

Stroke System Issues :  
System Comparisons  
Hemorrhagic Stroke Increase

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SYSTEM and DATA

- Hospital status always known
- Centralized patient routing
- Centralized data gathering
- Data reporting is real time of patient contact by EMSS
- Hospital outcome is 24/48 hrs. post incident to centralized data base

## System Comparisons

### System A

- In operation since 2000
- Uses only Primary stroke centers with centralized routing
- Design for all stroke patients
- Rapid transport or transfer to Primary stroke hospital up to an hour transport time

### System B

- Began operation 8/2013
- Uses Primary and Acute stroke centers with centralized routing
- Design primarily for lytic eligible patients
- Rapid transport to closest stroke hospital with no consideration for level

## System Comparison's

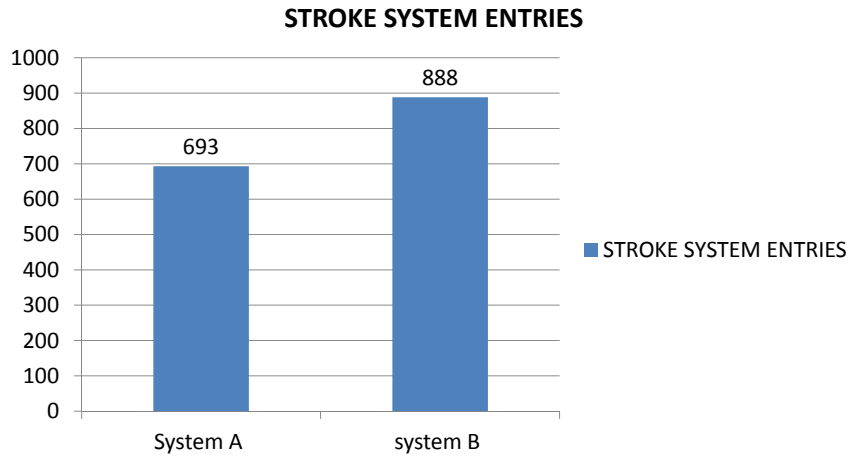
### System A

- All stroke ready centers must have a Neurologist available
- Eleven primary center's
- Hospital determines their availability
- Up to one hour transport time max to Primary center

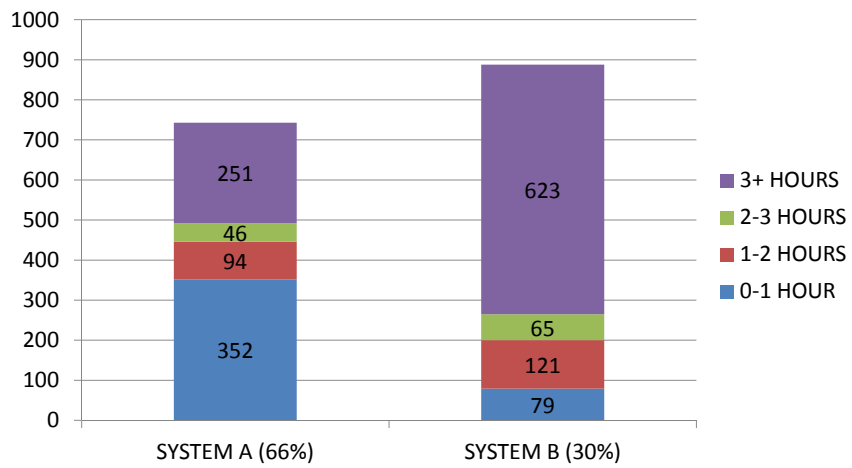
### System B

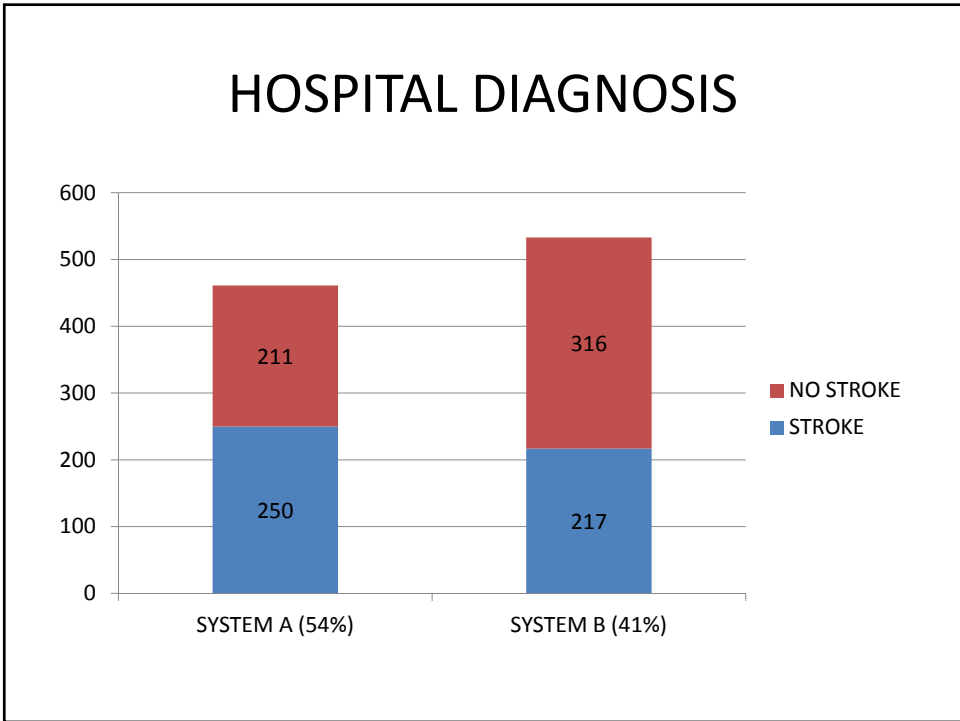
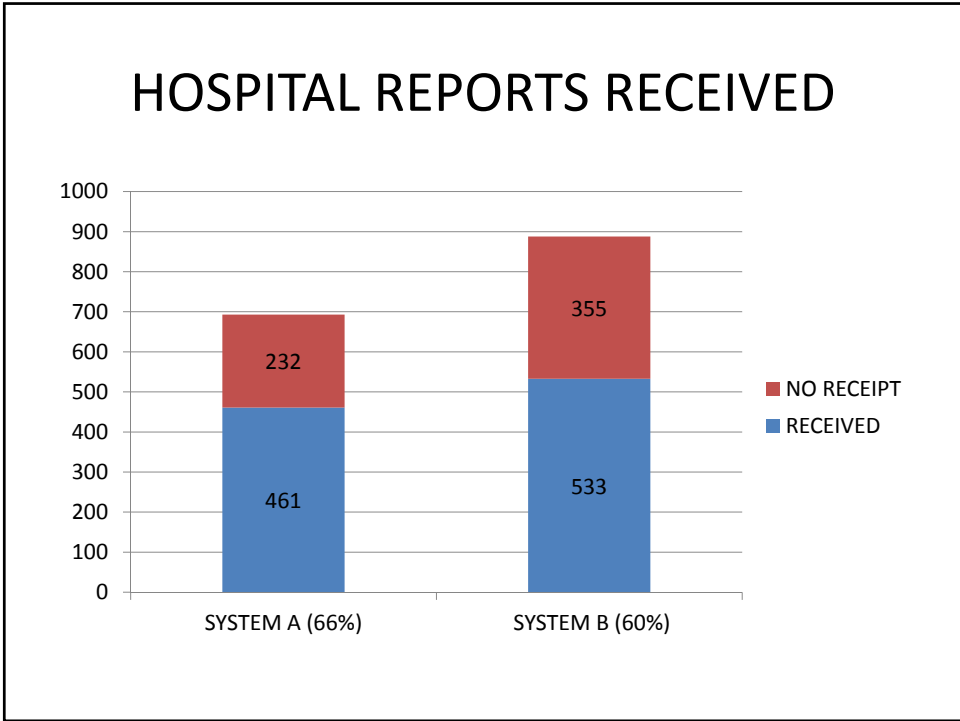
- Telemedicine or call from acute to Neurologist and Neurologist available in Primary Center
- Four primary/level 2's and eleven Acute /level 3's
- Hospital determines their availability
- Up to one max hour tx time to Level two /primary center

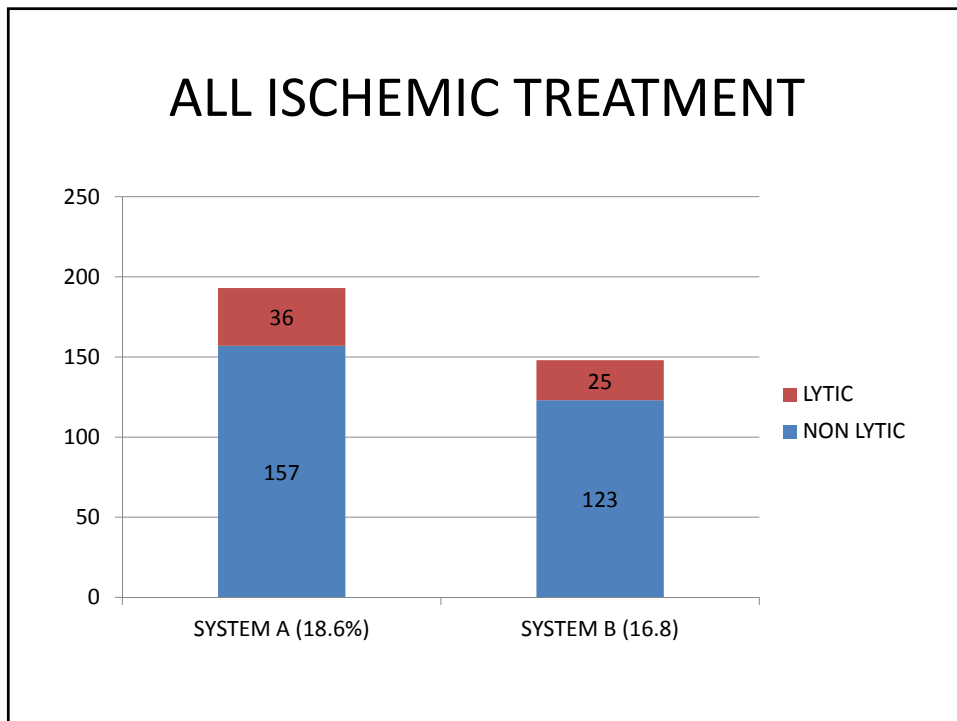
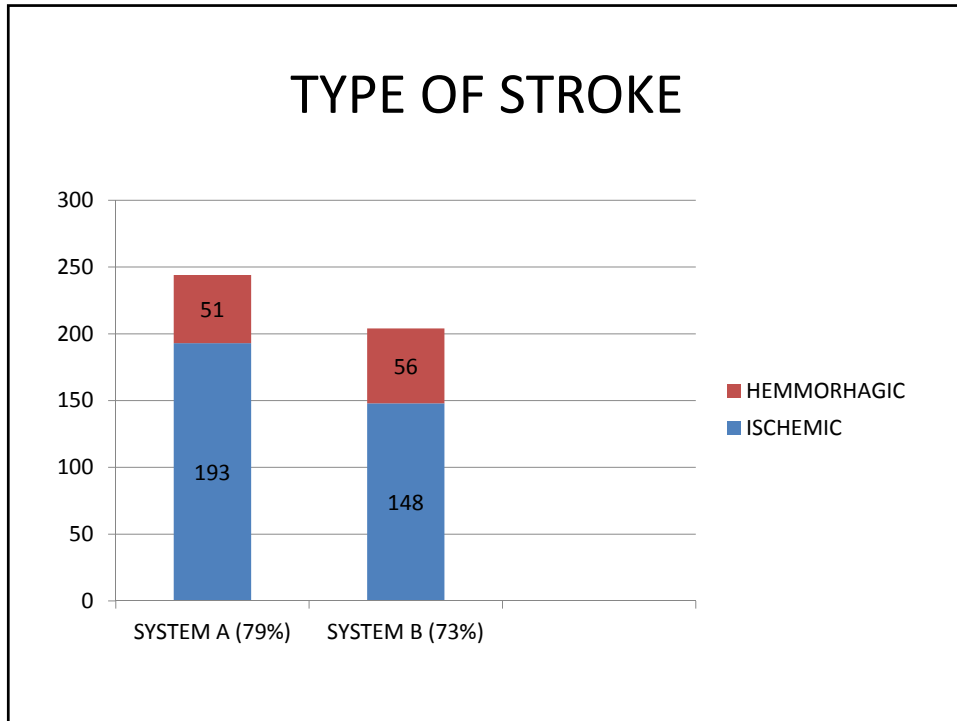
# STROKE 8/26/13--- 1/31/14

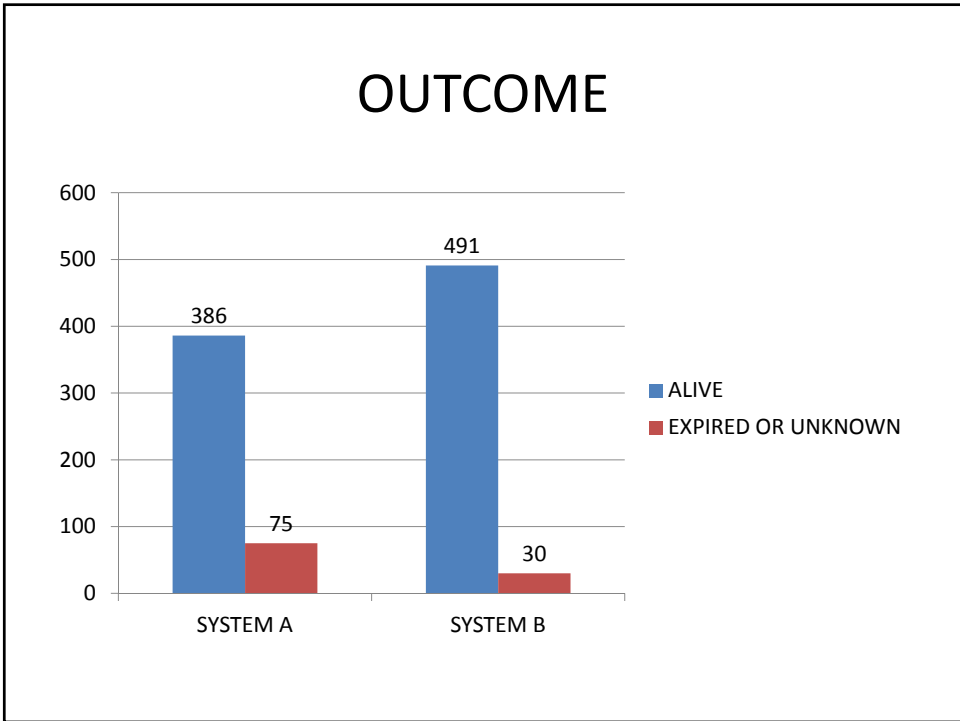
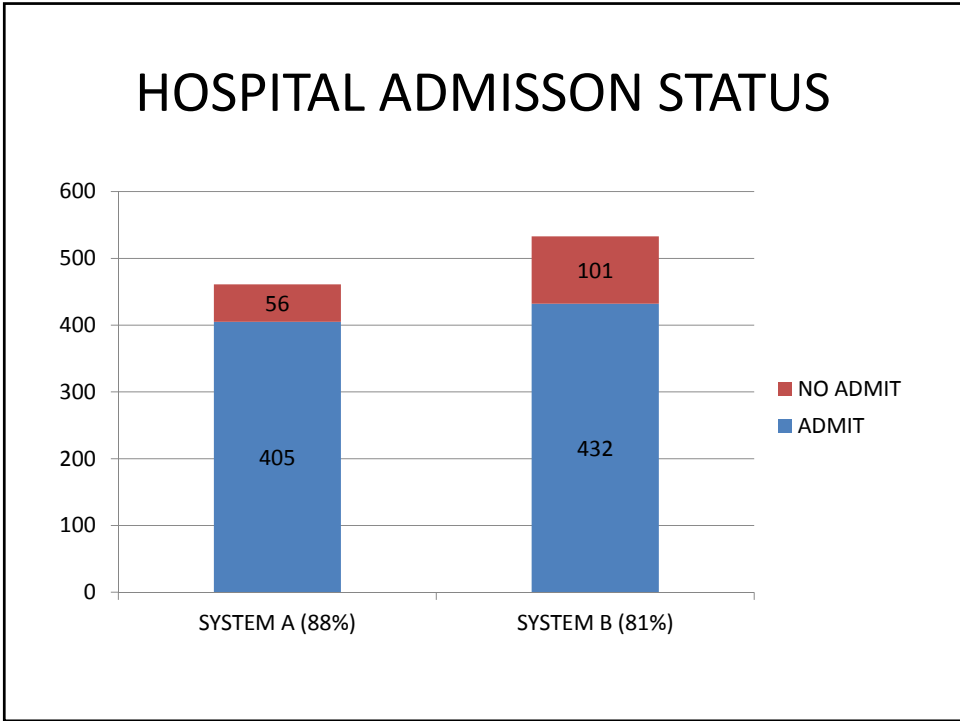


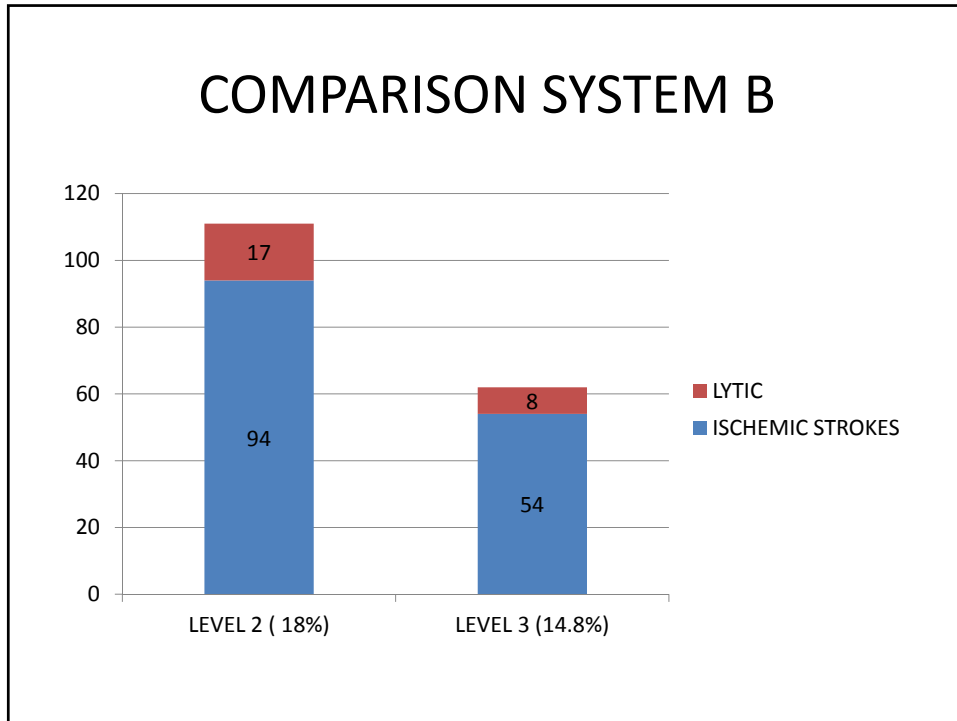
## TIME OF ONSET (EMS ARRIVAL )











- ### HEMORRHAGIC
- 2013      22.4%
  - 2012      19.2%
  - 2011      16.9%
  - 2010      15.9%
  - 2003      10.1%
  
  - Why the climbing increase ?

# DISCUSSION

