

**STROKE
ACTION
PLAN
EUROPE
2018 – 2030**

**SAP-E REPORT
2021**

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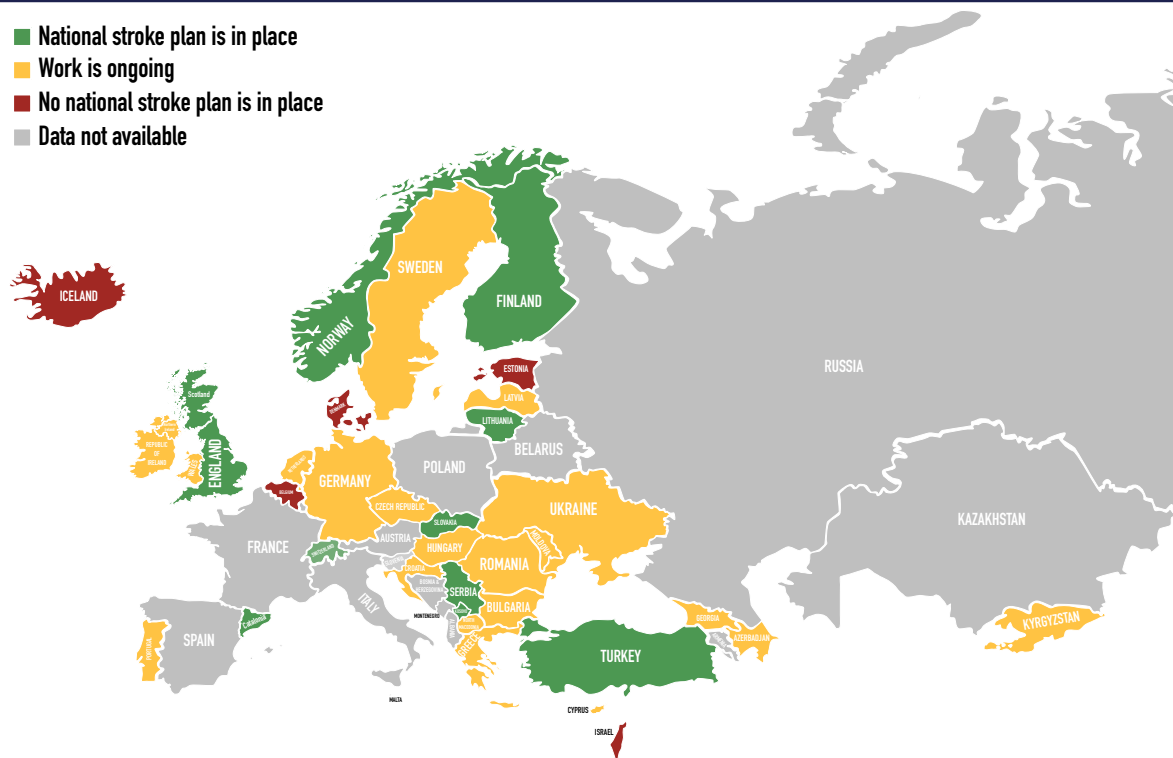
However, this is only one part of the chain of stroke care: especially primary prevention and access to rehabilitation, follow up and life after stroke care are suffering. Further, outside of hyper acute care, only a minority of countries monitors quality and access to stroke care. Funded and implemented National Stroke Plans are urgently needed in Europe.

Countries participating in the Stroke Services Tracker 2021

Key Performance Indicator 1

National stroke plan defining pathways, care and support after stroke

- National stroke plan is in place
- Work is ongoing
- No national stroke plan is in place
- Data not available

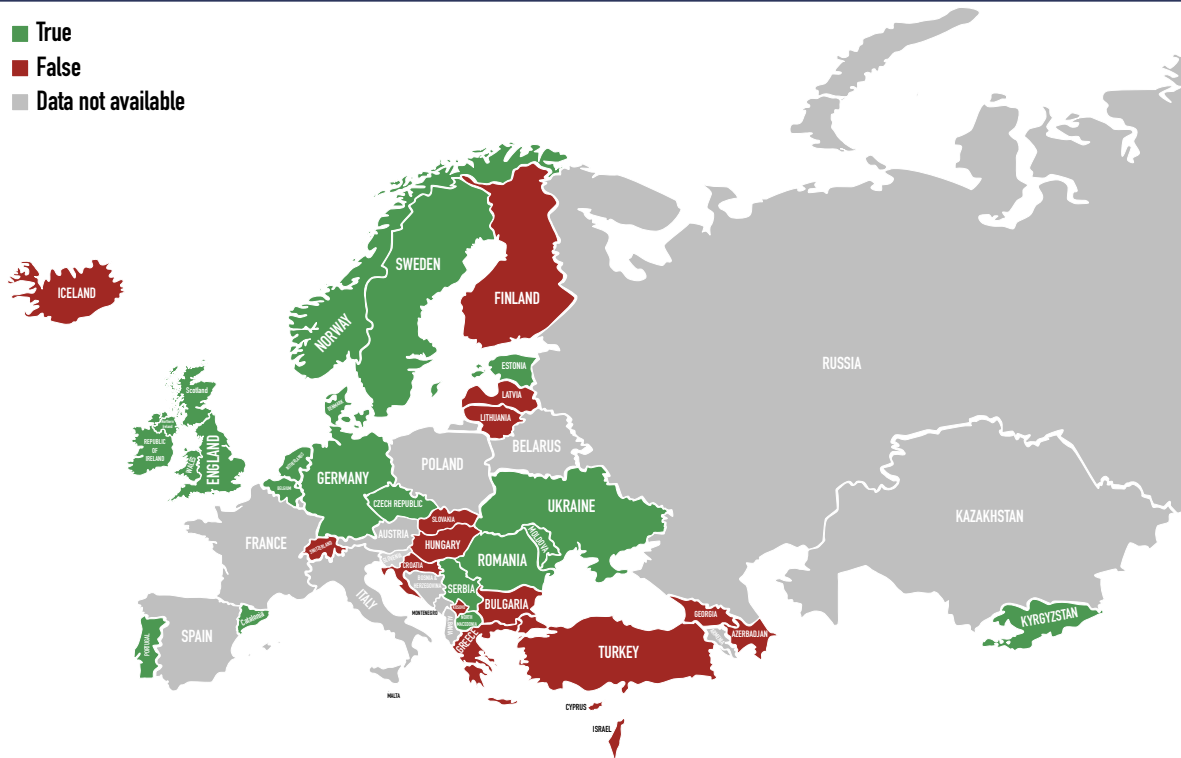


A national stroke plan defining pathways after stroke has been established in less than a third of European countries (11/37). Close national collaborations between Governments, SSO's and scientific societies must be established to set up comprehensive national stroke plans and ensure funding.

Key Performance Indicator 2

At least one individual from the respective SSO (if existent) will be involved and supported during the development of a national stroke plan or stroke related guideline

- True
- False
- Data not available

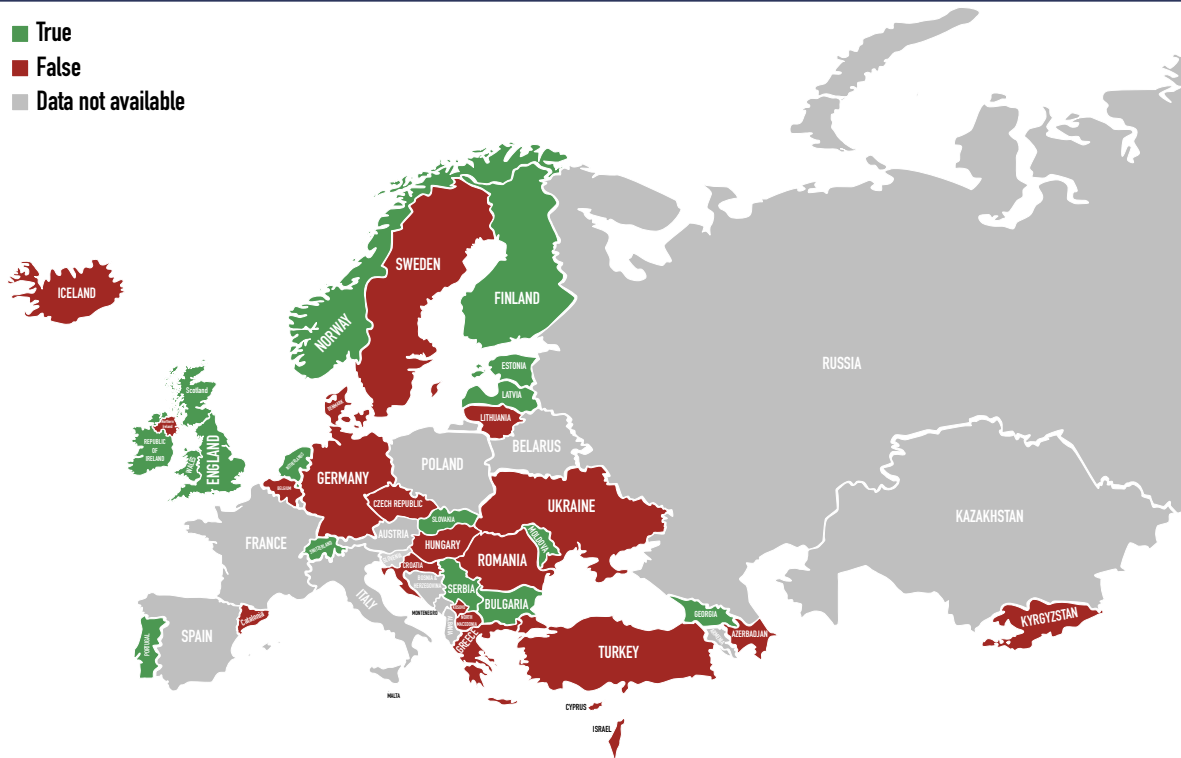


In more than half of Europe (21/37), patient representatives are now involved in development of national stroke plans and guidelines.

Key Performance Indicator 3

A national strategy for multi-sectorial public health interventions promoting and facilitating a healthy life style and risk factor control has been implemented

- True
- False
- Data not available

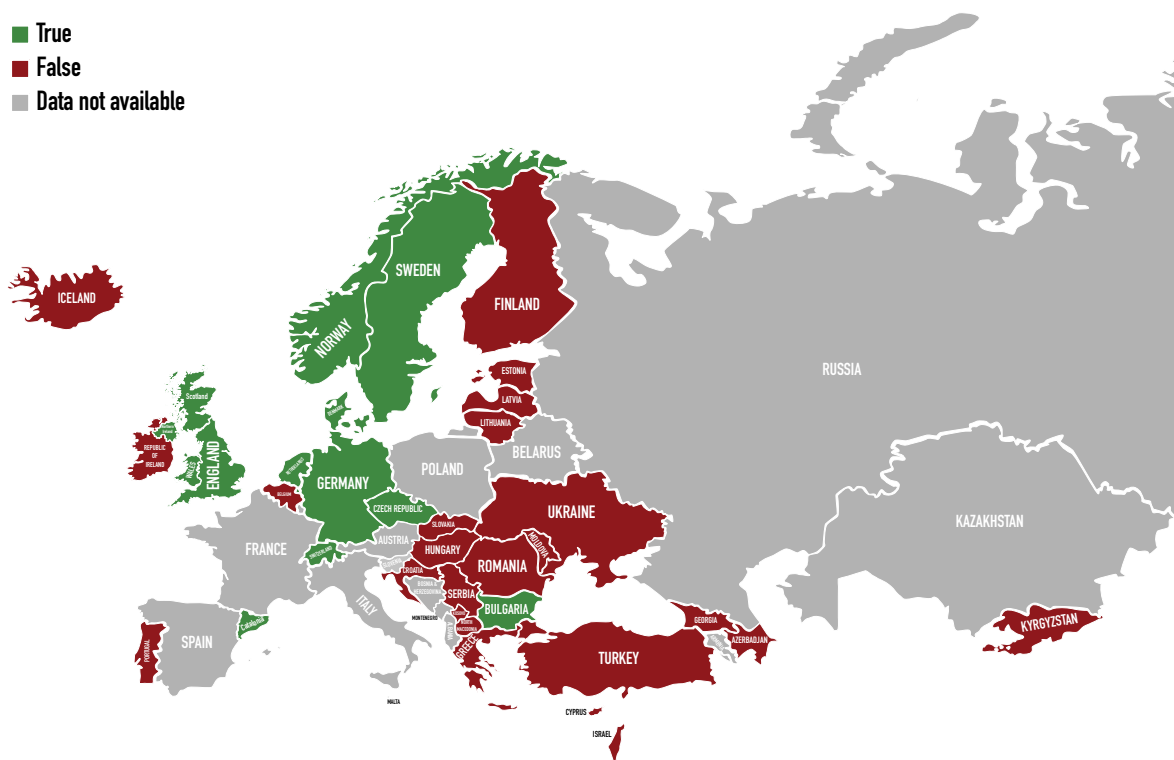


80% of all strokes could potentially be prevented, however, less than half (15/36) of European countries have implemented a strategy for interventions promoting a healthy life style and risk factor control.

Key Performance Indicator 4

National and/or regional level systems for assessing and a crediting stroke clinical services, providing peer support for quality improvement and making audit data available to public has been established.

- True
- False
- Data not available

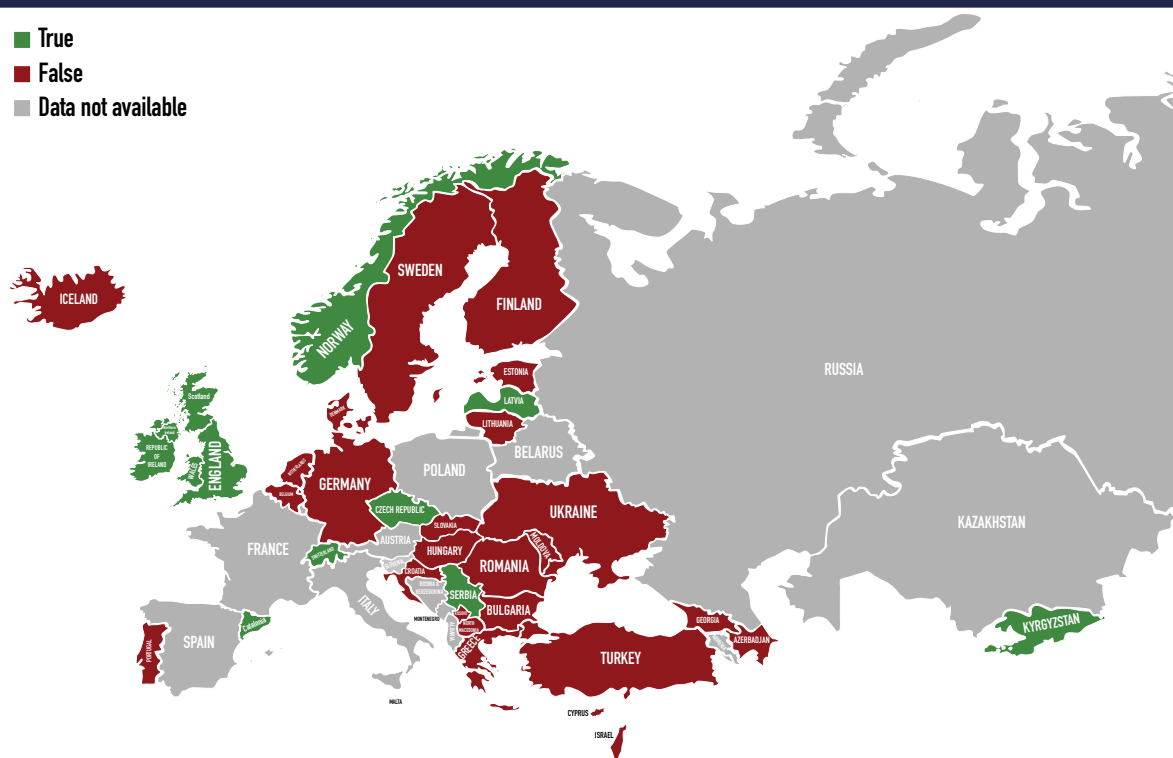


In one third of European countries (13/36), national or regional systems for quality improvement and assessment have been implemented; 2/3 of Europe still lacks accountability in stroke care.

Key Performance Indicator 5

All stroke units and other stroke services independent of sector undergo quality auditing continuously or with regular time intervals

- True
- False
- Data not available



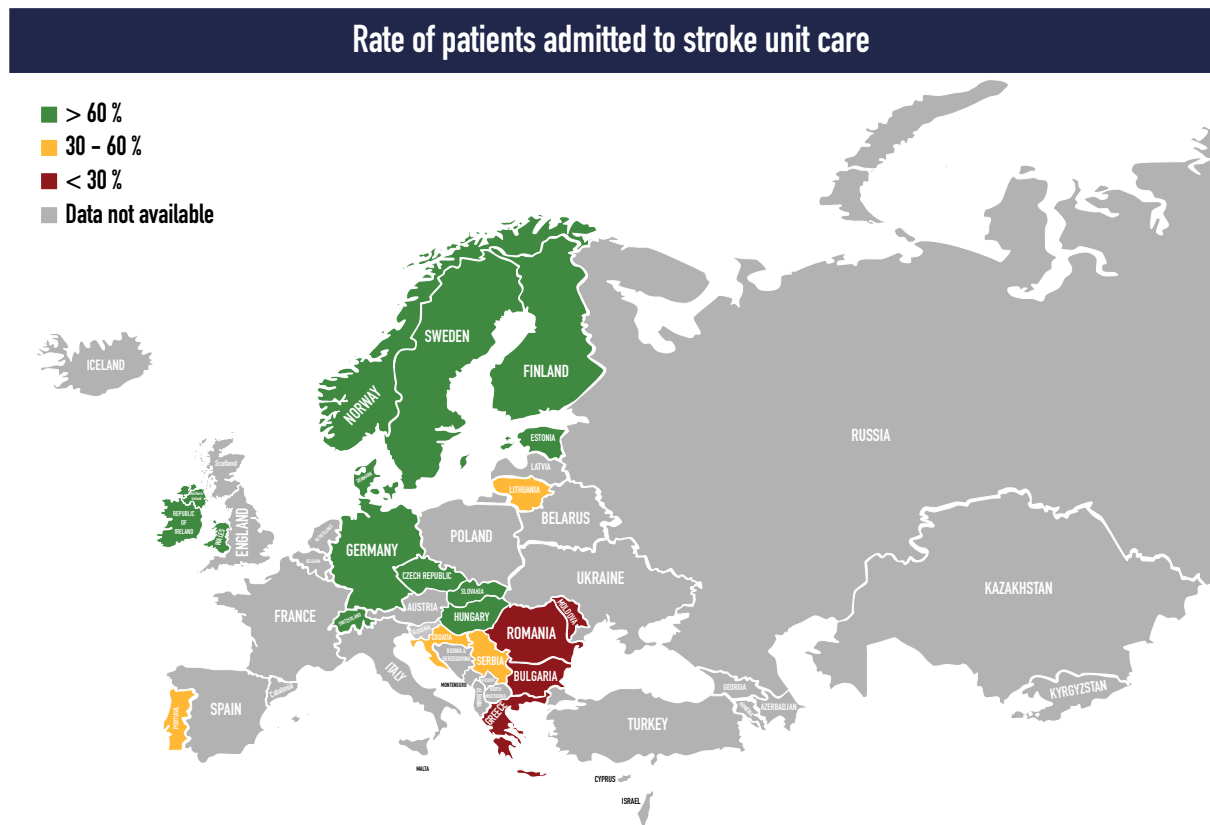
Only one out of three European stroke hospital and rehabilitation services undergo quality auditing.

In 15/23 countries > 80 % of the stroke units have national certifications. In 1/26 countries > 80 % of the stroke units have ESO certifications. In 19/27 countries > 80 % of the stroke units report KPIs to a national or regional audited registry.

Key Performance Indicator 6

21 countries had data enabling report on the rate of admission to stroke unit care. On average, 62% of patients were admitted to stroke unit care in countries monitoring admission rate.

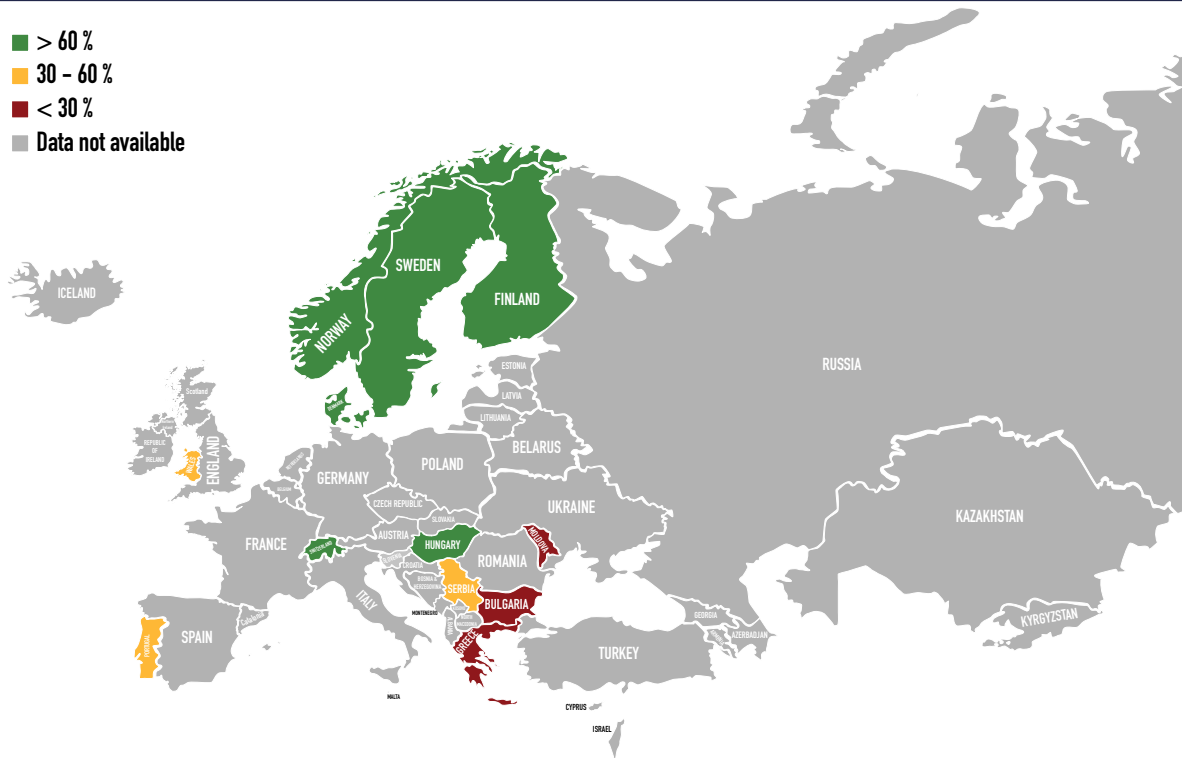
12 countries were able to provide data on timing of admission to stroke unit care: on average, 54% (median 56%) of patients in these 12 countries were admitted within 24 hours.



Prompt admission to stroke unit care improves outcome for all stroke victims. However, only 21 countries monitor access to stroke unit admissions, in mean 62% of stroke patients had access to stroke unit care. 12/35 monitors early access to stroke unit care, here in mean 54% of patients had access to early stroke unit care.

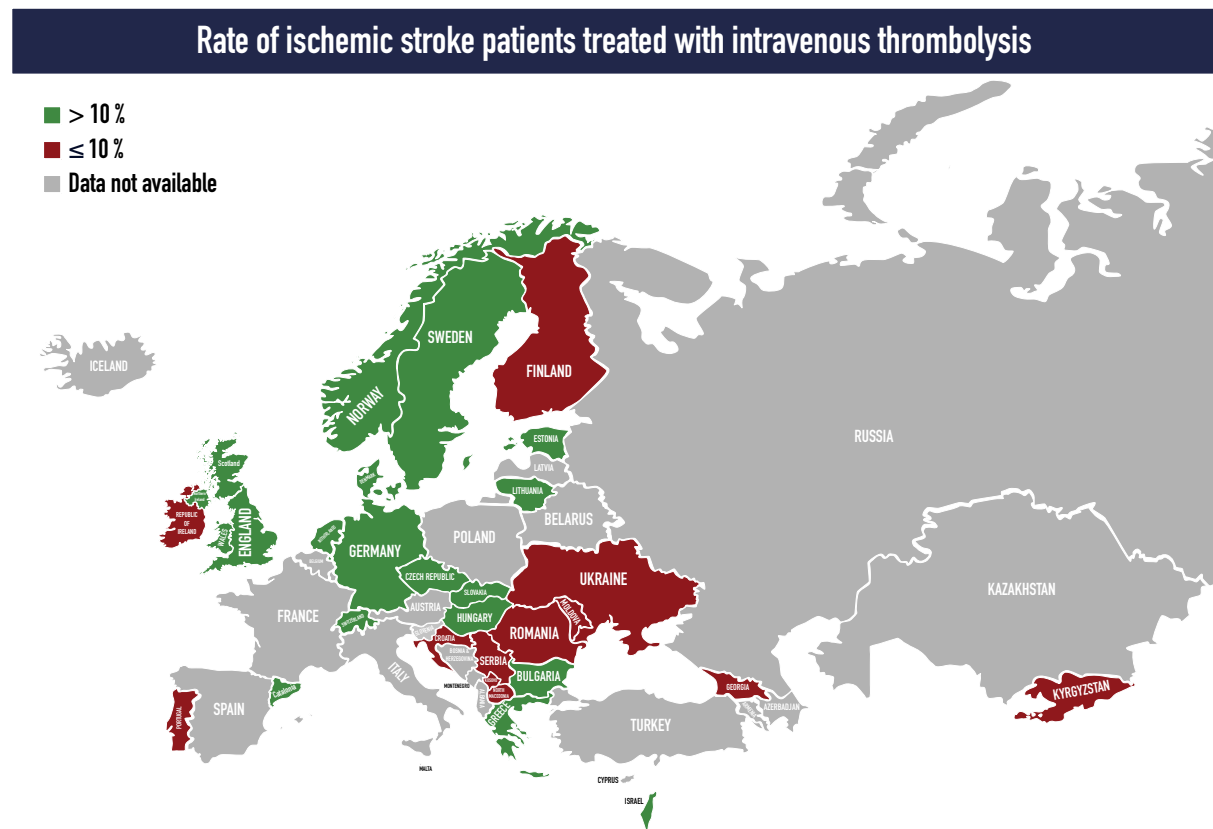
Rate of patients admitted to stroke unit care within 24 hours

- > 60 %
- 30 - 60 %
- < 30 %
- Data not available



Key Performance Indicator 7

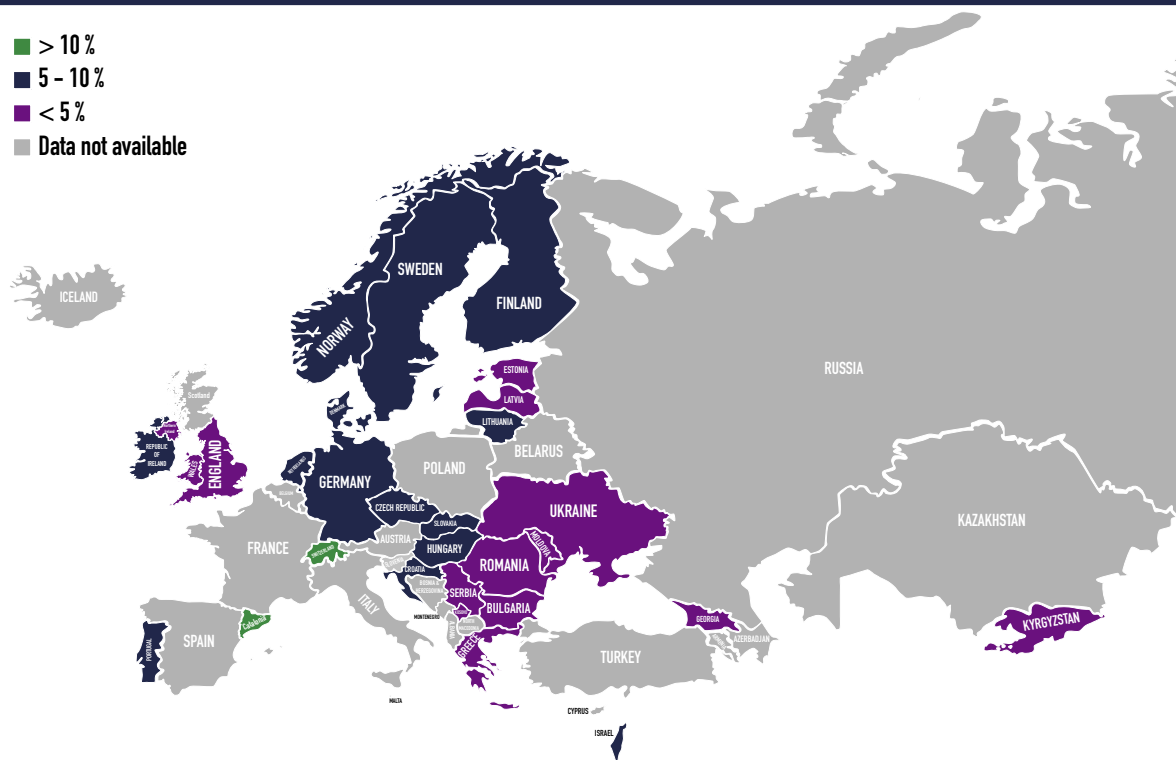
31 countries were able to provide data on IVT rates, which varies significantly between countries mean 16% median 12%. 30 countries were able to provide data on MT: mean 8%, median 5%.



Reperfusion therapies have been implemented successfully in Europe. The mean rate of thrombolysis is 16% and endovascular therapy is provided in 8% of patients with an acute ischemic stroke. Quality assessment is also far more developed in reperfusion: 30 / 36 countries monitors provision of reperfusion therapies.

Rate of ischemic stroke patients treated with mechanical thrombectomy

- > 10 %
- 5 – 10 %
- < 5 %
- Data not available

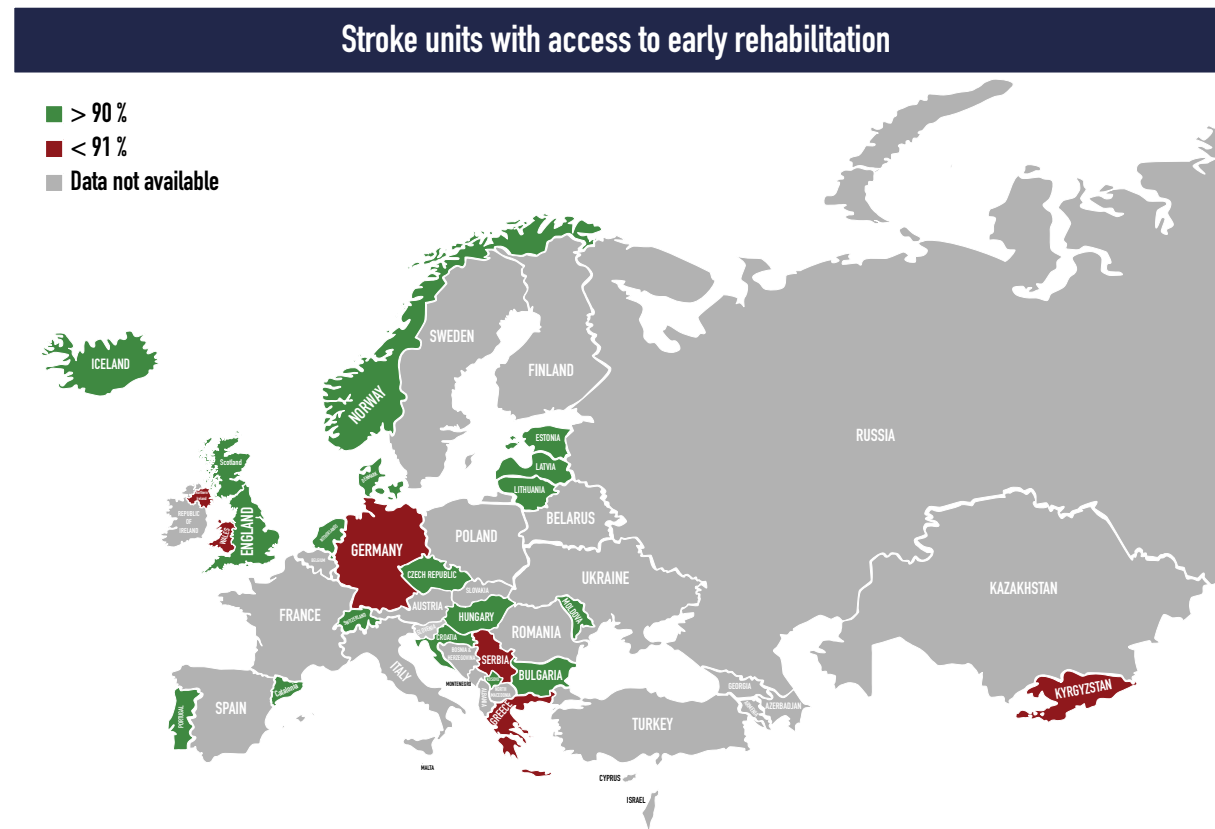


Access to stroke work up



Key Performance Indicator 9

24 countries were able to provide data, of those 19 provided early rehabilitation in > 85% of stroke units.

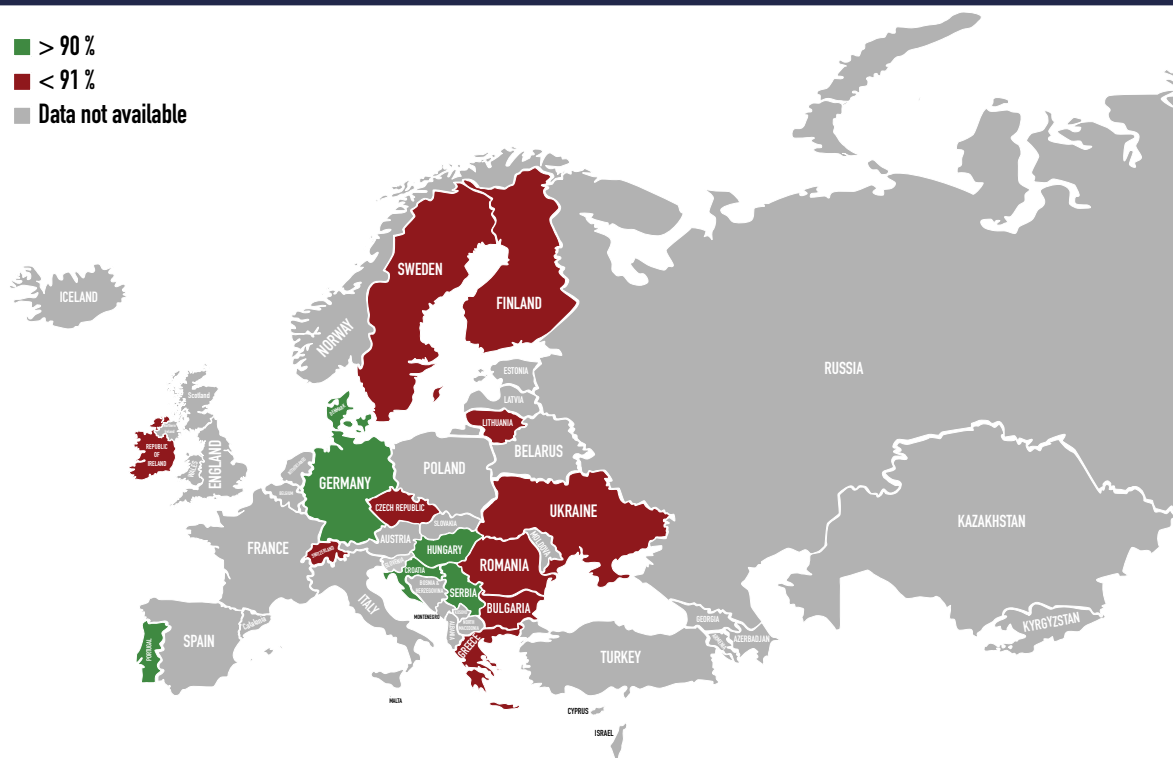


Access to early rehabilitation in the stroke unit is provided in a minority of countries (16/36) and several countries (13/39) are not able to provide data on provision of early rehabilitation in stroke units.

Key Performance Indicator 10

Percentage of patients with access to secondary preventive medications

- > 90 %
- < 91 %
- Data not available



Access to pharmacological secondary prevention is reported at a mean level of 87% in the 16 countries that were able to provide data.

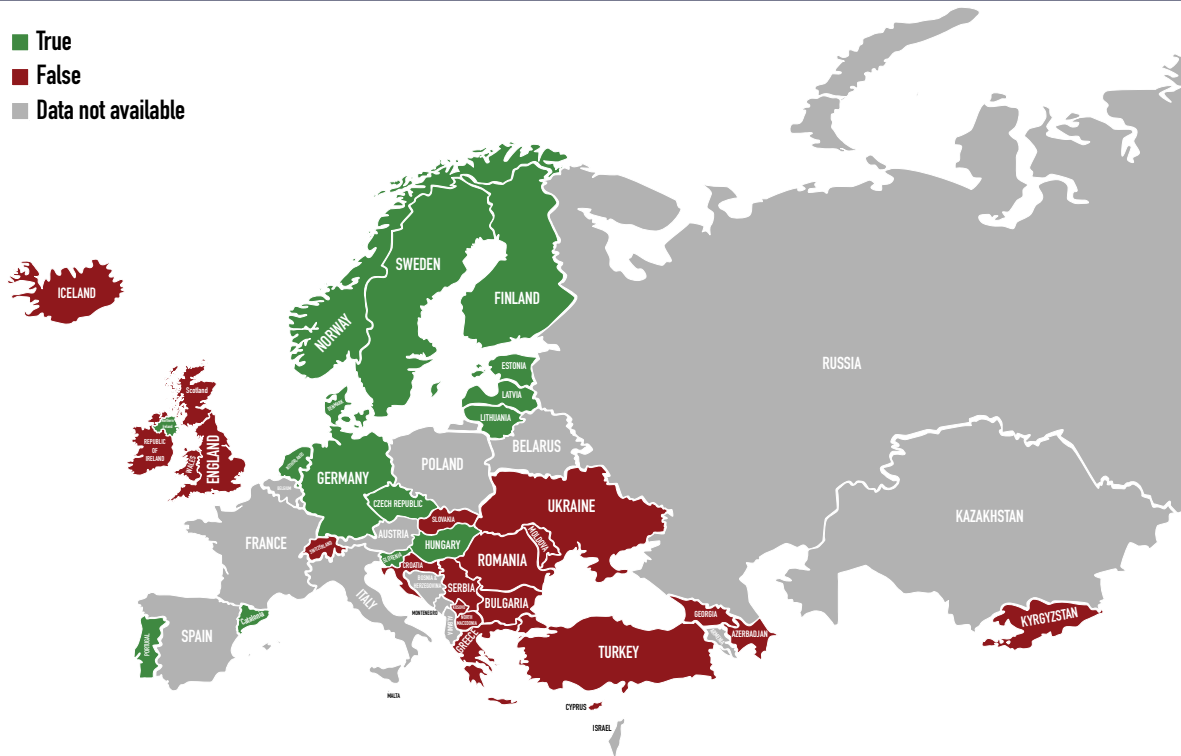
Key Performance Indicator 11

37 countries responded; in 15 a plan is provided.

10/15 countries providing a rehabilitation plan had data on how many actually receives a plan; in those countries on average 74 %.

A binding personalised, rehabilitation and sector transition plan is provided at discharge

- True
- False
- Data not available



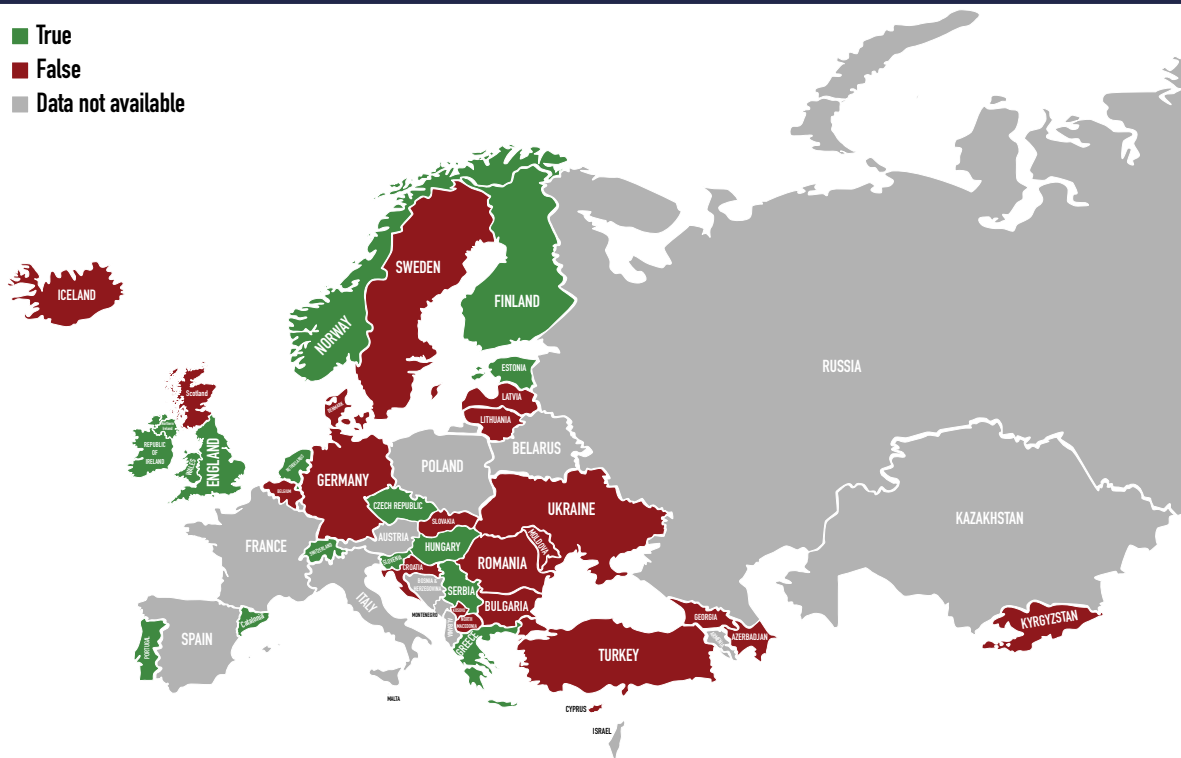
Most patients in Europe leave hospital without a rehabilitation plan.

Key Performance Indicator 12

11 countries were able to provide data on what proportion of patients had access to follow-up and life after stroke care; in those 11 countries, on average 64 % were provided with follow up and life after stroke care.

Follow-up is performed at 3 – 6 months after the stroke incident including a post stroke checklist, a functional assessment and a referral for relevant interventions

- True
- False
- Data not available



Most patients in Europe do not have access to follow up or life after stroke care