

**STROKE
ACTION
PLAN
EUROPE
2018 – 2030**



**Declaration
Stroke Action Plan
for Europe**

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The European Stroke Organisation (ESO) has prepared a Stroke Action Plan for Europe (SAP-E) for the years 2018 to 2030 in cooperation with the Stroke Alliance for Europe (SAFE).

Stroke remains one of the leading causes of death and disability in Europe, and projections show that with a 'business as usual' approach, the burden of stroke will continue to increase by 25 % in the next decade and beyond. To drastically reduce the burden of stroke and its long-term consequence, we convened to review the scientific evidence and the state of current services and to set targets for the development of stroke care for the decade to follow.

We, representatives of [xx country] and representatives of the [xx country] Ministry of Health that participated in the 1st European Stroke Action Consensus Meeting in xx on xx.xx.20xx:

- 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;*
- align with the WHO Global Action Plan for Prevention and Control of Noncommunicable Diseases 2013–2020 that aims for a 25% relative reduction in premature mortality from cardiovascular diseases, cancer, diabetes, or chronic respiratory diseases by 2025.*

We decided to unite our efforts to promote the development and implementation of effective, integrated, sustainable, and evidence-based public policies for the prevention and treatment of stroke in Europe.

We are determined to achieve improvement throughout the entire chain of care in stroke including primary prevention, organised stroke services, management of acute stroke, secondary prevention, rehabilitation, evaluation of outcomes and quality improvement, and life after stroke in short focusing on:

- Universal access in Europe to primary prevention strategies; implementation of national strategies for public health interventions promoting and facilitating a healthy lifestyle and reducing factors that increase the risk of stroke; having blood pressure detected and controlled in 80% of individuals with hypertension.*
- Establishing a stroke society for health care professionals and a stroke support organisation in each country, which collaborates closely with the responsible government body in developing, implementing and auditing the national stroke plan; guiding national stroke care by evidence-based pathways that cover the entire chain of care ensuring equal access; managing and delivering stroke care by competent personnel and teams; All stroke units and other stroke services undergo quality auditing and accreditation process.*

- /// Treating 90% or more of all patients with stroke in Europe in a stroke unit as the first level of care; Guaranteeing access to recanalisation therapies to 95% of eligible patients across Europe; Achieving intravenous thrombolysis rates above 15%, and EVT rates above 5% of all ischemic stroke admissions; Decreasing median onset-to-needle times to <120min for intravenous thrombolysis and onset-to-reperfusion times to <200min for endovascular treatment; Decreasing first-month case-fatality rates to <25% for intracerebral haemorrhage, and increasing the rate of good functional outcomes to >50%; Decreasing first-month case-fatality rates to <25% for subarachnoid haemorrhage, and increasing the rate of good functional outcomes to >50%.*
- /// Including secondary prevention in national stroke plans with follow-up in primary/community care; Ensuring that at least 90% of patients with stroke are seen by a stroke specialist and have access to secondary prevention management (investigation and treatment); Ensure equal access to key investigational modalities.*
- /// Guaranteeing that at least 90% of the population have access to early rehabilitation within the stroke unit; Offering physical fitness programmes to all stroke survivors living in the community; Providing a documented plan for community rehabilitation and self-management support for all stroke patients with residual difficulties on discharge from hospital; Ensuring that all stroke patients and carers have a review of the rehabilitation and other needs at three to six months after stroke and annually thereafter.*
- /// 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.*
- /// Assigning a named individual office/person who is responsible for stroke quality improvement in each country or region; 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; Collecting patient-reported outcomes and longer-term outcomes covering both hospital and community care.*
- /// Appointing government-level individuals or teams responsible for championing life after stroke and ensuring that national stroke plans address survivors' and their families' long-term unmet needs. Minimum standards set for what every stroke survivor should receive regardless of where they live; Formalising the involvement of stroke survivors and carers, and their associations, in identifying issues and solutions to enable the development of best patient and support practices.*

To monitor and facilitate change, we further commit ourselves to establish a common European dataset of key performance indicators to allow to analyse the current state and progress across the entire stroke care chain. Summary data from the individual countries will be provided for SAP-E to be published annually:

- 1. A national stroke plan defining pathways, care and support after stroke including pre-hospital phase, hospital stay, discharge and transition, and follow-up.*

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.*
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.*
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. *Recanalisation 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).*
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 life style advice (% according to WHO data).*
11. *A binding personalised, 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).*

We sign the Declaration of [XX country], and we manifest our commitment to these recommendations