Randomization units
N=20 clusters
(6 EMS, 4 ER, 10 EMS+ER Pairs)

Intervention arm
Cluster N=10

Services
EMS: N=3
ER: N=2
EMS & ER: N=5

Patients
Suspected stroke =1181
age<=80=806 (68.3%)
admitted to the hospital=870 (73.7%)
of which confirmed stroke=553 (63.6%)

Withdrawal
EMS=5  n=291

Suspected stroke=890
age<=80=622 (69.9%)
admitted to the hospital=644 (72.4%)
of which confirmed stroke=394 (61.2%)

Suspected stroke=780
Age<=80=538 (69.0%)
admitted to the hospital=615 (78.7%)
of which confirmed stroke=485 (78.9%)

Suspected stroke=884
Age<=80=620 (70.1%)
admitted to the hospital=638 (72.2%)
of which confirmed stroke=392 (61.4%)

Withdrawal
ER=3  n=694

Suspected stroke=1475
age<=80=1020 (69.1%)
admitted to the hospital=1211 (82.1%)
of which confirmed stroke=1004 (82.9%)

Withdrawal
ER=3  n=694

Suspected stroke=720
age<=80=459 (63.8%)
admitted to the hospital=563 (78.2%)
of which confirmed stroke=404 (71.8%)

Withdrawal
ER=1  n=59

Suspected stroke=679
age<=80=434 (63.9%)
admitted to the hospital=537 (79.1%)
of which confirmed stroke=386 (71.9%)

Suspected stroke=1519
age<=80=985 (65.0%)
admitted to the hospital=1242 (81.8%)
of which confirmed stroke=1010 (81.3%)

Withdrawal
EMS=5  n=291

Suspected stroke=368
Age<=80=259 (70.4%)
admitted to the hospital=255 (69.3%)
of which confirmed stroke=209 (82.0%)

Withdrawal
EMS=1  n=41

Suspected stroke=227
Age<=80=148 (65.2%)
admitted to the hospital=176 (77.5)
of which confirmed stroke=126 (71.6%)

Withdrawal
ER=1  n=59

Suspected stroke =1460
age<80=953 (65.3%)
admitted to the hospital=1193 (81.7%)
of which confirmed stroke=967 (81.1%)

Intention To Treat analysis

Per Protocol analysis

Rome inner city and suburban area analysis