

1 STROKE SHOULD BE A HEALTH PRIORITY; IT NEEDS GOVERNMENT'S INVOLVEMENT AND EUROPEAN CONSENSUS.



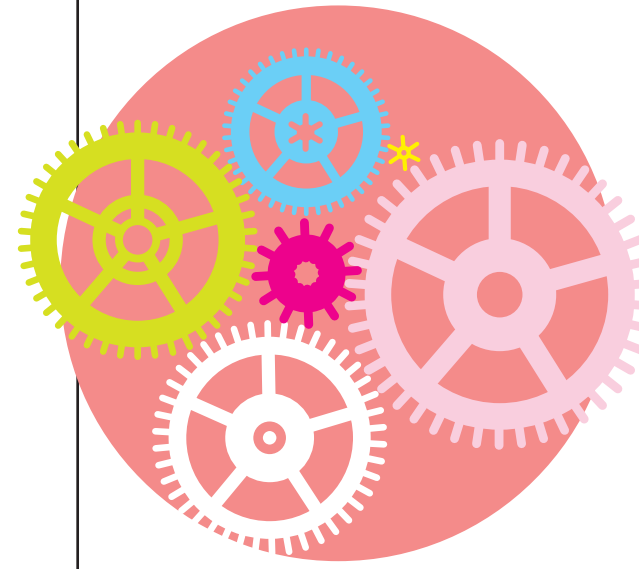
- Tackle the challenge of stroke not only to **invest resources** on prevention and treatment of stroke, but to **promote effective and efficient care** for the increasing number of stroke survivors with sequelae.

- Use the European Stroke Action Plan (E-SAP) as a reference for the **development of collective actions** in the right direction <https://actionplan.eso-stroke.org>

- ICTUSnet tools and products should be used as European best practices; available at ICTUSnet platform platform.ictusnet-sudoe.eu



2 STROKE NEEDS AN INTEGRATED ORGANISATIONAL AND COLLABORATIVE STRATEGY ENCOMPASSING THE ENTIRE CHAIN OF CARE.



- **National and regional stroke plans** should have a **whole strategy** from **primary prevention to life after stroke**, with an integrated, multidisciplinary and synergetic approach.

- **Cooperation should be encouraged across stakeholder groups** including **representatives from public health, health management, emergency, primary, specialised healthcare and social care** organisations, and **patients' associations**.

3 STROKE REQUIRES A PERSON-CENTERED MODEL OF CARE.



- Promote **effective communication, shared clinical decisions** and active participation of **patients and caregivers** throughout the whole process, and also in the **evaluation of outcomes and quality of life**. <https://youtu.be/uX2sfVsa0ak>



4. STROKE IS PREVENTABLE AND HAVE DISTINCTIVE RISK FACTORS

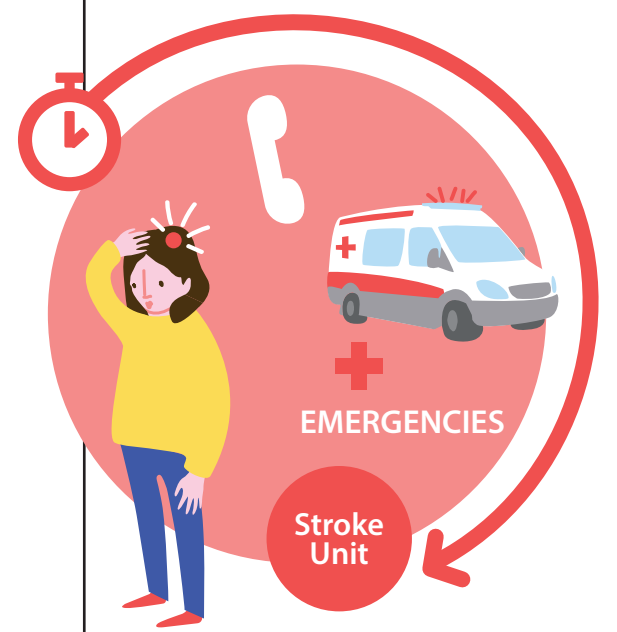


- Improve population's **knowledge** on the modifiable **risk factors for stroke**. Comprehensive stroke prevention campaigns should be carried out regularly including **recommendations for healthy lifestyles**.

- **Strategies should be improved for the prevention and control of obesity, arterial hypertension and atrial fibrillation**, and for smoking cessation.

- **Reduce the recurrence of stroke**. Updated, evidence-based secondary prevention strategies should be included in the **Regional Stroke Plan**.

5 STROKE IS A TREATABLE TIME – DEPENDENT EMERGENCY.



- Improve population's knowledge on **stroke signs and symptoms** and **how to react**. **Stroke awareness campaigns** should be conducted regularly

- **Equitable emergency pathways** for stroke patients should be established, **updated and evaluated periodically** by a regional multidisciplinary Stroke Code Team.

- **Increase the availability of Stroke Units and stroke-trained professionals**. Promote certification of Stroke Units. **Rates and outcomes of reperfusion therapies should be improved**.

6 STROKE DEMANDS A CONTINUUM OF INTEGRATED CARE AND A REHABILITATION PROCESS; DISABILITY CAN BE REDUCED



- **Gaps in care should be avoided**; the **Regional Stroke Regional Plan** should include a **strategy for integrated care** throughout the whole pathway after hospital discharge and a comprehensive, evidence-based **multidisciplinary neurorehabilitation plan**.

- Key Performance Indicators of these strategies should be included on **stroke data management to enable periodic evaluation** and improve efficiency.

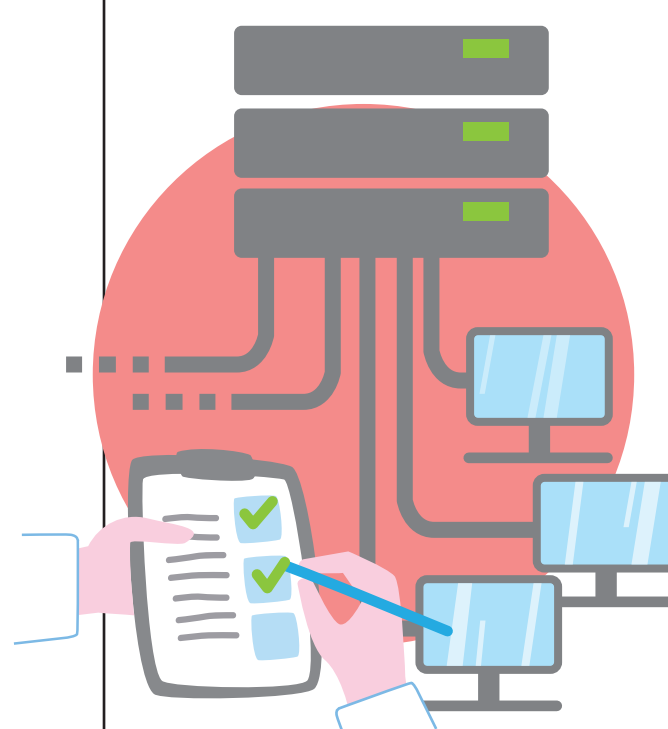
7 LIFE AFTER A STROKE DOES CONTINUE. STROKE SURVIVORS HAVE SPECIFIC HEALTH AND SOCIAL NEEDS.



- A **specific section** in the Regional Stroke Regional Plan should be dedicated **to life after a stroke**, long-term health and **social support** for stroke survivors.

- Promote **integration of stroke survivors** into their communities and participation in **support and educational groups**, for them and their caregivers. An active role for Stroke Support Organizations and Patients' Associations should be encouraged, in coordination with **community resources**.

8 STROKECARE NEEDS DATA MANAGEMENT; SYSTEMATIC AND STANDARDISED COLLECTION OF STROKE DATA



- Build, develop and maintain **data infrastructures that support systematic approach**, data-centric stroke care assessment across the whole care pathway. To this end, use any available data source, from **stroke registries to electronic health care records or discharge reports**, compliant with the principles of the European Framework of Interoperability.

- **Enable data anonymisation and sharing** with other stroke registries. **ICTUSnet project centralized registry** and the use of its identified standards are particularly recommended <http://platform.ictusnet-sudoe.eu/red-ictusnet/informe-tratamiento-de-reperfusion-e-indicadores/>



9 STROKECARE ORGANISATIONS NEEDS TO EVALUATE, AUDIT AND DISSEMINATE HEALTH OUTCOMES AND RESULTS TO IMPROVE

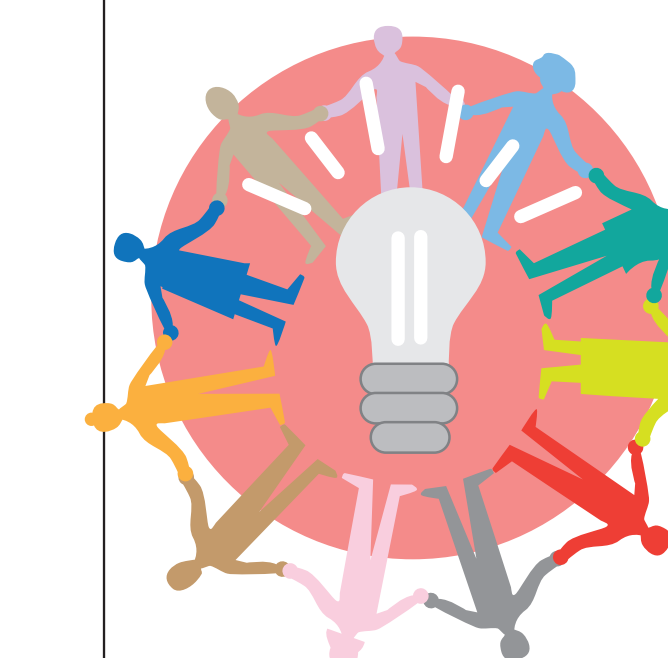


- Promote **stroke care continuous assessment** and sound comparisons of care providers, within and between health systems. **Settle targets and benchmarks for evaluation** of the whole stroke care pathway in a quality-improvement program. Indicators identified in the ICTUSnet project should be used, aligned with Stroke Action Plan in Europe.

- **Promote regular public reporting** of the results produced in the evaluation of stroke care and, out of this, foster dialogues with health authorities and within the **multidisciplinary working group**.

- The **economic and social impact** of stroke should also be regularly assessed, including measures of indirect costs throughout the care process.

10 STROKE NEEDS INNOVATION AND RESEARCH IN MANAGEMENT AND CARE.



- **Data management seeks innovation**. Enable digital transformation, **promote real time data monitoring**, explore advanced data mining tools and **innovate in data reuse**.

- **Models of strokecare** should be innovative: **incentivise and enable stroke professionals** to provide integrated, patient-centered care.

- **Communication and dissemination of knowledge** should include innovative strategies.

- **Social innovation** is needed to **improve support for patients** with acquired brain injury.

- **Research on long-term management** and patient-reported experience should be encouraged to **identify best practices and efficient models of care from a broad perspective**.