

RES-Q December 2018 Update

Welcome to the final RES-Q update of 2018. It has been a very busy year and we look forward to sharing some of the highlights with you. In this issue we are pleased to be able to share news from two of RES-Q's partners on how they have worked with us during 2018. Dr. Inna Lutsenko, the ESO EAST National Coordinator for Kyrgyzstan, and Simeon Dale, the QASC (Quality in Acute Stroke Care) Europe Project Manager, have kindly contributed articles for this issue.

There are also updates on recent RES-Q activities, including a visit by Professor Michael Brainin, President of the World Stroke Organization to FNUSA/ICRC.

We also look forward to 2019 with news of projects we have been working on.

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Professor Michael Brainin visits RES-Q

On November 9th 2018, Professor Michael Brainin, President of the World Stroke Organization, visited FNUSA-ICRC (St. Anne's University Hospital – International Clinical Research Centre), home of RES-Q. Prof. Brainin toured the Stroke Centre at St Anne's and gave a fascinating lecture on *The Global Burden of Stroke and Prevention*. Prof. Robert Mikulik and the RES-Q team discussed the work RES-Q has done over the last two years, latest developments and our plans for the future.



Michael Brainin
@michael_brainin

Follow

Visiting Stroke unit and stroke research group of Robert Mikulik in Brno, Czech Republik yesterday: Founder and Coordinator of ResQ. Impressive setup and data collection on patients over many countries. [@WorldStrokeOrg](#) [@WorldStrokeEd](#)



2:43 PM - 10 Nov 2018



Kyrgyzstan's RES-Q Journey, by Dr. Inna Lutsenko



Within the framework of ESO EAST, Kyrgyzstan joined RES-Q in 2016. The most active implementation of the RES-Q Registry was conducted in the period of November 2016 to March 2017 in two pilot departments. These departments were the Vascular Neurology department from Bishkek City Civil Clinic 1 and the Neurological department of the Chui Regional Clinic. In March 2018 the Angio Neurology department of Osh Joint Interregional Clinical Hospital and the Neurology department of Naryn Regional Joint Clinic in working with RES-Q.

In May we implemented the QASC FeSS (Quality in Acute Stroke Care - Fever Sugar Swallow) protocol in these departments and performed several trainings for nurses, introducing a new system for measuring glucose.



The first results of the implementation of RES-Q in Kyrgyzstan were presented at scientific conferences in Kyrgyzstan and Kazakhstan. The report was created by Dayana Nazhmudinova under the supervision of National Coordinator Dr. Inna Lutsenko. Dayana with her presentation “First results of RES-Q stroke registry in Kyrgyzstan” obtained the 1st prize at a scientific conference aimed at young scientists in Kazakhstan.

RES-Q results were presented by the National Coordinator of Kyrgyzstan, Dr. Inna Lutsenko, as poster-reports in the annual workshop of ESO EAST National Coordinators at ESOC

2018 in Gothenburg, Sweden. We presented “Stroke Management in Kyrgyzstan: Results From the RES-Q Stroke Registry” and “Implementation and the First Results of the Stroke Quality Registry RES-Q in Bishkek, Kyrgyzstan”. Our presentations were highly appreciated by the moderator, Dr. Milan Vosko, and other participants.



Kyrgyzstan has enrolled 597 patients in the RES-Q Stroke Registry. One of the active departments is the Angio Neurology department of Osh Joint Interregional Clinical Hospital. This department is located very far from Bishkek (667 km), while Osh is separated from Bishkek by high-altitude serpentine (3180 metres above sea level).

For the simplification of work with the RES-Q Stroke Registry, the Kyrgyz ESO EAST team released a paper-form of RES-Q and translated the form in Kyrgyz language as well. The Russian language version RES-Qv1.2 Paper Form has already been introduced into the pilot departments of Kyrgyzstan. Now doctors from each center are using the Russian-language paper form actively.

RES-Q Инсульту каттоо регистри RES-Qv1.2
Форманы толтурган
адамдын аты-жөнү:

Инсульттун датасы: Оорукчуга түшкөн датасы:

Бейтаптын аты-жөнү:

Жашы: жаш Жынысы: Э А

Акыркы жолу качан жакындары бейтапты дени сак (инсульт белгилерисиз) көрүштү?

Дата: (кк/аа/жжжж) Саат: (сс:мм)

Биринчи жолу оорукчуга жеткирилиши:

Дата: (кк/аа/жжжж) Саат: (сс:мм)

Инсульт оорукчуга болдубу? ооба жок Кайталанган инсультту? ооба жок

Оорукчуга жатыруу:

Бейтап инсульттун куну убагында атайын инсульт белгилерине жана ишенимдүү тарапка белгилерине жатырылдыбы? ооба жок

Бейтап биринчи 72 саат ичинде мультидисциплинардык бригада менен (физioterпевт, эрготерапевт, дефектолог/логопед) кийинки реабилитация үчүн каралдыбы? ооба жок

Дарылоо:

Инсульттун түрү:

Субарахноиддык кан коюлуу ☐ Ишемиялык инсульт ☐ Геморрагиялык инсульт ☐ Аныкталган эмес (нейровизуализация кылынган эмес)

Эгер инсульт ишемиялык болсо:

Түшкөндөгү NIHSS шкаласы боюнча балл: бааланган эмес баллоо мүмкүн эмес

Түшкөндөгү аңсезиминин деңгээли: жандуу ☐ сопор ☐ кома ☐ аныктоо мүмкүн эмес

КТ/МРТ өткөрүлдүбү? ооба жок өткөрүү мүмкүн эмес

КТ/МРТ өткөрүлгөн убакыты: түшкөндөн кийин 1 сааттан ашык убакытта ☐

Реканализация: жасалган эмес ☐ жасалган ☐ бир гана эндоваскулярдуу дарылоо ☐

Дисфагияны баллоо: бааланган эмес ☐ бааланган эмес ☐ баллоо мүмкүн эмес

Убакыты: түшкөндөн кийин 24 саат ичинде ☐ түшкөндөн кийин 24 сааттан ашык убакытта ☐

Жүрөк алдынын фибрилляциясы: Белгилүү болгон жүрөк алдынын фибрилляциясы ☐

мониторинг өткөрүлгөн ☐ мониторинг өткөрүлгөн эмес ☐

Эгер жолтор мониторинги өткөрүлсө: биринчи 24 саат ичинде ☐ 24 сааттан кийин ☐

Фибрилляциясы аныкталдыбы? ооба жок баллоо жолтор мониторинги жок ☐

Түшкөндөн кийин 7 күн ичинде узак таандыктык өткөрүлдүбү? ооба жок өткөрүү мүмкүн эмес ☐

Геморрагиялык кесепеттер? ооба жок биринчи шарттарда жасалбай ☐

Эгер инсульт геморрагиялык болсо:

Түшкөндөгү NIHSS шкаласы боюнча балл: бааланган эмес ☐ бааланган эмес ☐ баллоо мүмкүн эмес

Түшкөндөгү аңсезиминин деңгээли: жандуу ☐ сопор ☐ кома ☐ аныктоо мүмкүн эмес

КТ/МРТ өткөрүлдүбү? ооба жок өткөрүү мүмкүн эмес ☐

КТ/МРТ өткөрүлгөн убакыты: түшкөндөн кийин 1 саат ичинде ☐ түшкөндөн кийин 1 сааттан ашык убакытта ☐

Дисфагияны баллоо: бааланган ☐ бааланган эмес ☐ баллоо мүмкүн эмес

Убакыты: түшкөндөн кийин 24 саат ичинде ☐ түшкөндөн кийин 24 сааттан ашык убакытта ☐

Гематоманы жоюугу операциясы болдубу? ооба жок

In the framework of the “Roadmap on stroke and acute coronary syndrome in Kyrgyzstan” implementation, the ESO EAST Kyrgyz team translated the mnemonic “FAST” into Kyrgyz “COKKY”.

The Kyrgyz algorithm was demonstrated at the “Regional training on optimization of care in acute myocardial infarction and stroke: lessons of international experience” in Bishkek, Kyrgyzstan on November 27 and 28 November this year. RES-Q volunteers trained medical doctors from rural regions on the usage of NIHSS and RES-Q.

With the help of RES-Q we were able to see important differences between data from each centre. RES-Q is the best way now to critically evaluate the situation about stroke in Kyrgyzstan. It gives us an opportunity to make correct epidemiological calculations and to collect realistic data of patients with stroke.

The Kyrgyz team is strongly encouraging more hospitals to use this effective tool of stroke monitoring: the RES-Q Stroke Care Quality Registry.

Инсультту аныктоого төмөнкү тест жардам берет

C O K K Y

С - сүйлөө		Так жана түшүнүктүү сүйлөй албайт.
О - ооз		Оозунун бир тарабы төмөндөйт. Жылмая албайт.
К - көрүү		Көздөрүнүн көрүүсү бир тарабынан же эки тарабынан тең начарлайт.
К - кыймыл		Колдорунун кыймылдоосу начарлайт, экөөнү бирдей көтөрө албайт, бирөө алсыз.
У - убакыт		Бейтаптын өмүрүн сактап калуу үчүн дарыгердин 4.5 сааттык гана убакыты бар.

Тезинен **103** номуруна чалып, медициналык тез жардамды чакыруу керек!



The RES-Q team in Kyrgyzstan:

National Coordinator: Dr. Inna Lutsenko, Dr. Abdusalim Artykbaev, Dr. Zhyldyz Egenberdieva,

Dr. Meerim Sultanova, Dr. Leina Imanbekova, Dr. Alybek Apyshev, Dr. Asylbek Sovetov, Dayana Nazhmudinova, Aishoola Sultanova, Sultanbek Omurbekov, Akmaral Orunbaeva, Nuraiym Moloshova, Aziza Ismailova, Nurisa Asylbek kyzy, Perizat Maksatova, Darya Gerasimova.

Quality in Acute Stroke Care in Europe, by Simeon Dale



The QASC Europe Project is working with the Angels Initiative and RES-Q to improve acute stroke care in Europe. The Project aims to implement and evaluate nurse-initiated, evidence-based clinical protocols (FeSS Protocols) to manage fever, hyperglycaemia and swallowing difficulties in up to 300 hospitals

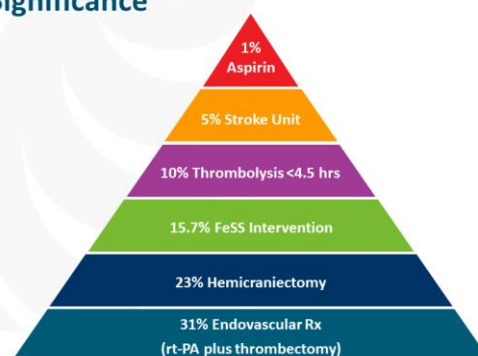
across Europe. Introduction of the FeSS Protocols have previously shown a 16% reduction in death and dependency 90-days after stroke. [1] Patients cared for in stroke unit assisted to implement the FeSS Protocols also were >20% less likely to have died four years following their stroke. [2]

The QASC Europe Project is working closely with RES-Q to facilitate data collection for fever, hyperglycaemia and swallowing management post-stroke. Baseline data are entered into the QASC protocol on the RES-Q platform.

Participating stroke centres are provided with feedback about their practice and are supported by an Angel Initiative Consultant to implement the FeSS Protocols. A second data collection using RES-Q examines improvements in care.

The FeSS clinical protocols and other resources to support implementation have been translated into twelve different languages.

Clinical Significance



Dharmaja RK, et al. Aust Fam Physician 2005;36(11):892-895



If you would like to participate in this innovative award-winning programme (winner Service Delivery category in the ECHFIA 2018 Health Collaboration Awards) speak to your local Angels Consultant, register on the Angels Initiative Website www.angels-initiative.com or contact project team at: QASC@acu.edu.au.

References:

- [1] Middleton S, McElduff P, Ward J, Grimshaw J, Dale S, D'Este C, et al. Implementation of evidence-based treatment protocols to manage fever, hyperglycaemia, and swallowing dysfunction in acute stroke (QASC): A cluster randomised controlled trial. *Lancet*. 2011;378 1699-1706
- [2] Middleton S, Coughlan K, Mnatzaganian G, Low Choy N, Dale S, Jammali-Blasi A, et al. Mortality reduction for fever, hyperglycemia, and swallowing nurse-initiated stroke intervention QASC trial (quality in acute stroke care) follow-up. *Stroke*. 2017;48:1331-1336

RES-Q Registers 60,000 patients

In November we reached a new milestone, as the 60,000th patient was registered in RES-Q, in less than two months from registering 50,000 patients.



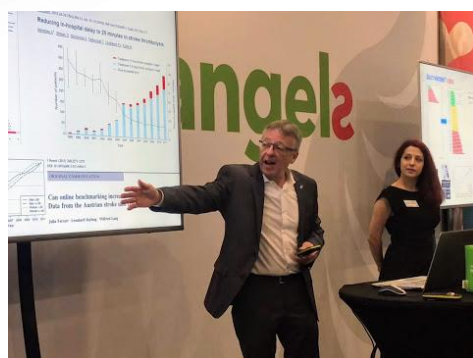
During 2018, RES-Q has grown from:

- 15,000 registered patients to over 60,000;
- 307 registered sites to over 600;
- Active sites in 34 countries to 51.

We would like to thank all of our National & Local coordinators and everyone that has contributed to the continued growth of RES-Q during 2018.

Remember that you can always check the current status of RES-Q enrolment at www.qualityregistry.eu/live-metrics.

RES-Q at The Angels Initiative Train the Trainer in Wiesbaden and Polish Vascular Society meeting



At the beginning of December members of the RES-Q team attended and spoke at two Angels Initiative meetings. RES-Q Manager, Andreea Grecu, attended the Train the Trainer Workshop in Wiesbaden and RES-Q Coordinator, Paul Benbow, attended the Joint Angels Initiative and Cerebrovascular section of Polish Neurological Society meeting.

Both meetings provided the opportunity to give a live demonstration of RES-Q Reports (coming soon). We clarified

that data entered into RES-Q belongs to our partners in national societies and contributing sites, while our overarching aim is to make it as accessible and usable as possible.

In Wiesbaden, the audience included clinicians from Oman, Congo, Macedonia, Croatia, Philippines, Lithuania, Latvia, Moldova and Iceland, and RES-Q is looking forward to working with partners from these countries in the future.

In Warsaw, the discussion focused on how Poland can better utilize RES-Q in the coming years, with particular emphasis on data collection standardization.

