Title	**Inspiring Virtual Enabled Resources following Vascular Events (iVERVE) pilot project**
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Submission date	20 August 2016
AuSCR role	Participant Recruitment/Survey
Approved	28 February 2017
Status	Completed
Summary	Our aims are to: 1. Design, build and pilot test a personalised electronic self-management support intervention for patient-centred goal attainment and secondary prevention following stroke. 2. Determine the acceptability and feasibility of the proposed intervention in a sample of survivors of stroke and modify the design of components, as required. 3. Perform a phase 2 pilot study to obtain data for estimating the sample size required for a large-scale randomised-controlled trial to test the likely effectiveness of the intervention for positively changing patient outcomes.
Outcomes	Among 340 registrants who had agreed to be contacted for further research and were invited to participate, we recruited 68 AuSCR registrants who met our inclusion criteria. Among these participants 54/68 were randomised: 25 to intervention (median age 69 years; 40% female) and 29 to control (median age 68 years; 38% female). The characteristics of non-responders and responders were similar. Over the 4-weeks of the study, the intervention group received an average of 15 messages (total messages 657) while the control group received 3. Two intervention participants requested the messages be 'stopped'. We received no help desk calls. The time to complete assessments for the intervention group was median 22 minutes (IQR 15, 31) and for the control group median 29 minutes (IQR 22, 36). The median time to complete goal setting at baseline was 35 minutes (IQR 30, 45). Overall, 805 of the intervention group and 86% of the control group completed the follow-up assessment. At follow-up, 27/54 satisfactions surveys were completed (14/25 intervention; 13/29 control). Five intervention subjects attended the focus group (80% male, median age 68, median time since stroke 21 months). The goal setting form was helpful in developing goals and health professionals were considered integral in developing realistic and individualised goals. Electronic messages were easy to understand (92%) and relevant, but some were considered "too general". Overall, intervention participants claimed the messages assisted them to achieve their goals and 69-71% were happy to participate in a similar project. This novel, tailored electronic messaging support system for self-management after stroke was feasible in a chronic stroke population. The preference is to use this intervention with patients after discharge from acute hospitals to home and we are now undertaking the ReCAPs Phase II RCT to assess the potential feasibility and effectiveness of this intervention after acute stroke.
Publications	Published/presented: Cadilhac DA, Busingye D, Li JC, Andrew NE, Kilkenny MF, Thrift AG, Thijs V, Hackett ML, Kneebone II, Lannin NA, Stewart A, Dempsey I, & Cameron J **Development of an electronic health message system to support recovery after stroke: Inspiring virtual enabled resources following vascular events (iVERVE)**. *Patient Preference and Adherence*, 2018 12 1213-1224. https://doi.org/10.2147/PPA.S154581 Cadilhac D, Andrew NE, Busingye D, Cameron J, Purvis P, Thrift AG, Li J, Kneebone I, Thijs V, Hackett ML, Lannin NA, Kilkenny M. **Inspiring virtual enabled resources following**

vascular events (iVERVE) pilot randomised controlled trial in stroke. *International Journal of Stroke* 2018; Vol.13(1S): p11

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