

UCI 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.

UCI Health has been recognized by *Newsweek* as one of the World's Best Hospitals 2024. The health system is also being recognized as a global leader for infection prevention.

UCI Health achieved the highest rating possible in nine common adult procedures and conditions identified by U.S. News which include Stroke Care.

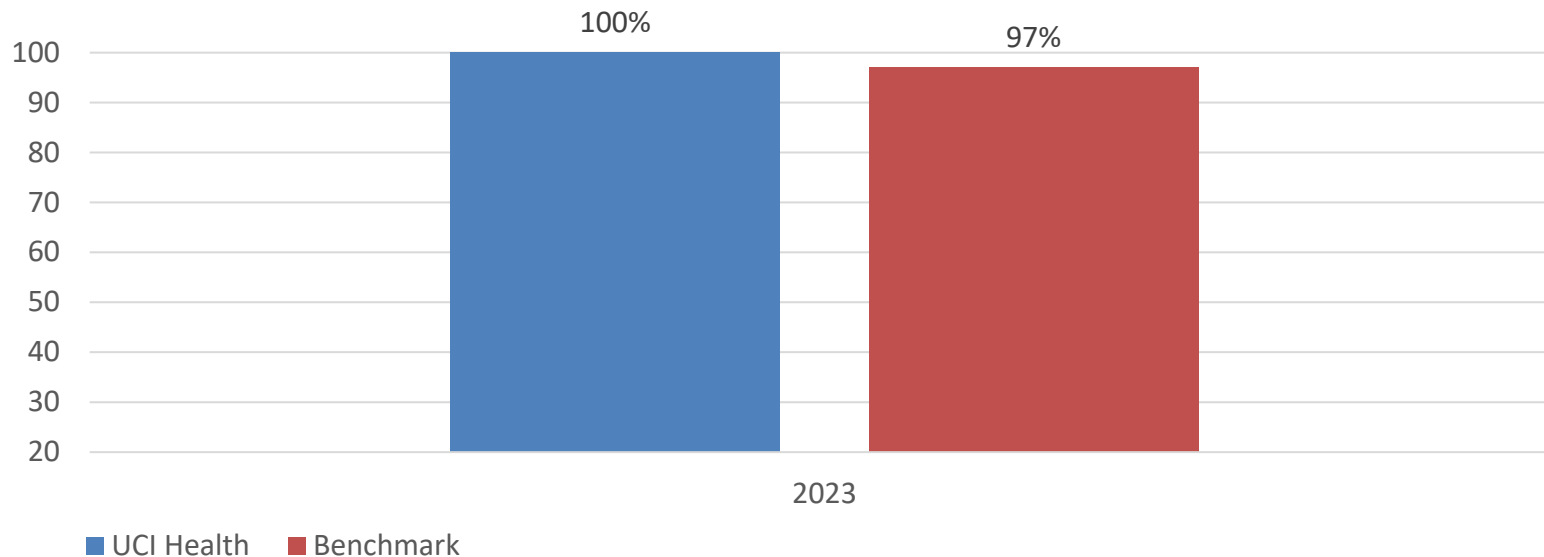
UCI performs among the best. UCI has one of the lowest risk- adjusted mortality (death) rates for stroke, when compared with other Comprehensive Academic Medical Centers. This is according to Vizient, the nation's leading health care performance improvement company.

In the next few slides, please review some selected UCI Stroke Performance Data.



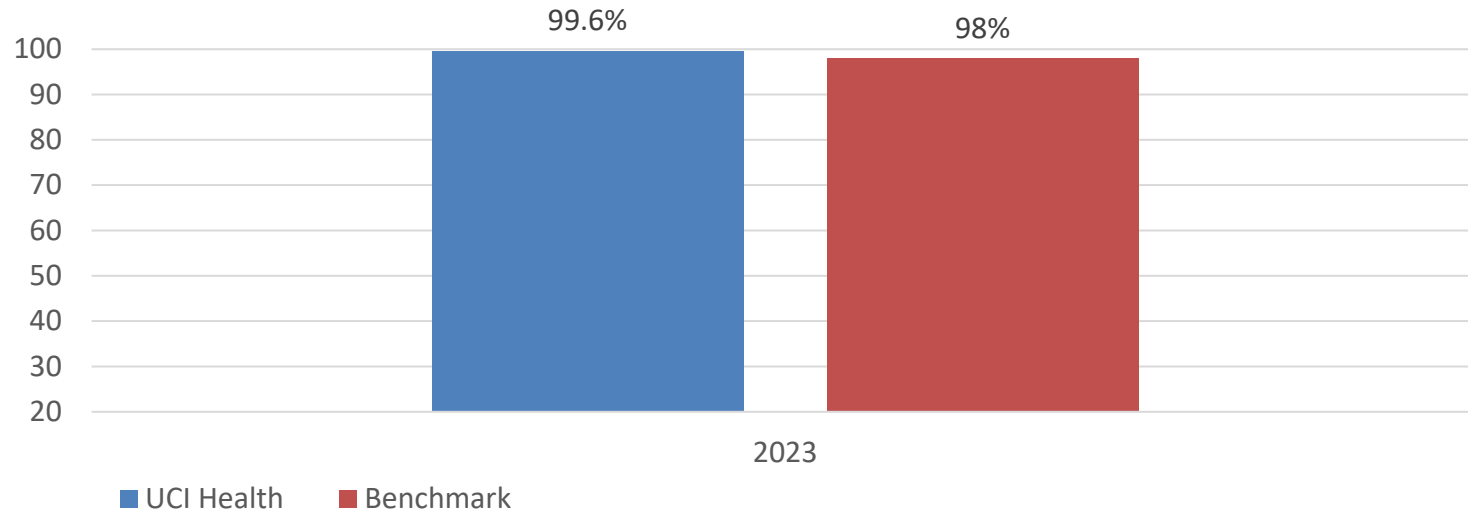
UCI Health stroke performance is summarized in the graphs below.

Anticoagulation therapy for atrial fibrillation/flutter. Nonvalvular atrial fibrillation (NVAf) is a common arrhythmia and an important risk factor for stroke. It is one of several conditions and lifestyle factors that have been identified as risk 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.**



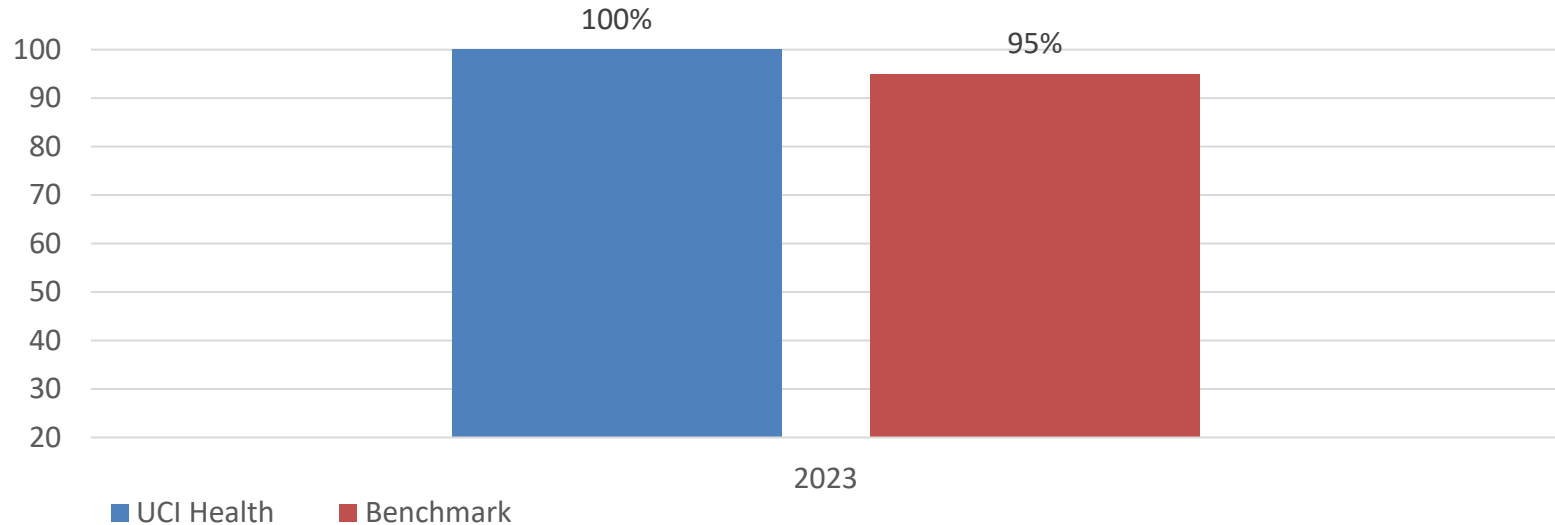
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Discharged on antithrombotic therapy. Antithrombotic therapy assists with the reduction of formation of blood clots. The chart below compares how many UCI Health stroke patients received antithrombotic therapy at discharge compared to hospitals nationally.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



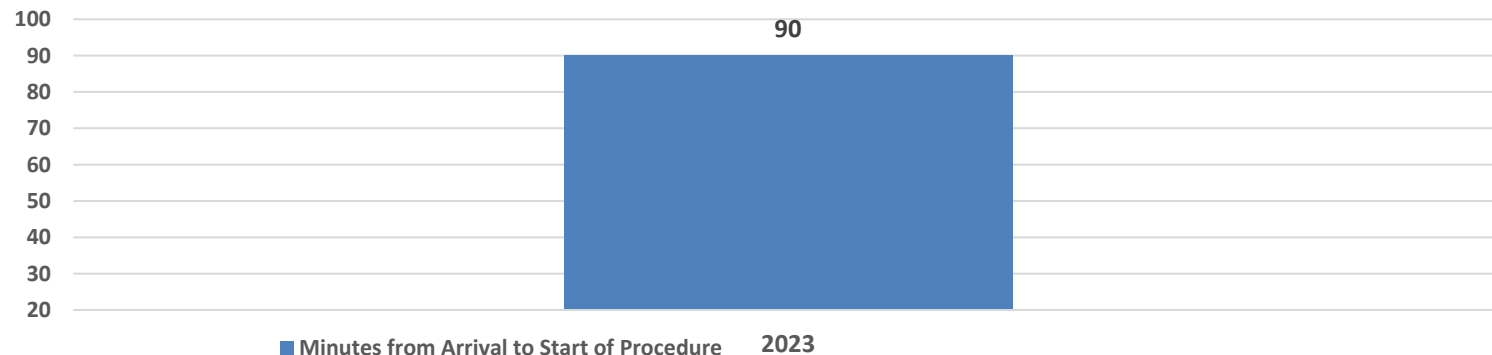
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Acute ischemic stroke patients who arrive at this hospital within 2 hours of time last known well and for whom IV thrombolytic therapy was initiated at this hospital within 3 hours of time last known well. IV thrombolytic therapy is an intravenous 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 this medication within 3 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 thrombolytic therapy within 3 hours of last known well compared to hospitals nationally. **A higher percentage is better.**



UCI Health stroke performance is summarized in the graphs below.

Time from patient arrival to puncture time for thrombectomy. Thrombectomy is a procedure where an experienced Stroke Doctor- neuro-interventional radiologists, removes clots from the brain using a catheter device. At UCI Health, we monitor the time 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.**



What are we doing to improve:

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

UCI Health had zero Stroke or Death at 30-days post procedure.

	2022 UCI CEA	2022 UCI STENT	2023 UCI CEA	2023 UCI STENT
Mortality	0%	0%	0%	0%
Stroke	0%	0%	0%	0%