

The **ANGELS** *Journey*

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It's mindset not location that counts

ESO
EUROPEAN STROKE
ORGANISATION


World Stroke
Organization

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It's Never Too Late to Be First

Welcome

Ten years into the Angels journey, it would be easy to think that all the great firsts had already happened.

After all, together we have built thousands of stroke-ready hospitals, supported millions of patients, and created a global community that spans every continent. Surely by now we have seen it all.

And yet, every time I think that, another story comes along that reminds me how much further we can go.

This year we celebrated the graduation of the first Stroke Mentorship Program for Sub-Saharan Africa. Reading the reflections from the participants, what stood out for me was that the greatest gift of mentorship wasn't knowledge. It was confidence. Confidence to challenge the status quo, confidence to lead change, and confidence to believe that what has never been done before can be done now.

What was equally striking was that the learning went both ways.

While mentees gained knowledge, leadership skills and confidence, mentors came away with a deeper understanding of the realities of delivering stroke care in resource-limited settings. They discovered firsthand the creativity, resilience and determination required to build stroke services where resources may be in short supply, but ambition certainly is not. In the end, everyone learned something, which is exactly what great mentorship should do.

In Indonesia, Sleman became the country's first Angels Region, showing what is possible when an entire community rallies around a shared mission. In Argentina, Mendoza became the country's first Angels Region and reminded us that the real achievement is not the recognition itself, but the partnerships, trust and growth that happen along the way.

Some firsts are defined not by geography, but by imagination.

Madeira became Europe's first Angels Island, proving that geography should never determine outcomes. Surrounded by the Atlantic Ocean and hundreds of kilometers from mainland Portugal, they chose to focus on solutions rather than obstacles.

In Chile, what started as our first Boehringer Ingelheim FAST Heroes volunteering initiative became something much bigger. What began with volunteers supporting a handful of schools grew into a movement that carried stroke awareness from classrooms into homes and communities. More than 400 children became heroes, teaching their families that when it comes to stroke, every minute matters.

And in Brazil, nurses attending a congress found themselves racing against the clock in a stroke escape room that transformed education into experience. It was a reminder that sometimes the best way to learn is by doing.



ANGELS
Stroke **HEROES**

Inspiring the global stroke community

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In South Africa, the team at Lenmed Shifa Private Hospital recently celebrated their fifth consecutive diamond award. Reading their story, I was reminded that every excellence journey begins with a first step. The first award brought validation. The four that followed brought something even more valuable: belief. Belief in the process, belief in one another, and belief that a relatively small hospital can achieve and sustain world-class standards when everyone commits to getting a little better every day. What impressed me most was their relentless focus on improvement. Even after five diamonds, they are still looking for the next five minutes they can save, the next lesson they can learn, and the next opportunity to do better for their patients.

Perhaps my favorite first is not one that appears in a headline.

It is the moment when someone decides to do something that has never been done before in their hospital, their city, their region, or even their country.

The moment Dr Cristián Toloza and his colleagues helped create South America's first Angels Region.

The moment Dr Peter Waweru decided that language should never be a barrier to stroke care and helped bring stroke tools to the millions of people who speak Swahili.

The moment Dr Nune Yeghiazaryan refused to stop dreaming about better stroke care for Armenia.

Or the moment a child teaches a grandparent the signs of stroke.

Every Angels first begins the same way.

Someone looks at the current reality and decides it is not enough.

As I read the stories in this issue, I kept coming back to something one of our stroke champions said:

"If not now, then when? If not you, then who?"

Ten years after Angels began, that question remains as relevant as ever.

Because no matter how much progress we have made, there will always be another first waiting for someone brave enough to pursue it.

And perhaps that is the most inspiring thing of all.

It is never too late to be first.



Jan van der Merwe
Co-Founder & Project Lead – The Angels Initiative

The Angels Initiative

The Angels Initiative is a healthcare intervention dedicated to improving stroke patients' chances of survival and a disability-free life. Since 2016, an estimated 16 million patients have been treated in over 8,000 Angels hospitals worldwide, including more than 1,400 new stroke-ready hospitals established across the world with the help of Angels.

Find out more by visiting angels-initiative.com

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Mentorship master class



Tamara Zabashta, coordinator of the Stroke Mentorship Program for Sub-Saharan Africa

Alumni of the first Stroke Mentorship Program for Sub-Saharan Africa report on a process they say offered a master class in personal and professional growth, cementing the importance of leadership, teamwork, lifelong learning, resilience, and maintaining a patient-centered approach to healthcare.



Dr Eskedar Seleshie Demessie

Dr Eskedar Seleshie Demessie

Internal Medicine Specialist
Feleghiwot Comprehensive
Specialized Hospital
Bahirdar, Ethiopia

Her mentor: **Dr De Vries Basson**, Physician (Internal Medicine), Mediclinic Durbanville, South Africa, and Head of Internal Medicine at Karl Bremer Hospital.

ESKEDAR'S STORY:
"I think differently about leadership and change"

I was born and raised in Ethiopia. My mother is a teacher and my late father was a history and geography teacher, who later became a lawyer and a talented songwriter. My family deeply valued education, service and community engagement. As children, my late father would regularly challenge us to learn world maps, countries, capitals and flags, inspiring us to develop a global outlook from an early age.

Beyond his professional work, he was actively involved in community development and public health initiatives. He started leading and supporting HIV/AIDS awareness and prevention campaigns in the early 2000s. He also published a magazine focused on HIV care and authored a small educational book that addressed treatment adherence, encouraging people to take their medication while maintaining their spiritual practices. In high school, I served as an editor for the magazine and helped translate articles from English into Amharic, making information more accessible to local communities.

Through these initiatives, I was exposed to the healthcare sector from an early age.

I chose medicine because I was able to witness firsthand the profound impact that illness has

on individuals and families, as well as the significant shortage of physicians in my community. I obtained my medical degree from Mekelle University, and completed my post graduate degree in Internal Medicine at Bahirdar University.



Dr De Vries Basson

I now serve as senior internal medicine physician at Felegehiwot Comprehensive Specialized Hospital in Bahirdar. Alongside my clinical role, I serve as department head of internal medicine and lead stroke pathway development and stroke care quality improvement initiatives, participate in clinical research and mentor junior colleagues.

Stroke is the leading cause of mortality in my hospital. Many

stroke patients don't get evidence-based care because of system challenges and resource limitations. I realized that by preparing a designated area it was possible to provide a more organized and evidence-based care that would ultimately improve stroke care, and potentially save more lives and reduce disability than individual clinical decisions alone.

I heard about the Angels mentoring program while I was attending the 5th African Stroke Organization Conference in 2025.

My mentor is an excellent person, who had been in a similar situation about 10 years earlier in his hospital, and therefore understands our realities. From the beginning, he was fully committed to making this work. We had weekly meetings and frequent discussions whenever challenges arose. Together we were able to decide on the direction that would make us successful and explore what this initiative could become.

We reviewed the need at our hospital and agreed on goals that were practical and measurable. We prioritized establishing a dedicated stroke corner as the foundation for a future comprehensive stroke unit by implementing evidence based stroke protocols, introducing NIHSS as a routine assessment tool, reducing preventable complications such as aspiration pneumonia and venous thromboembolism, developing a clinical dataset and strengthening multidisciplinary collaboration.

While we have now successfully established a functional dedicated 12 bed stroke unit, introduced standardized protocols for acute and post-acute stroke management, and conducted coaching for professionals working in the unit, our work has just started. Over the coming months we aim to continue making the unit functional, expand staff training, introduce intravenous thrombolysis, and continue building the system essential for comprehensive stroke care.

Ultimately our vision is to establish one of Ethiopia's leading comprehensive stroke centers capable of delivering internationally benchmarked stroke care.

My mentor's greatest contribution was helping me think differently about leadership and change. Rather than focusing on limitations, he encouraged me to identify

opportunities, stay focused, prioritize achievable goals, identify small wins, and build from there.

His practical experience in developing stroke services, combined with his constant encouragement and feedback, strengthened my confidence and emphasized the importance of teamwork, resilience and measuring progress as we go forward.

The program has expanded my international professional network, increased my confidence to lead institutional changes, and helped my long-term vision of helping establish a comprehensive stroke center in Ethiopia, while contributing to the broader stroke revolution across Africa.



Mary Jepkemboi Kwambai

Clinical Nurse Educator in the Emergency Department at Moi Teaching and Referral Hospital, Eldoret, Kenya.

Her mentor: Dr Francisco Moniche, Head of the Neurology Department at Virgen del Rocío University Hospital and the Biomedicine Institute of Seville (IBiS) in Spain.

MARY'S STORY: "We share a passion for saving lives"

My journey began in Kaptilol, a remote village in the Kaptarakwa area of Elgeyo Marakwet County, Kenya. Raised by hardworking farmer parents, my upbringing was anchored in a strict Christian faith and profound generosity. In a place where material wealth was scarce, my parents taught me that true

abundance is measured by what you give away.

I completed my secondary education St. Agatha Mokwo Girls High School in 1994 and in 1999 graduated from Kenya Medical Training College as a Kenya Registered Community Health Nurse.

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My special interest in stroke care stems directly from **my roots in Kaptilol village** and **my decade of experience in the MTRH Emergency Department.**

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For the next ten years, I worked on the frontlines of healthcare in various departments, managed scarce resources, comforted grieving families, and led clinical teams with deep determination. After 10 years of service, I went back to college. I earned a Bachelor of Science in Nursing and a Master's degree in Maternal and Neonatal Health from the Moi University College of Health Sciences, Kenya.



Dr Francisco Moniche

My clinical career is defined by over two decades of dedicated service at Moi Teaching and Referral Hospital (MTRH). For the past ten years, I have anchored the high-stakes environment of the Emergency Department as a Clinical Nurse Educator, managing and teaching critical care protocols for medical, surgical, and gynecological emergencies.

My special interest in stroke care stems directly from my roots in

Kaptitol village and my decade of experience in the MTRH Emergency Department. As a young girl, I always had a deep desire to care for the vulnerable, often helping the elderly in my community. When I became an Emergency Clinical Nurse Educator, I saw firsthand how devastating a stroke can be to elderly patients and their families. Witnessing the immediate, life-changing impact that rapid triage and the FAST protocol can have on a patient's survival and recovery sparked my passion.

My goal is to ensure that no matter how remote a patient's background is, they receive immediate, high-quality, and time-sensitive care the moment they reach the hospital

I first learned about the stroke mentorship program through the Angels Initiative website and during the 2025 Angels Day in Kenya. I was prompted to apply by the urgent need to bridge the gap between advanced stroke guidelines and frontline emergency nursing.

Our very first physical meeting was a landmark moment, held in Nairobi Pullman hotel, in February 2026. Prior to this, my mentor and I had already laid a solid foundation using Zoom meetings and email exchanges to align our vision and share our core mentorship objectives. However, meeting face-to-face truly solidified our bond as a team.

My mentor, Dr. Francisco Moniche, showed absolutely no hesitation in working closely with me as a nurse. Despite our different countries, cultures, and clinical roles, we shared an immediate, mutual passion for saving lives. Together, we analyzed the specific operational needs of MTRH and mapped out precise, realistic objectives that focused on using the FAST protocol to optimize emergency triage to reduce door-to-needle times, and the FeSS protocol which drastically reduces post-stroke complications and mortality.

Beyond clinical training, Dr Moniche and I prioritized public awareness strategies, designing approaches to educate the community surrounding Uasin Gishu counties.

Initially, I was a bit nervous about the cross-cultural and multi-disciplinary dynamics. I wondered how a doctor from Spain would relate to a nurse working in Kenya, and whether our different healthcare systems would create gaps in communication or strategy.

Dr Moniche helped me navigate operational hurdles, completely transforming my perspective on change management. Whenever I felt overwhelmed by institutional resistance, he reminded me that systemic change is an iterative process that requires patience, data, and steady leadership.

He taught me to view barriers not as dead ends, but as data points to refine our strategy. Instead of demanding immediate perfection, Dr Moniche showed me how to break down complex protocols into smaller, digestible training modules for my staff.

Beyond the clinical protocols and medical sciences, this mentorship program served as a profound master class in personal and professional growth. It completely reshaped my understanding of global collaboration, operational discipline, and human connection.



Dr Dorice Lucas Shangali

Dr Dorice Lucas Shangali

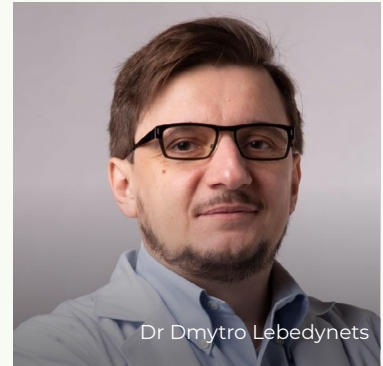
Physician and coordinator of stroke care activities at Bugando Medical Centre, Mwanza, Tanzania.

Her mentor: Dr Dmytro Lebedynets, Ukrainian neurologist, head of the Stroke Center at Feofania Hospital in Kyiv, associate professor at Kharkiv National University, and founder of the Ukrainian Stroke Medicine Society.

DORICE'S STORY: "My mentor's support quickly built my confidence"

I was born in Rombo District, Kilimanjaro Region, Tanzania, and raised in a supportive and

disciplined family. My parents placed a strong emphasis on education, hard work, and compassion for others. Growing up in such an environment encouraged me to pursue my academic goals with determination. I completed my primary and secondary education in the Kilimanjaro Region in Tanzania.



Dr Dmytro Lebedynets

My motivation to study medicine came from a personal family experience. My sister frequently suffered from illnesses throughout her childhood, and watching her struggle I realized how much skilled healthcare professionals can change people's lives. I wanted to become someone who could help patients suffering from illnesses, especially those with limited access to quality healthcare. I earned my Doctor of Medicine degree from Kilimanjaro Christian Medical College in Tanzania.

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I wanted **guidance and mentorship on implementing evidence-based acute stroke care**, optimizing the appropriate use of these valuable and expensive medications, and **improving access** to timely treatment for more patients in our community.

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Since 2024, I have worked as a physician and coordinator of stroke care activities in the neurology unit (which falls under the internal medicine department) at Bugando Medical Centre in Mwanza.

My interest in stroke developed through my clinical practice, where I witnessed the devastating impact stroke has on patients, families, and communities. I recognized that many stroke-related disabilities could be prevented or reduced through timely diagnosis, evidence-based treatment, and effective rehabilitation. This motivated me to improve my knowledge and contribute to better stroke care.

I first learned about this mentorship program through my academic role model, Dr. Sarah Matuja, who is currently a stroke care project lead in Tanzania. I also came across information about the program on the Angels Initiative website. I was motivated to participate because our hospital received a donation of thrombolytic medications for the treatment of acute ischemic stroke. Despite having these life-saving medications available, many eligible patients arrive too late from home or are referred late from other hospitals, limiting their use. I wanted guidance and mentorship on implementing evidence-based acute stroke care, optimizing the appropriate use of these valuable and expensive medications, and improving access to timely treatment for more patients in our community.

I expected to gain advanced clinical knowledge, practical guidance on stroke management, research skills, leadership experience, and professional networking opportunities with experts in stroke medicine.

My first meeting with my mentor was welcoming and encouraging. Dr. Lebedynets created an open environment where I felt comfortable discussing my goals and learning needs. He was supportive, approachable, and genuinely interested in helping me develop professionally.

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I believe my mentor gained greater insight into the challenges of providing stroke care in resource-limited settings.

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Together, we identified my strengths and areas that required improvement. We established realistic and measurable goals focused on enhancing my clinical knowledge of stroke, improving patient management, strengthening research skills, and expanding my professional development. Initially, I was concerned about whether I would meet the expectations of the program and effectively balance my clinical responsibilities with the mentorship activities. However, my mentor's support quickly built my confidence.

We communicated regularly through online meetings using platforms such as Zoom or Microsoft Teams, email, and WhatsApp. We also met physically once during Angels Day in Nairobi, Kenya, in February 2026. Each online meeting lasted approximately 30 minutes to one hour, allowing enough time for meaningful discussion and feedback.

The mentorship significantly improved my confidence in stroke diagnosis and management. It strengthened my clinical decision-making, broadened my understanding of evidence-based stroke care, and inspired me to become more involved in stroke education and quality improvement initiatives.

I believe my mentor gained greater insight into the challenges of providing stroke care in resource-limited settings. Through our discussions, he also learned about the realities of healthcare delivery in Tanzania and the innovative approaches clinicians use to overcome limited resources.

Beyond clinical knowledge, I learned the importance of leadership, effective communication, teamwork, professional networking, lifelong learning, resilience, and maintaining a patient-centered approach to healthcare.



Back from left: Mateusz Stolarczyk, Dr Dorice Lucas Shangali, Dr Eskedar Seleshie Demessie, Mary Jepkemboi Kwambai, Rita Rodrigues, Belen Velazquez, Thea-Maria Leinbohm. Front from left: Dr Dmytro Lebedynets, Dr Francisco Moniche, and Dr De Vries Basson.

Miracles and Diamonds



Courage, confidence and consistency have brought this small, eager Durban hospital success beyond their wildest dreams.

SET on an elevated coastal ridge that overlooks the residential suburbs of Overport and the Westville central business district, Lenmed Shifa Private Hospital is both a bright spot and a dark horse. Somewhat smaller than its neighbors in lush, green Berea, and only a third the size of ultra-sophisticated Lenmed Ethekwini Hospital and Heart Centre a 15-minute drive away, this hospital surpassed even its own expectations when, early in 2025, it became only the third diamond hospital in the Lenmed healthcare-group.

Then, as if to show beyond doubt that this was more than a stroke of luck, they maintained their diamond status in every subsequent quarter. Now with five diamonds in their crown, it's time to pause and reflect on what makes Lenmed Shifa Private Hospital a beacon of hope for stroke patients.

It's their willingness to learn and improve, says Dr Zaynah Dangor, the resident neurologist as both Lenmed Shifa Private Hospital and Lenmed Ethekwini Hospital and Heart Centre. Dr Dangor confesses that, given a relatively small number of patients compared to 12-times-diamond winner Lenmed Ethekwini Hospital and Heart Centre, she had expected a steeper learning curve when the team at Lenmed Shifa Private Hospital embarked on their stroke care journey.

"I was a little worried, to be honest," she says. "Compared with our sister facility we did not see the same volume of patients with acute stroke presenting within the timeframe for thrombolysis."

But fewer patients simply meant learning faster, and success arrived rapidly, literally within months of their enrolment with Angels in September 2024.

Angels consultant Maxeen Murugan lays out the timeline: Shortly after enrolment, quality manager Sarika Hiranman signed on as stroke champion and rolled out an online training program using the resources in the Angels Academy. In October, Lenmed Shifa Private Hospital's Emergency Department practice chief Dr Omashan Naidoo attended an eye-opening regional Angels workshop and by mid-

January the hospital had registered with RES-Q. Their Angels stroke bag arrived in February. March brought a pathway simulation, and a multi-disciplinary meeting also involving the Lenmed head office clinical team, and when the April deadline arrived for quarter one results, Lenmed Shifa Private Hospital was officially a diamond hospital.

We have lift-off

Kereson Moonsamy, who, having risen from the ranks of finance clerk, became a hands-on, passionate and empathetic hospital manager at the age of 30, has a list of reasons why his hospital tasted success early on. One is that, once Maxeen had demonstrated the potential benefits to doctors, patients and the community, everyone quickly got on board. They set themselves two goals – to treat patients fast and to the best of their ability, and to create a culture of continuous improvement. Head office support and the example of the multidisciplinary team at Lenmed Ethekwini Hospital and Heart Centre boosted their confidence. They built a strong and disciplined team who trust each other, and constantly scrutinize their performance for opportunities to improve.

"If the data shows even a five-minute delay," Kereson says, "we ask why, what can we do better."





From left, ED chief Dr Omashan Naidoo, resident neurologist Dr Zaynah Dangor, hospital manager Kereson Moonsamy, ED unit manager Kubeshnee Subramany, and Angels consultant Maxeen Murugan.

Most of the core team have joined the conversation, including Dr Omashan Naidoo who works on the frontline as head of the Shifa Private Hospital Emergency Department. He was there the day Lenmed Shifa Private Hospital's stroke team thrombolysed their first patient – a staff member's husband who'd had a stroke during a routine medical appointment. Treating a member of the hospital's extended family added to the pressure, he says.

The entire team waited anxiously for the outcome.

The patient when he arrived had lost the ability to speak, but the effect of the treatment was almost immediately evident, and he was soon able to resume his normal life.

The stroke program at Lenmed Shifa Private Hospital now had lift-off.

An 'eager' hospital

She was a bit taken aback when she heard Lenmed Shifa Private Hospital was intent on becoming a stroke-ready hospital, says emergency department unit manager Kubeshnee Subramany who was working in the Emergency Department at Lenmed Ethekwin Hospital and Heart Centre at the start of its own stroke journey in 2022. She knew what it took. "Would we be able to do it here?"

A keen-to-learn emergency department team motivated by positive patient outcomes supplied the answer.

Stroke patients now have an expeditious path to treatment. A stroke alert brings the entire team to the floor, radiology and pathology are notified, and the patient is examined by the emergency department doctor on duty within five minutes of arrival, Kubeshnee says. Then it's up to the CT scan, and back down to emergency department once the therapeutic decision has been made, always with the aim of beating their personal best of 23 minutes. Future plans to bring patients directly to radiology and start treating at CT will save even more precious minutes.

Success came quickly because they didn't have to reinvent the wheel, Sarika Hiran says. "There were existing protocols, we only had to adapt, learn, understand and implement. Success doesn't need years of planning. You need the right

people, the right mindset, and the ability to adapt to change."

The stroke program was Sarika's first major project as quality manager and she jumped at the opportunity. Analyzing clinical data is part of her mandate to drive continuous improvement. She finds data capturing on RES-Q a simple process, and makes a point of sharing feedback with the team in multidisciplinary meetings that Maxeen describes as remarkably free of finger-pointing.

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One diamond award is a proud achievement; five consecutive diamonds are a whole other ball game.

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Lenmed Shifa Private Hospital is (in Kereson's words) an "eager hospital", and this is a unified team.

Miracles and diamonds

It's easy to hit the top, but hard to stay there, Kereson says. One diamond award is a proud achievement; five consecutive diamonds are a whole other ball game. It's about discipline, Kereson says. "We cannot drop our guard; we have to keep getting better."

As word spread of the hospital's stroke care excellence, their patient numbers have doubled. This creates more pressure, for which the remedy is even tighter discipline.

Dr Dangor says there are two reasons why Lenmed Shifa Private Hospital's

stroke team has been so remarkably consistent.

"Once anyone receives a diamond award, the pressure is on to maintain it. A loss of that accolade would feel like we have dropped the ball, equivalent to failing the patient. As health professionals, that certainly goes against our natural inclination to act, to preserve and to protect.

"The second reason is that the team also starts to believe in themselves and in the process. Emergency staff are often afraid to thrombolysate patients with acute stroke for the first time because they are dealing with the unfamiliar, in a situation that carries risk, in an organ that is indispensable. When they watch resolution of focal neurological deficits within minutes, it is incredibly rewarding – and almost miraculous."

Success comes from consistency and confidence, Dr Omashan Naidoo concurs. Driven by a desire to help people, he says the life of the patient is the real diamond. One of those diamonds was on the agenda at the handover of their first World Stroke Organization Angels Award back in 2025, as the colleague whose husband they'd saved with their first thrombolysis had a turn at the podium.

And speaking of podiums... Almost two years after a regional Angels workshop convinced Dr Omashan that the team at Lenmed Shifa Private Hospital could step up to the plate, he was a key speaker at just such a workshop, with a presentation on a multidisciplinary approach to stroke care.

Putting the spotlight on their achievement was a strategic move by Maxeen who has seen in the past how the courage displayed by a smaller facility can inspire bigger centers to reevaluate their own standards. As she'd expected, many doctors at the workshop were amazed to learn Lenmed Shifa Private Hospital had made such strides and reached and sustained such lofty standards.

But in the end the most surprising thing about Lenmed Shifa Private Hospital's success is that anyone was surprised at all.



Clinical and Technical Expert, Rene Ackerman, Group Chief Medical Officer at Lenmed Health, Dr Nijesh Patel, hospital manager Kereson Moonsamy, Chairman of the Lenmed Board, Prakash Devchand, Group Head of People and Culture, Bhavani Jeena, Group Nursing Services Manager, Fathima Mahomed, and Group Head of Operations, Jayesh Parshottam.

Everyone can be a cadre



Indonesia's first Angels Region has shown that the collectivist spirit that characterizes Indonesian society is a powerful weapon in the fight against stroke.

SLEMAN is a regency located on the island of Java inside Yogyakarta Special Region, an autonomous province uniquely governed by a monarchy, which is led by the Sultan of Yogyakarta.

Recognized as a strategic agrarian hub, the regency is blessed with thick, fertile soil, and no fewer than 29 higher education institutions make it a welcoming home for fertile minds.

Sleman also enjoys the distinction of being Indonesia's first Angels Region, having been formally elevated to that status on 11 May at a high-level gathering at the Pendopo Parasamya, Sleman Regent's office.

To become an Angels Region, Sleman had to demonstrate its stroke readiness in four areas. That meant having enough stroke-ready hospitals to serve its population, WSO Angels Awards for all the

hospitals in the stroke network indicating a high standard of care, stroke-ready emergency services that met the criteria for an EMS Angels Award, and public awareness education through implementation of the FAST Heroes program.

But by meeting the standards for Angels Region status Sleman has also shown its heart.

As a community that values helping each other and working collectively to achieve shared goals, Sleman already had all the qualities needed to become an Angels Region. It was only a matter of measuring, monitoring, and improving performance to ensure the citizens



of Sleman are protected from death and disability as a result of stroke.

The beginning of the story

This is not our first meeting with Dr Eni Nurhidayati, Sp.S, neurologist at RSUD Sleman (Sleman Regional General Hospital) where she has been shaping neurological care since 2013. Dr Eni's interest in stroke is a tribute to her late father who passed away as a result of stroke in 2014, when thrombolysis had not yet been implemented in Indonesia. It left Dr Eni determined that every eligible patient should receive the treatment they need, and every patient be given the best chance for recovery.

Her story was captured by Angels consultant for Central Java, Dr Fiarry Fikaris, in February 2025, in an article titled "Golden Threads Woven by RSUD Sleman". But that, Dr Fikaris





In Indonesia, a health cadre is a trained, community-selected volunteer who serves as the vital link between primary healthcare facilities (Puskesmas) and local communities.

Puskesmas are the first port of call for patients and their role in detecting stroke symptoms and provide fast and accurate referrals is therefore vital. Once a Puskesmas doctor herself, Dr Eni had already capitalised on an opportunity to save more lives by training Puskesmas about stroke.

explains, was just the beginning of the story. “The rest is persistence to make even broader impact beyond the hospital.”

Back in 2025, RSUD Sleman had just won their third successive WSO Angels gold award, the result of evaluating previous cases, identifying gaps and taking corrective action. Analysis of their data had also highlighted a need for public awareness and lead to a collaboration between the hospital and Puskesmas, the primary healthcare facilities that provide the first level of care.

aDr Rakhian Listyawan, Sp.N, FINA, the Sleman's Regent, H. Harda Kiswaya, S.E., M.Si, and Dr Gregorius Anung Trihadi, M.P.H of DI Yogyakarta's Regional Health Office, representing the provincial governor.

They had all supported the stroke-ready region efforts all along. They had all become cadres in the fight against stroke.

Carrying the burden together

When everyone can be a stroke patient, everyone can be a cadre. That is the message from Dr Eni who rallied the region's community health volunteers to meet public awareness targets.

Now she turned to cadres to build the next link in the chain.

Given that a high cultural value is placed on doing something for one's neighbors, volunteering as a cadre is held in high regard. The deployment of cadres also means that health news travels fast. Furthermore, Dr Fikaris says, by activating the cadres concept to promote the goals of the FAST Heroes campaign, the program was incorporated and streamlined into the local culture.

Now officially an Angels Region, Sleman has shown that the collectivist spirit that characterizes Indonesian society is a powerful weapon in the fight against stroke, and that a community that supports one another is also one that carries the burden of stroke together.

When everyone can be a stroke patient, everyone can be a cadre.

Less than 18 months later, Sleman Regency has six award-winning hospitals including, in addition to RSUD Sleman, RSUP Dr. Sardjito, RSA UGM, RS JIH Yogyakarta, RSIY PDHI and RS Hermina Yogyakarta. Sleman Emergency Service has likewise been recognised for its achievements in stroke care, its collaboration with Dr Eni leading to a diamond award.

Commitment and the realization that everyone can be a stroke patient were the key drivers of the region's success, Dr Eni says, and the guest list and agenda at the celebration on 11 May testified to broad support from regional government and health officials. Speakers included Perdosni (Indonesian Neurologist Association) Yogyakarta's representative,



Hope shaped like an island

It's mindset, not location that counts. That is the lesson from Madeira, the first island in Europe to become an Angels Region.



CREATED five million years ago from volcanic explosions, Madeira is an archipelago and autonomous region of Portugal situated in the North Atlantic Ocean, about 805 km southwest of mainland Portugal and roughly 500 km from the African coast. Annually, more than 2 million tourists descend on the main island Madeira and its smaller neighbor Porto Santo, to enjoy its year-round spring weather, its rich landscape of high cliffs, steep valleys, and natural volcanic swimming pools, whale and dolphin watching, hiking the world's largest prehistoric laurel forest, and drinking its famous fortified wine.

But no tropical island paradise is exempt from the challenges in health service delivery as a result of geographic isolation, resource limitations, and high demand during peak seasons. These are exacerbated in the case of time-dependent emergencies like stroke.

Defying geography

Madeira's 250,000 residents and scores of holiday makers are fortunate to have access to Hospital Nélio Mendonça, which also happened to be the birthplace of soccer legend Cristiano Ronaldo on 5 February 1985. Located in the capital Funchal, the hospital got a stroke unit in July 2009. They were among the first hospitals in Europe to register with Angels in November 2016, and introduced a thrombectomy service in March 2019. They won their first ESO Angels Award in Q3 of 2021, and had won six more by the start of 2025 when they and

consultant Inês Carvalho began the process of converting Madeira into Europe's first island Angels Region.

Inês had gotten to know Hospital Nélio Mendonça's stroke coordinators at national conferences, and shared the view that geography shouldn't decide outcomes. Even in the middle of the Atlantic Ocean, everyone should have the same opportunity of being treated, Inês says.

The best access to quality stroke care for the people of Madeira and their guests would come from greater public awareness and optimized emergency transport in addition to the stroke services already available at the island's main hospital. Becoming an Angels Region would tick all these boxes. At the same time, it was an opportunity for Hospital Nélio Mendonça to take their performance up another notch.



Connecting with decision makers

Inês's approach was twofold. One was to consult widely with all the teams involved in stroke care, including the prehospital, stroke unit, emergency department, and thrombectomy teams. Small working groups then agreed on opportunities for improvement, and activities to address gaps.

Equally important was connecting with decision makers in the departments of health and civil protection, and education, whose support she solicited via personalized letters. Working with local government is crucial for achieving Angels Region status, and here geography counted in her favor.



They're a bright spot because they're **always** focused on solutions.



Because Madeira is an autonomous region of Portugal, local authorities can make decisions fast and independently of the mainland.

Local government support was particularly effective in bringing on board the Regional Emergency Medical Service (SEMER) which had yet to meet the criteria for Angels Region status. Prehospital care on



the islands is provided by firefighters and volunteers and made more complex and challenging by the distance between Madeira and Porto Santo. Helicopter transfers from Porto Santo to Funchal take under 15 minutes but only when Madeira is living up to its nickname, 'Island of Eternal Spring'. Extreme weather events are becoming more intense as a result of climate change.

Inês's intervention took the form of protocol adjustments backed up by a series of trainings. She also arranged training for health centers, as uneven EMS cover can lead to patients consulting primary care providers in an emergency.

On top of the mountain

As for Hospital Nélío Mendonça, the doctor prescribed a blind simulation with the EMS to trouble-shoot prenotification and communication, as well as training for the emergency department and stroke unit. Inês also addressed priority actions to reduce delays in door-to-groin time in a round table discussion with the

stroke code and thrombectomy teams and recruited HCP support for the schools-based FAST Heroes stroke awareness campaign, which had gotten off to a slow start.

Remote islands tend to be close-knit communities where everyone seems to know everyone and their cousin. By leveraging a network of aunts and neighbors and parents and teachers, FAST Heroes implementation met its target in under six months, removing the last barrier to Madeira becoming an Angels Region.

The numbers spoke for themselves. Over a period of six months, EMS prenotification had increased from 32 percent to 71 percent, and patients treated at CT from 13 percent to 68 percent. In Q2 of 2025 both the hospital and SEREM won their first diamond award. On 17 March 2026, Madeira celebrated becoming Portugal's second Angels Region, and in April, Hospital Nélío Mendonça met another milestone by become an ESO certified stroke center.

They were indeed, as Inês says, "on the top of the mountain".

A bright spot

Madeira may be 800 km away from the mainland, but they are nevertheless a good example for the rest of Portugal, Inês says. "They're a bright spot because they're always focused on solutions."

Perhaps it's that being an island makes you agile and adept at maximizing resources.

Solutions that expand treatment access have included implementing a hub and spoke model in the middle of the ocean to offer a thrombectomy service to the Azores more than 250 nautical miles away and making CT imaging available on Porto Santos. That way patients on the smaller island can be assured of access to thrombolysis for acute stroke, no matter what the weather gods have up their sleeve.



Shared progress, shared pride

‘The most important part of becoming an Angels Region is not the final recognition, but the shared growth process.’ This is the lesson from Argentina’s first Angels Region, Mendoza.

IF an Angels Region is one where institutions collaborate to ensure the best possible outcomes for stroke patients, then you could make the case that Mendoza has been an Angels Region since around October 2024.

That was when an agreement was signed between the Ministry of Health and the Angels Initiative to implement and grow the Provincial Stroke Network so all stroke patients in Mendoza province could access emergency treatment and quality care, no matter where they lived. The official launch took place on 29 October, and from that moment on, says Angels consultant Romina Delgado, the operation of the network across the rest of the province was formally established.

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With 10 as the goal, the network has already expanded to seven hospitals, three of which have so far won WSO Angels Awards.

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But the groundwork was laid much earlier. The telemedicine network TeleACV was conceived in August 2021 as the answer to maximizing the availability of stroke care in the province. Hospitals with no neurology department, but which had a CT scanner, intensive care unit, and the capacity to offer round-the-clock care, would connect via video call to the Central Telestroke Unit (UTAC) located in the Luis Lagomaggiore Hospital, and receive support with assessment, diagnosis, therapeutic decision making, and post-acute care.

The first Peripheral Telestroke Unit (UTAP) became operational at Malargüe Regional Hospital about 350 km from the provincial capital in August 2022, followed one year later by Hospital Regional Antonio J. Scaravelli in Tunuyán and Hospital Enfermeros Argentinos in General Alvear.

With 10 as the goal, the network has already expanded to seven hospitals, three of which – Hospital Luis Carlos Lagomaggiore, Hospital Carlos Saporiti and Hospital Schestakow – have so far won WSO Angels Awards. Hospital Schestakow became the

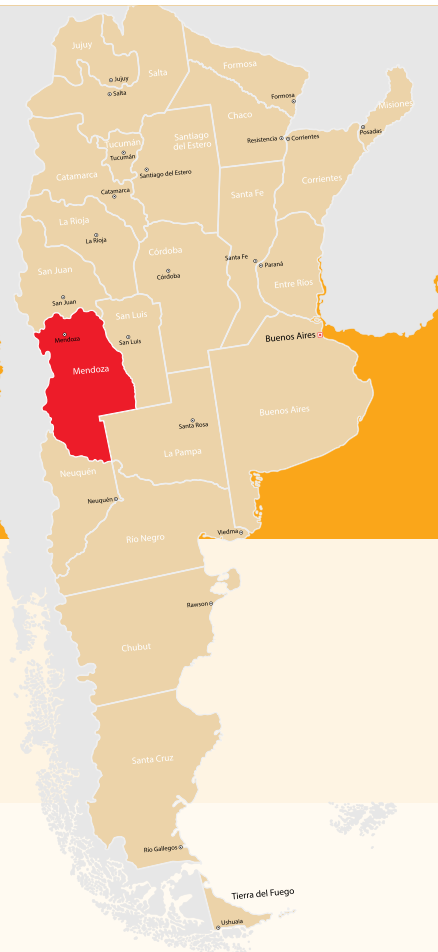
province’s first diamond hospital in Q4 of 2024.

Also among the awards is Hospital El Carmen de OSEP, one of two private hospitals that also submit their data to the stroke quality improvement registry, RES-Q.

The entire network participates in data reporting, Romina says. “Although only four hospitals were required to qualify as an Angels Region, Mendoza has consistently monitored quality through RES-Q, progressively incorporating more hospitals.”

Even hospitals that admit too few stroke patients to qualify for an award continue to register data because data collection is essential for identifying opportunities for improvement, Romina says. “This approach has already delivered concrete results, and the goal is for all hospitals in the Angels Region to continue progressing in stroke care quality.”

Mendoza is Argentina’s first Angels Region (although the distinction is now shared with Córdoba Capital and Maipú).



The enthusiasm and support of both the Minister of Education and the Minister of Health were key to achieving this goal as it provided institutional backing, facilitated coordination among stakeholders, and enabled sustained and orderly implementation of the Angels Region. "They were there from the beginning," Romina says.

There even before the beginning, has been Dr Federico Giner, neurologist and stroke coordinator at Luis Lagomaggiore Hospital. A true Angels ambassador, Romina says he played a central role in coordinating the Provincial Stroke Network and in implementing the Telestroke Network in Mendoza.

Shared progress

There are now well over 100 Angels Regions around the world, and without exception they are located in communities that have displayed collective goodwill and mastered teamwork. Good stroke care needs maximum coordination and collaboration, and so does safeguarding the chain of care for stroke. That chain may start in the patient's home, in a public square, a shopping mall, or alongside a

sportsfield, and to keep a stroke from becoming a catastrophe, symptom recognition and immediate transfer to a stroke-ready hospital are vital. This is why public awareness and a stroke-ready prehospital service are criteria for Angels Region status.

The Coordinated Emergency Service of Mendoza (SEC) is the province's public prehospital emergency medical service. It is a centralized system under the Ministry of Health of the Province of Mendoza, and coordinates emergency care throughout the provincial territory, including the referral of patients with suspected stroke to the appropriate hospitals.



Angels consultant Romina Delgado

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The final piece of the puzzle was also the first link in the chain of survival.

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To qualify for the EMS Angels Award that is a requirement for Angels Region status, several key interventions were implemented, including intensive training, stroke-focused simulations, and the development and implementation of a prehospital stroke protocol.

Expanding training to SEC call center operators was a critical step for early detection and correct patient referral. This helped resolve a critical bottleneck in the system, Romina says.



The most striking indicator of the impact of these interventions is the improvement in joint work between Central Hospital Mendoza and the SEC. Hospital records show that prenotification increased from 33 percent 2024 to 100 percent in 2025.

Prenotification is a critical communication that allows for immediate stroke team activation, faster imaging, and quicker treatment. This improvement

was decisive for both the SEC and Central Hospital to receive Angels Awards, Romina says. The SEC has been rewarded for outstanding performance with two EMS Angels diamond awards.

Mendoza Provincial Police members have also been trained to identify stroke signs and symptoms. Romina explains that due to their almost permanent presence in public spaces, they act as first

responders and the first recipients of emergency calls. "In Mendoza, emergency calls are made through the 911 system, where the initial response is handled by the police, who then immediately refer the case to the SEC for medical assistance."

A symbolic moment

The final piece of the puzzle was also the first link in the chain of





survival. Public awareness of stroke is critical because immediate symptom recognition and action can lead to quicker medical intervention that drastically improves outcomes. This is why implementation of the FAST Heroes campaign is a criterion for Angels Region status.

In Mendoza the campaign benefited from strong interinstitutional coordination between the Ministry of Education, the General Directorate of Schools (DGE), the Ministry of Health, and the Angels Initiative, Romina says. The launch event on 16 September was attended by education authorities, including the Deputy Minister of Education Claudia Ferreras, Boehringer Ingelheim leadership, Angels regional leaders, and more than 600 students, marking the formal start of the campaign.

The DGE played a key role in territorial implementation, Romina says. This enabled the campaign to reach 33 public schools across different departments of Mendoza. She says, "The reception in schools was highly positive, with strong ownership of the message by the educational community and multiple initiatives led by schools themselves, extending the impact far beyond the classroom."

The campaign initially reached 2,000 students, later expanding to an additional 450 students from the Health Promoting Schools Program.

The participation of stroke-savvy superheroes from a local school delivered a heartfelt moment during the Angels Region celebration on 16 March 2026. The event took place at the Provincial

Legislature, and everyone was there – Vice Governor Hebe Casado, Minister of Health Rodolfo Montero, Deputy Minister of Health Carina Coparoni, Deputy Minister of Education Claudia Ferreras and her team from the General Directorate of Schools (DGE), OSEP authorities representing private hospitals, and representatives from the ten hospitals that make up the network and register data in RES-Q.

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Dare to start, step by step, with humility and a collaborative mindset.

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From Boehringer Ingelheim, General Manager Martín Cottone and Sol Espinosa attended, along with South America Angels Lead Deborah Ferreras and Maia Gomez, team leader for Argentina, Uruguay and Paraguay.

They witnessed not only official confirmation of Mendoza's Angels Region status, but also the formal declaration of the Angels Initiative as a Provincial Interest by the Provincial Senate. This represents a high-level political and institutional recognition of the Angels Initiative and of Mendoza's designation as the first Angels Region in Argentina, Romina says. "Although it does not have regulatory force, the declaration holds strong symbolic and legitimizing value. It endorses

the work carried out, and positions the province as a national reference in stroke care."

Shared pride

Yes, she feels enormous pride – above all, shared pride, Romina says. "This achievement is not individual; it is the result of the commitment, vocation, and sustained work of countless professionals who believed in the Angels Initiative."

Like in many other Angels Regions, Romina confirms that becoming an Angels Region has benefited this community beyond stroke care. It strengthens health awareness, she says, and improves coordination between health, education, and community sectors.

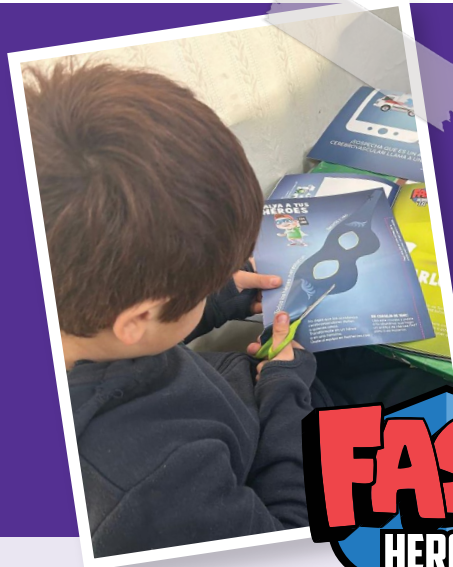
Her next objective is to support hospitals in the region through their certification processes. Currently, Mendoza has two certified hospitals – Central Hospital and Hospital Lagomaggiore – with two more waiting in the wings.

Romina says, "We are actively working on this in 2026, strengthening teams, promoting continuous improvement, and accompanying each institution according to its reality and pace."

To regions who want to emulate Mendoza's success, Romina's advice homes in on process rather than outcome.

"Dare to start, step by step, with humility and a collaborative mindset. Trust the teams, foster network-based work, and understand that the most important part is not the final recognition, but the shared growth process."

Volunteering becomes a movement



FAST Heroes volunteering in South America shows that volunteering is not just an act of goodwill—it is a strategic driver of sustainable community health impact, supported by the clinical and educational expertise of Angels.

IN South America, there are stories that begin as a small idea and end up transforming entire communities. The implementation of the FAST Heroes campaign through the SD4G Volunteering Program of Boehringer Ingelheim, in close collaboration with the Angels Initiative, is one of those stories.

What started as a regional educational pilot became a community-driven movement with real health impact, global recognition, and a model with strong potential to scale across the region.

The heart of the project: volunteers transforming realities

None of this would have been possible without the commitment of people who chose to give their time, energy, and social awareness, bringing the campaign to two schools located in vulnerable communities in Puente Alto, Santiago de Chile.

Volunteers were first trained to deeply understand the campaign, and then took on the role of trainers for teachers and school staff – a crucial step to ensure that the message reached families as well as students. Their purpose was clear: to empower each child to become a hero, capable of recognizing the signs of stroke and acting quickly.

It was an innovative approach, bringing a global campaign to vulnerable schools through presence, empathy, and collaborative work.

When children become heroes

At Maipo and Padre Hurtado schools in Santiago de Chile, more than 400 boys and girls participated in the program. They learned to identify warning signs, but also something deeper: that they themselves could take care of others.

The most moving aspect of the project was its multiplier effect.

Each child took the message home. As a result, more than 400 families also learned to recognize the signs of stroke through their children and grandchildren.

That is the power of well-oriented volunteering: transcending generations.



A closing moment that celebrated learning

At the beginning of December, participating children received their FAST Heroes diplomas in a ceremony filled with emotion and pride. Each diploma symbolized more than an academic achievement: it represented a family better prepared to face an emergency and a more protected community.

Additionally, Boehringer Ingelheim's global Sustainability team reaffirmed its support, enabling the model to expand to new vulnerable communities across South America. This ensures continuity, scalability, and – most importantly – more lives impacted.

Recognition that reflects a collective journey

Last October, this volunteering initiative was recognized with the Sustainability Award 2025 – More Potential, an acknowledgment that felt like an embrace of all the effort involved.

It was not the goal, but it was a beautiful consequence.

The award recognized our region's ability to unite volunteering, education, and purpose in a project that truly transforms lives.

When prevention starts in the classroom and reaches the entire community

The FAST Heroes experience in South America once again demonstrated that prevention could begin in a classroom, but its impact extends far beyond it. When a child recognizes a symptom, when a family knows what to do, when a community feels more prepared, a network of care is strengthened – one that saves lives.

This pilot not only opened doors for continued growth across the region; it also reaffirmed a purpose we share with the Angels Initiative in every step we take: bringing accessible knowledge closer to communities, reducing inequities, and giving more people the opportunity to act in time when facing a stroke.

The path that began in these schools in Santiago de Chile shows that when education, health, and community come together, change is real, deep, and lasting.

And this is just one of many stories that will continue to inspire our work in South America.



DEBORAH FERRERAS Regional Angels Lead

What value does volunteering bring to the Angels movement and the FAST Heroes campaign?

Volunteering not only supports the implementation of the FAST Heroes program and the development of additional Angels Regions, but it also inspires us and reinforces the idea that every one of us can contribute to stroke education.

How does a program like this contribute to Angels' mission to reduce health inequities and strengthen early stroke recognition?

This program reinforces our commitment to society to improve awareness of the importance of rapid stroke symptom recognition. It has a direct impact on the stroke patient journey and, as a result, contributes to improving patients' quality of life.



Rodrigo Campos and Miranda Rafael



RODRIGO CAMPOS Angels Lead Chile

What has been the impact of the volunteering program on the implementation of FAST Heroes in Chile?

There has clearly been a cultural shift around stroke. The campaign helped position stroke as a time-dependent emergency that can be recognized by the community. Children became agents of change by bringing the FAST message into their homes.

Volunteering has also acted as a sustainability driver: colleagues from different areas of the company developed a strong sense of belonging to the stroke network, ensuring continuity of the message beyond one-off campaigns.

There was also an impact on population awareness: increased recognition of symptoms, earlier activation of emergency systems, and a reduction of cultural barriers.

Why do you think it was valuable for the program to start in Chile?

Starting in Chile was crucial because our healthcare system reflects strong territorial diversity and a coexistence of public and private sectors, allowing us to validate the program's adaptability.

We have a high burden of stroke disease, and intervening directly at the critical point of early recognition helped create integration between healthcare, academia, and education, facilitating implementation.



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Chile gave us the space to learn, adapt, and demonstrate that **the campaign could be successfully implemented through the power of volunteering.**

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The momentum generated by Angels Regions over recent years allowed us to connect community awareness with clinical improvement. Ultimately, the Chilean experience shows that improving stroke outcomes begin in the community.

MIRANDA RAFAEL
SD4G Volunteering
Program Lead

What did you see in the campaign that made you feel it could become a community movement rather than just a pilot?

From the very beginning, I saw that FAST Heroes had a unique transformative power: it is a simple, accessible, and deeply human way to teach a message that truly matters. When I realized that children were not only learning but also taking the message home, I knew it was more than just another project. It had everything needed to become a community movement capable of reaching entire families and going beyond the classroom.

Why did you decide to start in Santiago de Chile?

We chose Santiago de Chile because we found a very well-prepared ecosystem: a strong local Angels team, an educational community interested in the FAST Heroes program, and highly committed volunteers. That context allowed us to test the model under an ideal balance of challenge and opportunity. Chile gave us the space to learn, adapt, and demonstrate that the campaign could be successfully implemented through the power of volunteering.

What lessons does this project offer about how volunteering can transform vulnerable communities?

This project reaffirmed that volunteering is a powerful tool for social transformation when it is carried out with dedication, empathy, and sustained involvement throughout the entire process. In vulnerable settings, what truly makes the difference is the relationship built: volunteers not only delivered a prevention message, but also provided ongoing support, trust, and accompaniment to each teacher. That sustained effort allowed the message to be adopted, shared, and integrated into families.

From your experience, how does volunteering enrich the lives of those who participate?

I deeply believe that volunteering transforms all of us. It connects us with different realities, reminds us of the value of empathy, and invites us to use our skills for a greater purpose. For many volunteers, this project meant discovering new abilities, building meaningful connections, and feeling part of change within a community. And that, inevitably, enriches you both personally and professionally.

The great escape

Gamification amplifies learning and creates lasting memories. This was the outcome for nurses attending the Brazilian Congress of Nursing in Neurology and Neurosurgery in São Paulo, where a Stroke Escape Room transformed knowledge into experience. By Andressa Santos.

NURSES attending the Brazilian Congress of Nursing in Neurology and Neurosurgery (CBraENN 2026) enjoyed an innovative, interactive training experience thanks to a Stroke Escape Room facilitated by Angels.

Far more than a game, the initiative provided an immersive clinical simulation, challenging the participants to apply technical knowledge, clinical reasoning, communication, and teamwork in a scenario that reproduced the urgency of stroke care.

The AVC Escape Room was executed with the support of Dr Marcelo Calderaro, co-organizer of the first World Stroke Organization stroke escape room at the World Stroke Congress in Barcelona last October. The Barcelona escape room had proved extremely popular with nearly all participants recommending that it return at future conferences. Reflecting on the inaugural WSO escape room, Dr Calderaro said gamification had shown, once again, that fun and education went together, “amplifying learning and creating lasting memories”.

Risk-free decision making

The original escape rooms were conceived as a game in which a team of players work together to discover clues, solve puzzles, and complete tasks in order to progress and achieve a specific goal. Their relevance for training is that they rely on a combination of gamification and simulation to deliver an active learning methodology. Adapted to the health area, they transform clinical situations into practical and safe challenges, allowing professionals to learn through experience and exercise risk-free decision making for the patient.

Escape rooms first became integrated into medical education around 2018 when they began to pop up at scientific meetings in the US. Medical centers and nursing schools were quick to adopt the format for emergency and multidisciplinary

training, especially after the Covid pandemic limited bedside experience.

The first documented escape room for acute ischemic stroke training was developed for a hospital in rural Indiana in 2019, by stroke educators Erika R. Millsaps and Allison who later wrote about their pioneering work.

The mission: save the patient

CBraENN 2026 was held at the Millennium Convention Center in São Paulo on 26 and 27 June, under auspices of the Association of Nursing in Neurology and Neurosurgery (ABENEURO). In the AVC Escape Room, congress-goers – mostly nursing professionals – were split into groups of up to seven participants, and given 15 minutes to complete their mission to correctly diagnose and treat the patient.

The experience was divided into two rooms. In the first, an Angels consultant explained the task and training format. Next, the group was led to the simulation room, where the stopwatch was started. During the challenge, the consultant observed





the team's progress and could offer a hint if they were struggling. However, each hint resulted in the loss of one minute in the total team time, further stimulating collective reasoning.

The scenario

In a room simulating a hospital environment, a patient lay on a stretcher, accompanied by his medical record. Several elements in this scenario functioned as clues to the resolution of the case.

In the patient's coat pocket was a card from the cafeteria, indicating the time he had drunk coffee. A disposable cup dropped on the floor reinforced this detail, allowing participants to conclude that the patient was still within the therapeutic window.



After correctly completing all the steps and administering the treatment, it was time for a team celebration: **"Patient saved!"**



A clock showed the current time, while a locked mobile phone and a piece of paper containing codes led participants to discover the password to access the device. By unblocking it, it was possible to visualize the CT scan, confirming a case of ischemic stroke in which thrombolysis was indicated.

Patient saved!

To administer the treatment, however, the team still needed to solve new puzzles.

The key to the padlock that protected the medication was hidden inside a Descarpack (perforated cutting box) and could only be found with the help of a magnet. Next, it was necessary to open a box containing a sheet that, when positioned on a whiteboard and illuminated by a flashlight, revealed a new code.

Only after solving this challenge was it possible to access the medication and establish that in this instance correct option would be tenecteplase, since there was a warning stating the infusion pump was unavailable.

After correctly completing all the steps and administering the

treatment, it was time for a team celebration: "Patient saved!"

Experience-based learning

All the teams completed the mission within the 15 minutes allowed. The role of the facilitators was crucial for maintaining the balance between challenge and learning and to ensure everyone remained motivated throughout the activity.

Having made their escape, participants then returned to the starting room for a debriefing session that included a video reinforcing fundamental concepts for stroke care. These included early symptom recognition, the significance of onset time, the concept that "time is brain", organization of the flow of care, effective communication between teams, collaborative work under pressure, and patient safety.

Education that transforms practice

In a scenario where every minute directly influences clinical outcomes, experiences that bring theory and practice closer together prepares healthcare professionals for delivering faster and safer evidence-based care.

Nursing occupies a strategic position throughout the stroke patient's journey, from the initial recognition and activation of the protocol to the coordination of care and monitoring of care indicators. In this context, active methodologies such as the Escape Room increase engagement, stimulate clinical reasoning and strengthen the role of professionals in building increasingly efficient lines of care.

The active participation of congress goers demonstrated the growing interest in innovative educational strategies, capable of integrating scientific knowledge, clinical practice and decision making in highly complex situations.

Every minute matters

Among the positive aspect highlighted by participants at the end of each session were that the activity had stimulated clinical reasoning and creativity, while delivering a differentiated and memorable experience that strengthened teamwork.

"Participating in the Escape Room was an extremely enriching experience," said Nurse Andreza Gomes da Silva N. Maeda, chief nurse at Santa Casa de Ituverava,

an award-winning hospital in one of Brazil's first Angels Regions. "The activity provided hands-on learning, fostering clinical reasoning, rapid decision-making, and teamwork – essential skills for caring for stroke patients. Activities like this strengthen continuing education and help ensure professionals are increasingly prepared to deliver prompt, safe, and evidence-based care. It was an honor to take part in this experience and share the moment with professionals committed to excellence in neurological patient care."

"Participating in the escape room was a very positive experience for testing not only technical knowledge, but teamwork, roles and well-defined responsibilities," said nurse Saulo. "The team was diverse, with professionals from various areas of neurology and other disciplines; this certainly helped us solve the task in the shortest time. It was a fun way to learn."



The enthusiasm shown by the participants reinforced the potential of the methodology as a tool for continuing education and professional development.

The Angels Initiative remains committed to the continuous training of teams and the strengthening of stroke care lines throughout Brazil. Because when we talk about stroke, every decision counts. Every minute matters. And every prepared professional can transform an outcome.



Giving life a chance.



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