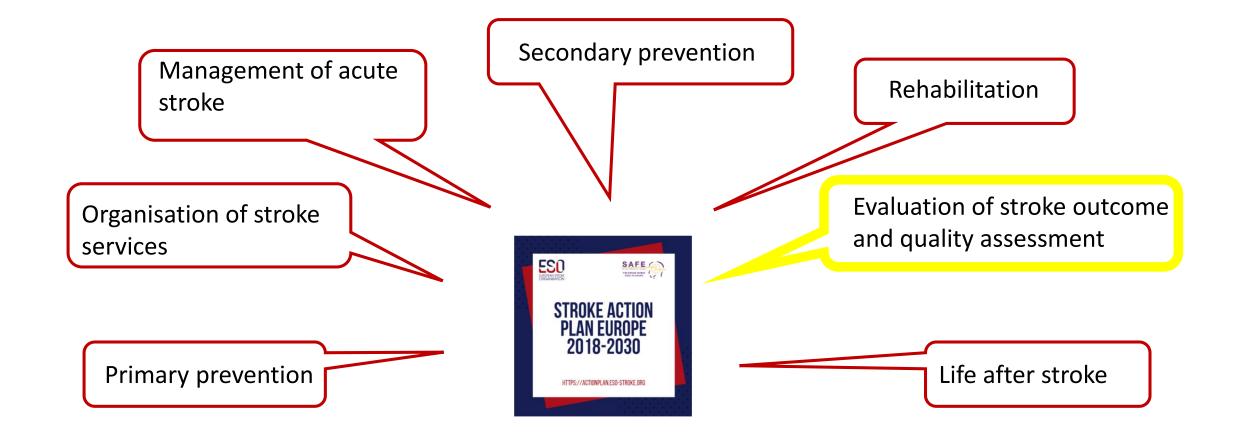
## Urs Fischer Diana Aguiar de Sousa Hanne Christensen

# SAP-E summary data reporting and presentation









STROKE ACTION Plan Europe 2018-2030

PS://ACTIONPLAN ESD STILLIKE C

## Targets for 2030



#### Targets for 2030

- Defining a Common European Framework of Reference for Stroke Care Quality that includes:

   (a) development or update of European guidelines for management of acute stroke care, longer term rehabilitation and prevention;
   (b) definition of a common dataset covering core measures of stroke care quality to enable accurate international comparisons of care both in hospital and in the community (including structure, process, outcome measures and patient experience).
- 2. Assigning a named individual who is responsible for stroke quality improvement in each country or region.
- 3. Establishing national- and regional-level systems for assessing and accrediting stroke clinical services, providing peer support for quality improvement and making audit data routinely available to the general public.
- 4. Collecting patient-reported outcomes and longer term outcomes (e.g. six months and one year), covering both hospital and community care.

SAP-E summary data - Why?



Efforts to improve systems or processes must be driven by reliable data

What needs to be improved? Are our efforts leading to improvement?

- Accurately identify problems
- **Prioritise** quality improvement initiatives
- Enables objective assessment of whether change and improvement have indeed occurred
- Influence policy-makers and stakeholders





- Basics variables
- Key performance indicators

- No GDPR issues
  - Summary data only
  - No individual patient information





- Basics variables
- Key performance indicators

- Comparison across countries
- Comparison over time



- Number of all strokes
- Number of ischemic strokes
- Number of hemorrhagic strokes
- Number of TIA
- Number of SAH
- Mortality
- Men and women %
- Mean/median age



- Admission to stroke unit
- Admission to stroke unit within 24 hours
- Provision of IVT
- Provision of EVT
- Access to stroke unit care

## Key performance indicators



- Access to:
  - CT/MRI
  - vascular imaging
  - ECG
  - long-term ECG-monitoring
  - cardiac echo (TTE, TOE)
  - dysphagia screening
  - blood tests
- Access to early stroke unit rehabilitation (including early supported discharge)
- Plan for rehabilitation and support provided at discharge
- Follow-up at 3-6 months

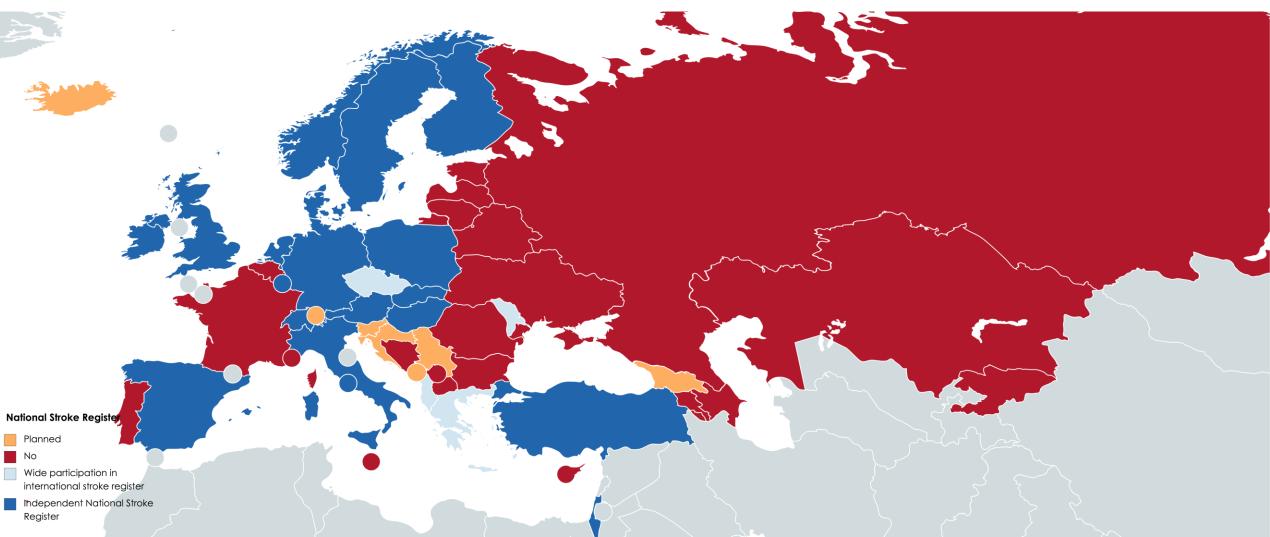


#### Network/partnership approach

- Professional societies
- SSOs
- MoH
- Stroke Registers
- Health authorities collecting surveillance data on stroke care
- Other European Societies EAN, ESMINT
- Health organisations WHO
- European Stakeholders European Commission

## Data sources – Stroke registers









- Broad range of sources of information on relevant indicators:
  - ✓ National and Regional Stroke Registers
  - ✓ International Stroke Registers
  - ✓ Public health surveillance data/DGR data (Ministries of Health, National authorities)
  - ✓ Collection of aggregated data across stroke units/comprehensive stroke centers

**Compare performance indicators across Europe** 

Influence stakeholders and policymakers

- Ensure optimal care to all European stroke patients -



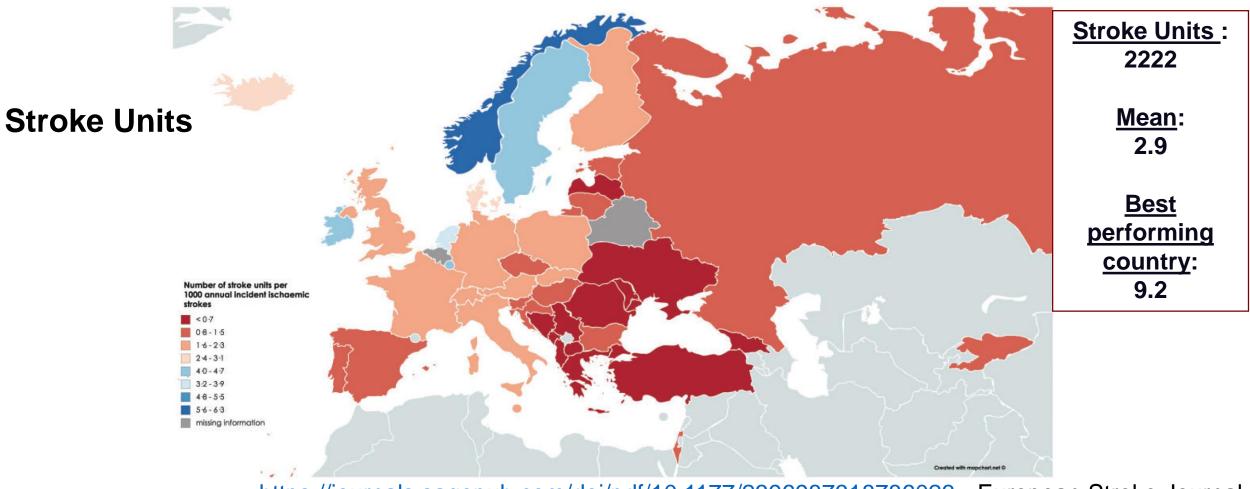
2016

M Petrela, O Taka, E Enesi (Albania); S Hiechl, M Brainin, F Fazekas (Austria) P Konovalov (Belarus) A Peeters, G Vanhooren, L Defreyne (Belgium) H Haris, M Moranjkic (Bosnia and Herzegovina) S Andonova, I Staikov (Bulgaria) H Budincevic, D Ozretic, B Malojčić (Croatia) A Tomek (Czech Republic) H Iversen, SP Jonhsen (Denmark) J Korv, R Vibo, V Malikov (Estonia) T Sairanen, D Strbian, K Lappalainen (Finland) S Timsit, E Touze, D Leys (France) A Tsiskaridze, I Burduladze (Georgia) M Dichgans, J Röther, J Fiehler (Germany) G Tsivgoulis, G Ntaios, E Brountzos (Greece) D Bereczki. C Óváry, I Szikora (Hungary) **B** Thorarinsson, V Vilmarsson (Iceland) J Harbison (Ireland) N Bornstein, D Tanne, A Horev (Israel) D Toni, S Mangiafico, V Caso (Italy) A Murzaliev, I Lutsenko, A Artykbaev (Kyrgyzstan) D Jatuzis, D Rastenyte, M Kurminas (Lithuania) E Miglãne, K Krupcs, I Kikule (Latvia) D Ulbricht (Luxembourg)

A Arsovska, M Smiceska, E Lickova (Macedonia) M Mallia, R Grech, M Schembri (Malta) V Lisnic, E Manole, E Zota (Moldova) M Cukic (Montenegro) D Dipplel, C Majoie, B Van der Worp (Netherlands) S Akpinar (Northern Cyprus) E Berge, Hanne Ellekjær (Norway) A Czlonkowska, W Poncyljusz, A Kobayashi (Poland) E Azevedo, V Tedim-Cruz, M Ribeiro (Portugal) C Tiu (Romania) T Kharitonova (Russia) L Bumbasirevic (Serbia) Z Gdovinova, I Vulev, P Turcani (Slovakia) Z Bojana, V Svigelj, Z Milosevic (Slovenia) J Gállego, M Rodríguez Yáñez, E Palacio-Portilla, A Gonzallez Mandly, M Gallofré, S Abilleira, C Gimenez, S Calleja-Puerta, J Marta-Moreno, M Óscar Ayo, A Lago (Spain) **M Arnold (Switzerland)** M Mazya, T Moreira, A Kuntze-Soderqvist (Sweden) N Uzuner, L Gungor, O Ozdemir (Turkey) H Rodgers, J Dawson, P White (United Kingdom) Y Flomin. D Shcheglov (Ukraine)



#### Massive inequalities between European countries in 2016



https://journals.sagepub.com/doi/pdf/10.1177/2396987318786023 - European Stroke Journal

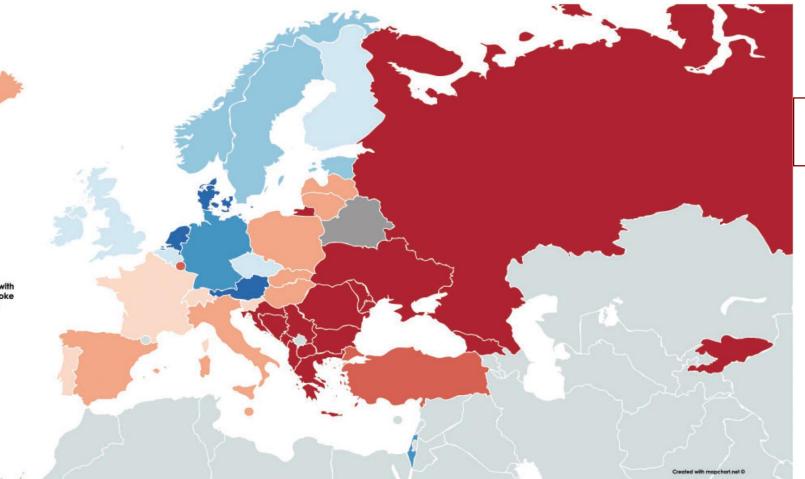


#### Massive inequalities between European countries in 2016

IVT rate 7.3% (95% CI; 5.4–9.1)

> Proportion of patients with incident ischaemic stroke receiving intravenous thrombolysis

00-25%
2-6-5-1%
5-2-7-7%
78-103%
10-4-12-9%
13-0 - 15-5 %
15-6 - 18-1 %
18-2 - 20-7 %
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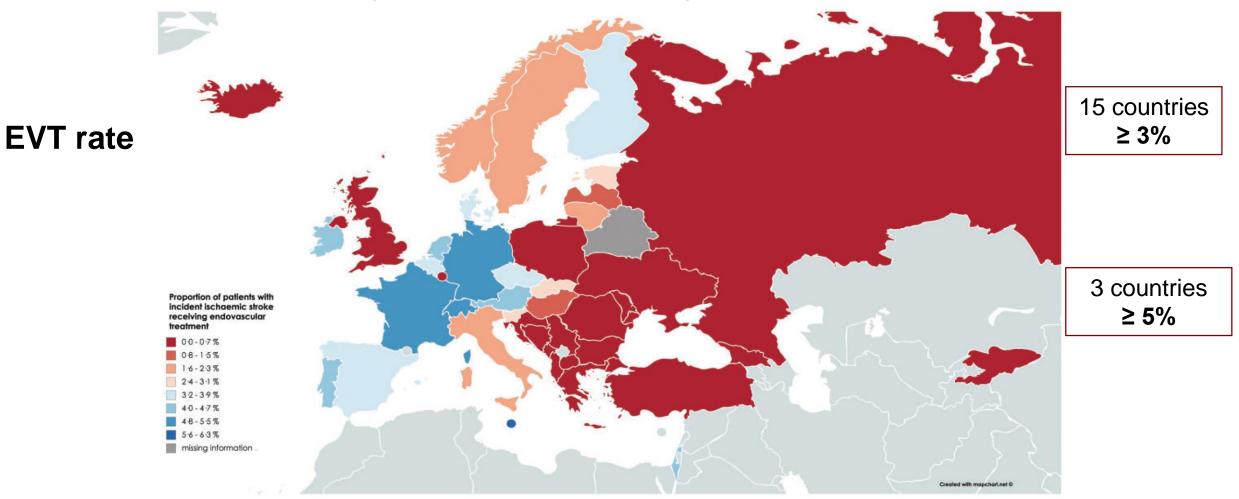


13 countries IVT rates ≥ **10%** 

https://journals.sagepub.com/doi/pdf/10.1177/2396987318786023 - European Stroke Journal



Massive inequalities between European countries in 2016



https://journals.sagepub.com/doi/pdf/10.1177/2396987318786023 - European Stroke Journal

#### Data to be collected:

2019 ✓ N

2020

- $\checkmark$  Number of Stroke Units and SU beds in the country
- $\checkmark$  Number of IVT during each year
- ✓ Number of EVT during each year

#### Available national data:

- $\checkmark$  Population
  - United Nations World Population Prospects

#### ✓ Stroke incidence

• Global Burden of Disease

Invitations to be sent out soon





## Web-based, user-friendly cross-sectional data integration platform for public health surveillance

- Platform for aggregated data in preparation
- Access through SAP-E website
- Password protected and logged country specific access
- Data upload by national coordinators
- Clear identification of data sources



## Why?

- Streamlined and more efficient information gathering
- Improved assessment/comparison of data quality/methodology
- Improved information access
- Accelerate comparisons across countries and over time
- Promotion of national and international joint cooperation
- Comparisons readily accessible to stakeholders
- Development of tailored strategies to improve the quality of stroke care

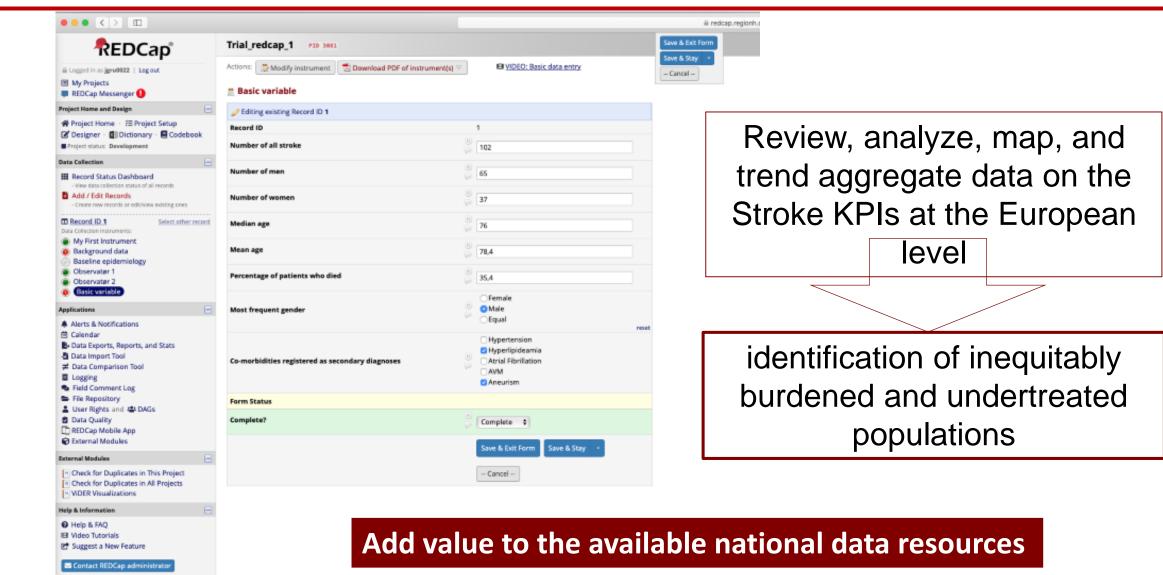
#### STROKE ACTION PLAN EUROPE 2018-2030

## **Main Features**

- Flexible
  - Countries include data on the available variables
  - Different data sources allowed
    - classification of data quality
- Inclusive
  - All countries included
    - Different levels of data quality

## Upload interface







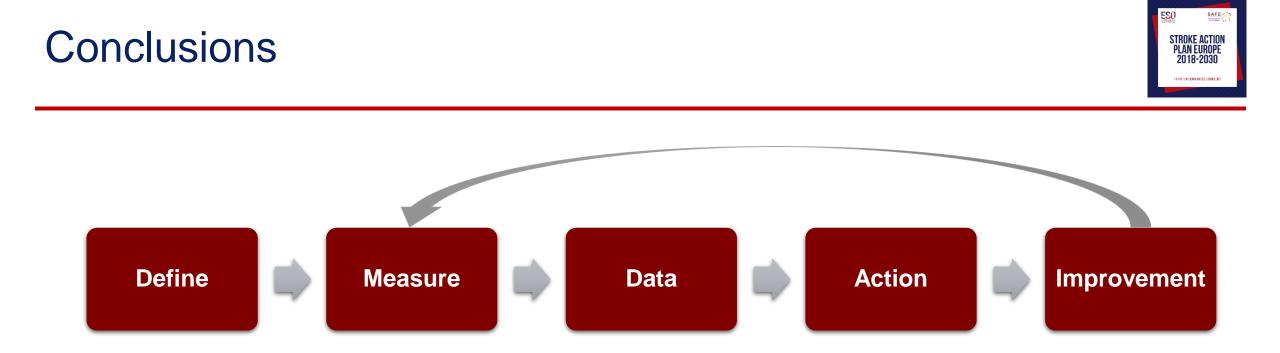
Long-term goals

- More common definitions of quality of care indicators
- Availability of an IT infrastructure for continuous online
   registration of high quality and more harmonized national data
- Real time feedback supporting continuous improvement of care and outcomes in patients with stroke



## Way to get there

- Country consultations
- Catalogue of national surveillance information systems/sources
- Development
- Test, pilot
- Validation



Develop networks to promote collaborative integration of data on Stroke care in Europe

Support and empower people to work together to deliver better care

Closing gaps between <u>clinical guidelines and practice</u>





## **SAP-E** is an improvement plan

#### Implement and deliver the key priorities set out in the SAP-E

Mapping stroke care

Critical analysis

Mapping stroke care needs

Taking actions and producing recommendations

#### THANK YOU

