



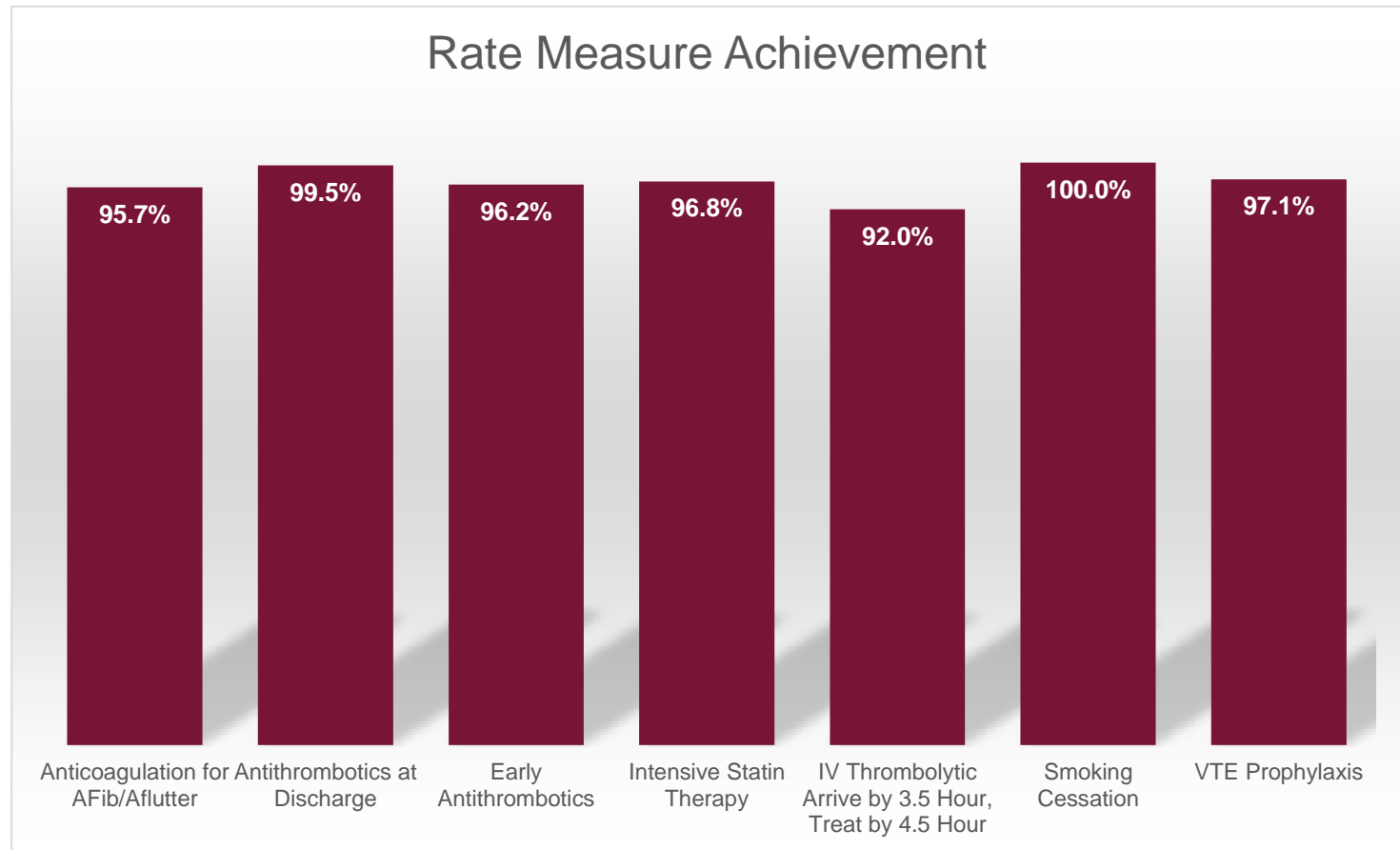
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Loyola Stroke Program Outcomes 2022- 2024

Target Stroke: Gold Plus Honor Roll



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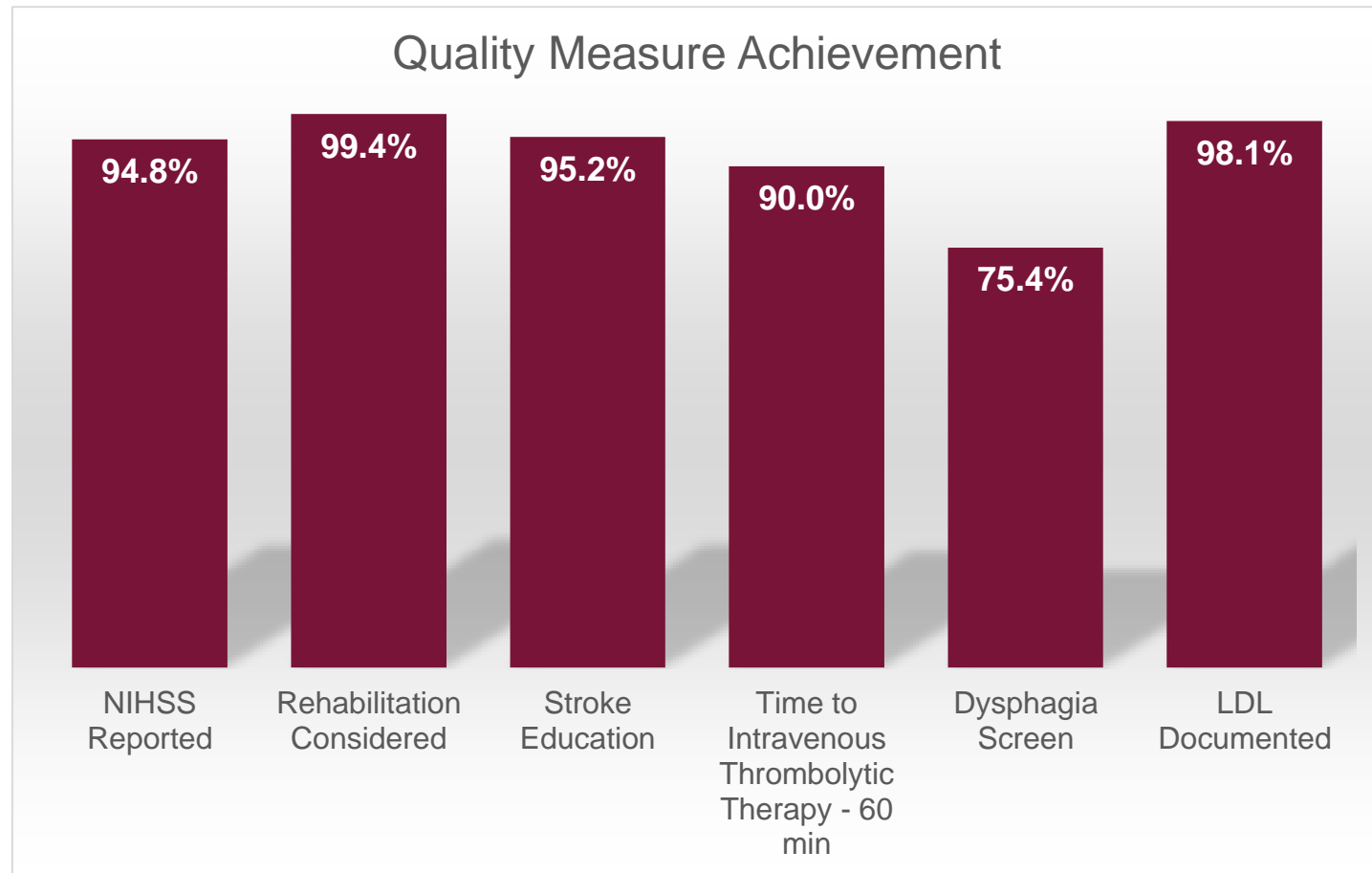


Achieved **85%** or higher in all AHA GWTG stroke achievement measures

Target Stroke: Gold Plus Honor Roll

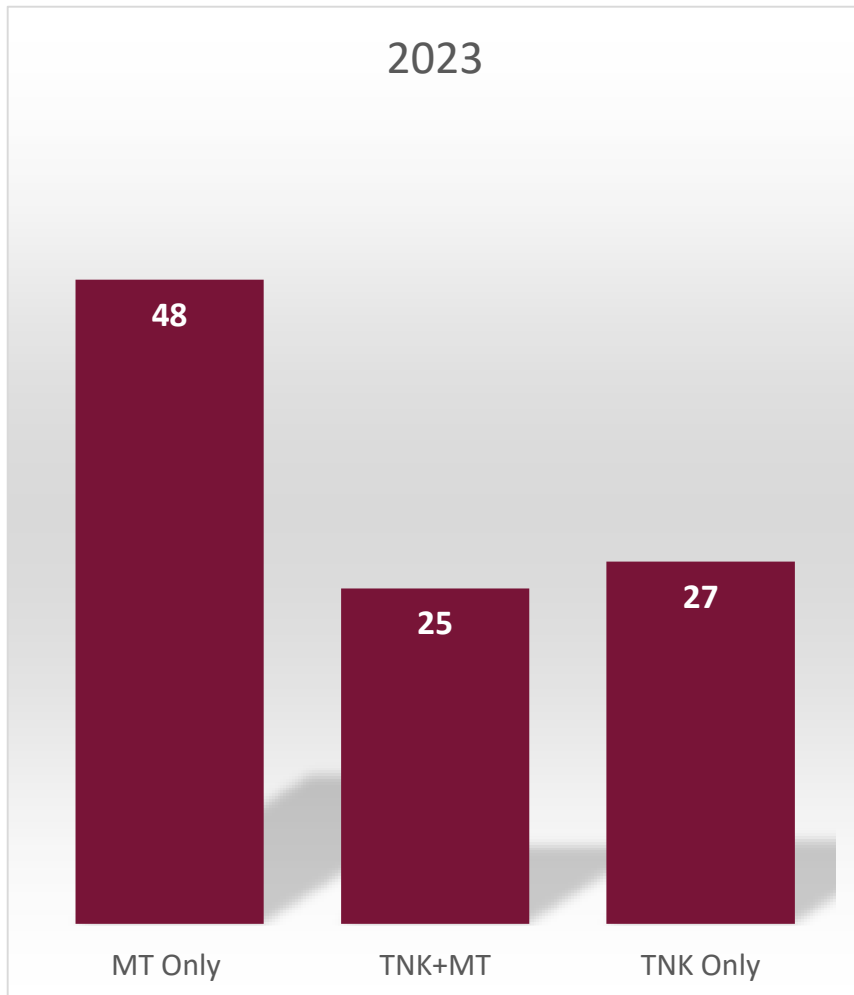


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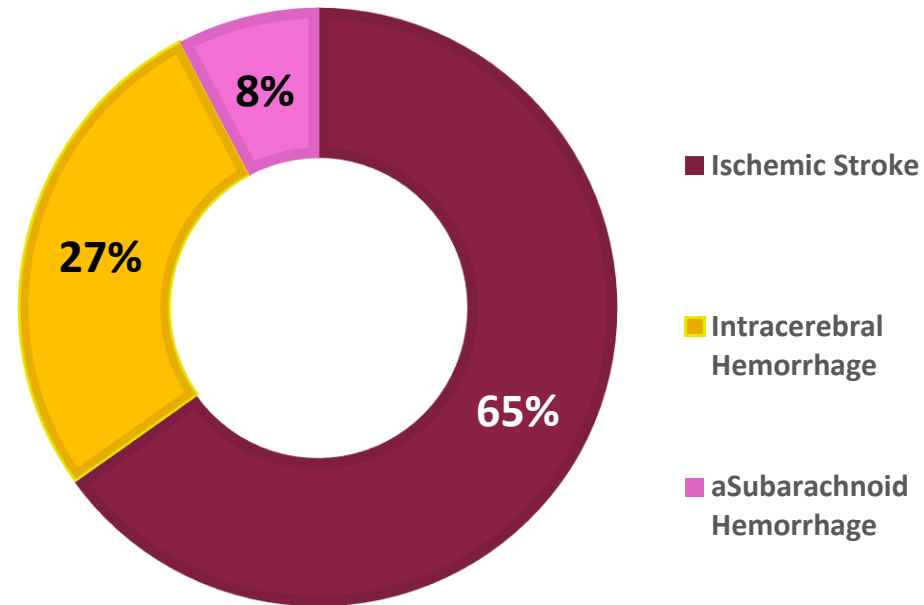
Achieved **75%** or higher with four or more of the AHA GWTG Quality Measures for over two years

2023 Stroke Statistics



MT = Mechanical Thrombectomy
TNK = Intravenous IV TNK

2023 N = (390)

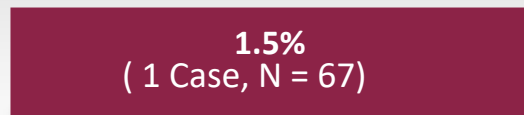


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Carotid Artery Procedure (CAP) Complication Rate

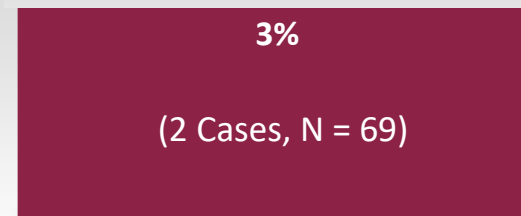
2022-2024* LUMC Carotid Artery Procedure (CAP) Stroke & Mortality Rate Within 30 Days Post Procedure

*The Joint Commission Requirement < 6 %



Rate of stroke or death within 30 days post CAP
(symptomatic cases)

*The Joint Commission Requirement < 3 %



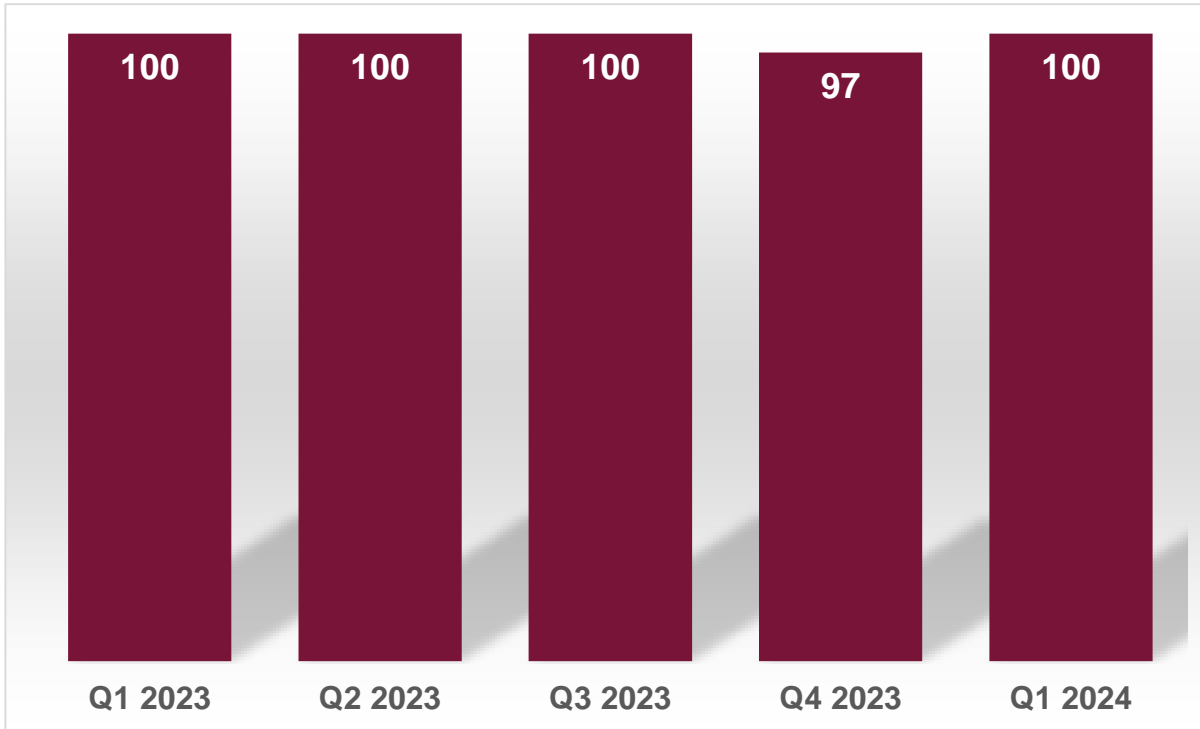
Rate of stroke or death within 30 days post CAP
(asymptomatic cases)

*2024 data through 03/31/24



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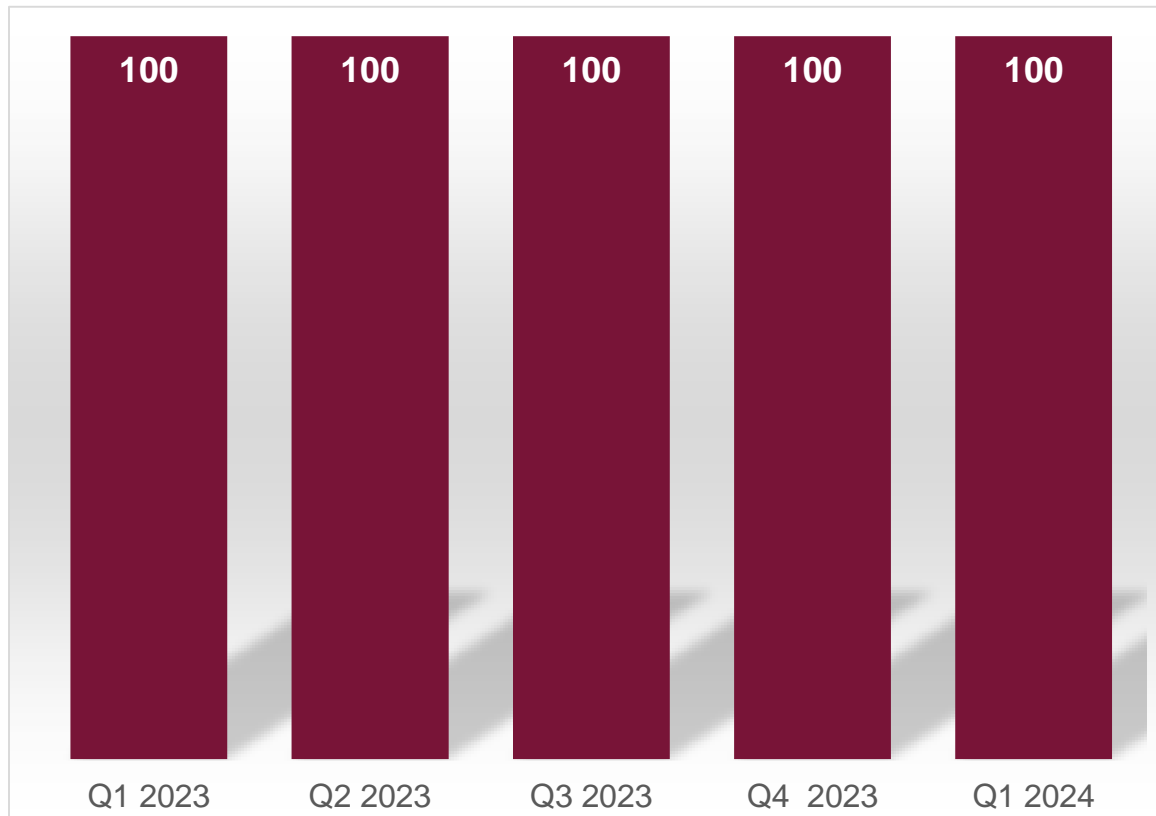
VTE Prophylaxes



Higher is better

- This graph describes the percentage of stroke patients who had treatment to prevent the development of blood clots in the legs or lungs by day two of hospital stay.
- Stroke patients are at risk for developing blood clots, or venous thromboembolism (VTE), so it's important that they have treatment to prevent these conditions early in their hospital stay

Antithrombotics at Discharge



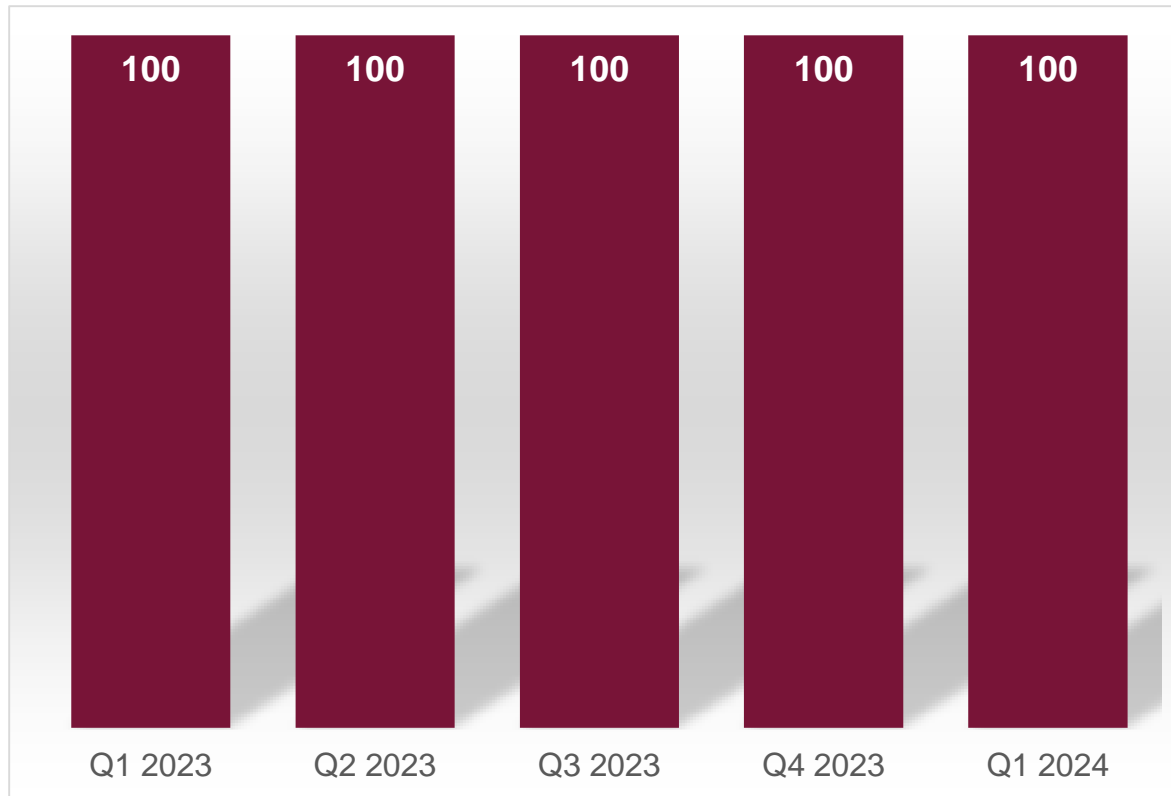
Higher is better

- This graph describes the percentage of stroke patients who were discharged home from the hospital on a medication to prevent blood clot formation (antithrombotic therapy)
- Patients who have had an ischemic stroke should be discharged on some type of medication to prevent blood clot formation to help lower risk of another stroke in the future

Anticoagulation for Atrial Fibrillation



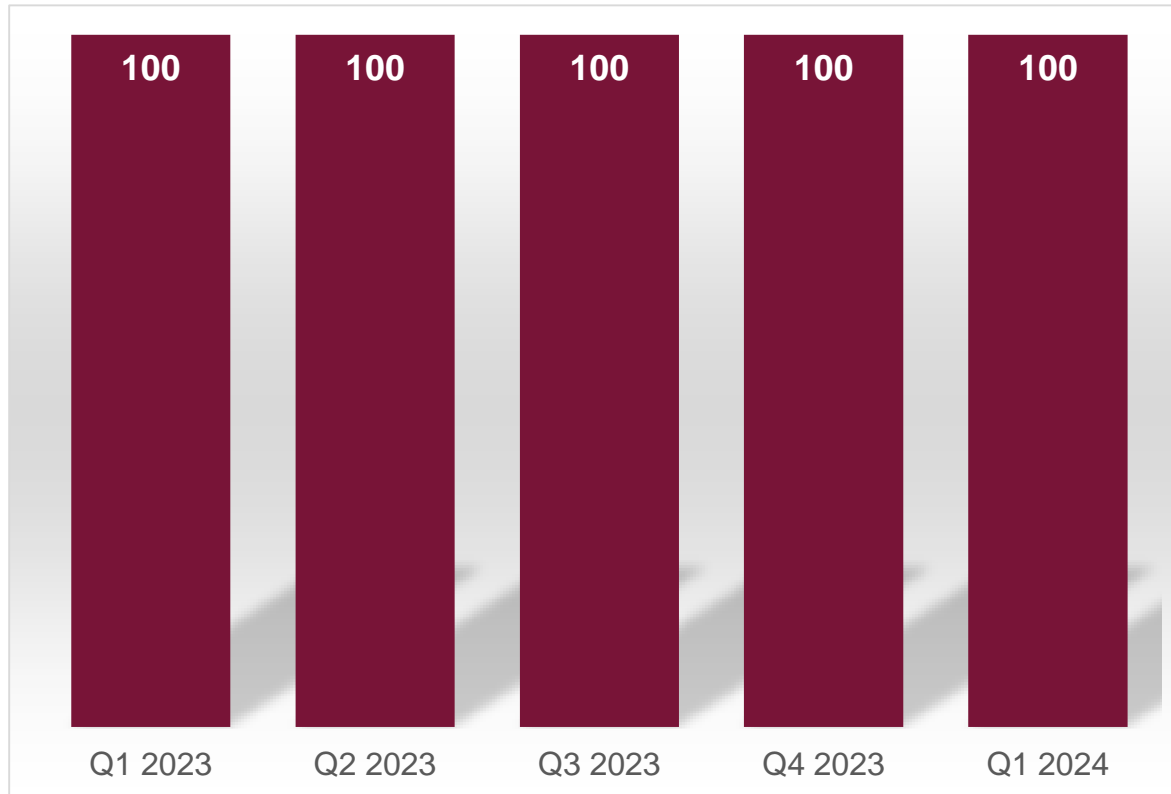
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Higher is better

- Patients with atrial fibrillation have an irregular heartbeat
- Atrial fibrillation is one of the top risk factors for stroke. Ischemic stroke patients with atrial fibrillation are at increased risk of having another stroke. When treated with medications, called anticoagulants, or blood thinners, the risk of stroke is significantly lower in these patients.
- This graph shows the percentage of ischemic stroke patients with atrial fibrillation prescribed anticoagulation, or blood thinners

Thrombolytic Therapy



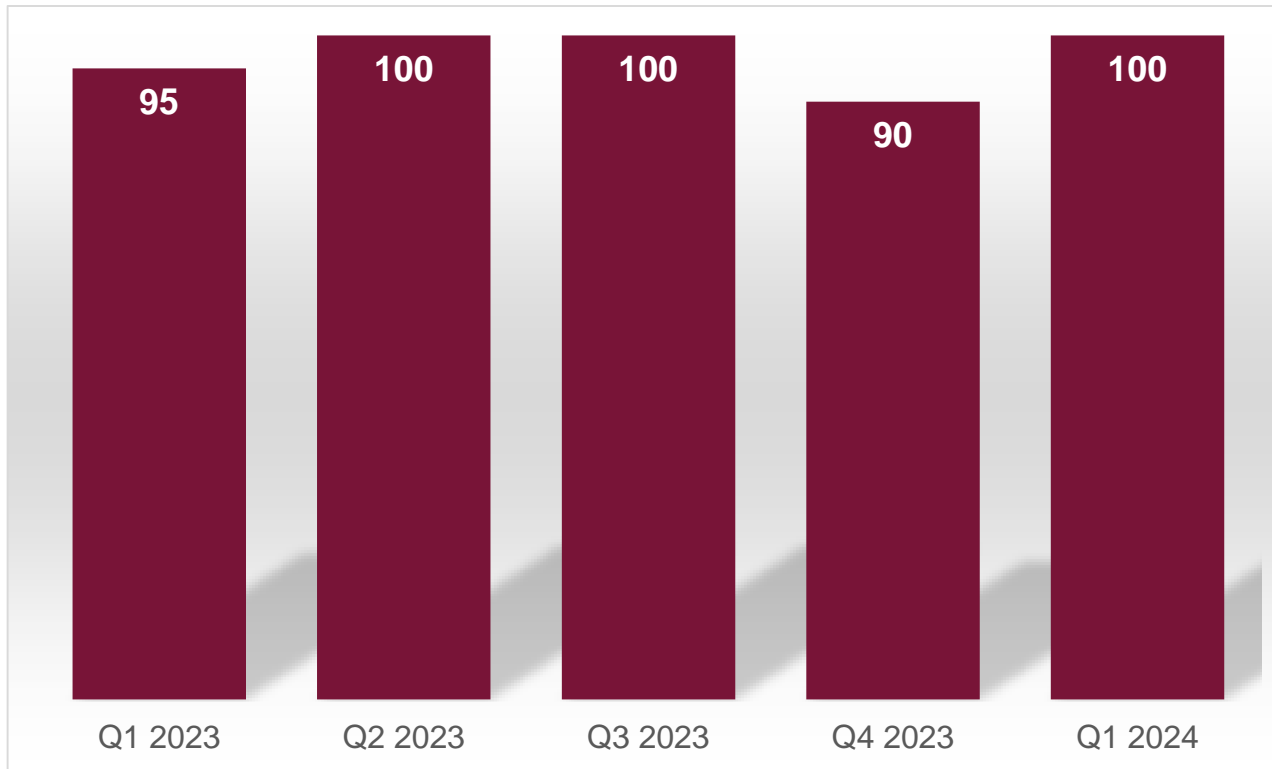
Higher is better

- In an ischemic stroke, time is brain.
- The “clot busting” medication, TNK, can be given to eligible stroke patients to possibly reverse the effects of stroke. However, this medication must be started within three hours of the start of stroke symptoms to have the highest chance of working.
- This graph shows the percentage of eligible ischemic stroke patients who came to LUMC within two hours of stroke symptom onset and received TNK within the three-hour timeframe.

Antithrombotic by Hospital Day 2



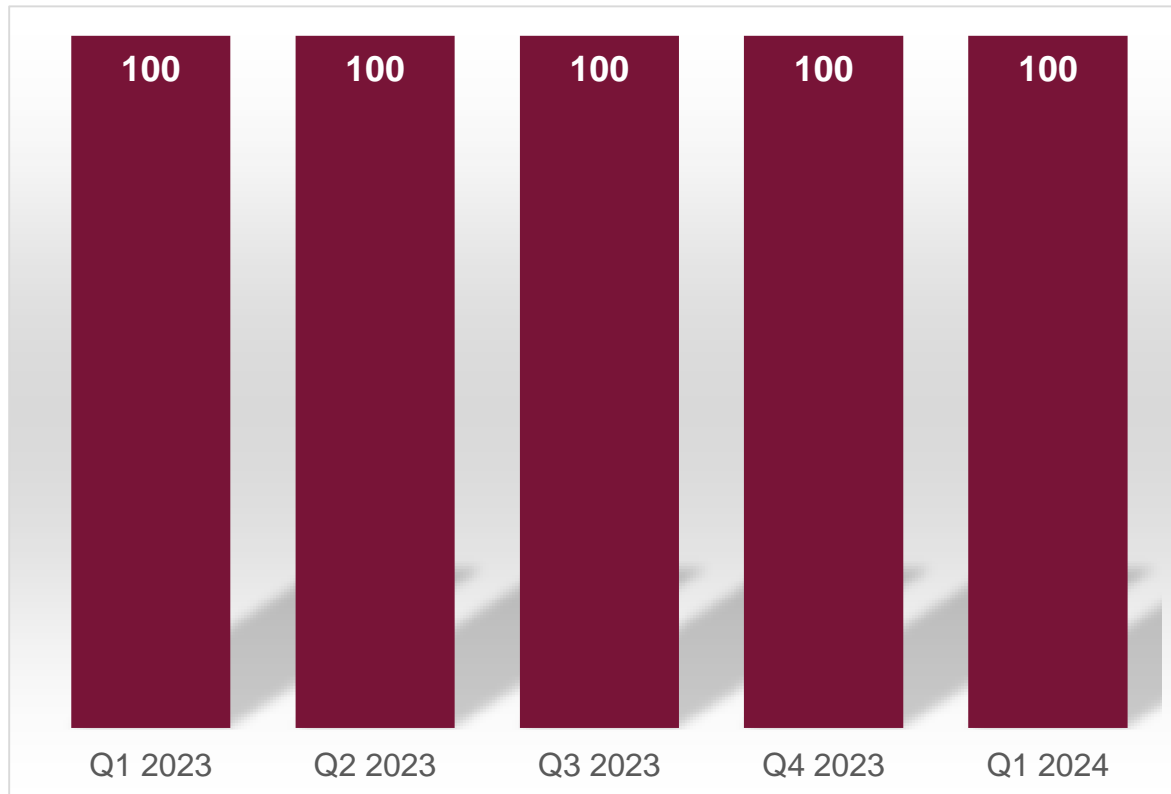
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Higher is better

- Ischemic stroke patients are at risk for developing blood clots.
- It is recommended for these patients to receive medications (antithrombotic therapy) to prevent blood clots from forming by the end of the second day of hospital stay. This medication helps to lower the risk of the patient having another stroke in the future.
- This graph shows the percentage of ischemic stroke patients who were given antithrombotic therapy by the end of the second day of hospital stay.

Discharged on Statin



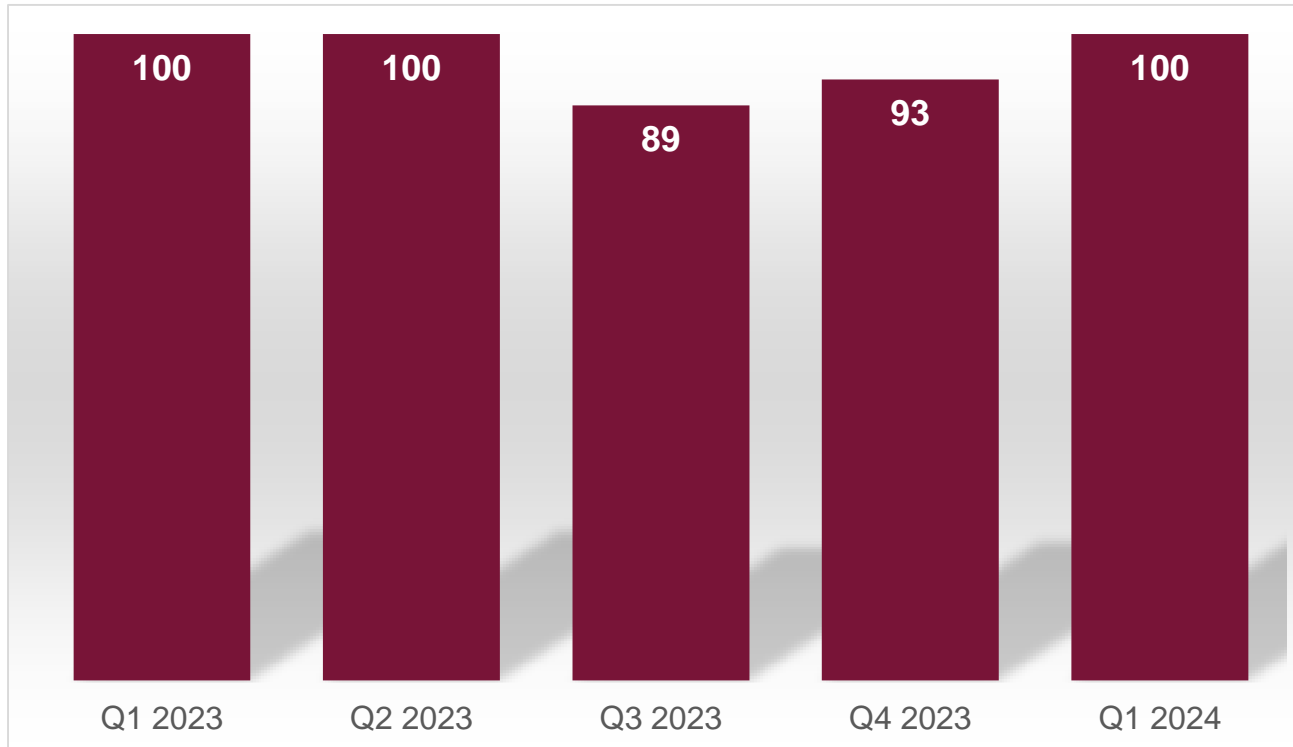
Higher is better

- Low-density lipoprotein (LDL) is often called “bad” cholesterol.
- This bad cholesterol can clog arteries and put patients at a higher risk for stroke or heart attack. It is recommended that stroke patients with increased LDL be prescribed cholesterol lowering medications or statins. These medications are proven to lower cholesterol and lower the risk of future stroke and heart attack.
- This graph shows the percentage of ischemic stroke patients who were given statins when they were discharged from the hospital.

Patient Education Before Discharge



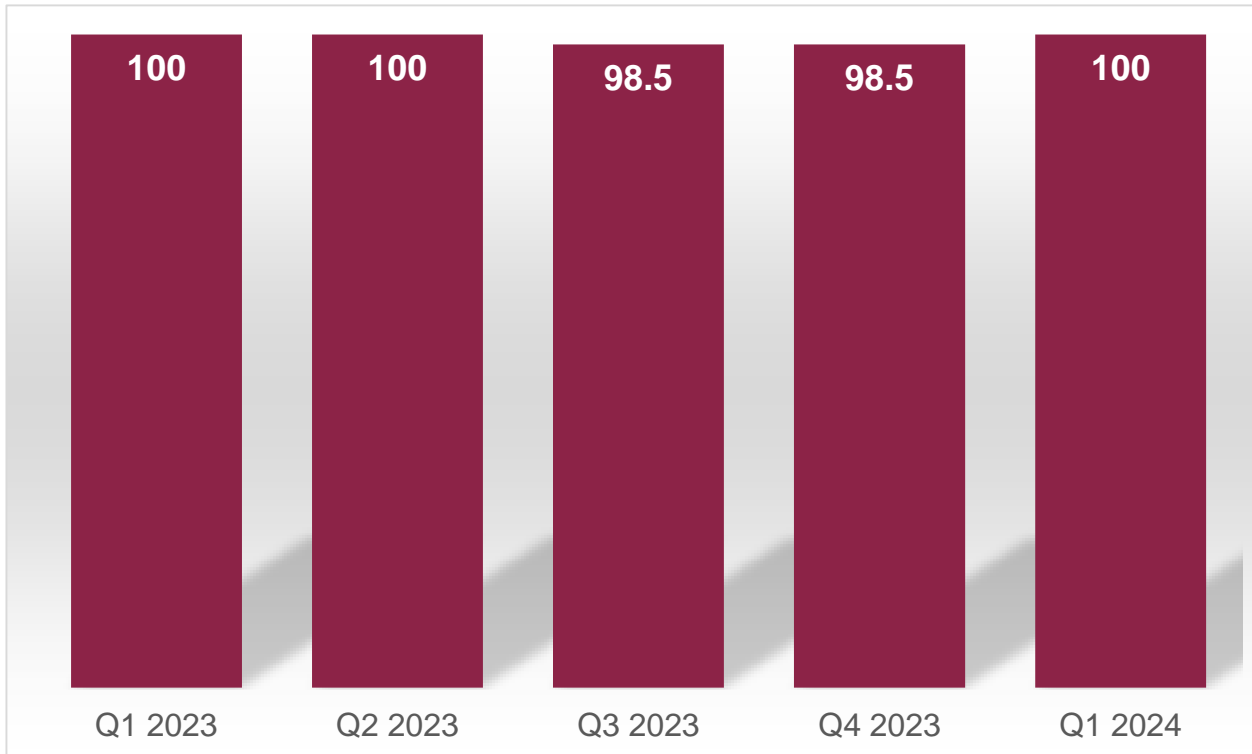
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Higher is better

- Stroke patients are at a higher risk of having another stroke.
- It is important that stroke patients and their families know stroke risk factors, warning signs, and understand the importance of calling an ambulance to get to the hospital as quickly as possible.
- This graph shows the percentage of stroke patients who received stroke education before discharge from the hospital.

Rehabilitation Assessment



Higher is better

- Stroke patients should be evaluated as soon as possible to see if they may need physical, occupational, or speech rehab therapies.
- This graph shows the percentage of stroke patients who were assessed for the need for rehabilitation therapies.

Outcomes After Mechanical Thrombectomy

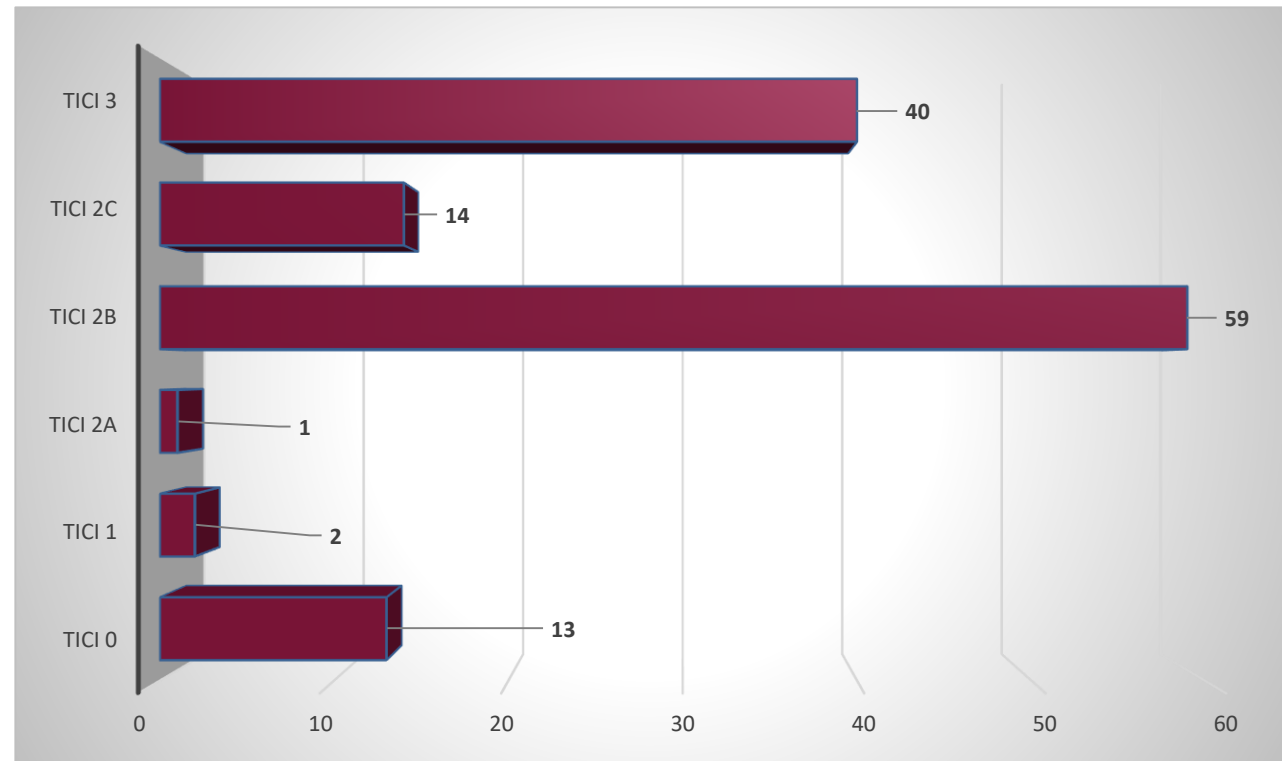


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Q1 2022 - Q4 2023

Post-Treatment
Reperfusion Grade
of mTICI 2B or
Greater

88%
(n=129)

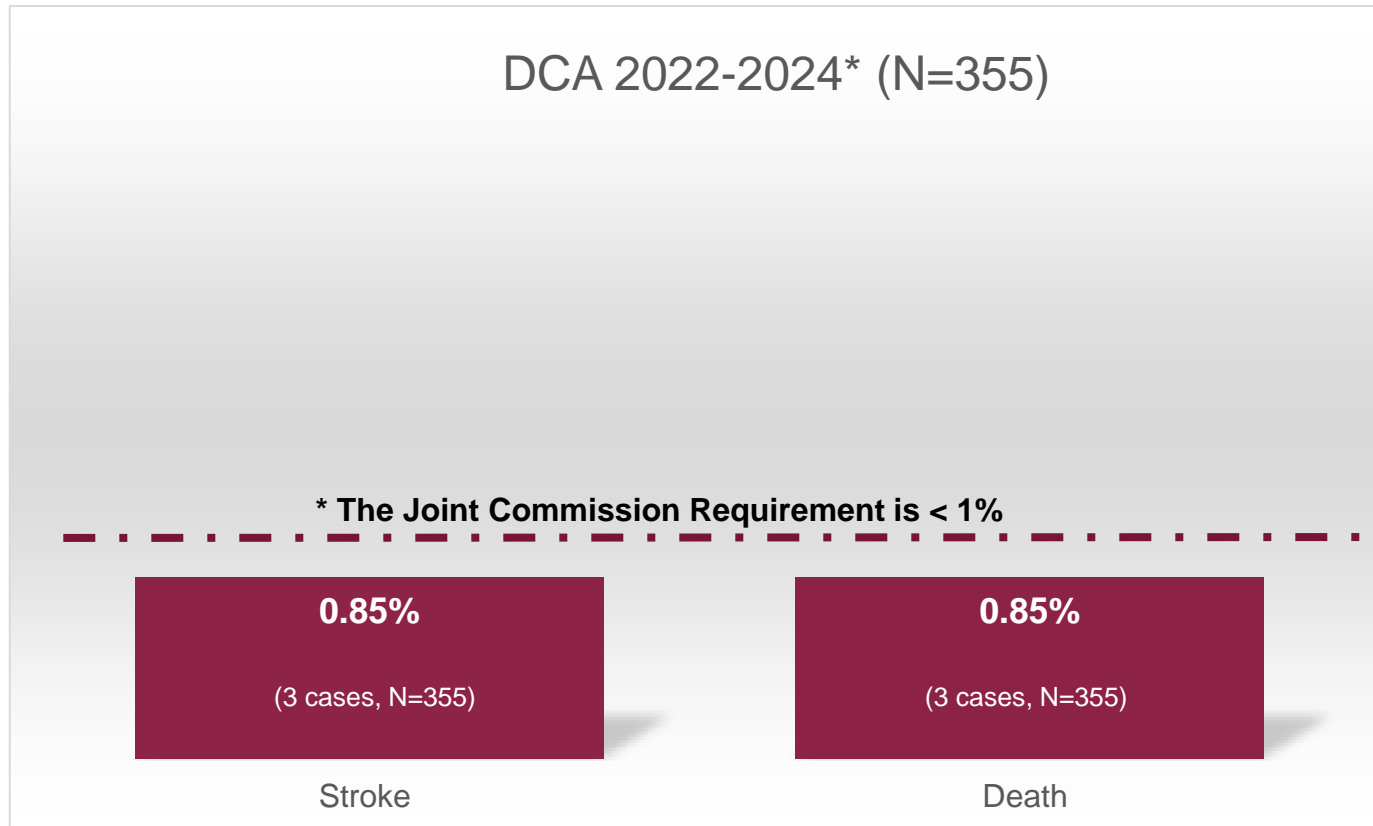


- Ischemic stroke patients may be eligible for a surgical procedure to remove the clot that is blocking blood flow to the brain
- A score, called a TICl score is given between 0 and 3 to describe how successful the procedure was, or much of the vessel in the brain was able to be perfused again
- A TICl score of 2B or greater is considered to be successful re-perfusion

Diagnostic Cerebral Angiography (DCA)



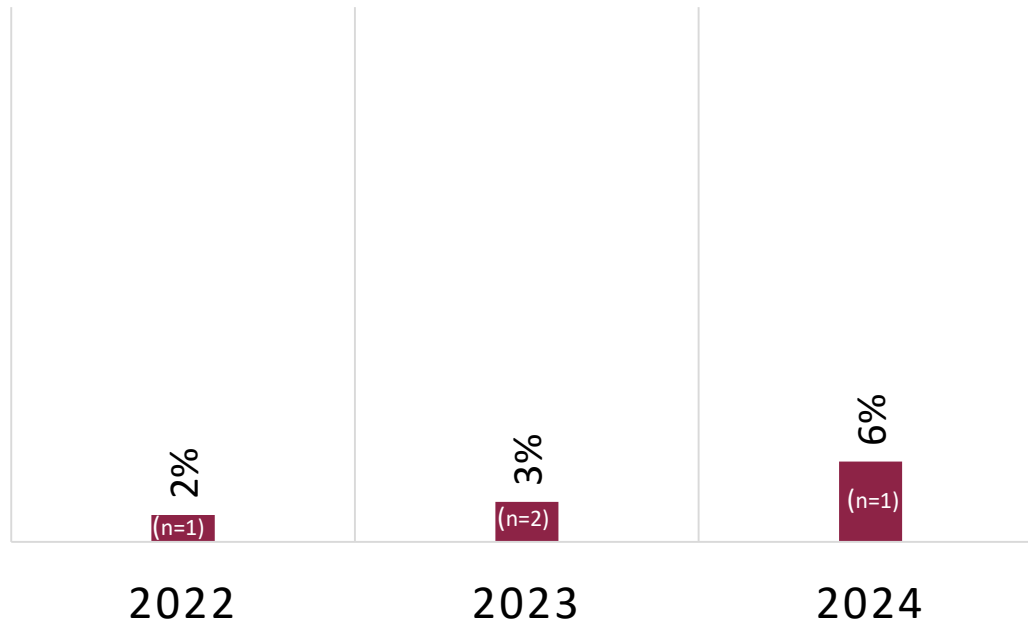
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- This graph shows the percentage of patients that had a 24 hour post-procedure stroke and death after Diagnostic Cerebral Angiography (DCA)

Complication Rates 2022-2024*

All Cause Death within 72 Hours of Endovascular Procedure



Total Eligible Cases		
2022	2023	2024*
56	73	17

*2024 data through 03/31/24



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