

UCI Health Comprehensive Stroke Program

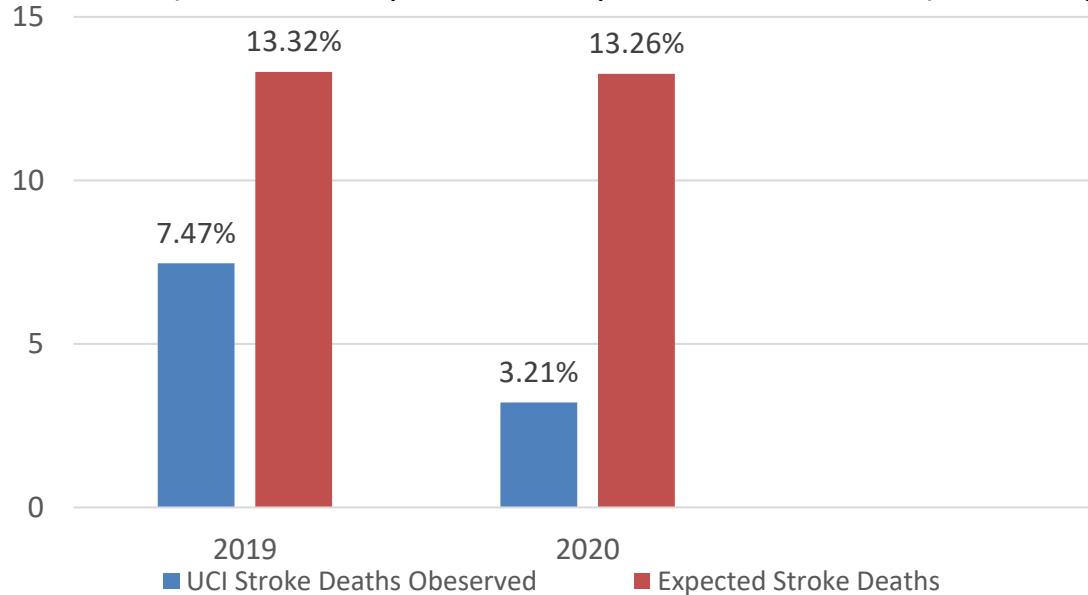
At UCI Health, we monitor our stroke performance against the standards created in the Get With the Guidelines® Stroke program sponsored by the American Heart Association and the American Stroke Association.

For the 21st consecutive year, *U.S. News & World Report* recognized UCI Medical Center as one of America's Best Hospitals. The annual rankings recognize hospitals that excel in treating the most challenging patients and conditions. UCI Health achieved the highest rating possible in nine common adult procedures and conditions identified by U.S. News, which included Stroke Care.

UCI Health performs among the best. UCI Health has one of the lowest risk-adjusted mortality (death) rates for stroke when compared with other Comprehensive Academic Medical Centers. This is according to Vizient, the nation's leading health care performance improvement company.

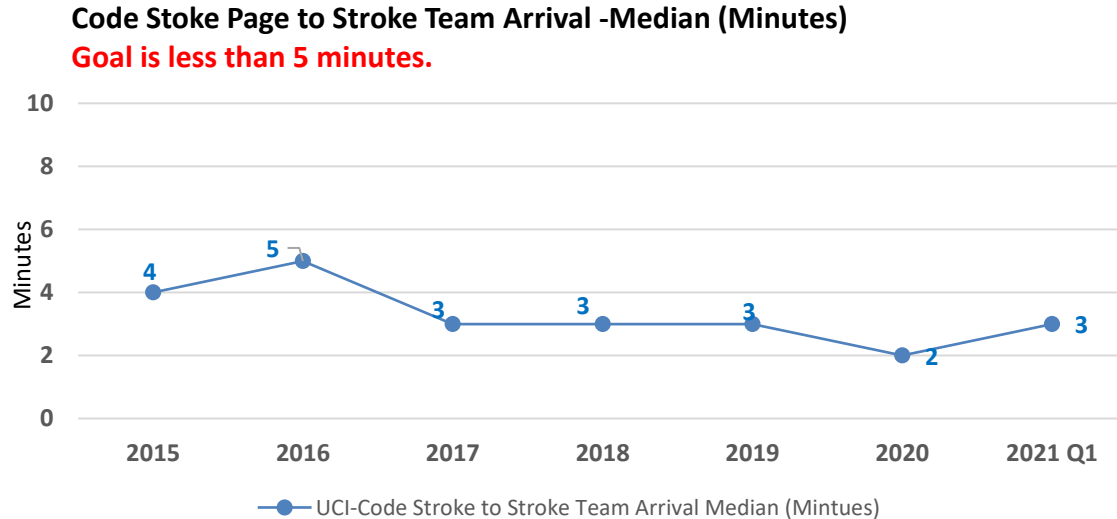
UCI Health stroke performance is summarized in the graphs below.

The following graph compares the actual percentage of stroke patients that died at UCI Health compared to the percent of expected deaths (determined by the mortality risk model in Vizient). **A lower percentage is better.**



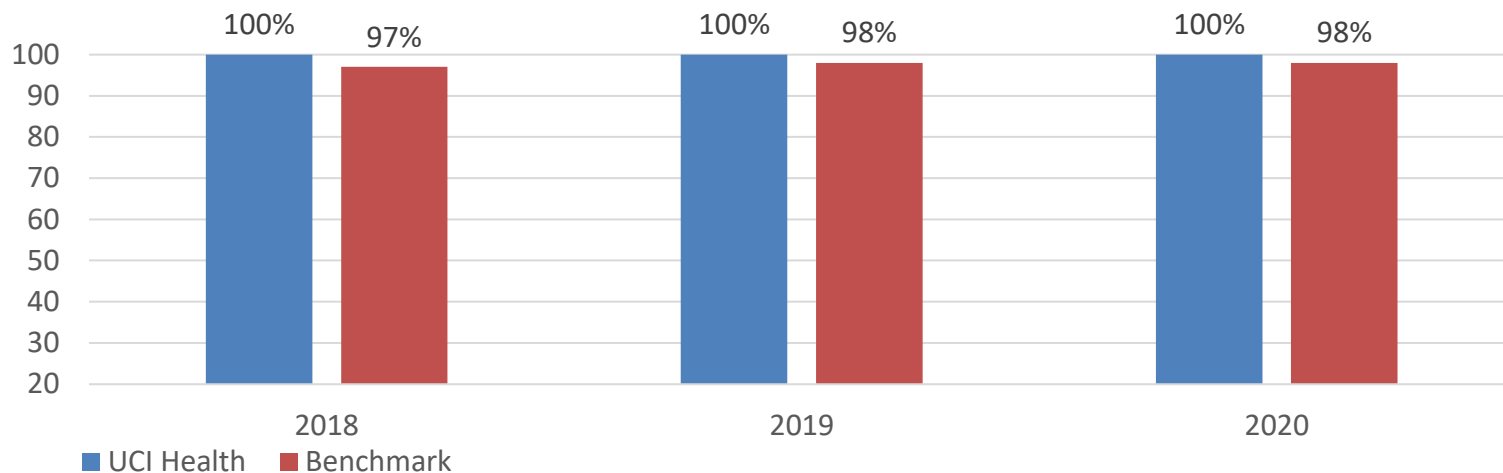
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At UCI Health, stroke is an emergency, and we evaluate how long it takes for the UCI Health Stroke Team to arrive after a code stroke is paged.



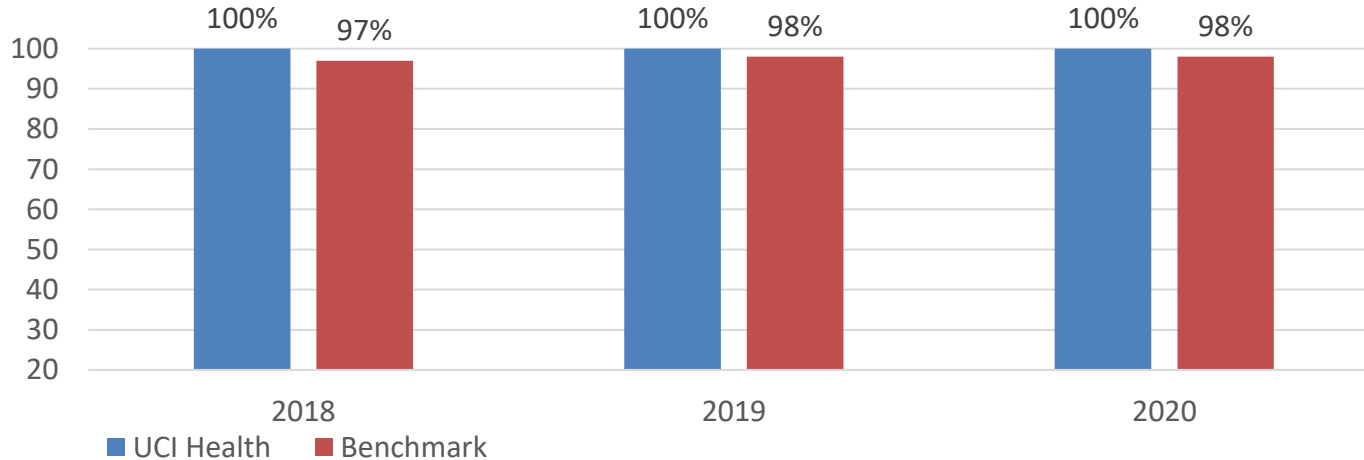
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Anticoagulation therapy for atrial fibrillation/flutter. Nonvalvular atrial fibrillation (NVAF) is a common arrhythmia and an important risk factor — among several other conditions and lifestyle factors — for stroke. The chart below compares how many UCI Health stroke patients received anticoagulation therapy at discharge compared to hospitals nationally. **A higher percentage is better.**



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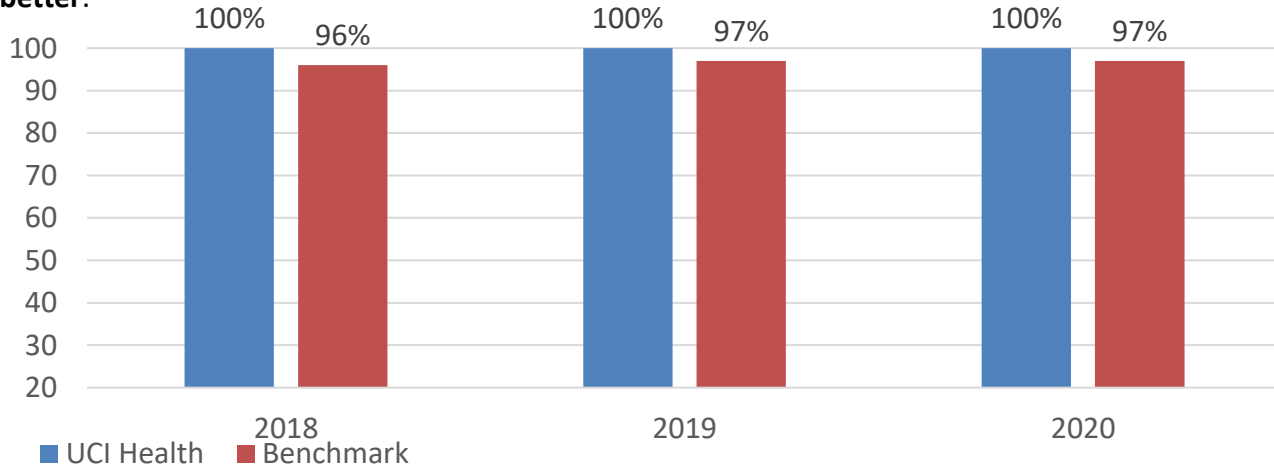
Discharged on antithrombotic therapy. Antithrombotic therapy assists with the reduction of formation of blood clots. The chart below compares how many UCI Health stroke patients received antithrombotic therapy at discharge compared to hospitals nationally. **A higher percentage is better.**



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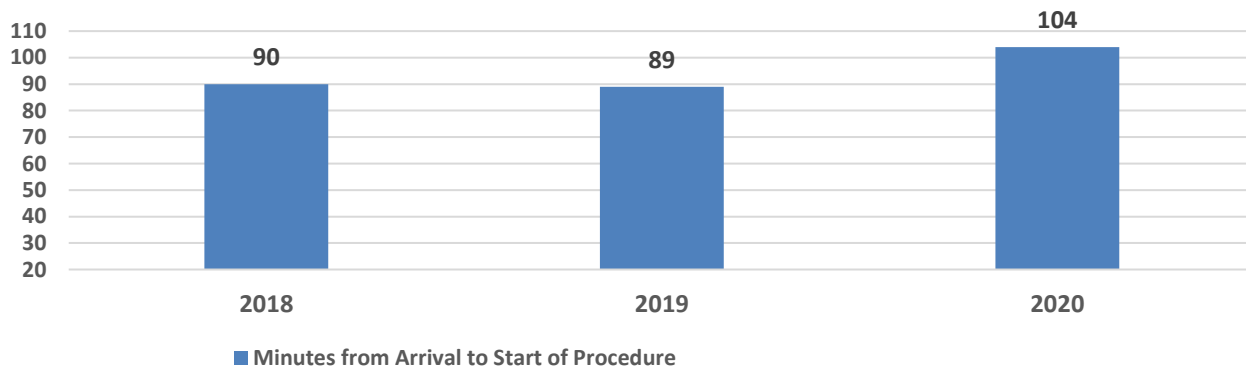
Acute ischemic stroke patients who arrive at this hospital within two hours of time last known well and for whom IV alteplase was initiated at this hospital within three hours of time last known well. IV alteplase (tPA) is an intravenous medicine given for ischemic stroke – a stroke caused by a blood clot – that can dissolve the stroke-causing clot. Studies show that people who receive tPA within three hours – up to 4.5 hours in some patients – have better and more complete recoveries. The chart below compares how many UCI Health stroke patients received tPA within three hours of last known well compared to hospitals nationally.

A higher percentage is better.



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Time from patient arrival to puncture time for thrombectomy. Thrombectomy is a procedure in which experienced stroke doctor-neuro-interventional radiologists remove clots from the brain using a catheter device. At UCI Health, we monitor the time from when the patient arrives and when the stroke doctor begins the procedure. Time is very important when treating stroke. The quicker therapy begins, the better chance of recovery. The chart below shows how fast, in minutes, the stroke doctor begins the complex procedure from arrival to hospital. **Our goal is less than or equal to 90 minutes.**



UCI Health's Comprehensive Stroke & Cerebrovascular Center is dedicated to achieving the highest outcomes. We work continuously to improve the care and treatment of our stroke patients. Our improvement plans include constant monitoring of compliance with stroke clinical practice guidelines from the American Stroke Association. An example of an improvement plan for decreasing the delays from hospital arrival to groin puncture for thrombectomy (clot removal), is improving the process from emergency department to the angiography suite.

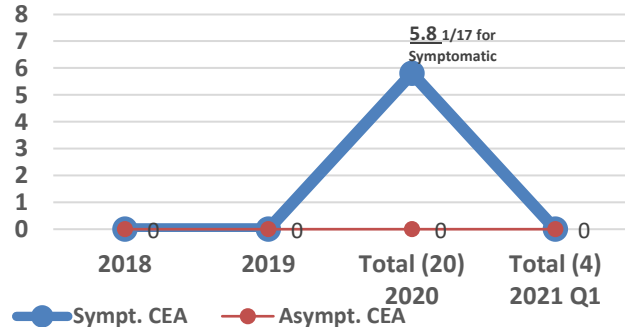
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UCI uses two procedures to correct a narrowing of the carotid artery that can lead to a stroke:

- **Carotid endarterectomy (CEA)**, in which the buildup of fatty plaque inside the carotid artery is removed.
- **Carotid artery stent (CAS)**, a nonsurgical, catheter-based procedure used to prevent stroke by correcting stenosis (narrowing) in the common carotid artery.

In its ongoing commitment to improving the quality of care and outcomes for patients receiving treatment, UCI Health monitors 30-day stroke and/or death rate following CEA and CAS.

Percent of 30-Day Stroke and/or Death Rate Following Symptomatic or Asymptomatic **CEA**. Goal is less than 6% for Symptomatic and less than 3% for Asymptomatic. Lower is better.



Percent of 30-Day Stroke and/or Death Rate Following Symptomatic or Asymptomatic **CAS**. Goal is less than 6% for Symptomatic and less than 3% for Asymptomatic. Lower is better.

