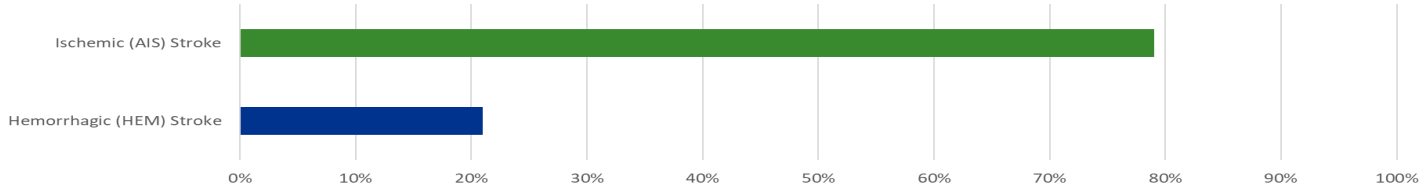
MNI STROKE Program *by the Numbers*

Providence Mission Hospital Types of Inpatient Strokes



Door to Clot Busting Drug (TNK)

34 MINUTES

The Joint Commission standard goal for thrombolytic from the time of arrival is to be administered within 45 minutes.

- ✓ **34 minutes is Mission's current average door time to thrombolytic.**
- ✓ **85%** of treated patients are treated within 45 minute window.
- ✓ **54%** of treated patients are treated within 30 minutes from time of arrival.

Life Post Stroke

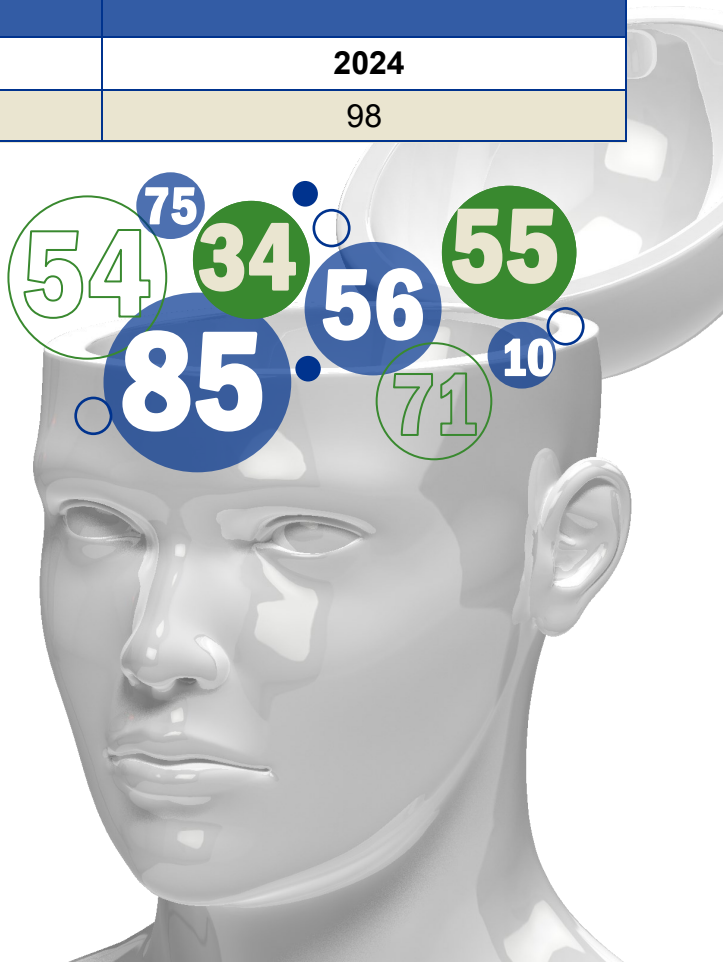
56% of our patients go home with minimal symptoms and continue with home therapy.

Avg. Age	# Stroke Inpatients	# Ischemic (AIS) Strokes	# Hemorrhagic (HEM) Strokes
2024	**2024**	**2024**	**2024**
75	475	377	98

ISCHEMIC STROKE THERAPIES

JANUARY 2024 - DECEMBER 2024

IV TNK (Clot Buster Medication)		Endovascular Treatment (Thrombectomy)	
Number of Patients	Percent Treated among all Ischemic Strokes	Number of Patients	Percent Treated among all Eligible Patients
71	19%	55	100%
GWTG National Average 11.7%		GWTG National Average 95.5%	



MNI STROKE Program *by the Numbers*

National Hospital Standards of Inpatient Stroke Care

1. Patients with an ischemic stroke or a hemorrhagic stroke and who are non-ambulatory should start receiving DVT prophylaxis by end of hospital day two.
2. Patients with an ischemic stroke should be prescribed antithrombotic therapy at discharge.
3. Patients with an ischemic stroke with atrial fibrillation/ flutter discharged on anticoagulation therapy.
4. Acute ischemic stroke patients who arrive at the hospital within 120 minutes (2 hours) of time last known well and for whom IV t-PA was initiated at this hospital within 180 minutes (3 hours) of time last known well.
5. Patients with ischemic stroke should receive antithrombotic therapy by the end of hospital day two.
6. Ischemic stroke patients with LDL greater than or equal to 100 mg/dL, or LDL not measured, or who were on a lipid-lowering medication prior to hospital arrival are prescribed statin medication at hospital discharge.
7. Ischemic or hemorrhagic stroke patients or their caregivers are given educational materials during the hospital stay addressing all of the following: activation of emergency medical system, need for follow-up after discharge, medications prescribed at discharge, risk factors for stroke, and warning signs and symptoms of stroke.
8. Ischemic or hemorrhagic stroke patients are assessed for rehabilitation services.

CMS and Joint Commission Stroke Measures - Compliance Rate Goal 100%	Mission Compliance Rate 2024
STK-1: VTE Prophylaxis	99.2%
STK-2: Discharged on Antithrombotic Therapy	99.3%
STK-3: Pts w/ A-Fib receiving Anticoagulation Therapy	98.4%
STK-4: Thrombolytic Therapy Administered	100%
STK-5: Antithrombotic Therapy by End of Hospital Day 2	99.1%
STK-6: Discharged on Statin Therapy	98.2%
STK-8: Stroke Education	100%
STK-10: Assessed for Rehabilitation	99.4%

Preventative Stroke Procedures

Often, strokes occur as the result of a blockage in one of the carotid arteries (two main arteries in the neck that supply blood to the brain). In order to prevent a stroke caused by a blocked artery, patients may undergo a procedure to remove the blockage—either carotid artery stenting, Transcarotid Artery Revascularization (TCAR) or carotid endarterectomy.

Number of Carotid Artery Stenting and Carotid Endarterectomy Procedures Performed and the Associated Complication Rate
JANUARY 2024 - DECEMBER 2024

Type of Carotid Endarectomy (CEA), Carotid Stent (CAS), and Transcarotid Artery Revascularization (TCAR)	Number of Procedures Performed	Number of Complications	Complication Rate	National Benchmark
Asymptomatic	10	0	0.0%	<3.0%
Symptomatic	34	0	0.0%	<6.0%