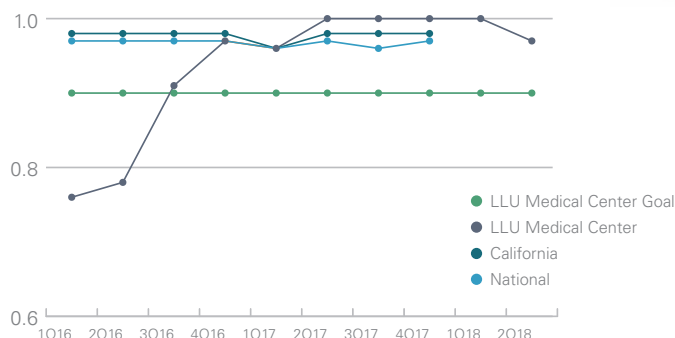


Stroke

Facts and Figures

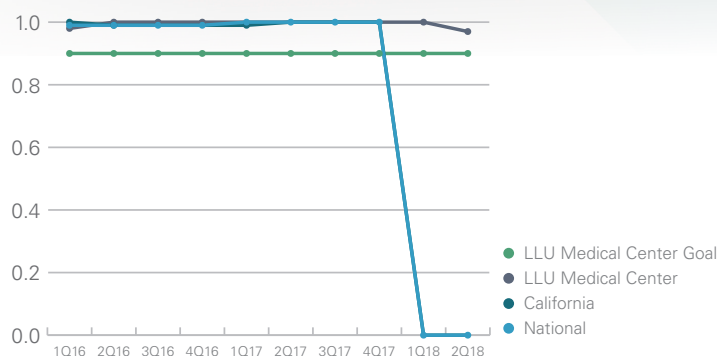
Multi-State Trend Report for Stroke Education

Ischemic or hemorrhagic stroke patients or their caregivers who were given educational materials during the hospital stay addressing all of the following: activation of emergency medical system, need for follow-up after discharge, medications prescribed at discharge and signs and symptoms of stroke.

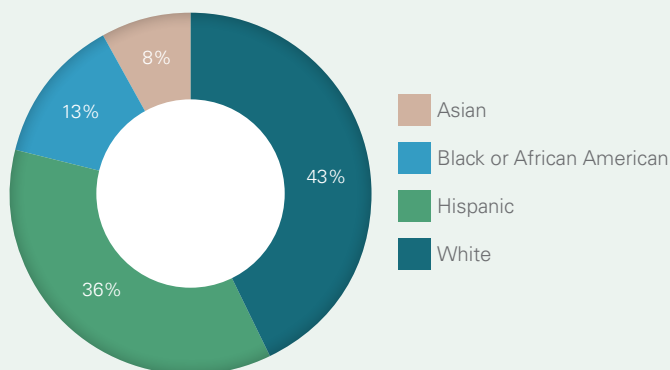


Multi-State Trend Report for Assessed for Rehabilitation During Hospital Stay

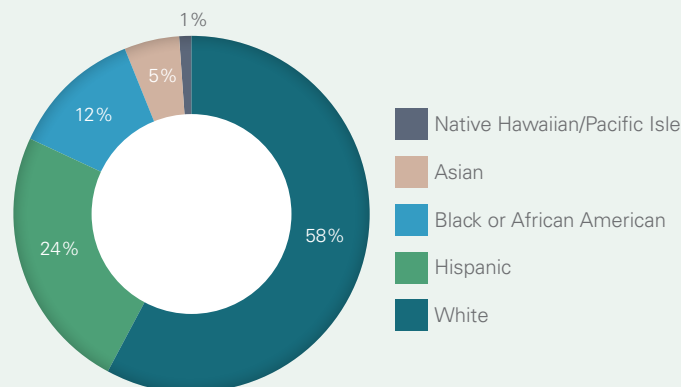
Ischemic or hemorrhagic stroke patients who were assessed for rehabilitation services.



LLU Medical Center Hemorrhagic Stroke Demographics - Race 2017



LLU Medical Center Ischemic Stroke Demographics - Race 2017



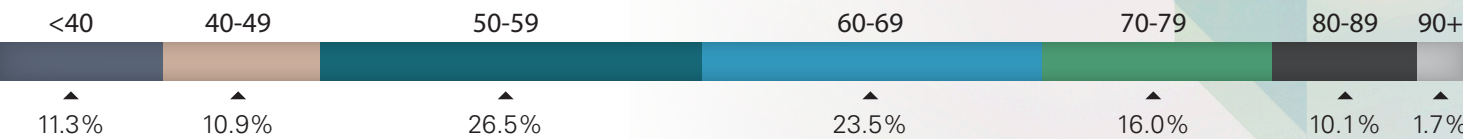
LLU Medical Center care for high volume of hispanic population and areas of focus for outreach.



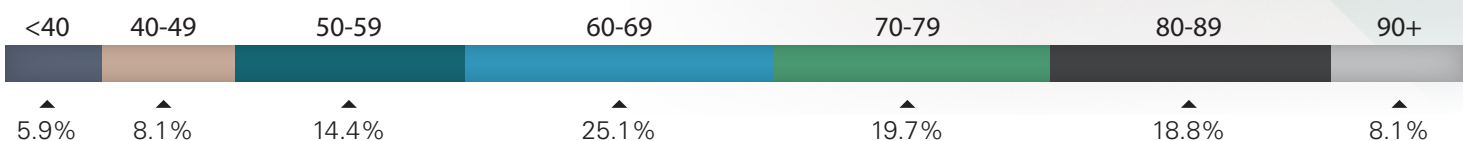
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HEALTH

Stroke Facts and Figures (continued)

LLU Medical Center Hemorrhagic Stroke - Patient Age 2017

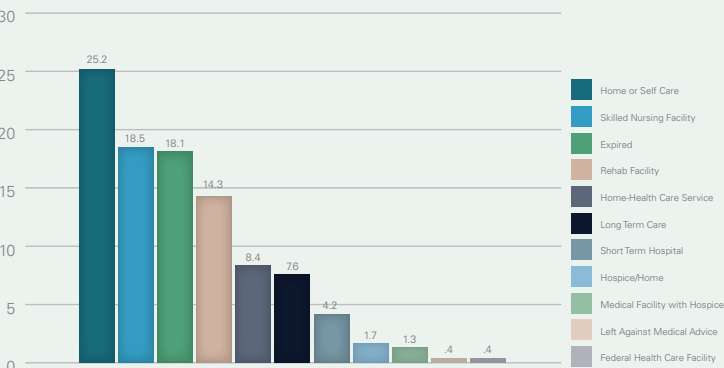


LLU Medical Center Ischemic Stroke - Patient Age 2017

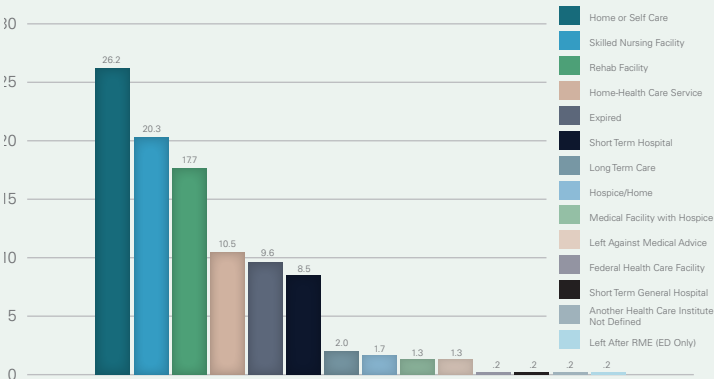


Young stroke is considered <60-year-old, we show that our patient mix has a significant volume of young people, our education and outreach is tailored for them.

LLU Medical Center Hemorrhagic Stroke - Discharge Disposition 2017



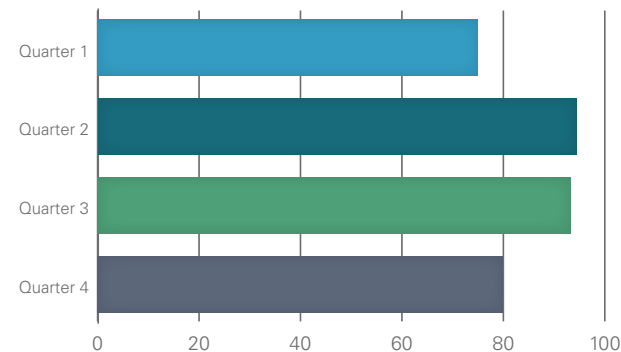
LLU Medical Center Hemorrhagic Stroke - Discharge Disposition 2017



Loma Linda University Medical Center has the spectrum of specialties to transition our stroke population to other services including inpatient and outpatient rehabilitation facilities.

Timely Administration of Thrombolytic (t-PA) - 2017

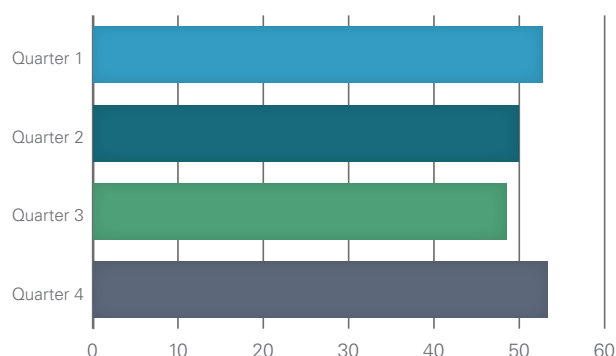
Number of patients receiving thrombolytic (t-PA) within 60 minutes divided by number of patients receiving t-PA for stroke activation patients.



Stroke Facts and Figures (continued)

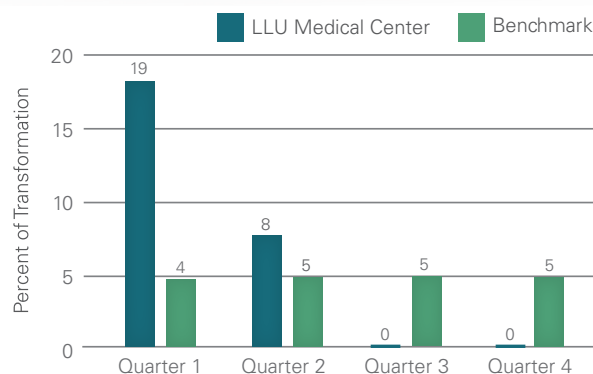
LLU Medical Center Average Time to Thrombolytic (t-PA) January 2017 to December 2017

Acute ischemic stroke patients that receive intravenous tissue plasminogen activator (t-PA) within 60 minutes or less of hospital arrival have demonstrated improved clinical outcomes, including lower in-hospital mortality, more frequent discharge to a more independent functioning environment, and lower rates of t-PA complication including symptomatic intracranial hemorrhage. (best practice according to AHA and ASA is to administer within 60 minutes of arrival to stroke center).

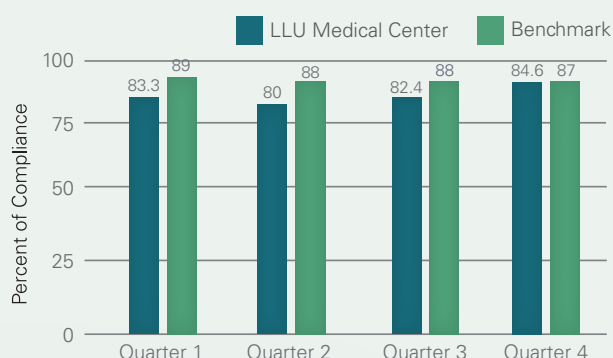


Comprehensive Stroke Measure 5 - Hemorrhagic Transformation 2017

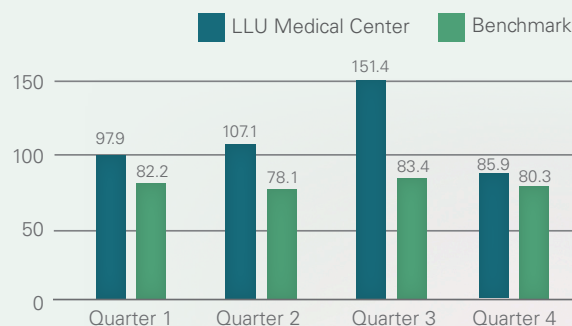
Ischemic stroke patients who develop a symptomatic intracranial hemorrhage (i.e., clinical deterioration ≥ 4 point increase on NIHSS and brain image finding of parenchymal hematoma, subarachnoid hemorrhage or intraventricular hemorrhage) within (\leq) 36 hours after the onset of treatment with intra-venous (IV) or intra-arterial (IA) thrombolytic (t-PA) therapy, or mechanical endovascular reperfusion procedure (i.e., mechanical endovascular thrombectomy with a clot retrieval device).



Comprehensive Stroke Measure 8 - Thrombolysis in Cerebral Infarction Post-Treatment Reperfusion Grade 2017



Comprehensive Stroke Measure 9 - Arrival Time to Skin Puncture 2017



After a thrombectomy procedure to remove a clot in the brain from an ischemic stroke, our data shows that our patients have good brain blood flow (2b or higher) after the procedure (best practice according to AHA and ASA is to start thrombectomy procedure within 90 minutes of arrival to stroke center). Thrombectomy procedures are consistently provided in a timely manner which includes a rapid MRI prior to the thrombectomy procedure which is unique to LLU Medical Center.