



## Quality Data – Stroke Quality Measures

Percent of patients who receive care in accordance with national guidelines:	Milton S. Hershey Medical Center	All Comprehensive Certified Stroke Centers	All Pennsylvania Hospitals
<p>Treatment to prevent deep vein thrombosis for those who are on bedrest by the second day in hospital.</p> <p><i>Patients with prolonged inactivity are at risk for developing blood clots, which could lead to another stroke.</i></p>	<b>99%</b>	97.3%	98%
<p>Antithrombotic medication prescribed at discharge for those with ischemic stroke.</p> <p><i>These medications prevent blood clots, which could lead to another stroke.</i></p>	<b>100%</b>	99.6%	99.8%
<p>Anticoagulation medication at discharge for those with ischemic stroke and atrial fibrillation.</p> <p><i>In atrial fibrillation, your heart doesn't contract fully. Blood can pool and form clots. Anticoagulation medications prevent clot formation.</i></p>	<b>100%</b>	98.2%	99.4%
<p>Intravenous clot-buster (tPA) is given within 60 minutes to those who arrive at the hospital within two hours of when symptoms began.</p> <p><i>The sooner you received the clot-busting drug, the better your chances for recovery. The clot-buster, tPA, must be delivered within three hours of when symptoms began.</i></p>	<b>78.6%</b>	94.5%	88.2%
<p>Antithrombotic medication by the end of hospital day two for those with an ischemic stroke.</p> <p><i>These medications prevent blood clots, which could lead to another stroke.</i></p>	<b>99.1%</b>	97.6%	98.3%
<p>Cholesterol reducing medications (statins) at discharge for those with high or unknown cholesterol levels, or those who were on a cholesterol-lowering drug prior to admission.</p> <p><i>High cholesterol levels raise your risk for stroke.</i></p>	<b>100%</b>	98.8%	99.4%
<p>Education about warning signs, calling 911, and risk factors for stroke.</p> <p><i>Knowing the warning signs and calling 911 help you to receive prompt medical attention. Knowing your risk factors will help you to take action to prevent another stroke.</i></p>	<b>95%</b>	96%	96.6%
<p>Rehabilitation services assessment completed.</p> <p><i>Rehabilitation can help recovery of speech and motor function.</i></p>	<b>99.4%</b>	99.5%	99.5%

Source: Get With the Guidelines, an American Stroke Association quality database  
July – Sept. 2020

## Quality Data – Comprehensive Stroke Center Measures

Quality measures for hospitals certified as Comprehensive Stroke Centers.

(Not required for all hospitals, so that category below is indicated as N/A – Not Applicable.)

Percent of patients who receive care in accordance with national guidelines:	Milton S. Hershey Medical Center	All Comprehensive Certified Stroke Centers	All Pennsylvania Hospitals
Documented NIHSS score <i>National Institute of Health Stroke Scale (NIHSS) score is a measure of deficits.</i>	<b>91.1%</b>	92.5%	N/A
Favorable mRS at 90 days <i>Modified Rankin Score (mRS) is a measure of functional independence.</i>	<b>63%</b>	23.5%	N/A
Documented SAH and ICH scores <i>Subarachnoid Hemorrhage (SAH) and Intracerebral Hemorrhage (ICH) scores are measures of severity of stroke.</i>	<b>84.4%</b>	85.5%	N/A
Procoagulant reversal agent administered <i>ICH patients on anticoagulants who receive reversal medication.</i>	<b>90.7%</b>	92.2%	N/A
Hemorrhagic transformation <i>Stroke patients who develop an intracranial hemorrhage after tPA or endovascular clot retrieval. Goal is 0%.</i>	<b>7.1%</b>	5.5%	N/A
Nimodipine treatment <i>SAH patients who received nimodipine for vasospasm prevention.</i>	<b>100%</b>	92.3%	N/A
Post-treatment reperfusion grade <i>Reperfusion grade indicates success of re-opening the cerebral artery.</i>	<b>80%</b>	86.7%	N/A
Timeliness of Reperfusion <i>Time from arrival to the hospital to reperfusion</i>	<b>56%</b>	67.8%	N/A

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 July – Sept. 2020