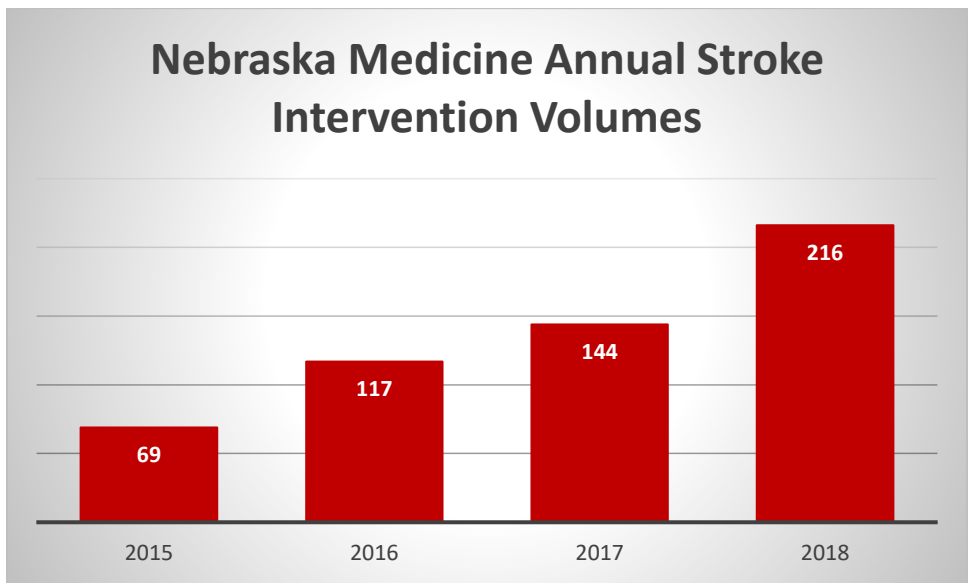


## Nebraska Medicine Stroke and Neurovascular Center 2018 Outcomes

\*2017-2018

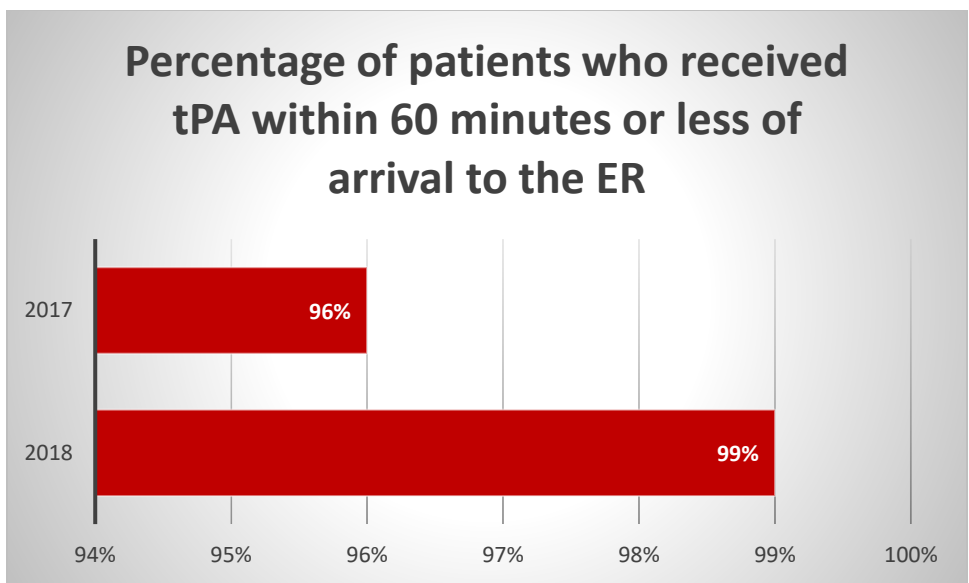
Stroke Procedure/Treatment	Our Performance	Joint Commission Benchmark
Diagnostic Cerebral Angiogram <ul style="list-style-type: none"> <li>Stroke within 24 hours post procedure</li> <li>Death within 24 hours post procedure</li> </ul>	<b>0 %</b>  <b>0 %</b>	<b>&lt;1%</b>  <b>&lt;1%</b>
Carotid Endarterectomy/ Carotid Stent Complication Rates (stroke/death) <ul style="list-style-type: none"> <li>Symptomatic</li> <li>Asymptomatic</li> </ul>	<b>5%</b>  <b>2 %</b>	<b>&lt;6%</b>  <b>&lt;3%</b>
Post Aneurysmal Clipping and Coiling <ul style="list-style-type: none"> <li>Mortality Rate</li> </ul>	<b>1%</b>	<b>Not Established</b>
EVD Placement (Acute Ischemic stroke/Hemorrhagic Stroke) <ul style="list-style-type: none"> <li>CSF Infection Rate</li> </ul>	<b>2 %</b>	<b>Not Established</b>

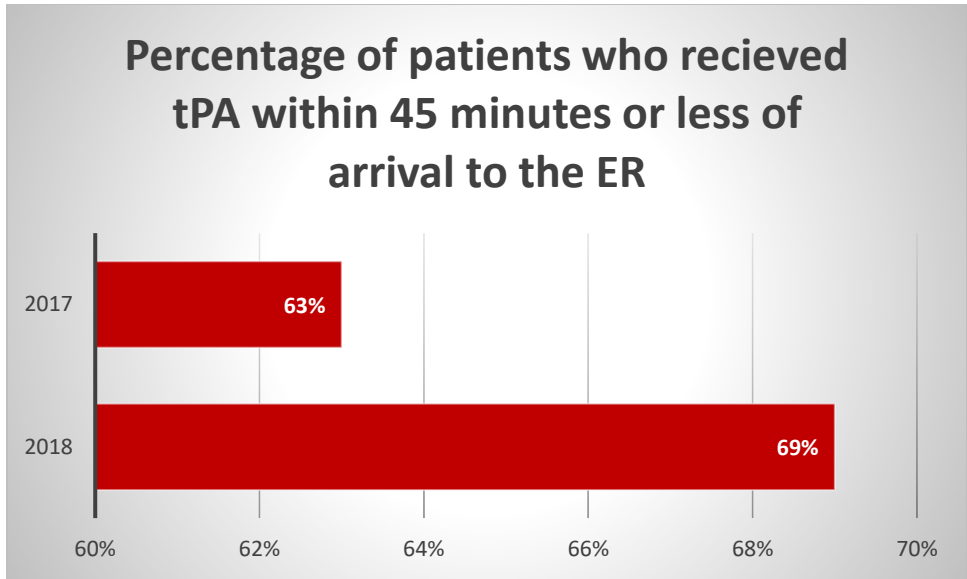
Nebraska Medicine's Stroke and Neurovascular Center has had quite an increase in intervention volumes over the past few years, meaning more and more stroke patients being treated with tPA and thrombectomies.



## Nebraska Medicine Stroke and Neurovascular Center Quality Scores

### Time to Intravenous Thrombolytic Therapy – 60 min





### What does this score mean?

Percent of acute ischemic stroke patients receiving intravenous tissue plasminogen (tPA) therapy during the hospital stay who have a time from hospital arrival to initiation of thrombolytic therapy administration (door-to-needle time) of 60 minutes or less.

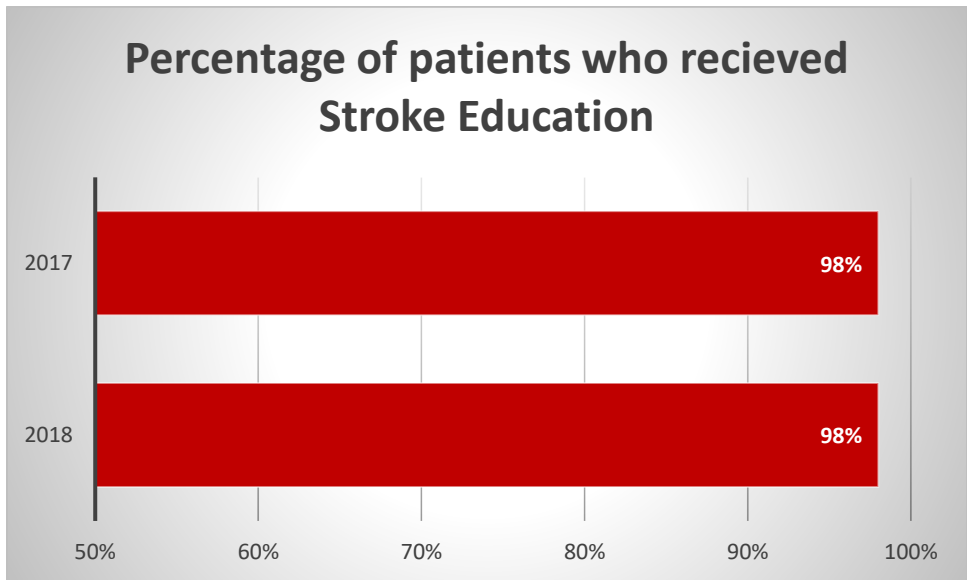
The benefits of tPA in patients with acute ischemic stroke are time-dependent, and the American Heart Association and American Stroke Association guidelines recommend a door-to-needle time of 60 minutes or less. However, studies have found that less than 30 percent of U.S. patients are treated within this window.

Nebraska Medicine’s average door to needle time for 2018 is 41 minutes, with a median of 35 minutes.

### Why is this score important?

The quicker a stroke is recognized and treated, the better outcomes for the patient. Remember every minute matters when a stroke happens, the quicker the blood thinning medication (tPA) is given, the less brain cell death, thus, reducing the negative outcomes and disability.

## Stroke Education



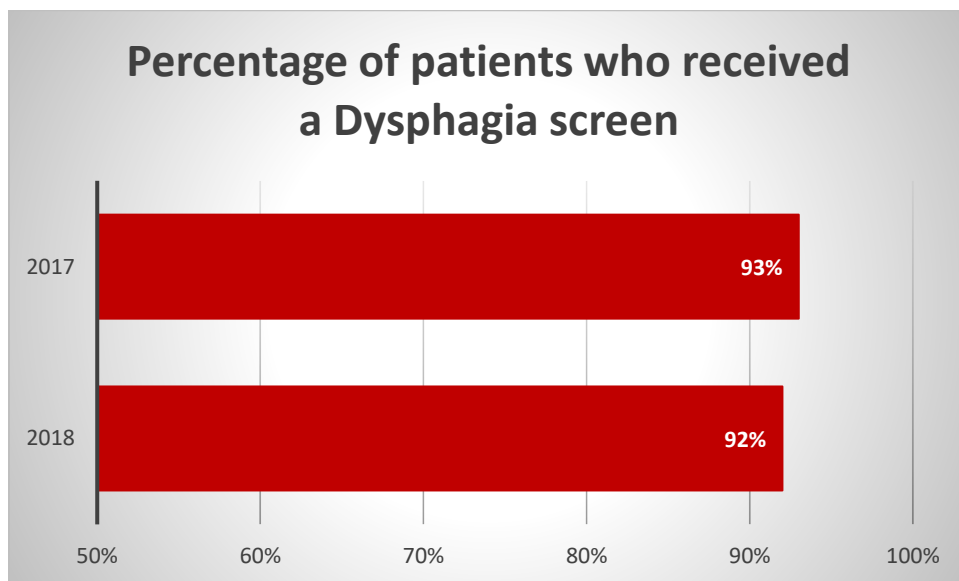
## What does this score mean?

Percent of patients with stroke or TIA or their caregivers who were given education and/or education materials during the hospital stay addressing ALL of the following: personal risk factors for stroke, warning signs for stroke, activation of emergency medical system, need for follow-up after discharge, and medications prescribed.

## Why is this score important?

It is extremely important for the patient and family to understand all their risk factors for stroke, and understand how they can modify these risks. Also, for them to be aware of the warning signs of stroke and to call 911 as soon as they recognize these symptoms. We want to make sure each patient and family member understand the reason they are taking their medications, and how they help reduce a reoccurring stroke, as well as the importance of follow-up with their physician.

## Dysphagia Screen



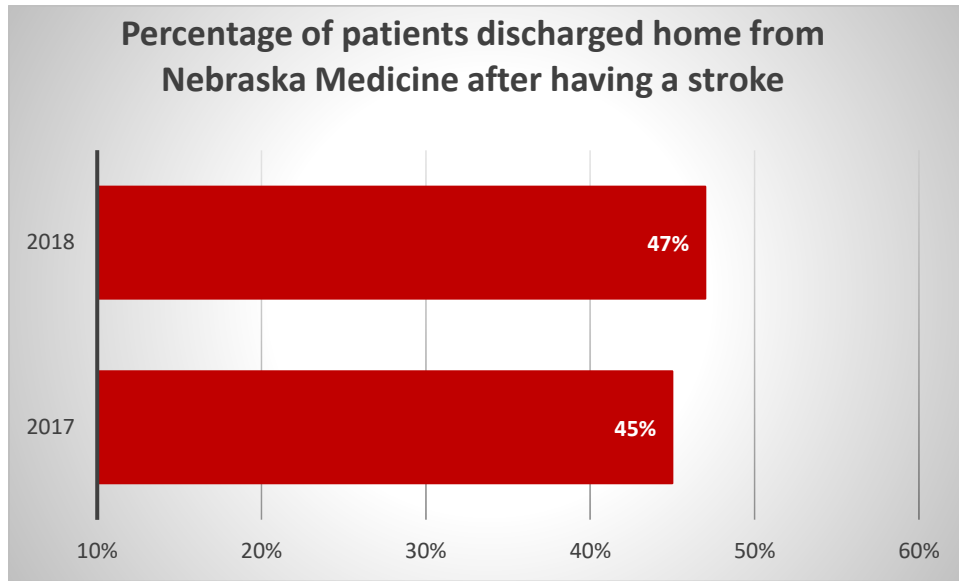
## What does this score mean?

Percent of stroke patients who undergo screening for dysphagia with an evidence-based bedside testing protocol approved by the hospital before being given any food, fluids, or medication by mouth.

## Why is this score important?

Dysphagia swallowing screens are important after an acute stroke to help identify those patient who cannot safely take food and medications by mouth, and need further assistance with our Speech Therapists. Dysphagia can occur in up to 65 percent of stroke patients, therefore by screening these patients we are reducing their risk of aspiration.

## Disposition



According to the National Stroke Association, 10 percent of people who have a stroke recover almost completely, with 25 percent recovering with minor impairments. Another 40 percent experience moderate to severe impairments that require special care. This means that there is a type of disability that affects your daily function, whether at work or in your personal life. Ten percent require long-term care in a nursing home or other facility.

In 2018, Nebraska Medicine had 48% of our stroke patients recover almost completely or with only minor impairments being able to discharge back to their home.