With the advent of certifications for primary as well as comprehensive stroke centers and the development of stroke systems of care, there is a concern that there will be a significant decrease in stroke volumes within primary stroke centers within the stroke network as a consequence of growth of comprehensive stroke programs.

### METHODS

Stroke volume defined as ischemic and hemorrhagic stroke in-patient hospital discharge diagnoses (ICD-9 codes) across 9 hospitals within a regional stroke network were analyzed retrospectively two-years prior (2008-2009) to developing a comprehensive stroke program within the network and for the subsequent two-years (2011-2012).

Before becoming a comprehensive stroke program, the hospital’s stroke volume in 2008 was 350 and the other eight primary stroke centers’ combined volume was 2530. In 2012, the comprehensive stroke program’s volume increased to 1095 and the primary stroke centers’ volume increased to 2846.

Stroke volume increased steadily over time across the entire TSI core stroke network.

Establishing a comprehensive stroke system of care increases stroke volumes in the primary stroke centers as well as the comprehensive stroke program within a regional stroke network of community hospitals.

### REFERENCES

