

Overlook Medical Center Stroke Program Quality Measures

When stroke symptoms occur, every second counts. Acute ischemic stroke patients treated rapidly with the “clot-busting” drug, IV Alteplase (tPA), have improved chances for faster neurological recovery and reduced incidence of disability.

The American Stroke Association Target: Stroke Honor Roll – Elite Plus recognizes hospitals that achieve time to tPA within 45 minutes in 75 percent or more of acute ischemic stroke patients treated with tPA AND door-to-needle time within 30 minutes in 50 percent of acute ischemic stroke patients treated with IV tPA. At Overlook Medical Center, over 86% of stroke patients receive tPA within 45 minutes and over 62% of stroke patients receive tPA within 30 minutes of their arrival at the hospital.

Overlook Medical Center continually focuses on reducing the time to treatment for stroke patients. Innovative practices have helped to reduce time to life-saving treatment to as little as 13 minutes.

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| | Comprehensive Stroke Center Requirements | Overlook Medical Center 2019 |
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| Patients with diagnosis of subarachnoid hemorrhage caused by an aneurysm | ≥20 per year | 57 |
| Surgical clipping or endovascular coiling procedures for aneurysm | ≥15 per year | 51 |
| Mechanical Thrombectomy | ≥15 per year | 50 |
| Administration of IV-tPA | ≥25 per year | 93 |

Stroke Quality Measures **

| Key Stroke Quality Indicators | Overlook Medical Center 2019 | All NJ Hospitals 2019 |
|---|------------------------------|-----------------------|
| The goal is to quickly get rid of any blood clot(s) to restore function to the area that is impacted by a stroke. This may be achieved by administering the tPA drug intravenously to eligible patients within 180 minutes from the time the patient was last known normal. | 98% | 95% |
| An antithrombotic is a medication that prevents blood clots. Antithrombotic therapy should be administered within 2 days of symptom onset in acute ischemic stroke patients to reduce stroke mortality and morbidity. | 99% | 97% |
| Stroke patients are at increased risk of developing deep vein blood clots. Preventive therapies should be administered within 2 days of symptom onset. | 98% | 97% |
| An antithrombotic agent is a drug that reduces the formation of blood clots. Studies suggest that antithrombotic therapy should be prescribed at hospital discharge following an ischemic stroke to reduce stroke mortality and morbidity. | 100% | 100% |
| Anticoagulation therapy is a course of drug therapy in which medications are administered to a patient to slow the rate at which the patient's blood clots. The administration of anticoagulation therapy is an effective strategy in preventing recurrent stroke in high stroke risk-atrial fibrillation patients. | 100% | 99% |
| Ischemic or hemorrhagic stroke patients who were assessed for rehabilitation services. | 100% | 99% |
| Statin drugs are medications used to reduce serum level of lipids such as cholesterol. The reduction of LDL ("bad" cholesterol"), through lifestyle modification and drug therapy when appropriate, is recommended for the prevention of recurrent ischemic stroke, heart attack, and other major vascular events. | 98% | 98% |
| Percent of ischemic or hemorrhagic stroke patients or their caregivers who were 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. | 99% | 97% |
| Percent of acute ischemic stroke patients receiving IV tPA 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. | 94% | 82% |
| Percent of acute ischemic stroke patients receiving IV tPA during the hospital stay who have a time from hospital arrival to initiation of thrombolytic therapy administration (door-to-needle time) of 45 minutes or less. | 86% | 53% |
| Percent of acute ischemic stroke patients receiving IV tPA during the hospital stay who have a time from hospital arrival to initiation of thrombolytic therapy administration (door-to-needle time) of 30 minutes or less. | 62% | 22% |
| 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. | 93% | 88% |
| Percent of patients with ischemic or hemorrhagic stroke, or TIA with a history of smoking cigarettes, who are, or whose | 100% | 99% |

caregivers are, given smoking cessation advice or counseling during hospital stay.

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| 30-day stroke and death rate following symptomatic carotid endarterectomy and carotid artery stenting. Joint Commission standard: < 6% | 2% | No data available |
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| 30-day stroke and death rate following asymptomatic carotid endarterectomy and carotid artery stenting. Joint Commission standard: < 3% | 0% | No data available |
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**Overlook Medical Center reports these outcomes to meet requirements of The Joint Commission Comprehensive Stroke Center Advanced Certification.*

***To learn more about the Stroke Quality Measures please visit the American Stroke Association's [fact sheet](#) on stroke quality measures.*

*** Data is from [Get With The Guidelines®-Stroke Patient Management Tool](#).*