

01209 / #2170

E-Poster Viewing

AS13. SERVICE ORGANISATION / QUALITY IMPROVEMENT

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**DISPARITIES OF IN-HOSPITAL STROKE CARE QUALITY INDICATORS BETWEEN MOLDAVIAN CENTERS WITH AND WITHOUT STROKE UNITS BASED ON STROKE REGISTRY (RES-Q), THREE YEARS DATA ANALYSIS**

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**Background And Aims:** Three stroke units (SU) were established in Moldova in 2003, 2010 and 2015. The aim of the study was to compare the quality of stroke care in these three hospitals with 12 hospitals without a SU that admit acute stroke patients.

**Methods:** Data were extracted from prospective Registry of Stroke Care Quality (RES-Q) which has been used by all hospitals admitting acute strokes since 2017. Data in RES-Q has been collected each year every March. We compare time period 2017–2019 with descriptive analysis.

**Results:** Of 1660 patients enrolled in the registry in the study period, 890 patients were admitted to the 3 hospitals with SU and 770 – to the 12 hospitals without SU. No significant differences were noted in mean age (68 years), gender and the severity of stroke measured by NIHSS score (10). Hospitals with SU as compared to hospitals without SU had the following quality indicators: the number of patients admitted to Intensive Care Unit 39% vs 35%, patients evaluated by CT scan 98% vs 55%, CT scan within the first hour 80% vs 7%, intravenous thrombolysis 2.6% vs 0%, carotid Doppler 64% vs 55% respectively, number of undetermined strokes 1% vs 39%, anticoagulants in patients with atrial fibrillation 49% vs 30% and in-hospital death rate 21 vs 13%.

**Conclusions:** These data show that hospitals with SU performed better on all important quality indicators. Therefore, the priority for Moldova is to establish SU with an advanced neuroimaging capacity in all hospitals admitting acute stroke patients.

**Trial Registration Number:** Not applicable