Intermountain Medical Center Stroke Center Outcomes Report

(Calendar Year 2025)

Intermountain Medical Center monitors outcomes for patients who undergo an emergency surgical procedure for stroke called a mechanical thrombectomy.

This surgical procedure removes a blood clot from a large blood vessel in the brain to restore blood flow to the brain tissue. For 2025, Intermountain Medical Center performed approximately 90 emergent mechanical thrombectomy procedures and of those cases 91% had meaningful improvement in blood flow to their brain.

The report below shows the percentage of patients for specific outcomes compared to Utah hospitals and hospitals nationally:

Performance Measure	Intermountain Medical Center	All UT Hospitals	All National Hospitals
TICI* reperfusion grade of 2B or higher Ischemic stroke patients who had a meaningful improvement of blood flow to their brain after undergoing a surgical procedure	91.1%	85.8%	89.4%
Discharged to Home Ischemic stroke patients who were able to discharge to home after undergoing a surgical procedure	46%	31.5%	30.3%
90 day mRS** Ischemic stroke patients who had a good functional outcome 90 days after undergoing a surgical procedure	35.8%	38.5%	35.3%
Hemorrhagic transformation after intra-arterial thrombolytics or mechanical thrombectomy Ischemic stroke patients who develop significant bleeding in the brain within 36 hours after undergoing a surgical procedure (lower percentage is better)	8.2%	9.1%	6.3%

This information is based on data retrieved from American Heart Association's Get With The Guidelines® –Stroke. (Stroke measures: CSTK-08, AHASTR108, AHASTR107, CSTK-05B)

*Thrombolysis in cerebral infarction (TICI) scale is a score used to grade brain tissue revascularization.

**Modified Rankin Score (mRS) is a score used to measure the degree of disability after a stroke. Good functional outcome includes mRS scores 0-2.