

# Abington Hospital – Jefferson Health Diamond Stroke Center Stroke Performance and Quality Measures

## “Get With The Guidelines” Stroke Performance and Quality Measures

Clinical Measure / Measure Description	GWTC Stroke Performance Measure Goal	Abington Hospital 7/18 – 6/19
<b>Intravenous rT-PA – arrive by two hours</b> Acute ischemic stroke patients who arrive at the hospital within 120 minutes (2 hours) of time last known well and for whom IV rT-PA was initiated at this hospital within 180 minutes of stroke symptom onset	>85%	95.5%
<b>Early antithrombotics</b> Patients with ischemic stroke or TIA who receive antithrombotic therapy by the end of hospital day two	>85%	99%
<b>VTE prophylaxis</b> 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%	99.8%
<b>Antithrombotics</b> Patients with an ischemic stroke or TIA prescribed antithrombotic therapy at discharge	>85%	99.8%
<b>Anticoagulant for AFib/AFlutter</b> Patients with an ischemic stroke or TIA with atrial fibrillation/flutter discharged on anticoagulation therapy	>85%	98%
<b>LDL 100 or ND - Statin</b> 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%	99.2%

*Get With The Guidelines® – (GWTC) 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. Abington Hospital has been the recipient of the Performance Achievement Award and Gold Plus Award and utilizes the GWTC 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 AH – Jefferson Health’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 2018 and June 2019, 16% of ischemic stroke patients who arrived to Abington Hospital – Jefferson Health’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	7/14 – 6/15	7/15 – 6/16	7/16 – 6/17	7/17 – 6/18	7/18 – 6/19
AH Average	12.7%	12.5%	14.3%	14.5%	16%
*National Average	9.6%	10.6%	11.2%	11.6%	12%

\*Retrieved from Get With The Guidelines® database

### Acute Ischemic Stroke Patient Outcomes Post-thrombectomy – Fiscal Year 2019

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 – Fiscal Year 2019:

- 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.

### Advanced Stroke Therapy Outcomes – Fiscal Year 2019:

The Comprehensive Stroke Center monitors 30-day stroke and death rate for the following advanced stroke therapies:

	Joint Commission Benchmark	AH
<b>Overall Carotid Artery Aggregate Complication Rate</b>		
<b>Asymptomatic (elective)</b>		
Carotid Artery Stenting (CAS) and Carotid Artery Endarterectomy (CEA)	<3%	2.6%
<b>Symptomatic (emergent)</b>		
Carotid Artery Stenting (CAS) and Carotid Artery Endarterectomy (CEA)	<6%	2.6%