



Creating Optimal Systems of Care for Stroke Treatment

The American Heart Association's Position

- Optimal stroke systems of care should be in place to facilitate the delivery of quality stroke care.
- Stroke systems of care should assist communities and providers in initiating prevention regimens that are 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 patients' needs in seeking emergency care (by calling 9-1-1) should be designed and implemented.
- Emergency triage protocols should be developed and implemented to ensure that all known or suspected stroke patients are rapidly identified and assessed using a validated and standardized instrument for stroke screening, such as FAST Face Arm Speech Time (FAST) scale, Los Angeles Prehospital Stroke Scale (LAPSS), or Cincinnati Prehospital Stroke Scale (CPSS).⁷
- The Comprehensive Stroke Center, Primary Stroke Center, Thrombectomy Capable Stroke Center, and Acute Stroke Ready Hospital framework provide appropriate certification platforms for hospital-based processes of stroke care.
- All stroke centers should develop a definitive plan for 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 who are discharged have primary and specialized care arranged at home.
- All stroke survivors should receive a standardized screening evaluation during their 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 as well as to facilitate improved transitions in stroke care.

Fast Facts

1. Approximately 795,000 people in the US have a new or recurrent stroke each year.¹
2. 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.²
3. Only 66% of those surveyed in the 2014 National Health Interview Survey were knowledgeable about all five stroke symptoms and the importance of calling 9-1-1 during a stroke.³ Awareness was lowest among Hispanics, blacks, and those living in the Western United States.³
4. Among patients with suspected stroke who were taken to the hospital by Emergency Medical Services, less than half (46%) met the recommendations for on-scene time of less than 15 minutes.⁴
5. Primary Stroke Centers have lower in-hospital, 30-day, and 1-year mortality than non-stroke centers.⁵
6. Utilization of post-acute care services after a stroke hospitalization increased by 2.1% from 2003 to 2011, but nearly 44% of patients are discharged home without services.⁶

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>.

Policy At A Glance: Creating Optimal Systems of Care for Stroke Treatment

References

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