

A Pragmatic Trial on Rehabilitation through Caregiver-Delivered Nurse-Organized Service Program for Disabled Stroke Patients in Dianjiang County—The RECOVER Trial



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Background

- Stroke is the leading cause of death and disability in rural China.
- For the vulnerable population of stroke patients residing in resource-limited rural areas, secondary prevention and rehabilitation are largely unavailable, and where present, are far below evidence-based standards.

Study Focus

Stroke & Rehabilitation

Status

Active

Locations:

Dianjiang, Chongqing, China

Duration

April 1, 2015 - April 1, 2017

Principle Investigator

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Investigators

- Janet Bettger, Associate Professor, School of Nursing, Duke University

Partners

- Chongqing Medical University
- Peking University First Hospital
- Duke University
- Amsterdam Medical Center

Funders

- Amsterdam health & technology institute
- Duke Kunshan University

Aims:

To develop, implement, and evaluate an evidence-based caregiver-delivered stroke rehabilitation program designed to improve the physical functioning of disabled stroke patients in rural China.

Study Design

The study is a m-health based randomized control trial conducted in Dianjiang County People's Hospital in Chongqing. Around 60 eligible and consenting stroke inpatients are anticipated to be recruited and randomized into either intervention or control group. Rehabilitation specialists train nurses who in turn train family caregivers in the intervention group. Recruitment, intervention, data collection at baseline and follow-up, and evaluation will all be guided by the RECOVER android-based mobile phone application designed specifically for this study.



Impact

- The results of this study will generate empirical evidence to improve stroke care in resource-scarce settings.
- If proven effective, the model has the potential to be scaled up in other resource-limited settings to improve the accessibility of rehabilitation services and result to better health outcomes of stroke patients.
- The study also has a significant potential to guide policy-making and advance translational research in the field of stroke care, improve the health and function of stroke patients, relieve caregiver burden, and build capacity and “task-shifting” within the health care delivery system.