



**Michigan Stroke Program (MiSP)
Hospital Performance Report, January - March 2022**

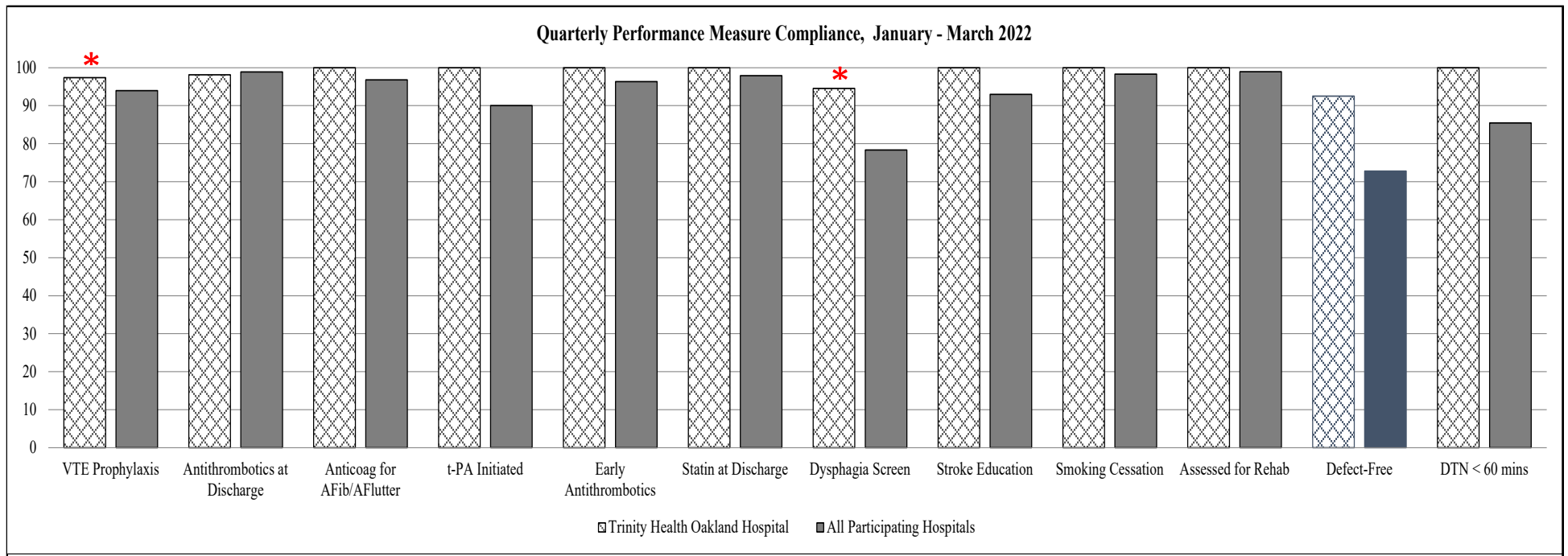
Trinity Health Oakland Hospital

First quarter data from January - March 2022 were pulled from IQVIA Patient Management Tool on July 1, 2022. The following graph and tables display compliance with the ten consensus performance measures and Door-to-Needle < 60 mins measure at your hospital compared to all participating hospitals (CSC, PSC, and TSC).

Defect-Free measure shows how well your hospital did in providing all the appropriate interventions to every stroke patient, so it is a mirror for the overall performance of the 10 core measures.

The performance measures with the greatest opportunity for improvement at your hospital are starred in the figure and highlighted in pink in the adjoining table. The performance measures with the greatest opportunity for improvement are highlighted in the table displaying aggregate data from all participating hospitals.

*Coverdell Performance Measures goal is $\geq 95\%$
Percent Patients with DTN Time ≤ 60 min goal is $\geq 75\%$*



Trinity Health Oakland Hospital	VTE Prophylaxis	Antithrombotics at Discharge	Anticoag for AFib/AFlutter	t-PA Initiated	Early Antithrombotics	Statin at Discharge	Dysphagia Screen	Stroke Education	Smoking Cessation	Assessed for Rehab	Defect-Free	DTN < 60 mins
Cases that Received Measure	75	52	5	3	46	54	69	41	19	64	74	4
Eligible Cases	77	53	5	3	46	54	73	41	19	64	80	4
% Compliance	97.4	98.1	100.0	100.0	100.0	100.0	94.5	100.0	100.0	100.0	92.5	100.0
All Participating Hospitals	VTE Prophylaxis	Antithrombotics at Discharge	Anticoag for AFib/AFlutter	t-PA Initiated	Early Antithrombotics	Statin at Discharge	Dysphagia Screen	Stroke Education	Smoking Cessation	Assessed for Rehab	Defect-Free	DTN < 60 mins
Cases that Received Measure	2607	2613	455	234	2008	2482	2424	1729	690	2735	2632	217
Eligible Cases	2775	2643	470	260	2085	2536	3095	1860	702	2765	3615	254
% Compliance	93.9	98.9	96.8	90.0	96.3	97.9	78.3	93.0	98.3	98.9	72.8	85.4

Ten out of eleven attempted performance measures at your hospital met or exceeded the compliance goal. VTE Prophylaxis (97.4%) and Dysphagia Screen (94.5%) were the measures at your hospital that showed the greatest opportunity for percent improvement. The MiSP team can be used as a resource to help develop strategies to focus efforts on improving and maintaining these measures. Please contact us to discuss opportunities to improve your hospital's stroke care performance.

Measure	Definition
STK 1	Percent of patients with an ischemic stroke, or a hemorrhagic stroke, or stroke not otherwise specified who receive VTE prophylaxis the day of or the day after hospital admission
STK 2	Percent of patients with an ischemic stroke or TIA prescribed antithrombotic therapy at discharge.
STK 3	Percent of patients with an ischemic stroke or TIA with atrial fibrillation/flutter discharged on anticoagulation therapy.
STK 4	Percent of acute ischemic stroke patients who arrive at the hospital within 120 minutes (2 hours) of time last known well and for whom IV t-PA was initiated at this hospital within 180 minutes (3 hours) of time last known well.
STK 5	Percent of patients with ischemic stroke or TIA who receive antithrombotic therapy by the end of hospital day two.
STK 6	Percent of Ischemic stroke or TIA patients with LDL = 100, or LDL not measured, or on cholesterol-reducer prior to admission who are discharged on Statin Medication.
STK 7	Percent of Stroke patients who undergo screening for dysphagia with an evidence-based bedside testing protocol approved by the hospital before being given any food, fluids, or medication by mouth.
STK 8	Percent of patients with Stroke or TIA or their caregivers who were given education and/or educational materials during the hospital stay addressing ALL of the following: personal risk factors for stroke, warning signs for stroke, activation of emergency medical system, need for follow-up after discharge, and medications prescribed.
STK 9	Percent of patients with ischemic or hemorrhagic stroke, or TIA with a history of smoking cigarettes, who are, or whose caregivers are, given smoking cessation advice or counseling during hospital stay.
STK 10	Percent of patients with Stroke who were assessed for rehabilitation services.
STK 11	Percent of patients who received all quality-of-care measures for which they were eligible.
STK 12	Percent of acute ischemic stroke patients receiving intravenous tissue plasminogen activator (tPA) therapy during the hospital stay who have a time from hospital arrival to initiation of thrombolytic therapy administration (door-to-needle time) of 60 minutes or less.