



**TEXAS**  
Health and Human  
Services

**Texas Department of State  
Health Services**

# Emergency Medical Services and Trauma Registries (EMSTR) Stroke Performance Improvement Data

August 22, 2025

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# About EMSTR

- EMSTR collects reportable event data from EMS providers, hospitals, justices of the peace, medical examiners, and rehabilitation facilities.
- All submitters must report all EMS responses and reportable trauma events to EMSTR under Texas Administrative Code, Title 25, Chapter 103.

**NOTE:** An EMS response is a resulting action from a call for assistance where an EMS provider is dispatched to, responds to, provides care to, or transports a person.

# Stroke Performance Improvement (PI) Data

January 1, 2022-December 31, 2024



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# Inclusion Criteria – All Suspected Strokes

- Primary symptom, other associated symptom, provider's primary impression or provider's secondary impression variables included International Classification of Diseases Tenth Revision (ICD-10) codes:
  - G45 – Transient cerebral ischemic attacks and related syndromes
  - G46 – Vascular syndromes of brain in cerebrovascular diseases
  - I60 – Nontraumatic subarachnoid hemorrhage
  - I61 – Nontraumatic intracerebral hemorrhage
  - I63 – Cerebral infarction
- Protocols used were “Medical – Stroke/TIA”.<sup>1</sup>
- Stroke Scale Result was “Positive”.
- Destination Prearrival Activation is “Yes-Stroke”

<sup>1</sup> TIA = transient ischemic attack

# Suspected Stroke Numbers, 2022-2024

	2022	2023	2024
Total Suspected Stroke Patients	59,752	59,898	69,129

Data prepared by Injury Prevention Unit Epidemiologists. Data from EMS and Trauma Registries (EMSTR), June 2025.

# Suspected Stroke by Sex, 2022-2024

Sex	2022	2023	2024
Male	28,521	28,582	33,757
Female	30,894	31,125	35,228
Missing / Not Recorded	337	191	144
<b>Total</b>	<b>59,752</b>	<b>59,898</b>	<b>69,129</b>

Data prepared by Injury Prevention Unit  
Epidemiologists. Data from EMSTR, June 2025.

# Stroke Scale Status for Suspected Stroke Patients, 2022-2024

Status	2022	2023	2024
<b>Stroke Scale Performed</b>	28,192	33,858	44,807
Percentage	47.18%	56.53%	64.82%
<b>Not Applicable</b>	11,326	0	0
Percentage	18.96%	0.00%	0.00%
<b>Not Recorded</b>	20,234	26,040	24,322
Percentage	33.86%	43.47%	35.18%
<b>Totals</b>	<b>59,752</b>	<b>59,898</b>	<b>69,129</b>

Data prepared by Injury Prevention Unit  
Epidemiologists. Data from EMSTR, June 2025.

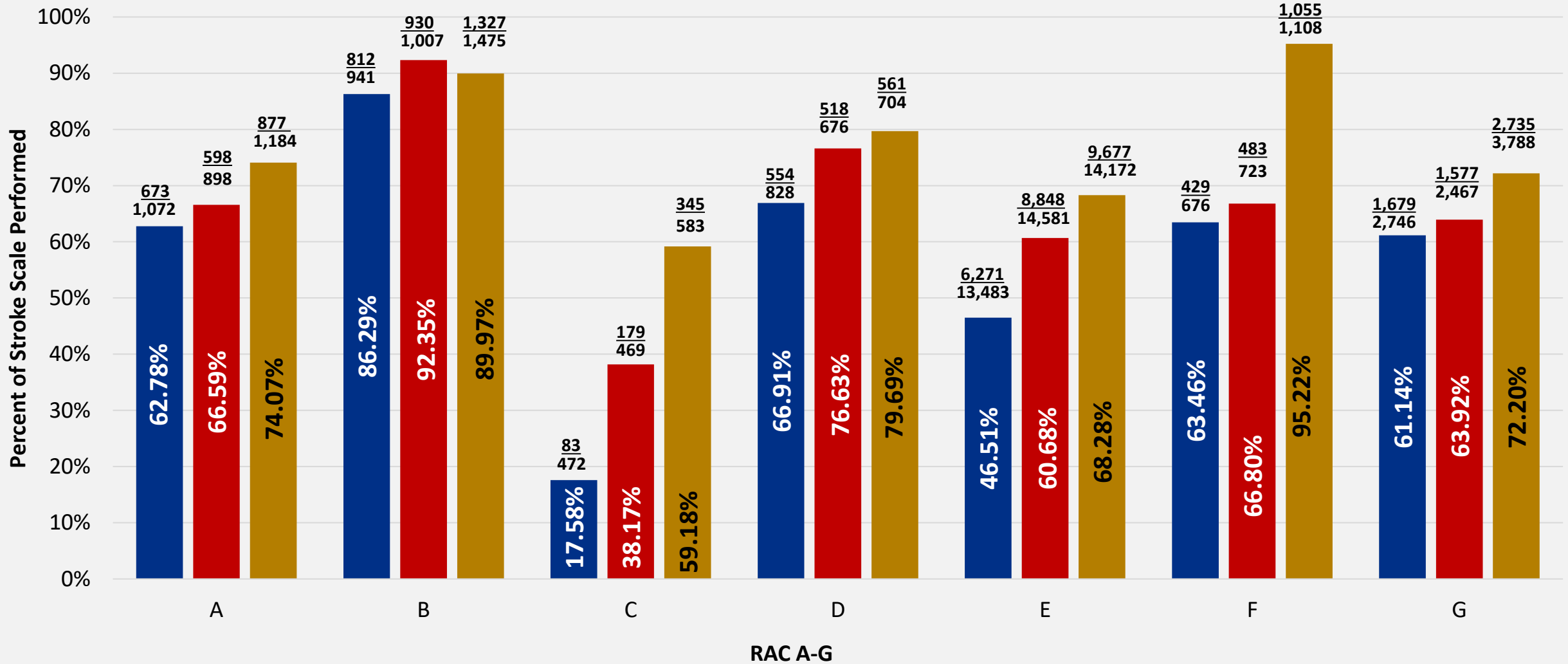
# Stroke Scale Performed by Sex for Suspected Stroke Patients, 2022-2024

Sex	2022	2023	2024
<b>Male</b>	13,346	16,186	21,709
Percentage	46.79%	56.63%	64.31%
<b>Female</b>	14,772	17,604	23,015
Percentage	47.82%	56.56%	65.33%

**Note:** Data does not include stroke scales performed when sex was missing or unknown.

Data prepared by Injury Prevention Unit  
Epidemiologists. Data from EMSTR, June 2025.

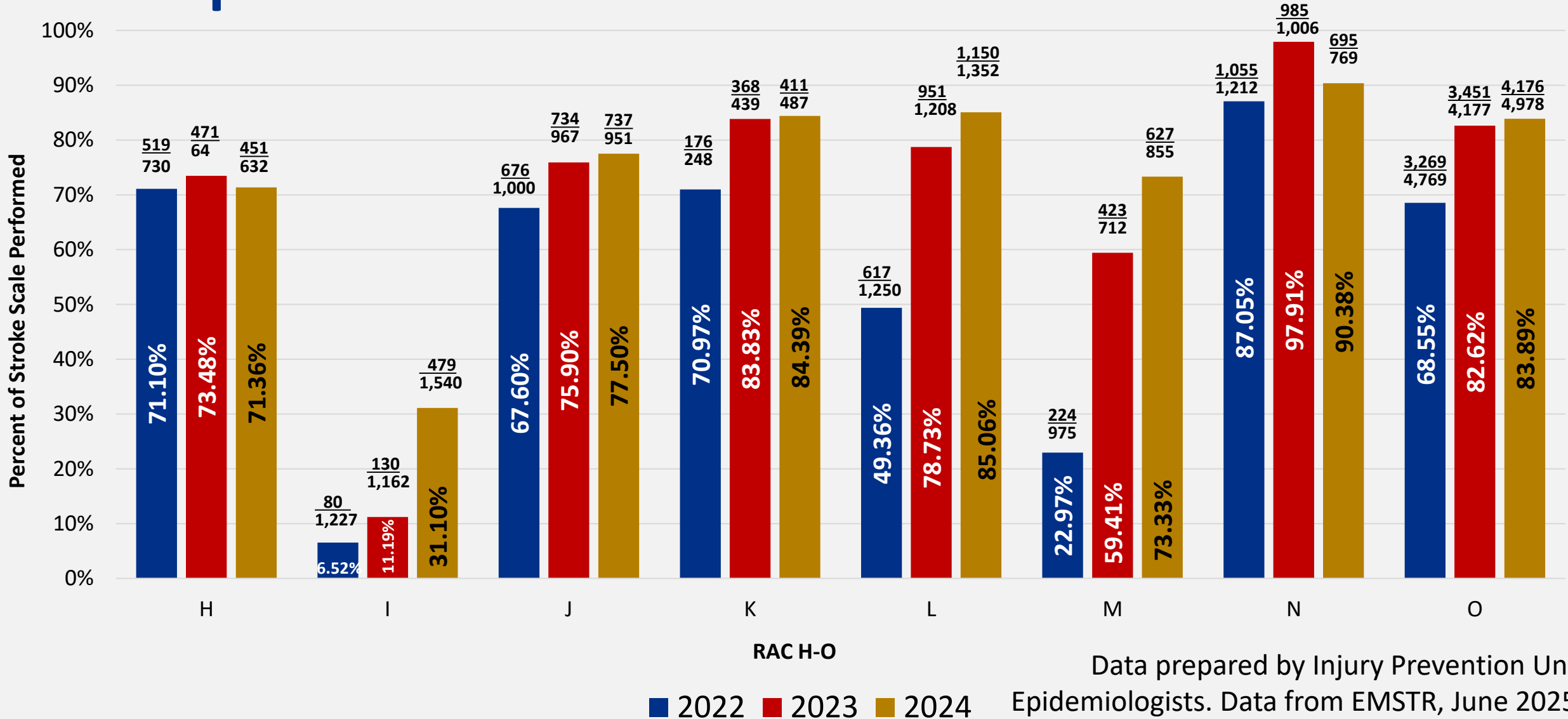
# Stroke Scale Performed by Regional Advisory Council (RAC) A-G for Suspected Stroke Patients



■ 2022 ■ 2023 ■ 2024

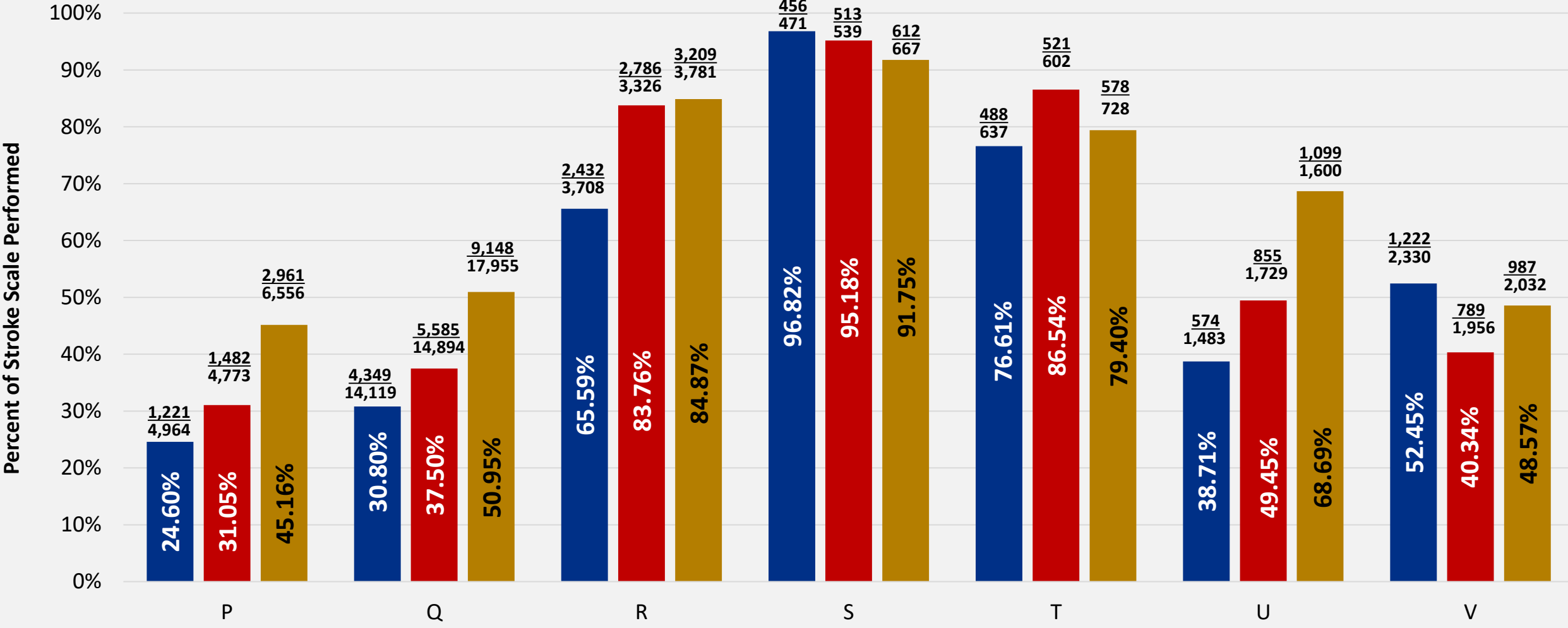
Data prepared by Injury Prevention Unit Epidemiologists. Data from EMSTR, June 2025.

# Stroke Scale Performed by RAC H-O for Suspected Stroke Patients



Data prepared by Injury Prevention Unit Epidemiologists. Data from EMSTR, June 2025.

# Stroke Scale Performed by RAC P-V for Suspected Stroke Patients



Data prepared by Injury Prevention Unit Epidemiologists. Data from EMSTR, June 2025.

■ 2022 ■ 2023 ■ 2024

# Thank you!

EMSTR Stroke PI data

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