

# The association between gender and priority of admission in Florida stroke patients

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## Abstract

**Introduction/Objective:** Stroke is the fifth leading cause of death in the United States and results in significant morbidity and mortality annually. Its wide prevalence and critical nature make it essential to recognize and properly triage patients with symptoms of stroke so that appropriate time-sensitive interventions may be delivered. Many studies have delineated gender differences in risk, diagnosis and treatment of stroke; however, limited information exists on the association between gender and Emergency Department (ED) triage priority. The objective of this study is to determine if there is a gender difference in the assignment of an emergency priority of admission code among Florida stroke patients. **Methods:** An observational cross-sectional study was performed through secondary analysis of the Florida Stroke Registry, composed of hospital discharge data collected by the Agency for Healthcare Administration (AHCA) on Florida stroke patients from 2012. A descriptive analysis was utilized to profile the study population, calculating measures of centrality and dispersion of demographic variables. We tested associations of our bivariate analysis using chi-square tests, then performed a multivariate analysis using logistic regression to control for confounders. Odds ratios were used to measure associations. **Results:** Women were 24% more likely to receive an emergency priority of admission code than men. Following adjustment and stratification by primary stroke center designation, it was determined that women remained more likely to receive a priority code of admission than males. This occurred at a higher rate in primary stroke centers (35% more) than in non-certified hospitals (11% more). Independently, the other factors included in the adjusted analysis (age, race, payer, source of admission, day of the week, and stroke center designation) also held statistically significant associations with emergency priority triage. **Conclusions:** Gender disparity does exist among Florida stroke patient triage and more research should be conducted concerning the factors influencing the assignment of an emergency priority code. Emergency department care providers may need more gender specific protocols on stroke triage and additional training in recognizing gender specific symptoms. Additional studies need to be conducted in order to identify if gender disparities exist in other links of the stroke chain of survival.

**Keywords:** gender; priority of admission; stroke; Florida

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