

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 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 the Face Arm Speech Time (FAST) algorithm, the Los Angeles Prehospital Stroke Scale (LAPSS),

or the 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 from a hospital 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 BT/F2 6.96 Tf10 0 1287.57 229.7 Tm0 g0 G(7)]TJETQD.00

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