Figure 1.
Pre-Hospital Triage Pathways for Acute Stroke

Factors:
- tPA candidate?
- EVT candidate?
- Distance
- Run Times
- Designation Tiers
- Availability of Services
- Diversion Status
- Medical Control
- ABC stable
- Dispatch Criteria
- Public vs. Private EMS
- Patient Preference

Regional Prehospital Triage Algorithms: based on stroke duration and patient severity

- BLS transport
- ALS transport
- Air transport
- Mobile Stroke Unit
- Rx Onsite

Stroke Center CSC
Stroke Center TSC
Stroke Center PSC
Acute Stroke Ready Hospital
Basic Receiving Hospital

Figure 2.
Any person with a catheter who can gain vascular access through the groin

Liberal access (availability)

Individuals with catheter skills and organ-specific expertise in the CNS cerebrovasculature

Restricted access (Neuro expertise)

Where do we draw the line along this continuum
Table 1. Clinician subspecialty among cases of mechanical thrombectomy for ischemic stroke (Kamel et al. JAMA Neurology 2018;75:51)

Abbreviation: CMS, Center for Medicare and Medicaid Services
*Provider specialty as self-designated at the time of enrollment in Medicare

<table>
<thead>
<tr>
<th>Clinician subspecialty</th>
<th>No. (%)</th>
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<td>Radiology</td>
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<td>Neurosurgery</td>
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<td>Neurology</td>
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<tr>
<td>Other</td>
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