
POSTER ABSTRACT**Integrated stroke care: providing tools for the evaluation of different parts of the care pathway – A systematic literature search.**

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Background: Worldwide, Stroke remains the second leading cause of death and the third leading cause of disability. Adequate treatment of stroke is key in the reduction of mortality and morbidity. Management of acute ischemic stroke implicates an evidence-based and multidisciplinary approach. However, integrated care and evaluation of this care process is still a major concern for healthcare professionals, managers, researchers and policymakers in many European countries. Currently, there is an abundance of guidelines describing the care for patients with ischemic stroke. The purpose of these guidelines is offering an easy way of access to evidence-based recommendations, to guide ischemic stroke care planning and delivery across the continuum of care. But it remains difficult to translate the enormous amount of recommendations into care pathways that can be used for patients with ischemic stroke.

Aim and target audience: We aim to aid healthcare professionals in developing and evaluating care pathways for patients with ischemic stroke by giving them an overview of the most important recommendations and quality indicators for the different parts of the stroke care process.

Materials and Methods: A systematic literature search was conducted in PubMed, from 2014 up to May 2021. The search string was designed on the basis of Medical Subject Heading (MeSH) terms. These included “ischemic stroke” and “guideline” and included all relevant synonyms of these terms. Papers were included if they described the entire care process from admission to the emergency department until discharge from a neuro-related ward. In total, 18 papers were included in this systematic review.

Results: In total, 50 recommendations were extracted from the included papers. These recommendations could be divided into four clinical categories: 6 recommendations were subdivided into diagnostic recommendations, 7 into therapeutic, 26 recommendations are part of nursing care, 8 of post stroke rehabilitation and 5 structural recommendations were identified. Administration of thrombolysis was the most common used recommendation (16/18), followed by imaging via CT-scan (15/18), management of glucose (15/18) and blood pressure (15/18) and performing thrombectomy (15/18). The least frequently mentioned recommendations are: differential diagnosis, seizures assessment, early carotid imaging, advanced care planning, treatment of concomitant diseases and tobacco use counselling. They were each mentioned in only one of the 18 included papers. As there is currently a lot of variation on indicator definitions in the literature, making uniform comparisons difficult, we formulated indicator definitions for the

most important recommendations. And in addition, we provide information on the validity, feasibility and actionability of these indicators in clinical practice.

Practice implications: Our systematic literature search provides tools for healthcare professionals when they want to evaluate their entire or a part of the care pathway for patients with ischemic stroke. Furthermore, we provide an answer to the current variation in indicators for the evaluation of the stroke care process.

Next steps: Future research can evaluate whether these recommendations and accompanying indicators are useful in practice and can identify which indicators are most important in stroke care pathways.