XXVI WORLD CONGRESS OF NEUROLOGY

MONTREAL

15 - 19 OCTOBER 2023

Stroke Implementation in Europe

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For each domain:

- State of the art
- State of current sevices
- Research and development priorities
- Targets for 2030

Guideline

Action Plan for Stroke in Europe 2018–2030

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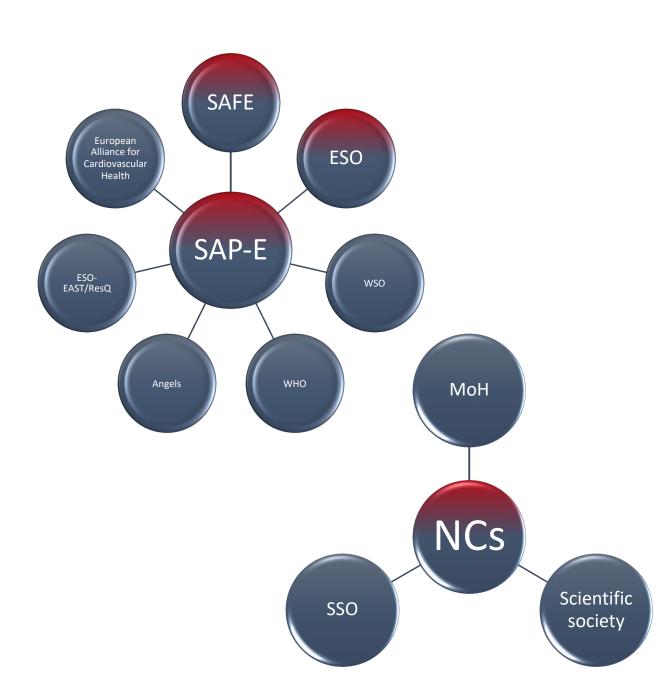


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What is SAP-E?

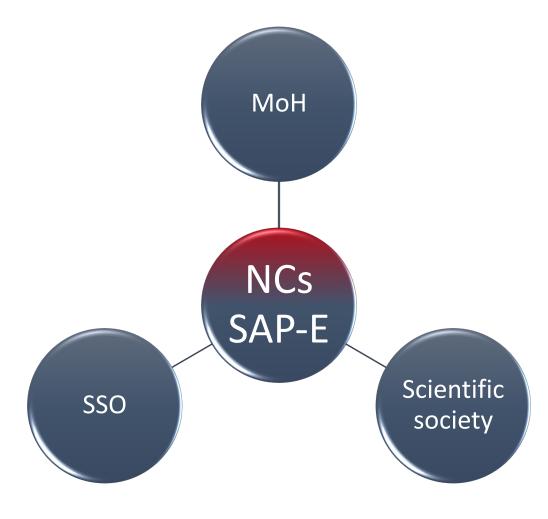
- Policy project
- Overarching targets:
- 1. to reduce the absolute number of strokes in Europe by 10%
- 2. to treat 90% or more of all patients with stroke in Europe in a dedicated stroke unit as the first level of care
- to have national plans for stroke encompassing the entire chain of care
- 4. to fully implement national strategies for multisector public health interventions
- National coordinators
 - To link MoH, SSOs and Stroke Scientific societies
- Strategic framework



Template for stakeholder analysis – all countries are different

- Who are responsible for the different chains in stroke care?
- To whom shall the NCs advocate for a National Stroke Plan etc?
- To obtain oversight getting the whole picture
- To get the golden triangle in place

 Most doctors are not trained for politics and advocacy ..



Template for National Stroke Plan

- Each country has own organisation and way of working
- A national plan covers what patients shall have access to and organisation
- Template to support where needed
- Funding and implementation..

This document was developed for the Stroke Action Plan for Europe program (SAP-E), of ESO and SAFE. Its use is allowed only within the scope of the SAP-E programThis DRAFT version of the document was developed by F. Pennacchi (ALICe Italia ODV) and F.R. Pezzella, Co-chair of the SAP-E program

National Stroke Plan document DRAFT TEMPLATE

National Stroke Plan

<Template Draft Document>

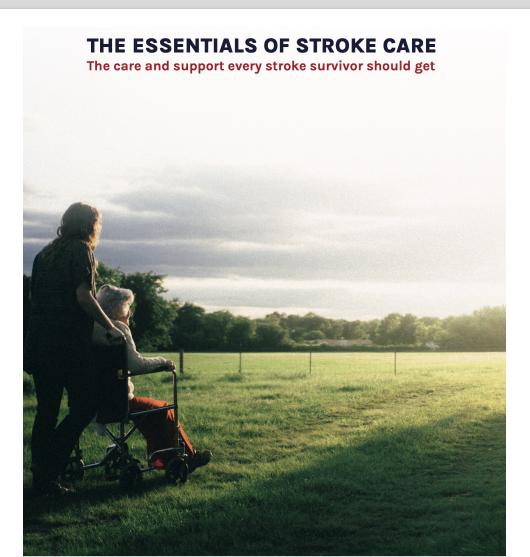
Essentials of stroke care

Pre-hospital management

Must do	Source	Type of source
Educational campaigns to increase the awareness of immediately calling EMS for people with suspected stroke	[5]	EBR
EMS technicians and paramedics should be trained in a simple pre-hospital stroke scale to identify potential stroke patients.	[5]	EBR
EMS should implement a 'code-stroke' protocol including highest priority dispatch, pre-hospital notification and rapid transfer to nearest 'stroke ready' hospital	[5]	EBR
Don't do	Source	Type of source
1. Routine use of O2; only use if SpO2 <95%	[5]	EBR
Pre-hospital administration of insulin	[5]	EBR
Pre-hospital induction of hypothermia	[5]	EBR

On arrival with suspected stroke or TIA

Must	t do	Source	Type of source
1	Patients should be admitted to a hospital with a defined rapid athway for acute stroke and staff with expertise in acute stroke	[6]	EBR
in	Patients should have a swift but careful clinical assessment, including neurological examination; use a stroke severity rating, i.g. NIHSS	[6]	EBR
	nmediate brain imaging with non-contrast CT or MRI (DWI, 2*/SWI, FLAIR) in patients with ongoing symptoms	[7]	EBR









Stroke Service Tracker

- Baseline(2020)
- Upload of summary data on an annual basis
- Definition of data sources
- Basic variables
- Key performance indicators
- Benchmarking set in individual nations at annual audits
- Allows for comparison between countries and over time



Data Sources

Sources:			
Which sources will you be utilising?			
National register			
National register with mandatory reporting			
National register with mandatory reporting AND crosschecking w	ith national health surveillance data		
National health surveillance data			
Regional register			
Regional register with mandatory reporting			
Regional register with mandatory reporting AND crosschecking v	vith national health surveillance data		
RESQ			
Individual contact to sites			
Estimate			
Other specify			
National register:			
Which national register will you be using?			
How many stroke admission were registered in the national register in	total?		
Making a coverage of% (empty until total number of all stroke	Making a coverage of % (empty until total number of all stroke is answered on next page)		
Documentation for the national register:			
Regional register:			
Which regional register will you be using?			
How many stroke admission were registered in the regional register in	total?		
Making a coverage of % (empty until total number of all stroke	is answered on next page)		
Documentation for the regional register:			
RESQ:			
What is your coverage in RESQ?			
Documentation for RESQ:			
If individual contact to sites was checked:			
How many sites do you have in total?			
How many individual sites were contacted?			
Making a coverage of %			

Learn more at https://actionplan.eso-stroke.org