

Outcomes

Outcome measures from CMS look at how well patients fare once they've been admitted to the hospital. This includes rates of infections, complications, readmissions and deaths related to the care of common conditions such as stroke, heart attack, hip and knee surgery and pneumonia. At Wexner Medical Center, our outcome measures are consistently better than or the same as the national averages.

Outcome: Mortality

Mortality Measures (July 2019 - June 2022)	Wexner Medical Center Performance	National Average	Additional Information
			Better than the national rate. A lower number is better.
Stroke 30-day mortality	11.7%	13.9%	<i>This information shows the number of Medicare patients over the age of 65 who died within 30 days of being admitted to the hospital. The information is based on the reason they were admitted to the hospital, and is "risk-adjusted," meaning that the calculations consider how sick the patients were when they first came to the hospital.</i>
Carotid Endarterectomy and Carotid Artery Stenting procedural mortality	0.0%	-NA-	No national rate for comparison. A lower number is better.

Process

Process measures look at the efficacy and timeliness of care. This includes how well hospitals provide patients with the best standard of care for common conditions or surgical procedures, how quickly hospitals treat patients with medical emergencies and how well hospitals provide preventive services. Wexner Medical Center scored above the national average in 12 of 18 measures including surgical, stroke and leg/lung blood clot care. We are working to improve our scores the other areas which are all related to reducing wait times for patients in the emergency department.

Process: Effectiveness of Care

Stroke (July 2022 - June 2023)	Wexner Medical Center Performance	National Average	Additional Information
Venous Thromboembolism (VTE) Prophylaxis	97.6%	95.7%	Patient receives medication in the hospital that helps prevent blood clots.
Discharged on Antithrombotic Therapy	99.8%	99.4%	Ischemic stroke patients who received a prescription for medicine known to prevent complications caused by blood clots at discharge.
Anticoagulation Therapy for Atrial Fibrillation/Flutter	98.8%	97.6%	Ischemic stroke patients with a type of irregular heartbeat who were given a prescription for a blood thinner at discharge.
Thrombolytic Therapy	100.0%	86.6%	Patients whose strokes were caused by a blockage in the blood supply to the brain (ischemia) who got medicine to break up a blood clot within 3 hours after symptoms started.
Antithrombotic Therapy by End of Hospital Day 2	96.0%	97.0%	Ischemic stroke patients who received medicine known to prevent complications caused by blood clots within 2 days of hospital admission.
Discharged on Statin Medication	99.4%	98.8%	Patient is sent home taking medications that help reduce bad cholesterol levels. Lower bad cholesterol levels can reduce the risk of future stroke.
Stroke Education	98.1%	95.2%	Ischemic or hemorrhagic stroke patients or caregivers who received written educational materials about stroke care and prevention during the hospital stay.
Assessed for Rehabilitation	99.7%	99.3%	Ischemic or hemorrhagic stroke patients who were evaluated for rehabilitation services such as occupational and physical therapy.