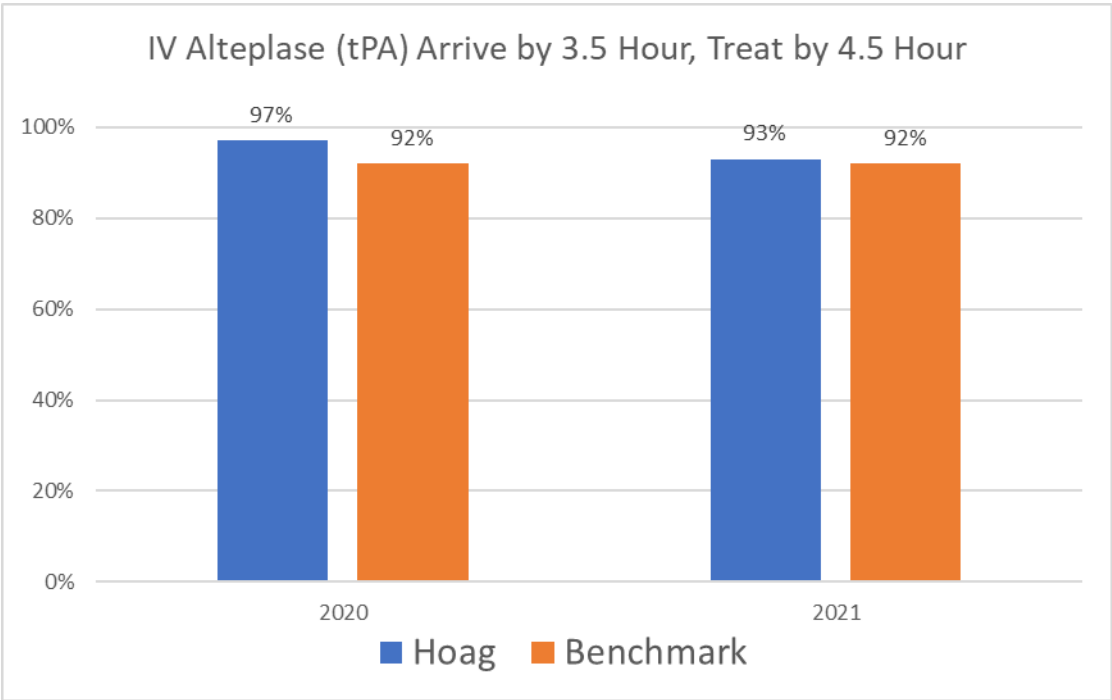


Stroke Get With the Guidelines Performance Achievement Measures

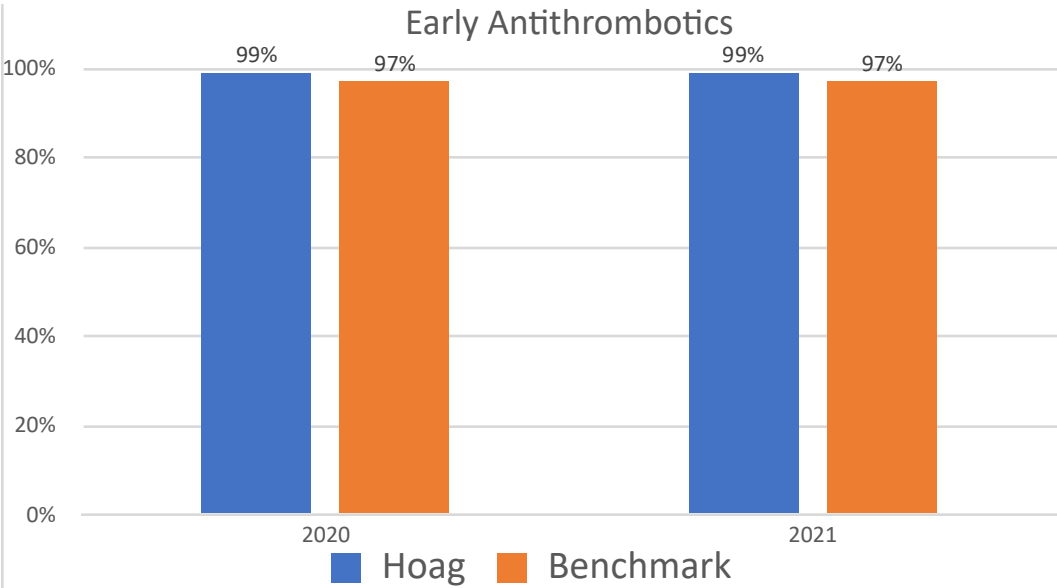
Hoag reported 917 records in 2020 and in 944 records in 2021.



IV alteplase Arrive by 3.5 Hour, Treat by 4. 5 Hour

x

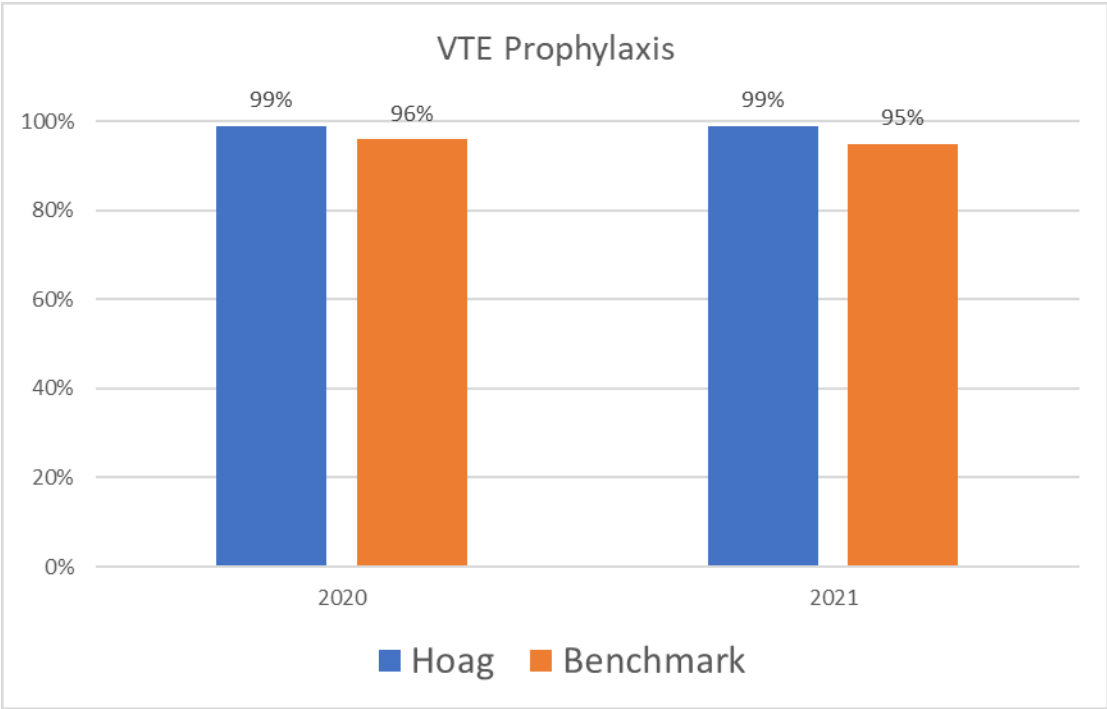
Measure Description	Why is this important?
Percent of acute ischemic stroke patients who arrive at the hospital within 210 minutes (3.5 hours) of time last known well and for whom IV thrombolytic was initiated at this hospital within 270 minutes (4.5 hours) of time last known well.	The safety and efficacy of IV <b>thrombolytics</b> when administered within the first 3 hours after stroke onset are solidly supported by data from multiple studies and confirmed by extensive community experience in many countries. Analysis of multiple studies testing <b>IV</b> thrombolytic within various time windows also support its value up to 4.5 hours after symptom onset and current guidelines recommend IV thrombolytics for selected patients who can be treated within 3 and 4.5 hours of ischemic stroke symptom onset or patient last known.



Early Antithrombotics



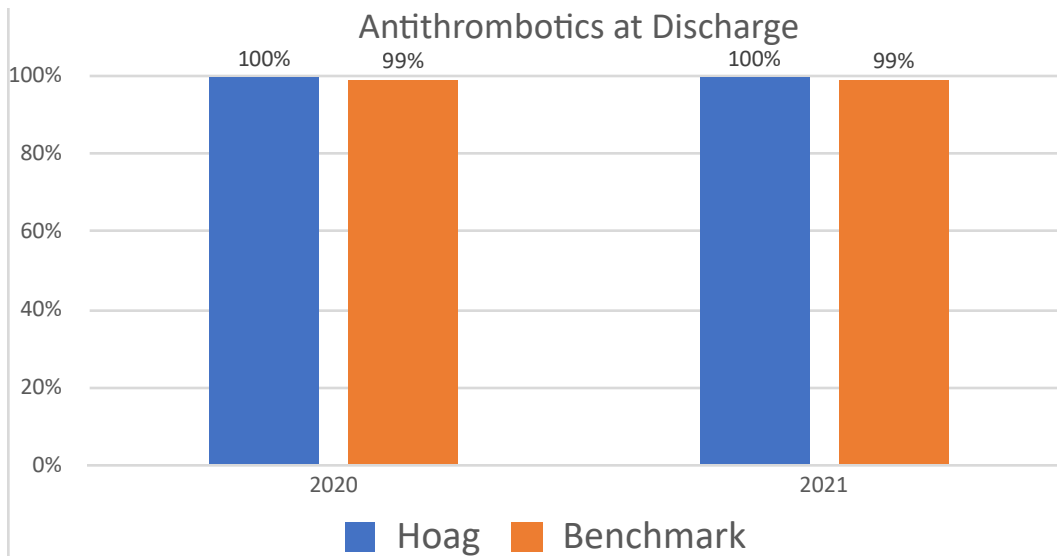
Measure Description	Why is this important?
Percent of patients with ischemic stroke or TIA who receive antithrombotic therapy by the end of hospital day two.	Studies have shown that starting aspirin within 48 hours after a <b>stroke</b> can reduce the risk of dying and can help prevent another stroke.



VTE Prophylaxis

x

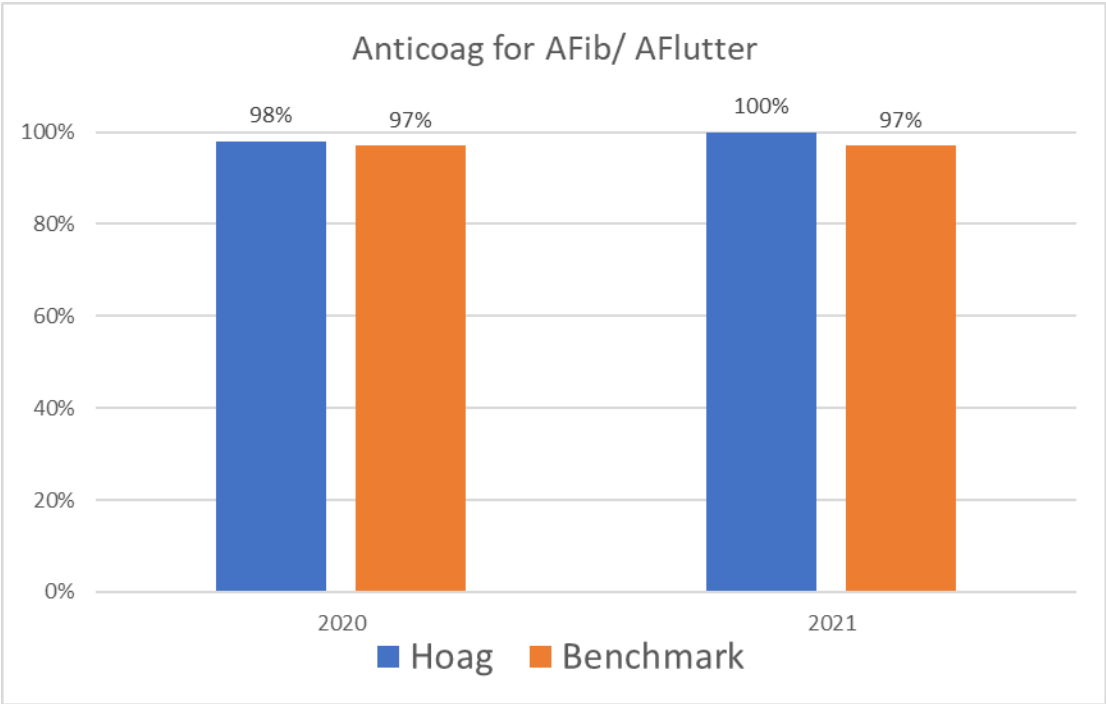
Measure Description	Why is this important?
Percent of patients with an ischemic stroke, or a hemorrhagic stroke, or stroke not otherwise specified who receive VTE prophylaxis the day of or the day after hospital admission.	Having a <b>stroke</b> increases the risk of developing a blood clot, especially if the stroke is severe or the patient can't move around well. If a clot forms, it could travel through the bloodstream and block a vessel supplying blood to the lungs. If this occurs, it can be life-threatening, so it's very important to start treatment to prevent development of a clot as soon as possible.



Antithrombotics

x

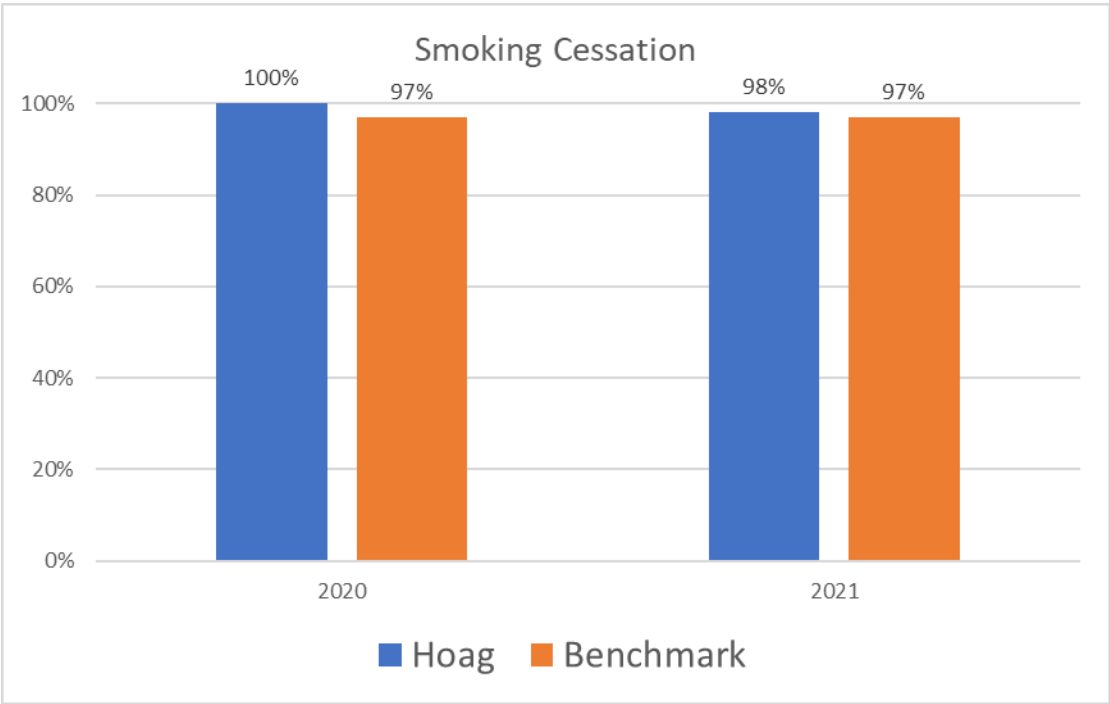
Measure Description	Why is this important?
Percent of patients with an ischemic stroke or TIA prescribed antithrombotic therapy at discharge.	<b>Antithrombotic</b> medications help reduce the formation of potentially dangerous blood clots. Patients who have had a <b>TIA</b> or a <b>stroke</b> caused by a blood clot should be prescribed an antithrombotic before leaving the hospital to reduce the risk of dying and of having another stroke or TIA.



Anticoag for AFIB/AFlutter

x

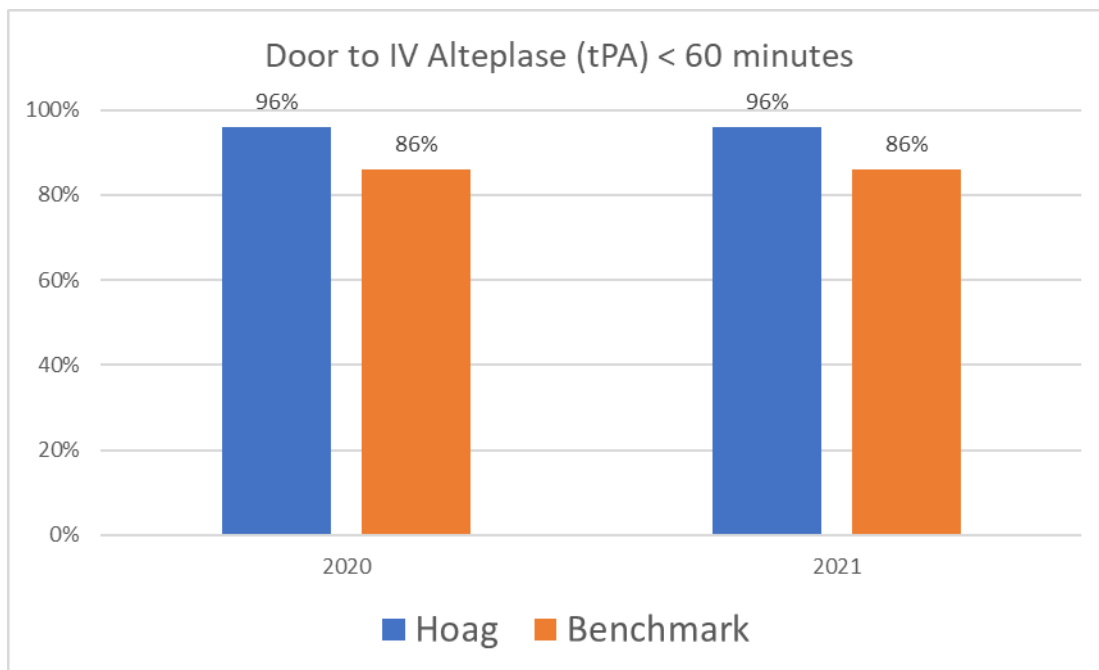
Measure Description	Why is this important?
Percent of patients with an ischemic stroke or TIA with atrial fibrillation/flutter discharged on anticoagulation therapy.	For patients who have <b>atrial fibrillation</b> , taking an appropriate <b>anticoagulant</b> (or blood thinner) can reduce the risk of developing a blood clot, which could cause a heart attack or another stroke. If not taking one already, an anticoagulant should be prescribed for patients admitted for an <b>ischemic stroke</b> or TIA who also have atrial fibrillation.



Smoking Cessation



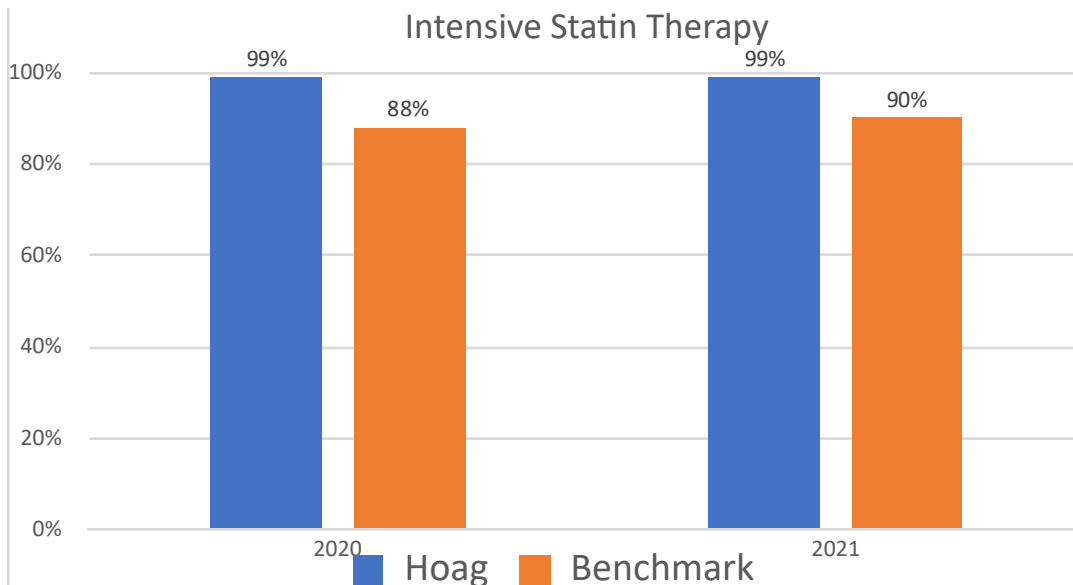
Measure Description	Why is this important?
Percent of patients with ischemic or hemorrhagic stroke, or TIA with a history of smoking cigarettes, who are, or whose caregivers are given smoking cessation advice or counseling during hospital stay.	Patients who smoke should be counseled to stop smoking to reduce the risk of another stroke and to promote recovery. Research indicates that patients who receive even brief smoking counseling from their physicians are more likely to quit than those who receive no counseling at all.



## Time to Intravenous Thrombolytic Therapy – 60min

×

Measure Description	Why is this important?
Percent of acute ischemic stroke patients receiving intravenous alteplase 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.	<b>Intravenous (IV) thrombolytic therapy</b> is a treatment that dissolves blood clots. When a patient is having a <b>stroke</b> caused by a clot in a blood vessel supplying their brain ( <b>ischemic stroke</b> ), IV thrombolytic therapy can restore blood flow and limit damage to the brain. The sooner it is given to a patient with an <b>ischemic stroke</b> , the better the chances of survival and of recovering without disability.



### Intensive Statin Therapy

x

Measure Description	Why is this important?
Percentage of Ischemic Stroke and TIA patients who are prescribed high-intensity statin therapy at discharge OR, if > 75 years of age, are prescribed at least moderate-intensity statin therapy at discharge.	Research has shown that statin medications can reduce the risk of another <b>ischemic stroke</b> . Taking a high-intensity dose of statin provides the most benefit in reducing risk. Patients who are over 75 years of age or who are not able to tolerate a high-intensity dose of statin should be prescribed a moderate-intensity dose. Patients who are started on a statin while they are still in the hospital may be more likely to continue taking the medication as prescribed when they go home.