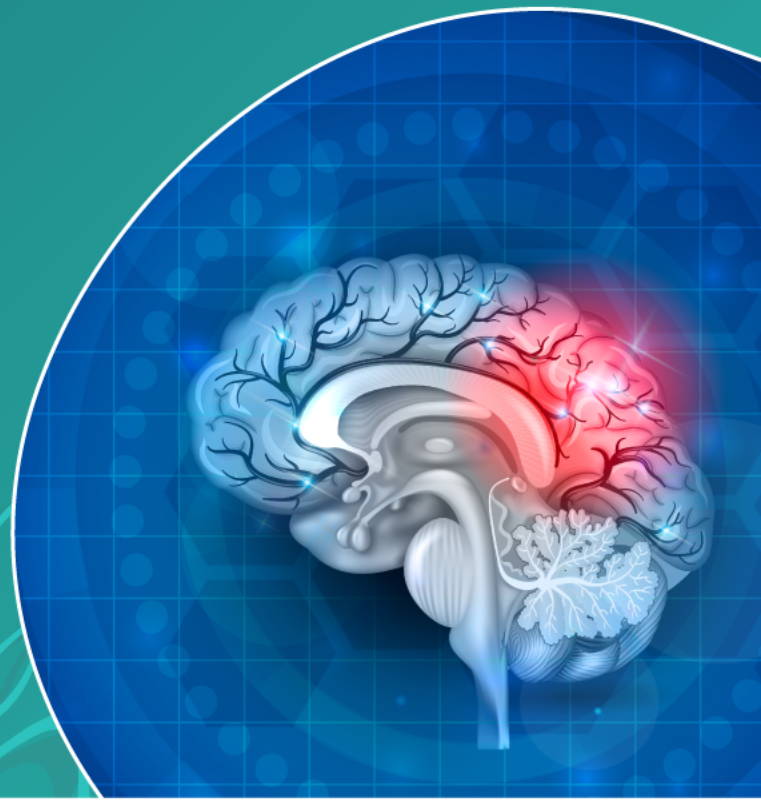
WEBINAR

Advancing Stroke Care: Prevention, Treatment, and Rehabilitation

04.06.2025 10:00 am Host: SYNYO GmbH

Guest project presentations:
THCS, POC4TRIAGE, EQL Stroke, PEER-HOMEcare



MDR in AIS

Azienda ospedaliero-universitaria Senese

Azienda USL Toscana sud est
Servizio Sanitario della Toscana

ibima
Plataforma BIONAND

Rīga Stradiņš University

SYNYO

Funded by the European Union

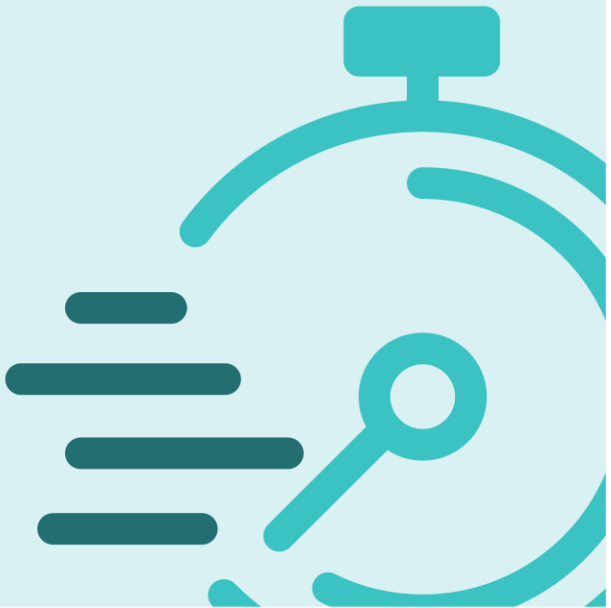
This project is part of the European Partnership on Transforming Health and Care Systems (THCS), which has received funding from the European Union under the Horizon Europe Framework Programme – Grant Agreement No. 101095654 (FFG grant agreement No. 50773503).

Agenda

Key information

Time	Topic	Presenter
10:00 - 10:05	Welcome and introduction to the webinar and its objectives	*Alexander Nikolov* | SYNYO GmbH
10:05 - 10:20	Overview of the THCS Partnership	*Ewoud van der Wal* | THCS Program manager
Stroke care, prevention and rehabilitation		
10:20 - 10:30	POC4TRIAGE | Key highlights and contributions to stroke care and prevention	*Hannes Perko* | Senior Research Engineer at Austrian Institute of Technology
10:30 - 10:40	MDR in AIS | Advancements in the treatment of ischemic stroke patients	*Alexander Nikolov* | SYNYO GmbH
10:40 - 10:50	EQL Stroke | Rehabilitation innovations	*Signe Tomsone* | Associate Professor, Department of Rehabilitation, Riga Stradiņš University
10:50 - 11:00	PEER-HOMEcare | Rehabilitation innovations	*Guna Berzina* | Department of Rehabilitation, Riga Stradiņš University
11:00 - 11:30	Q&A session and audience interaction	*Alexander Nikolov* | SYNYO GmbH
11:30	Closing remarks	*Alexander Nikolov* | SYNYO GmbH

HOUSEKEEPING RULES



The session will be entirely recorded and published on the MDR in AIS project website.

All participants except speakers and moderators will be **muted by default**.

Feel free to post your questionsions in the **chat**.

If you would like to speak, raise your hand and wait for the moderator to give you the floor.

THCS Partnership

Overview

Ewoud van der Wal - THCS Joint Call Secretariat

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European Union

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THCS Partnership

Overview

MDR in AIS

PILLAR 1: Excellent Science

PILLAR 2: Global Challenges & European Industrial Competitiveness

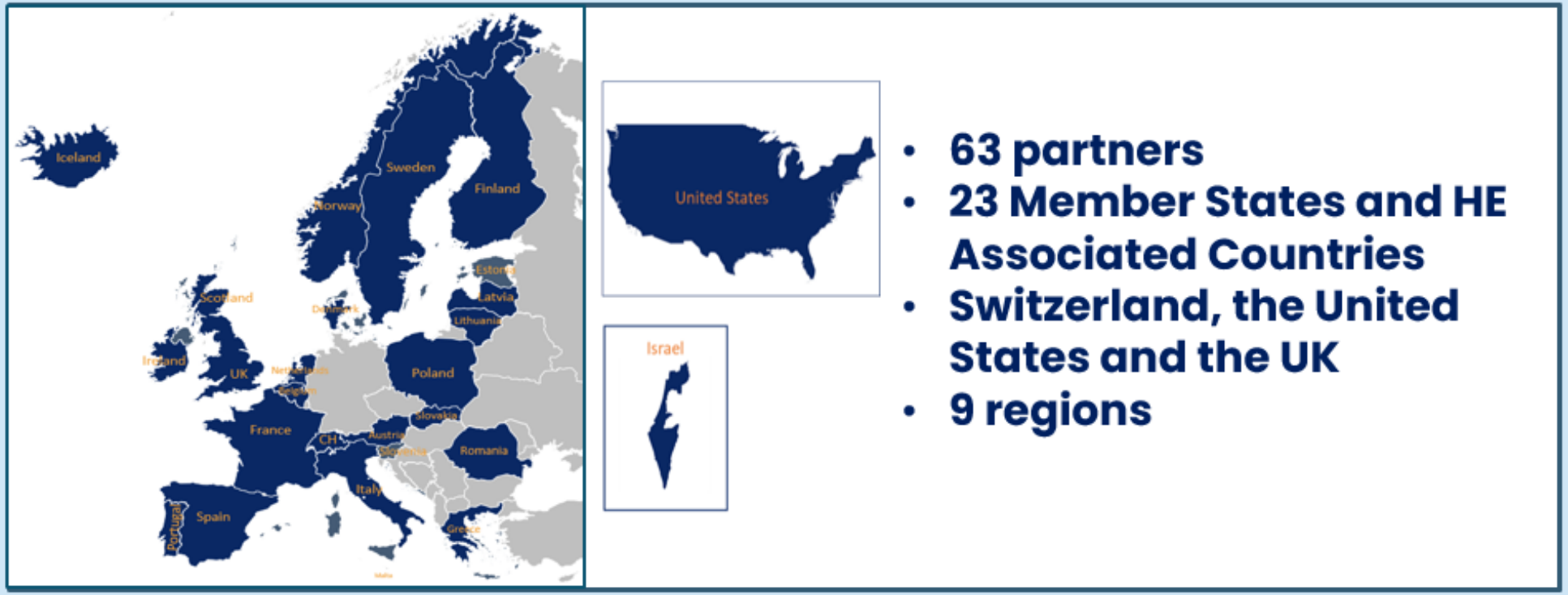
PILLAR 3: Innovative Europe

THCS Partnership

Overview

MDR in AIS

Start: January 2023
Duration: 7 years



- **63 partners**
- **23 Member States and HE Associated Countries**
- **Switzerland, the United States and the UK**
- **9 regions**

Co-funded by the European Union

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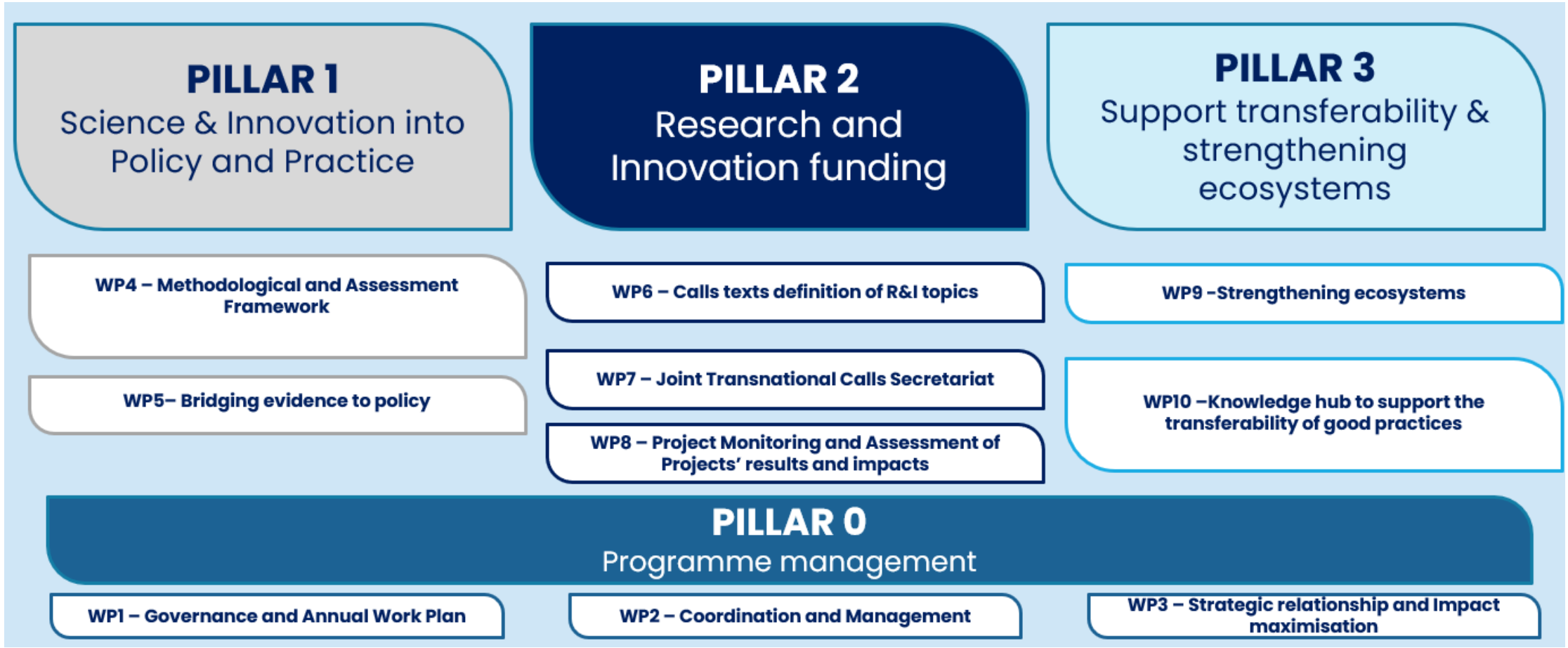
Pillars and Work Packages



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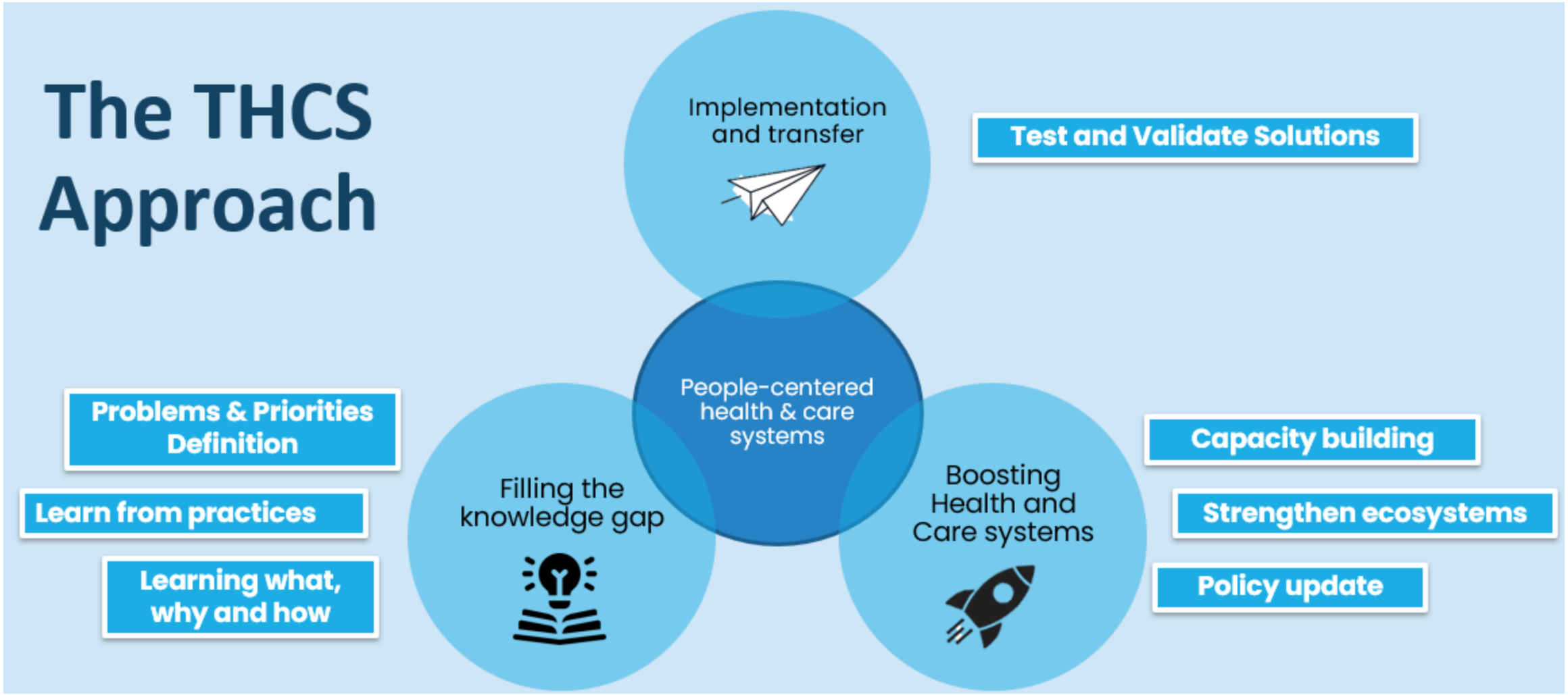
THCS Partnership

Overview



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THCS Vision and Objectives

High-quality, fairly accessible, sustainable, efficient, resilient and inclusive health and care systems for all

- Increase funding opportunities and strengthen the research and innovation community
- Fill the knowledge gap
- Increase the ability to implement innovation
- Intensify cooperation among countries and beyond healthcare
- Increase stakeholders' involvement

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THCS Expected outcomes

- Stronger local and regional ecosystems
- Researchers engaged in collaborative research at international level
- H&C authorities and policy makers use research results in decision making
- Better cooperation among Countries in this R&I field
- H&C authorities, policymakers plan and carry out efficient investments
- H&C providers and professionals implement innovative solution

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THCS Partnership

Overview

JTC 2023 "Healthcare of the Future"

To provide the necessary knowledge to build the health and care of the future and support the implementation of innovative solutions on a larger scale.

> 30 millions €

36 funders

JTC 2024 "Innovate to Prevent"

To support the implementation of innovative person-centred health and care models addressing prevention strategies, with the key help of existing IT and digital technologies and services, as well as existing and emerging data.

> 34 millions €

31 funders

To fund research and innovation projects that strengthen primary and community health and care systems and provide policy and decision makers with the necessary knowledge and tools to govern the transitions needed in the primary and community care sector

> 32 millions €

32 funders

Discover the Impact Assessment of the Joint Transnational Call 2023

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CONTACT DETAILS

www.thcspartnership.eu

www.linkedin.com/in/thcs

www.youtube.com/@THCS-HorizonEU

coordination@thcspartnership.eu

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Questions & Answers


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JUSPAXAR
OBRIGADO
MATONDO
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MOCHCHAKKERAM
KIA ORA
MULTUMESC
CHOKRANE
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CHOKRANE
MATUR NUWUN
GRAZIE
MERCI
MOCHCHAKKERAM

MDR in AIS

POC4TRIAGE

Point-of-Care Devices for Urgent Care Triage

AIT Austrian Institute of Technology

Hannes Perko | Senior Research Engineer

Webinar

4.6.2025

This project is part of the European Partnership on Transforming Health and Care Systems (THCS), which has received funding from the European Union under the Horizon Europe Framework Programme – Grant Agreement No. 101095654 (FFG grant agreement No. 50773503).

Call information

- Programme: Horizon Europe
- Call: HORIZON-HLTH-2023-TOOL-05-05 - Harnessing the potential of real-time data analysis and secure Point-of-Care computing for the benefit of person-centred health and care delivery (Tools and technologies for a healthy society, Single stage - 2023)
- Type of action: Innovation Actions
- Submission: 13 April 2023
- Total Budget: approx. € 10 Mio (1244 PM, 103 PY)
- #Partners: 18
- Lead: University Of Turku

Project objectives

1. Develop and validate functionality of compact, robust, fast, accurate and energy efficient **point-of-care (POC) devices in urgent care settings** such as ambulance, ER and ICU.

2. To develop and apply novel **AI-driven edge-computing algorithms** for POC devices to **facilitate patient triaging**.

3. To **develop and validate secure Device-Hospital connectivity platform (DHCP)** with AI-based multimodal edge computing prediction algorithms, able to integrate POC device data and facilitate better triaging to nearby urgent care facilities.

4. To perform **clinical validation of POC devices** and DHCP for triaging in urgent care settings.

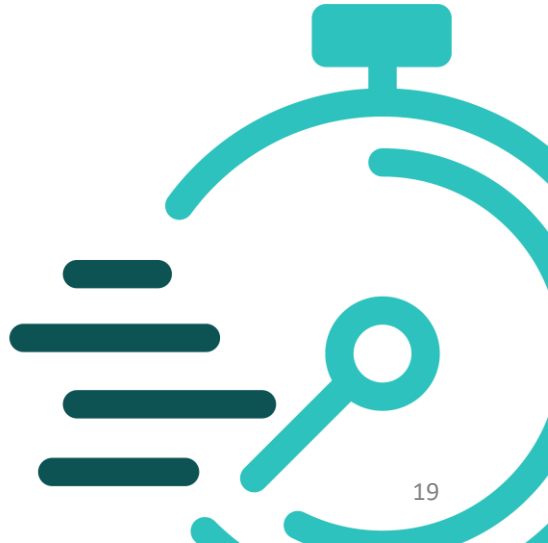
5. **Cost-effectiveness analyses and exploitation** of POC4TRIAGE results.

Consortium

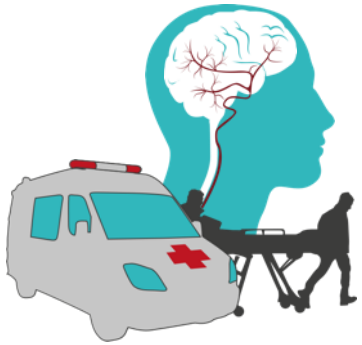
MDR in AIS

#	Organisation Name	Country
1	**University Of Turku**	**Finland**
2	Uppsala University Hospital	Sweden
3	Austrian Institute of Technology	Austria
4	Academisch Medisch Centrum bij de Universiteit van Amsterdam	The Netherlands
5	Ben Gurion University	Israel
6	University of Oulu	Finland
7	Fundació Eurecat	Spain
8	Hospital Universitari Vall d'Hebron Spain	Spain
9	TrianecT	The Netherlands
10	ICTerra	Turkey
11	NEC Italy	Italy
12	NEC Laboratories Europe	Germany
13	Organic Electronics Saxony	Germany
14	LUPISE	France
15	European Biomedical Research Institute of Salerno	Italy
16	Stroke Alliance For Europe	Belgium
17	Allm EMEA GmbH	Germany
18	Ars Accessus Medica BV	The Netherlands

LVO Stroke Triage with sub-hairline EEG and fNIRS

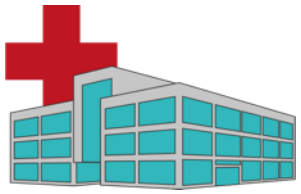


Current situation



LVO stroke triage
cannot be performed
In the **ambulance**

>1.2 Million / Year In Europe



All suspected stroke patients transported to the **closest** hospital

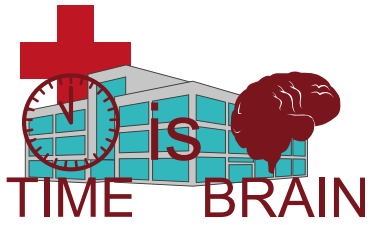
60-75 minute treatment delay

54% of LVO stroke patients have to be **transported again** to a comprehensive stroke center

What we want to achieve

>1.2 Million / Year
In Europe

Enable large vessel occlusion (LVO) stroke triage in the ambulance



Non-LVO stroke (and other) patients to the **closest** hospital

LVO stroke **directly** to a comprehensive stroke center

Prevent inter-hospital transport of LVO stroke patients

AI Model for LVO stroke detection

AI model objective

Detect large vessel occlusion (LVO) stroke using short-term EEG and fNIRS signals acquired in prehospital ambulance settings.

Key challenges

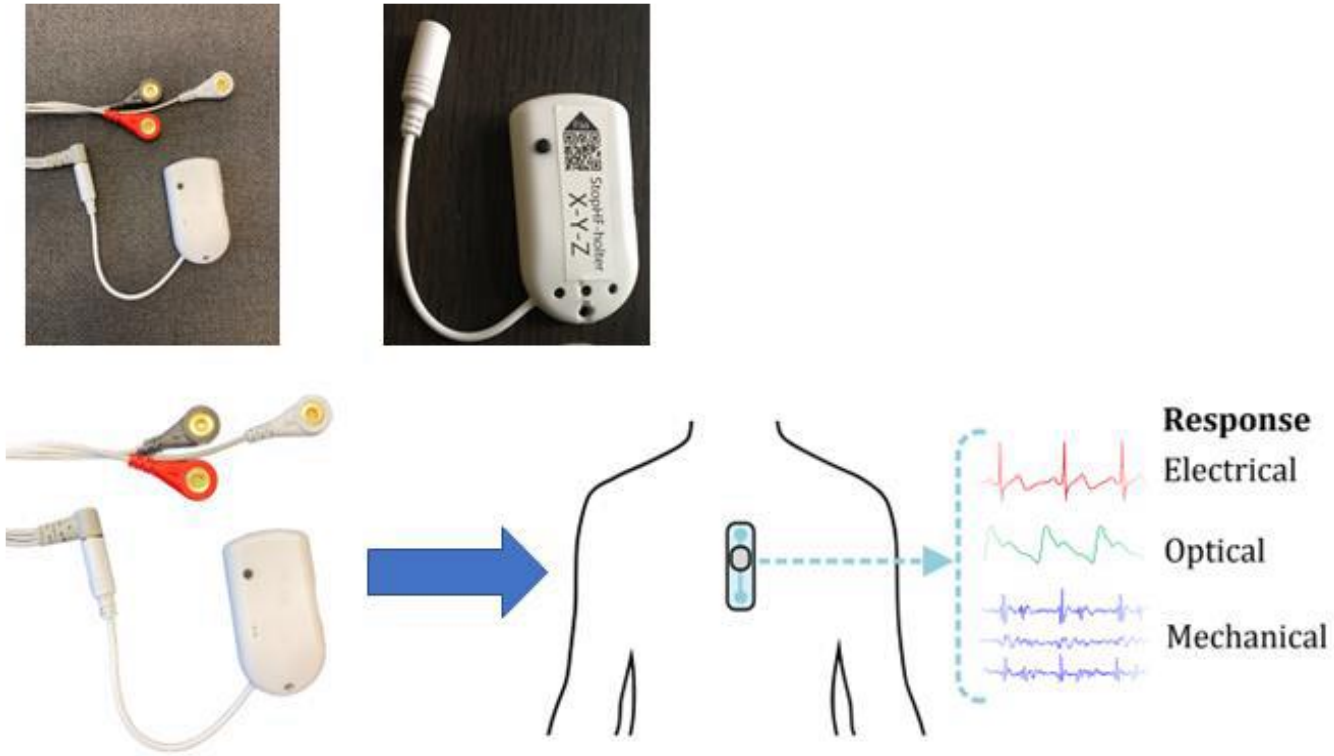
- Limited availability of EEG/fNIRS data collected in ambulance environments
- Very short acquisition times (typically 2-3 minutes)
- Emergency context can lead to signal variability, motion artifacts, and electrode dropouts

Our approach

- POC4Triage performs clinical studies that acquire real-world measurements in ambulances, creating an important dataset foundation
- Incorporate unsupervised learning on extensive non-stroke EEG datasets to improve generalizability
- Automate data quality assessment and artifact mitigation using advanced signal processing and deep learning techniques

The four point-of-care devices

1. **Multimodal patch** device to sense cardiorespiratory events
   - Measures electrical and mechanical activity of the heart and tissue oxygenation

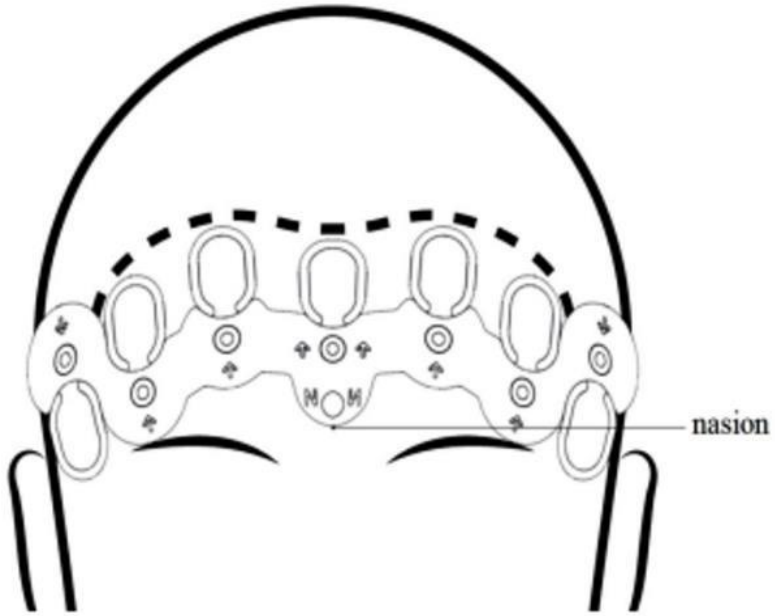


Multimodal patch prototype

The four point-of-care devices

1. **Multimodal patch** device to sense cardiorespiratory events
   - Measures electrical and mechanical activity of the heart and tissue oxygenation

2. **Sub-hairline EEG**-stroke device for LVO stroke detection in urgent care
   - Fast and reliable EEG measurement to detect LVO-Stroke



Sub-hairline EEG concept prototype

The four point-of-care devices

1. **Multimodal patch** device to sense cardiorespiratory events
   - Measures electrical and mechanical activity of the heart and tissue oxygenation

2. **Sub-hairline EEG**-stroke device for LVO stroke detection in urgent care
   - Fast and reliable EEG measurement to detect LVO-Stroke

3. **functional near-infrared spectroscopy (fNIRS) patch** for detection of brain stroke in urgent care
   - Stroke detection by measuring blood oxygenation and dynamic variations of cerebrospinal fluid in the subarachnoid space

fNIRS prototype

The four point-of-care devices

MDR in AIS

1. **Multimodal patch** device to sense cardiorespiratory events
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2. **Sub-hairline EEG**-stroke device for LVO stroke detection in urgent care
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3. **functional near-infrared spectroscopy (fNIRS) patch** for detection of brain stroke in urgent care
   - Stroke detection by measuring blood oxygenation and dynamic variations of cerebrospinal fluid in the subarachnoid space

4. **Portable immunosensor** to detect blood biomarkers for stroke
   - Lateral flow electrochemical sensing method using single drop of blood

Functional near-infrared spectroscopy (fNIRS) device presentation

University of Oulu
Dr. Hany Ferdinando

D3 device – POC4TRIAGE

Functional near-infrared spectroscopy device (fNIRS)

University of Oulu

May 2025

D3 - “Glymphometer”

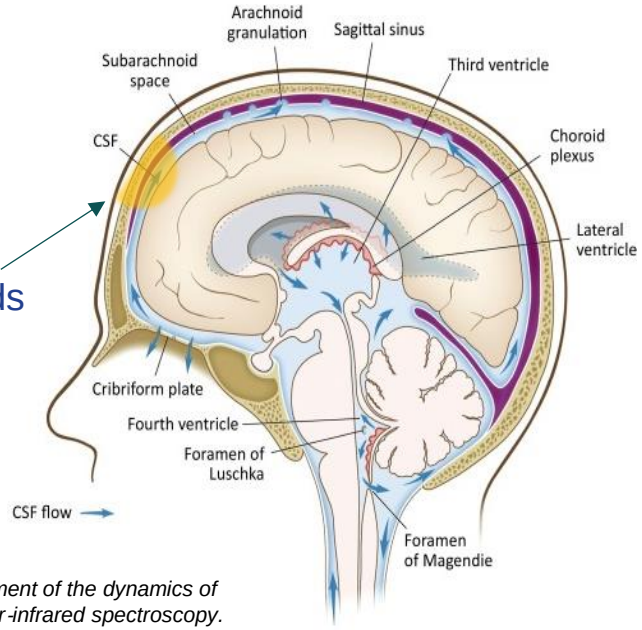
- **3-channel multiwavelength fNIRS**

Optionally also:

- 4 EEG
- 3D accelerometer
- 3D gyroscope
- 1 SCG (with external light cable to chest)
- 1 ECG (with external light cable to chest)

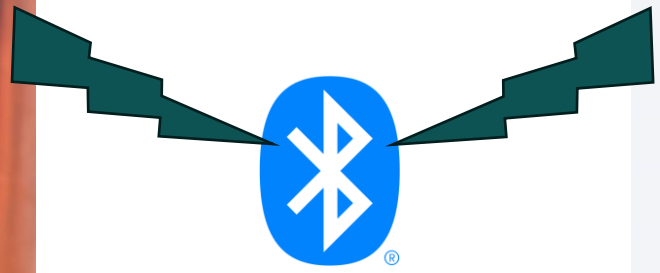
- 250 Hz sampling frequency

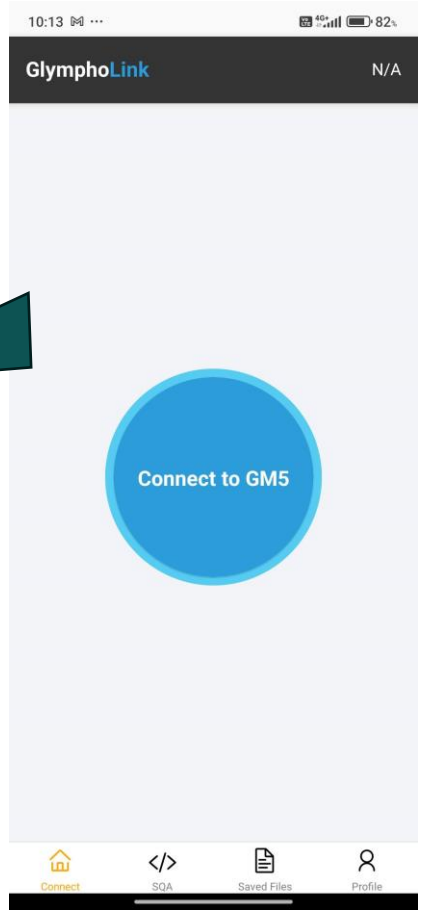
Measurement of neuro-hydrodynamics including cerebrospinal fuids (CSF)

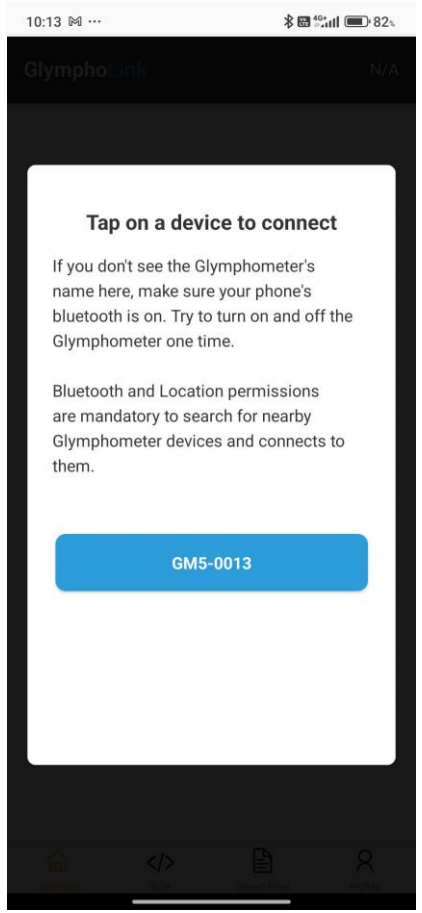


MYLLYLÄ, Teemu, et al. Assessment of the dynamics of human glymphatic system by near-infrared spectroscopy. Journal of biophotonics, 2018, 11.8: e201700123.

Wireless wearable device



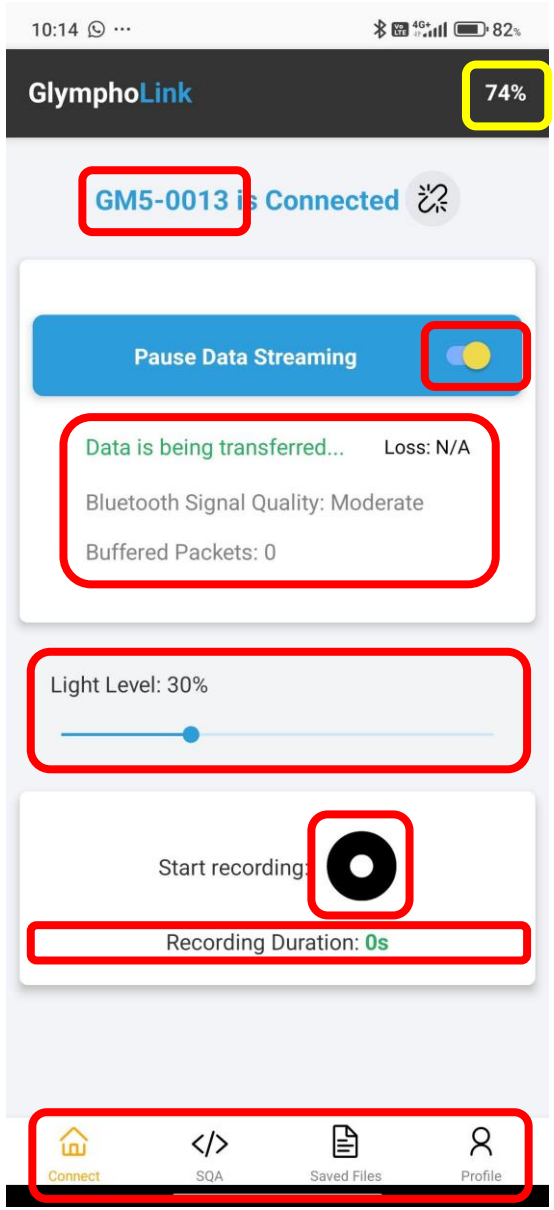




Dimension: 9 x 4.5 x 1.5-2 cm
Weight: ~100 grams (depending on the battery size)

Connected via cable to a computer or Bluetooth to a smartphone or Tablet

Mobile app



Device ID

Battery level

Enable/disable data streaming

Bluetooth status

Adjust light level, default = 30%

Start/stop recording

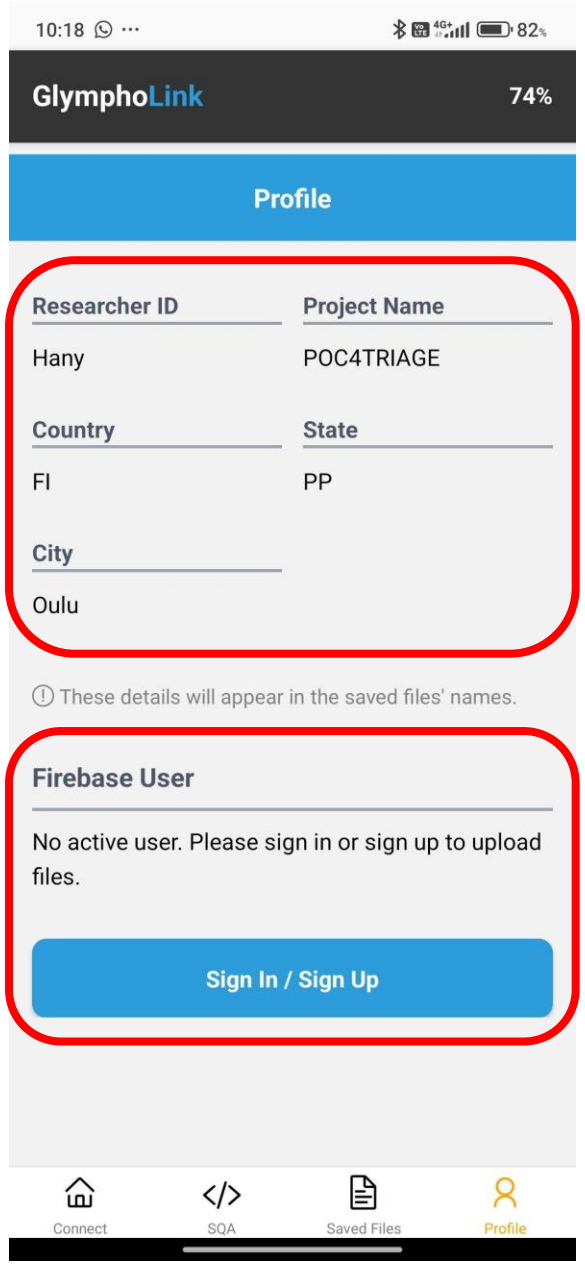
Elapsed time

Menu

Mobile app

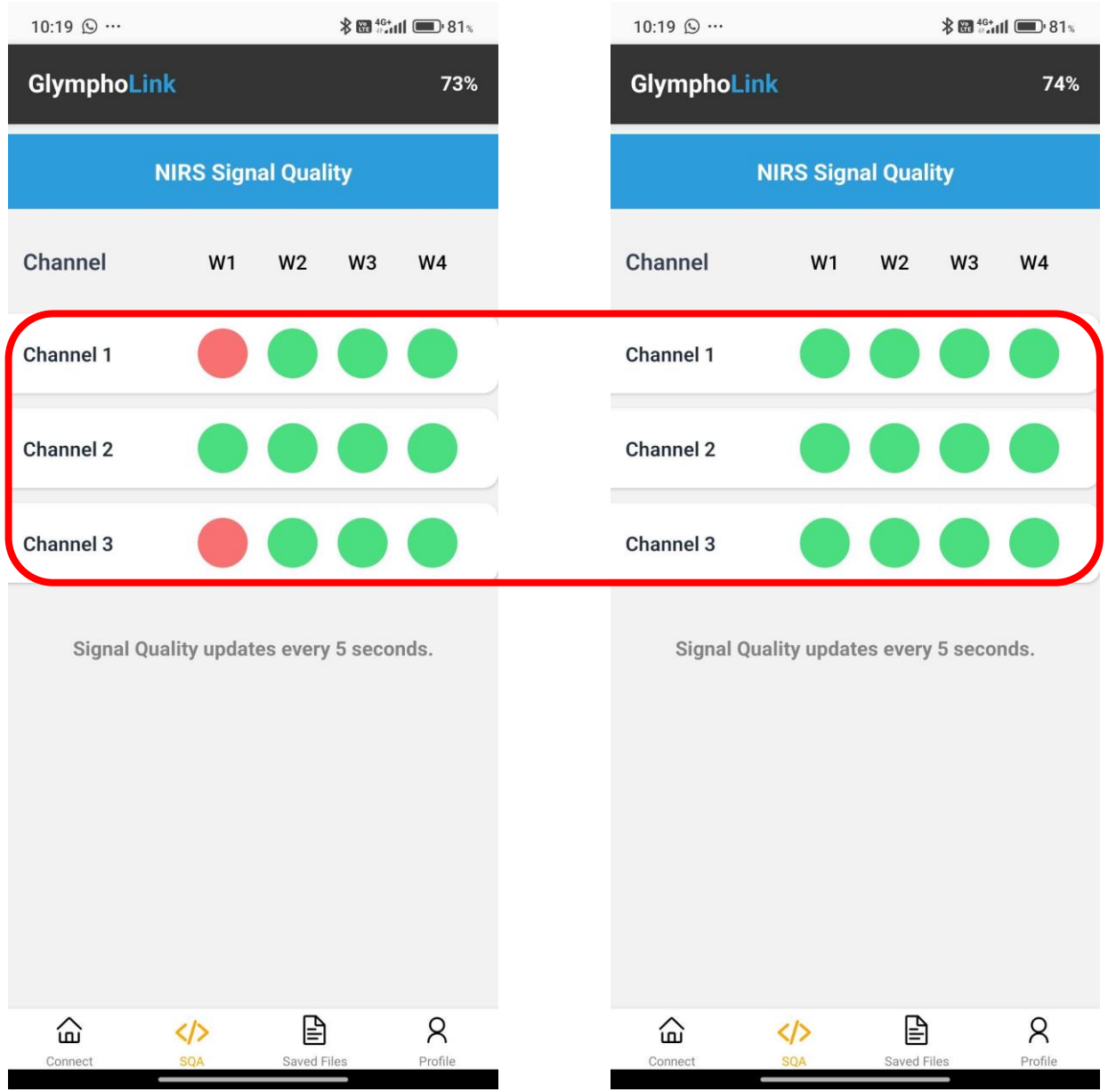
Required data

Login to the cloud



Mobile app

NIRS signal quality indicator:
Red = unacceptable
Green = acceptable

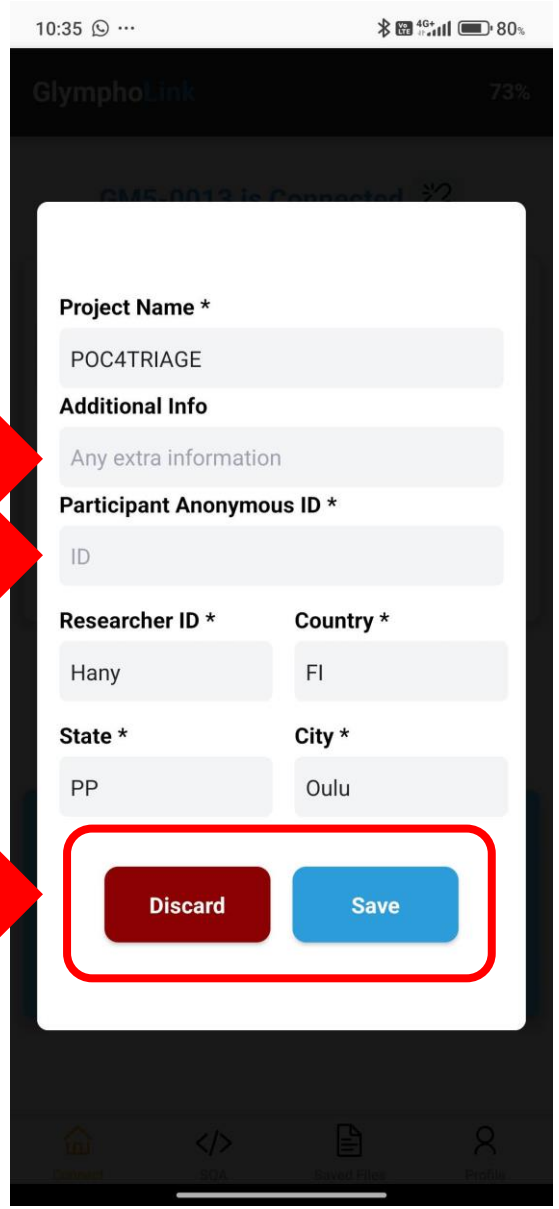


Mobile app

Additional info: short free text with '_' between the words
For example: p1 (to indicate protocol #1), 5_5_5 (to show 5 mins baseline, 5 mins treatment, 5 mins after treatment), etc.

Anonymous ID, don't include personal ID

Discard/save the data



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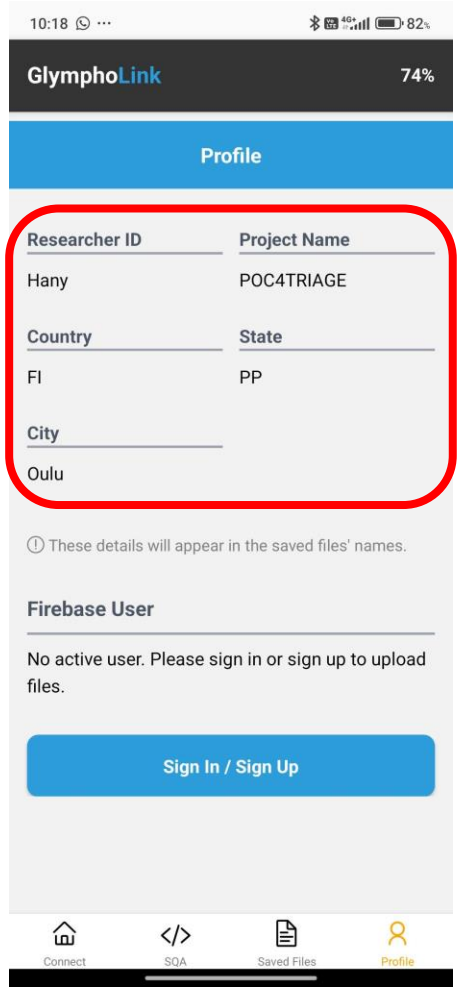
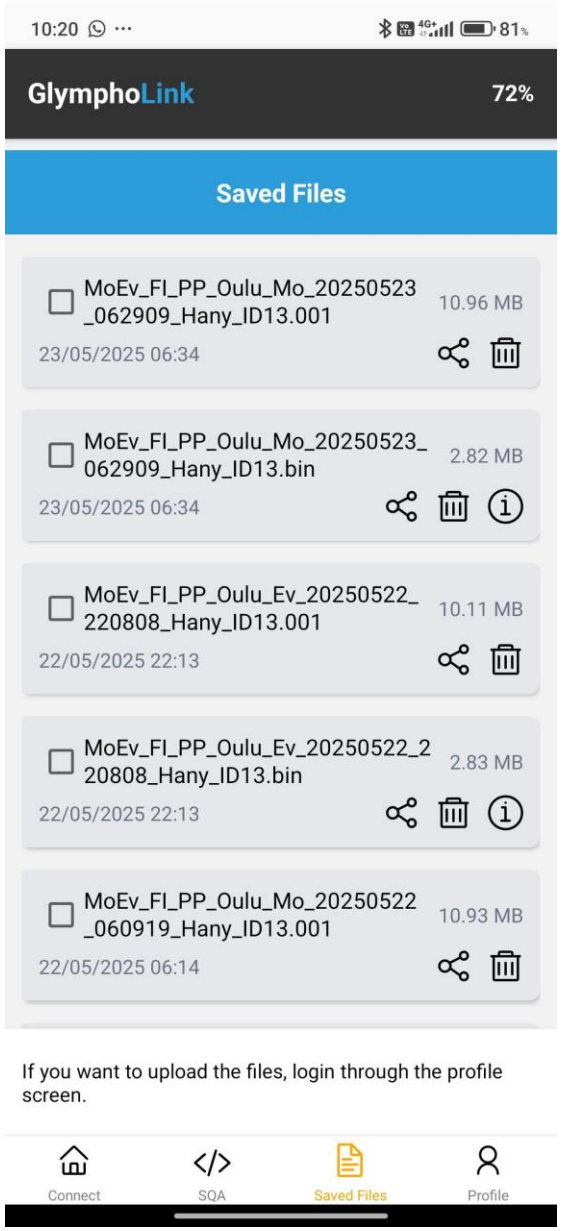


Mobile app

List of available files from the previous measurements



For more information visit

https://poc4triage.eu/

https://www.linkedin.com/company/poc4triage

Questions & Answers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CHOKRANE
MATUR NUWUN
GRAZIE
MERCI
MOCHCHAKKERAM

MDR in AIS

Introduction to MDR in AIS

Minimizing Door to Reperfusion Times in Drip and Ship Model for Patients with Acute Ischemic Stroke

SYNYO GmbH

Alexander Nikolov | Research Manager & Project Coordinator

This project is part of the European Partnership on Transforming Health and Care Systems (THCS), which has received funding from the European Union under the Horizon Europe Framework Programme – Grant Agreement No. 101095654 (FFG grant agreement No. 50773503).

FACTS AND FIGURES

MDR in AIS

PROGRAMME

European Partnership on Transforming Health and Care Systems (THCS): European Union under the Horizon Europe Framework Programme – Grant Agreement No. 101095654 (FFG grant agreement No. 50773503).

PROJECT DURATION

03/2024 to 03/2027 (36 month)

IDENTIFICATION CODE

FP-1127

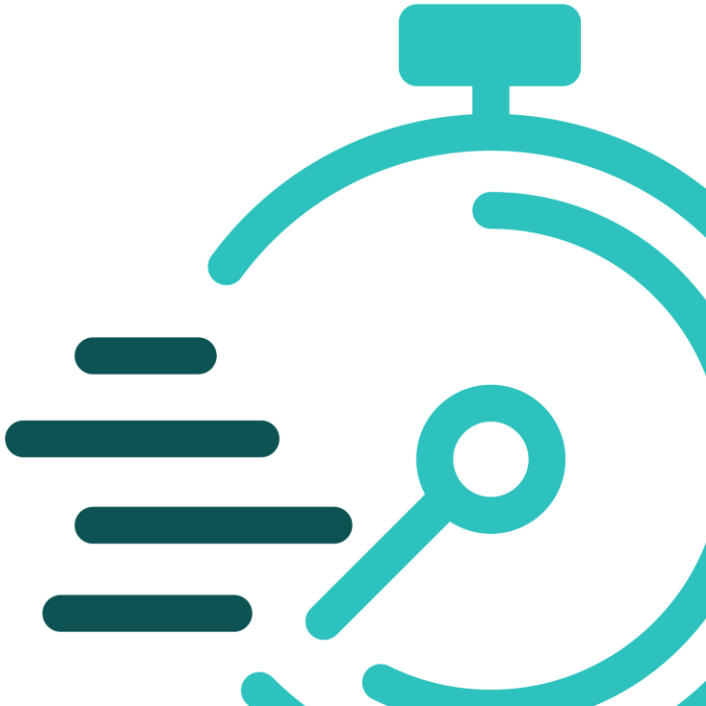
COORDINATOR

AZIENDA OSPEDALIERO UNIVERSITARIA SENESE (AOUS)

PARTNERS

6 from 5 countries (Austria, Switzerland, Italy, Spain & Latvia)

Co-funded by
the European Union



CONSORTIUM

Partners map

AZIENDA OSPEDALIERO UNIVERSITARIA SENESE 1

Siena
Italy

USL TOSCANA SUD-EST 2

Arezzo
Italy

CENTRE HOSPITALIER UNIVERSITAIRE VAUDOIS 3

Lausanne
Switzerland

BIOMEDICAL RESEARCH INSTITUTE OF MALAGA AND PLATFORM IN NANOMEDICINE 4

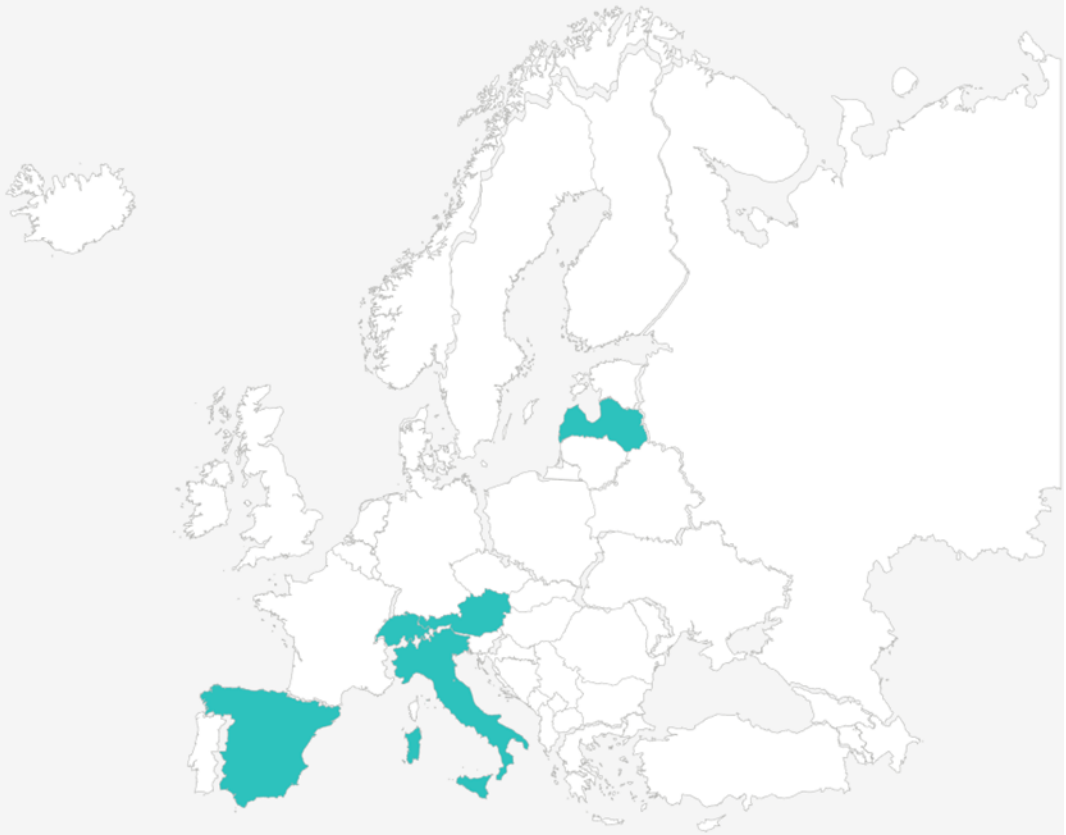
Malaga
Spain

RĪGA STRADIŅŠ UNIVERSITY 5

Riga
Latvia

SYNYO GMBH 6

Vienna
Austria



OBJECTIVES

IMPROVE

the in-hospital workflow for LVO AIS patients to minimize treatment delays and optimize outcome

ASSESS

the efficacy and safety of the streamlined in-hospital workflow compared to the standard pathway

IDENITFY

challenges and issues in stroke management and implementation of telemedicine

COMPARE

the outcomes and feasibility of the optimized workflow in different clinical settings and partner countries

EXPLORE

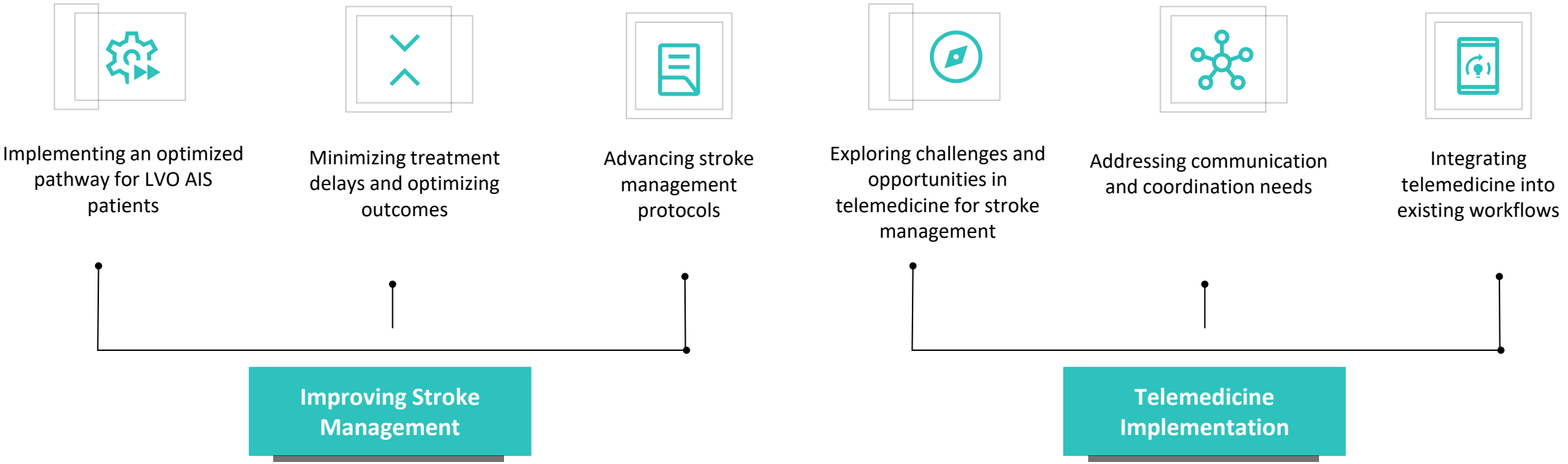
the potential application of streamlined pathways for other time-sensitive morbidities and improving services for all patients

MDR in AIS

EXPECTED PROJECT IMPACTS

Key information

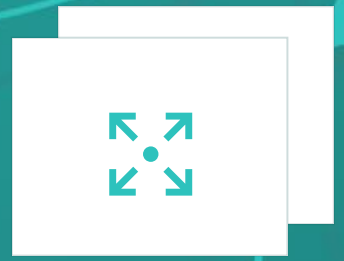
MDR in AIS



BROADER IMPACTS AND BENEFITS

Key information

MDR in AIS



Multicenter Collaboration

- Evaluating the optimized pathway across different clinical settings
- Sharing knowledge and improving stroke management on a broader scale

Economic Sustainability

- Assessing efficacy, safety and economic sustainability of the optimized workflow
- Providing evidence for cost reduction and resource optimization

Policy and Societal Impact

- Informing evidence-based policies and guidelines for stroke care
- Reducing disability and morbidity associated with AIS
- Enhancing the quality of life for stroke patients

NEWSLETTER

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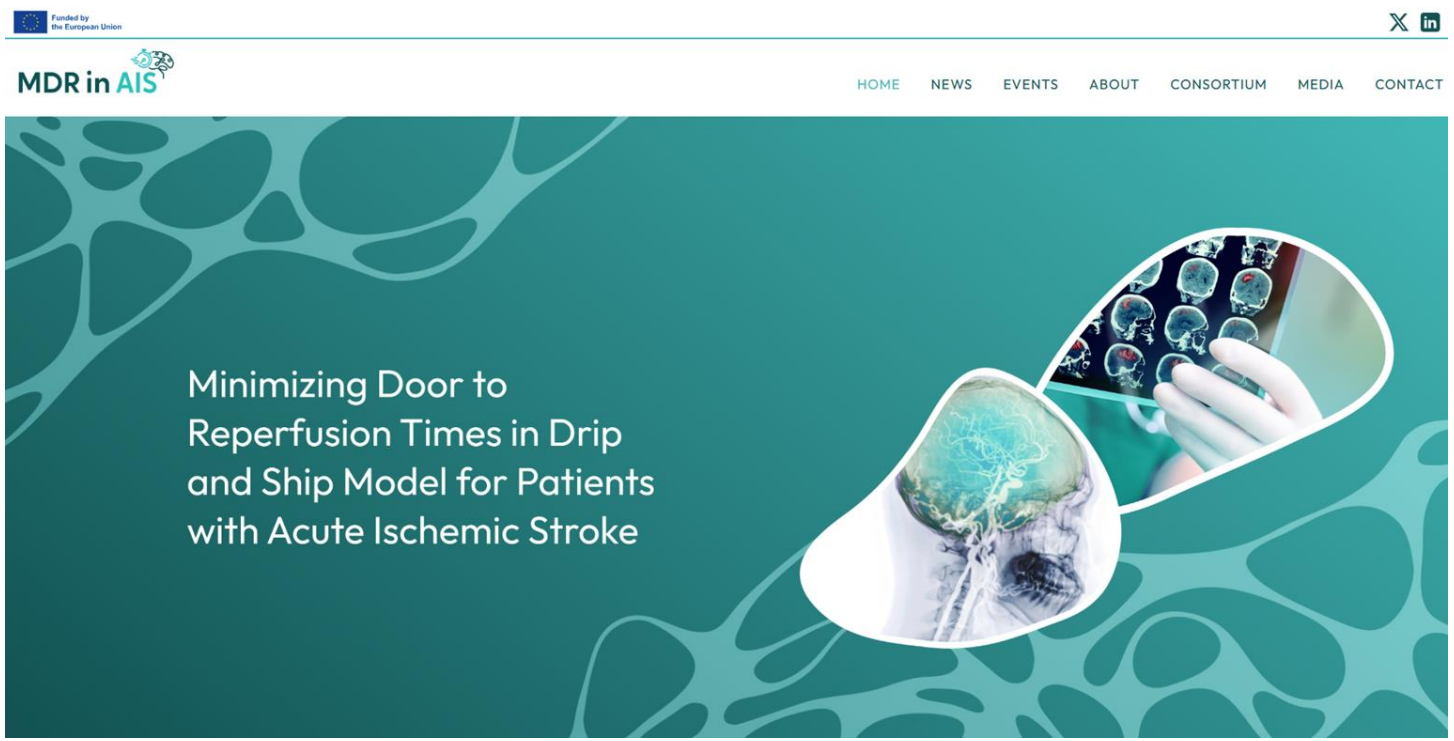
PROJECT WEBSITE



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Questions & Answers


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Enhancing Quality of Life for persons with stroke – EQL

An international, multi-method project across three phases

EQL aims to improve the rehabilitation process, health, and well-being of older persons with stroke rehabilitated at home across three European countries:
Sweden, Latvia, and the Netherlands.

Project Coordinator
Dalarna University (Falun, Sweeden), prof. Marie Elf

Project partners
University of Groningen (Groningen, the Netherlands), prof. Louise Meijering
Riga Stradins University (Riga, Latvia), asoc.prof. Signe Tomsone
Lunds University (Lund, Sweeden), assoc. prof. Maya Kylén
Maastricht University (Maastricht, the Netherlands), Prof. Hilde Verbeek

EQL-stroke

https://www.du.se/en/research/research-project/?projectid=22

Enhancing Quality of Life for persons with stroke – EQL

Overview of study design

Phase 1
Knowledge generation

- Review of policy documents in three countries.

- Interviews and place-mapping with stakeholders.

- Translation and validation of Collective efficacy scale.

Phase 2
Developing the intervention in a co-design process

- Workshops with stakeholders, guided by the double diamond design process.

- Production of prototypes.

Phase 3
Prototype testing and implementation strategies

- Translating the intervention into practice.
- Case study and mixed methods design.

- Three-phase pilot study with a pre-test/post-test design.

Questions & Answers


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Rīga Stradiņš University

TRANSFORMING HEALTH AND CARE SYSTEMS

PEER-HOME Care

Pedagogy and Enriched Environment for Rehabilitation – Holistic, Optimised, Methodical and Emphathetic Care

Guna Berzina
Department of Rehabilitation
Riga Stradiņš University

PEER-HOME Care

Duration: 36 months (01/05/2024-30/04/2027)

UNIVERSITY OF GOTHENBURG

RĪGAS STRADIŅA UNIVERSITĀTE

NIH NORWEGIAN SCHOOL OF SPORT SCIENCES

Rīga Stradiņš University (RSU) - CLTC Higher Education

U.PORTO
UNIVERSIDADE DO PORTO

RĪGA STRADIŅŠ UNIVERSITY

Team

TRANSFORMING HEALTH AND CARE SYSTEMS

James Rudd
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Matheus Pacheco
(University of Porto)

Luca Oppici
Norwegians College of Sports)

Ann Marie Hestetun-Mandrup
(Sunnaas Sykehus HF)

Lena Rafsten
(University or Gothemburg)

Assistant Agnese Kārkliņa
PhD student
(Riga Stradiņš University)

Marita Bjerke
(LHL Stroke)

The Objective

To develop and test the feasibility of a novel, home-based intervention that utilises Enriched Environment (EE) paradigm to enhance stroke patients' engagement in exploratory motor activities within their home environments to enhance rehabiltation.

WP1: conceptual groundwork

Review of EE protocols in animals

Review of pedagogical approaches at home

Review of home modifications

Data synthesis and conceptualization of EE pedagogical principles

EE definition and pedagogical principles

EE concrete strategies and examples

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Interview to stakeholders (patient org, therapists...)

Policy review

National rehabilitation contexts: opportunities and challenges

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Workshops with stakeholders

ToC and Intervention details

Educational Resources and Tools

Feasibility Trial

WP2: acceptability and feasibility

WP3: PEER-HOMEcare resources

Reviews

Test in the lab

Validation

Exploration Measures and Tools

NIH Institutt for lærerutdanning og friluftslivsstudier
NORGES IDRETTSHØGSKOLE

Thank you!


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Questions & Answers

Discussion

NEWSLETTER

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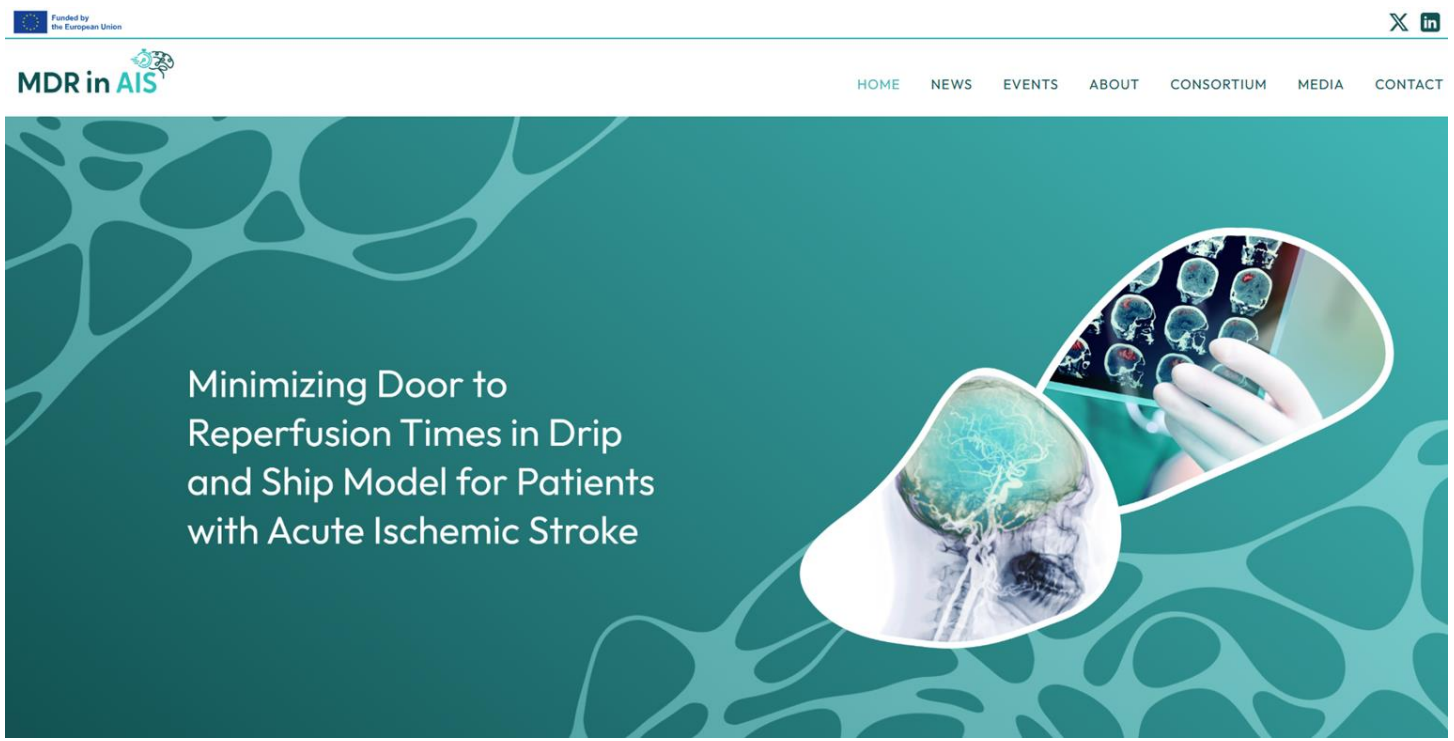

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