Our latest Get With The Guidelines research has received a lot of media coverage and provides an excellent opportunity to tell a very unique and compelling story that could have real potential to save lives:

- **USA Today**: American Heart Association president tells stroke story: "It's critical to catch signs of a stroke early to minimize damage to the brain"
- **CNN Health**: "Stroke victims don't call 911, delay crucial treatment"
- **US News & World Report/Health Day**: "Many stroke patients don't call 911, study finds"
- **AHA News Release**: "One in Three Stroke Emergencies don't use EMS"

**Patterns of Emergency Medical Services Use and Its Association With Timely Stroke Treatment: Findings From Get With the Guidelines-Stroke.** Olaniyi James Ekundayo, MD, DrPH, Jeffrey L. Saver, MD, Gregg C. Fonarow, MD, Lee H. Schwamm, MD, Ying Xian, MD, PhD, Xin Zhao, MS, Adrian F. Hernandez, MD, MHS, Eric D. Peterson, MD, MPH and Eric M. Cheng, MD, MS *Circ Cardiovasc Qual Outcomes* [Epub April 29, 2013]

**Key Points:**

- More than a third of stroke patients don't get to the hospital by ambulance, even though that's the fastest way to get them there.
- Younger people, those of minority race or ethnicity and those living in rural communities are less likely to use Emergency Medical Services (EMS).
- Records studied showed EMS transported 63.7% of stroke patients - and those patients had shorter pre-hospital and in-hospital delay, arrived earlier, had prompter evaluation and received faster treatment.
- **EMS transport was associated with faster care:**
  - 61% of people transported by EMS got to the hospital within 3 hours of the first symptoms, compared to 40% who didn't use EMS.
  - Almost 55% using EMS had a brain scan within 25 minutes of hospital arrival, compared to almost 36 minutes for those who didn't use EMS.
  - Of patients eligible for a clot-busting drug, 67% using EMS received it within 3 hours of onset, compared to 44% who didn't use EMS.
- About 795,000 Americans experience a new or recurrent stroke each year - that's about one stroke every 40 seconds. Prompt diagnosis and early management is essential.
- It is important that all Americans know that stroke is largely preventable, treatable and beatable.
- The AHA/ASA stroke warning signs message focuses on the acronym F.A.S.T. to help people recognize stroke:
  - **Face Drooping** - Does one side of the face droop or is it numb? Ask the person to smile.
  - **Arm Weakness** - Is one arm weak or numb? Ask the person to raise both arms. Does one arm drift downward?
  - **Speech Difficulty** - Is speech slurred, are they unable to speak, or are they hard to understand? Ask the person to repeat a simple sentence, like “The sky is blue.” Is the sentence repeated correctly?
  - **Time to call 9-1-1** - If the person shows any of these symptoms, even if the symptoms go away, call 9-1-1 and get them to the hospital immediately
Study Authors:

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Dr. Ekundayo is a member of the American Heart Association, American Public Health Association, American College of Epidemiology, and the Gerontological Society of America. He is a reviewer for Journals such as Heart, European Journal of Heart Failure, Journal of Gerontology: Medical Sciences, International Journal of Cardiology, Circulation: Cardiovascular Quality and Outcomes, and JAHA.

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Dr. Saver has held numerous leadership positions in international and national stroke studies and organizations. He is the immediate Past Chair of the Stroke Council of the American Heart Association/American Stroke Association; Chair of the AHA Stroke Performance Measures Oversight Committee; Co-Chair of the NIH-NINDS Common Data Elements - Stroke Task Force; principal investigator of the NIH-NINDS Field Administration of Stroke Magnesium (FAST-MAG) clinical trial; principal investigator of the NIH-NINDS UCLA Specialized Program of Translational Research in Acute Stroke (SPOTRIAS); editorial board member for the journals Stroke, Journal of Stroke and Cerebrovascular Diseases, Journal of Neuroimaging, and Reviews in Neurological Disease; and associate editor of the online textbooks Medlink Neurobase and Emedicine Neurology.

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Research Opportunity for Young Investigators:
The Council on Clinical Cardiology, The Stroke Council, The Council on Quality of Care and Outcomes Research, The Council on Cardiopulmonary, Critical Care, Perioperative andResuscitation, and The Council on Basic Cardiovascular Science greatly value the development of young clinical investigators. To further this effort, the councils have a limited number of seed grants for young investigators for meritorious research projects based on the data gathered from Get With The Guidelines®. See AHA Young Investigator Database Research Seed Grant - accepting applications until May 31st for this cycle.