

Stroke Center Performance and Outcome Measures

Mercy Medical Center – Redding Stroke Center Quality Report (CY 2022)

Mercy Medical Center – Redding (MMCR) aims to provide the highest quality of stroke care using national standard performance measures. This report shows the percent of patients provided selected treatments compared to patients at other Dignity Health Hospitals and California Hospitals.

The national benchmark goal is > than 85% compliance with each measure. MMCR’s goal is 95% or greater compliance.

99% - 100% = Stretch target	95% - 98% = met target	< 95% = below target
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Performance Measure	MMCR	All Dignity Health Hospitals	All California Hospitals
Venous thromboembolism (VTE) Prophylaxis Treated to prevent blood clots from forming when confined to bed	99.0%	97.9%	95.8%
Discharged on anti-thrombotic therapy Discharged to home on a blood thinner to prevent another ischemic stroke	99.7%	99.6%	99.5%
Anti-coagulation for atrial fibrillation/flutter Treated with a strong blood thinner when you have an abnormal heart rhythm that could cause blood clots	100%	97.5%	97.3%
Thrombolytic therapy Arrived at the hospital within 2 hours of stroke symptoms and treated with a clot-busting drug within 3 hours of symptoms	100%	94%	93.9%
Anti-thrombotic by hospital day 2 Treated with a blood thinner within 2 days after admission to prevent further ischemic strokes	98.1%	98.2%	97.6%
Discharged on a Statin medication Treated with a cholesterol-lowering drug to reduce ischemic stroke risk	97.4%	98.1%	98.8%
Stroke Education Provided with information about warning signs, stroke risk factors, and the importance of calling 9-1-1	98.2%	98.5%	96.2%
Assessed for rehabilitation Evaluated by a member of the rehabilitation team to assess your need for recovery therapy	100 %	99.6%	99.4%

This information is based on data retrieved from Outcomes Science *Get with the Guidelines*® PMT report

Mercy Medical Center – Redding Stroke Center Outcomes Report (2022)

MMCR stroke program monitors outcomes for selected ischemic stroke patients who undergo emergency Mechanical Thrombectomy Neurointervention.

In 2022, MMCR performed 53 emergent Mechanical Thrombectomy procedures. This procedure removes a blood clot from a major blood vessel in the brain by using a clot-retrieving catheter; 82% of patients had meaningful improvement of blood flow to their brain.

Performance Measure	MMCR	All Dignity Health Hospitals	All California Hospitals
Hemorrhagic Transformation after IV Tenecteplase (t-NK) Ischemic stroke patients who develop significant bleeding in the brain within 36 hours after receiving a clot-busting medication (lower percentage is better)	4.7%	2.4%	2.5%
Hemorrhagic Transformation after IA alteplase (t-PA) or thrombectomy Ischemic stroke patients who develop significant bleeding in the brain within 36 hours after undergoing a surgical procedure to remove a blood clot (lower percentage is better)	2.1%	5.1%	8.0%
TICI* reperfusion grade of 2B or higher Ischemic stroke patients who had meaningful improvement of blood flow to their brain after undergoing a surgical procedure	82%	83.6%	85.1%
Arrival time to skin puncture (procedural start time) Median time for hospital arrival to the time of skin puncture to access the artery for a thrombectomy procedure (lower number is better). Goals: 60 minutes for patients transferred from outside hospital; 90 minutes for patients who arrive direct at MMCR.	82 min	83.5 min	72 min

This information is based on data retrieved from Outcomes Science *Get with the Guidelines*® PMT report

*Thrombolysis in cerebral infarction (TICI) scale is a score used to grade *brain tissue revascularization*

Advanced Thrombectomy Capable Stroke Centers are required to demonstrate a 24 hour post-procedural death rate of less than 1% after diagnostic catheter angiography. MMCR met this requirement in 2021 and 2022.

Quality Outcomes

	Jan – Dec 2021	Jan – Dec 2022
24-hour mortality after diagnostic cerebral angiography	0.86%	0.75%