

Jefferson Abington Hospital Diamond Stroke Center Stroke Performance and Quality Measures

“Get With The Guidelines” Stroke Performance and Quality Measures

Clinical Measure / Measure Description	GWTG Stroke Performance Measure Goal	Jefferson Abington Hospital 7/20 – 6/21
Intravenous rT-PA – arrive by two hours Acute ischemic stroke patients who arrive at the hospital within 120 minutes (3.5 hours) of time last known well and for whom IV rT-PA was initiated at this hospital within 270 minutes (4.5 hours) of stroke symptom onset	>85%	94%
Early antithrombotics Patients with ischemic stroke or TIA who receive antithrombotic therapy by the end of hospital day two	>85%	98%
VTE prophylaxis Patients with an ischemic stroke, or a hemorrhagic stroke, or stroke not otherwise specified and who are non-ambulatory who receive DVT prophylaxis by end of hospital day two	>85%	96%
Antithrombotics Patients with an ischemic stroke or TIA prescribed antithrombotic therapy at discharge	>85%	99.8%
Anticoagulant for AFib/AFlutter Patients with an ischemic stroke or TIA with atrial fibrillation/flutter discharged on anticoagulation therapy	>85%	100%
LDL 100 or ND - Statin Ischemic stroke or TIA patients with LDL >69, or LDL not measured, or on cholesterol-reducer prior to admission, evidence of atherosclerosis, who are discharged on statin medication	>85%	98%

Get With The Guidelines® – (GWTG) Stroke is a hospital-based performance and quality improvement program for the American Stroke Association and American Heart Association. A voluntary program, it demonstrates a hospital’s commitment to superior patient care using current, evidence-based guidelines. Most hospitals that implement the Get With The Guidelines-Stroke quality improvement program realize measurable results. It’s a difference that shows in the lives of patients and their families, in the satisfaction felt by caregivers empowered to do their best and in the financial health of participating hospitals. Jefferson Abington Hospital has been the recipient of the Performance Achievement Award and Gold Plus Award and utilizes the GWTG aggregate data for continuous, internal quality improvement.

Advanced Stroke Therapies

There are two types of stroke: ischemic stroke (when a blood clot or atherosclerotic plaque blocks off oxygen carrying blood flow to the brain) and a burst blood vessel (hemorrhagic stroke). All stroke patients who arrive to Jefferson Abington Hospital’s Emergency Trauma Center are evaluated for acute stroke therapies. There are two approved therapies for ischemic stroke. One type of therapy is the administration of an intravenous drug, rt-PA (Alteplase) that dissolves blood clots. There are additional interventional procedures that can restore oxygenation to the brain. The administration of intravenous rt-PA (Alteplase) and/or providing advanced interventional procedures to revascularize carefully screened stroke patients have been shown to significantly improve patient outcomes in multiple trials.

Between July 2020 and June 2021, 11.2% of ischemic stroke patients who arrived to Jefferson Abington Hospital’s Emergency Trauma Center were treated with rt-PA (Alteplase) and 12% of patients were taken emergently to the cath lab for advanced stroke therapies.

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Intravenous rT-PA for acute ischemic stroke patients at AH

Fiscal Year	7/15 – 6/16	7/16 – 6/17	7/17 – 6/18	7/18 – 6/19	7/19 – 6/20	7/20 – 6/21
AH Average	12.5%	14.3%	14.5%	16%	12%	11.2%
*All Hospitals	10.6%	11.2%	11.6%	12%	11.9%	11.4%

*Retrieved from *Get With The Guidelines*® database

Acute Ischemic Stroke Patient Outcomes Post-thrombectomy – Fiscal Year 2021

The Thrombolysis in Cerebral Infarction (TICI) Scale is a tool used to grade the degree of perfusion obtained following the opening of an arterial blockage. The TICI score is assessed at the end of the procedure grading perfusion achieved.

The TICI Scale range signifies the following: TICI 0 = no perfusion to TICI 3 = complete perfusion

Acute Ischemic Stroke Patient Outcomes Post-thrombectomy

- 12% of ischemic stroke patients were emergently taken to the cath lab for thrombectomy.
- 84% of ischemic stroke patients post thrombectomy had successful reperfusion with TICI 2b to TICI 3 grading post procedure.