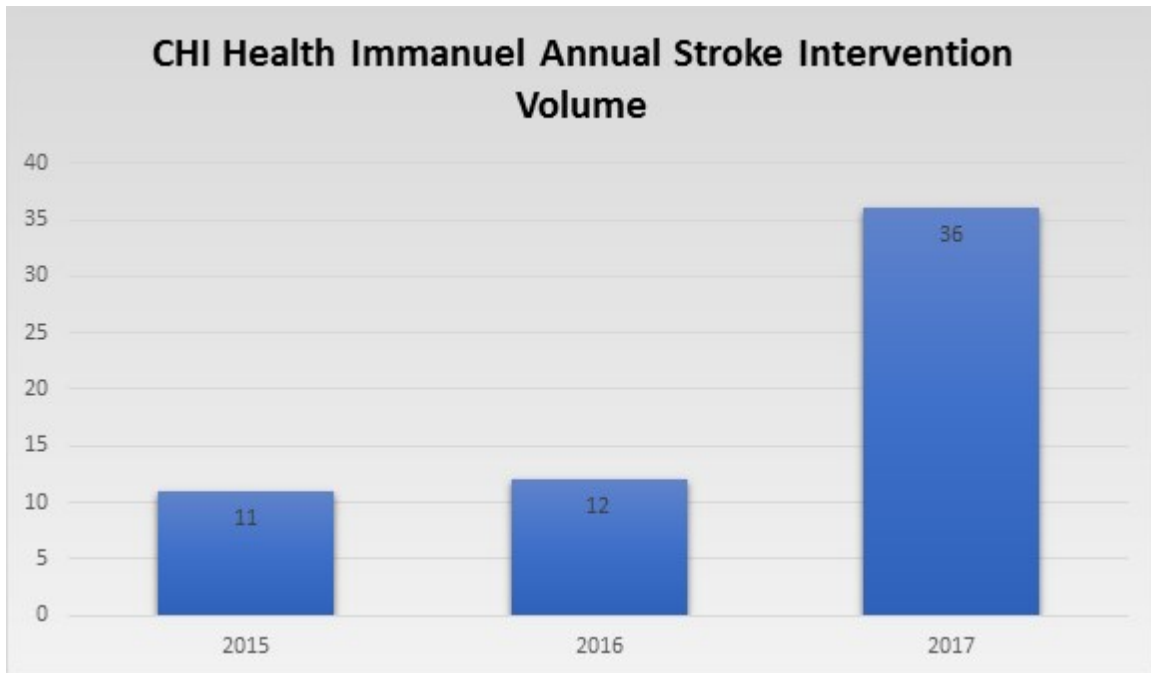




CHI Health Immanuel is able to perform interventions for qualifying stroke patients. Over the course of the last few years we have increased the volume of stroke patients that received interventions dramatically.



CHI Health Immanuel cares for patients within the Omaha Metro, as well as, outlying areas. We provide community outreach and Emergency Medical Services (EMS) education to the communities outside the Omaha Metro to ensure all patients receive the best possible care.

In 2017, CHI Health Immanuel received over 80 patients that were transferred to us from outside hospitals.

Endovascular Procedures

CHI Health Immanuel's Neurointerventional Cath Lab has performed over 170 endovascular procedures.

Our first Cerebral Angiogram was on November 14th, 2016.

Our first Mechanical Thrombectomy was on November 22nd, 2016.

What is a Cerebral Angiogram?

A cerebral angiogram is a diagnostic procedure to evaluate for the possible disruption of blood flow in a patient's head and neck. This procedure is performed by a specially trained physician.

Why would I need a cerebral angiogram?

There are multiple reasons for why a physician may recommend that you have a cerebral angiogram. Some of those reasons include:

- **Narrowing of the arteries (atherosclerosis)**
- **A blood clot (thrombus)**
- **Narrowing of the blood vessel (stenosis)**

CHI Health Immanuel Stroke Center Outcomes

Procedure	Our Performance	Joint Commission
Diagnostic Cerebral Angiogram		
• Stroke within 24 hours post procedure	0%	<1% JVIN
• Death within 24 hours post procedure	0%	<1% JVIN

At CHI Health Immanuel we strive to provide the best outcomes for our patients. We have exceeded national standards in the care for our patients that receive interventions for their acute ischemic strokes.

CSTK - 05a - Bleed within 36 hours after IV tPA only	CSTK - 05b - Bleed within 36 hours after Mechanical Thrombectomy/IA tPA	CSTK - 05 - Bleed within 36 hours after IV/IA tPA and Mechanical Thrombectomy
<ul style="list-style-type: none">•October 2016 thru February 2018•1/15 = 6.66%•Goal: <6.4% NINDS Trial	<ul style="list-style-type: none">•October 2016 thru March 2018•3/32 = 9.37%•Goal: <10% SVIN	<ul style="list-style-type: none">•October 2016 thru March 2018•4/47 = 8.51%•Goal: <10% SVIN

What is a Thrombectomy?

A Mechanical Thrombectomy is a surgical procedure for patients suffering from an acute stroke with emergent large vessel occlusion (ELVO).

This procedure allows a trained provider to remove the thrombus (clot) that is in the brain obstructing normal blood flow.

New guidelines from the American Heart Association allow for a wider range of patients to be treated with this procedure.

What is IV tPA?

IV tPA stands for intravenous tissue Plasminogen Activator. This is an intravenous medication that can be used to dissolve a clot.

This medication has very specific time frames and circumstances it can be administered in so it is very important to call 911 if you have any signs of symptoms of stroke.

Signs of a Stroke

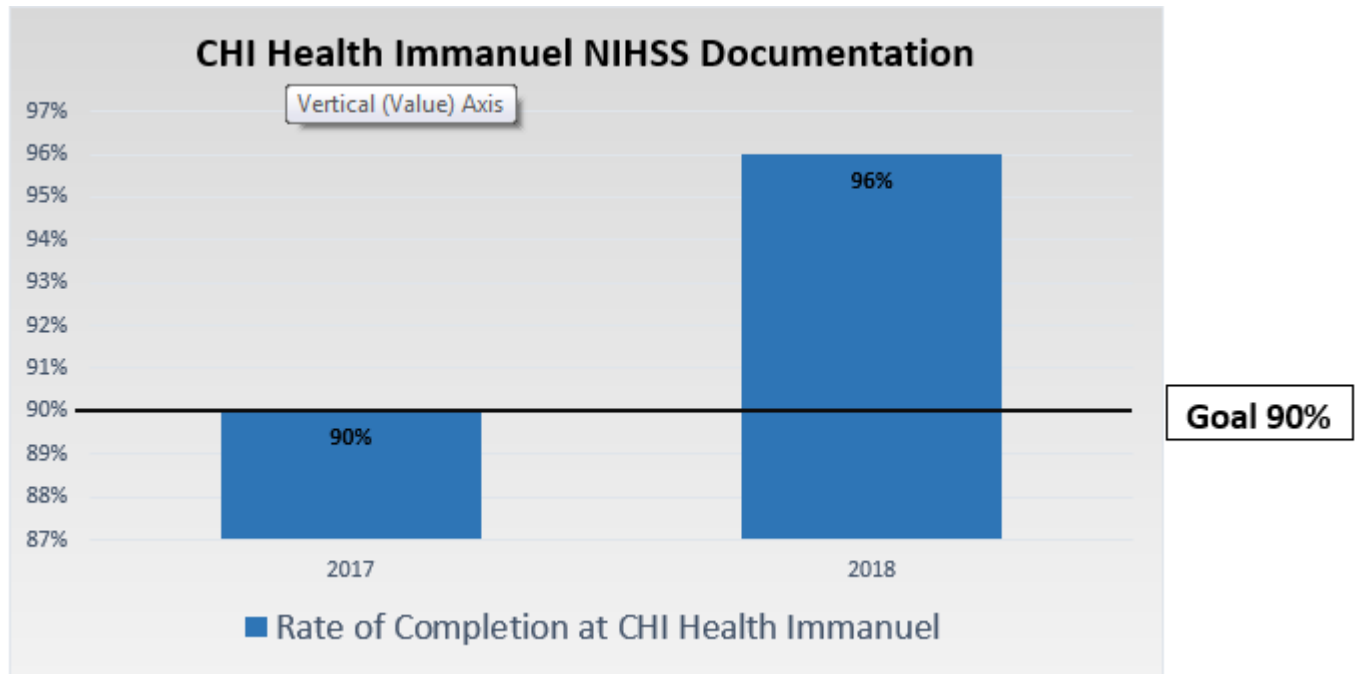
F—Facial drooping

A—Arm Weakness

S—Speech Difficulty

T—Time! Call 911 immediately!

CHI Health Immanuel Hospital has been diligently working to increase National Institute of Health Stroke Scale (NIHSS) completion on patient's with an acute ischemic stroke.



What is the NIHSS?

The NIHSS is a clinical tool used by nurses, doctors, and emergency responders. It serves as a tool to identify the severity of stroke symptoms and what areas are being affected.

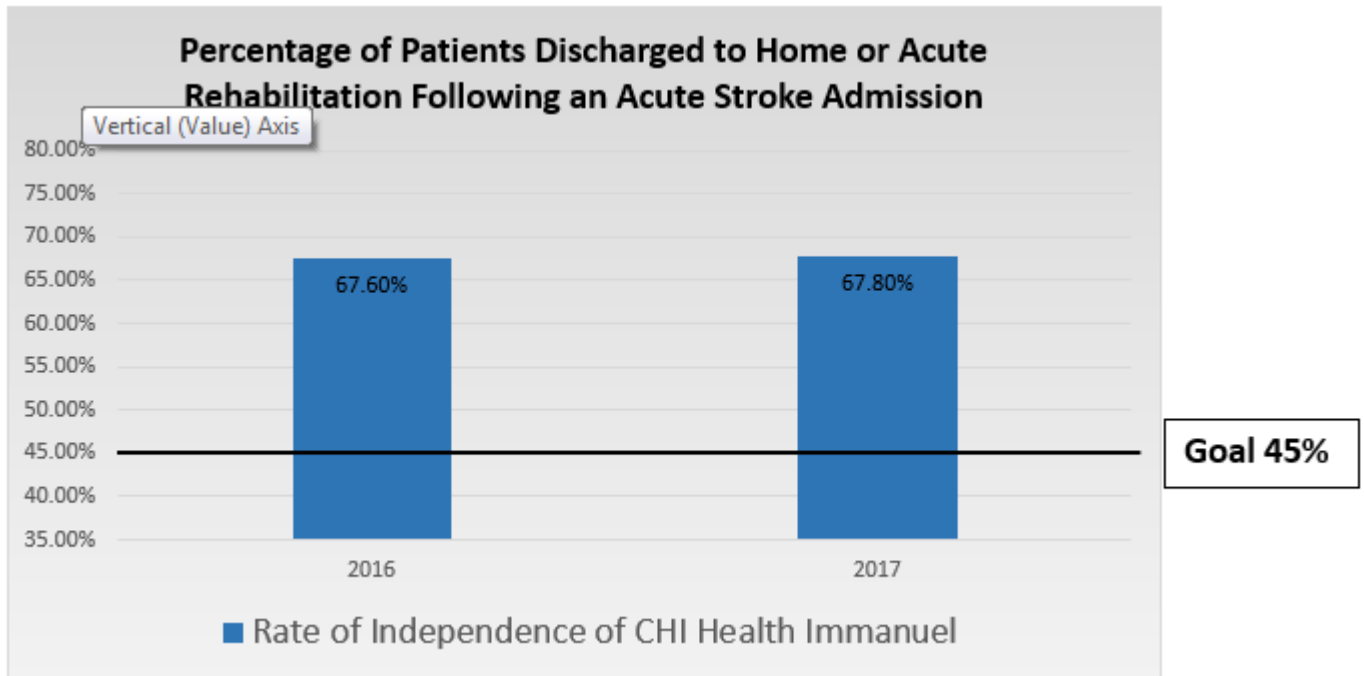
The goal is to have at least 90% of acute ischemic stroke patients have an NIHSS completed within 12 hours of presentation to the hospital.

Why is this important?

The completion of an NIHSS helps providers to identify what specific deficits a patient is having related to their stroke.

Once a baseline NIHSS is established we can track your progress based off of subsequent scores to help us assist with your recovery process.

CHI Health Immanuel Discharge Disposition Following an Acute Stroke Admission



What is a discharge disposition?

Discharge disposition simply means where a patient went after leaving our hospital. There are numerous places patients can be discharged to including but not limited to: home, skilled nursing facility, another acute care facility, and acute inpatient rehabilitation.

Why is this important?

The goal for all stroke patients is to have minimal deficits and be able to resume a normal lifestyle. We work hard to ensure this happens. The majority of our acute stroke patients were able to go home or to an acute rehabilitation