly out of breath, like a brisk walk) (Likert scale 5 - 1:34631)
- I know what to do to regularly exercise myself to moderate to strenuous levels (with or without carer support if required) {Likert scale 5 - 1:34631}
- I know what to do to improve my strength since my stroke (with or without carer support if required) {Likert scale 5 - 1:34631}

Current Community Input

- Are you currently receiving rehabilitation input other than NROL? {YES/NO:31935}
- How many days a week are you receiving rehabilitation input other than NROL?***

Screener only:

- Could the patient follow 2-stage commands throughout today's the session ? {YES/NO:31935}. Was any additional support required? {NROL Support:34635}
- Were any behavioural concerns identified through screening session? {YES/NO:31935}

Zoom Orientation

Patient {Did/Did not:34633} agree to Zoom call for second half of session to practice using this technology and to complete the following processes:

- Could they locate an email and open a Zoom link to join today's call? {YES/NO:31935}
- Do they understand that they will be sent an email in advance of the groups they are attending and will need to open this link 10 minutes in advance of the group time {YES/NO:31935}
- Do they need any support to access Zoom? {NROL Support:34635}
- Do they understand how to mute/unmute themselves and stop/use camera function during a Zoom call? {YES/NO:31935}
- Do they have a stable Internet connection to engage with NROL? {YES/NO:31935}
- They were provided with the following advice to ensure they have the best possible connection and experience when accessing NROL via Zoom:
 - Arrive on line 10 minutes in advance of the session time.
 - If they need someone to be present for technology support ensure they are available for the full session time if needed.
 - Try to set yourself up in a quiet room that is close to the wifi/broadband for the best possible connection.
 - If using a phone or tablet for Zoom, try to set it up on a flat supporting surface that allows the device to be propped up at eye level if standing or sitting to provide the NROL team with the best view of you.
 - Try to wear comfortable loose fitting clothing for any exercise groups that you may be attending. Have access to a drink nearby if needed.



Outcome Measures

The following outcome measures were completed with the patient**

Outcome Measure 1: NROL Outcome Measure

Reviewer to establish two facts before starting the scoring:

1. What was the cause of your acute brain injury? ***
2. Do you have a carer/family member who lives with you and who would be willing to answer two additional questions for us? (NB: should be done when the patient is not able to hear their responses). {YES/NO:31935}. Please state who this is: ***

In the context of living with your brain injury/stroke in the pandemic, please tell us how much you agree or disagree with the following 7 statements.

The response options are:

Strongly Agree (5), Agree (4), Neutral (3), Disagree(2) or Strongly Disagree (1).

Statements for the Patient:

1. I understand why I suffered a stroke/brain injury {Likert scale 5 - 1:34631}
2. My day has a clear structure to it {Likert scale 5 - 1:34631}
3. I have a good understanding of what I can do to continue to make progress {Likert scale 5 - 1:34631}
4. I am motivated to work on things that are hard for me to do after my stroke/brain injury. {Likert scale 5 - 1:34631}
5. Other stroke/brain injury survivors have helped me understand my own stroke/brain injury. {Likert scale 5 - 1:34631}
6. My stroke/brain injury has isolated me from others. {Likert scale 5 - 1:34631}
7. I no longer know who I am after my stroke/brain injury. {Likert scale 5 - 1:34631}

Statements for the Carer:

1. [my partner's/the patient's] condition makes me feel isolated.{Likert scale 5 - 1:34631}
2. I know what I need to do to help [my partner, the patient]. {Likert scale 5 - 1:34631}



Outcome Measure 2: Stroke Self Efficacy Questionnaire

These 13 questions are about your confidence that you can do some tasks that may have been difficult for you since your stroke. For each of the following tasks, please circle a point on the scale that shows how confident you are that you can do the tasks now in spite of your stroke.

Where 0 = *not at all confident* and 3 = *very confident*

How **confident** are you **now** that you can:

1	Get yourself comfortable in bed every night.	{Likert scale confidence:34562}
2	Get yourself out of bed on your own even when you feel tired.	{Likert scale confidence:34562}
3	Walk a few steps on your own on any surface inside your house.	{Likert scale confidence:34562}
4	Walk about your house to do most things you want.	{Likert scale confidence:34562}
5	Walk safely outside on your own on any surface.	{Likert scale confidence:34562}
6	Use both your hands for eating your food.	{Likert scale confidence:34562}
7	Dress and undress yourself even when you feel tired.	{Likert scale confidence:34562}
8	Prepare a meal you would like for yourself.	{Likert scale confidence:34562}
9	Persevere to make progress from your stroke after discharge from therapy.	{Likert scale confidence:34562}
10	Do your own exercise programme every day.	{Likert scale confidence:34562}
11	Cope with the frustration of not being able to do some things because of your stroke.	{Likert scale confidence:34562}
12	Continue to do most of the things you liked to do before your stroke.	{Likert scale confidence:34562}
13	Keep getting faster at the tasks that have been slow since your stroke.	{Likert scale confidence:34562}



Plan/Outcome:

The patient {Did/Did not:34633} present with concerns based on the screening session completed today. As such the following plan has been agreed {NROLULPLAN:34427}

******(Delete below before adding notes to EPIC):***

Template Timetable and Group Descriptions

	Monday	Tuesday	Wednesday	Thursday	Friday
9.30am	Upper Limb		Upper Limb 3		
10.00am		Physical 1		Fatigue	Physical 3 (GROUP 1)
10.30am	Upper Limb Assessment		Upper Limb 2		
11.00am		Me, My Stroke and Us	Communication Group 1	Me, My Stroke and Us	NROL NEW PATIENTS
11.30am	Upper Limb Assessment		Upper Limb 1		
12.00pm					
1.00pm		Mood Group	Caring Café (1)	Cog Rehab (1)	
1.30pm	Upper Limb Assessment				
2.00pm		Physical 2	Physical 2	Seated Pilates (1) OR Cognitive Rehab (2)	Communication Group 2
2.30pm	Upper Limb Assessment				
2.45PM			Caring Café 2	Seated Pilates (2) (Physical 1& 2 Patients)	
3.00PM		Physical 3 (GROUP 1)	Physical 1		
3.20pm				Lying Pilates (1) (Physical 3 Patients)	
3.30PM					
3.45pm		Physical 3 (GROUP 2)	Physical 3 (GROUP 2)		
4.00pm				Lying Pilates (2) (Physical 3 Patients)	



Groups (use these descriptions to explain each group)

Stroke Education: A stroke education group with discussion and support about the impacts of stroke.

Mood and Emotion Support: This group will be an opportunity to discuss the impact on mood and identity of stroke and provide a therapeutic intervention.

Cognitive Rehab: A group to explore changes in cognition and sharing strategies to compensate for these changes.

Communication 1: A conversation-based group suitable for people with mild aphasia or cognitive communication difficulties, involving tasks such as debates, presentations and self reflection.

Communication 2: A group suitable for people with dysarthria to learn and practise strategies and techniques for improving comprehensibility.

Communication 3: A group suitable for people with moderate aphasia to learn and practise techniques such as total communication.

Carer Support: An opportunity for carers to share experiences of people living with a stroke survivor.

Fatigue: This group aims to provide information on post stroke fatigue and equip stroke survivors with practical skills on how to manage potential symptoms.

Physical 1: A combination of chair-based fitness and chair-based Pilates to work on building confidence with sit to stand.

Physical 2: This supported standing group aims to improve standing tolerance and confidence.

Physical 3: This group aims to help stroke survivors who can stand unsupported improve their global strength and fitness (includes a lying Pilates group).

Upper Limb Level 1 (Getting started with upper limb rehab): This group will focus on individuals who to-date have had little to no functional return in their arm. These individuals may benefit from having support from a member of their household during these sessions to gain maximum benefits from the group.

Upper Limb Level 2 (Moving forwards with upper limb rehab): This group will target individuals who have shoulder activity as well as the beginning of forward reach.

Upper Limb Level 3 (A helping hand): This group will focus on individuals who have some distal recovery of movement such as grasp, finger or wrist extension.