

Life After Stroke Care Provision in Estonia – A New National Stroke Navigator Programme

Janika Kõrv

University of Tartu
Tartu University Hospital
Estonia



Conflict of Interest

There are no conflicts of interest to declare

Agenda

- Stroke care in Estonia
- Stroke pathway pilot
- Stroke coordinator
- Standard for national ischaemic stroke pathway
- Future directions

Management of acute stroke in Estonia in 2024

Population: 1,37 000

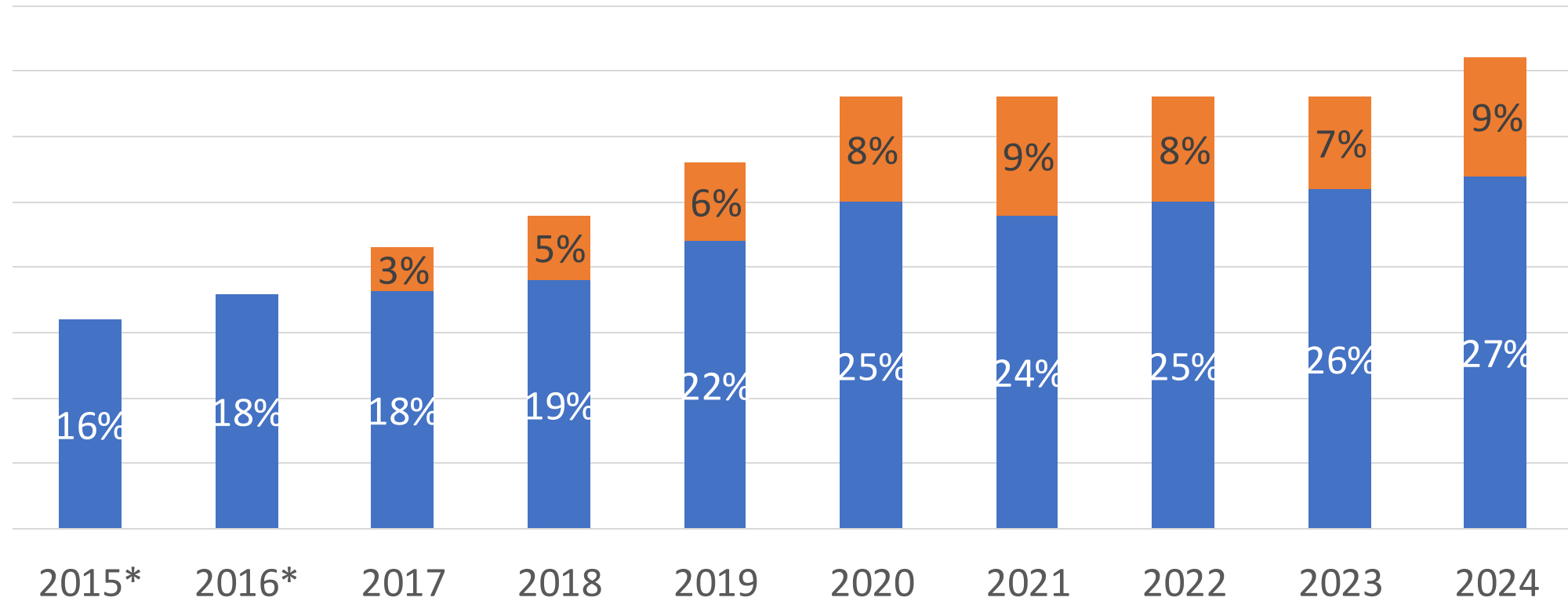
Around 3200 patients with acute stroke per year

88% admitted to stroke units and stroke centers

Health services: Estonian Health Insurance Fund



Intravenous thrombolysis and thrombectomy for acute ischemic stroke in Estonia

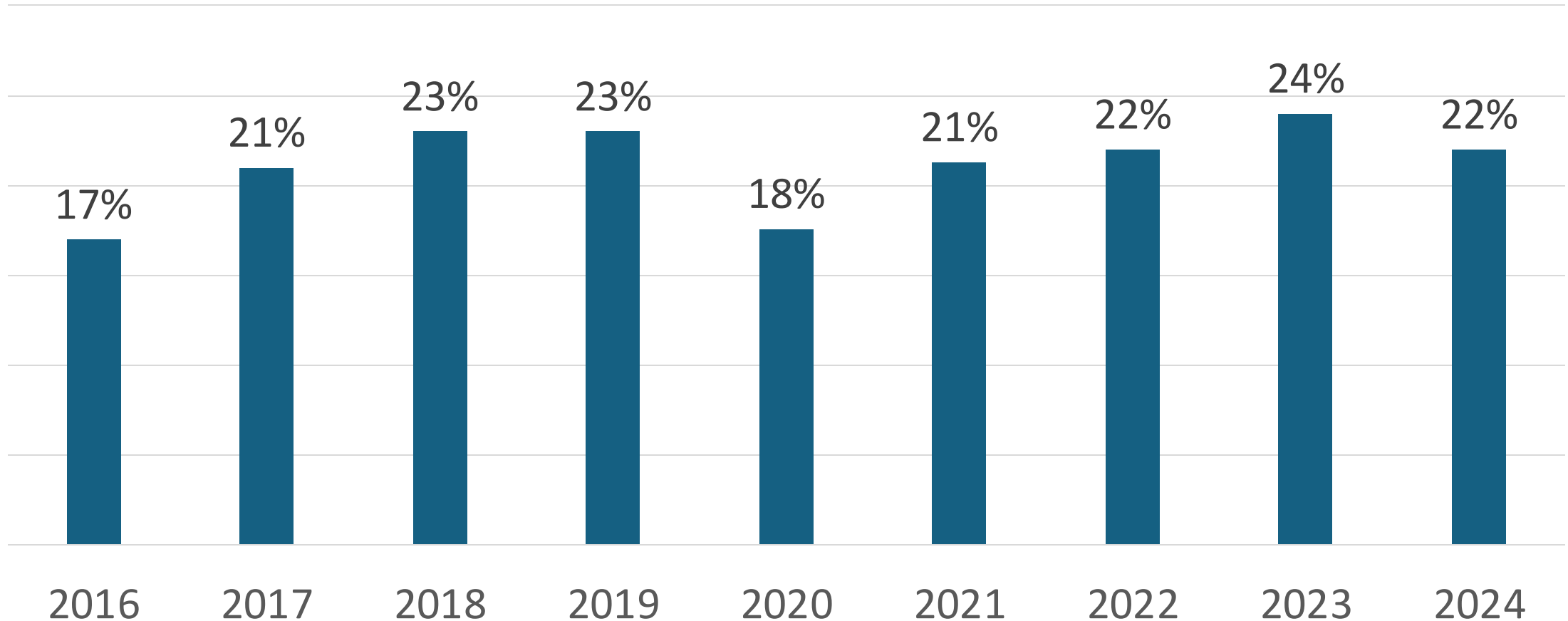


* MT was not included

■ rtPA

■ MT (including IVT+MT)

Proportion of patients receiving inpatients rehabilitation services within 30 days onset of acute stroke in Estonia



Acute stroke pathway



Agreement between governmental stakeholders and hospitals in 2019:



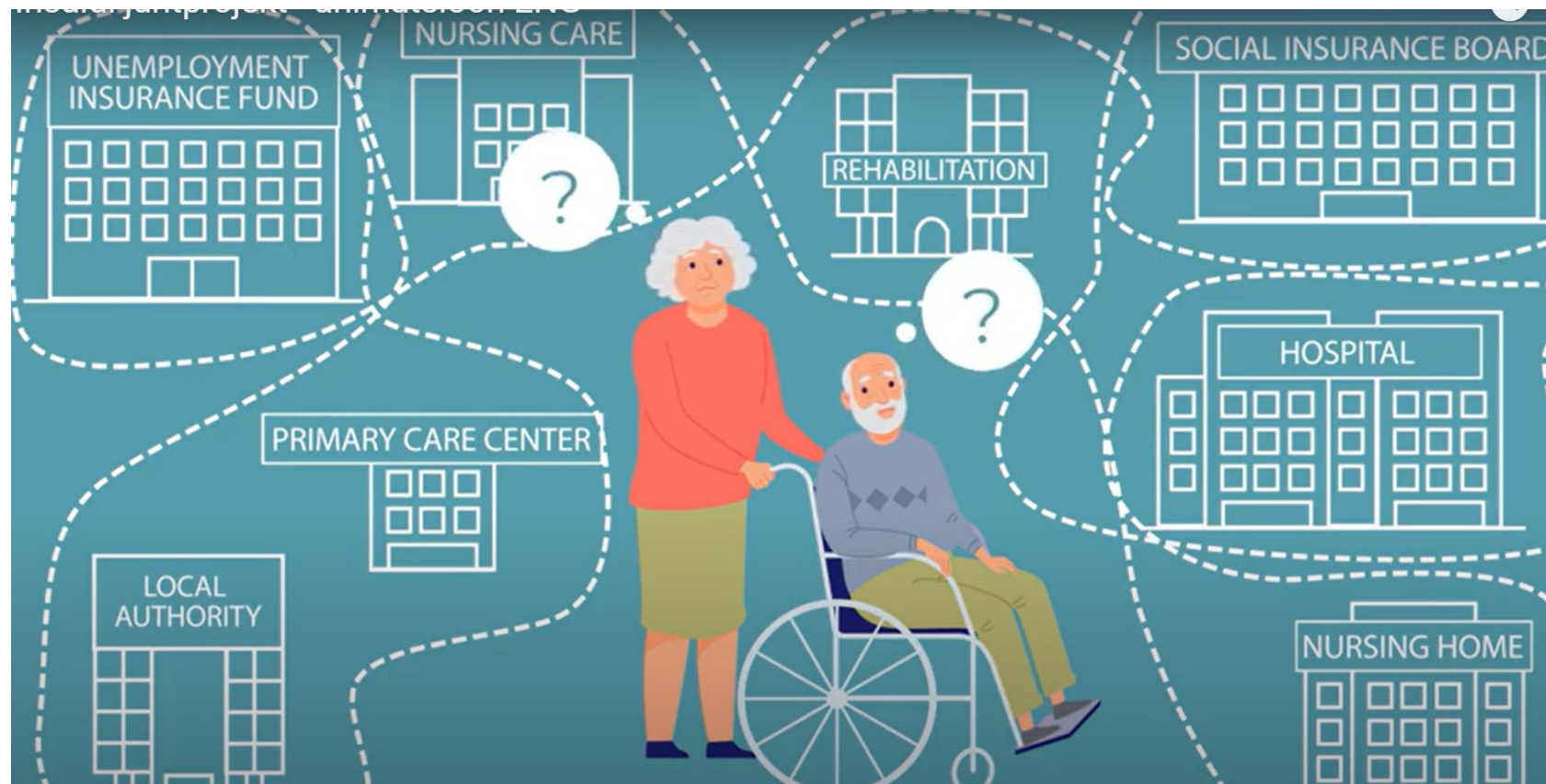
1. All patients with acute onset of stroke should be admitted directly to stroke-ready hospitals with stroke units or stroke centers.
2. All stroke patients should be managed in stroke units or stroke centers.
3. Access to post-stroke rehabilitation should be increased.



Estonian Health Insurance Fund Workshop in 2019

Stroke patient pathway in Estonia: identified Issues

- Fragmented
- Lack of coordination and communication





Estonian Health Insurance
Fund Stroke Patient Pathway
Pilot 2020-2022

- An integrated care pathway for better quality of life
- Develop new payment methods and health outcome measurement systems

Development projects in 4/6 hospitals

Different solutions and collaboration:

- Patient-centered approach
- Unified care plan
- Cooperation and role distribution
- Coordinating role
- Development of home and community services
- Outcome measures (PROM, PREM)



Results in 2022: positive examples of interventions tested by hospitals

- Stroke Nurse Service
- Stroke Coordinator Service

Benefits:

- Highly valued by patients, families, and other stakeholders.
- Recommended for broader implementation based on positive feedback.

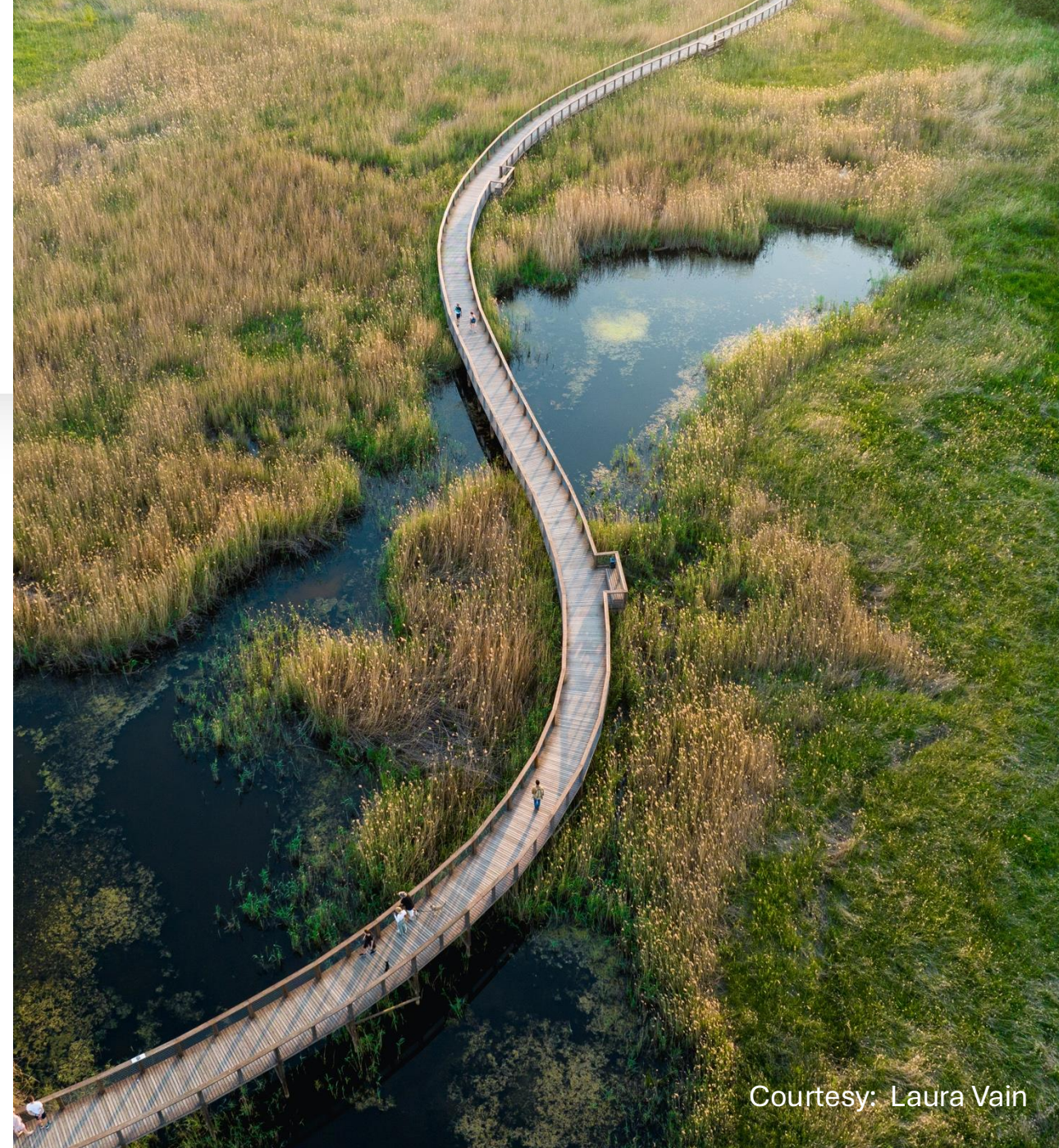


Standard for national ischaemic stroke pathway

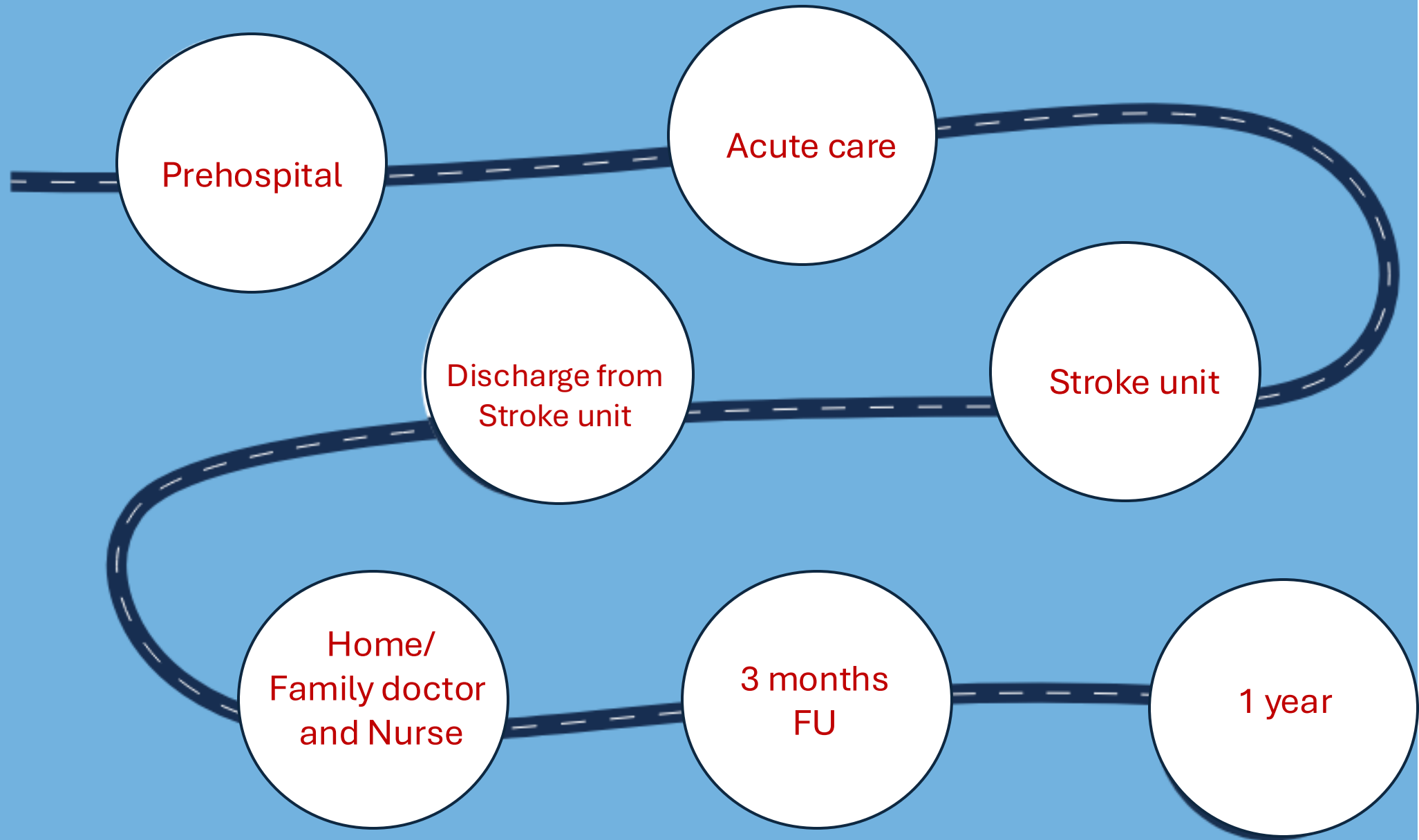
Aim: uninterrupted stroke pathway between different stages of care.

Team: medical specialists, stroke patients' organisation and other experts

Launched on January 1, 2025



Courtesy: Laura Vain



The treatment pathway lasts 365 days

Stroke coordinator

Role: To be a motivating and advisory support for stroke patients and their families.

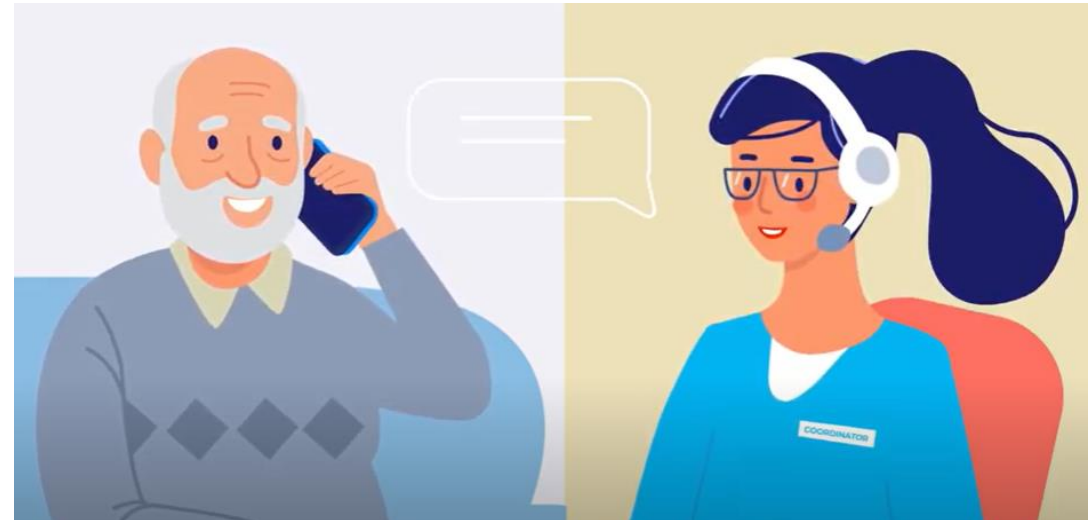


Responsibilities of the coordinator

Eligibility: For ischaemic stroke patients needing additional services.

Support: Assist patients and families after hospitalisation.

- Introduce information materials in the hospital.
- Contact family doctors and social workers.
- Assess patient needs post-discharge.
- Implement post-hospital treatment plans.
- Schedule and remind follow-up appointments with stroke nurses and family doctors.



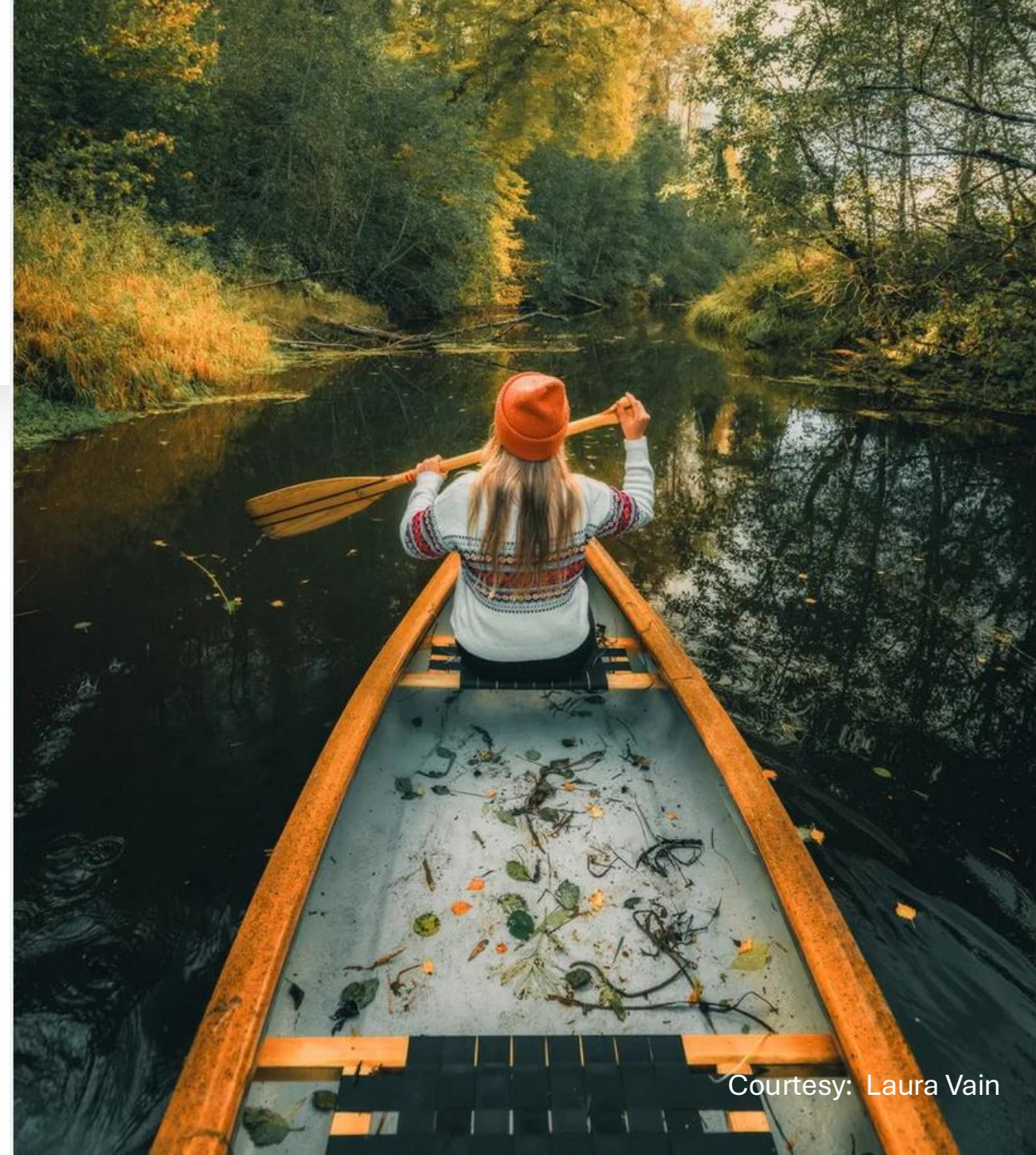
Key factors for success

- Collaboration between health care providers
- Patient and carers involvement
- Government support



Further directions

- Development digital quality monitoring system and evaluation of quality indicators
- Outcome-based remuneration model
- Inclusion of other stroke diagnosis groups



Courtesy: Laura Vain



Thank you!