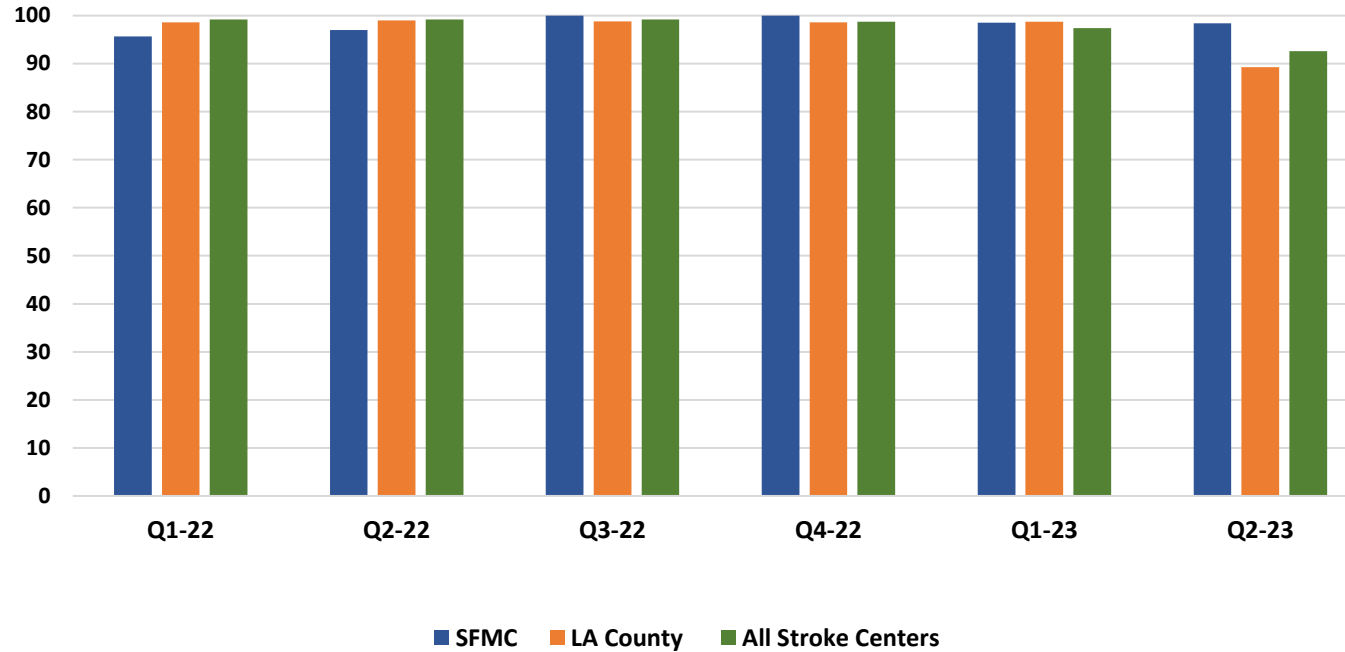


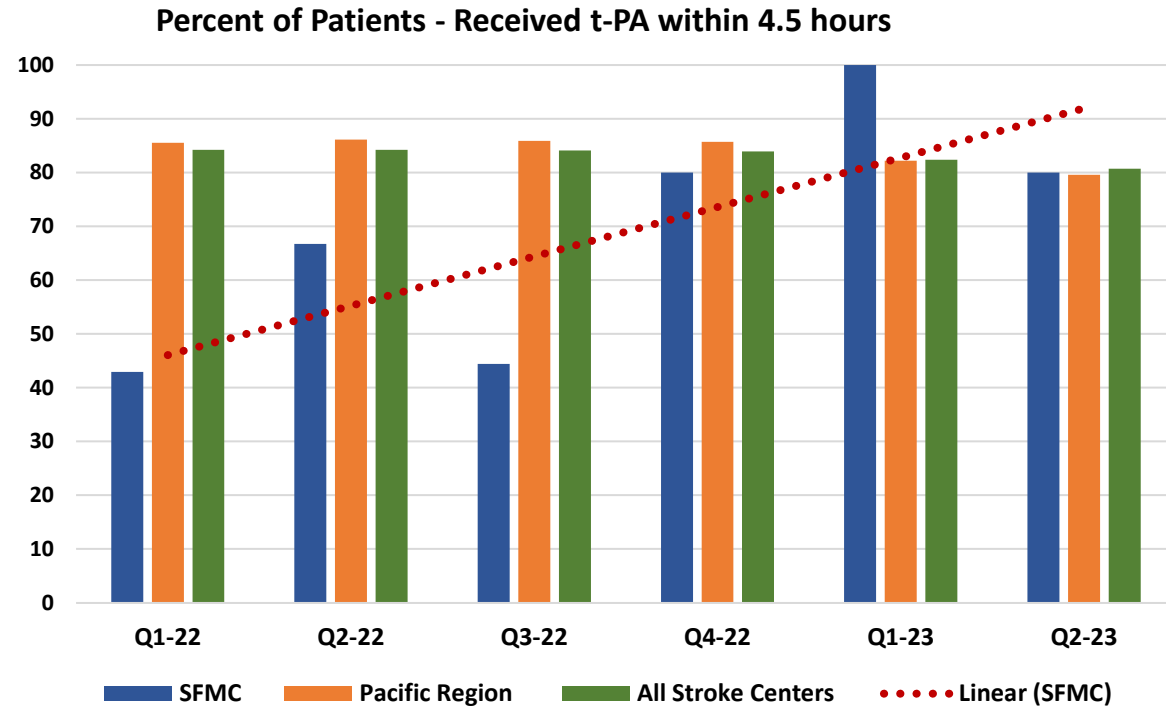
In 2003, the American Heart Association/American Stroke Association launched a program titled “Get with the Guidelines”®. Over the past 20 years numerous published studies have demonstrated the program's success in improving the outcomes of patients with a stroke. Since the launch of the program in 2003, over 2,000 hospitals have participated in the program and entered more than 5 million patient records into the Get With The Guidelines”® - Stroke database. St. Francis Medical Center has participated with this program since the hospital became a Primary Stroke Center in 2014.

By participating in the “Get with the Guidelines”® program we can benchmark our performance against regional, state and national stroke centers. The benchmarking helps us to identify opportunities to do better. The benchmarking and outcomes data included in this section all come from the American Heart Association’s “Get with the Guidelines”® data registry.

Percent of Patients Discharged on an Antithrombotic

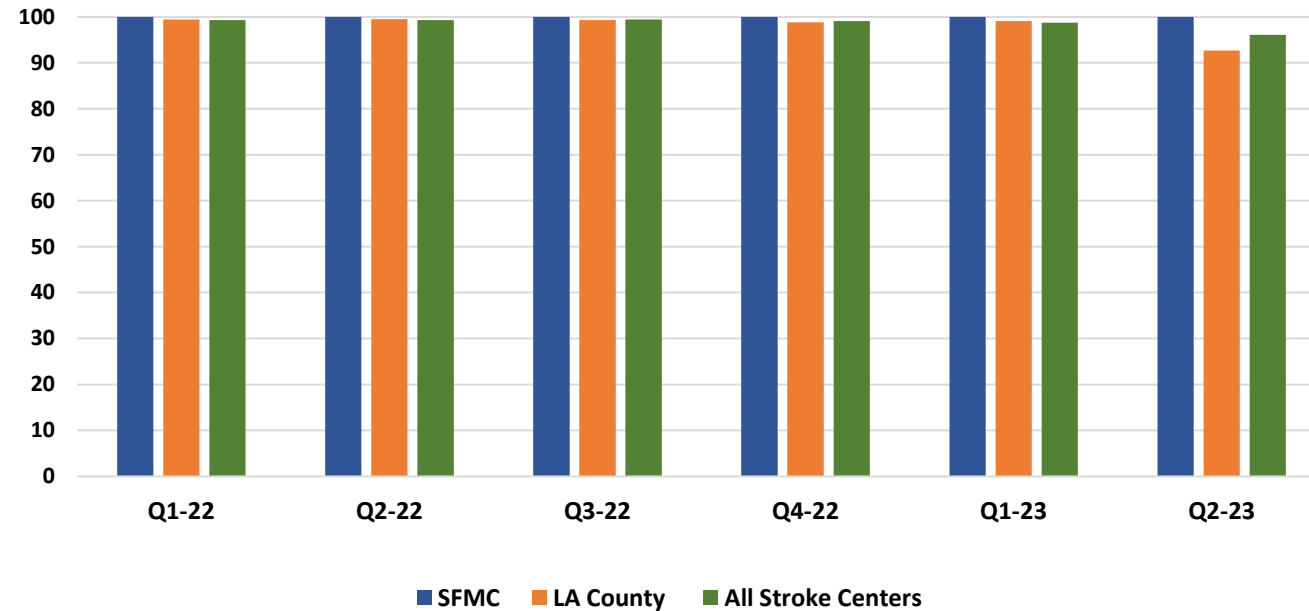


In patients who have had an ischemic stroke the research has proven that discharging the patient on a medication classified as an “antithrombotic” will reduce the risk of the patient having a second ischemic stroke. St. Francis Medical Center consistently outperforms the other stroke centers in LA County and across the nation.



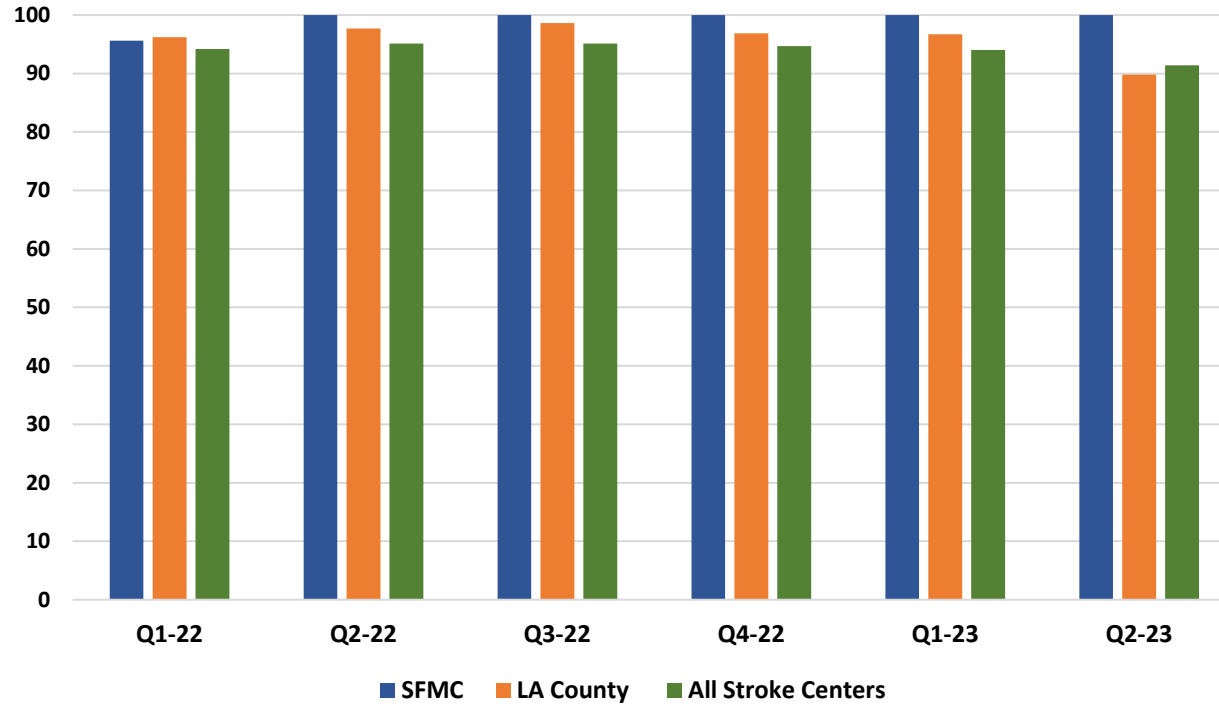
In patients who have had an ischemic stroke the research has proven that if the patient arrives in the emergency room before 4.5 hours from the onset of symptoms there is a high probability that we will be able to administer a medication called “tissue-type plasminogen activator” better known as t-PA or the “clot buster”. The faster we can administer this medication the greater the odds of restoring blood supply to the part of the brain affected by the stroke and the greater the likelihood the patient will have a much-improved recovery.

Percent of Patients Evaluated for Rehabilitation Services



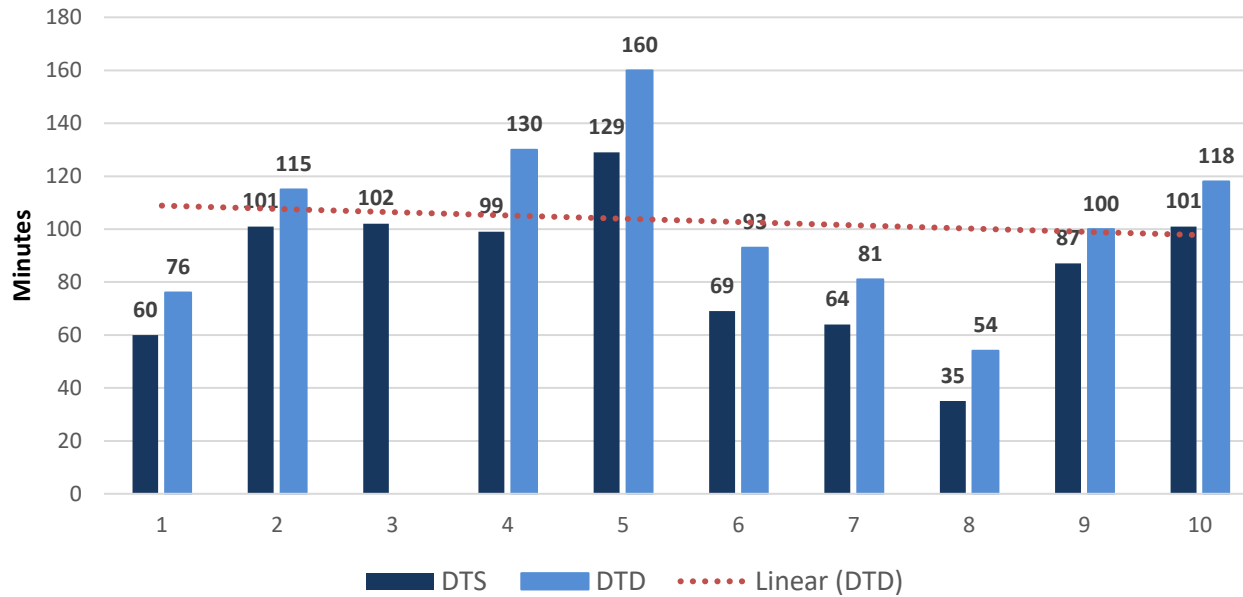
Each year stroke affects nearly 800,000 individuals, with many survivors experiencing persistent difficulty with the activities of daily living as a direct consequence. Included in the activities of daily living are activities associated with self care, mobility and ability to communicate one’s needs. There is strong evidence that organized, interprofessional stroke care not only reduces mortality rates and the likelihood of institutional care and long-term disability but also enhances recovery and increases independence with these activities. All stroke patients at St. Francis Medical Center are evaluated by physical therapy, occupational therapy and speech therapy to determine the level of intervention they are going to require. Those who meet the criteria for “acute rehabilitation” are referred to the appropriate program.

Percent of Patients Who Received Education



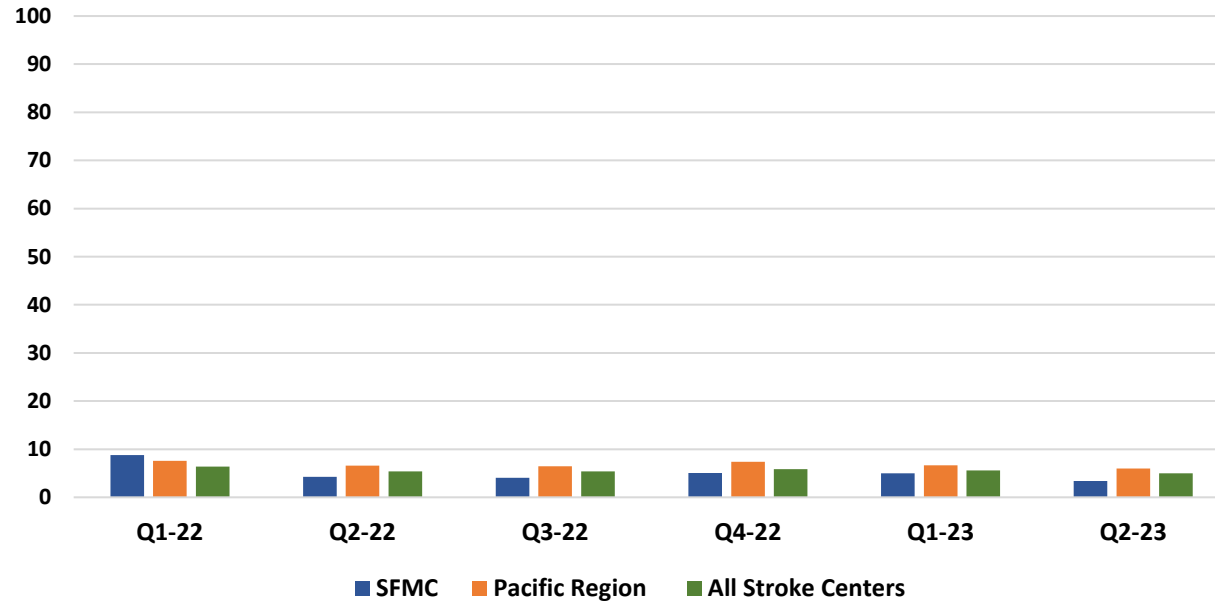
Stroke patients and their caregivers can be active in managing their chronic condition if they have appropriate information and resources. If stroke survivors and caregivers are to be active in their decision making and the management of the long-term effects of a stroke, appropriate education must be delivered in a timely and effective manner. It is critical that the process involve assessment of the stroke patient’s needs and that the education is about the individual’s risk factors and type of stroke. St. Francis Medical Center provides every stroke patients with a booklet that identifies their type of stroke, what the patient can do to help prevent a second stroke and what their risk factors are.

Thrombectomy Patients CY 2023



Interventional neuroradiology (or neuroendovascular surgery) is a subspecialty that focuses on the blood vessels in the brain and neck. It involves catheters and radiology to diagnose and treat neurological conditions and diseases. The term endovascular means “inside a blood vessel”. For ischemic stroke patients who may or may not have received t-PA the blood clot is so large that it requires the intervening of the neuroendovascular surgeon. The neuroendovascular surgeon uses specialized catheters to go into the brain to remove the clot. Research has shown that the faster we are able to restore the blood supply to the brain the better the recovery for the patient. At St. Francis Medical Center, our specialists are always evaluating our processes of care in order to provide the patient with the best possible care. The data above reflects the time of the patient’s arrival in the emergency department to the time of the first puncture (DTS) and the time of the first pass of the clot removal device (DTD).

Percent of Patients - In Hospital Mortality



Stroke remains a leading cause of death and disability in the United States. According to the Centers for Disease Control and Prevention the death rate for stroke increased from 38.8 per 100,000 in 2020 to 41.1 per 100,000 in 2021.