THE ANGELS ANGEY

MAY 2021

NEVER TOO LATE TO START

THE POWER OF SIMULATION TRAININGS

QASC EUROPE -POLISH NURSES DRIVING CHANGE

EMS AWARDS

22 DIAMOND AWARDS / FOUR LESSONS FROM THE CZECH REPUBLIC

SHORT STORIES FROM THE FIELD





FOREWORD

I still get Goosebumps just thinking about it. It has now been 5 Years since this amazing community took its first hesitant steps at the ESO Conference in the massive auditorium of the CCIB Convention Centre in Barcelona.

5 years, 5,000 Angels hospitals and more than 55,000 doctors, nurses and paramedics later. Goosebumps...



Jan van der Merwe Angels Europe – Project Lead



Someone once said that you should approach a project like this in the same way as you should approach opening a bakery. In the first year you pick up the crumbs, in the second you bake some breads and in the third you open a bakery. If you do this right, you should then be able to run smoothly and would only need to make micro adjustments to your recipe as times or circumstances change.

There is a lot of wisdom in this approach as it implies that you must have a growth mindset. If you expect everything to be perfect before you start, you may never start. It also implies that as part of this growth mindset you must have a learning attitude. If you don't learn from the crumbs you pick up or those cakes you bake that don't come out as expected, you will never grow. So many projects fail because the learnings are not systematically captured and passed on. The result is that people keep making the same mistakes and instead of failing forward they go two steps forward and three steps back.

When I look back at the past 5 years, I recall the first year where we were all picking up crumbs, trying to understand the situation and learning together. Together we had a lot of successes early on as an Angels Community and many of you took the lead in showing us which breads we should be baking more of. We laughed together, cried together and most importantly we grew together. Some of our recipes are now sitting safely in a book somewhere as learnings for the future, but the ones that worked are now influencing lives across the world. I'm thinking for example of the power of consultancy through our Angels Consultants who became part of your stroke teams, doing whatever it takes to give life a chance. We took a completely different approach to education, moving the focus from learning to implementing. Those of you who had the opportunity to attend an Angels Day Conference would attest to the unbelievable power of such meetings, a recipe that has been directly responsible for helping many new hospitals start their journey as Stroke Ready Hospitals. I'm reminded of the success of our stroke nurse certification course. A 200hour e-learning that has to date been completed by more than 13,500 nurses worldwide.

Together with the Department of education at the University of Macedonia we developed one of our most exciting offerings – our Stroke Disease Awareness program called the FAST Heroes. Also here we had to pick up crumbs, bakes some breads, learn, develop and grow but now we have an award-winning program that has so far been implemented in over 70,000 homes through their schools and is already available in 24 countries in their own language. Families that took part in the school-based program saw growth in the knowledge of at least three stroke symptoms from 38%

to 85% and the knowledge of the emergency number grew from 40% to 100%! So far, with the World Stroke Organisation as our partner, we have exposed more than 120 million people to the FAST Heroes message through various social channels, but it's in the schools where we really make the difference. So, if you struggle with the fact that your patients arrive too late for treatment, speak to your consultant to see how you can get involved in the FAST Heroes program.

We are now well past the stage where we officially opened our bakery and with you as our inspiration in this amazing community, we are striving everyday to get even better.

It's never too late to start though and even after 5 years we are still ecstatic when a new hospital joins the initiative, especially if - like in the case of our first story of Hospital Cruz Roja in Cordoba - the hospital is new to stroke treatment.

We are also working hard to develop our base of simulation centres across the world as we see the impact it has. It is our hope that our second story may inspire you to get in contact with us to see how we can offer simulation training on an even broader base.

Sometimes you start something with the hope that it would bring a predetermined result and it turns out it has benefits way beyond what you ever imagined. In 2017 we officially kicked off the QASC Europe project in partnership with the ESO and the Australian Nursing Research Institute (NRI) hoping to show the world that a proven nurse led intervention can be implemented successfully also in Europe. As can be seen from the results from 107th Military Hospital in Wałcz Poland, it turns out this project led to a significant improvement in the quality of their post-acute care. What we didn't expect was that because of this project we now have

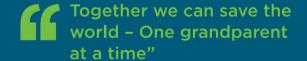
national and international nurses working groups, nurses as part of national steering committees, multiple workshop series aimed specifically at nurses, more e-learnings and other educational content specifically for nurses and even a new partnership with Nutricia focussed on improving the post-acute care of stroke patients. One recipe that lead to a whole new series of cakes.

If you haven't noticed, we have just launched a brandnew recipe focussed on pre-hospital care namely the EMS Awards program. We have been overwhelmed by the passion and enthusiasm we have seen in EMS services across the world and our hope is that this initiative will have the same effect on growing our EMS community as the QASC Europe project had on the nursing community. Read more about it in our fourth story.

At the end of the day we are a community with one goal, improving stroke care quality and as a direct result improving patients' outcomes. If you still need inspiration to join our journey do yourself a favour and read our last story. The Czech Republic has always been an example we follow especially when it comes to how they implement quality monitoring. In 2019, 22 of the 46 hospitals in Czech Republic achieved Diamond status in the ESO Angels awards. The important thing is that even with this level of excellence they are still trying to improve! We hope the four lessons they shared with us inspires everyone else to do the same.

Here's to the next 5 years. Filled with hope, full of love and surrounded by likeminded people.

In the words of our little FAST Heroes around the world





Never Too Late To Start

Working in a hospital means you see patients with all kinds of symptoms and ailments every day. The pandemic brought even more patients, many of them that couldn't be saved. But what if a patient comes to the hospital with a peculiar type of stroke? And what if your hospital is not equipped to diagnose and effectively deal with such patients? Even worse, what if this patient is someone you know personally, like a colleague for example? Would this experience break your spirit, or motivate you to make a change? In the case of Hospital Cruz Roja in Cordoba (HCRC) this experience has led to a new beginning.

A recently retired doctor from the hospital came into the emergency room expressing he hasn't been feeling well for a few hours. The doctors present mistook the symptoms for vertigo, a common mimic, and for his previous atrial fibrillation history. He remained in the hospital to be monitored and cared for. He later fell while trying to walk, so they decided to take him to the CT room and discovered the unexpected cerebral infarction. By then, it was unfortunately too late to do anything against his stroke.

The stroke code in Cordoba and in all the Andalusian community specifies that strokes are treated in the public hospitals, which are part of the stroke network. Cordoba has one of these hospitals which can be classified as a Comprehensive Center. If any of the other hospitals in the city receive a stroke patient, they send the CT scans to the center for further instructions and transfer.

But Cordoba is a big city with a significant population to only have one stroke center. That is why, regardless of being in the middle of a pandemic and the irregularity of COVID symptoms, the Intensive Care Unit lead by Dr Noelia Muñoz and the Neurology Department lead by Dr Roberto Valverde of the HCRC decided to start treating stroke patients and implement a formal Stroke Code.

They invited the region's Angels consultant, Alicia Arjona, to brainstorm on all the solutions and next steps to implement in their protocols. They began gathering the entire hospital personnel, independent of their role to announce the goal: a new group of patients would start arriving and everyone should have the essential information for them to recognize a stroke and to know how to proceed.

They created a multidisciplinary working group, called the **Brain Team**. Even though it seemed so difficult in the pandemic, the team was ready to tackle each task to start a stroke unit. "They truly understood the power of teamwork in stroke care. They included everyone in the hospital in the development of the stroke pathway and trainings. And the team worked to make all understand they are an essential part of this journey"

Alicia Arjona, Angels Consultant

The team developed a spirit of improvement and collaboration. Dr Muñoz and Dr Valverde carefully organized trainings that could involve everyone without breaking any hygiene and social distancing rules. Prolonged through several days in May, they taught about the proper triage, the Hyper-Acute phase, the NIHSS neurological assessment, and the best practices in Post-Acute care. With all this, HCRC could start treating stroke patients in June. During this time, they had already chosen the challenging goal of having a 25-minute Door to Needle time average. All posters with the Helsinki measures were put in place and the use of



checklists was established as part of the protocol.

However, in order to put this in motion they had to resolve one aspect that takes place outside the hospital: When patients call the emergency phone number, the public Emergency Medical Services don't transfer

them to private hospitals like the Cruz Roja Hospital – especially not if it's a suspected stroke. The brain team knew that this was a vital factor to adapt and become part of the region's stroke network with many discussions and project plans.

After a few weeks working with Angels, they ran simulations consisting of two different scenarios. These showed the changes to be made and offered excellent results.

- 1 COVID-19 negative stroke patient, involving EMS: In this case, as they are pre-notified, they go directly to CT.
- COVID-19 suspect stroke patient (the patient had fever/cough and had direct contact with a positive patient): In this case, the patient came by his own and they used the "dirty pathway".

Fast forward to today, they have already successfully treated their first 10 acute stroke patients. The entire stroke team has regularly scheduled Quality Monitoring meetings to identify barriers and continue improving.

They now treat with their Stroke Bag in the CT room. They were able to recently open the Institute of Neuroscience for Rehabilitation (INR) for patients recovering from stroke in March 2021. However, stroke patients are hospitalized in the ICU as currently they don't have allocated beds to make a stroke unit due to all the COVID-19 patients admitted. But their goal is to still have a designated unit exclusively for stroke. They are prepared to swiftly change as soon as the pandemic eases down.

For many, the pandemic was a significant and valid reason to put plans on hold. It complicates interactions and it filled emergency rooms all around the world with patients. For teams like this one in Cordoba, it is never too late to set another goal.

As if strengthening the link between the hospital's porters,
ED physicians, ICU physicians,
EMS, nurses, neurologists, patient-data administrators, radiologists, and more wasn't enough; the hospital is sharing the Angels ideology and understanding the importance of community. They want to share their story and push other hospitals to follow their steps, as they did with the Hospital Cruz Roja from the community of Castilla-La Mancha. They want to give others the confidence for treating stroke patients.

Angels helped with an implementation of a cultural change until good becomes better and better becomes the best. A chain is as strong as its weakest link... a chain of management and treatment of stroke patients in the hospital.

We strongly believe in the chain of survival: It refers to a series of actions that, properly executed, reduce the mortality associated with these timesensitive interventions performed by people. It must be maximized and optimized so also the quality of life is included in this survival.

We thank the patients for the daily lifelessons. It was a stroke patient who gave us the opportunity to change our lives, more than us saving a stroke patient. We are now involved in this marvelous project because of him [the patient]".

Dr Noelia Muñoz

Simulation training for stroke care Walking in each other's shoes

At the start of 2019, just
1 in 200 stroke patients
in the Ukraine was receiving
pharmacological recanalization
therapy. The rate for thrombectomy
was even lower, a barely perceptible
1 in 1000. Although recanalization
rates rose year after year, this
happened in painfully small
increments off a low base.

In no single year had the recanalization rate grown by more than 31 percentage points, but that was about to change.

Starting in February 2019, a team of neurologists and neurology educators presented training courses on acute stroke care to 106 stroke team members from across the Ukraine. Ten inter-disciplinary groups of neurologists, neurosurgeons, stroke nurses and ICU and EMS physicians attended the two-day Stroke Simulation Course held at Poltava Regional Hospital in the east of the country, where a Simulation Centre – the second in Eastern Europe – had opened on World Stroke Day in 2018.

At the World Stroke Congress the following year it was reported that by the end of 2019 the total number of patients undergoing recanalization therapy in the Ukraine had risen by 90%, and the thrombolysis rate at hospitals that took part in the training, by over 200%.

The Poltava team's conclusion was that simulation training for stroke care had an immediate, significant and measurable impact on quality of care.

Key learnings about how and why

The merits of simulation-based learning are well-established. In fact, the Greek philosopher Aristotle was the first to observe – around 2400 years ago – that "the things we have to learn before we can do them, we learn by doing them".

The role of simulation training in healthcare was pioneered by Dr David Gaba, an anesthesiologist who drew on the training principles of aviators and astronauts to help healthcare professionals master new skills without risk to patients.

In emergency stroke care, the positive impact of simulation training has been demonstrated by significant improvements in real-life patient management and outcomes as the result of, inter alia, time gained through better teamwork, and more confident physicians making better decisions, faster.

Anyone wanting to understand how and why simulation training improves stroke care, will find plenty of answers in both peer-reviewed case studies and in the broadly understood benefits of experiential learning. But for five key learnings about simulation-based training in stroke settings, one might equally rely on a group of Angels Initiative consultants and team leaders who share their experience of a range of simulations – from in-hospital acute pathway simulations to simulation centre based scenarios to optimise decision-making and post-acute care.

1. A safe place to learn and reflect

Simulation training provides small-group learning in a safe environment, says Silvia Ripamonti, Angels team leader for five Central European countries including the Czech Republic and Bulgaria. The ultramodern Simulation Centre at St Ann's University Hospital in Brno, Czech Republic, is one of the most used by Angels teams in Europe. In Bulgaria, two-day Stroke



Academies are held at Saint Anna Hospital in Sofia and Saint Panteleimon Hospital in Plovdiv.

"Simulation removes fear," says Maria Koneva, who is based in Moscow, Russia, and joined the Angels Initiative from a desire to change the health system in her country.

"It's a safe zone," Claudia Queiroga confirms. Claudia, who is now a member of the Angels Initiative Core Team, is a former consultant in Portugal where she experienced in-situ simulations of the hyperacute phase of stroke in the emergency department. Simulation training also provides an opportunity to reflect on your actions in a non-judgmental environment, she adds.

A role-play simulation typically consists of three phases – the briefing, the scenario, and the debriefing. During the debriefing component, participants receive expert feedback in a non-judgmental, supportive environment. This opportunity to reflect is a key element of experiential learning according to philosopher and education reformer John Dewey who believed that "we do not learn from experience, we learn from reflecting on experience".



2. Learning better for longer

Experiential learning accelerates learning and improves retention. Not only are trainees more likely to make a personal connection with the material, but they also learn the value of mistakes.

It is amazing how much learning takes place in just two days, says Lev Prystupiuk, the Angels consultant for Eastern Europe and Central Asia. Lev, an endocrinologist whose experience includes providing volunteer medical care in remote rural areas of his native Ukraine, was involved in setting up the Simulation Centre in Poltava. He says that after simulation-based training at Poltava doctors with no previous experience of stroke treatment start treating stroke patients at their own hospitals and in their own countries.

Not only is learning accelerated by doing, it is also reinforced by reviewing and analysing video recordings of scenarios and gaining insight into one's own behaviour.

"When you watch yourself making a mistake, you never forget it," says Alicia Arjona, an Angels consultant from Spain. Maria Koneva echoes this: "Once you have done it you know it forever."

POLTAVA STROKE SIMULATION CENTER



CERTIFICATE OF ATTENDANCE

THIS IS TO CERTIFY THAT

SUCCESSFULLY COMPLETED
The Angels Initiative Simulation
Training Course

The Angels initiative in Europe is committed to increasing the number of stroke ready hospitals and optimising the quality of all existing stroke centres.

LET'S CONTINUE TO WORK TOGETHER EVERY DAY TO SAVE 100,000 (VES.*

Dr. Mykhailo Tonchev Di Co-Chair of PSSC

ra, Ukraine
Place Date



3. Competence, confidence and a connection

When physicians who have attended simulation training start treating their patients, they are confident for two reasons, says Mateusz Stolarczyk, Angels team leader for Russia, Poland and Ukraine. "One is that they know how, and they also have the Angels' support into implementation."

Silvia concurs that "the biggest outcome is that the physician is more confident when they put into practice what they have learnt". It's the confidence of someone who has benefited from role-playing decision-making scenarios with experienced physicians, getting expert feedback on their observations during neurological screenings, or shaving life-saving minutes from the acute stroke pathway during in-situ simulations.

Not only have they received all the relevant and correct information from a top expert who is skilled at making the complicated simple, they can also count on future support and mentoring, says Maria.

Silvia's experience confirms this: "When a physician who has never treated strokes before completes simulation training, the trainer will say, 'When you have your first patient, call me.' And when they do call, they will find a mentor at the other end of the line saying calm down, let's follow the checklist, follow the protocol."

4. Teamwork across disciplines

Teamwork is essential in a medical emergency, and improved communication between interdisciplinary team members particularly in the hyperacute phase is one of the key outcomes of simulation training.

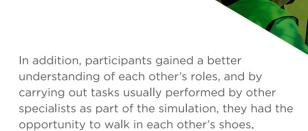
But teamwork also has a role to play in post-acute care, says Claudia, who recently attended a post-acute simulation workshop at the Simulation Centre in Aveiro, Portugal, along with Angels project manager Rita Rodrigues, who co-ordinates education and training for the consultant team in Europe and manages participation in international meetings, workshops and conferences.

The workshop was attended by two interdisciplinary teams from different hospitals that included a rehabilitation nurse, a physiatrist, an occupational therapist, physiotherapist, speech therapist and nutritionist.

Unlike in the hyperacute phase, post-acute specialists do not usually work as a team, and often participants from the same hospital had never met each other, Claudia says. "One specialist might come in during the morning, another in the afternoon and they will rely on the information in the patient record."

During the simulation workshop at Aveiro, however, the participants realized that teamwork and shared decision making across disciplines in post-acute care was beneficial for the patient.





"This was very beneficial for team spirit and team building," Claudia says.

5. The patient's perspective

In the post-acute simulations, actors who had been enlisted as "patients" provided valuable feedback from the patient perspective, Rita says, adding that involving actors made the simulation seem very real to the participants and made the experience truly immersive.

We involved the actors in the debriefing sessions and the teams were very interested to hear how they perceived the screenings and conversations during treatment, and how it felt. No-one ever asks the patient, so it was very valuable to hear this perspective."

Rita Rodrigues

No less valuable is the insight provided by role-playing a patient yourself, as Mateusz Stolarczyk learnt when he acted as a patient during a simulation in St Petersburg.

"It really made me appreciate the value of informing the patient about what is happening," he recalls. "I knew it was just a simulation, but I still felt nervous."





POLAND

QASC EuropePolish Nurses driving change

The entire
diagnostic and
therapeutic process
in stroke patients
requires close and good
cooperation between many
specialists at every stage
of treatment and
rehabilitation.

Well-organized nursing care plays a special role in patients with impaired consciousness, motor disability and numerous chronic diseases. It is a key factor for stroke care, especially in the acute period of the disease, as it contributes to a better prognosis and a significant increase in the quality of life of a given patient when coordinated efficiently.

The QASC study was conducted in a cohort of 1696 patients from 19 Australian stroke units, which showed that a multidisciplinary nursing intervention has a statistically significant reduction of 15.7% in death and disability post-stroke.¹

The protocol focused on managing 3 interventions; Fever, Sugar and Swallowing (FeSS):

- Monitoring the patient's body temperature and managing the fever every 4 to 6 hours for the first 72 hours.
- 2 Monitoring glycaemia levels every 6 hours for the first 72 hours to promptly detect and treat a possible hyperglycaemia.

Assess swallowing capabilities: a Dysphagia screening performed by a speech therapist before any liquid or food is given to stroke patients.

The team in the 107th Military Hospital with Polyclinic in Wałcz expressed their interest to take part in the QASC-Europe Project through their Angels consultant and applied to the Nursing Research Institute (NRI) in Australia. As a first step, the team collected and submitted data from 40 patients for a baseline audit.

There were many staff trainings and preparations to organize the FeSS protocols, including Angels Initiative's training materials and substantial support. An initial workshop was held to analyze the results of the baseline audit and discuss the identified challenges.

One of the main difficulties was in the patient's observation card that did not allow nurses to register if these new tasks were performed with sufficient frequency. The nurses took the initiative and developed a new one that would contain the data included in the FeSS protocols. This was a simple and precise fix that made the whole process run smoothly and uninterrupted. The trainings automatically helped with an often-observed barrier: when everyone involved knows why they do their tasks and the impact these have on the patients, there is a greater will for adaptation and improvement.

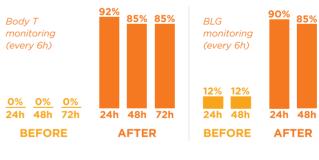


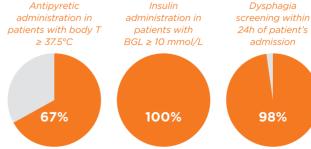
In the Neurological Department's Stroke Sub-unit, we place particular emphasis on the high quality of treatment of patients with acute stroke. We have been receiving Angels Initiative Diamond Status Awards on a regular basis since 2018. We have a record of the percentage of patients with stroke treated with recanalization therapy above 40%, and a short door to needle (DNT) - but we didn't want to stop there."

Marcin Rogoziewicz MD PhD*, Head of Neurology Department* In 2019, we decided to join the QASC Europe-Poland project to further improve and make the journey of a stroke patient better. Carrying out the entire process required careful diligence and accuracy, emphasizing the reliability of the data obtained. We have made the necessary changes in the work organization, especially of the nursing staff, and implemented new procedures and protocols."

Iwona Koperska MSc*, Head Nurse*

Before the project, the hospital's internal protocols specified that a patient's temperature were monitored every 12 hours, and only a subgroup of patients with diagnosed diabetes or newly identified hyperglycemia were subjected to glucose profiling and antipyrectics. Based on the results, the patient would receive further appropriate treatment. Therefore, the results show a before and after of the implementation of these specific FeSS protocols with a significant increase in proportion:





1. Middleton S, McElduff P, Ward J et al. Implementation of evidence-based treatment protocols to manage fever, hyperglycaemia, and swallowing dysfunction in acute stroke (QASC): a cluster randomized controlled trial, Lancet 2011 Nov 12; 378 (9804): 1699-706.

Consequently, a great benefit from the new protocol was the shortened stay of a patient in the neurology department, as **the hospitalization time in Wałcz's 107th Military Hospital is now much lower than the country average.** This benefits everyone involved economically.

The biggest insight throughout the project was that having a good and cooperating team is the most important factor when providing care to patients with stroke. It is important to present and explain the problem and changes in a way that every staff member understands. It's worth supporting a proposal with substantive evidence and purpose rather than imposing guidelines. The nurses were eager to introduce these changes into their daily routine because of their level of awareness and knowledge, and the sense of purposefulness of the performed tasks – and the outcomes prove it.

The introduction of FeSS protocols in our center has demonstrated the improvement of the quality of care for patients with stroke, and we are interested to see the impact of the QASC-Europe project on reducing patient's mortality and disability – thanks to the QASC project leaders at 107th Military hospital with Polyclinic in Wałcz, Poland; on behalf of the QASC Europe Project investigators*.

INTERNATIONAL

EMS Awards Championing the providers of pre-hospital care



The relay race is one of the most electrifying events in athletics, a rousing display of teamwork and coordination. It delivers the spectacle of an individual sport being transfigured into a team sport, with each runner performing at the height of their powers to reach a common goal.

As well as fast, the first runner has to be a steady and reliable starter – after all, the entire outcome of the race will depend on their ability to get off the mark and up to speed.

In the race to deliver the best outcomes for stroke patients, it is the Emergency Medical Services (EMS) who run the first leg, with every second gained improving the outlook for the rest of the team. In recognition of their crucial role, and as a spur to improving performance, the EMS Angels Awards now aim to give the providers of pre-hospital stroke care a place on the podium.

With this new award the Angels Initiative seeks to replicate the positive impact the ESO Angels Awards have had on the quality of in-hospital stroke care. Since its inception in 2017, the Angels Awards programme has helped establish a culture of continuous quality monitoring in stroke units, with the awards criteria functioning as a set of key performance indicators for stroke teams.

The EMS Awards criteria are more than a tool for evaluating and rewarding performance. They will also serve as a checklist for providers of pre-hospital stroke care and help identify opportunities for intervention and improvement.

Benchmarking for better care

Benchmarking begins when EMS services assess their own eligibility to take part in the awards programme. To be considered for an award, they must first meet a set of criteria that includes having a stroke protocol in place, using specific stroke scales to assess patients, and collecting and recording relevant performance data in respect of at least 30 consecutive stroke patients in a given quarter.

As is the case with the hospital awards, EMS Awards are allocated at three levels (Gold, Platinum and Diamond) based on the performance by an EMS service against five award-level criteria. To qualify

for Diamond status, for example, the data must show that the team has achieved a median time on scene of under 20 minutes, and that in at least 95% of cases they have pre-notified the hospital, delivered the patient to a stroke-ready hospital and recorded details of patient medications and time of onset.

Even though stroke is a leading cause of death and disability across the world, stroke patients account for a relatively small percentage of the emergencies an EMS team can expect to deal with in the course of their work, says Angels Initiative co-founder and project lead Jan van der Merwe. As a result, stroke protocols may be in place without necessarily being top of mind. The awards criteria bring the key components of pre-hospital stroke care into focus and make data collection integral to care, thereby creating the necessary conditions for quality monitoring.

Ultimately the purpose of the awards is to ensure that the maximum number of stroke patients are correctly assessed, adequately supported and rapidly distributed to an appropriate stroke centre where pre-notified stroke teams are ready to meet their treatment needs.

Raising morale raises the game

Raising the morale of EMS services has seldom been more urgent or important, says Dr Nicolas Riera, an emergency physician from Madrid, Spain. Dr Riera is the stroke code co-ordinator at Madrid's medical emergency service SUMMA 112, and his office on any given day is an advanced life support ambulance or a medical helicopter.



Madrid has been at the epicentre of the pandemic in hard-hit Spain where the coronavirus has infected over 3,5 million people and claimed more than 78 000 lives, disrupting health services and taking a heavy toll on frontline medics.

"Motivation is very important now," Dr Riera says.

"Paramedic teams need something new to reboot their mindsets in the context of an ongoing pandemic."

Having their efforts acknowledged amid a spirit of friendly competition among teams is a potentially powerful way to raise morale and reward EMS personnel for raising their game.

The awards are not about past work but mainly about future work. Their impact will be measured in 'minutes bought' through empowering EMS teams to correctly diagnose and transfer patients to the correct stroke centre within the window of possibility for recanalisation."

Petr Jaššo, Chief of Education of EMS, Ostrava, Czech Republic

But it isn't only about motivation, adds Petr Jaššo, Chief of Education of EMS in Ostrava in the Czech Republic, where coronavirus deaths per capita are among the highest in the world. Working with regional neurologists and the Angels Initiative, he organizes regular training sessions on stroke patient management for EMS professionals and serves on the Angels Steering Committee in the Czech Republic.

Stroke care has come under intense pressure as a result of the pandemic and quality management is therefore critical, Petr says. "The positive impacts of the hospital awards on treatment quality have been absent from the EMS environment," he says. "It is what the EMS guys have been waiting for."

Even more than rewarding pre-hospital stroke care providers for past performance, the EMS Awards should raise the standard of care by highlighting weaknesses that can be addressed by specific targeted actions.

Motivation is very important now. Paramedic teams need something new to reboot their mindsets in the context of an ongoing pandemic, as the health system is devastated by it"

Dr Nicolas Riera

Credit where it is due

Across Europe the quality of prehospital stroke care varies from country to country, says Jan, and in a handful of regions EMS services have no stroke protocol at all.

The EMS Awards offer a wonderful opportunity to identify and intervene in gaps such as these by providing the protocol and assisting with its implementation, while at the same time giving these teams an additional reason to want to change the way they do things."

Jan van der Merwe, Angels Initiative Co-founder and Project Lead

As with the hospital awards, the EMS Awards aren't targeted at national service providers but instead seek to reward regional teams.

"It is important to acknowledge the people who deserve acknowledgement," says Jan.

In the context of stroke care a well-run relay means better outcomes for stroke patients and their families, with fewer deaths and more stroke survivors being able to live independent, meaningful lives. It is the aim of the EMS Awards to give credit to those people who day after day come out of the starting blocks to run the race.

CZECH REPUBLIC

22 Diamond AwardsFour lessons from the Czech Republic

At the 93rd Academy Awards held in April 2021, Oscars were handed out in 24 film-making categories. While the winners were recognised for the artistic and technical merits of their work, there is no standard list of criteria for winning an Oscar. And even if there were such a list, it's doubtful that its purpose would be to help actors benchmark their performance or discover which weaknesses they needed to address in order to do better next year.

In early 2021, ESO Angels Awards were presented to hospitals across Europe. These winners were also receiving recognition for excellence, but performance in this instance was measured against a set of 10 standards for excellent stroke care. Not only do these criteria serve as a tool for recognising and rewarding excellence, they also function as a checklist for stroke centres and stroke ready hospitals committed to improving outcomes for their patients.

In the Czech Republic, Angels Awards for the fourth quarter of 2020 were presented to more hospitals than there are categories at the Oscars; and an unprecedented 22 of these hospitals were recognised as centres of excellence by being assigned Diamond status.

This achievement is remarkable for several reasons.

One is that, when the Angels Awards were launched in 2017, not a single hospital in the Czech Republic achieved an award. Four years on, almost 50% of its 46 eligible hospitals received the highest honours. Even more remarkably, this came at a time when health services were severely strained by the Covid-19 pandemic that in the Czech Republic has to date claimed more lives per capita than



Lessons from the Czech Republic

Those wanting to learn from the Czech example will find no better or a more enthusiastic teacher than Dr Aleš Tomek, whose leadership roles include heading up the Czech Stroke Society and the cerebrovascular programme at Charles University in Prague. Dr Tomek is a renowned stroke neurologist and a fellow of the European Stroke Organization (ESO). And, says Angels Initiative consultant Robert Havalda, he has had a catalytic effect on improved standards of stroke care in and beyond the Czech Republic.

When we asked Dr Tomek how so many stroke accredited hospitals in the Czech Republic were able to meet the stringent criteria for achieving Diamond status in the Angels Awards, four lessons emerged from the discussion.



Lesson 1:

Implementation is all down to data

When the Angels Awards were launched in 2017, many stroke centres in the Czech Republic were already providing excellent care in most parameters, including the collection of data, Dr Tomek says. Tracking and reporting on a set of quality indicators was mandatory for accredited stroke centres, and a 2015 policy change that made this data public had had significant impact. Positive results included small hospitals becoming more ambitious after learning that some of their peers were providing quality care to stroke patients, and underperforming hospitals being galvanised to raise their game.

Access to data from insurance companies throughout the country is expected to provide even more insights.

Quality monitoring depends on the meticulous recording of data at all hospitals including the smallest ones, Dr Tomek says. Rather than a scattergun approach to improving quality of care, access to good data facilitates laser-sharp implementation and ensures that resources are spent where they are needed most.



Webinář pro iktové sestry





angela



Lesson 2:

Small things make a big difference

Lesson 3: Empower nurses

QASC is a nurse-led intervention that produces optimal results when nurses are appropriately trained, motivated, rewarded and empowered. It is however not only in cases of acute stroke that quality of nursing equals quality of treatment; the collaboration and mutual respect of physicians and nurses is the engine that drives quality care in all areas.

"As an ICU physician working with severe cases, I know that if I do not have a good nurse, I am not providing good care," Dr Tomek says. "I have always had a soft spot for educating nurses."

This commitment to the empowerment of nurses has been reciprocated, Robert says. "Nurses love Aleš's approach. He is the face of improvement and empowering them".

In addition to the QASC project, the Angels Initiative supports interventions that include an ESO Angels stroke nurse certification programme, regional workshops for nurses and a Stroke Nurses' Congress inaugurated in 2019. There is also an Angels Nurses Steering Committee that helps drive the agenda.

As well as education, there has to be acknowledgement for both physicians and nurses, Dr Tomek believes.

Despite high rates of recanalisation and decreasing door-to-needle times, the 2017 awards showed that there was something missing, Dr Tomek says.

Of the 10 award criteria, Czech hospitals had not met the targets for dysphagia screening, and data regarding the number of atrial fibrillation related stroke patients being discharged with anticoagulants had not been captured. "An administrative matter," Dr Tomek says for the latter. Catching up to the requirements for dysphagia screening was however a longer project.

"Physicians tend to focus on the bigger things, but small things make a big difference," Dr Tomek says. "One must also look at the smaller pieces of the puzzle."

Aspiration pneumonia as a result of dysphagia is associated with a significant number of deaths and higher rates of dependency following an acute stroke. Over the next three to four years in the Czech Republic, dysphagia screening would stay on the agenda at meetings of stroke neurologists, and a topic frequently covered in medical journals.

Interventions supported by the Angels Initiative included training for nurses and speech therapists, and the implementation of the QASC project at hospitals in Europe.

The Quality in Acute Stroke Care (QASC) project is an Australian-led intervention based on the principle of "doing the simple things well" and provides protocols for measuring and treating temperature, glycaemia and dysphagia in stroke patients. Dr Tomek's hospital has the distinction of being the first hospital to complete QASC rollout in the whole of Europe.

There is a reason for that.

It helps them feel good about caring and about themselves.
The Angels Awards programme does help identify problems, which we can then address.
But it also provides positive motivation for a job well done."

Dr Aleš Tomek

Despite the extraordinary achievement by Czech hospitals at the Angels Awards, they are not satisfied, Dr Tomek says.

We are always looking for new ways to improve. There is still so much to do."

Dr Aleš Tomek

The list is long. Reducing the time frames for pre-hospital care. Improving post-stroke care and secondary prevention, which means new guidelines for general practitioners. Raising recanalisation rates, especially for intravenous thrombolysis, and extending the treatment window beyond four-and-a-half hours in cases where advanced imaging technology indicates this is both safe and viable for individual patients. And no less important – educating the public about stroke prevention and care through awareness campaigns such as the Time is Brain foundation, of which Dr Tomek is the president.





Applause



Dr Tomek says when asked how Angels Awards are presented in the Czech Republic, although he regrets that in the past year in-person presentations at major stroke conferences have been ruled out by the pandemic.

The acknowledgement felt the same; the only thing that was missing was a well-deserved round of applause.



Short Stories from the Field

Lev Prystupiuk

Mar 22

Dear Angels,

daughter Varia.

Perhaps you know that the
Ukrainian version of the
Superheroes FAST song was already done, and
with great honor I would like to say that Timmy's
voice was voiced by our FAST Heroes rising
star, Maria Sheverdina, along with her adorable

I am very glad that our multifaceted team is involved in such a noble mission where together we can save the world, one grandparent at a time.

Below I would like to share with you some photos from the studio



Belen Velazquez Mar 17

Dear team,

Today I had the chance to organise a small ceremony to give the Spirit of Excellence Award to Dr. Carlos Molina.

It was an absolutely amazing and emotional ceremony. Some of the people invited were the director of the hospital, other important people of the hospital, the team of the neurological department and the stroke unit. Also, the communication department attended and published an article about it.

https://www.vallhebron.com/ca/noticies/el-dr-carlos-molina-rep-el-premi-esperit-de-lexcellencia-que-reconeix-el-seu-compromis-amb

I had the chance to explain the why of the Angels Initiative and how we work every day to give life a chance.

I have also explained the meaning of the Spirit of Excellence Award and echoed your words on why we have given this award to him.

Once again, I couldn't be prouder to be part of this amazing project that is creating a great and strong community that gives strength to all our healthcare professionals to keep fighting for improving stroke care every day.

So proud to give life a chance.



Maria Koneva Russia, Feb 16

Two Angels Awarded hospitals met together to share their experience.

Dr. Lukyanov came to Magnitogorsk. Dr. Loskutnikov's hospital.

Magnitogorsk hospital is a diamond hospital, QASC hospital and they are just cool, and CCH 31 (Moscow) is a platinum hospital, big contributor to RES-Q.

Both of them have something to share and the great thing is that it is an amazing idea:

There should be an exchange between not only leading and stroke ready hospitals, but also between two leading hospitals. Everyone finds different solutions, they have different ideas, and as there is always space for improvements, such meetings will give benefits for every participant.

P.S.: They are my heroes, and they are full of energy and ideas. More knowledge, more changes, more improvements.



Robert Havalda Czech Republic, Mar 17

Dear team,

Together with the Angels Nurse
SC, we are working on a new
NEST checklist which should be standardly used
as a simplified version for a patient neurological
assessment provided by nurses during nursing
care. The protocol is based on NIHSS and GCS
scales and the goal is the implementation of
checklists as a standardized guideline for nurses to
all Czech stroke hospitals.

The checklist allows frequent and precise neurological assessments of patients during acute and post-acute care.

In the current situation, these are often not in place in many hospitals - implementation should prevent worsening of the patient's status during hospitalization. Very excited about that.

Have a great day ahead!

IEST protokol			6	7
VĚDOMÍ	ŘEČ	нкк	DKK	Sanatrus Billion
plné vědomí	normální	udrži bez poklesu 10 s	udrži bez poklesu S s	10
zmatenost	expresivní porucha (nedokáže se vyjádřit)	udrží s kolisáním 10 s	udrží s poklesem 5 s	and the same of th
somnolence (odpovídá se zpožděním)	senzorická porucha (nerozumí, bláboli)	neudrží 10 s nad podľožkou, krátce sám zvedne	neudrží 5 s nad podložkou, krátce sám zvedne	Land Control
sopor (neodpoví, úhyb na bolest)	smíšená porucha (snaží se komunikovat, ale nedokáže se vyjádřit, nerozumí)	pád na podležku, pohyb po podležce	pád na podložku, pohyb po podložce	SECTION SERVICE
koma (neodpoví, na bolest extenze nebo flexe končetin)	globální afázie (vůbec nekomunikuje)	pád na podložku, vůbec nepohne	pád na podlžku, vůbec nepohne	
5				(Courses)

Stefania Fiorillo

Italy, Jan 17

Dear tean

I am so happy to share with you that another hospital in south of Italy has started with their first treatment, the San Leonardo Hospital in Castellammare di Stabia (Campania region)

They started really from scratch with much to learn. We discussed a lot about the organization of all the pathway and insisted the protocol with the hospital management for the resources and the building of a proper stroke unit. So after many trainings with experts and multidisciplinary meetings, yesterday they started with the first treatment!

A 68 year old woman came to the hospital with a stroke code completely unconscious, they performed a CT and Angio-CT and observed an MCA occlusion. They immediately started the treatment and sent the patient to the hub hospital for further procedures. Arriving at the hospital, the patient was already recanalized and conscious, now she's feeling better and is recovering in the stroke unit.

Another life has been saved!







