



heart.org/getwiththeguidelines



Certified Stroke Centers

- 4 Acute Stroke Ready Hospitals
- 42 Primary Stroke Centers
- 2 Thrombectomy Capable Centers
- 5 Comprehensive Stroke Centers



**American Heart Association
American Stroke Association
CERTIFICATION**
Meets standards for
Acute Stroke Ready Hospital



**American Heart Association
American Stroke Association
CERTIFICATION**
Meets standards for
Primary Stroke Center



**American Heart Association
American Stroke Association
CERTIFICATION**
Meets standards for
Comprehensive Stroke Center

Who's Using Get With The Guidelines - Stroke

- 45 hospitals are actively using Get With The Guidelines – Stroke
- 75% of PSCs (34/45)
- 86% of TSCs/CSCs (6/7)
- 5 Additional Non-Certified Centers

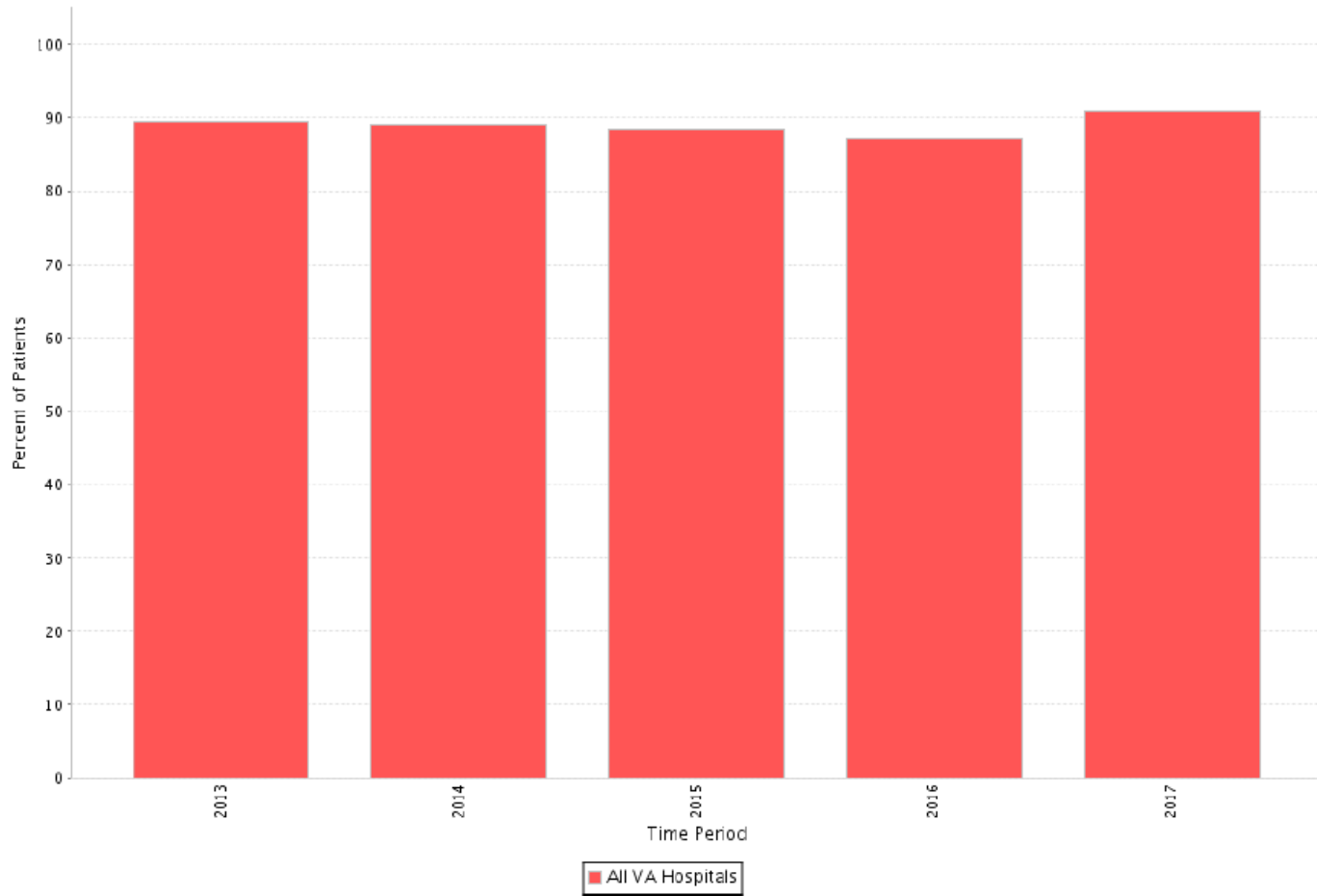


2018 Get With The Guidelines-Stroke Awards

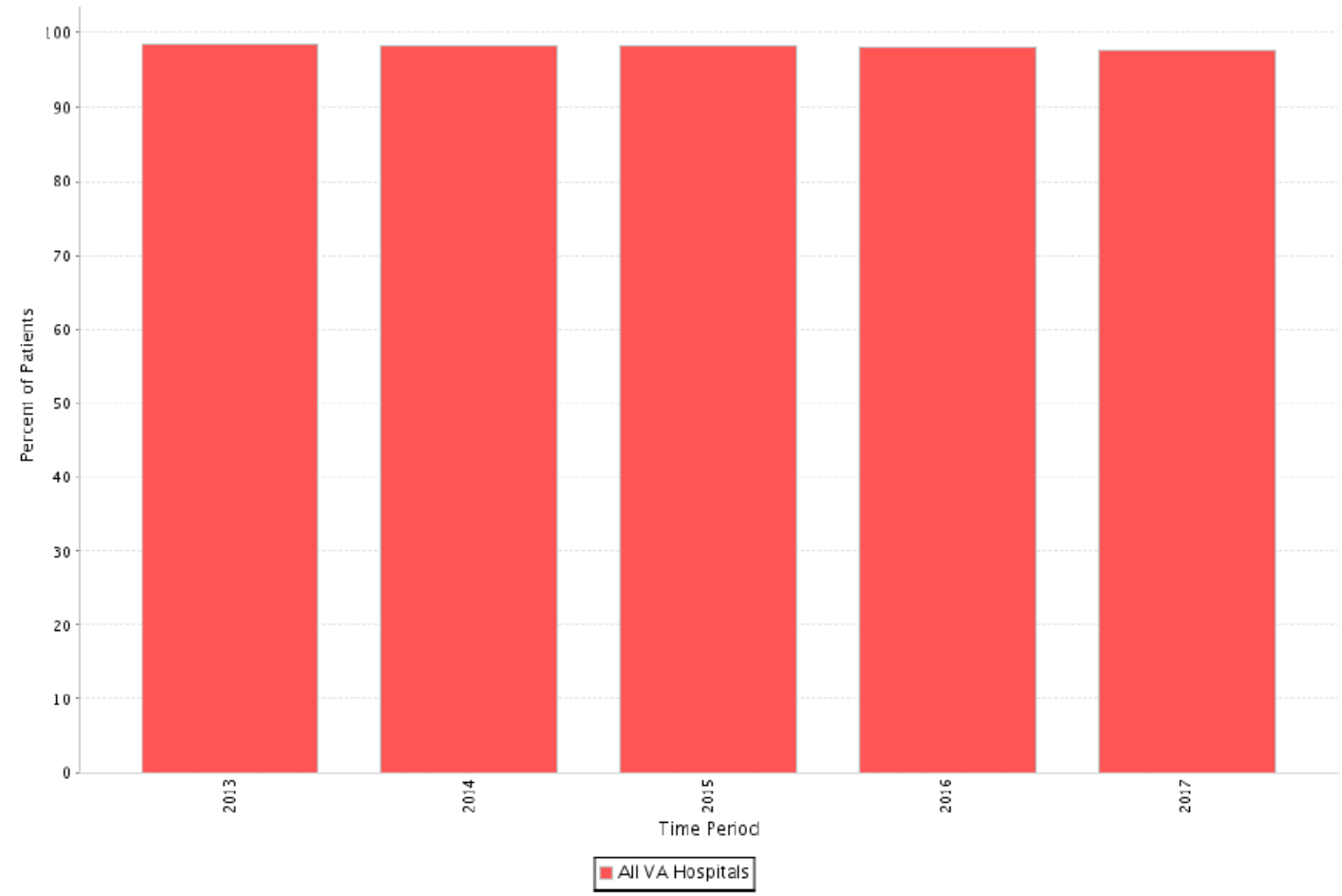
Of the 45 actively participating hospitals:

- 80% received Get With The Guidelines – Stroke recognition for 2018 (36)
- 75% received a Silver or Gold award – met ALL Achievement measures for 1 year (34)
- 49% received a Gold award – met ALL Achievement measures for 2 consistent years (22)
- 73% received a Plus award – met additional 5 OPTIONAL Quality measures (33)
- 67% received Target Stroke Honor Roll for door to needle times (30)
 - 16 Target Stroke Elite Plus (75% <60 min & 50% < 45 min)
 - 7 Target Stroke Elite (75% < 60 min)
 - 7 Target Stroke (50% < 60 min)

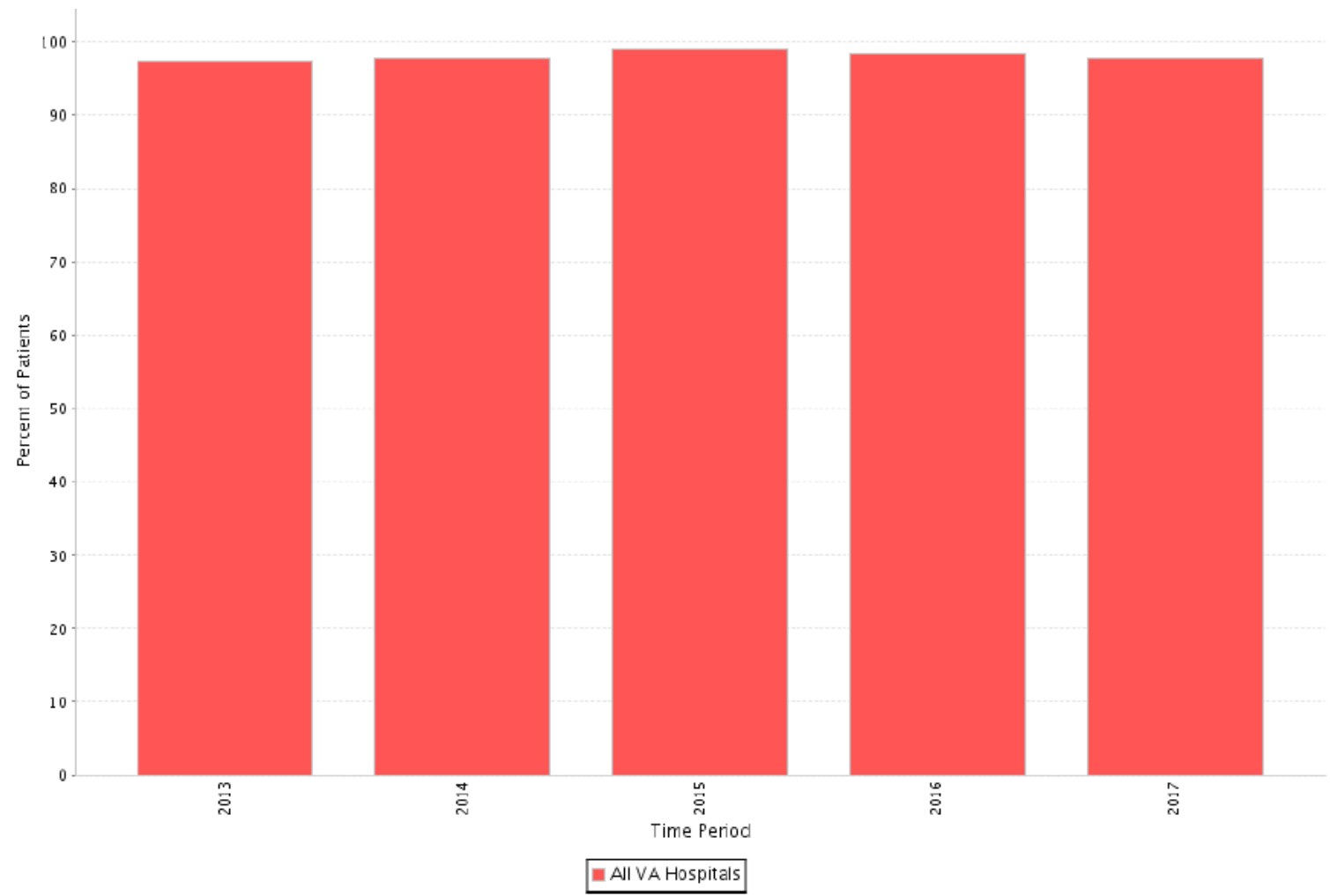
IV rt-PA Arrive by 2 Hour, Treat by 3 Hour (STK-4) (A)



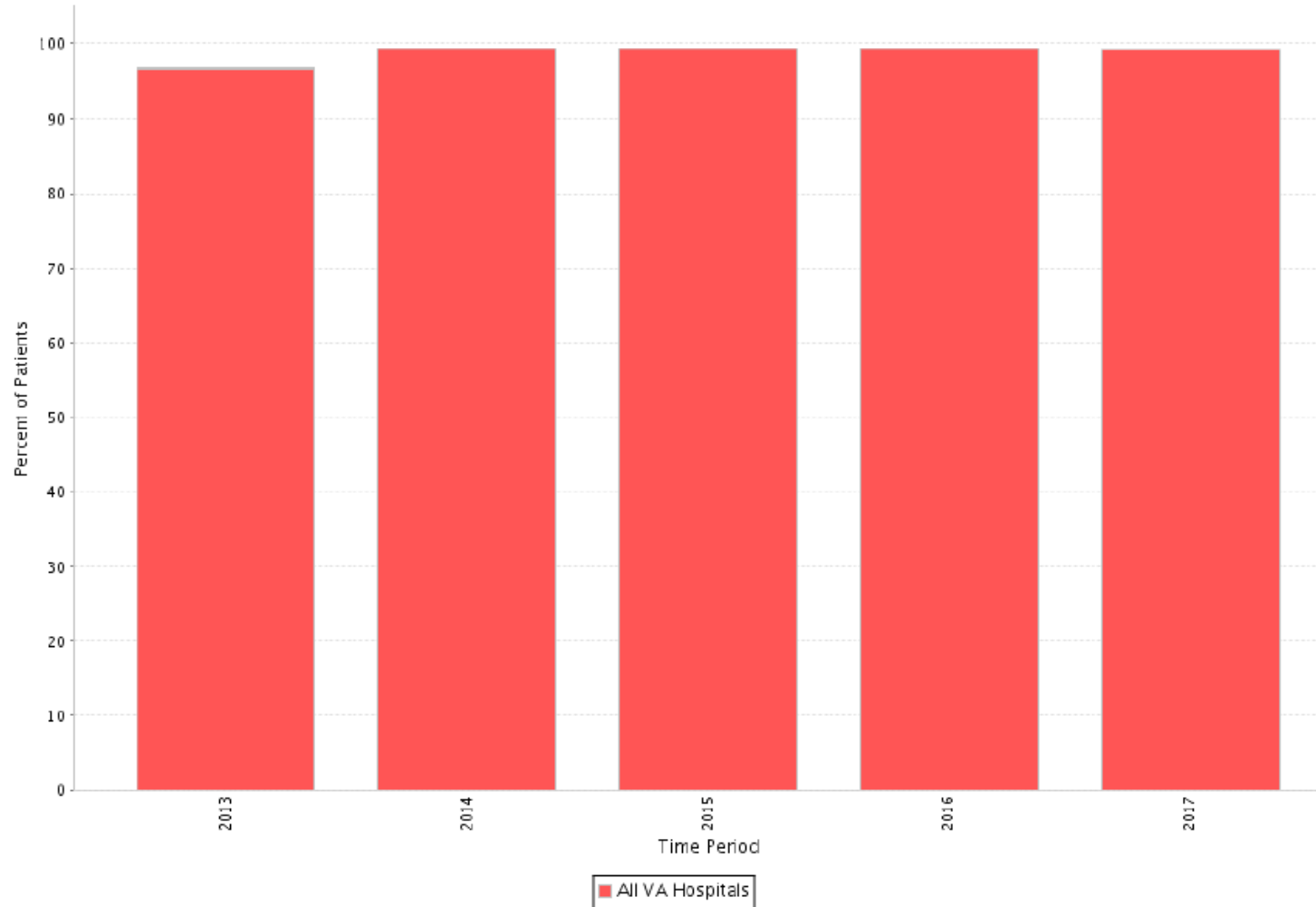
Early Antithrombotics (STK-5) (A)



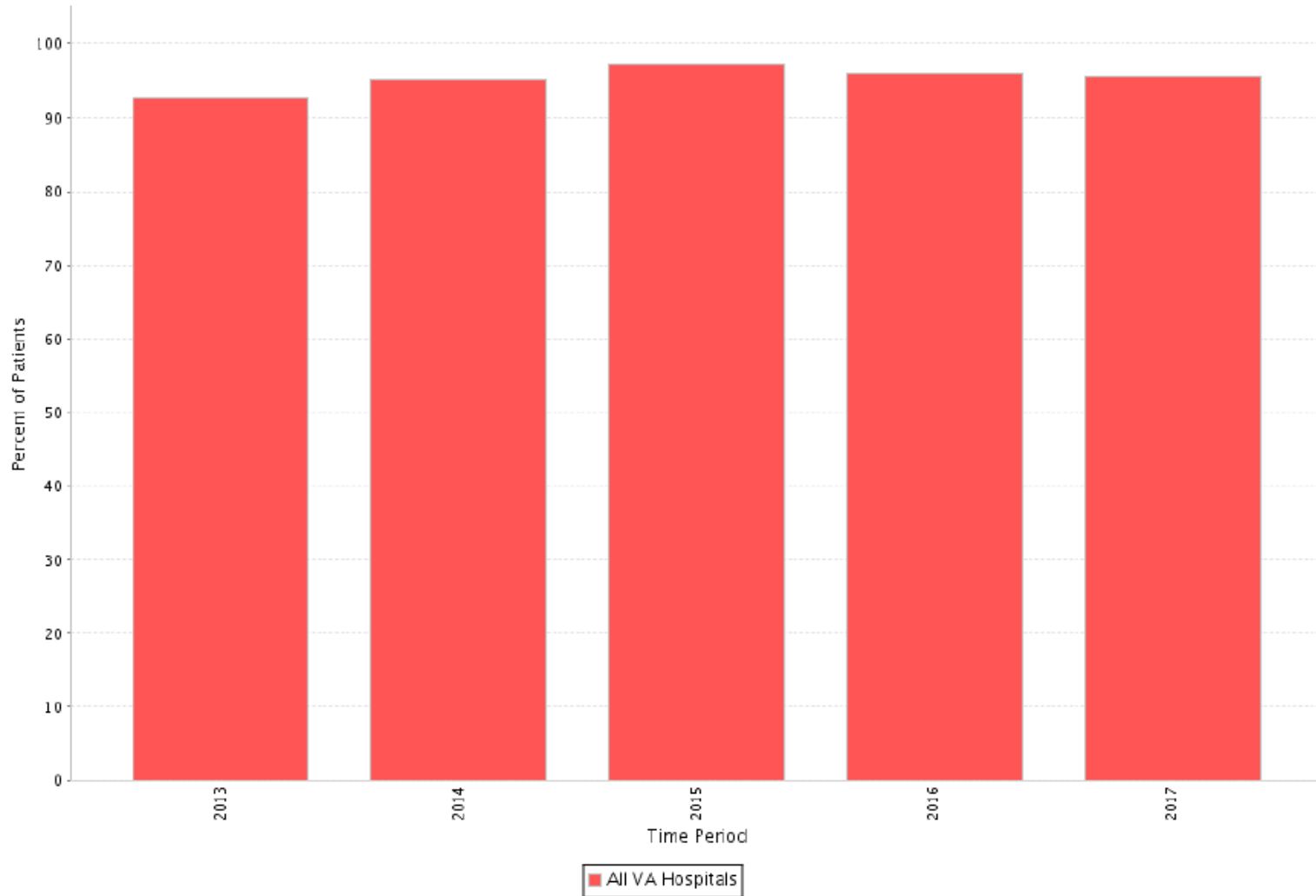
VTE Prophylaxis (STK-1) (A)



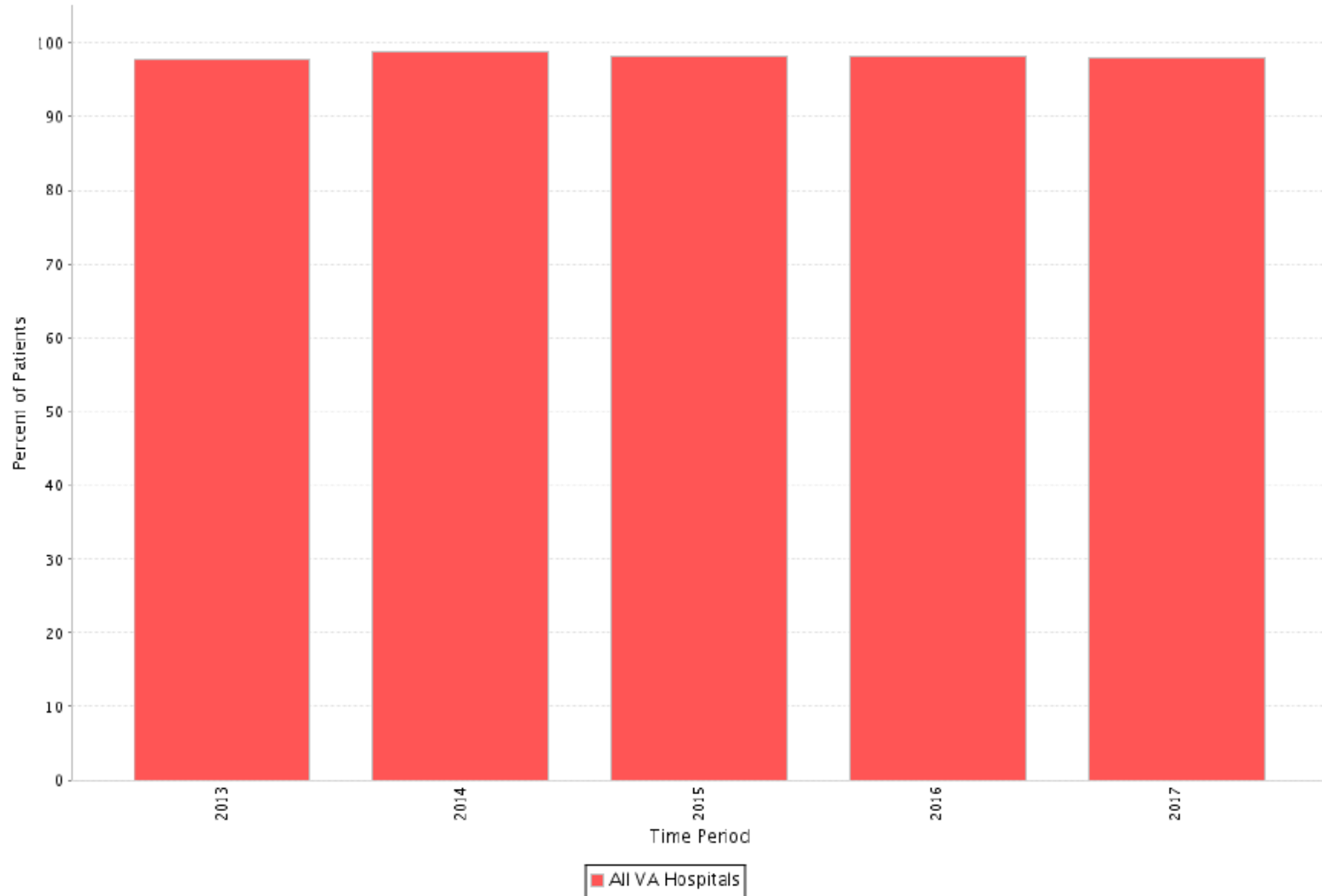
Antithrombotics (STK-2) (A)



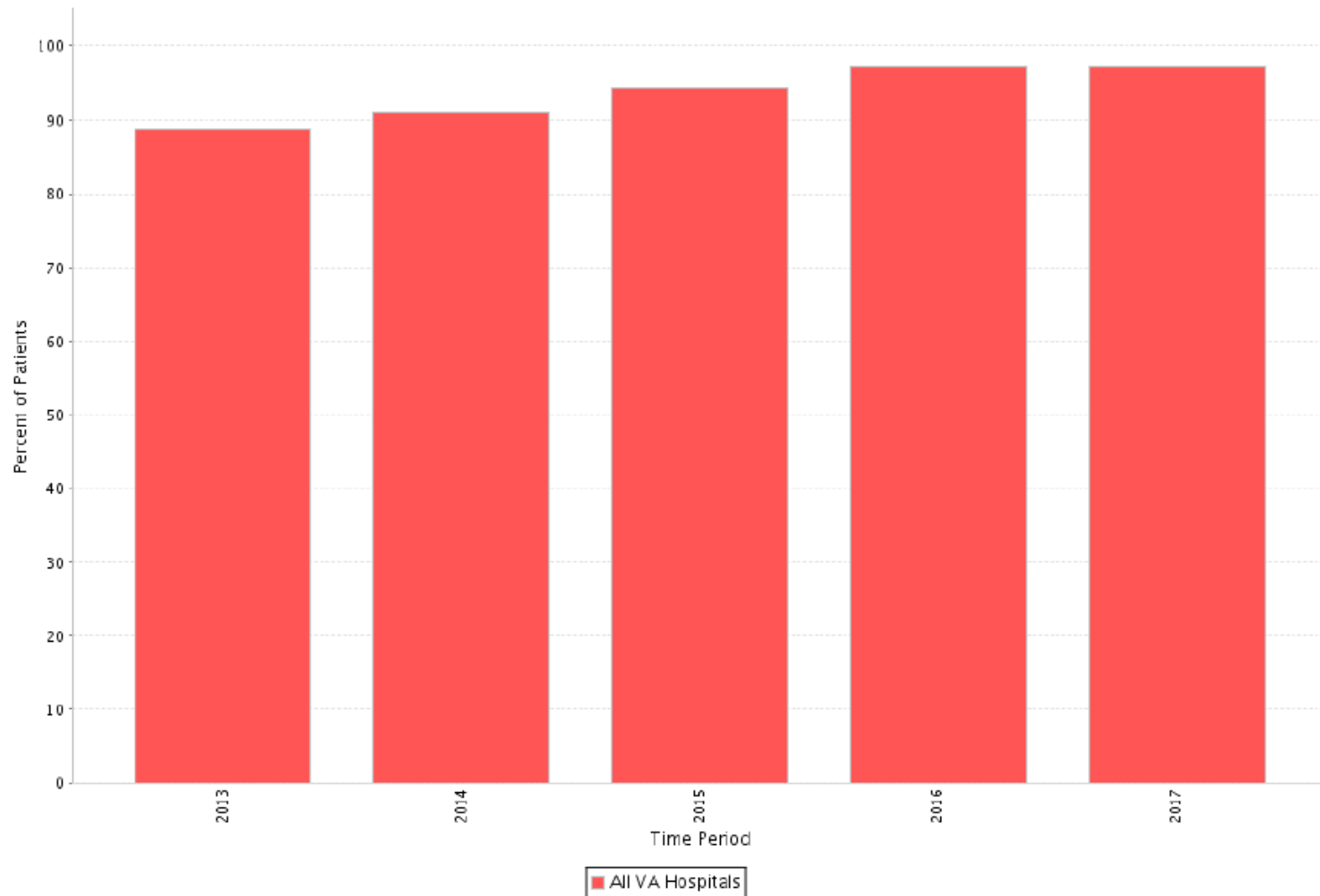
Anticoag for AFib/Aflutter (STK-3) (A)



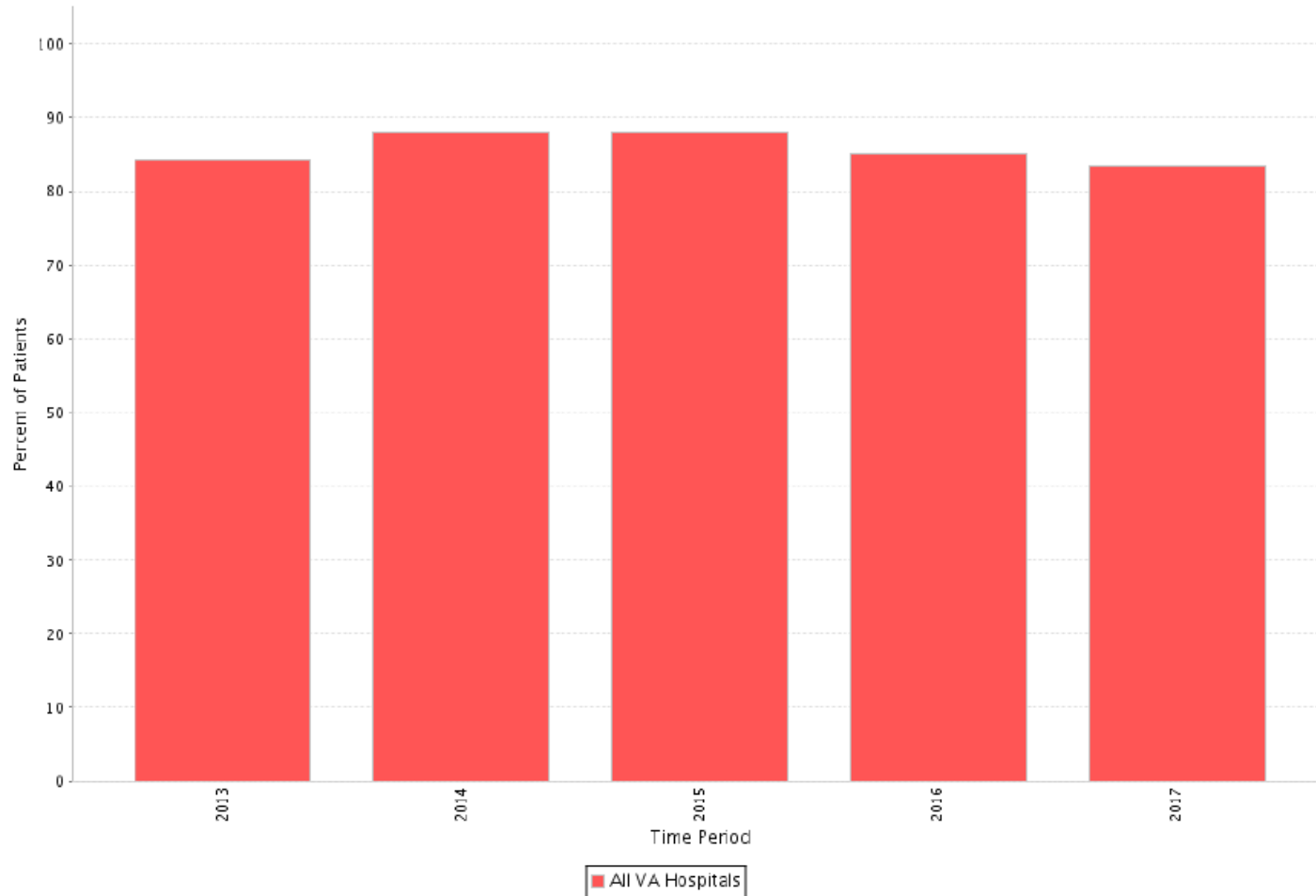
Smoking Cessation (STK-9) (A)



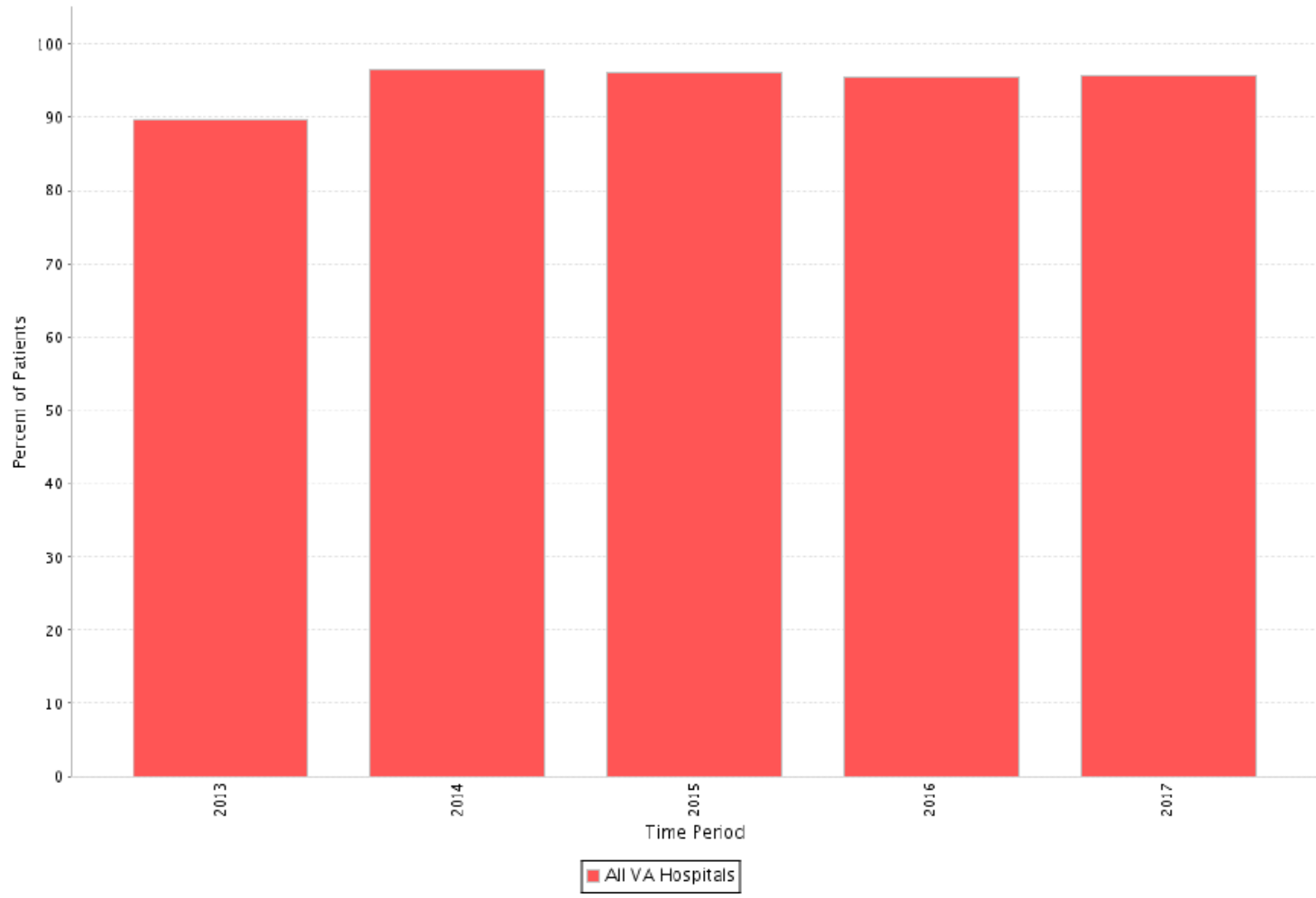
Statin Prescribed at Discharge (Old STK-6) (A)



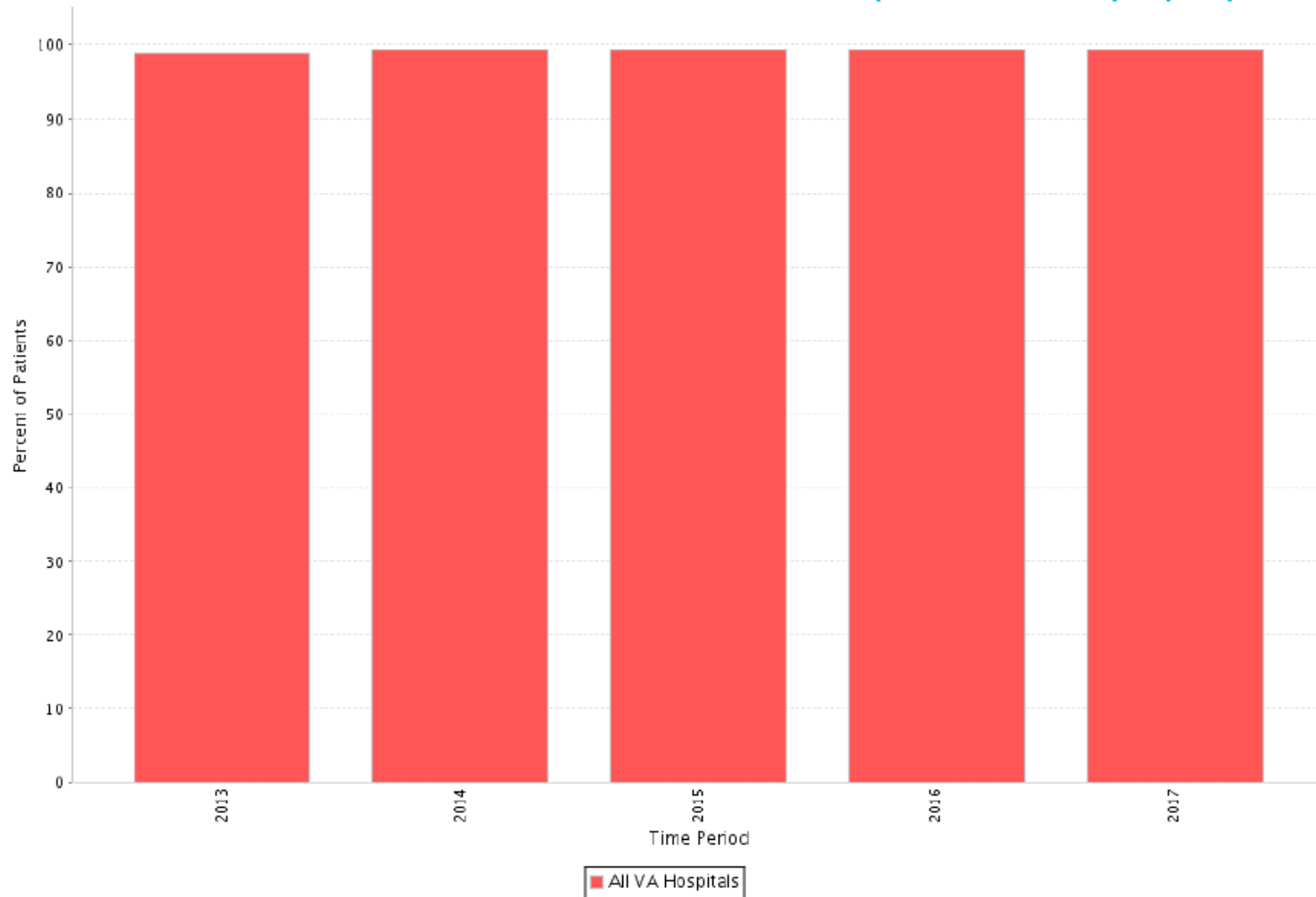
Dysphagia Screen (STK-7) (Q)



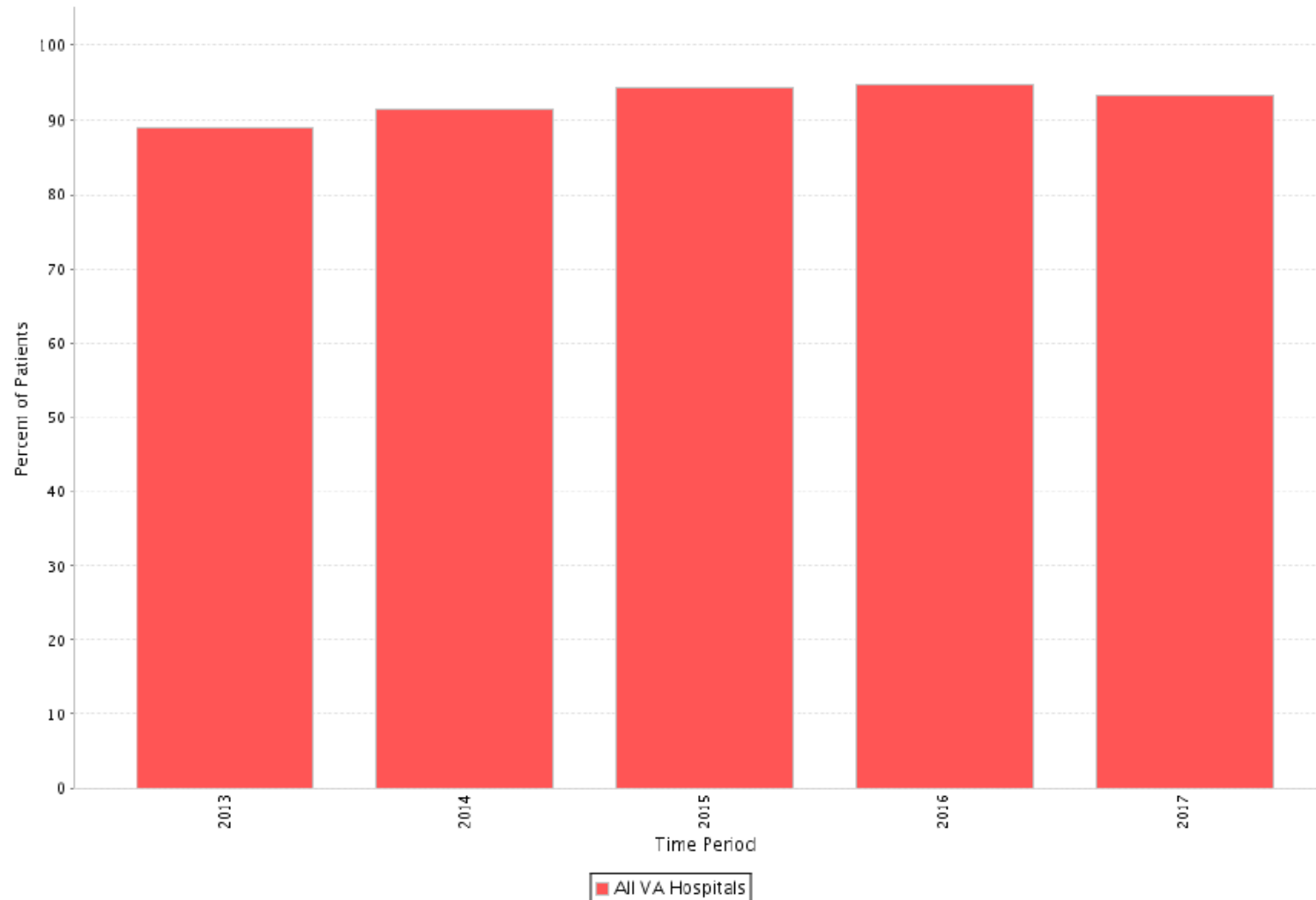
Stroke Education (STK-8) (Q)



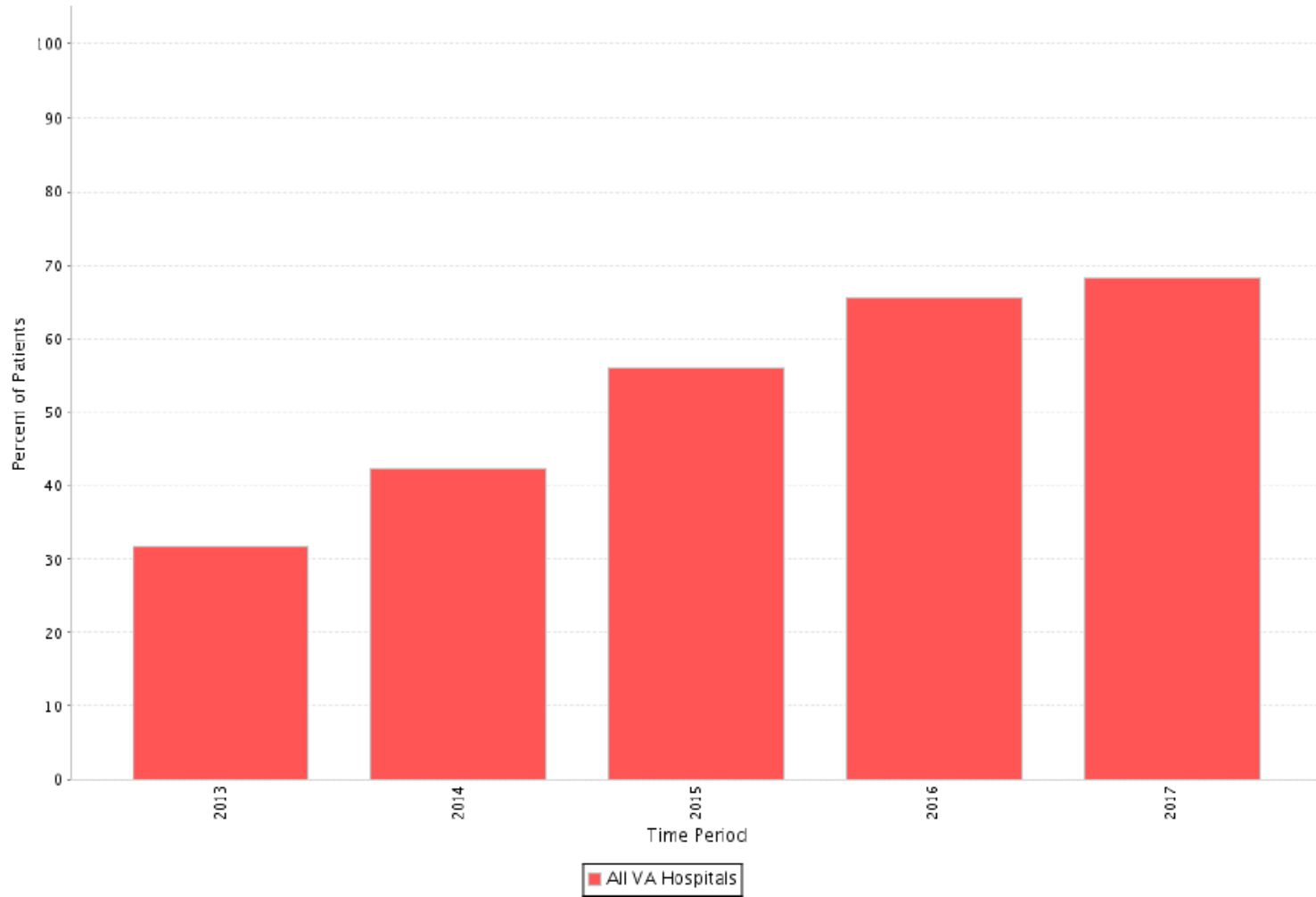
Rehabilitation Considered (STK-10) (Q)



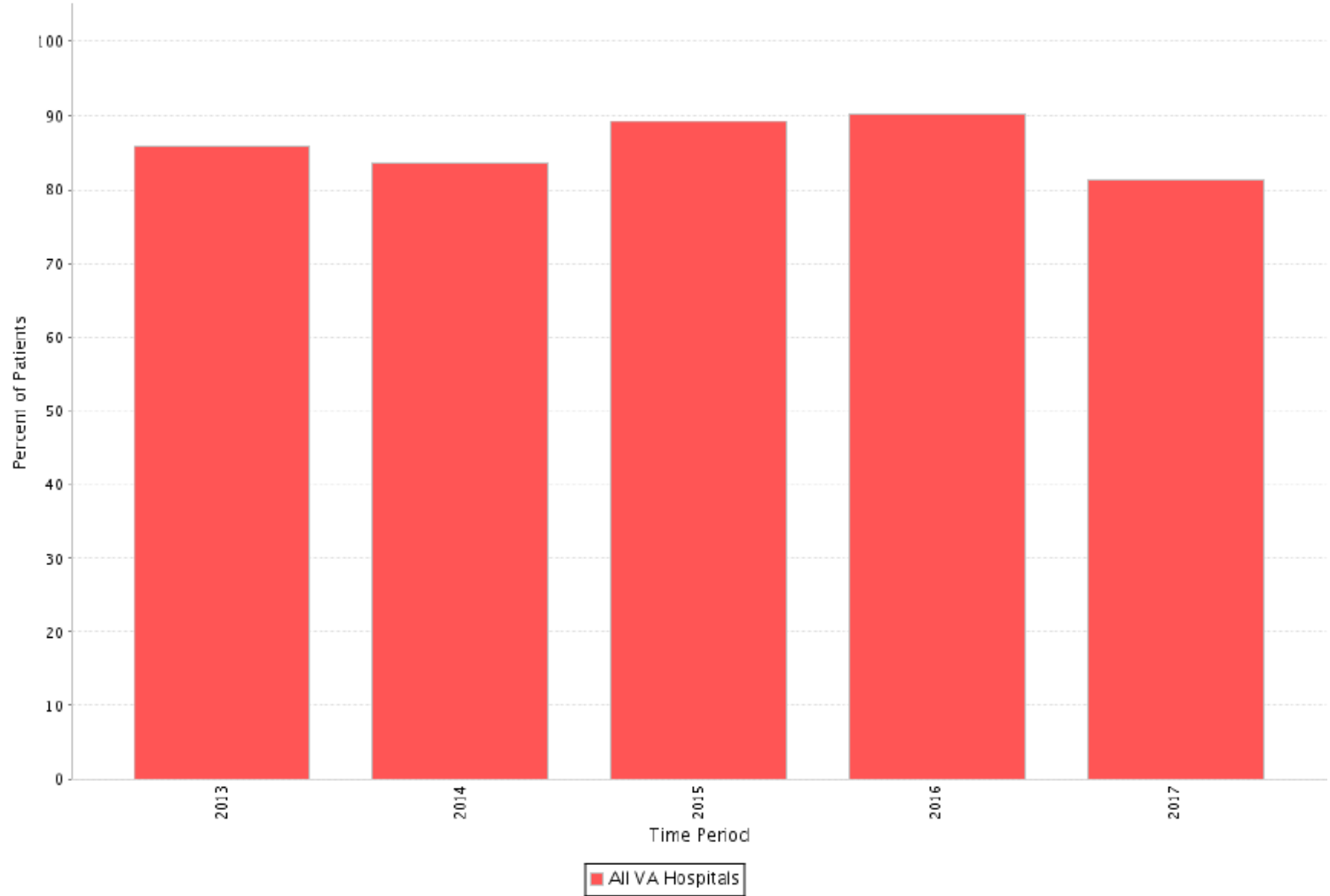
LDL Documented (Q)



Intensive Statin Therapy (Q)



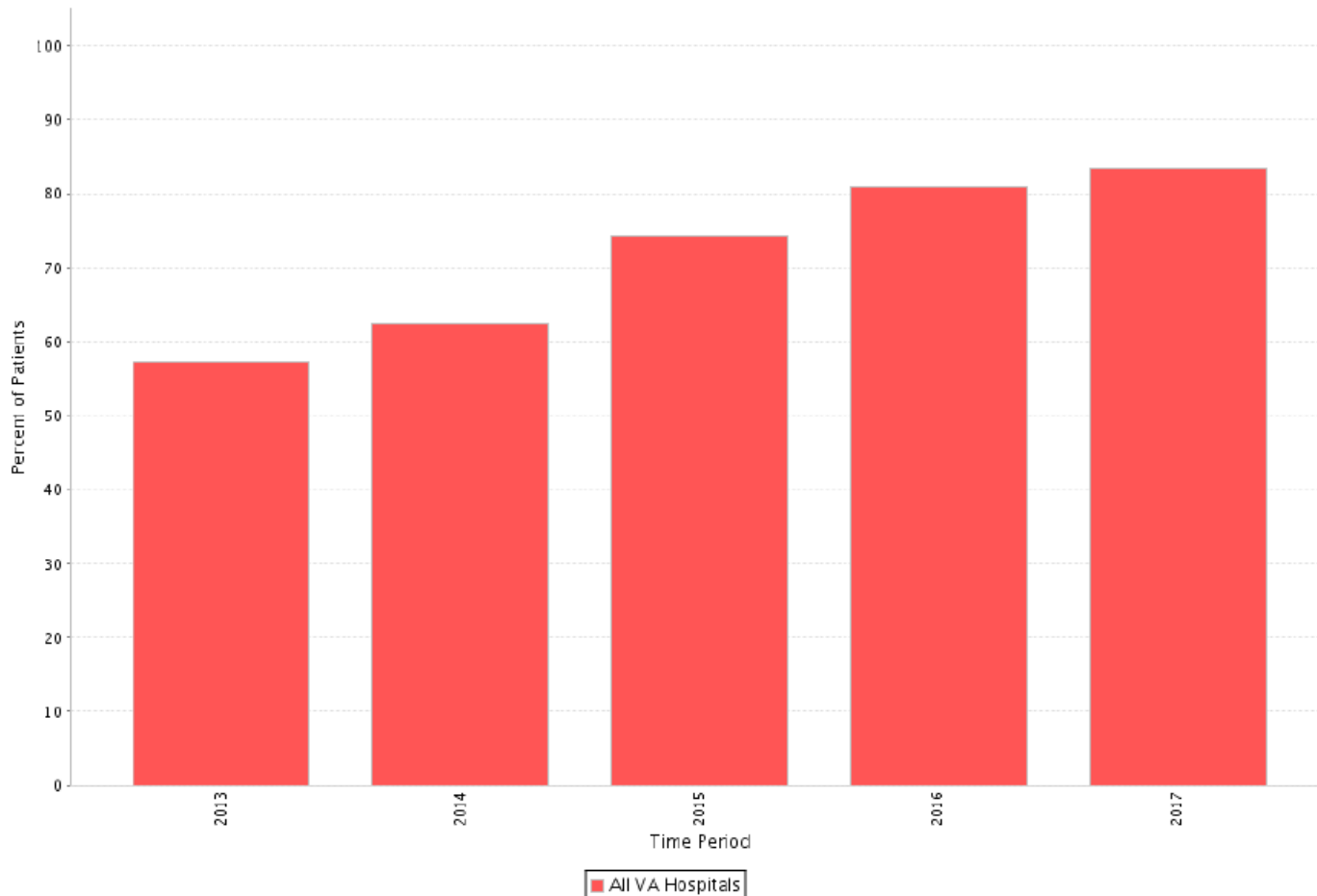
NIHSS Reported (Q)



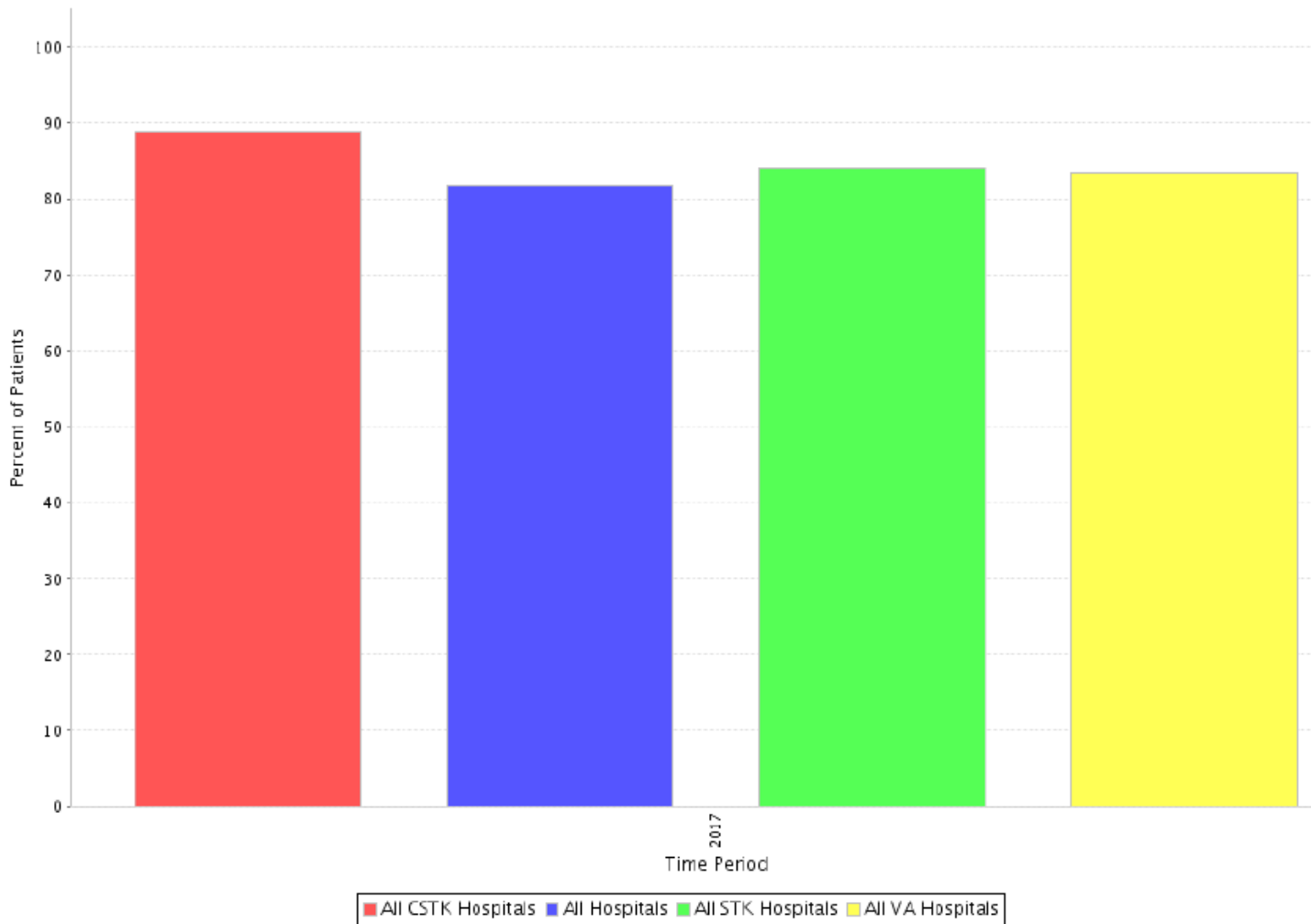
Thrombolytic Therapy Volumes

Data For: Thrombolytic Therapies										
Note: Time periods at the end of the graph and data table have been omitted because there were no patient records during that time.										
Benchmark Group	Time Period	IV tPA initiated at this hospital for ED patients	IV tPA initiated at this hospital for Inpatients	IV tPA initiated at outside hospital and not initiated at this hospital	IA catheter-based reperfusion at this hospital for ED patients	IA catheter-based reperfusion at this hospital for Inpatients	IA catheter-based reperfusion at outside hospital	Any thrombolytic therapy	Total	# of Sites
My Hospital	2013	47 (16.3%)	1 (0.3%)	19 (6.6%)	10 (3.5%)	1 (0.3%)	0 (0%)	75 (26%)	288	1
My Hospital	2014	38 (15.6%)	5 (2%)	15 (6.1%)	20 (8.2%)	0 (0%)	0 (0%)	69 (28.3%)	244	1
My Hospital	2015	64 (23.9%)	7 (2.6%)	19 (7.1%)	53 (19.8%)	7 (2.6%)	1 (0.4%)	123 (45.9%)	268	1
My Hospital	2016	65 (14.3%)	10 (2.2%)	48 (10.6%)	87 (19.2%)	11 (2.4%)	0 (0%)	176 (38.9%)	453	1
My Hospital	2017	81 (15.1%)	0 (0%)	50 (9.3%)	74 (13.8%)	6 (1.1%)	1 (0.2%)	182 (34%)	536	1

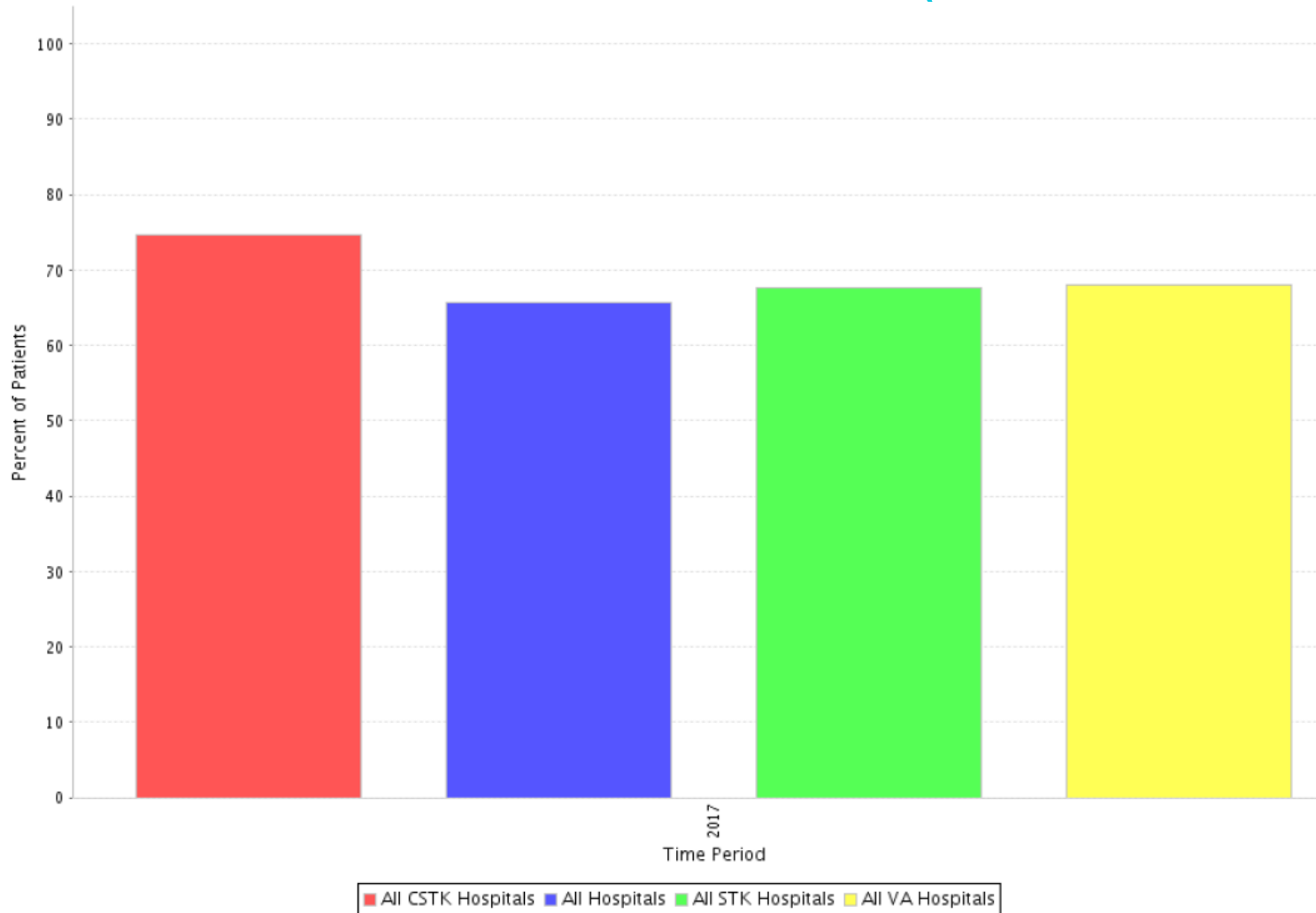
Time to Intravenous Thrombolytic Therapy - 60 min Door to Needle



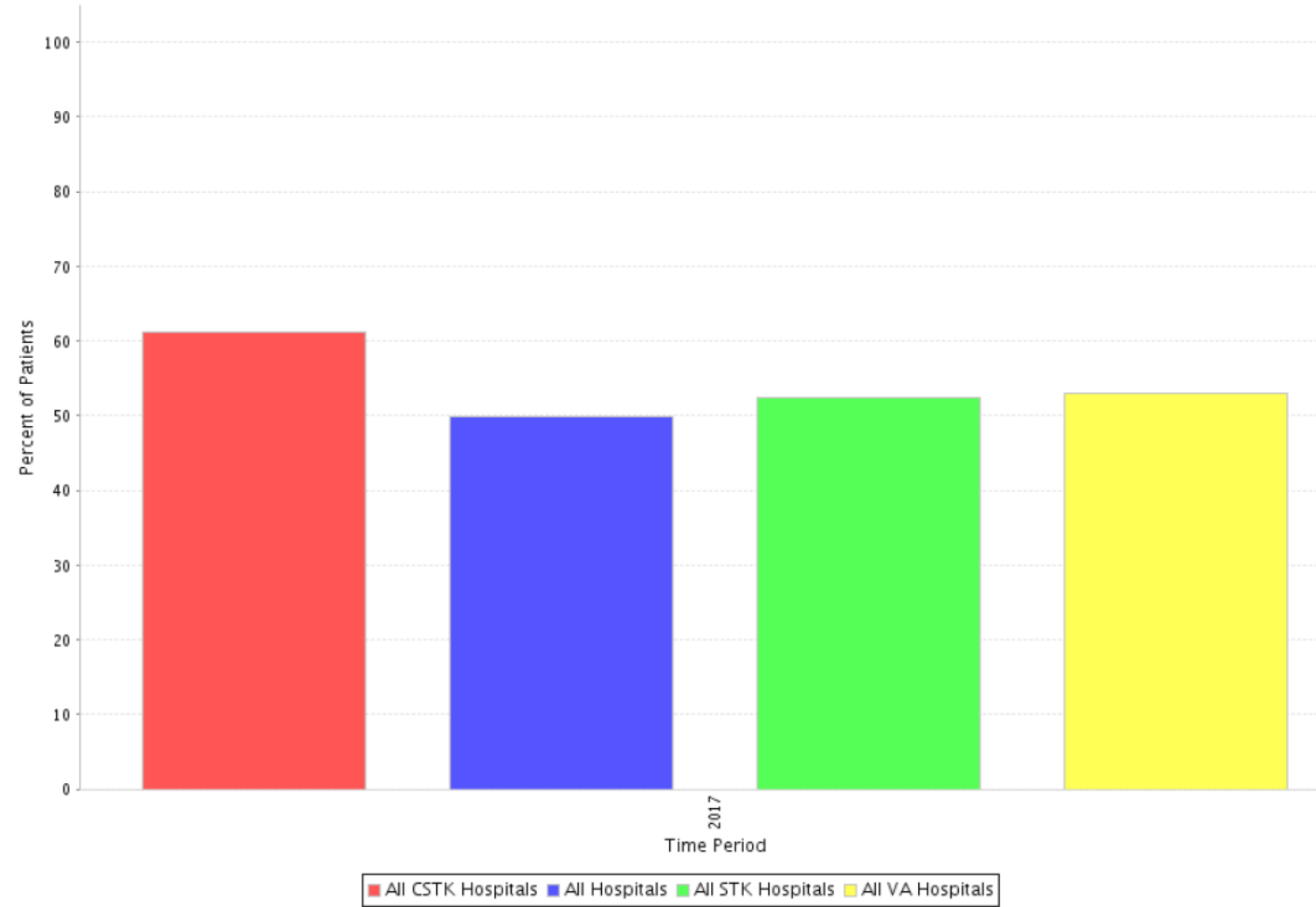
2017 Time to Intravenous Thrombolytic Therapy - 60 min



2017 Door To IV rt-PA in 60 Min (Historic Quality)



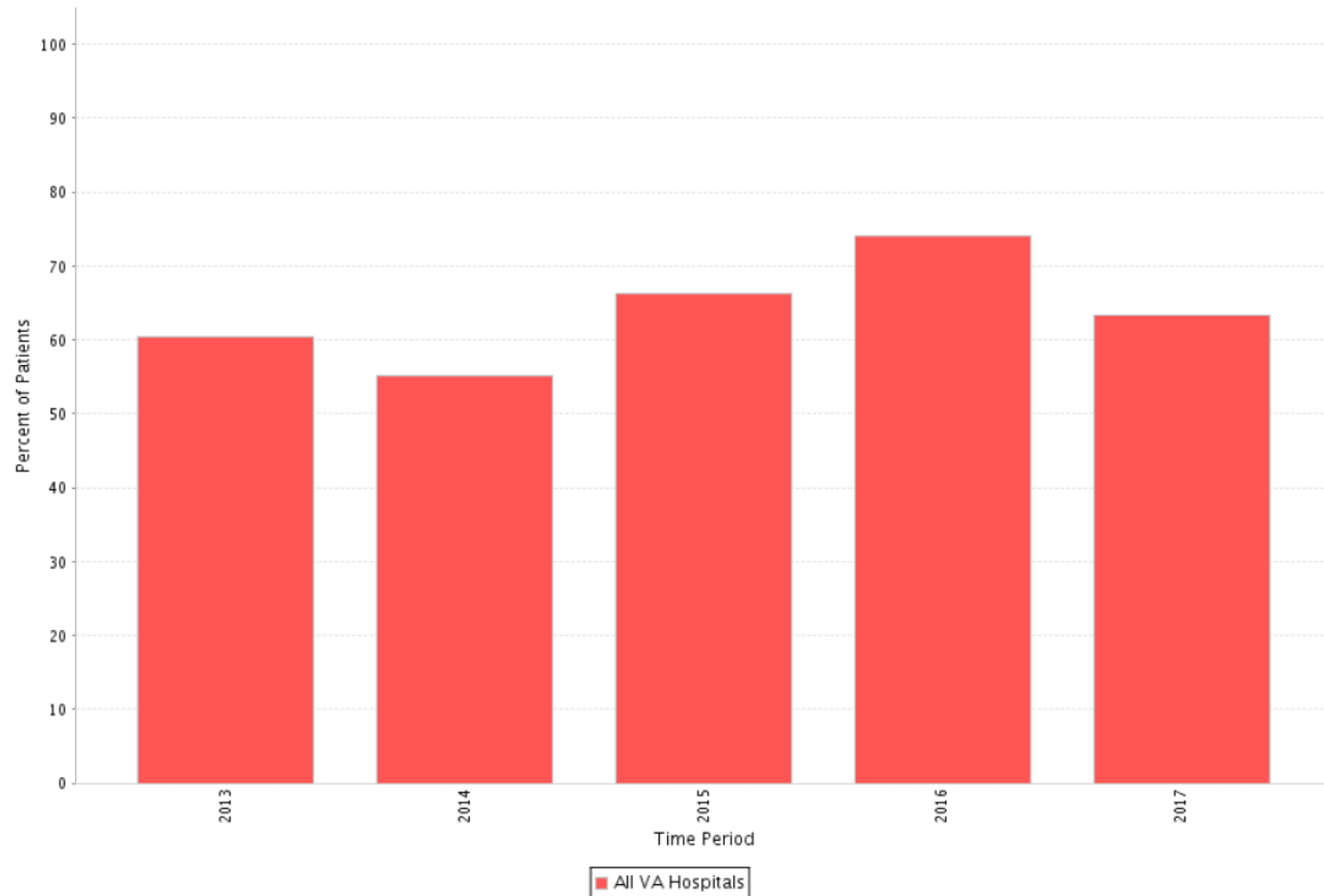
2017 Time to Intravenous Thrombolytic Therapy - 45 min



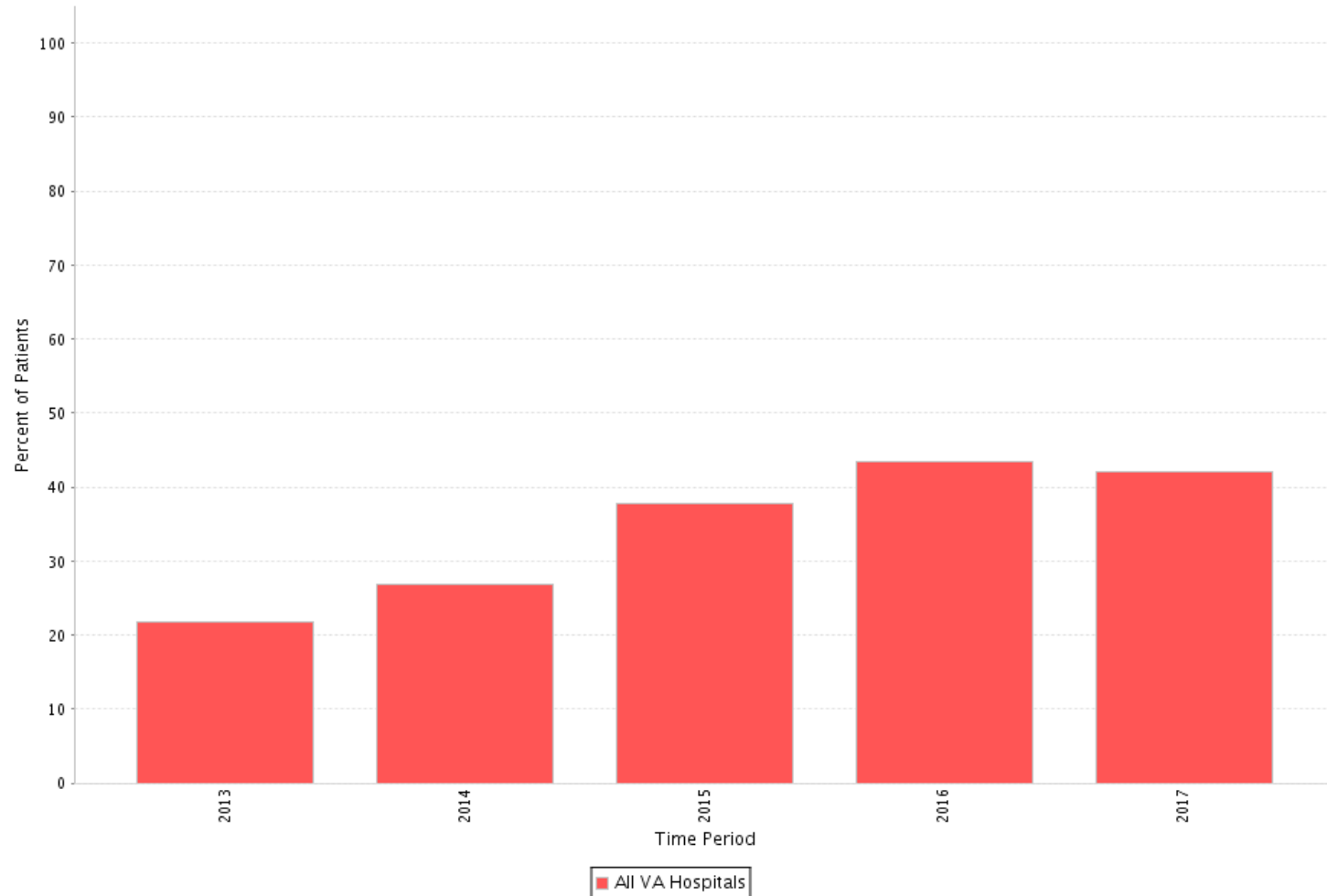
2017 Reasons for no IV rt-PA for Eligible Patients

Benchmark Group	CT findings	SBP, DBP	Advanced age	UTD eligibility	Too severe	Too mild	Rapid improvement
All CSTK Hospitals	686 (4.1%)	295 (1.8%)	891 (5.3%)	1254 (7.4%)	395 (2.3%)	5011 (29.7%)	4484 (26.6%)
All Hospitals	1928 (3.6%)	1210 (2.3%)	3566 (6.7%)	4620 (8.6%)	1423 (2.7%)	18237 (34.1%)	17691 (33.1%)
All STK Hospitals	1373 (3.8%)	795 (2.2%)	2356 (6.5%)	3106 (8.6%)	948 (2.6%)	12368 (34.2%)	11772 (32.6%)
All VA Hospitals	71 (6.8%)	46 (4.4%)	102 (9.8%)	118 (11.3%)	45 (4.3%)	394 (37.9%)	397 (38.2%)

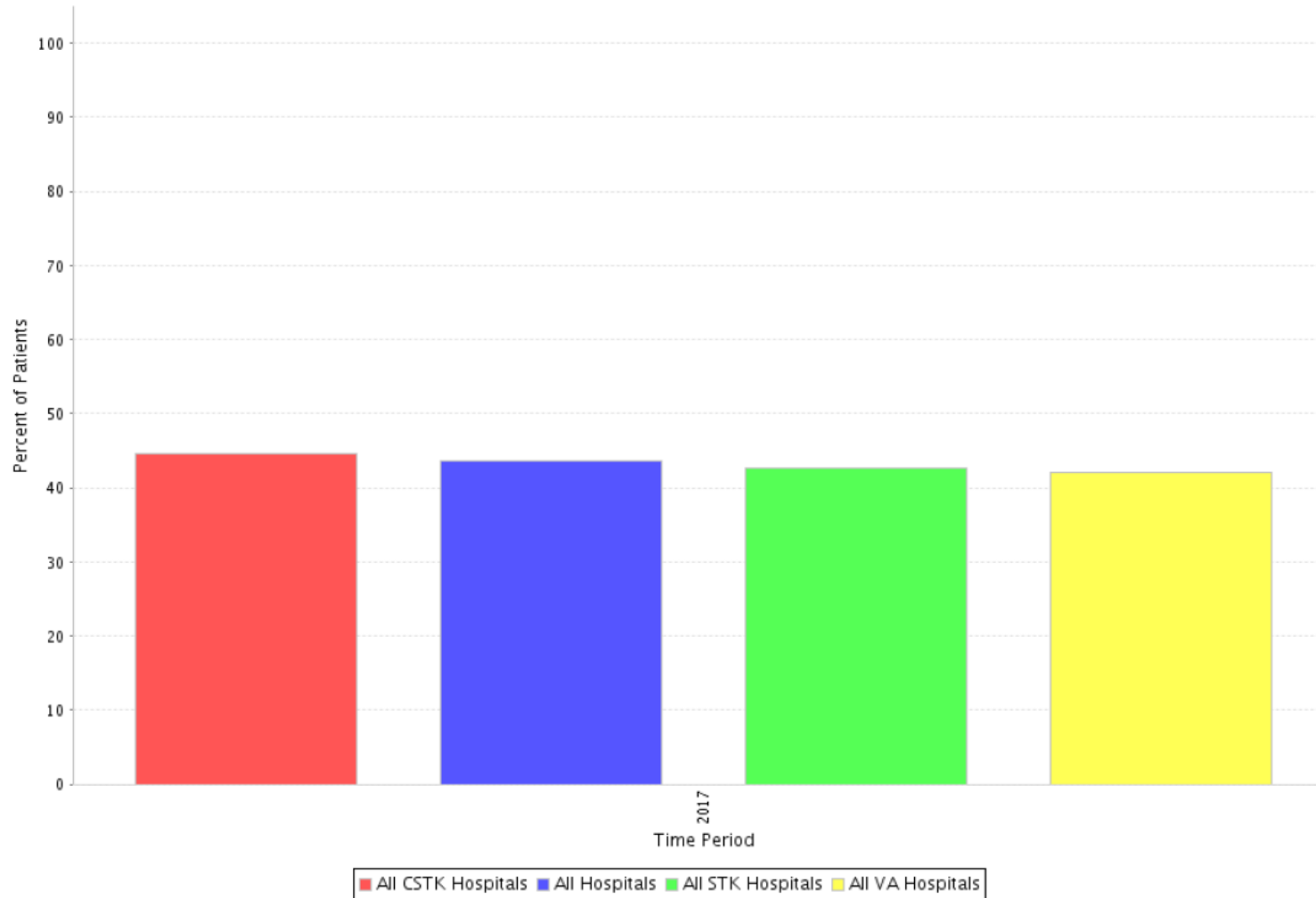
Pre-notification by EMS



% Door To CT \leq 25min



2017 % Door To CT \leq 25min



Questions?

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