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).
- 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.


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