

# FSR 2024 Hospital Quality of Stroke Care Dashboard

Stroke Hospital ID: 31773

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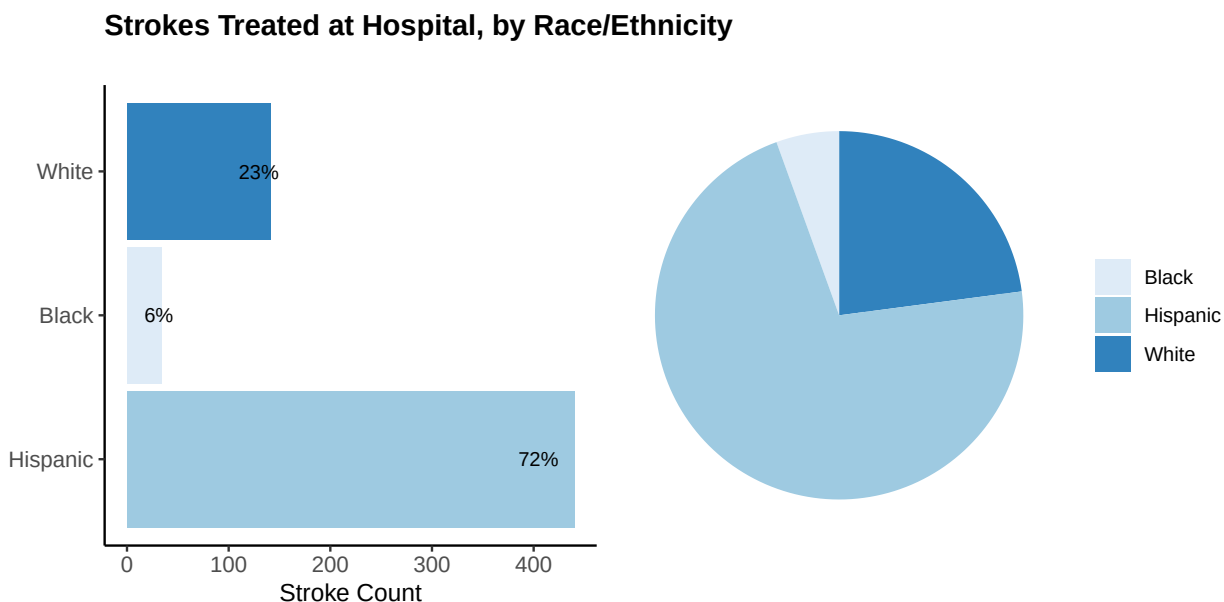
Dear Participating FSR Hospital,

The following report, developed by the Florida Stroke Registry, is available only to your hospital. The data in the dashboard is obtained through the AHA GWTG-S, and represents your hospital's acute stroke performance in 2024. Data has been stratified by sex, race/ethnicity, and benchmarked across the region and the state. The dashboard features the following measures: Defect-Free Care (DFC) and its components (panels 1-8); endovascular therapy and time metrics (panels 9-12); and stroke patient functional outcome measures (panels 13-16).

We hope that the FSR Hospital Quality of Stroke Care Dashboards will be useful, and we welcome all feedback ([flstrokeregistry@miami.edu](mailto:flstrokeregistry@miami.edu)). Thank you for your collaboration and review.

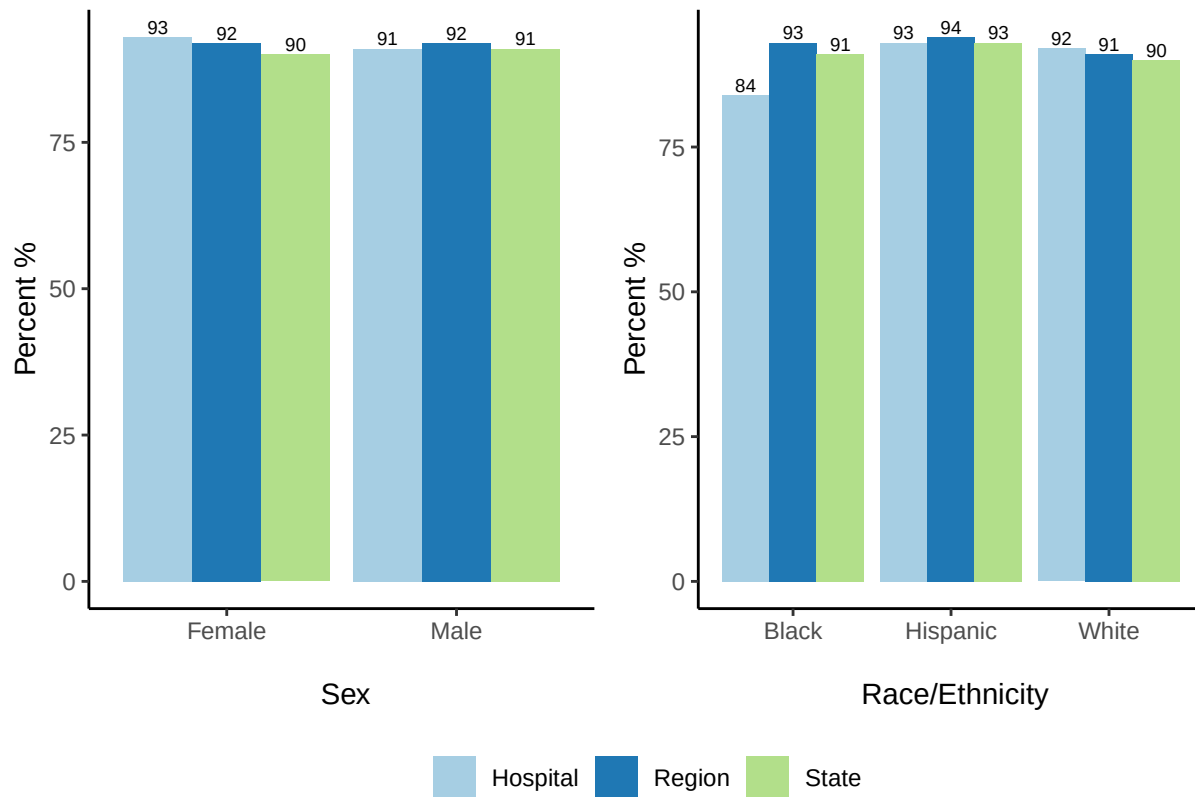
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## Demographics



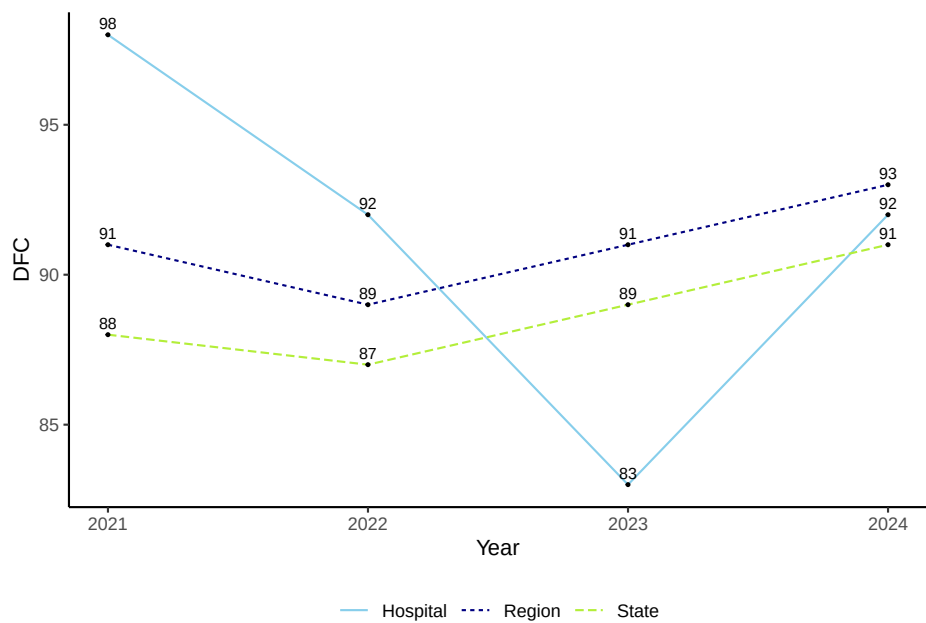
## 1. Defect Free Care (DFC; 2024)

The percentage of acute ischemic stroke patients who have received 100% of the interventions for which they were eligible to receive (stratified by sex and race/ethnicity: Non-Hispanic Black (Black); Non-Hispanic White (White); Hispanic(H)).



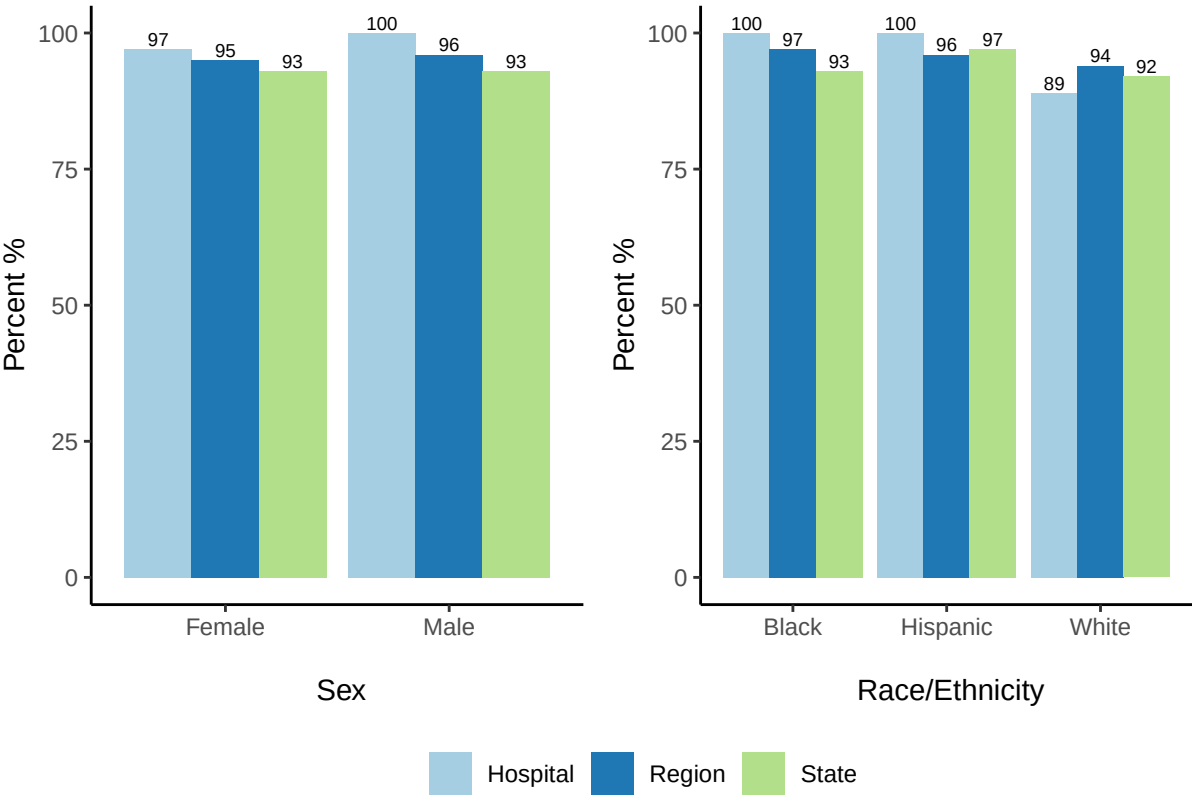
Defect Free Care (DFC) Trends 2021- 2024

Defect Free Care (DFC) trends across four years.



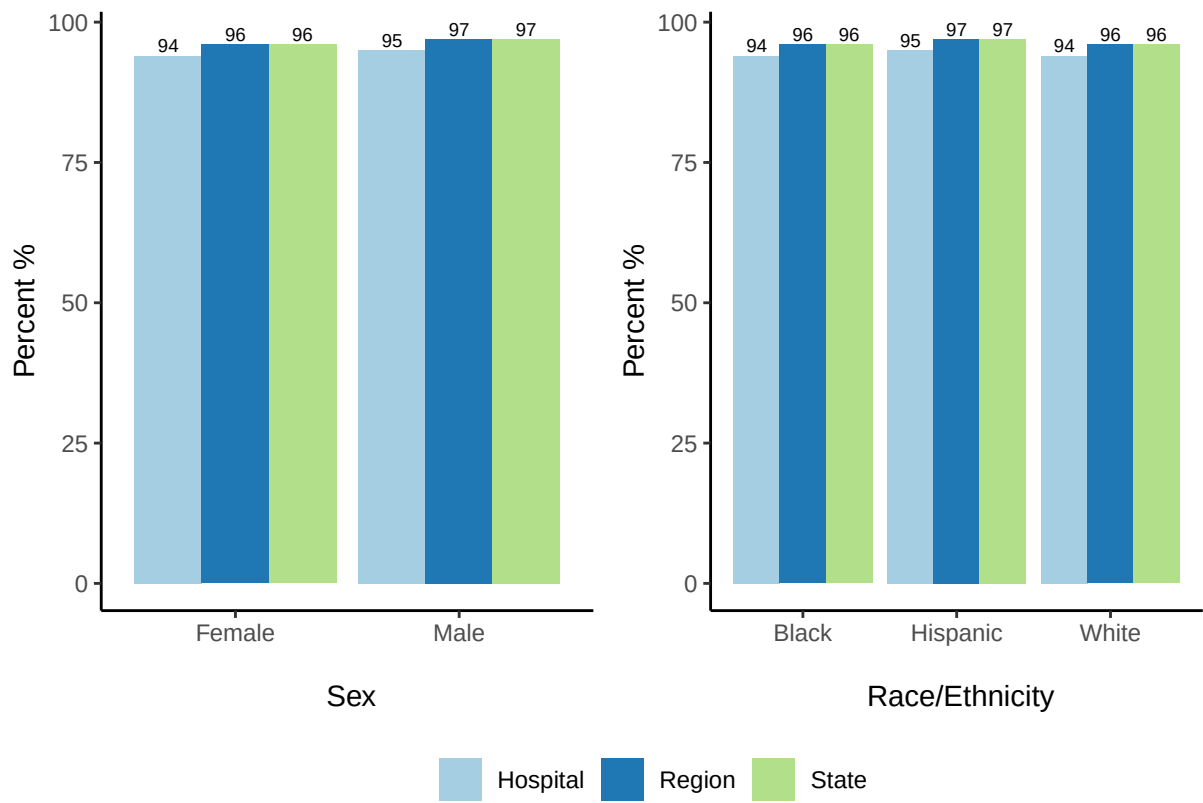
2. Intravenous Thrombolytic (IVT) Therapy (2024)

The percentage of acute ischemic stroke patients who arrive within 3.5 hours of symptom onset and receive IVT therapy within 4.5 hours of symptom onset (stratified by sex and race/ethnicity: Non-Hispanic Black (Black); Non-Hispanic White (White); Hispanic (H)).



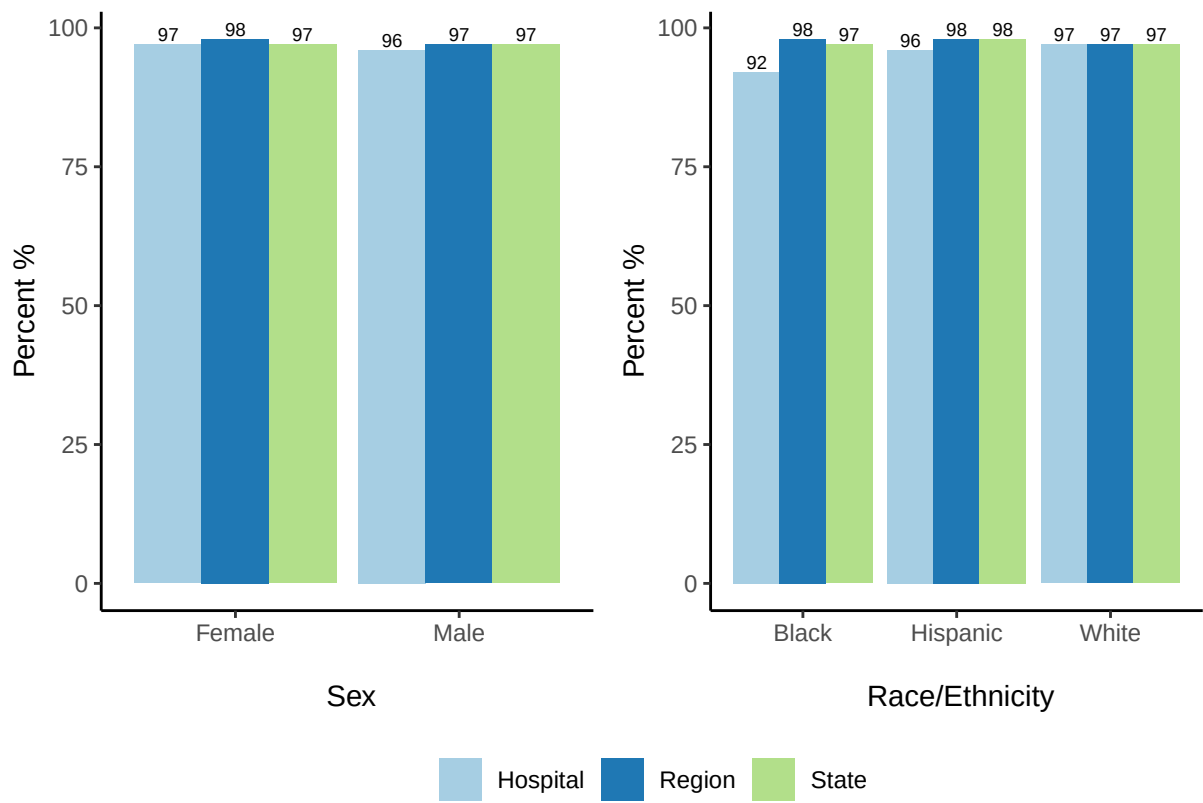
3. Early Antithrombotic Therapy (2024)

Percent of patients with ischemic stroke or transient ischemic attack (TIA) who receive antithrombotic therapy by the end of hospital day two (stratified by sex and race/ethnicity: Non-Hispanic Black (Black); Non-Hispanic White (White); Hispanic (H)).



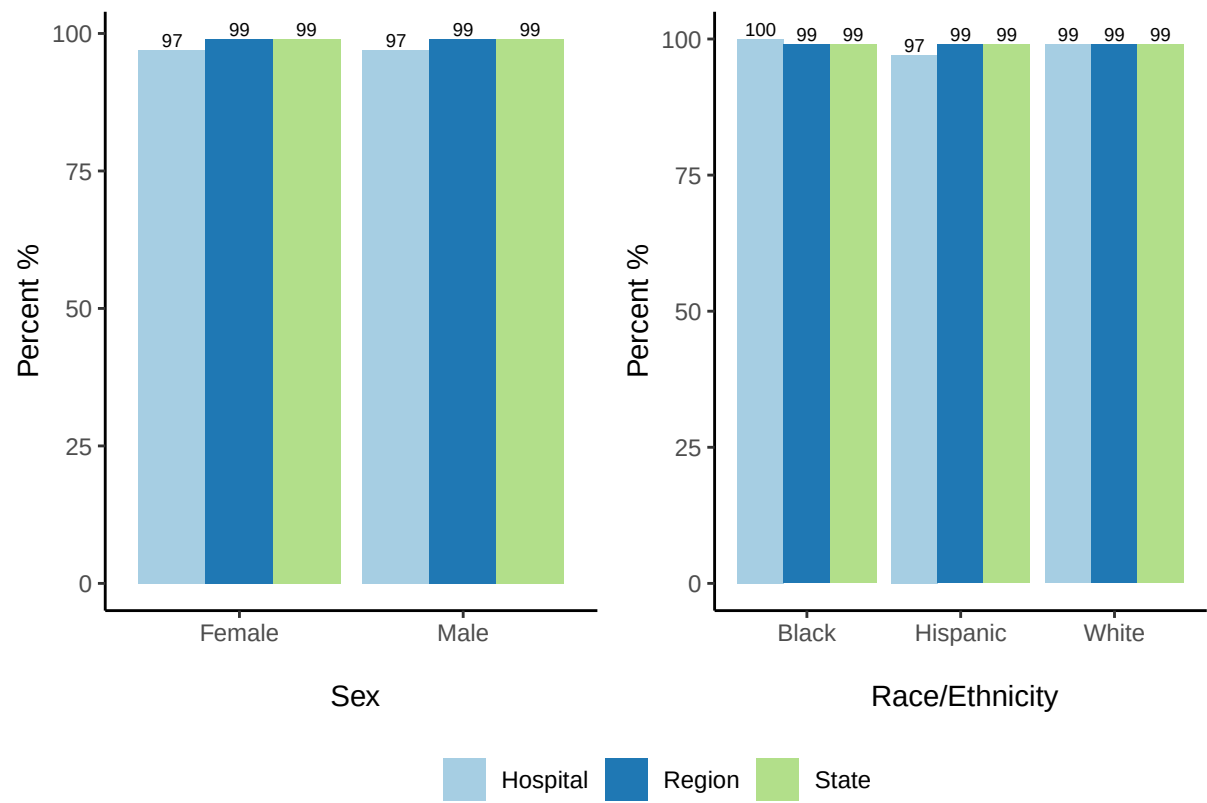
4. Venous ThromboEmbolism Prophylaxis (VTE; 2024)

The percentage of acute ischemic stroke patients with documented administered VTE to diminish the risk of deep vein thrombosis and pulmonary embolism (stratified by sex and race/ethnicity: Non-Hispanic Black (Black); Non-Hispanic White (White); Hispanic (H)).



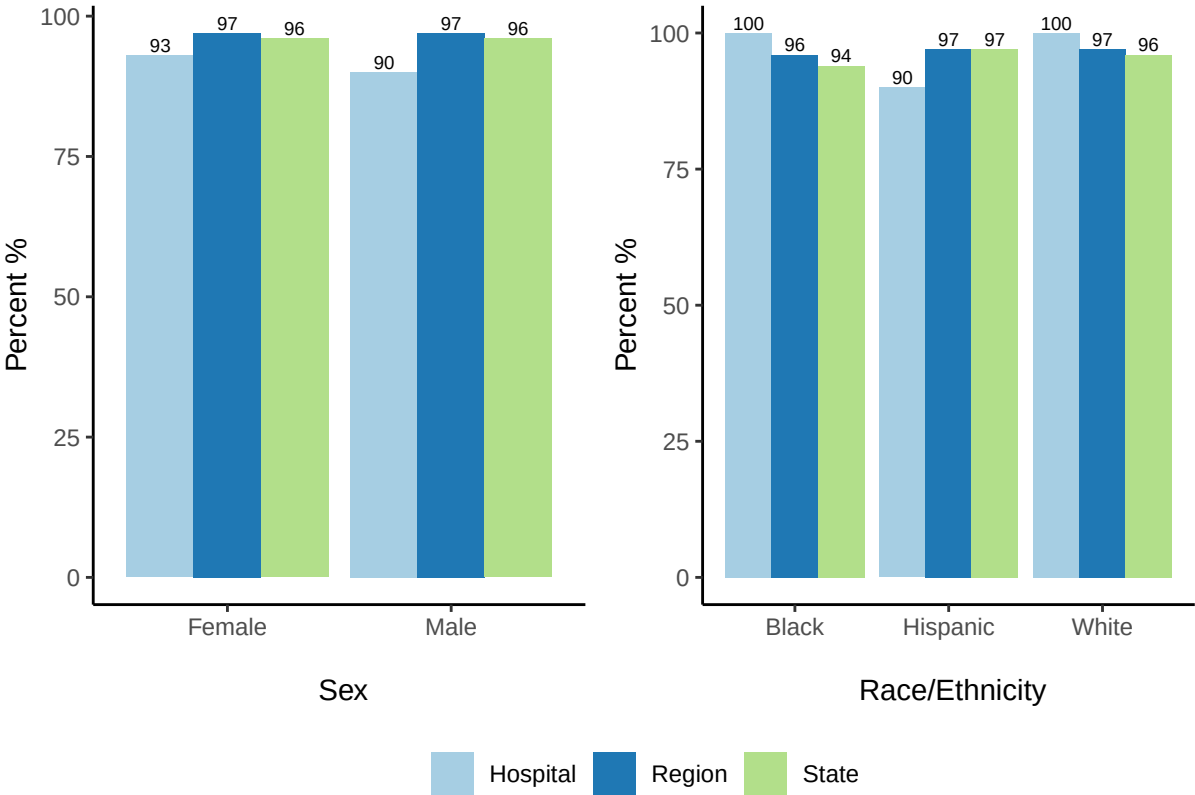
5. Antithrombotic Therapy at Discharge (2024)

The percentage of acute ischemic stroke patients prescribed, or continuing to take, antithrombotic therapy at hospital discharge (stratified by sex and race/ethnicity: Non-Hispanic Black (Black); Non-Hispanic White (White); Hispanic (H)).



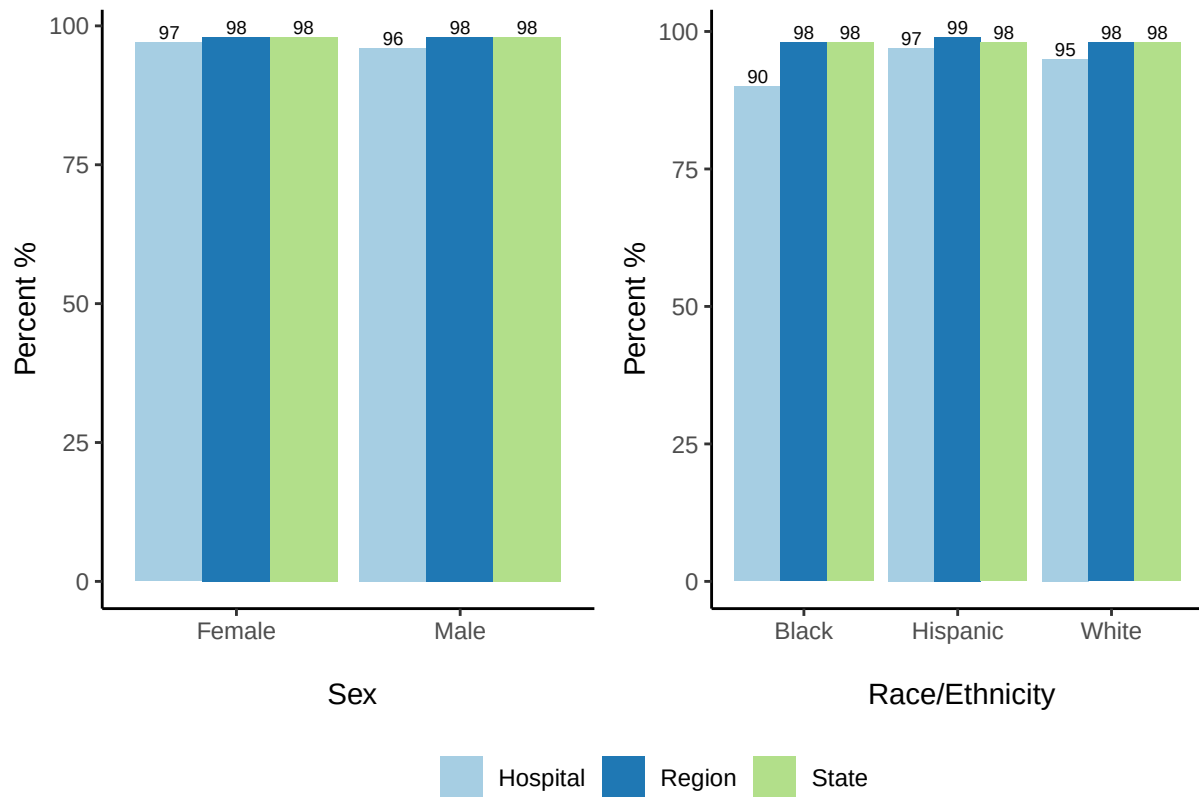
6. Anticoagulation Therapy For Atrial Fibrillation at Discharge (2024)

The percentage of Ischemic stroke patients with atrial fibrillation or flutter who are prescribed anticoagulation therapy at hospital discharge (stratified by sex and race/ethnicity: Non-Hispanic Black (Black); Non-Hispanic White (White); Hispanic (H)).



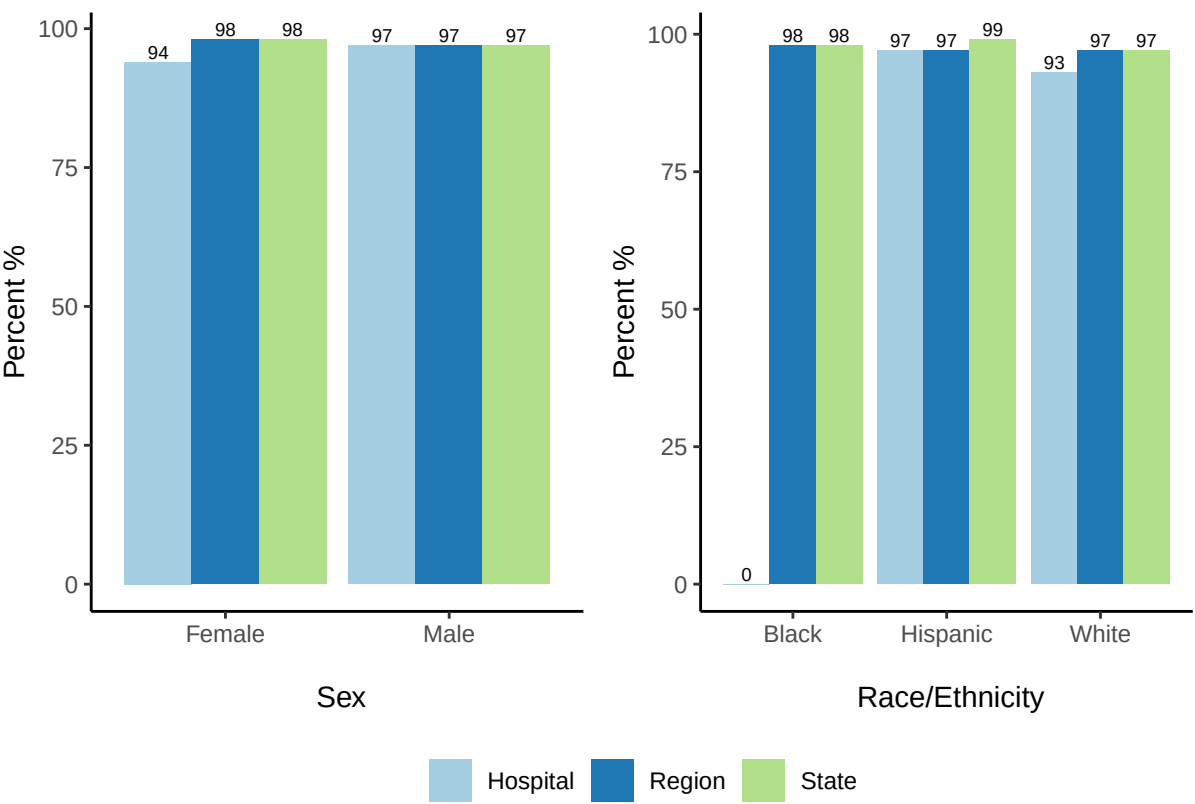
## 7. Intensive Statin Therapy (2024)

The percentage of ischemic stroke and TIA patients who are prescribed high-intensity statin therapy at discharge (stratified by sex and race/ethnicity: Non-Hispanic Black (Black); Non-Hispanic White (White); Hispanic (H)).



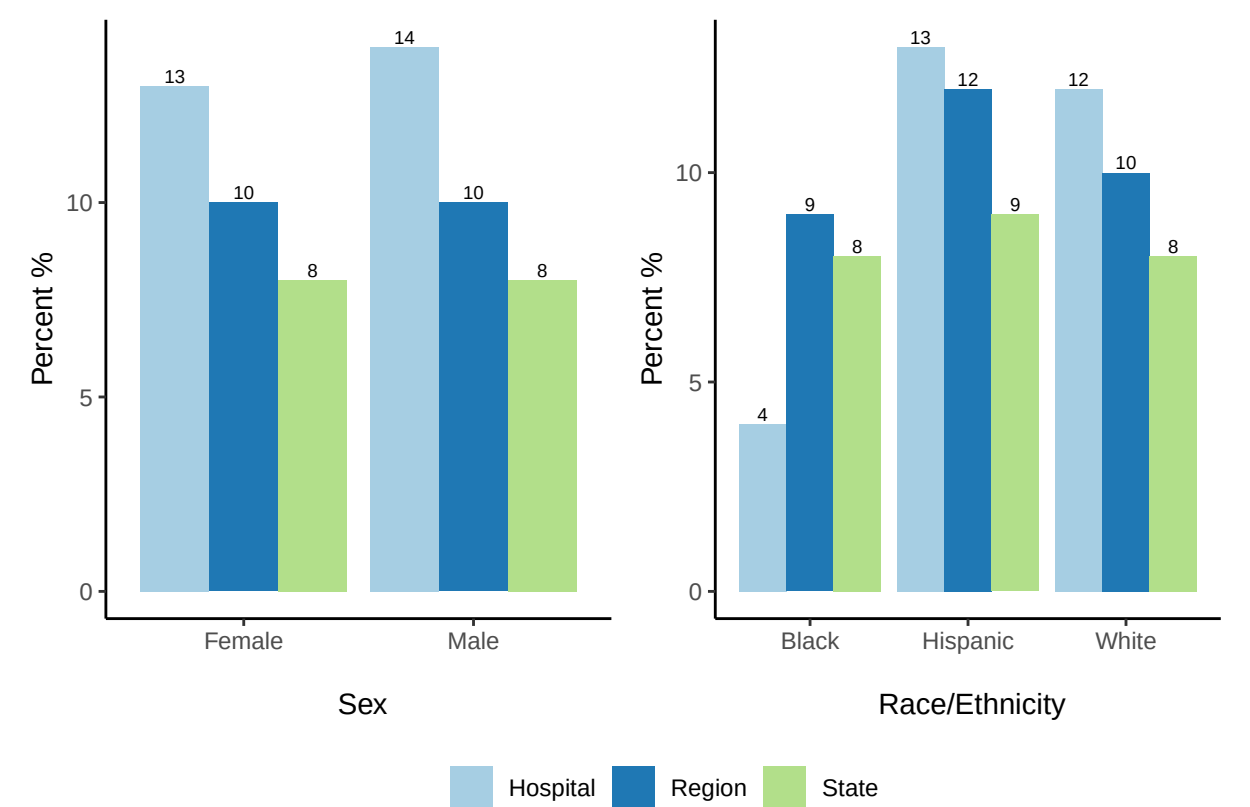
8. Smoking Cessation Counseling (2024)

The percentage of stroke patients receiving smoking cessation counseling during hospital discharge.



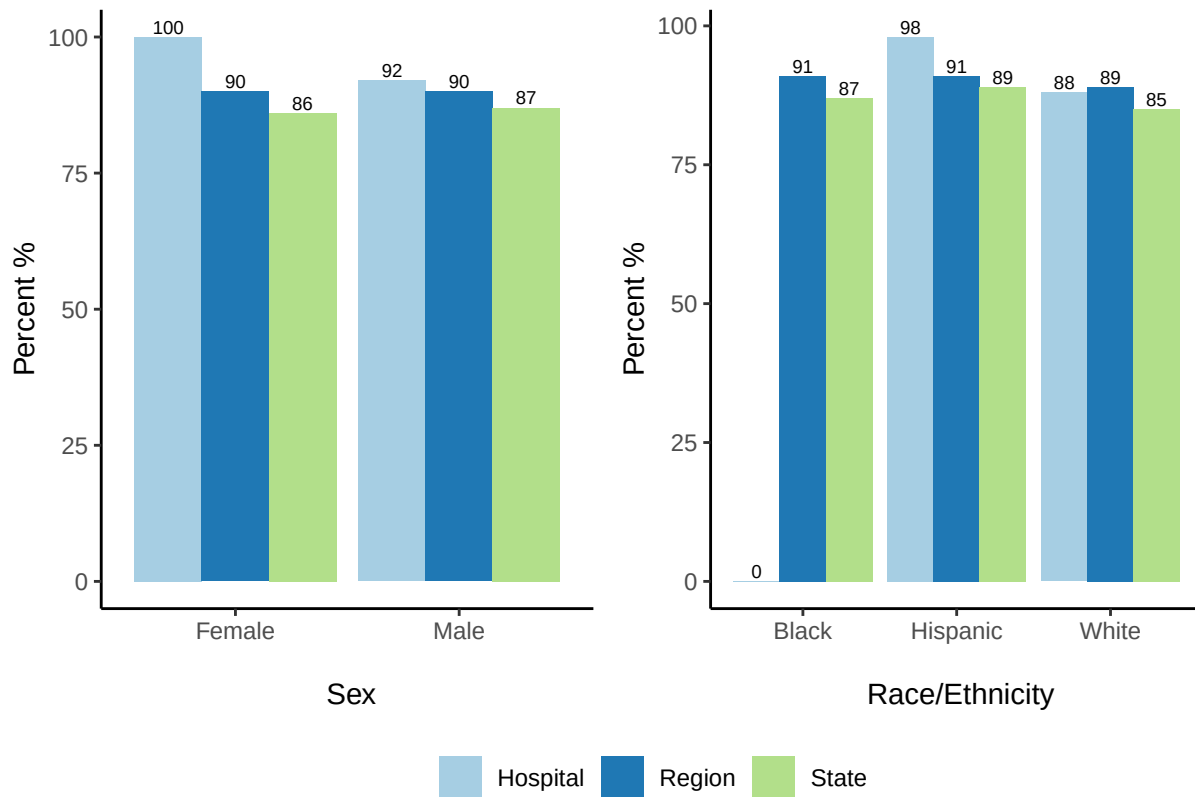
9. Endovascular Thrombectomy (EVT; 2024)

The percentage of acute ischemic stroke patients with large vessel occlusions, arriving to hospital within 24 hours, and receiving EVT treatment to remove a blood clot from a blocked artery in the brain (stratified by sex and race/ethnicity: Non-Hispanic Black (Black); Non-Hispanic White (White); Hispanic (H)).



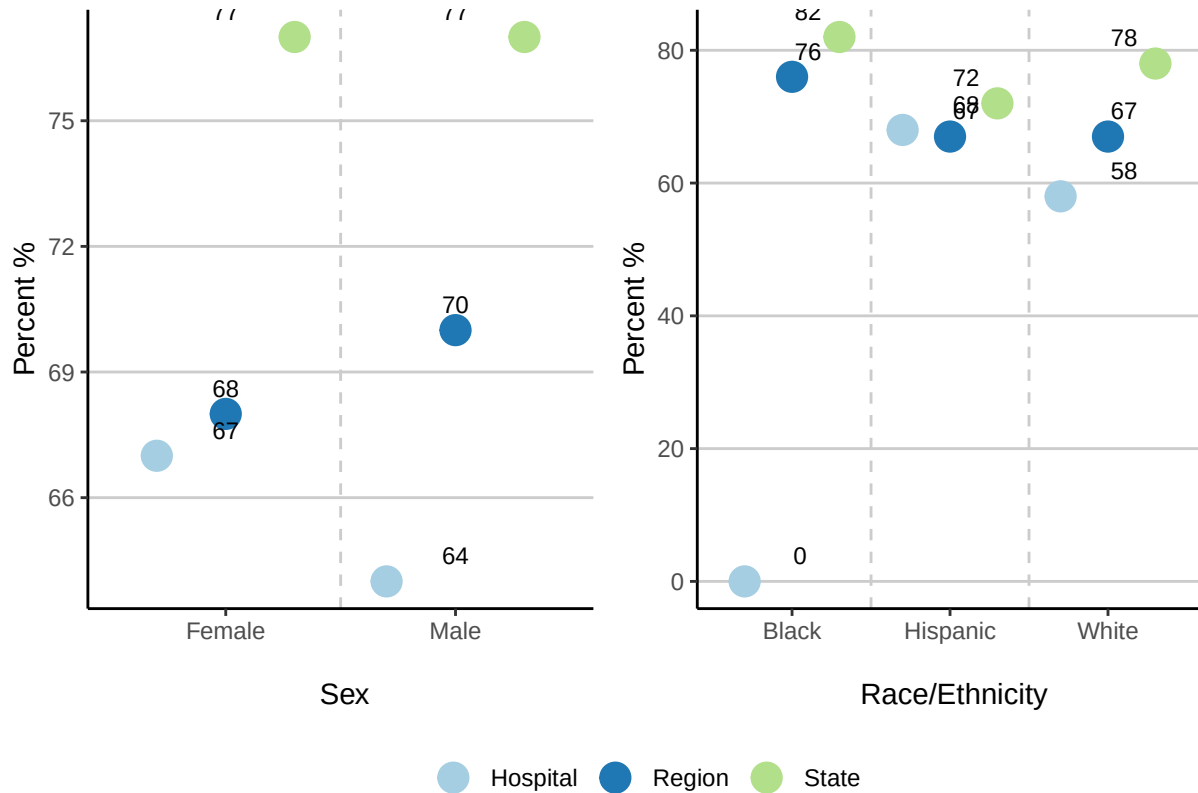
## 10. Door To Needle Time Within 45 Minutes (2024)

*The percentage of acute ischemic stroke patients receiving treatment within 45 minutes of arriving to the hospital (stratified by sex and race/ethnicity: Non-Hispanic Black (Black); Non-Hispanic White (White); Hispanic (H)).*



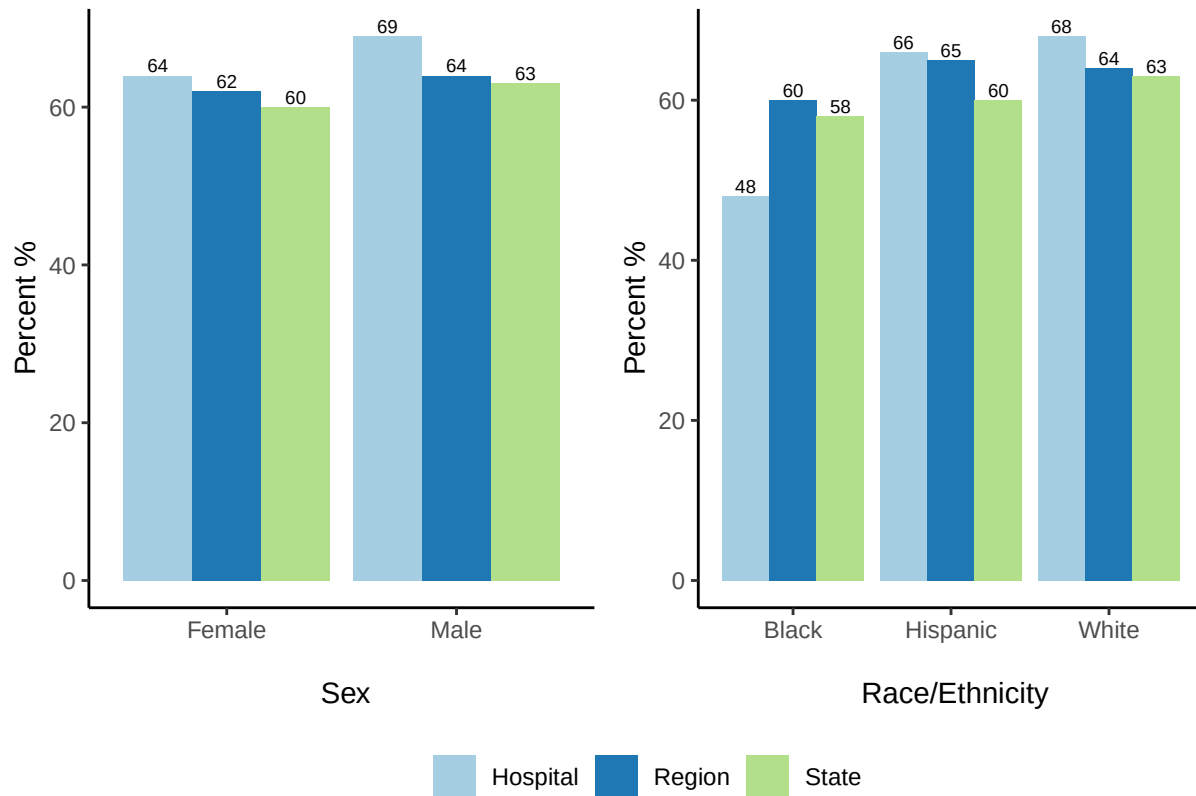
## 11. Median Door to Groin Time (2024)

The median time (in minutes) from the stroke patient's hospital arrival to the puncture of the groin during EndoVascular Thrombectomy procedure (stratified by sex and race/ethnicity: Non-Hispanic Black (Black); Non-Hispanic White (White); Hispanic (H)).



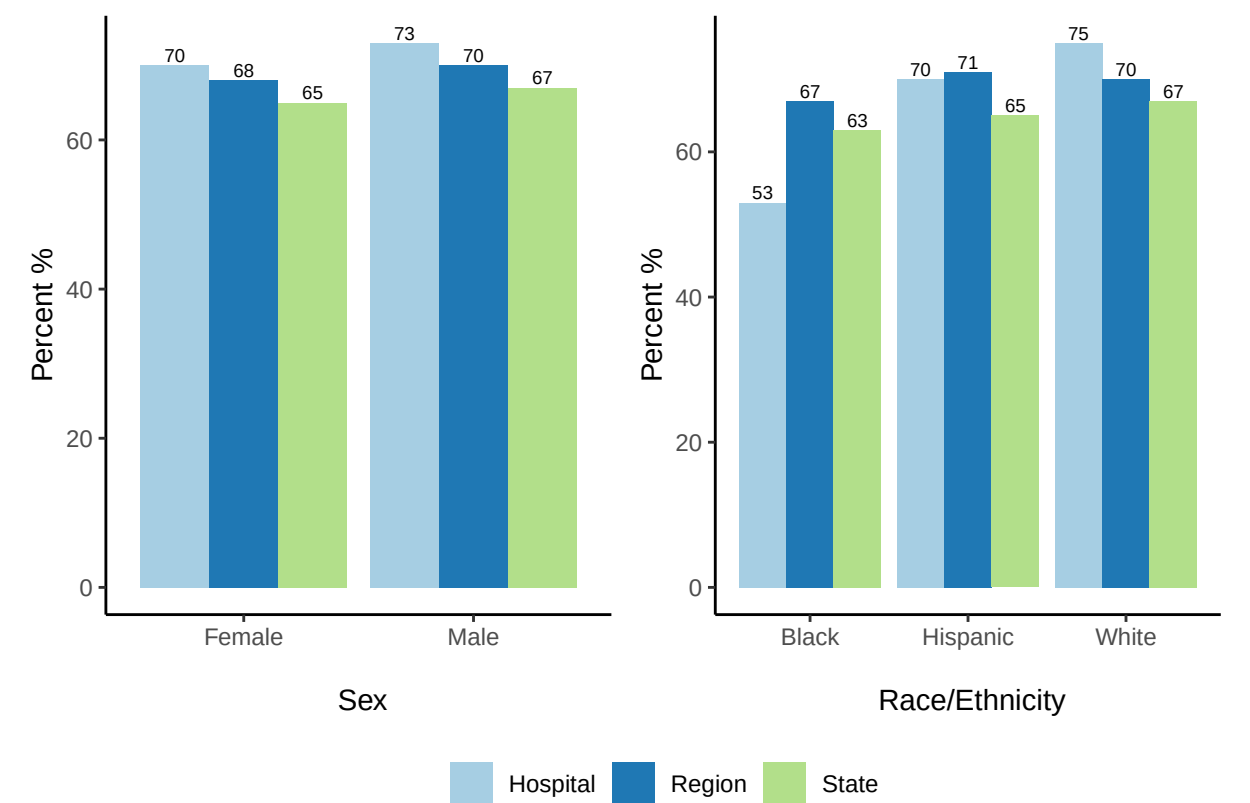
## 12. Door to CT Time Within 25 Minutes (Any Time Arrival; 2024)

*The percent of stroke patients receiving a CT scan within 25 minutes of arrival to the hospital (stratified by sex and race/ethnicity Non-Hispanic Black (Black); Non-Hispanic White (White); Hispanic (H)).*



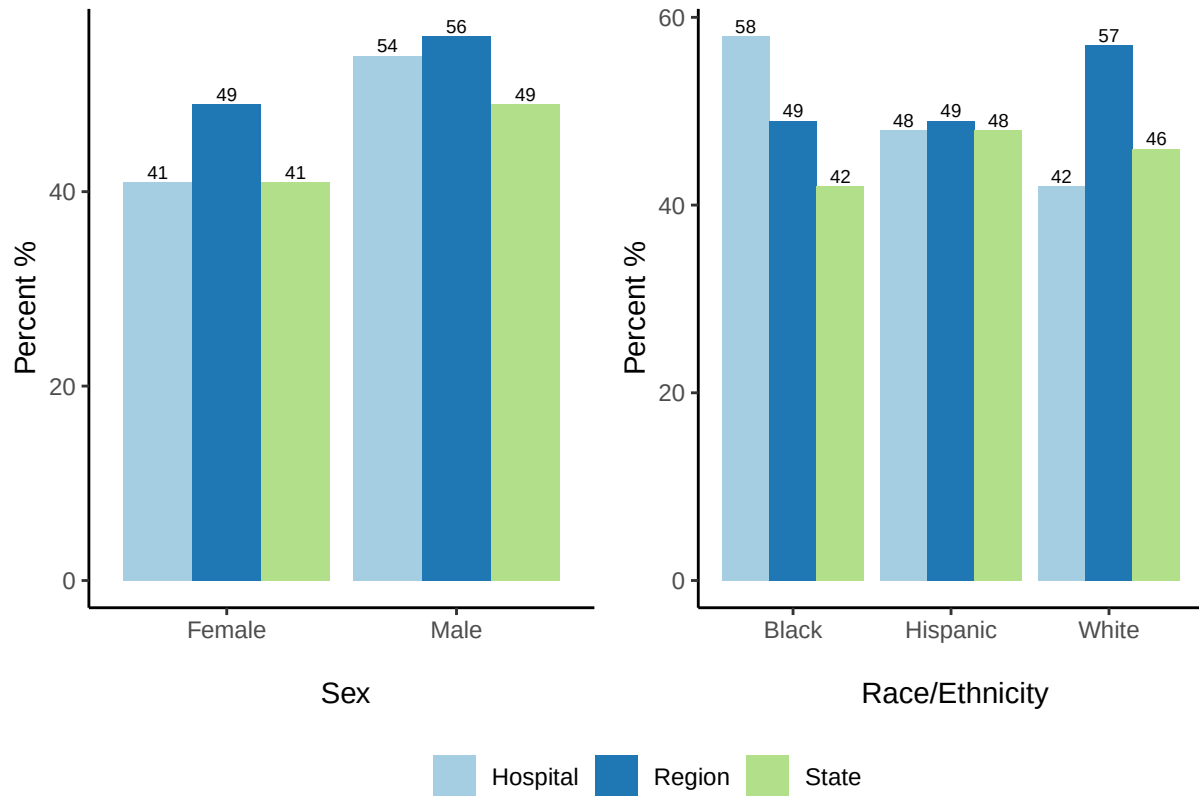
13. Door to CT Time Within 25 Minutes (Arriving in 24 hrs.; 2024)

The percent of stroke patients receiving a CT scan or MRI no more than 25 minutes after hospital arrival (within 24 hours of the stroke occurrence; stratified by sex and race/ethnicity: Non-Hispanic Black (Black); Non-Hispanic White (White); Hispanic (H)).



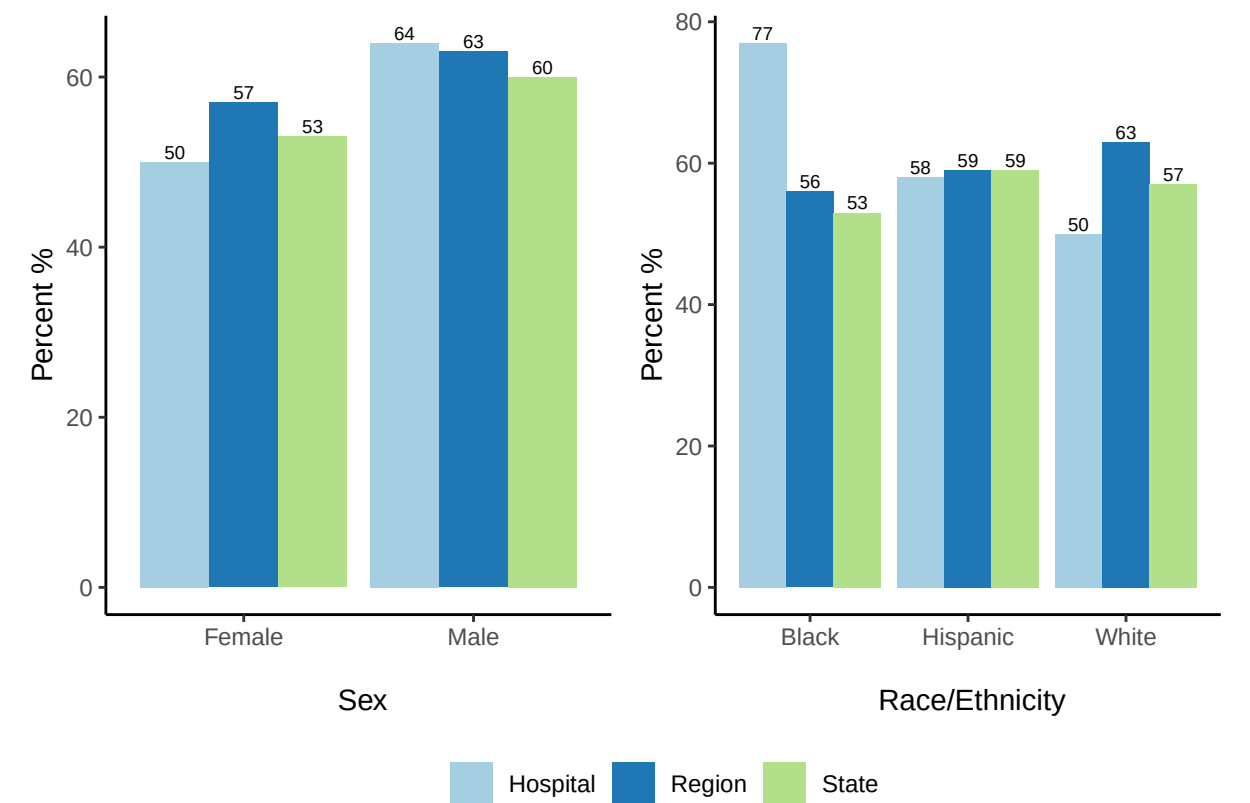
## 14. Modified Rankin Score 0- 2 at Discharge (2024)

*The percent of stroke patients obtaining a favorable outcome score (modified rankin score of 0 -2) at discharge (stratified by sex and race/ethnicity Non-Hispanic Black (Black); Non-Hispanic White (White); Hispanic (H)).*



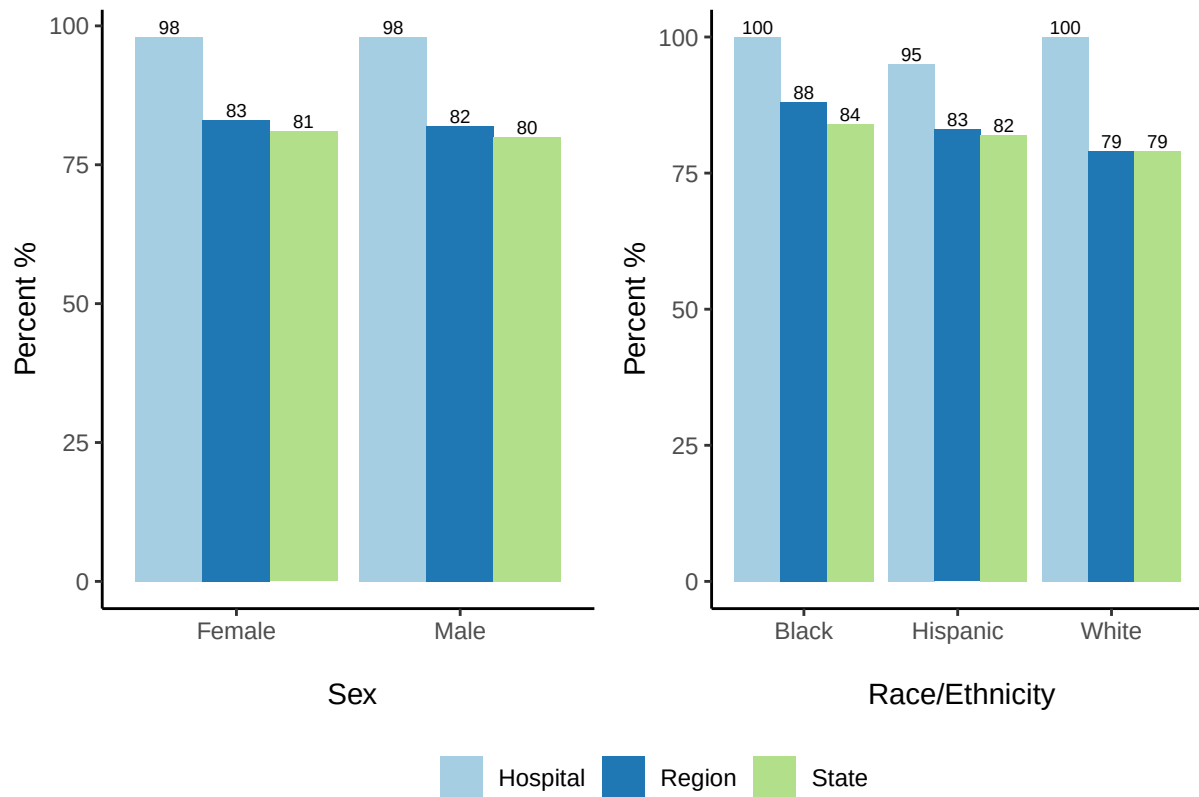
15. Independent Ambulation at Discharge (2024)

The percent of stroke patients able to ambulate without needing another person’s assistance, with or without the use of a walking aid, at discharge (stratified by sex and race/ethnicity Non-Hispanic Black (Black); Non-Hispanic White (White); Hispanic (H)).



## 16. Social Needs Assessment (2024)

*The percent of stroke patients participating in a systematic hospital process/assessment to identify and understand non-medical factors that affect the patient's health and well-being post discharge (stratified by sex and race/ethnicity Non-Hispanic Black (Black); Non-Hispanic White (White); Hispanic (H)).*



## 17. Predominant Social Needs (2024)

*The percent of the non-medical factors affecting patient's health and well-being post discharge identified in your hospital in 2024*

