

# Kentucky Stroke Encounter Quality Improvement Project (SEQIP)

Kentucky Heart Disease  
and Stroke Prevention  
Task Force



## 2025 Annual Report



**Kentucky Public Health**  
Prevent. Promote. Protect.

**TEAM  
KENTUCKY.**  
CABINET FOR HEALTH  
AND FAMILY SERVICES

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## Citation

Kentucky Department for Public Health (KDPH). The Stroke Encounter Quality Improvement Project (SEQIP) Stroke Registry 2025 Annual Report. Frankfort, Kentucky: Cabinet for Health and Family Services, Kentucky Department for Public Health, Heart Disease and Stroke Prevention (KHDSP) Program, 2025.

## Legislation

This annual report, as mandated by Kentucky Regulatory Statute (KRS) 211.575, is written to establish a data oversight process and a plan for achieving continuous quality improvement in the statewide system for stroke response and treatment. Recommendations in this report were developed by the Kentucky Heart Disease and Stroke Prevention Task Force. The primary objectives include analyzing data from the stroke database to assess care quality, identifying potential interventions to enhance stroke care in specific geographic regions of Kentucky, and providing recommendations to the Department of Public Health and the Kentucky General Assembly to improve the delivery of stroke care across the state.

## Executive Summary

SEQIP was created in 2009 as a voluntary statewide stroke quality improvement initiative of the Kentucky Heart Disease and Stroke Prevention Task Force. The task force was developed in 2006 to address cardiovascular disease in the commonwealth. It is comprised of a diverse group of stakeholders committed to the goal of improving the health of Kentucky citizens. The task force currently has 419 members representing 194 diverse agencies including health systems, emergency medical organizations, community-based and professional organizations, businesses, higher level educational institutes and local and state government agencies.

In 2009, KRS 211.575 directed the Department for Public Health to establish and implement a plan for achieving continuous quality improvement in the quality of care provided under a statewide system for stroke response and treatment. The mission of SEQIP is to advance stroke systems of care and reduce stroke disparities in the state of Kentucky.

In 2023, Kentucky had 11,143 inpatient stroke and transient ischemic attack (TIA) admissions, costing \$989.6 million. The average charges in the Kentucky Area Development Districts ranged from \$41,852 in Northern Kentucky to \$111,562 in Lincoln Trail, and lengths of stay varied from 3.78 days in Green River to 6.88 days in Cumberland Valley.

In 2024, cerebrovascular diseases were the fifth leading cause of death in Kentucky (2,356 deaths, 4.31%), compared to third nationally (5.4%), with Kentucky ranking 19th in age-adjusted stroke mortality at 41.0 per 100,000.



- National Institutes of Health Stroke Scale (NIHSS) data for 2024 indicated 39.2% of cases were minor strokes (scores 1–4), while 7.71% were severe (scores 21–42).
- Hypertension was the top stroke risk factor across all age groups, with smoking and obesity more prevalent in younger adults (18–45 years).
- SEQIP expanded from 16 to 48 member hospitals since 2009 by prioritizing evidence-based care and meeting national door-to-drug time targets for reperfusion therapies (under 45 minutes, or 30 minutes when feasible).



## Recommendations

The 2025 SEQIP Annual Report, mandated by KRS 211.575, aims to enhance Kentucky's statewide stroke response and treatment system through data oversight and continuous quality improvement, addressing a significant stroke burden.

Based on the 2025 SEQIP Annual Report findings, the Kentucky Department for Public Health and the Kentucky Heart Disease and Stroke Prevention (KHDSP) Task Force presents the following specific recommendations to the Kentucky legislature:

### 1. Hypertension Control Initiative

*Finding:* Hypertension remains the #1 modifiable risk factor across all age groups for stroke in Kentucky.

*Recommendation:* Fund implementation of a Statewide Hypertension Awareness and Control Campaign (CARE Collaborative) at all Kentucky federally qualified health centers (FQHCs), health departments, and regionally selected primary care clinics to reduce stroke and cardiovascular disease events, morbidity, and mortality.

### 2. Emergency Medical Services (EMS) System Evaluation and Enhancement

*Finding:* Significant gaps exist in EMS utilization for acute stroke symptoms, with county-level variations in stroke outcomes potentially linked to EMS coverage and availability.

*Recommendation:* Fund a comprehensive EMS evaluation to:

- Assess why citizens are not utilizing EMS and 911 for acute stroke symptoms
- Link prehospital and hospital care delivery data
- Support regional EMS, provider, and nursing education
- Improve door-to-needle times for thrombolytic administration

### 3. Stroke Systems of Care Coordination

*Finding:* Despite meeting national door-to-drug targets, significant variations exist across area development district (ADD) regions (charges ranging from \$41,852 to \$111,562; lengths of stay from 3.78 to 6.88 days).

*Recommendation:* Fund a systematic approach to address the stroke continuum of care:

- Epidemiologist position to analyze stroke quality metrics and EMS data
- Regional Stroke Symposiums for best practice sharing
- Quality Improvement initiatives across all 48 member hospitals
- Primary care provider education on current evidence for vascular risk factor reduction

These targeted investments will address identified care gaps, focus on social determinants of health, and ensure Kentucky continues its progress in reducing stroke mortality and improving outcomes for all citizens. SEQIP, having expanded from 16 to 48 member hospitals over 15 years, prioritizes evidence-based care through coordinated stroke systems, meeting national door-to-drug time targets for reperfusion therapies (under 45 minutes, or 30 minutes when feasible), despite bleeding risks, to reduce brain damage.



## Stroke Hospitalizations

In 2023, Kentucky's inpatient hospital data for stroke and TIA by patient Area Development District (ADD), as presented below, shows the state recorded 11,143 admissions, with an average length of stay of 5.85 days and average charges of \$88,810 per admission, totaling \$989.6 million. Kentuckiana Regional Planning & Development Agency (KIPDA ADD) had the highest number of admissions (2,353) and total charges (\$251.4 million), while Buffalo Trace ADD had the fewest admissions (133) and lowest total charges (\$11.6 million). Average charges ranged from \$41,852 in Northern Kentucky ADD to \$111,562 in Lincoln Trail ADD. Length of stay varied from 3.78 days in Green River to 6.88 days in Cumberland Valley ADD. Some ADDs, like Cumberland Valley ADD (\$99,958 average charge) and Lincoln Trail ADD, had higher charges alongside longer stays, while others, like Big Sandy ADD (\$85,511) and Kentucky River ADD (\$84,983), had high charges despite moderate stays.

Table 1. 2023 Inpatient hospital charges for stroke and TIA\* by patient ADD

Area Development District (ADD)	Admissions (Count)	Avg Length of Stay (Days)	Avg Charge	Total Charges
01 - Purchase	393	4.34	\$58,427	\$22,961,919
02 - Pennyrile	323	4.66	\$53,961	\$17,429,265
03 - Green River	380	3.78	\$45,162	\$17,161,639
04 - Barren River	651	4.90	\$60,602	\$39,452,111
05 - Lincoln Trail	665	6.14	\$111,562	\$74,188,782
06 - KIPDA	2,353	6.32	\$106,864	\$251,451,305
07 - Northern Kentucky	865	4.94	\$41,852	\$36,202,069
08 - Buffalo Trace	133	5.66	\$87,610	\$11,652,134
09 - Gateway	209	5.40	\$75,638	\$15,808,384
10 - FIVCO	369	4.06	\$63,340	\$23,372,351
11 - Big Sandy	372	6.49	\$85,511	\$31,810,256
12 - Kentucky River	342	6.30	\$84,983	\$29,064,337
13 - Cumberland Valley	580	6.88	\$99,958	\$57,975,671
14 - Lake Cumberland	539	5.80	\$98,202	\$52,931,126
15 - Bluegrass	1,840	6.46	\$106,468	\$195,900,896
Out of State	1,129	6.28	\$99,426	\$112,252,310
<b>Total</b>	<b>11,143</b>	<b>5.85</b>	<b>\$88,810</b>	<b>\$989,614,555</b>

Source: Kentucky Health Facilities and Services Data, Inpatient Admissions, Kentucky Cabinet for Health and Family Services, Office of Data Analytics. (\*ICD-10 codes: I60-I609, I61-I619, I63-I639, G450-G452, G458-G459)



## Stroke Mortality

In 2024, Kentucky's mortality data showed heart disease leading (11,575 deaths, 21.16%), followed by cancer (10,765 deaths, 19.68%), chronic lower respiratory diseases (3,522 deaths, 6.44%), accidents (3,452 deaths, 6.31%), and cerebrovascular diseases (2,356 deaths, 4.31%). In the U.S., heart disease topped the list (681,168 deaths, 22.2%), followed by cancer (618,614 deaths, 20.2%), cerebrovascular diseases (166,613 deaths, 5.4%), accidents (159,010 deaths, 5.2%), and chronic lower respiratory diseases (145,229 deaths, 4.7%). Cerebrovascular diseases ranked lower in Kentucky (5th) than nationally (3rd), with a lower death share (4.31% vs. 5.4%).

*The National Center for Health Statistics (NCHS) 113 selected causes of death include the following categories with their corresponding ICD-10 codes: Diseases of Heart (I00-I09, I11, I13, I20-I51), Malignant Neoplasms (C00-C97), Chronic Lower Respiratory Diseases (J40-J47), Accidents (Unintentional Injuries) (V01-X59, Y85-Y86), and Cerebrovascular Diseases (Strokes) (I60-I69).*

Table 2. Leading Causes of Death in Kentucky, 2024 (Source: Kentucky Office of Vital Statistics)

Rank	Cause of Death	Total Deaths	Percent of all Deaths
1	Diseases of heart	11,575	21.16%
2	Malignant neoplasms	10,765	19.68%
3	Chronic lower respiratory diseases	3,522	6.44%
4	Accidents	3,452	6.31%
5	Cerebrovascular diseases	2,356	4.31%

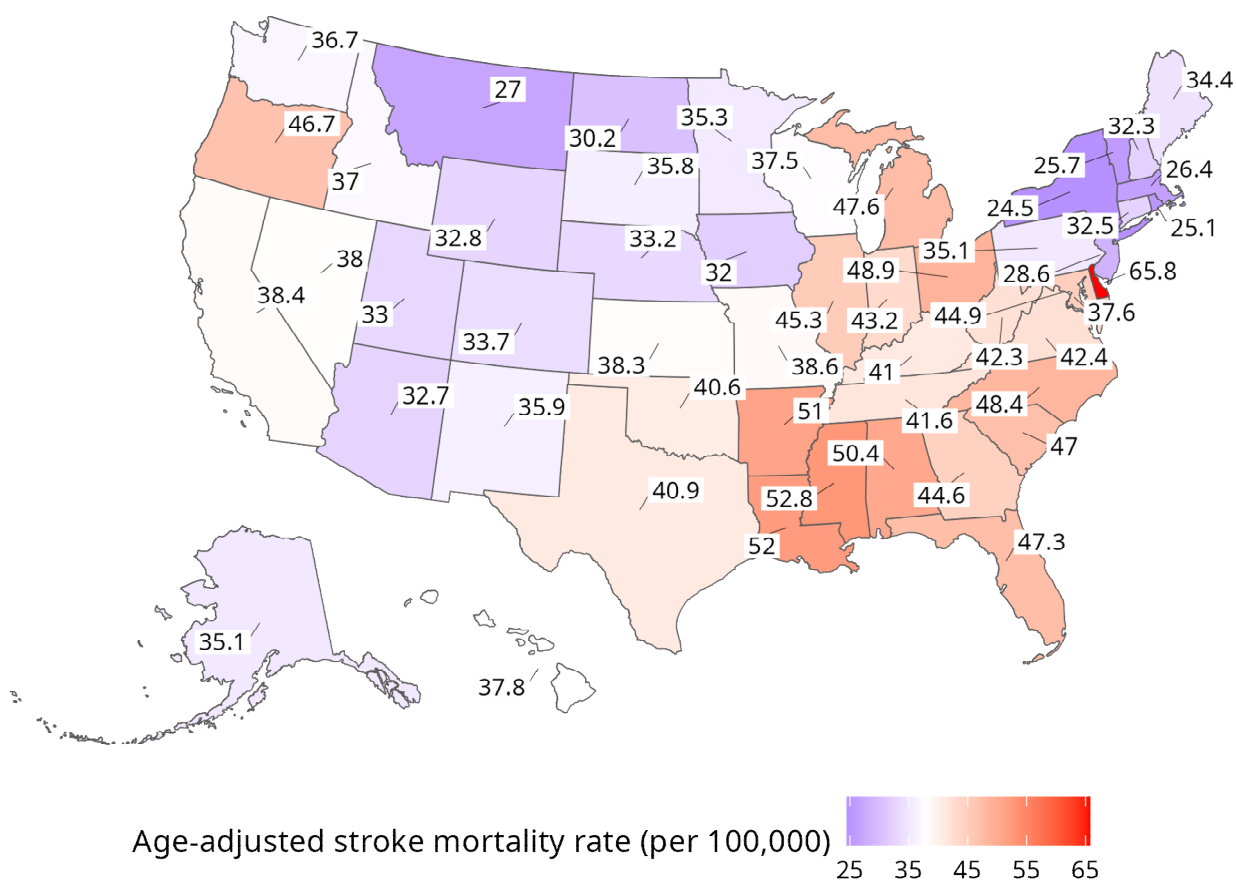
Table 3. Leading Causes of Death in USA, 2024 (Source: CDC, NCHS)

Rank	Cause of Death	Total Deaths	Percent of all Deaths
1	Diseases of heart	681,168	22.2%
2	Malignant neoplasms	618,614	20.2%
3	Cerebrovascular diseases	166,613	5.4%
4	Accidents	159,010	5.2%
5	Chronic lower respiratory diseases	145,229	4.7%



In 2024, Kentucky ranked 19th in the U.S. for age-adjusted stroke mortality rate at 41.0 per 100,000, with 2,267 stroke deaths (1.4% of total deaths) in a population of 4,526,154. Compared to higher-ranking states, Kentucky's rate was lower than Delaware (65.8), Mississippi (52.8), Louisiana (52.0), and Arkansas (51.0), but exceeded Texas (40.9, ranked 20th). Kentucky's crude stroke rate (50.1 per 100,000) was higher than its age-adjusted rate, suggesting an older population's influence, though less pronounced than in states like Florida (crude rate 76.5, age-adjusted 47.3). Nationally, cerebrovascular diseases ranked third (5.4% of deaths), but in Kentucky, they ranked fifth (4.31%), indicating a lower relative stroke mortality burden. Heart disease and cancer dominated both Kentucky (21.16% and 19.68%) and U.S. (22.2% and 20.2%) mortality, with Kentucky's chronic lower respiratory diseases (6.44%, 3rd) outranking cerebrovascular diseases, unlike the U.S., where stroke ranked higher.

Figure 1. Age-Adjusted Stroke Mortality: A U.S. State-Level Overview, 2024



Source: CDC, National Center for Health Statistics, 2024

**Top 5 States:** Delaware (65.8, Rank 1), Mississippi (52.8, Rank 2), Louisiana (52.0, Rank 3), Arkansas (51.0, Rank 4), Alabama (50.4, Rank 5)

**Bottom 5 States:** Montana (27.0, Rank 50), Massachusetts (26.4, Rank 49), Vermont (25.7, Rank 48), Rhode Island (25.1, Rank 47), New York (24.5, Rank 46)

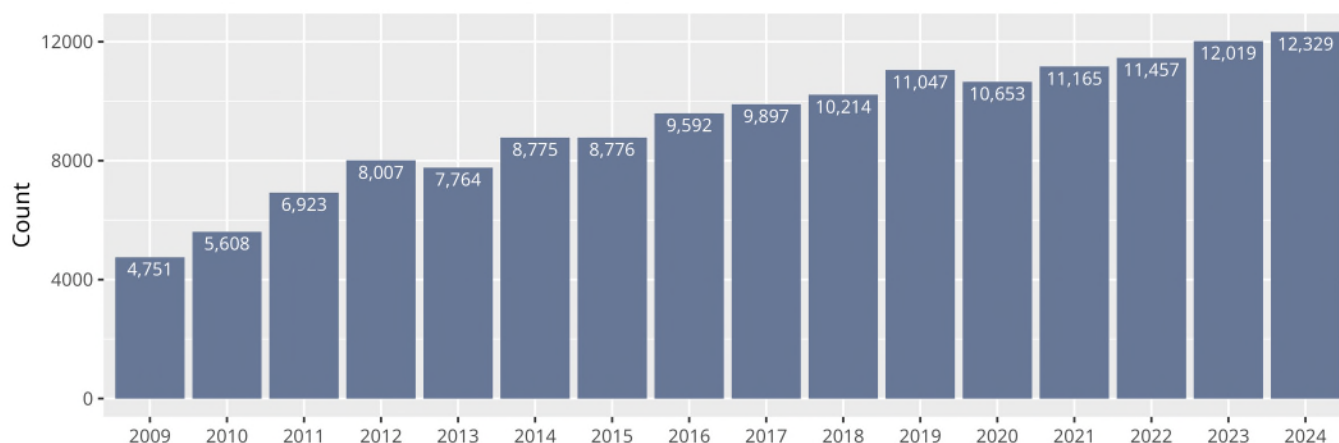




## 2024 Stroke Registry Data

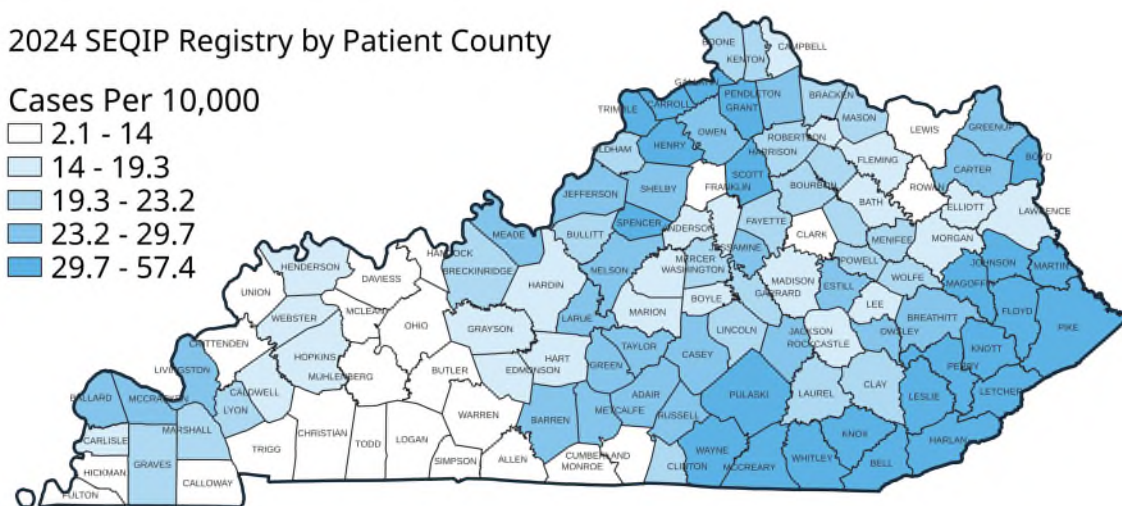
Stroke cases are added to the SEQIP registry by individual hospital data abstractors in real time and after patient discharge. SEQIP collects data on measures related to stroke care that are for the treatment and management of stroke from hospital admission to discharge.

Figure 2. Number of all patient records by year in the SEQIP stroke registry



Registry data, utilized for the below choropleth map, focused on stroke case rates per 10,000 residents. Letcher County had the highest case rate at 57.4, followed by Leslie at 55.1, Johnson and Floyd both at 48.8, and Pulaski at 46.2, ranking them as the top five. In contrast, the bottom five counties with the lowest case rates were Hancock at 2.15, Daviess at 2.74, Christian at 2.88, Simpson at 3.74, and Calloway at 4.50.

Figure 3. Rate of strokes in registry, by patient county per capita (Kentucky residents only)



There were 12,329 records in the SEQIP registry for 2024, and 10 records were excluded from the table below because they were not complete. The values in the table represent counts, and the percentages (in parentheses) show the relative proportion of that value within each age group. Four groups of adult ages were created to highlight data trends across the lifespan; the “Overall” column is on the right.

Table 4. 2024 SEQIP stroke registry patient demographic information and summary

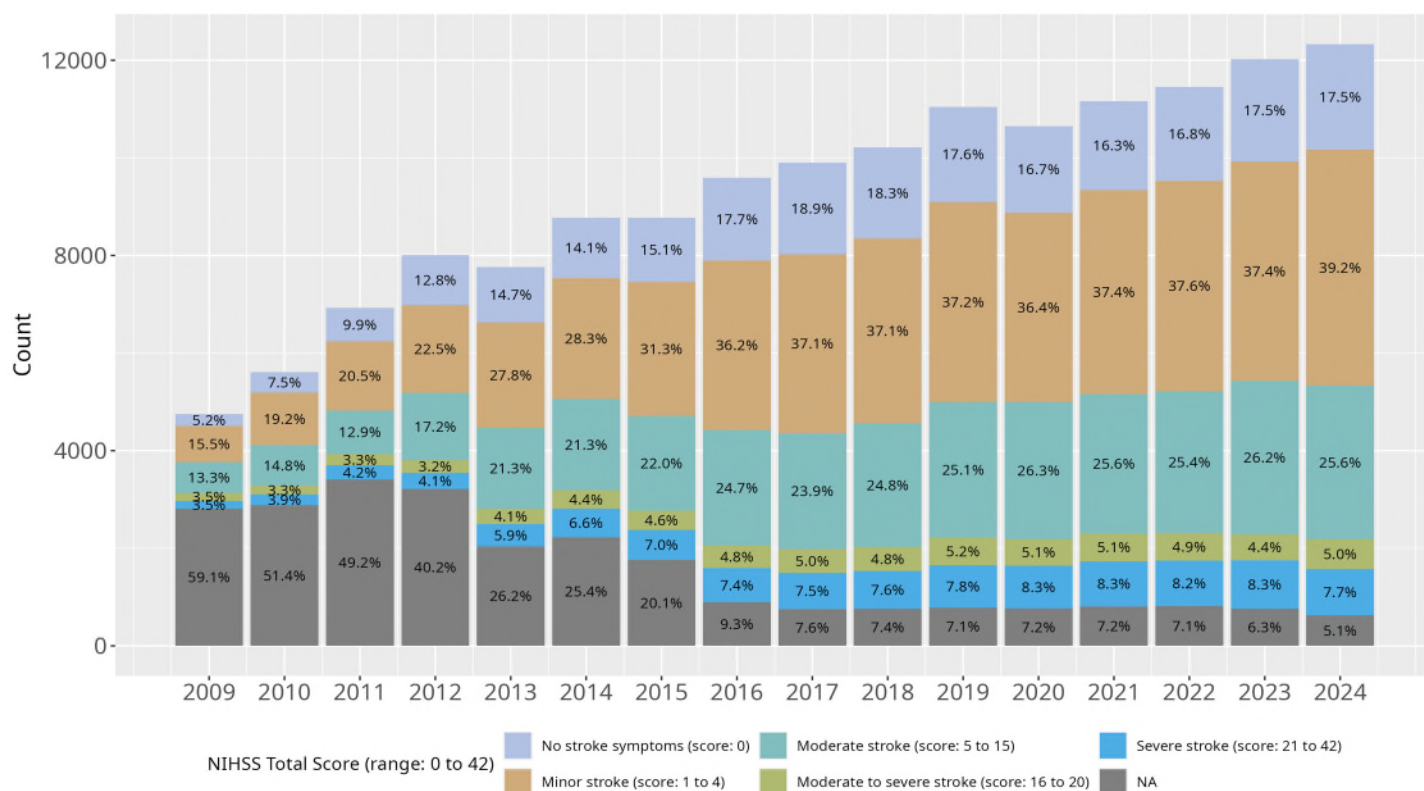
	18 to 45 years (N=765)	46 to 65 years (N=4060)	66 to 85 years (N=6186)	86+ years (N=1308)	Overall (N=12319)
<b>Sex</b>					
Male	389 (50.8%)	2337 (57.6%)	2994 (48.4%)	479 (36.6%)	6199 (50.3%)
Female	376 (49.2%)	1723 (42.4%)	3192 (51.6%)	829 (63.4%)	6120 (49.7%)
<b>Race</b>					
White	608 (79.5%)	3477 (85.6%)	5621 (90.9%)	1211 (92.6%)	10917 (88.6%)
Black	118 (15.4%)	479 (11.8%)	434 (7.0%)	72 (5.5%)	1103 (9.0%)
Unable to determine	28 (3.7%)	62 (1.5%)	79 (1.3%)	13 (1.0%)	182 (1.5%)
Asian/American Indian/Native Hawaiian	11 (1.4%)	42 (1.0%)	52 (0.8%)	12 (0.9%)	117 (0.9%)
<b>Is Hispanic?</b>					
No	733 (95.8%)	3979 (98.0%)	6135 (99.2%)	1303 (99.6%)	12150 (98.6%)
Yes	32 (4.2%)	81 (2.0%)	51 (0.8%)	5 (0.4%)	169 (1.4%)
<b>Body Mass Index</b>					
Mean (SD)	33.3 (9.03)	30.8 (8.06)	28.5 (7.66)	25.3 (4.76)	29.2 (7.87)
Median [Min, Max]	32.0 [17.2, 67.2]	29.8 [8.49, 168]	27.7 [11.3, 293]	25.0 [13.3, 47.4]	28.1 [8.49, 293]
Missing	171 (22.4%)	736 (18.1%)	1076 (17.4%)	240 (18.3%)	2223 (18.0%)
<b>Stroke Type</b>					
Ischemic Stroke	514 (67.2%)	3099 (76.3%)	4666 (75.4%)	1005 (76.8%)	9284 (75.4%)
Hemorrhagic	163 (21.3%)	518 (12.8%)	790 (12.8%)	138 (10.6%)	1609 (13.1%)
Transient Ischemic Attack (< 24 hours)	71 (9.3%)	407 (10.0%)	706 (11.4%)	158 (12.1%)	1342 (10.9%)
Unable to determine	16 (2.1%)	28 (0.7%)	20 (0.3%)	7 (0.5%)	71 (0.6%)
Elective Carotid Intervention only	1 (0.1%)	8 (0.2%)	4 (0.1%)	0 (0%)	13 (0.1%)
<b>Length of Stay (days)</b>					
Mean (SD)	5.70 (8.94)	5.41 (7.56)	5.03 (6.31)	4.82 (4.30)	5.17 (6.77)
Median [Min, Max]	2.90 [0.0300, 116]	3.07 [0, 106]	3.12 [0.0200, 83.2]	3.91 [0.0400, 49.9]	3.14 [0, 116]
<b>NIHSS Total Score</b>					
Mean (SD)	6.05 (7.65)	5.77 (7.38)	6.41 (8.13)	7.86 (8.60)	6.33 (7.94)
Median [Min, Max]	3.00 [0, 38.0]	3.00 [0, 42.0]	3.00 [0, 42.0]	4.00 [0, 40.0]	3.00 [0, 42.0]
Missing	56 (7.3%)	187 (4.6%)	307 (5.0%)	68 (5.2%)	618 (5.0%)
<b>Ambulatory Status on Admission</b>					
Able to ambulate independently	225 (29.4%)	1134 (27.9%)	1376 (22.2%)	188 (14.4%)	2923 (23.7%)
Not determined	127 (16.6%)	554 (13.6%)	807 (13.0%)	156 (11.9%)	1644 (13.3%)
Unable to ambulate	65 (8.5%)	354 (8.7%)	721 (11.7%)	189 (14.4%)	1329 (10.8%)
With assistance (from person)	125 (16.3%)	831 (20.5%)	1486 (24.0%)	397 (30.4%)	2839 (23.0%)
Missing	223 (29.2%)	1187 (29.2%)	1796 (29.0%)	378 (28.9%)	3584 (29.1%)
<b>Discharge Status</b>					
Home	423 (55.3%)	2258 (55.6%)	2844 (46.0%)	422 (32.3%)	5947 (48.3%)
Other Health Care Facility	150 (19.6%)	1038 (25.6%)	2002 (32.4%)	548 (41.9%)	3738 (30.3%)
Acute Care Facility	125 (16.3%)	414 (10.2%)	648 (10.5%)	83 (6.3%)	1270 (10.3%)
Hospice	7 (0.9%)	80 (2.0%)	342 (5.5%)	185 (14.1%)	614 (5.0%)
Expired	27 (3.5%)	149 (3.7%)	294 (4.8%)	66 (5.0%)	536 (4.4%)
Left Against Medical Advice/AMA	33 (4.3%)	121 (3.0%)	56 (0.9%)	4 (0.3%)	214 (1.7%)



## NIHSS Score

NIHSS is a standardized tool used to quantify stroke severity, with scores ranging from 0 (no symptoms) to 42 (most severe). In 2024, Minor strokes (scores 1 - 4) accounted for 4,831 cases (39.2%), moderate strokes (scores 5 - 15) comprised 3,151 cases (25.6%), and moderate to severe strokes (scores 16 - 20) included 611 cases (4.96%). Additionally, 2,163 records (17.5%) reported no stroke symptoms (score 0), while severe strokes (scores 21 - 42) numbered 950 cases (7.71%). A small portion, 623 records (5.05%), had missing NIHSS data. This distribution shows minor strokes as the most common, with moderate to severe cases being the least frequent in the 2024 dataset.

Figure 4. Distribution of NIHSS scores grouped by severity in the 2024 SEQIP registry



## Risk Factors

In 2024, the SEQIP stroke registry data identified key stroke risk factors across four age groups. Hypertension was the top risk factor in all groups, with 5,035 cases in the 66- to 85-year-old age group, 2,986 cases in the 46- to 65-year-old age group, 1,117 cases in the 86 and older age group, and 360 cases in the 18- to 45 age group. Dyslipidemia ranked second in the 66- to 85-year-old age group (3,604 cases), the 86-year-old and older age group (744 cases), and the 46- to 65-year-old age group (1,841 cases), but did not appear in the top three for the 18- to 45-year-old age group. Smoking was the third risk factor in the 46- to 65 age group (1,641 cases) and the 18- to 45-year-old age group (297 cases). Obesity was the second risk factor in the 18- to 45-year-old age group (356 cases). Coronary artery disease was the third risk factor in the 86-year-old and older age group (382 cases), and diabetes was the third in the 66- to 85-year-old age group (2,374 cases).

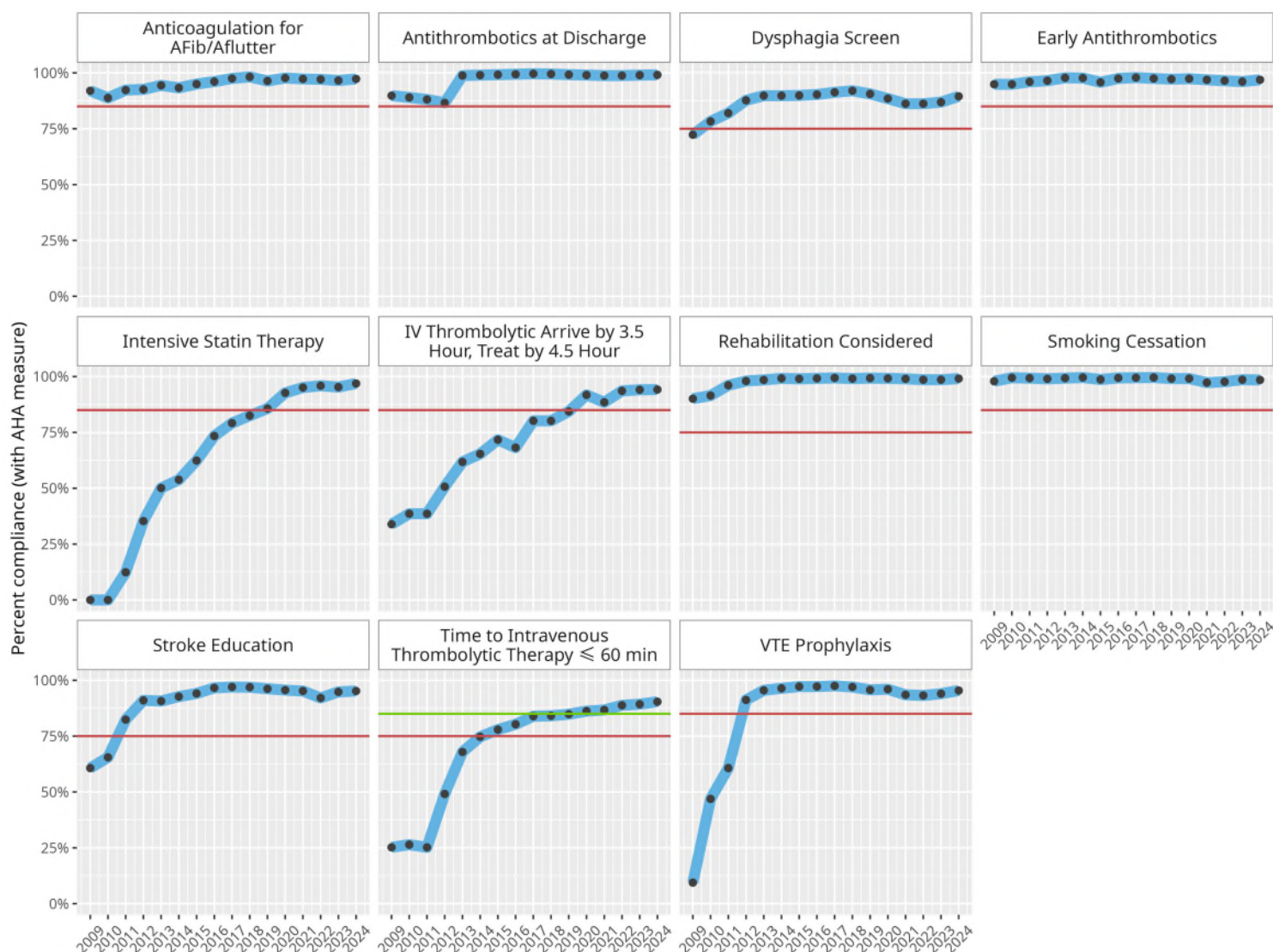


## AHA/ASA Stroke Performance Measures

SEQIP utilizes the performance measures developed by the AHA/ASA's nationally recognized Get with the Guidelines® - Stroke (GWTG®-S) hospital-based quality improvement program, recognized by The Joint Commission (TJC) and the Centers for Disease Control and Prevention (CDC).

The levels of achievement (such as Honor Roll vs. Honor Roll Elite/Plus) are indicated by the colored lines, where the red line is  $\geq 75\%$  compliance for that measure and the green line is  $\geq 85\%$  compliance. SEQIP hospitals met their compliance goals for all 11 measures in 2024.

Figure 5. GWTG®-S Performance measures in SEQIP registry from 2009 to 2024

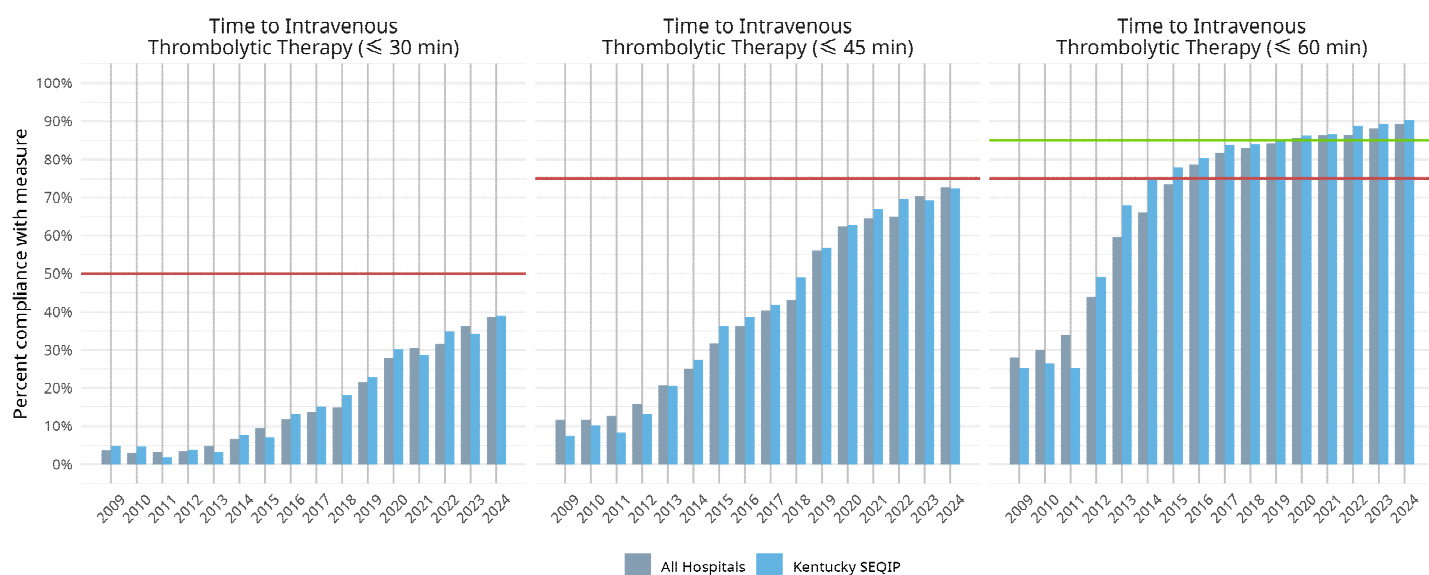




## Reperfusion Therapies

Reperfusion therapies, which restore blood flow to the brain during an ischemic stroke, lead to improved outcomes when delivered quickly. Hospitals aim to streamline processes upon EMS arrival to administer intravenous thrombolytic therapy to eligible patients as soon and as safely possible. The levels of achievement (such as Honor Roll vs. Honor Roll Elite/Plus) are indicated by the colored lines, where the red line is  $\geq 50\%$  or 75% compliance for that measure and the green line is  $\geq 85\%$  compliance.

Figure 6. Percent of acute ischemic stroke patients receiving intravenous thrombolytic therapy during the hospital stay within 30, 45, and 60 minutes from arrival



## Patient Arrival Mode

Stroke screening scales are recommended for utilization by EMS to identify stroke patients in the field for transport to a stroke center capable of delivering a clot busting drug to eligible patients. In 2018, the Kentucky Board of Emergency Medical Services (KBEMS) added performing a stroke severity scale and a prenotification algorithm to their recommended stroke triage protocol.

Table 5. Patient hospital arrival data from the 2024 SEQIP registry

	18 to 45 years (N=765)	46 to 65 years (N=4060)	66 to 85 years (N=6186)	86+ years (N=1308)	Overall (N=12319)
<b>How Patient Arrived</b>					
EMS from home/scene	226 (29.5%)	1463 (36.0%)	2675 (43.2%)	785 (60.0%)	5149 (41.8%)
Private transport/taxi/other from home/scene	308 (40.3%)	1576 (38.8%)	2098 (33.9%)	307 (23.5%)	4289 (34.8%)
Transfer from other hospital	229 (29.9%)	1007 (24.8%)	1376 (22.2%)	208 (15.9%)	2820 (22.9%)
Missing	2 (0.3%)	14 (0.3%)	37 (0.6%)	8 (0.6%)	61 (0.5%)



## Appendix A: Participating SEQIP Hospitals

- 1 ARH Our Lady of the Way
- 2 Baptist Health Corbin
- 3 Baptist Health Hardin
- 4 Baptist Health LaGrange
- 5 Baptist Health Lexington
- 6 Baptist Health Louisville
- 7 Baptist Health Madisonville (Regional Medical Center)
- 8 Baptist Health Paducah
- 9 Barbourville ARH Hospital
- 10 CHI Saint Joseph East
- 11 CHI St. Joseph Healthcare - Kentucky
- 12 Deaconess Henderson Hospital
- 13 Ephraim McDowell Regional Medical Center
- 14 Frankfort Regional Medical Center
- 15 Georgetown Community Hospital
- 16 Greenview Regional Hospital (TriStar)
- 17 Harlan ARH Hospital
- 18 Hazard ARH Regional Medical Center
- 19 Highlands Regional Medical Center
- 20 King's Daughters Medical Center
- 21 Lake Cumberland Regional Hospital
- 22 Mary Breckinridge ARH Hospital
- 23 McDowell ARH Hospital
- 24 Mercy Health Lourdes Hospital
- 25 Middlesboro ARH Hospital
- 26 Morgan County ARH Hospital
- 27 Norton Audubon Hospital
- 28 Norton Brownsboro Hospital
- 29 Norton Hospital
- 30 Norton Women's and Children's Hospital
- 31 Owensboro Health
- 32 Paintsville ARH Hospital
- 33 Pikeville Medical Center
- 34 St. Elizabeth Edgewood
- 35 St. Elizabeth Florence
- 36 St. Elizabeth Ft. Thomas
- 37 Summers County ARH Hospital
- 38 T.J. Samson Community Hospital
- 39 The Medical Center at Bowling Green - Kentucky
- 40 The Medical Center at Cavema
- 41 The Medical Center at Franklin
- 42 The Medical Center at Scottsville
- 43 Tug Valley ARH Regional Medical Center
- 44 UK HealthCare
- 45 University of Louisville Hospital
- 46 UofL Health - Jewish Hospital
- 47 UofL Health - Shelbyville
- 48 Whitesburg ARH Hospital



# Strokes are **SERIOUS**

Kentucky Has The  
**19th Highest**  
Age Adjusted Mortality Rate  
From Stroke in the U.S

(2024 CDC Data)



**11,143**

Inpatient admissions resulting in an average length of stay of **5.85 days** for Stroke in 2023.

**\$989,614,555**

Total cost of Kentucky inpatient hospitalizations for **STROKE** and **TIA** in 2023



(Kentucky Health Facilities and Service Data)

**Stroke Death Rates Are Higher For Kentuckians vs. USA**

**41**

**KY**

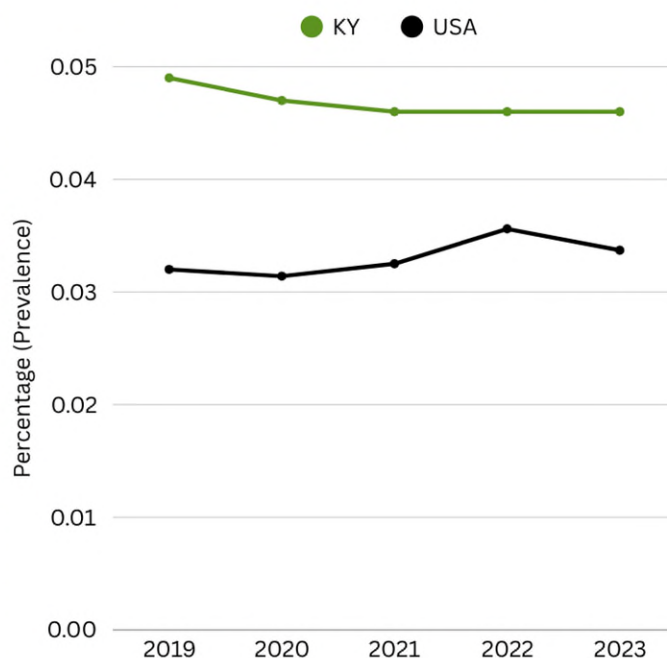
**37.8**

**USA**

Age Adjusted Per 100,000 Population  
(2024 CDC Data)

## Stroke Prevalence KY vs USA

“Have you ever been told you had a stroke?”



Data according to Behavioral Risk Factor Surveillance System Survey (BRFSS)



**Kentucky Public Health**  
Prevent. Promote. Protect.

