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## ASA Policy Recommendations

### Recommendations for the Establishment of Stroke Systems of Care

#### Recommendations From the American Stroke Association's Task Force on the Development of Stroke Systems

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Stroke continues to be a significant cause of morbidity and mortality in the United States. Approximately 700 000 Americans have a new or recurrent stroke each year, and stroke remains the third leading cause of death in the United States when considered independently from other cardiovascular diseases. Stroke also remains a leading cause of serious, long-term disability in the United States.<sup>1</sup>

Major advances have been made during the past several decades in stroke prevention, treatment, and rehabilitation. Despite successes in delivering effective new therapies, significant obstacles remain in ensuring that scientific advances are consistently translated into clinical practice. In many instances, these obstacles can be related to a fragmentation of stroke-related care caused by inadequate integration of the various facilities, agencies, and professionals that should closely collaborate in providing stroke care. There is increased emphasis on improving the components of stroke care, including recommendations from the Brain Attack Coalition for primary stroke centers and a formal process provided through the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) for the certification of primary stroke centers.<sup>2-4</sup> It is critically important to look carefully at how the distinct components can be better integrated into systems of stroke care.

The American Stroke Association (ASA), a division of the American Heart Association (AHA), is dedicated to improving stroke prevention, treatment, and rehabilitation through research, education, advocacy, and the development and

application of scientifically based standards and guidelines. The ASA convened a multidisciplinary group, the Task Force on the Development of Stroke Systems, to describe the current fragmentation of stroke care, to define the key components of a stroke system, and to recommend methods for encouraging the implementation of stroke systems. The term "stroke system" is used in this article to avoid the corporate and financial connotations associated with the words "network" and "in-network," although the term "stroke network" could otherwise be used interchangeably with "stroke system."

The Task Force was responsible for developing recommendations on the organization and operation of systems of care for the treatment of stroke patients throughout the United States, including both ischemic and hemorrhagic subtypes (intracerebral hemorrhage, ICH; subarachnoid hemorrhage, SAH; and intraventricular hemorrhage, IVH). These recommendations are not intended to impose any particular treatment strategies for stroke on individual providers.

The Task Force comprised nationally recognized experts in the areas of stroke prevention, emergency medical services, acute stroke treatment, stroke rehabilitation, and health policy development. Under the direction of the Task Force, ASA/AHA staff and HealthPolicy R&D (a health policy firm in Washington, DC, affiliated with the law firm Powell, Goldstein, Frazer & Murphy, LLP) conducted a comprehensive review of the relevant clinical stroke literature.

The review of the medical literature included the use of Medline searches for articles published between January

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