Creating Optimal Systems of Care for Stroke Treatment

The American Heart Association’s Position

- Optimal stroke systems of care must be in place to facilitate the delivery of quality stroke care.
- Stroke systems of care should assist communities and providers in initiating prevention regimens applicable to broader populations.
- Stroke systems of care should support local and regional educational initiatives to increase stroke awareness, particularly among at-risk populations.
- Public education programs focused on stroke systems of care and the need to seek emergency care (by calling 9-1-1) should be designed and implemented.
- Emergency triage protocols should be developed and implemented that ensure that all known or suspected stroke patients are rapidly identified and assessed using a validated and standardized instrument for stroke screening, such as the FAST scale, LAPSS, or CPSS.
- The Comprehensive Stroke Center, Primary Stroke Center, Thrombectomy Capable Stroke Center, and Acute Stroke Ready Hospital framework provides an appropriate certification platform for hospital-based processes of stroke care.
- All stroke centers should develop a definitive plan for the identification and treatment of thrombectomy-eligible patients, which should include parenchymal or arterial imaging (CT or MR).
- Support systems should be established to ensure that all stroke patients discharged home have primary and specialized care arranged.
- All stroke survivors should receive a standardized screening evaluation during the initial hospitalization to determine if rehabilitation services are needed, and the type, timing, location and duration of such therapy.
- Efforts should be made to advance the use of technology and patient-reported outcomes, and to facilitate improved transitions in stroke care.

For more information and resources from the American Heart Association’s policy research department on stroke systems of care please visit: [https://www.heart.org/en/about-us/policy-research](https://www.heart.org/en/about-us/policy-research).

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**Fast Facts:**

1. Approximately 800,000 people in the US have a new or recurrent stroke each year.1
2. In 2015, the estimated total cost for stroke in the US was $66.3 billion, and this is projected to increase to $143 billion by 2035.2
3. A system of care that reduces stroke-related deaths by just 2-3% annually would translate into 20,000 fewer deaths in the US alone and ~400,000 fewer deaths worldwide.
4. Approximately 2% to 5% of acute ischemic stroke patients receive r-tPA.3
5. Ischemic stroke patients treated at certified Primary Stroke Centers have a 14% lower 30-day mortality rate than those treated at non-certified facilities.4
6. 32% of stroke patients receive rehabilitation care in a skilled nursing facility after discharge; 22% in an inpatient rehabilitation facility (22%); 15% at home health care.5