

Welcome to 2021's fourth edition of the Angels Journey, in which we are proud to introduce a stellar line-up of stroke heroes, from the winners of the inaugural EMS Angels Awards to a group of children from a tiny village in Slovakia whose enthusiasm for our FAST Heroes campaign made them the best in the world.

We open this edition by getting to know the new leader of the ESO, president-elect Prof Peter Kelly, whose focus in his new role, we were delighted to learn, will be on health equity and supporting the implementation of the Stroke Action Plan for Europe (SAPE). Achieving the goals set for us by SAPE will take clarity about the task at hand, deliberate action and a bit of blind courage. Faced with such a daunting task, we often tend to overcomplicate matters, which reminded me of the following quote by Mother Meera, a spiritual guru from India who now lives in a small village in the German countryside about an hour away from our headquarters in Ingelheim.

“Be like a child – clear, loving, spontaneous, infinitely flexible and ready each moment to wonder and accept a miracle.”



On a pleasant autumn Saturday morning a couple of weeks ago, my five-year-old daughter and I were in town to do some shopping. I was about to attend an in-person conference for the first time in two years and had decided the occasion called for some new work shoes. We found a nice shoe shop in the centre of town where after some deliberation I eventually found a pair that I liked.

The friendly salesperson helped me find the correct size which I proceeded to put on to see how they fit. As I got up to have a look in the mirror, my daughter tapped me on the back and with a sparkle in her eye said, “Now run up and down the passage, Daddy, I want to see how fast these shoes make you!”

I mean, when was the last time someone asked you to run up and down a passage to see how fast your shoes made you? It's so simple, yet so profound.

In our second story on page 6 you will meet 113 kids from a tiny village called Liesek in the rural north of Slovakia. With the same love, wonder and clear mission as my daughter, these kids took up the challenge to become FAST Heroes and pass their life-saving message about how to spot the symptoms of stroke and what to do when these appear on to their grandparents.

In a village where nearly every home is occupied by multiple generations, these kids demonstrated that they would do whatever it takes to have as much time as possible with their grandparents. Their determination made them the best performing school in the world – or at least out of the 1,860 schools from 14 countries around the world who implemented the FAST Heroes campaign this year.

Keeping things as clear and uncomplicated as possible is something we aspire to in Angels. A great example of this is the recent success we've seen in Bucharest, Romania, where we supported a pilot project aimed at getting prehospital teams to implement one very important priority action – prenotification. The impact of implementing this one action has had such a knock-on effect that it led to them achieving the amazing accolade of being among the first-ever recipients of the EMS Angels Awards presented at the EUSEM Congress in Lisbon this year.

You can read more such success stories on page 10 where winners of the inaugural EMS Angels Awards reflect on individual cases that inspired them to achieve the level of quality in stroke care that earned them an EMS Angels Award. What I really like about these awards is that they are based on data – data about how real stroke patients were treated. A good result for the EMS company by implication means a good result for each patient whose case is reflected in that data.



Another example of how highlighting a simple step can lead to massive gains can be found on page 12 in a story reported by our consultants in Italy. By making a slight change in the way data was visualised they clearly and persuasively demonstrated the impact of treating the patient at the CT. We hope this inspires you to action in the same way as it has done the Italian stroke community.

Our final story in this edition looks at how a group of nurses in an almost forgotten region of Spain were inspired to take it upon themselves to bring about change. The so-called Helsinki challenge started with a simple poster and turned into a movement that will be hard to stop.

So, did I run in my new shoes? You bet I did. I ran up and down that passage faster than I knew my legs could carry me. Not because the shoes made me faster, but because my daughter believed they would.

My hope is that you will find inspiration in the deliberate actions taken in each of these amazing stories, and that you will embrace these clear and simple ideas and implement them with the confidence of a five-year-old wearing a FAST Heroes mask.

Jan van der Merwe
Angels Europe – Project Lead



A voice and a leader for change

By mid-2022, stroke will have a new team leader in Europe. Health equity and supporting the implementation of the Stroke Action Plan for Europe will remain high on the agenda, says ESO president-elect Prof Peter Kelly – and inflammation presents a new frontier in risk prevention.

What does the role of president of the ESO mean to you in the context of a career dedicated to stroke prevention, acute stroke and recovery?

It is a great honour to represent and serve the stroke community in Europe – my colleagues, stroke healthcare professionals in Europe, and the patients and their families. The ESO is a strong team effort, and my role will be to serve as a team leader. My job over the next two years will be to build on the excellent work of my predecessors, further develop existing programmes and ultimately leave the organisation in a better place.

What are the main challenges to stroke care access in Europe and what should be at the top of the agenda to mitigate these?

It is important for European high-income countries to support low- and middle-income countries in Europe. Healthcare has been shown to be dependent on, and directly proportionate to, median income, so it is important to focus on health equity in terms of prevention and treatment for LMICs.

Three major ESO programmes that prioritise and support our equity mission are the Stroke Action Plan for Europe (SAPE), the annual ESO Conference whose aim is to educate healthcare professionals about quality care in hospitals and communities, and the Guideline programme aimed at providing clear and evidence-based quality guidelines for stroke treatment.

ESO also endorses quality of care initiatives such as the Angels Initiative and RES-Q and encourages early-career stroke physicians from Eastern Europe to attend webinars, Winter and Summer schools, and Masters of Stroke Medicine through which ESO supports improved education levels and support the development of peer support and networks.

As an early-career neurologist yourself in the late 80s what motivated you to make stroke care your focus?

As a trainee neurologist, my big motivation was the unmet need of stroke patients. Stroke care was not well developed in Ireland in the 80s and 90s. There were relatively few stroke specialists in neurology and I was keen to contribute and provide leadership where possible.

In the early 90s I trained in Massachusetts General Hospital in Boston and at Harvard and MIT where I experienced a different healthcare setting to Ireland. I was fortunate to train in a very supportive environment with a strong stroke tradition, and be influenced by clinician scientists like Karen Furie, Steve Greenberg, and pioneers like C. Miller Fisher and Phil Kistler.

It was also around the time that thrombolysis trials had shown that stroke could be treated acutely. Prior to this there had been a therapeutic nihilism about what could be done to treat stroke. So it was about taking the values and model of where you were trained and implementing it elsewhere.

What has been the biggest recent breakthrough in stroke care?

In the last 10 years the thrombectomy trials have been absolutely central. They completely revised the way we organise and think about emergency stroke treatment. There is a lot of energy and dynamism in the acute stroke field as a direct result of these trials, with the focus on newer questions about for example late-arriving patients, lower CT ASPECTS scores and medium vessel occlusion.



Risk prediction has been a primary research focus for you – what are the most important recent learnings from your work in this field?

Although I am a practising doctor who deals with a lot of emergency stroke calls, my research on prevention in the last five years has focused on the role of inflammation in atherosclerotic plaque, and new therapeutic opportunities to prevent cardiac events and secondary stroke.

Inflammation is a new frontier. The CANTOS trial (2017) showed that adding the anti-inflammatory drug Canakinumab to standard prevention measures reduces the risk of vascular events. This was a breakthrough moment that in future years may be considered as significant as the first statin trial or the first thrombectomy.

Currently the CONVINCE trial is being led from Dublin with the aim of discovering whether the arthritis drug Colchicine can be repurposed in the same way as aspirin to prevent recurrent stroke and coronary events after non-severe stroke. [Prof Kelly is the director of this large international study to evaluate the use of Colchicine for the prevention of vascular inflammation.]

The ESO's Stroke Action Plan for Europe (SAPE) identifies four goals to be achieved by 2030. Nine years away from that target, what progress do you observe?

Implementation of SAPE is ultimately down to the healthcare systems in each nation. What ESO can do is to be a voice and a leader for change. Led by Hanne Christensen, the ESO SAPE strategy has been to develop a framework to enable, encourage and support local teams and champions to form new partnerships to implement these goals.

The first step is to identify national champions and support them to connect with their government and with stroke patient support organisations in their country. This triad of ministry of health, healthcare professionals and patient organisations forms the nexus in each country. Once connected, they are supported to develop a plan, implement the plan, measure its success, compare it internationally, adjust the plan and implement it again, with ESO and the SAPE steering committee having an overarching supporting role.

ESO has also developed a Declaration of intent which we request national governments to sign and which commits them to implementing the specifics of SAPE. Three governments have already signed, and several are in the process. The SAPE team have also developed a web-based tool to capture national metrics and track each country's aggregate performance on the main KPIs of SAPE. The data will be updated annually to facilitate longitudinal as well as geographic comparisons over time.

There is clear synergy between this programme and the Angels Initiative.

Yes, the Angels Initiative is an excellent fit as a partner with SAPE. There is a synergy and overlap with the Angels Initiative specifically in low- and middle-income countries in a positive way. ESO is a very proud partner of the Angels programme.

