



KEY QUALITY INDICATORS: Acute Stroke Care

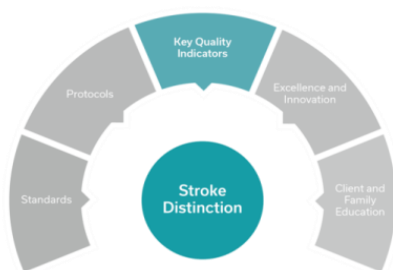
- KQIs are metrics that measures the quality of excellence of a task or project.
- KQIs are intended for internal use, by teams, to support the measurement of internal quality improvement activities, and represent a foundational quality improvement component of: “you need to measure to improve”.
- Each indicator has its own minimum threshold and best practice target

AT HEALTH PEI: Survey Visit on May 31 to June 4, 2026



18 KQIs are being measured; 12 are specific to Acute Stroke:

- % of acute ischemic stroke who receive initial brain CT or MRI on same day as arrival (within 24 hours of hospital arrival)
- % ischemic stroke clients receiving tPA within 30 minutes of ED arrival
- % of ischemic stroke clients who receive acute thrombolytic (tPA)
- % acute ischemic stroke clients receive EVT
- % acute ischemic stroke clients with successful EVT
- % of clients with standardized screening tool for dysphagia same day hospital arrival
- % of all acute ischemic stroke clients initial standardized rehabilitation assessment within 2 days hospital arrival
- % of clients treated on dedicated stroke unit - (Acute and/or IP Rehab)
- % acute ischemic stroke clients diagnosed with preventable complications inpatient stay (e.g. pneumonia - aspiration, UTI, VTE etc.)
- Distribution of Length of Stay (LOS) of acute ischemic stroke clients in acute inpatient unit
- 30-day acute ischemic stroke client mortality during acute inpatient stay (all causes)
- % of acute stroke clients transferred from acute inpatient unit to inpatient rehabilitation unit



Questions Accreditation Canada Surveyors May Ask Staff:

1. Where do you get information about the KQIs?
2. Which indicators apply to your role/ service?
3. How is the information from the KQIs used for improvements in stroke care?

Please contact provincialstrokecoordination@ihis.org for more information.