



Stroke Action Plan for Europe and data update

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Up-date Action Plan document



- Document needed a mid-term update to:
 - reflect current knowledge,
 - to prioritise
 - and to increase accountability
- Same methodology as the 2018 document
- Response to (minor) reviewer comments
- Acceptance date?
- Publication date?
- Lay version
 - SAFE will assist 😊

Communication plan to raise awareness of the updated Stroke Action plan for Europe (2030)



Objectives

- Raise awareness of the publication: highlight problems (inequalities, lack of a coordinated and structured approach), the SAP-E solutions, measurements of success (Stroke Service Tracker)
- Reinforce call to action: National Stroke Plans including investment, coordination, accountability; a collaborative approach (governments, SSO, HCPs)
- Equip SAP-E NCs, SAFE &ESO members with advocacy tools – coordination encouraged

Audiences:

- National institutions and decision makers, EU institutions and decision makers

EU event in October

- exploring the possibility of holding an EU event in Brussels this October to celebrate and highlight the new Stroke Action Plan for Europe publication, and its relevance and importance to the EU, European and global activities

Advocacy tools – to be refined



Core documents

- The academic/published version of the SAP-E
- The advocacy document prepared by SAFE
- The summary document/1-2 pager prepared by SAFE
- ?SST 2023 summary report prepared by SAFE
- Supporting materials to send to policy makers

Supporting materials

- Overarching statement/press release from SAFE and ESO presidents
- Short Q&A for media and social engagement (e.g. “Why does SAP-E matter?”)
- Videos recorded at the ELASF conference featuring lived experience and clinical perspectives
- Short video clips (30–60 sec): quotes from people with lived experience, SAP-E domain leads
- Blog/opinion piece from SAFE – from the lived experience perspective
- Slide deck for external use such as conferences, briefing meetings
- Email signature and new banner for the website (SAFE and ESO)

Events



- Webinar on publication day? (SAP-E NCs, SAFE and ESO members, and media?)
- Follow up webinar sessions (thematic sessions led by domain leads or session based on the new work packages)
- Brussels event – October (to target EU-level policymakers and partners)
- ELASF March 2026 (for in-person engagement and reporting progress)
- Potentially Masterclass during ESOC 2026 (attract NCs and others)

Rehabilitation targets (update 2025)

Research and development: top 5 priorities



1. Developing evidence-based rehabilitation programmes based on timing, dosing, level, long-term duration and type of intervention.
2. Developing efficient management programmes for fatigue, anxiety and cognitive impairments after stroke.
3. Designing clinical trials defining how to reach maximal neurological potential in each stroke patient.
4. Documenting the potential benefit of maintenance training.
5. Developing a post-stroke rehabilitation guideline defining best practice rehabilitation.

Rehabilitation targets (update 2025)

Targets for 2030: top 5 priorities



1. Providing early stroke unit rehabilitation in at least 90% of stroke units (KPI 9a).
2. Providing ESD in at least 60% of stroke units (KPI 9b) (from the stroke unit or from a community service).
3. Providing a documented individual plan for community rehabilitation and self-management support for all stroke patients with residual difficulties on discharge from hospital to at least 60% of patients (KPI 11).
4. Ensuring that all stroke patients and carers have a review of their rehabilitation and other needs at 3–6 months after stroke and annually thereafter (KPI 12a and KPI 12b).
5. Involving and supporting stroke survivors and their carers during decision-making to ensure that they make informed decisions about their rehabilitation goals.

LAS targets (update 2025)

Research and development: top 5 priorities

1. What are the experiences and needs of stroke survivors at different times during their lifespan, considering different cohorts of stroke survivors and challenges of those with multiple morbidities – and their carers – to inform the design of optimal care pathways.
2. What would a model of best care and long-term support look like? This should include the opportunity for reviews and specific roles to provide holistic coordinated support.
3. How can data on life after stroke best be collected within stroke registries to improve understanding of the long-term outcomes of stroke and service planning, and what data should this comprise?
4. What products and services (digital and physical) would support self-management, community integration, education and healthcare?
5. How can high-quality information and training to help non-specialist staff, especially social care staff, be targeted? It is envisaged that this will involve research around staffing levels, core competencies and the involvement of non-governmental and non-profit-making bodies such as charities and voluntary groups

LAS targets (update 2025)

Targets for 2030: top 5 priorities

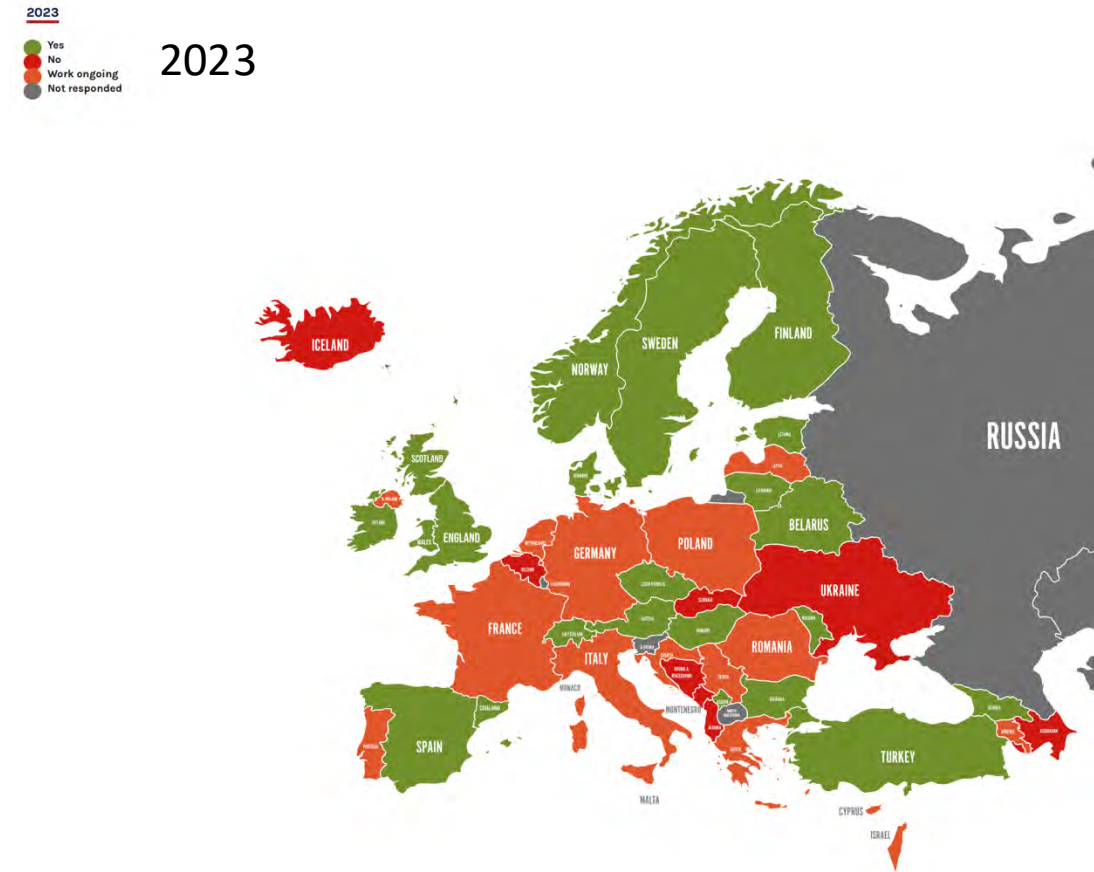
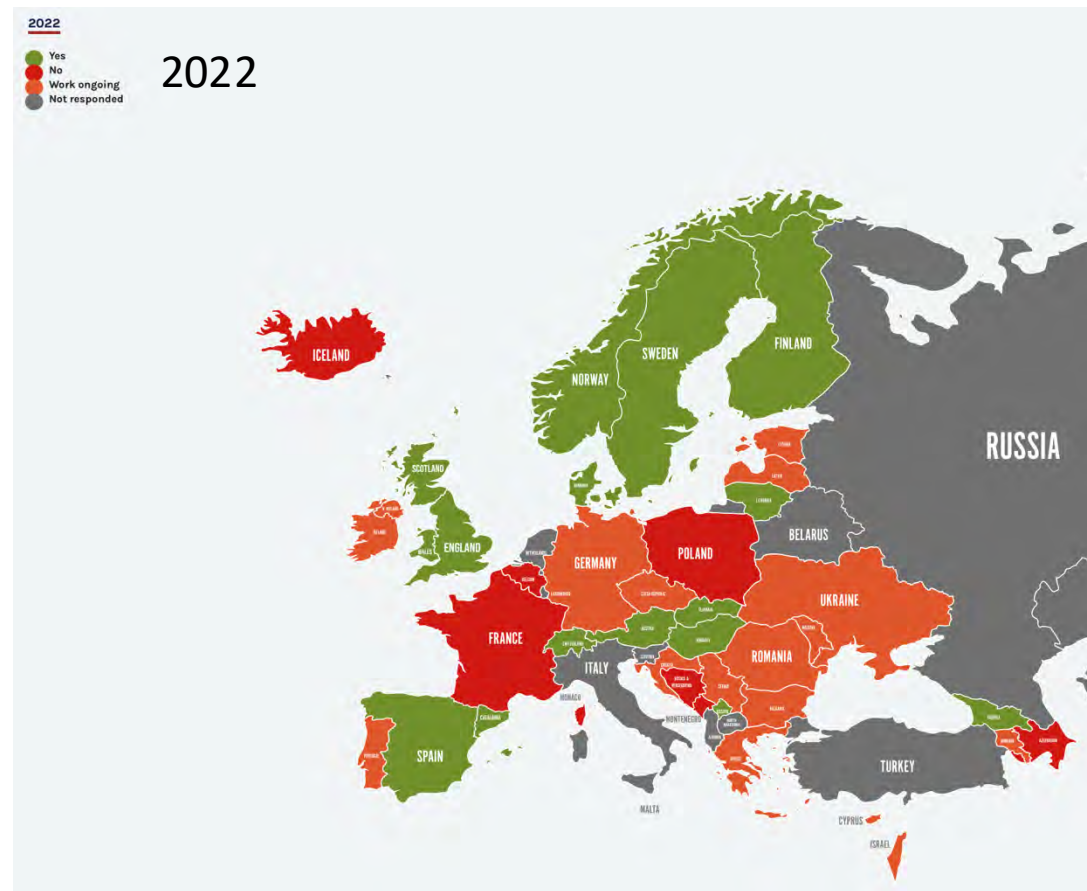


1. Providing comprehensive stroke follow-up that addresses all aspects relevant for life after stroke (KPI 12a).
2. Using a recognised post-stroke checklist and functional assessment to capture all stroke-related health problems. People should be referred on as appropriate (KPI 12b).
3. Providing equitable support, established through national stroke care plans and in conjunction with SSOs, to stroke survivors, regardless of their place of residence and socioeconomic status. Minimum standards should be agreed for what every stroke survivor should receive regardless of where they live (KPI 1 and KPI 2).
4. Ensuring appointment of government-level individuals or teams responsible for inclusion of life after stroke in national stroke plans, with supporting national databases in place for quality improvement.
5. Exploring implementation of supported self-management information and assistance systems needs as a priority area.

SST data: KPI 1

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

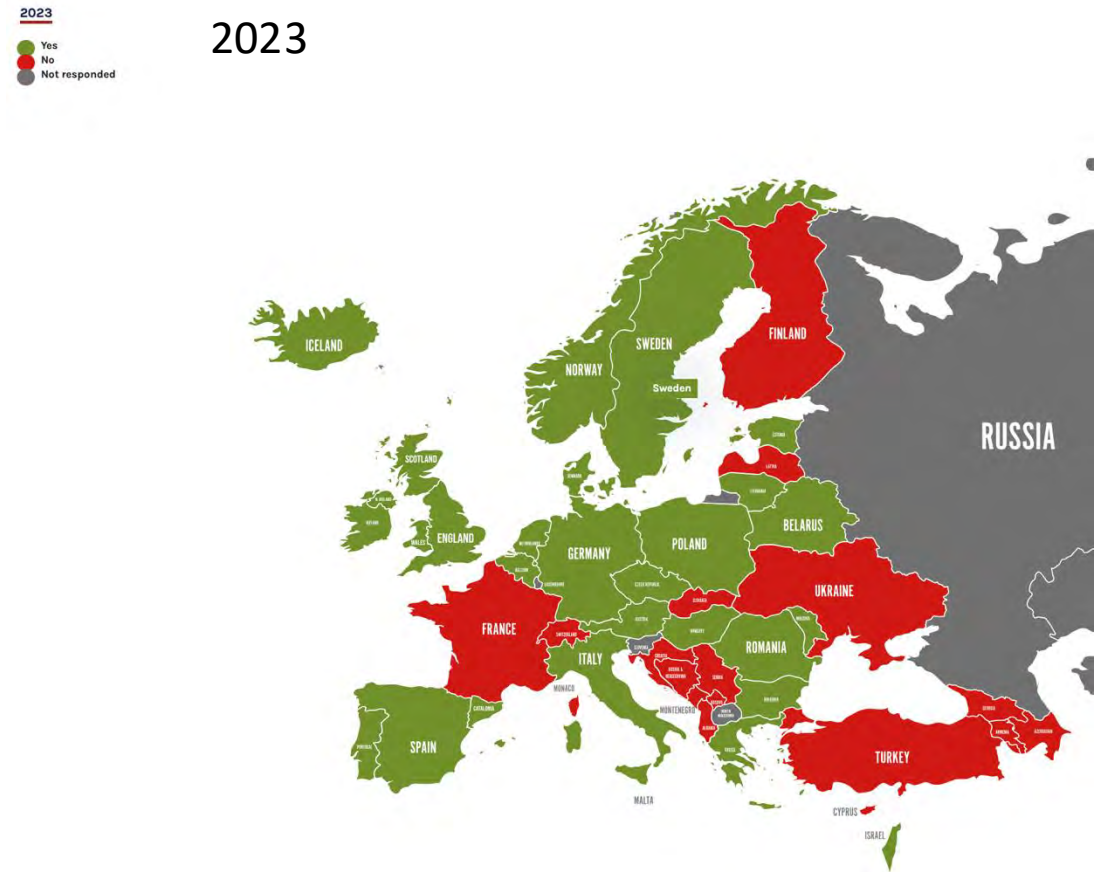
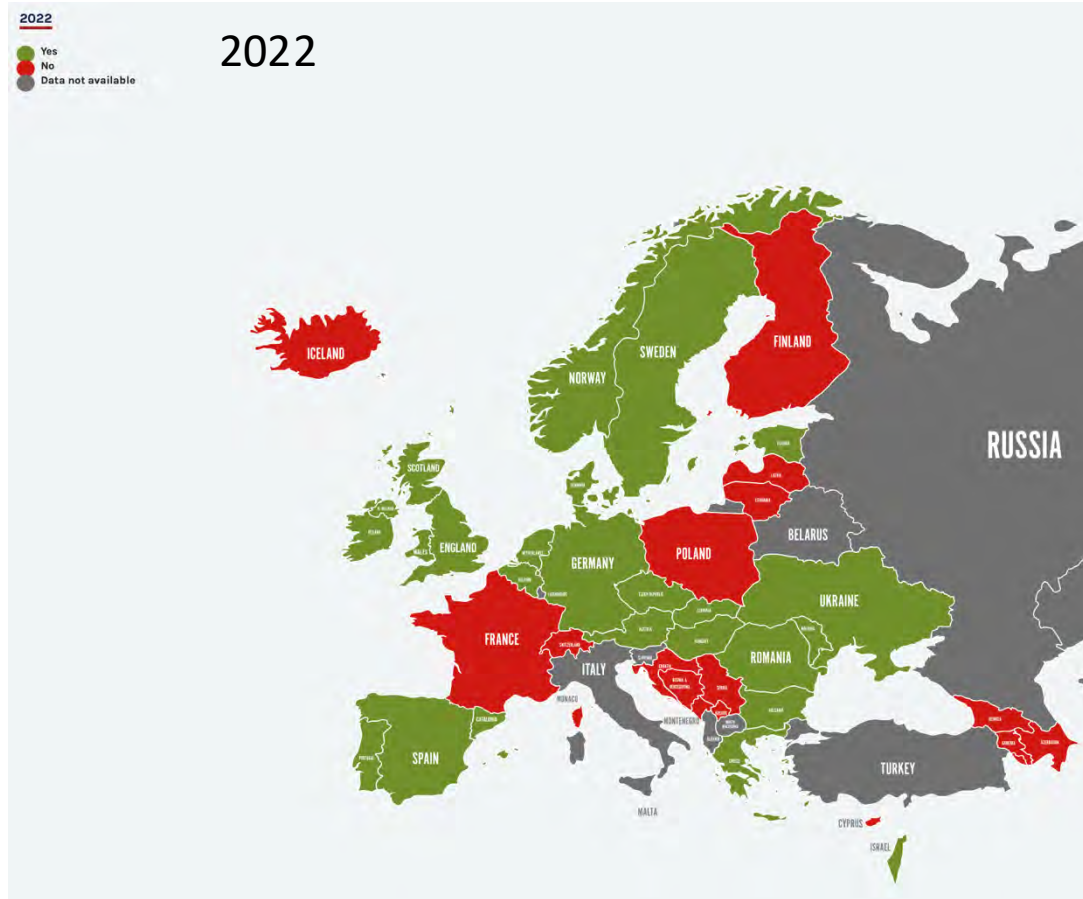
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SST data: KPI 2

At least one individual from the respective Stroke Support Organisation (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.

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Quality of care, KPI 5a & 5b

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

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In-hospital (stroke unit)

2023

- Yes
- No
- Not responded



Other services (ie rehabilitation institutions or municipalities)

2023

- Yes
- No
- Not responded



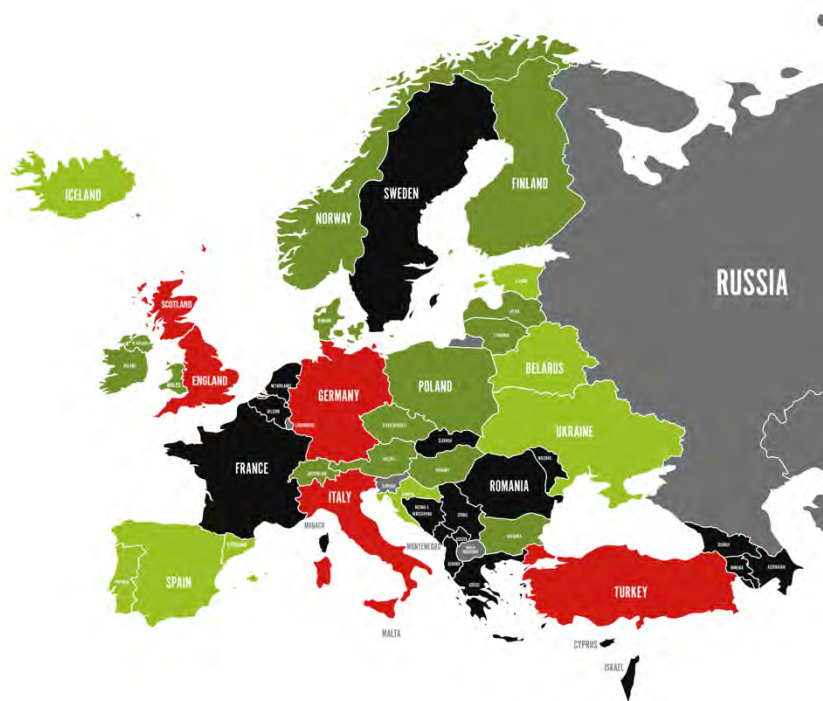
SST data rehabilitation

Early rehabilitation in stroke unit (90%)

KPI 9a

2023

- Early stroke unit rehabilitation provided in at least 90% of stroke units (high quality data)
- Early stroke unit rehabilitation provided in at least 90% of stroke units (lower quality data)
- No
- Data not available
- Not responded

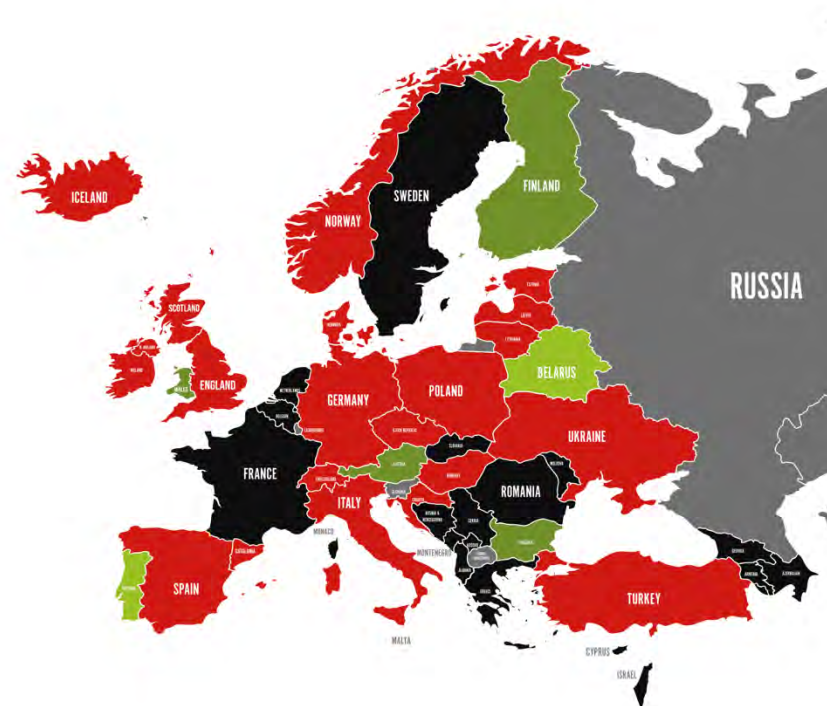


Early supported discharge (90%)

KPI 9b

2023

- Yes (high quality data)
- Yes (lower quality data)
- No
- Not responded
- No data available



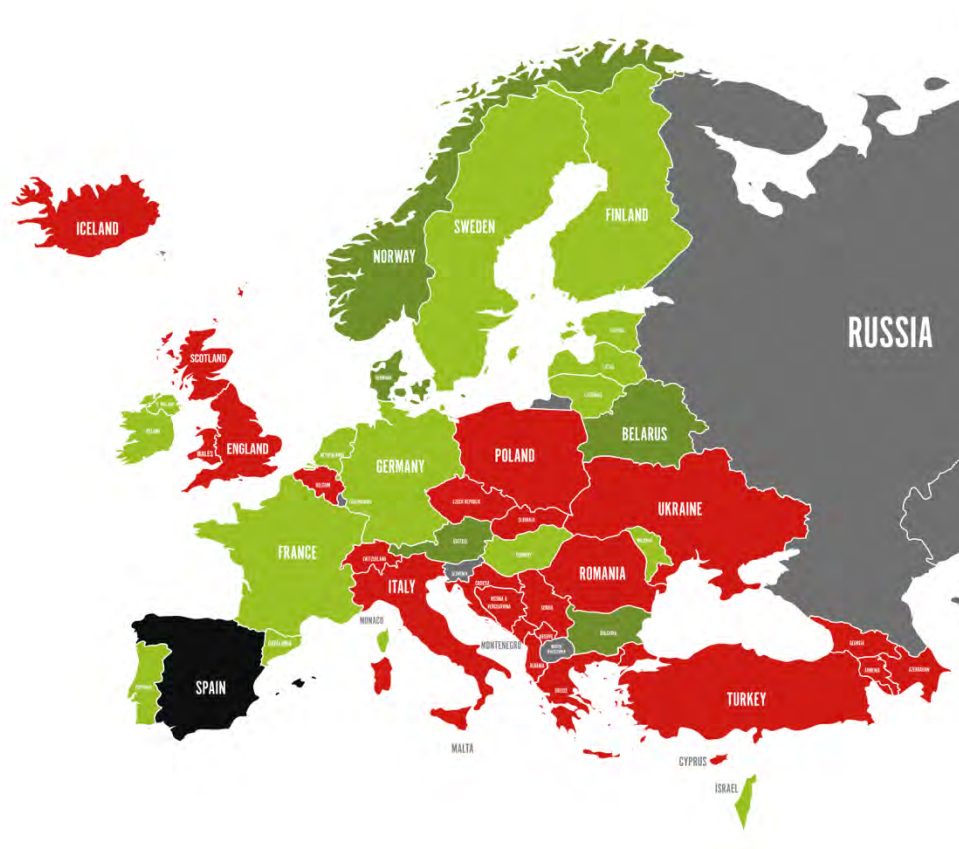
Sweden: typo, to be changed to dark green

A binding, personalised, and documented rehabilitation and sector transition plan provided at the time of discharge to at least 60% of patients. (KPI 11)

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2023

- Transition plan provided (high quality data)
- Transition plan provided (lower quality data)
- No
- Data not available
- Not responded



To ensure/support continuation of rehabilitation after discharge from stroke unit

To ensure rehabilitation according to individual patient's needs

Document patient's rights to continued rehabilitation

SST data LAS (KPI 12a)

Follow-up at 3-6 months after the stroke incident is provided to at least 90% of patients

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2023

- Follow up at 3-6 months provided
- Follow up at 3-6 months not provided
- Not responded



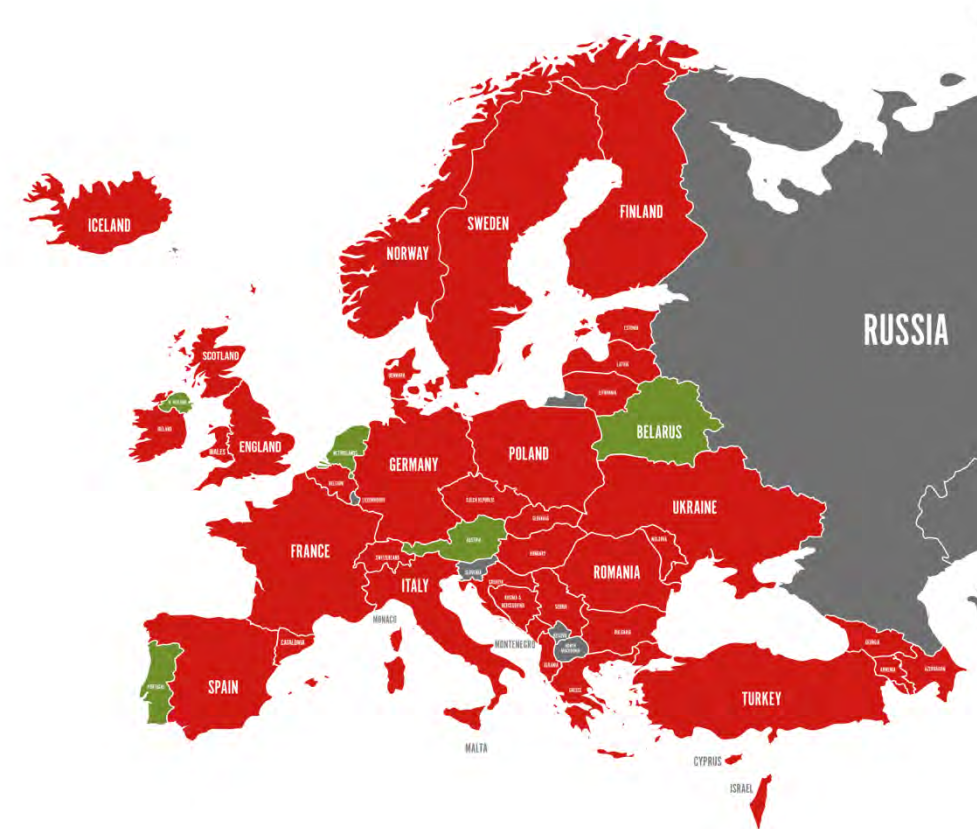
SST data LAS KPI 12b

...using a post-stroke checklist and a functional assessment and referral for relevant interventions at the follow-up at 3-6 months is provided to at least 90% of patients

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2023

- Post-stroke check-list is used
- Post-stroke check-list is not used
- Not responded



Life after stroke organisation

SST survey questions

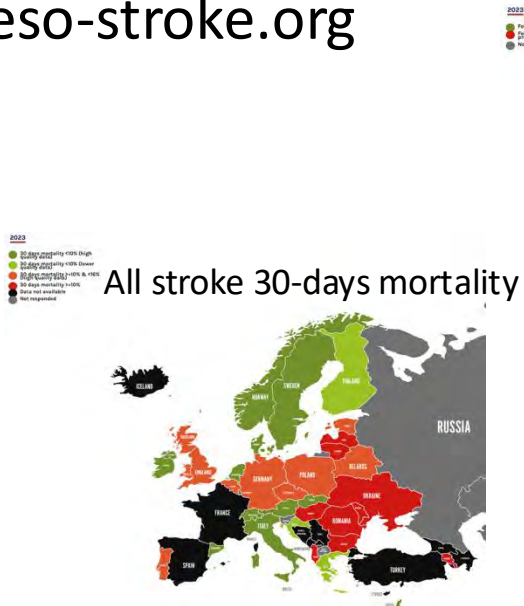
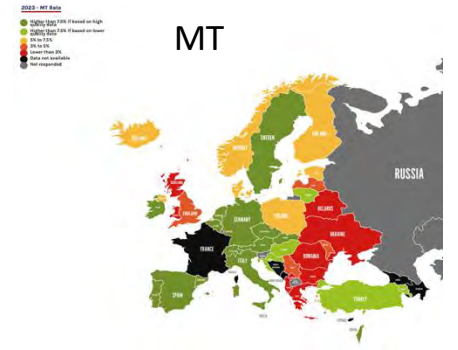
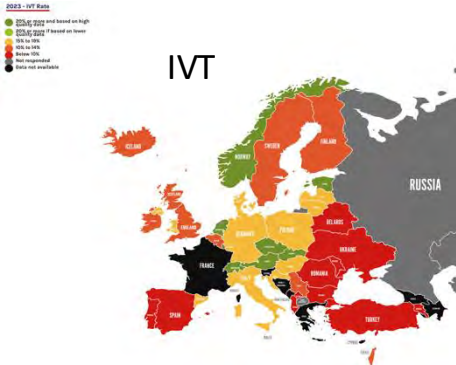
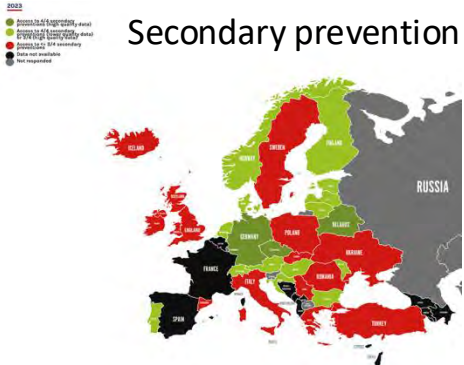
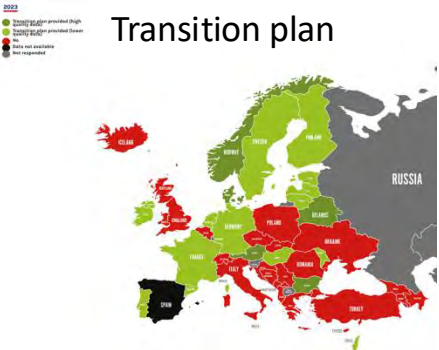
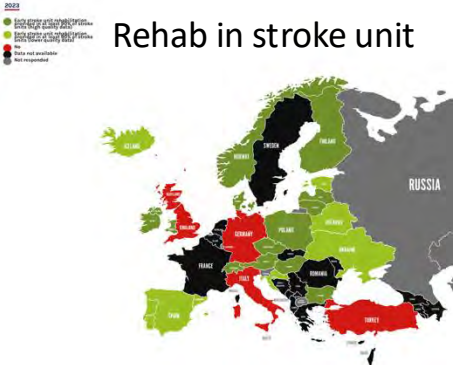
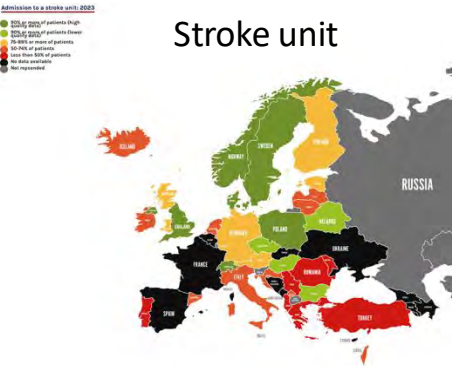


	YES	NO
Are patient reported long term outcome covering both hospital and community service collected?	10	37
Is follow up at 3 months part of national pathway?	18	29
Is follow up at 1 year part of national pathway?	8	39
Is a program for life after stroke support provided with general and equal access?	13	34
- Activity issues	11/13	
- Health issues	12/13	
- Adjustment and well-being issues	10/13	
- Information and support for individuals and carers	11/13	

Based on 47 countries, survey questions, no documentation/monitoring

The Stroke Service Tracker provides data at a European level – to identify gaps and inequity

Set your priorities using gaps identified in your country by the SST



<https://actionplan.eso-stroke.org>

How SAFE members can use SST data and SAP-E tools in advocacy work?

For the 3 first steps in the 6-step advocacy process



- 1. Set your priorities: identify gaps based on SST data**
- 2. Situation analysis: stakeholder analysis and other relevant dynamics (Look up the SAP-E template)**
- 3. Define objectives: Set realistic objectives to deliver your priorities (Look at the SAP-E targets and key performance indicators)**
4. Understand stakeholders and build your story
5. Build alliances
6. Identify outreach tactics

<https://actionplan.eso-stroke.org>

Advocate for National stroke plans

