

Acute Care Committee

Date: June 18, 2019

Time:

Location: Baytown, TX

Facilitator:

Andrea Anderson

Note taker:

Andrea Anderson

Attendance:

Toni Maddox, Diana Grimm-Mapp, Susannah Michael, Dawn Hancock, Vicki Tarnow, Kevin Hunt, Amy Pounders, Alice Kanuki, Andrea Anderson, Albert Ramirez, Donna Biscamp, Paige Townsend, Brenda Yanez, Kristin Elsner, Lydia Broussard, Patrick Ermis

Agenda

Agenda Item	Lead	Info/Open/Closed
New Stroke Get with the Guidelines	Brenda	Closed
Future Topics for Committee meetings	Andrea	Open

Minutes

Approval of previous minutes

Toni & Brenda motioned, all members approved.

Agenda item:

New Stroke Get with the Guidelines

Presenter:

Brenda

Discussion:

Brenda presented the new stroke Get with the Guidelines that were released in May, as well as the Stroke Checkoff for physicians and Inclusion guidelines. See attached handouts.

Conclusions:

Action items	Person responsible	Deadline
✓ No action required.	NA	NA

Agenda item:

Future Topics for Acute Care Committee meetings

Presenter:

Andrea

Discussion:

Requests for topics to present at future meetings.
Brenda suggested a STEMI case review.

Conclusions:

Action items	Person responsible	Deadline
✓ STEMI case review for September meeting		

Presenter:

Discussion:

Conclusions:

Action items	Person responsible	Deadline
✓		

Agenda item:

Presenter:

Discussion:

Conclusions:

Action items		Person responsible	Deadline
✓	STEMI case review for September meeting		
✓			
✓			

Other Information

Open Forum:



American
Heart
Association.



American Heart Association.
Get with the Guidelines.
Stroke

GWTG – Stroke Registry Programs Patient Management Tool (PMT) Updates

Release date: May 2019
Impacted Users: All users and layers

Summary of Changes in this Release:

Target: Stroke 3 updates

1. Stroke / Limited form
 1. Added "Reason for delay in alteplase - 30 minute" element
2. MER form
 1. Added "Documentation of first pass" element from Comprehensive layer
3. Measures
 1. Added two new measure to the "***GWTG Target Stroke Set**" measure set
 2. Added "Door-in-Door-Out" and "Time to IV Thrombolytic Therapy – 30 min" measures to "Reporting" measures section.
 3. Update "Time to Intravenous Thrombolytic Therapy - 45 min" measure logic
 4. Added "Door to Start of Revascularization (DTR) within 60 minutes for patients transferred from an outside hospital OR 90 minutes presenting directly" to the MER measure group

Additional measure updates

4. Door-in-Door-Out measure
 1. Added form control to require "Select reason(s) for why patient transferred" when "Transferred from your ED to another acute care hospital" is selected.
 2. Added new elements:
 - "Documented reason for delay in transfer"
 - "Specific reason for delay documented in transfer patient (check all that apply):"

5. Intensive Statin Therapy measure logic updated to include "Percentage of Ischemic Stroke and TIA patients who are prescribed high-intensity statin therapy at discharge OR, if > 75 years of age, are prescribed at least moderate-intensity statin therapy at discharge".
6. Updated the "Pre-Notification" measure logic to add "MSU" to the inclusion criteria.
7. Updated the "Medical History" measure logic to add "DVT/PE".
8. Updated the "Mechanical Endovascular Reperfusion Therapy for Eligible Patients with Ischemic Stroke measure" measure logic to add "M2" to the inclusion criteria and "Allergy to contrast material" to the exclusion criteria.

TJC layer updates

9. Added ASR-IP and ASR-OP measure bundles to ASR layer
10. Added STK-OP-1 and CSTK-01 measures to STK layer

Operational updates

11. Removed error when not completing advanced imaging questions for Stroke and Stroke Limited forms.
12. CSTK benchmarking error when running CSTK-10 report
13. New filter options in configurable measures reports:
 1. Time from discovery of stroke symptoms to time last known well
 2. IV tPA by MSU
 3. IV alteplase at an outside hospital
14. Update user inactivity timeout to 15 minutes for PMT (All modules)
15. Repaired – Aggregate not running on Pre-defined reports
16. Repaired – Achievement Goal missing for Achievement measure "Statin Prescribed at Discharge" (Display option)
17. Repaired – Pre-Defined Consensus measure error reported by users
18. Updated – Changed "tPA" to "Alteplase in all TJC and GWTG measures

Below are the details of the updates:

Target: Stroke 3 updates:

- Stroke / Limited form

- Added "Reason for delay in alteplase - 30 minute" element

If IV alteplase was initiated greater than 60 minutes after hospital arrival, were Eligibility or Medical reason(s) documented as the cause for delay:	Yes	No
If IV alteplase was initiated greater than 45 minutes after hospital arrival, were Eligibility or Medical reason(s) documented as the cause for delay:	Yes	No
If IV alteplase was initiated greater than 30 minutes after hospital arrival, were Eligibility or Medical reason(s) documented as the cause for delay:	Yes	No

- Documentation of Eligibility and Medical reasons will be collected in the same elements used by the 60- and 45-minute reason for delay question.

Eligibility Reason(s):	<ul style="list-style-type: none"> Social/Religious Initial refusal Care-team unable to determine eligibility
Specify eligibility reason:
Medical Reason(s):	<ul style="list-style-type: none"> Hypertension requiring aggressive control with IV medications Further diagnostic evaluation to confirm stroke for patients with hypoglycemia (blood glucose < 50), seizures, or major metabolic disorders Management of concomitant emergent/acute conditions such as cardiopulmonary arrest, respiratory failure (requiring intubation) Investigational or experimental protocol for thrombolysis
Specify medical reason:
Hospital Related or Other Reason(s):	<ul style="list-style-type: none"> resp arrest Delay in stroke diagnosis In-hospital time delay Equipment-related delay Other

- MER form

- Added "Documentation of first pass" element from Comprehensive layer

^^Was a mechanical endovascular reperfusion procedure attempted during this episode of care (at this hospital)? Yes No



IF "Was a mechanical endovascular reperfusion procedure attempted during this episode of care (at this hospital)?" = Yes, then First Pass question is required

^Is there documentation in the medical record of the first pass of a mechanical reperfusion device to remove a clot occluding a cerebral artery at this hospital? Yes No

^What is the date and time of the first pass of a clot retrieval device at this hospital?

- Added to MER form group (previously only on Comprehensive layer)
- Used for collection of first pass time for Target: Stroke Advanced

- Layout of new element for sites with MER layer active but not Comprehensive. If Comprehensive is active you will see no change.

Catheter-based/Endovascular Stroke Treatment

^What is the date and time of skin puncture at this hospital to access the arterial site selected for endovascular treatment of a cerebral artery occlusion?

^^Was a mechanical endovascular reperfusion procedure attempted during this episode of care (at this hospital)? Yes No

^^Are reasons for not performing mechanical endovascular reperfusion therapy documented? Yes No

Significant pre-stroke disability (pre-stroke mRS > 1)
No evidence of proximal occlusion
NIHES <6
Brain imaging not favorable/hemorrhage transformation (ASPECTS score <6)
Groin puncture could not be initiated within 6 hours of symptom onset
Anatomical reason - unfavorable vascular anatomy that limits access to the occluded artery
Patient/family refusal
MER performed at outside hospital
Allergy to contrast material
Equipment-related delay *
No endovascular specialist available *
Delay in stroke diagnosis *
Vascular imaging not performed *
Advanced Age *
Other: *

^^Reasons for not performing mechanical endovascular reperfusion therapy (select all that apply):

Retrievable stent
Other mechanical clot retrieval device beside stent retrieval
Clot suction device
Intracranial angioplasty, with or without permanent stent
Cervical carotid angioplasty, with or without permanent stent
Other:

^If MER treatment at this hospital, type of treatment:

Is there documentation in the medical record of the first pass of a mechanical reperfusion device to remove a clot occluding a cerebral artery at this hospital? Yes No

^What is the date and time of the first pass of a clot retrieval device at this hospital?

• Measures

1. Added three new measure to the “**GWTG Target Stroke Set**” measure set

REPORT 1

GWTC Standard Measures:	Select Measure
GWTC Enhanced Version & Special Initiative Measures:	Select Measure
GWTC Additional Patient Population Measures:	Consensus Measure Set by Clinical Diagnosis
Historic Measures:	**Consensus-GDC/COV Set**
Format:	**Consensus-GWTG/PA Set**
	Additional Measure Groups
	GWTC Stroke Quality Measures
	GWTG Target Stroke Set
	Achievement
	IV Alteplase Arrive by 2 Hour, Treat by 3 Hour
	Early Antithrombotics
	VTE Prophylaxis

- Added:
- Door-in-Door-Out Times at First Hospital Prior to Transfer for Acute Therapy
 - Time to Intravenous Thrombolytic Therapy - 30 min
 - Door to Start of Revascularization (DTR) within 60 minutes for patients transferred from an outside hospital OR 90 minutes for patients presenting directly.

2. Added "Door-in-Door-Out" and "Time to IV Thrombolytic Therapy - 30 min" measures to "Reporting" measures section.

1. Allows for measures to be run independently outside of the Target stroke Measure set.

REPORT 1

GWG Standard Measures: "GWG Target Stroke Set"
GWG Enhanced Version & Special Initiative Measures: LDL Documented, Intensive Statin Therapy, IV Alteplase Arrive by 3.5 Hour, Treat by 4.5 Hour, NIHSS Reported
GWG Additional Patient Population Measures: Reporting
Historic Measures: Door in-Door Out Times at First Hospital from to Transfer for Acute Therapy, % No IV Alteplase 3 Hour, % No IV Alteplase 4.5 Hour

REPORT 1

GWG Standard Measures: Time to Intravenous Thrombolytic Therapy - 30 min
GWG Enhanced Version & Special Initiative Measures: Reasons for no IV Alteplase (Medical Reason(s)), Smoking Cessation Therapies Prescribed
GWG Additional Patient Population Measures: Time to Intravenous Thrombolytic Therapy - 30 min, Time to Intravenous Thrombolytic Therapy - 45 min, Time to Intravenous Thrombolytic Therapy Times
Historic Measures:

New Reporting Measures

3. Update "Time to Intravenous Thrombolytic Therapy - 45 min" measure logic

1. Measure logic updated to add exclusion when "Cause for IV alteplase delay - 45 minutes" is 'Yes' and a medical or eligibility reason is selected.

REPORT 1

GWG Standard Measures: Select Measure
GWG Enhanced Version & Special Initiative Measures: Time to Intravenous Thrombolytic Therapy - 45 min
GWG Additional Patient Population Measures: Select Measure
Historic Measures: Select Measure
Format: Patient Records
Compare to: By Hospital, All AZ Hospitals, All Hospitals, Unknown, West Region Hospitals

Percent of acute ischemic stroke patients receiving intravenous tissue plasminogen activator (alteplase) therapy during the hospital stay who have a time from hospital arrival to initiation of thrombolytic therapy administration (door-to-needle time) of 45 minutes or less.

Patient Records Report for measure Time to Intravenous Thrombolytic Therapy - 45 min

Percent of acute ischemic stroke patients receiving intravenous tissue plasminogen activator (alteplase) therapy during the hospital stay who have a time from hospital arrival to initiation of thrombolytic therapy administration (door-to-needle time) of 45 minutes or less.
 Time Period: Q1 2019 - Q3 2019, Sites: AHA Data Set: Stroke - CSTA + STX (SE25G)
 Patients Included: 0, Patients Excluded: 4
 Patients in Numerator: 0, % in Numerator:

Show filters: This report shows 0 records, 4 of 4

Patient ID	Included in Results?	In Numerator?	Age	Patient location when stroke symptoms discovered	Hospital Arrival Date and Time	IV Alteplase Initiation Date/Time	When was the patient last known to be well?	Cause for IV alteplase delay - 45 minutes	Cause for IV alteplase delay Eligibility Reason(s)	Cause for IV alteplase delay Medical Reason(s)	Clinical Trial	IV alteplase at an outside hospital or EMS / Mobile Stroke Unit?	Final clinical diagnosis related to stroke?	IV alteplase initiated at this hospital?
Test101	Excluded		37	Not in a healthcare setting	01/01/2019 10:00		01/01/2019 09:00				No		Ischemic Stroke	No
Test202	Excluded		68	Not in a healthcare setting	01/08/2019 10:00	01/08/2019 11:00	01/08/2019 09:00	Yes	Care team unable to determine eligibility		No	No	Ischemic Stroke	Yes
Test303	Excluded		76	Another acute care facility	02/01/2019 10:00		02/01/2019 08:00				No	Yes	Ischemic Stroke	No
Test404	Excluded		63	Not in a healthcare setting	01/01/2019 10:00		01/01/2019 09:00				No	Yes	Ischemic Stroke	No

4. Added "Door to Start of Revascularization (DTR) within 60 minutes for patients transferred from an outside hospital OR 90 minutes presenting directly" to the MER measure group

1. Included in the Target Stroke Measure set
2. Also located individually in the MER Measure Group.

REPORT 1

Stroke Measure Logic and Ratio Measure Descriptions - Stroke I Measure Descriptions - Post Hoc Measures

GWG Standard Measures: Select Measure

GWG Enhanced Version & Special Initiative Measures: Select Measure

GWG Additional Patient Population Measures: Mechanical Endovascular Reperfusion Therapy
MER Measure Set

Historic Measures: 90-Day Modified Rankin Scores (mRS) following Mechanical Endovascular Reperfusion Therapy (Graphical Display of Distribution)
Discharge Disposition following Mechanical Endovascular Reperfusion Therapy (Graphical Display of Distribution)

Format: Door to Puncture (DTP) Time within 60 minutes
Door to Puncture (DTP) Times (Graphical Display of Distribution)
Door to Recanalization/Reperfusion (DTRp) Times (Graphical Display of Distribution)
Door to Recanalization/Reperfusion (DTRp) within 120 Minutes
Door to Start of Revascularization (DTR) Times (Graphical Display of Distribution)
Door to Start of Revascularization (DTR) within 60 minutes for patients transferred from an outside hospital OR 90 minutes for patients presenting directly
Door to Start of Revascularization (DTR) within 120 minutes
Mechanical Endovascular Reperfusion Therapy for Eligible Patients with Ischemic Stroke
Picture to Puncture (PTP) Time within 60 minutes
Picture to Puncture (PTP) Times (Graphical Display of Distribution)

Patient Records Report for measure Door to Start of Revascularization (DTR) within 60 minutes for patients transferred from an outside hospital OR 90 minutes for patients presenting directly.

Percentage of patients with acute ischemic stroke who receive mechanical endovascular reperfusion therapy and for whom the first pass (i.e., deployment) of the device is <= 60 minutes in patients who are transferred in from an outside hospital or <= 90 minutes for patients presenting directly.
Time Period: Jan 2019 - Mar 2020 Site: All Sites - Stroke - MER 101272
Patients Included: 2; Patients Excluded: 0
Patients in Numerator: 1; % in Numerator: 50.0%; Patient in Exceptions: 0

Show filters This report shows 2 records, 3 of 5

Patient ID	Included in Results?	In Numerator?	Exception?	Age	Final clinical diagnosis related to stroke	First Pass of a Mechanical Reperfusion Device	Patient location when stroke symptoms discovered	Hospital Arrival Date and Time	First Pass Date/Time	Discharge Date	Elective Carotid Intervention	MER delay documented	Specific reason for delay documented in transfer patient (check all that apply)	How patient arrived at your hospital
3563q	Included	No	No	58	Ischemic Stroke	Yes	Not in a healthcare setting	01/03/2019 10:00	01/01/2019 11:40	01/05/2019 10:00	No	No		Transfer from other hospital
3563t	Included	Yes		76	Ischemic Stroke	Yes	Not in a healthcare setting	01/01/2019 10:00	01/01/2019 10:50	01/03/2019 10:00	No	No		Transfer from other hospital

Additional measure updates:

- Door-in-Door-Out measure
 1. Added measure to Reporting Measure section.

REPORT 1

GWG Standard Measures: **GWG Target Stroke Set**

GWG Enhanced Version & Special Initiative Measures: LUL Documented
Intensive Statin Therapy
IV Alteplase Arrive by 3.5 Hour. Treat by 4.5 Hour
NIHSS Reported

GWG Additional Patient Population Measures: Reporting

Historic Measures: Door-in-Door-Out Times at First Hospital Prior to Transfer for Acute Therapy
% No IV Alteplase 3 Hour
% No IV Alteplase 4.5 Hour

Format: % No IV Alteplase 4.5 Hour

1. New "Documented reason for delay in transfer to referral facility?" element is used in measure calculation.

Patient Records Report for measure Door-in-Door-Out Times at First Hospital Prior to Transfer for Acute Therapy

Percentage of confirmed stroke patients transported to your hospital by EMS and for whom <= 90 minutes was spent in the ED prior to transfer to a higher-level stroke center (e.g. PSC, CSC, etc.) for time-critical therapy
Time Period: Mar 2019 - Mar 2019 Site: AAA Demo Inst: SGTG-Stroke 4 258 162492
Patients Included: 1 Patients Excluded: 0
Patients in Numerator: 0 % in Numerator: 0 % Patient in Exceptions: 0

Show filters This report shows 0 records, 1 of 1

Patient ID	Included in Results?	In Hospital?	Exception?	Age	Final clinical diagnosis related to stroke?	Not admitted	Reason Not Admitted	Patient arrival transfer reason	Patient location when stroke symptoms discovered	New patient arrived at your hospital	Hospital Arrival Date and Time	Discharge Date	Clinical Trial (Missing/Not Use)	Elective Carotid Intervention	Documented reason for delay in transfer to referral facility?	Specific reason for delay documented in transfer patient (check all that apply)
mar101	Included	No	No	47	Ischemic Stroke	Yes, not admitted	Transferred from your ED to another acute care hospital	Post Management of IV alteplase (e.g. Dnp and Ship)	Not in a healthcare setting	EMS from Home/care	03/01/2019 10:00	03/03/2019 12:20		No	Yes	Initial refusal

2. Added form control to require "Select reason(s) for why patient transferred" when "Transferred from your ED to another acute care hospital" is selected.

1. Requires "Select reason(s) for why patient transferred" when "Transferred from your ED to another acute care hospital" is selected.

Reason Not Admitted:

- No, patient admitted as inpatient
- Transferred from your ED to another acute care hospital
- Discharged directly from ED to home or other location that is not an acute care hospital
- Left from ED AMA
- Died in ED
- Discharged from observation status without an inpatient admission
- Other

Select reason(s) for why patient transferred

- Evaluation for IV alteplase up to 4.5 hours
- Post Management of IV alteplase (e.g. Dnp and Ship)
- Evaluation for Endovascular thrombectomy
- Advanced stroke care (e.g., Neurocritical care, surgical or other time critical therapy)
- Patient/family request
- Other advanced care (not stroke related)
- Not documented

Discharge Date: MM/DD/YYYY HH:MM

Documented reason for delay in transfer to referral facility? Yes No/ND

Errors:

- Hispanic Ethnicity: "Hispanic Ethnicity" is missing.
- Final clinical diagnosis related to stroke: "Clinical hospital diagnosis related to stroke" is missing.
- When is the earliest documentation of comfort measures only?: Please enter the earliest documentation of comfort measures only.
- Hospital Arrival Date and Time: Hospital Arrival Date and Time is required.
- Patient arrival transfer reason: Select reason(s) for why patient transferred & -A's required in patients who have Ac & -A Not Admitted = Yes Ac & -A's and Ac & -A Reason not admitted Ac & -A's = Transferred from your ED to another acute care hospital.
- Discharge Date: "Discharge Date" is missing.

3. Added new elements:

1. "Documented reason for delay in transfer"
2. "Specific reason for delay documented in transfer patient (check all that apply):"



Discharge Date: 02/01/2019 10:40

Documented reason for delay in transfer to referral facility? Yes No/ND

Exceptions*

Specific reason for delay documented in transfer patient (check all that apply):

- Social/religious
Initial refusal
Care team unable to determine eligibility
Management of concomitant emergent/acute conditions such as cardiopulmonary arrest, respiratory failure (requiring intubation)
Investigational or experimental protocol for reperfusion
Delay in stroke diagnosis
In-hospital time delay
Equipment-related delay
Need for additional imaging
Catheter lab not available
Other

3. (Door-in-Door-Out Times at First Hospital Prior to Transfer for Acute Therapy) *Removed from the denominator if present and numerator is not met

- Intensive Statin Therapy measure logic updated to include "Percentage of Ischemic Stroke and TIA patients who are prescribed high-intensity statin therapy at discharge OR, if > 75 years of age, are prescribed at least moderate-intensity statin therapy at discharge".

REPORT 1

GWTG Standard Measures: Select Measure
GWTG Enhanced Version & Special Initiative Measures: Intensive Statin Therapy
GWTG Additional Patient Population Measures: Select Measure
Historic Measures: Select Measure
Format: Patient Records
Compare to: My Hospital, All AZ Hospitals, All Hospitals, Mountain West Region Hospitals, All Hospitals (including all)

- Percentage of Ischemic Stroke and TIA patients who are prescribed high-intensity statin therapy at discharge OR, if > 75 years of age, are prescribed at least moderate-intensity statin therapy at discharge.

Patient Records Report for measure Intensive Statin Therapy

Percentage of Ischemic Stroke and TIA patients who are prescribed high-intensity statin therapy at discharge OR, if > 75 years of age, are prescribed at least moderate-intensity statin therapy at discharge. Time Period: 01/01/2019 - 02/28/2019. Site: Mountain West. Patients Included: 9. Patients Excluded: 3. Patients in Numerator: 6. % in Numerator: 66.7%. Select on Exceptions.

Show filters. This report shows records from:

Table with columns: Patient ID, Included in Results?, In Numerator?, Exception?, Discharge Date, Age, Patient location where stroke symptoms first occurred, Final clinical diagnosis related to stroke, When is the earliest documentation of relevant occurrence?, Discharge Status, Discharge Disposition, Evidence of Atherosclerosis, Intensive Statin Therapy, Not admitted, Clinical Trial, Clinical Cause Intensive, CCI, Selected Reducing T, Statin Medication, Start Date, Reason for Not Prescribing Statin Medication at Discharge, Stroke Type, MIMIC.

Date Range: 01/01/2019 - 02/28/2019. Site: Mountain West. Patients Included: 9. Patients Excluded: 3. Patients in Numerator: 6. % in Numerator: 66.7%. Select on Exceptions.

- Updated the "Pre-Notification" measure logic to add "MSU" to the inclusion criteria.

1. Added Inclusion: Arrived by MSU

REPORT 1

GWTG Standard Measures: Select Measure
GWTG Enhanced Version & Special Initiative Measures: Pre-notification
GWTG Additional Patient Population Measures: Select Measure
Historic Measures: Select Measure
Format: Patient Records
Compare to: All Hospitals
 (ctrl-click to select multiple)

Percent of cases of advanced notification by EMS for patients transported by EMS from scene.
 Patients transported by EMS from scene.

Patient Records Report for measure Pre-notification

Percent of cases of advanced notification by EMS for patients transported by EMS from scene.
 Time Period: Q1 2019 - Q1 2019, Site: AHA Demo test- Stroke - CSTK - STK (86250)
 Patients Included: 2, Patients Excluded: 2
 Patients in Numerator: 2, % in Numerator: 100.0%

Show filters This report shows 4 records, 4 of 4

Patient ID	Included in Results?	In Numerator?	How patient arrived at your hospital	Age	Final clinical diagnosis related to stroke	Clinical Trial	Elective Carotid Intervention	Advanced notification by EMS or MSU?
Test102	Included	Yes	EMS from home/scene	55	Ischemic Stroke	No	No	Yes
Test404	Included	Yes	Mobile Stroke Unit	63	Ischemic Stroke	No	No	Yes
Test101	Excluded		Private transportation other than home/scene	37	Ischemic Stroke	No	No	
Test303	Excluded		Transfer from other hospital	75	Ischemic Stroke	No	No	

- Updated the "Medical History" measure logic to add "DVT/PE".

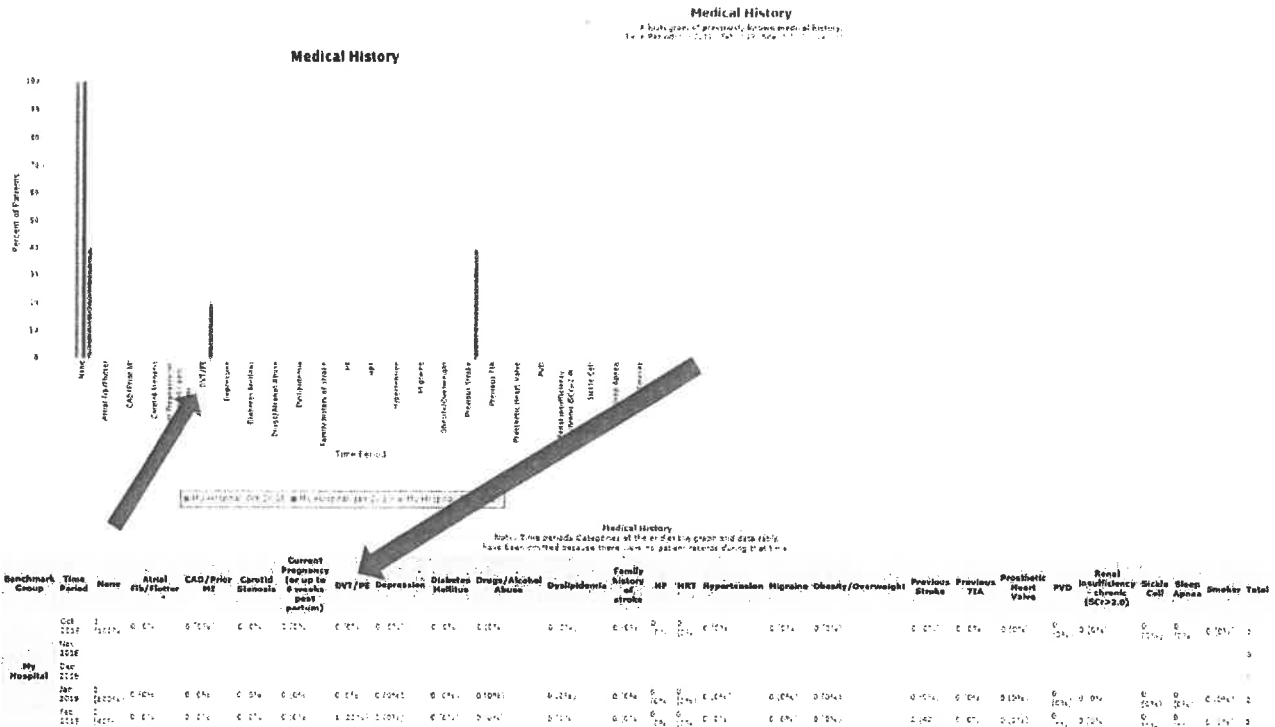
1. Added Inclusion: DVT/PE (option added to medical history in Jan. 19 update)

REPORT 1

GWTG Standard Measures: Select Measure
GWTG Enhanced Version & Special Initiative Measures: Medical History
GWTG Additional Patient Population Measures: Select Measure
Historic Measures: Select Measure
Format: Patient Records
Compare to: All Hospitals
 (ctrl-click to select multiple)

A histogram of previously known medical history.
 DVT/PE

Add Another Report



- Updated the "Mechanical Endovascular Reperfusion Therapy for Eligible Patients with Ischemic Stroke" measure logic to add "M2" to the inclusion criteria and "Allergy to contrast material" to the exclusion criteria.
 - Added Inclusion: M2
 - Added Exclusion: Allergy to contrast material

Report 1

GWTC Standard Measures: Select Measure

GWTC Enhanced Version & Special Initiative Measures: Mechanical Endovascular Reperfusion Therapy for Eligible Patients with Ischemic Stroke

GWTC Additional Patient Population Measures: Select Measure

Historic Measures: Select Measure

Format: Patient Records

Compare to: (ctrl-click to select multiple)
 My Hospital
 All AZ Hospitals
 All Hospitals
 Mountain
 West Region Hospitals

meas
Stroke
Meas
Meas
Meas
Meas
Meas

- Percentage of eligible patients with ischemic stroke due to large vessel occlusion who receive mechanical endovascular reperfusion therapy

Patient Records Report for measure Mechanical Endovascular Reperfusion Therapy for Eligible Patients with Ischemic Stroke

Percentage of eligible patients with ischemic stroke due to large vessel occlusion who receive mechanical endovascular reperfusion therapy
Time Period: Jan 2019 - Dec 2019, Site: JCS Stroke (10378)
Patients Included: 0, Patients Excluded: 1
Patients in Numerator: 0, In Numerator: 1, Patient in Exception: 1

Show filters This report shows all records, 8 of 8

Patient ID	Included in numerator?	In Numerator?	Exception?	Final clinical diagnosis related to stroke	Target lesion visualized	Site of occlusion	MER TCA	MER MCA	ROHIS Score	Decomposed Consent to EM Allocation or MER Institution	Hospital Arrival Date and Time	When was the patient last known to be well?	Patient location when stroke symptoms discovered	Discharge Date	Clinical Total	Electric Cardiac Intervention	Documented Reason for no MER	Reasons for not performing MER	MER at this hospital?
1234	Excluded										12/03/2018 12:00			01/01/2019 02:00					
12345	Excluded			Ischemic Stroke							12/03/2018 12:00	01/22/2019 00:00		01/28/2019 00:00					
number01	Excluded			Ischemic Stroke							02/02/2019 01:00	02/09/2019 12:00	Not in a healthcare setting	02/13/2019 00:00					Yes
PAT01	Excluded			Ischemic Stroke							02/01/2019 00:00			02/01/2019 00:00	No	No			
PAT15	Excluded			Ischemic Stroke							02/05/2019 00:00			02/07/2019 00:00	No	No			
PAT28	Excluded			Ischemic Stroke	Yes	MCA		M2					MD or Consent be Determined	02/27/2019 00:00					
PAT29	Excluded	No	Yes	Ischemic Stroke	Yes	ICA			7		02/25/2019 11:00	02/25/2019 04:00		02/28/2019 00:00			Yes	Agree to contract	No
wa129	Excluded													02/01/2019 00:00					

Date of report: 02/04/2019 04:51:00 CPT-00 00:00:00, User: JCS Stroke 1 (10378) (M 516), JCS Stroke - JCS Stroke RPT
Please note: CPT-00 aggregate compliance data is intended for internal audit purposes. It is not to be used for the American Heart Association's Quality Scorecard presentations or publications of results. data

TJC layer updates:

- Added ASR-IP and ASR-OP measure bundles to ASR layer
 - ASR OP and IP measures can now be run as measure sets. Available to all sites with the ASR layer active.

REPORT 1

GWTG Standard Measures: Select Measure Select M
 GWTG Enhanced Version & Special Initiative Measures: Select Measure
 GWTG Additional Patient Population Measures: Acute Stroke Ready (ASR)
 Historic Measures: ASR-IP-1, ASR-IP-2, ASR-IP-3
 Format: **ASR-IP Measure Set**, **ASR-OP Measure Set**
 Compare to: (ctrl-click to select multiple) ASR-OP-1, ASR-OP-2a, ASR-OP-2b, ASR-OP-2c, ASR-OP-2d

- Added ASR Measure Description Document in links to the right in the configurable measure report section.

REPORT 1
 GWTG Standard Measures: Select Measure
 GWTG Enhanced Version & Special Initiative Measures: Select Measure
 GWTG Additional Patient Population Measures: Select Measure
 Historic Measures: Select Measure
 Format: Select Measure

Stroke Measure Logic and Rationale
 Measure Descriptions - Stroke MER
 Measure Descriptions - EMS/ML
 Measure Descriptions - MD CHIA
 Measure Descriptions - ASR
 Measure Descriptions - MSN
 Measure Descriptions - Post Hospital Care Follow-up Measures

- Added STK-OP-1 and CSTK-01 measures to STK layer
 - STK-OP-1 report



REPORT 1

GWIG Standard Measures:

GWIG Enhanced Version & Special Initiative Measures:

GWIG Additional Patient Population Measures:

Historic Measures:

Format:

Compare to:
(ctrl-click to select multiple)

Select Measure:

- **STK_OP_1**
- Smoking Cessation - Observation Status Only
- Statin Prescribed at Discharge - Observation Status Only
- Stroke Education - Observation Status Only
- Weight Recommendation - Observation Status Only
- TJC/GM6 Outpatient Stroke
- Composite Measures
- GWIG/PAA Composite
- CDC/COV Composite
- Stroke Core Measure Composite
- Defect Free Measures
- GWIG/PAA Defect Free



- Runs as a measure group (**STK_OP_1**)
- Output displays all subpopulations of STK-OP-1 as separate measures
 - STK-OP-1a
 - STK-OP-1b
 - STK-OP-1c
 - STK-OP-1d
 - STK-OP-1e
 - STK-OP-1f

Patient Records Report for measure STK-OP-1a

Overall Rate (Not Reported)
Time Period: Dec 2017 - Dec 2017; Site: 1 JC-Stroke (2577E)
Patients Included: 6; Patients Excluded: 1
Population D: 6; Population R: 1

Show filters This report shows all records: 9 of 9

Patient ID	Included In Results?	Measure Value	Measure Population	Encounter Date	Date of Birth	Race	Hispanic Ethnicity	Gender	Payment Source - Medicare	ICD-10-CM Principal Diagnosis Code	E/M Code	Discharge Code - STK	When is the earliest documentation of comfort measures only?	Hospital Arrival Date and Time	What is the date/time the patient departed from the emergency department?
STKOP1b	Included	3615	D	12/02/2018	09/20/1935	White	No/UTD	Male	Medicare	I6001	99281 - EMERGENCY DEPT VISIT	49 Acute Care Facility - General Inpatient Care	2- Day 2 or after	12/01/2018 11:45	12/05/2018 00:00
STKOP1c	Included	3615	D	12/02/2018	09/20/1935	White	No/UTD	Male	Medicare	I6300	99281 - EMERGENCY DEPT VISIT	49 Acute Care Facility - General Inpatient Care	2- Day 2 or after	12/01/2018 11:45	12/05/2018 00:00
STKOP1d	Included	3615	D	12/02/2018	09/20/1935	White	No/UTD	Male	Medicare	I6300	99281 - EMERGENCY DEPT VISIT	49 Acute Care Facility - General Inpatient Care	2- Day 2 or after	12/01/2018 11:45	12/05/2018 00:00
STKOP1e	Included	3615	D	12/02/2018	09/20/1935	White	No/UTD	Male	Medicare	I6300	99281 - EMERGENCY DEPT VISIT	49 Acute Care Facility - General Inpatient Care	2- Day 2 or after	12/01/2018 11:45	12/05/2018 00:00
STKOP1f	Included	3615	D	12/02/2018	09/20/1935	White	No/UTD	Male	Medicare	I6300	99281 - EMERGENCY DEPT VISIT	49 Acute Care Facility - General Inpatient Care	2- Day 2 or after	12/01/2018 11:45	12/05/2018 00:00
STKOP1g	Included	3615	D	12/02/2018	09/20/1935	White	No/UTD	Male	Medicare	I6300	99281 - EMERGENCY DEPT VISIT	49 Acute Care Facility - General Inpatient Care	2- Day 2 or after	12/01/2018 11:45	12/05/2018 00:00
STKOP1h	Included	3615	D	12/02/2018	09/20/1935	White	No/UTD	Male	Medicare	I6300	99281 - EMERGENCY DEPT VISIT	49 Acute Care Facility - General Inpatient Care	2- Day 2 or after	12/01/2018 11:45	12/05/2018 00:00
TRA391	Excluded		R		09/20/1935	White	No/UTD	Male	Medicare	I6001			4- Not Documented/UTD	08/31/2015 00:00	

Patient Records Report for measure STK-OP-1b

Hemorrhagic Stroke
Time Period: Dec 2017 - Dec 2017; Site: 1 JC-Stroke (2577E)
Patients Included: 1; Patients Excluded: 6
Population B: 7; Population D: 1; Population R: 1

Show filters This report shows all records: 9 of 9

2. Add CSTK-01 to STK layer

Configurable Measure Reports

Generate Report

TIME PERIOD

Interval

From

STK-5
STK-6
STK-8
STK-10
Stroke Team Activation
Stroke Team Arrival
ED Physician Assessment Time
Neurological Services Consulted
Brain Imaging Time
Lab Tests Time
ECG Time
Chest X-ray Time

REPORT 1

GWIG Standard Measures: Comprehensive Stroke Center (CSTK)
CSTK-01

GWIG Enhanced Version & Special Initiative Measures:

GWIG Additional Patient Population Measures:

Historic Measures:

Formal:

Compare to: (ctrl-click to select multiple)

Measure Name	Population	Excluded
IV Alteplase Arrive by 2 Hour, Treat by 3 Hour	Excluded	
Early Antithrombotics	Excluded	
VTE Prophylaxis	Excluded	
Antithrombotics	Excluded	
Anticoag for AFib/AFL/flutter	Excluded	
Smoking Cessation	Excluded	
Statin Prescribed at Discharge	Excluded	
Dysphagia Screen	Excluded	
Stroke Education	Excluded	
Rehabilitation Considered	Excluded	
Time to Intravenous Thrombolytic Therapy - 60 min	Excluded	
LDL Documented	Excluded	Patient is excluded from the measure based on the data provided.
Intensive Statin Therapy	Excluded	Patient is excluded from the measure based on the data provided.
IV Alteplase Arrive by 3.5 Hour, Treat by 4.5 Hour	Excluded	Patient is excluded from the measure based on the data provided.
NIHSS Reported	Excluded	Patient is excluded from the measure based on the data provided.
STK-1	R	Missing General Data Elements
STK-2	R	Missing General Data Elements
STK-3	R	Missing General Data Elements
STK-4	R	Missing General Data Elements
STK-5	R	Missing General Data Elements
STK-6	R	Missing General Data Elements
STK-8	R	Missing General Data Elements
STK-10	R	Missing General Data Elements
STK-01	R	Missing General Data Elements

- Available in the "GWIG Enhanced Version & Special Initiative Measures" drop down list.
- Also added to **STK Measure Set**

Operational updates

- Removed error when not completing advanced imaging questions for Stroke and Stroke Limited forms.
 1. For sites with Stroke or Stroke Limited form, questions related to vascular imaging were required and preventing marking record complete.
 2. Updated form controls remove the error, making the elements only required for sites with Comprehensive and MER layer active.



[–]Errors

Errors and Warnings

The following **errors** will prevent saving the form as complete:

Vascular imaging (e.g., CTA, MRA, DSA) performed:

Please enter a value for Vascular imaging (CTA, MRA) performed.
QMERIC

Target lesion visualized:

Please enter a value for Target lesion identified.
QMERIC

Previous:

Interpretation of first brain image after symptom onset, done at any facility:

- Acute Hemorrhage
- No Acute Hemorrhage
- Not Available



Was Acute Vascular or perfusion imaging (e.g. CTA, MRA, DSA) performed at your hospital?

- Yes
- No

If yes, type of imaging (select all that apply):

- CTA
- CT Perfusion
- MRA
- MR Perfusion
- DSA (catheter angiography)
- Image type not documented

Was a target lesion (large vessel occlusion) visualized?

- Yes
- No/ND

If yes, select site of large vessel occlusion (select all that apply):
ICA

Updated:

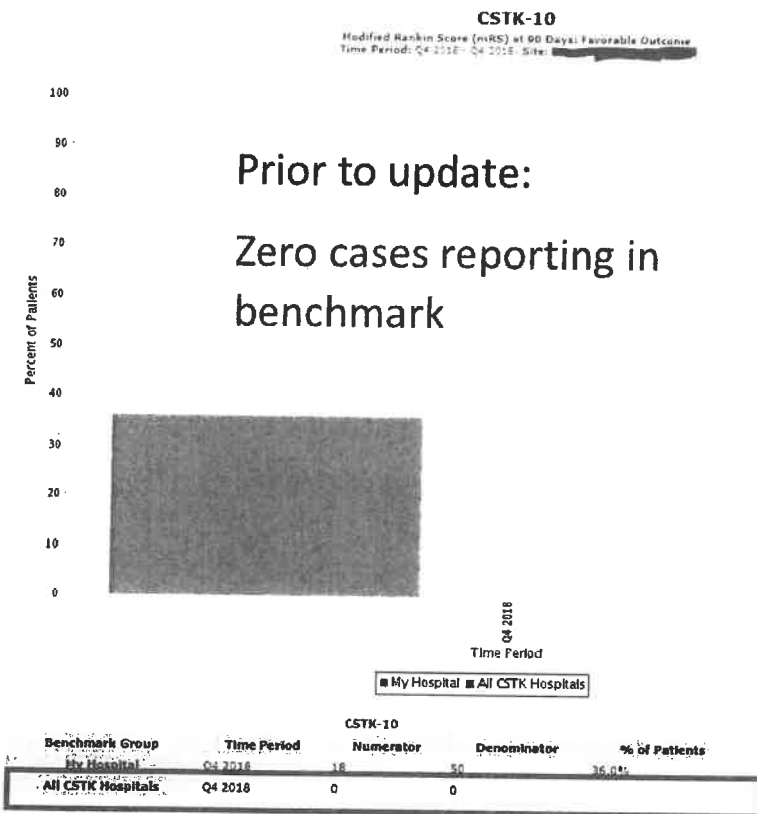
Date/Time 1st vessel or perfusion imaging initiated at your hospital:

MM/DD/YYYY HH:MM

Errors and Warnings

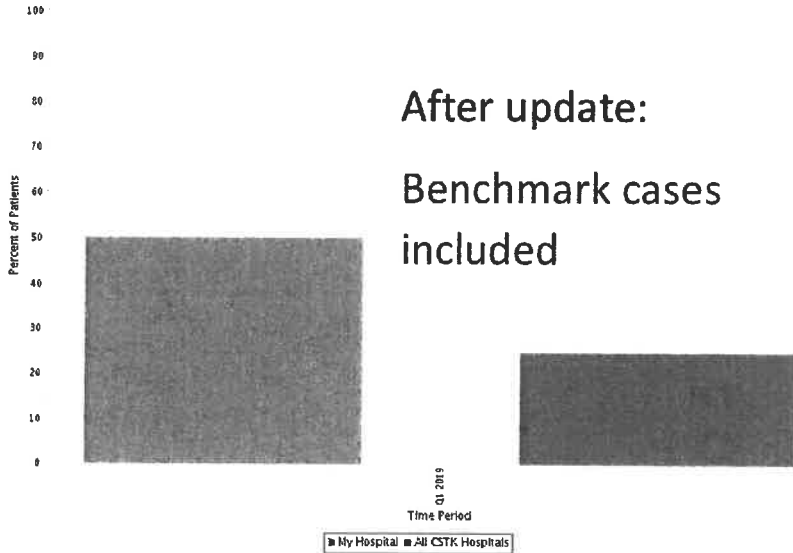
[–]Errors

- CSTK benchmarking error when running CSTK-10 report
 1. Inaccurate data in benchmark group when running CSTK measures using the "All CSTK Hospitals" benchmark.



CSTK-10

Modified Rankin Score (mRS) at 90 Days: Favorable Outcome
Time Period: Q1 2019 - Q1 2019 Site: AHA District: Stroke - CSTK - STK - FB2020



Benchmark Group	Time Period	CSTK-10 Numerator	Denominator	% of Patients
All CSTK Hospitals	Q1 2019	44	177	24.9%

- New filter options in configurable measures reports:
 1. Time from discovery of stroke symptoms to time last known well
 2. IV tPA by MSU
 3. IV alteplase at an outside hospital

Time From Discovery of Stroke Symptoms to Time Last Known Well

- 0-5 min Discovery
- 6-10 min Discovery
- 11-15 min Discovery
- 16-20 min Discovery
- 21-25 min Discovery
- 26-30 min Discovery
- 31-35 min Discovery
- 36-40 min Discovery
- 41-45 min Discovery
- 46-50 min Discovery
- 51-55 min Discovery
- 56-60 min Discovery
- >60 min Discovery
- Missing and Invalid times

IV tPA by MSU

Yes

No | Compare selections

IV alteplase at an outside hospital

Yes

No | Compare selections

- Update user inactivity timeout to 15 minutes for PMT (All modules)
- Repaired – Aggregate not running on Pre-defined reports
- Repaired - Achievement Goal missing for Achievement measure "Statin Prescribed at Discharge" (Display option)
- Repaired - Pre-Defined Consensus measure error reported by users
- Updated – Changed "tPA" to "Alteplase in all TJC and GWTG measures