# Quality Data – Stroke Core Measures

<table>
<thead>
<tr>
<th>Percent of patients who receive care in accordance with national guidelines:</th>
<th>Milton S. Hershey Medical Center</th>
<th>All Comprehensive Certified Stroke Centers</th>
<th>All Pennsylvania Hospitals</th>
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| Treatment to prevent deep vein thrombosis for those who are on bedrest by the second day in hospital.  
*Patients with prolonged inactivity are at risk for developing blood clots, which could lead to another stroke.* | 99.3% | 97.4% | 97.8% |
| Antithrombotic medication prescribed at discharge for those with ischemic stroke.  
*These medications prevent blood clots, which could lead to another stroke.* | 100% | 99.5% | 99.7% |
| Anticoagulation medication at discharge for those with ischemic stroke and atrial fibrillation.  
*In atrial fibrillation, your heart doesn't contract fully. Blood can pool and form clots. Anticoagulation medications prevent clot formation.* | 100% | 98.4% | 98.3% |
| Intravenous clot-buster (tPA) is given within 60 minutes to those who arrive at the hospital within two hours of when symptoms began.  
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. | 100% | 93.7% | 91.7% |
| Antithrombotic medication by the end of hospital day two for those with an ischemic stroke.  
*These medications prevent blood clots, which could lead to another stroke.* | 98.6% | 97.3% | 98.5% |
| 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.  
*High cholesterol levels raise your risk for stroke.* | 100% | 98.7% | 99% |
| Education about warning signs, calling 911, and risk factors for stroke.  
*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.* | 91.5% | 96.6% | 96.1% |
| Rehabilitation services assessment completed.  
*Rehabilitation can help recovery of speech and motor function.* | 99.3% | 99.4% | 99.6% |

Source: Get With the Guidelines, an American Stroke Association quality database  
Jan. – Mar. 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.)

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| Documented NIHSS score  
*National Institute of Health Stroke Scale (NIHSS) score is a measure of deficits.* | 95.5% | 88.8% | N/A |
| Favorable mRS at 90 days  
*Modified Rankin Score (mRS) is a measure of functional independence.* | 80.6% | 91.1% | N/A |
| Documented SAH and ICH scores  
*Subarachnoid Hemorrhage (SAH) and Intracerebral Hemorrhage (ICH) scores are measures of severity of stroke.* | 83.3% | 69.2% | N/A |
| Procoagulant reversal agent administered  
*ICH patients on anticoagulants who receive reversal medication.* | 100% | 87.8% | N/A |
| Hemorrhagic transformation  
*Stroke patients who develop an intracranial hemorrhage after tPA or endovascular clot retrieval. Goal is 0%.* | 3.7% | 5.7% | N/A |
| Nimodipine treatment  
*SAH patients who received nimodipine for vasospasm prevention.* | 93.8% | 88.4% | N/A |
| Post-treatment reperfusion grade  
*Reperfusion grade indicates success of re-opening the cerebral artery.* | 92.3% | 83.8% | N/A |
| Timeliness of Reperfusion  
*Arrival time to achieving successful re-opening of the cerebral artery.* | 69.2% | 61.5% | N/A |

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