The Cerebrovascular/Stroke Program at Northshore University HealthSystem has been recognized several years in a row for our commitment to provide excellent care to our patients. Three of our hospitals (Evanston, Glenbrook and Highland Park) have been certified by The Joint Commission as Primary Stroke Centers. Evanston Hospital also is developing plans to become a Comprehensive Stroke Center.

NorthShore treats approximately 750 stroke patients every year, offering a variety of treatments for Acute Ischemic Stroke—including thrombolytic therapy (tPA), which can help reopen a blocked blood vessel in a stroke patient. We use evidenced-based tools to track and measure our success in treating patients and improving patient outcomes. Below are some highlights from our 2020 report:

- Nationally, the target time for door-to-tPA treatment is 60 minutes; our treatment time is faster than many other Illinois hospitals at 54 minutes.
- We had no “tPA” symptomatic intracerebral hemorrhages, a complication of stroke—particularly in patients who are on blood thinners or are given clot-busting medication—that causes serious damage to the brain or even death.
- All ischemic stroke patients were discharged from NorthShore stroke hospitals on an antithrombotic regimen, such as aspirin—medications that help keep the blood thin and less likely to form clots and are extremely important to prevent recurrent strokes.

We offer patient-centered care and remain continuously focused on improving the patient experience. We work closely with Swedish and Northwest Community hospitals to offer novel and unique stroke treatment technologies to our ethnically and economically diverse community.

If you have questions about Cerebrovascular/Stroke services at NorthShore University HealthSystem or would like to make an appointment, please call 847-570-2570.
### Mechanical Endovascular Reperfusion Therapy for Eligible Patients with Ischemic Stroke

#### Rates of Substantial Reperfusion

<table>
<thead>
<tr>
<th>Timepoint</th>
<th>All Illinois Comprehensive Stroke Hospitals</th>
<th>Evanston Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>Door to Percutaneous (DTI) Time</td>
<td>75% not collected</td>
<td>72.90%</td>
</tr>
<tr>
<td>Median Door to Reperfusion (THP) Time</td>
<td>90 min not collected</td>
<td>79.20%</td>
</tr>
<tr>
<td>Median Reperfusion (THP) Time</td>
<td>w/ TICI 2b/3 not collected</td>
<td>97.30%</td>
</tr>
</tbody>
</table>

#### WE SAVE BRAIN CELLS

Higher is Better

<table>
<thead>
<tr>
<th>Timepoint</th>
<th>Higher (%)</th>
<th>Lower (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Door to Percutaneous (DTI) Time</td>
<td>95%</td>
<td>5%</td>
</tr>
<tr>
<td>Median Door to Reperfusion (THP) Time</td>
<td>85%</td>
<td>15%</td>
</tr>
<tr>
<td>Median Reperfusion (THP) Time</td>
<td>w/ TICI 2b/3</td>
<td>95%</td>
</tr>
</tbody>
</table>

#### MECHANICAL ENDOVASCULAR REPERFUSION (MER) Ischemic Stroke Patients

<table>
<thead>
<tr>
<th>Timepoint</th>
<th>Higher (%)</th>
<th>Lower (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Door to Percutaneous (DTI) Time</td>
<td>95%</td>
<td>5%</td>
</tr>
<tr>
<td>Median Door to Reperfusion (THP) Time</td>
<td>85%</td>
<td>15%</td>
</tr>
<tr>
<td>Median Reperfusion (THP) Time</td>
<td>w/ TICI 2b/3</td>
<td>95%</td>
</tr>
</tbody>
</table>

#### MERI Therapy for Eligible Pts w/ Ischemic Stroke

<table>
<thead>
<tr>
<th>Timepoint</th>
<th>Higher (%)</th>
<th>Lower (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Door to Percutaneous (DTI) Time</td>
<td>95%</td>
<td>5%</td>
</tr>
<tr>
<td>Median Door to Reperfusion (THP) Time</td>
<td>85%</td>
<td>15%</td>
</tr>
<tr>
<td>Median Reperfusion (THP) Time</td>
<td>w/ TICI 2b/3</td>
<td>95%</td>
</tr>
</tbody>
</table>

#### Performance Metrics:

- **Door to Percutaneous (DTI) Time:**
  - 75% not collected
  - 100% to 50%
  - 50% to 0%

- **Median Door to Reperfusion (THP) Time:**
  - 90 min not collected
  - 72.90% to 100%
  - 50% to 0%

- **Median Reperfusion (THP) Time:**
  - w/ TICI 2b/3 not collected
  - 97.30% to 100%
  - 50% to 0%