

EV173 / #2283

GLOBAL STROKE SUPPORT ORGANIZATION MAPPING 2025

HEALTH SERVICES

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Background and Aims: In 2020/21, the World Stroke Organization (WSO) carried out a survey of all stroke support organizations (SSOs) known to us globally. 92 SSOs from 58 countries responded to the survey. The survey provided valuable insights into the organizational background of SSOs globally and a snapshot of SSO service delivery, awareness and advocacy activities. WSO have used this data to raise awareness with funders and policy makers of the integral contribution of SSOs to stroke prevention and long term support. In 2025 we will repeat the survey to: - gain information about the current (year 2024) organisational profile of SSOs globally. - gain insights into the contributions SSOs are making to reduce the global burden of stroke. - inform the WSO's capacity strengthening programme strategy.

Methods: An online survey will be distributed to all SSOs known to WSO globally, these will include members and non-members of WSO. The survey will also be promoted to SSOs through social media. The survey includes questions covering: organizational profile, resources, activities, measuring impact and challenges and needs.

Results: The survey results will be analyzed descriptively and thematically to understand the organizational profile of the global network of SSOs and the contribution they are making to stroke prevention, treatment and support.

Conclusions: The findings of the survey will inform the WSO's strategic approach to SSO capacity strengthening, including engagement with funders, advocacy, and research in partnership with SSOs.

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OPTIMIZATION OF STROKE MANAGEMENT WORKFLOW IN THE EMERGENCY DEPARTMENT OF MAPUTO CENTRAL HOSPITAL: IMPLEMENTATION PROPOSAL

HEALTH SERVICES

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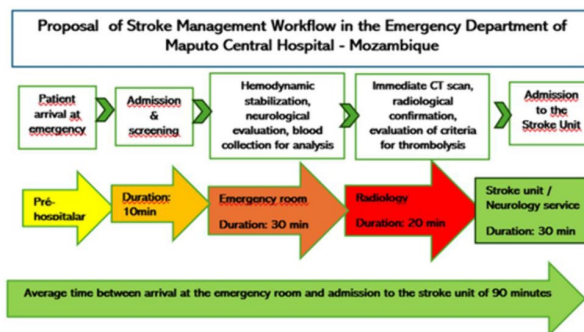
Background and Aims: Introduction: Stroke is a leading cause of morbidity and mortality in Mozambique, with a high incidence among young adults. Maputo Central Hospital (HCM) receives a substantial number of stroke patients daily, but lacks a dedicated Stroke Unit, facing challenges that delay timely and effective care.

Objective: To identify the main barriers in stroke care at the HCM emergency department and propose a locally adapted workflow to optimize early diagnosis and treatment.

Methods: Data from retrospective study conducted at HCM were analysed, including time to hospital arrival, to neuroimaging, percentage of patients eligible for thrombolysis, and major care-related barriers. A structured workflow for initial stroke management was developed.

Results: Among 59 patients, the mean age was 61.9 years (range 30 - 90), 32(54.2%) were male. The median time from arrival to CT scan and hospitalization was 4 hours (IQR:3.5) and 10 hours (IQR: 4), respectively. The median time to hospital arrival was 12 hours. Ischemic strokes accounted for 59% of cases, but only 5% of ischemic stroke patients met thrombolysis criteria.

Proposed Workflow: To enhance stroke care, the implementation of an **In-Hospital Stroke Fast-Track Flowchart** is proposed below:



Conclusions: The lack of a structured protocol led to delayed and limited use of intense monitoring. Implementing this workflow may optimize stroke care by reducing delays, and improve clinical outcomes for stroke patients at HCM, highlighting the need for a dedicated Stroke Unit to improve patient prognosis

EV175 / #2238

HEALTHCARE ACCESS, SATISFACTION, AND AFFORDABILITY AMONG INDIVIDUALS WITH POST-STROKE APHASIA

HEALTH SERVICES

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Background and Aims: Aphasia is a communication disorder that occurs in approximately 30% of all stroke survivors. Because of their communication issues, few studies have examined how people with aphasia (PWA) perceive the accessibility, satisfaction, and affordability of post-stroke healthcare services.

Methods: Using the 2019-2022 Medical Expenditure Panel Survey (MEPS), panel data regression compared the perceived accessibility, satisfaction with healthcare and affordability of healthcare of 404 PWA to 4,120 stroke survivors without aphasia.

Results: When compared to stroke survivors without aphasia, PWA who were female and those earning low incomes were more likely to spend more than 15 minutes traveling to their usual source of care (USC). Hispanic PWA and Black PWA were more likely to have difficulty contacting their USC by phone. Black and Hispanic PWA were also more likely than White PWA to feel that their provider did not explain all treatment options or ask them to help decide on their treatment. Finally, Black PWA were more likely to have difficulty paying their medical bills than White PWA.

Conclusions: PWA and particularly those from racial-ethnic minority and low-income backgrounds experienced greater difficulty accessing healthcare and are more likely to be less satisfied with their healthcare than their counterparts. Similarly, they experienced greater difficulty financing their healthcare.

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INITIAL ENCOUNTER FOR SERVICES AND DISCHARGE DISPOSITION OF MEDICARE BENEFICIARIES WITH POST-STROKE APHASIA AND DYSPHAGIA

HEALTH SERVICES

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