

“Declaration and KPIs”

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Editorial

A unified European action plan on stroke

Despite considerable advances across the stroke care pathway—in prevention, treatment, and rehabilitation—stroke is still the leading cause of neurological disability in almost all regions, including Europe. According to the 2016 Global Burden of Diseases, Injuries, and Risk Factors study, there were substantial differences in the burden from stroke across Europe as measured by disability-adjusted life years (DALYs). Stroke ranked first among neurological disorders in terms of age-standardised DALYs in central and eastern Europe, and second in western Europe. Not surprisingly, the socio-economic impact of stroke is high and is increasing over

time. We need to define Key Performance Indicators (KPIs) in areas that need improvement, and to monitor those improvements when changes are made. The declaration will be finalised during additional roll-out meetings with representatives from each European country. Hanne Christensen, chair of the SAP-E implementation steering committee, summarised during the kick-off meeting how the SAP-E could be implemented on a national level. “By signing the SAP-E, all stakeholders—Ministries of Health, stroke support organisations, stroke scientific organisations—commit to support and act proactively in their country to achieve the targets by 2030.”



European Stroke Organisations'
Stroke Alliance for Europe

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[https://doi.org/10.1016/S1474-4422\(20\)30409-9](https://doi.org/10.1016/S1474-4422(20)30409-9)

For more on the **global burden of stroke** see **Articles**
Lancet Neurol 2019; **18**: 459–80

Commitment to SAP-E Declaration from MoH



- **acknowledge** that cerebrovascular diseases, including stroke, are among the major causes of premature death long term disability, and cognitive decline in the adult population of Europe, and that many strokes are preventable and treatable with evidence-based and cost-effective strategies;
- **support** the Stroke Action Plan for Europe with the four overarching targets for 2030:
 - (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
 - (3) to have national plans for stroke encompassing the entire chain of care
 - (4) to fully implement national strategies for multisector public health interventions;

SAP-E: Improvement throughout the entire chain of care



- Universal access in Europe to primary prevention strategies
- Establishing a medical society and stroke support organisations in each country
- Adequate evidence-based in-hospital treatment and care
- Secondary prevention
- Rehabilitation
- Follow-up and support after stroke
- Common European Framework of Reference for Stroke Care Quality

Purpose of key performance indicators



We suggest 12 key performance indicators to translate the targets of SAP-E into accountable measures

Key Performance Indicators 1



1. A national stroke plan defining pathways, care and support after stroke including pre-hospital phase, hospital stay, discharge and transition, and follow-up (existing y/n)
2. At least one individual from the respective SSO (if existent) will be involved and supported, in an equal way, during the development of each country's national stroke plan or stroke related guideline
3. A national strategy for multi-sectorial public health interventions promoting and facilitating a healthy lifestyle and risk factor control has been implemented (existing y/n)
4. Establishment of national- and regional level systems for assessing and accrediting stroke clinical services, providing peer support for quality improvement, and making audit data available to public (existing y/n)

Key Performance Indicators 2



5. All stroke units and other stroke services independent of sector undergo quality auditing continuously or with regular time intervals (% audited/certified)
6. Access to stroke unit care for patients with acute stroke (% admitted to stroke unit care <24 hours).
7. Recanalization treatment rate provided for patients with ischaemic stroke (% receiving intravenous thrombolysis or mechanical thrombectomy calculated out of all ischemic stroke admissions).
8. Access to: CT/MRI, vascular imaging, ECG, long-term ECG-monitoring, cardiac echo (TTE, TOE), dysphagia screening, and blood tests during stroke unit admission (% of stroke units with access)

Key Performance Indicators 3



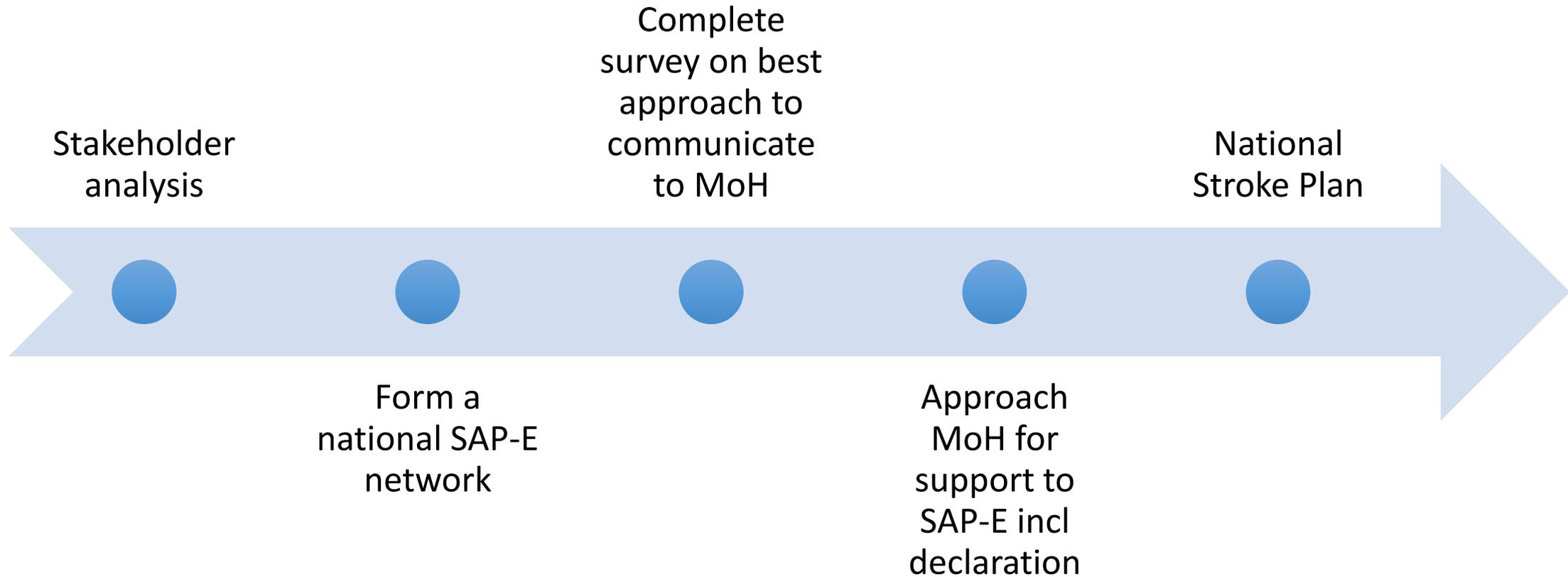
9. Access to early stroke unit rehabilitation including early supported discharge (% access)
10. Access to basic secondary prevention including antithrombotics, antihypertensives and statins as well as lifestyle advice (% according to WHO data)
11. A binding personalized, documented rehabilitation and sector transition plan provided at the time of discharge (% patients provided with plan)
12. Follow-up at 3-6 months after the stroke incident including a Post Stroke Check list and a functional assessment and referral for relevant interventions. (% patients with follow-up)

National Coordinators

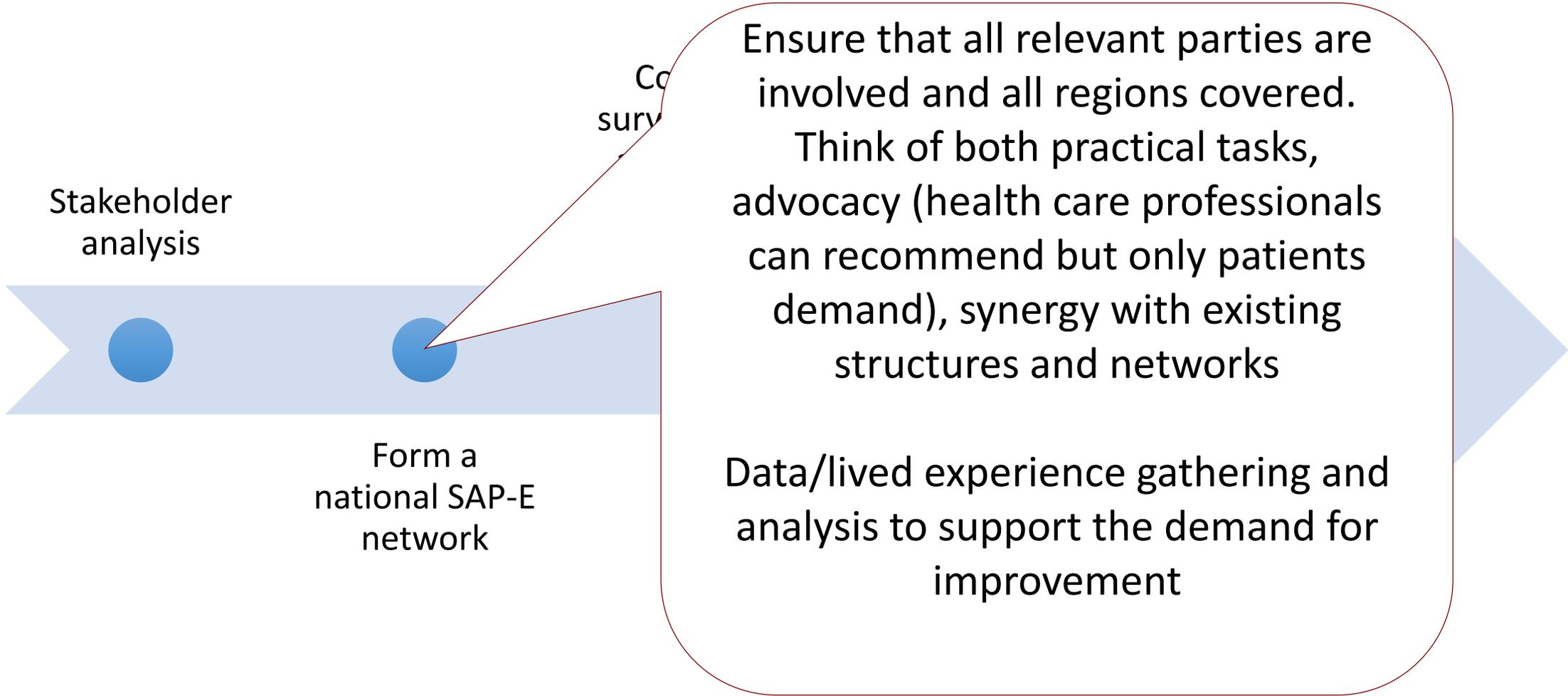


- National coordinators are crucial key players
- All countries are different, no one-size fits all
- Input from national coordinators on best approach in each country for communicating to MoH

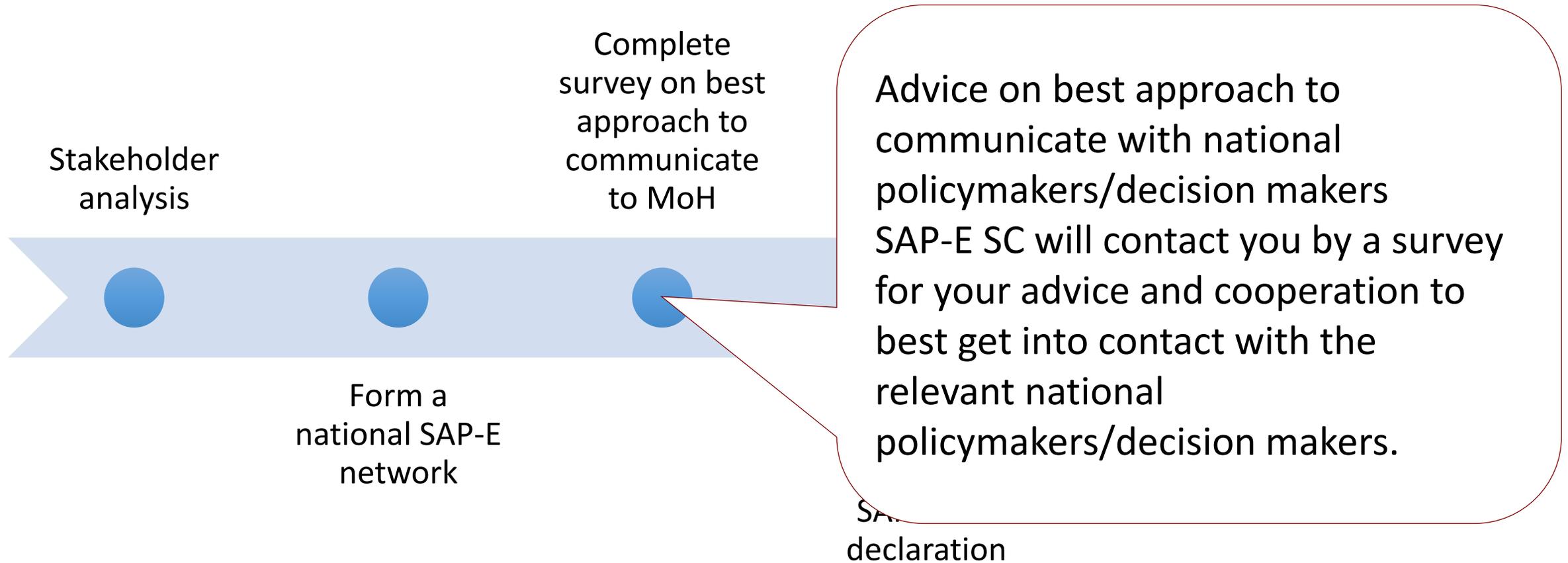
First Milestones for National Coordinators



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Stake
holders

An information sheet has been prepared for this contact – to be customised to the individual countries – to follow the SAP-E Declaration, as finalised based on feed-back on the Roll-out meeting in December 2020
We prefer an approach involving both representatives from health care professions as well as patient representatives

National
Stroke Plan

Approach
MoH for
support to
SAP-E incl
declaration

Regional Break-out Session



Please discuss and provide your feedback on Declaration and KPIs during the regional break-out session

Finalisation will be based on feedback