Midwest Quarterly Stroke Webinar

Wednesday, October 4th, 2017

11a-12p

Lynn Mallas-Serdynski, BSN, RN
QSI Director-WI

Renee Sednew, MPH
QSI Director- IL Stroke and AFib
Login Instructions

Please login online and via phone

Web Portion:
URL: https://www.mymeetings.com/nc/join/
Conference number: PWXW5471266
Audience passcode: 7625450

Call in:
888-790-2047
Passcode: 7625450

Questions? Contact Cristin.Mathew@heart.org or (312) 476-6651
**Midwest Affiliate Stroke Quarterly Webinars**

*Audience:* All parties interested in improving stroke care including, but not limited to: nurses, stroke program coordinators, neurologists, program medical directors, quality improvement personnel

*Purpose:* Engage in educational opportunities, network and share best practice to improve stroke patient care

*Meeting Schedule:* One hour quarterly meetings

*Next meeting:* **February 21, 2018, 11am – 12p CST** – “Getting your hospital to Get With The Guidelines – Stroke Award Status”

*Registration:* [https://www.surveymonkey.com/r/LGHN5V2](https://www.surveymonkey.com/r/LGHN5V2)
Purpose: Connect directly with other hospitals to network and share best practices

To Join: Contact Lynn/Renee

Current Membership: 368 Participants
Congratulations, Midwest GWTG Hospitals!

- 227 hospitals recognized for a Get With The Guidelines – Stroke Award
- 166 Hospitals received Target Stroke recognition as well
The Hospital
Around the Corner

This list of award-winning hospitals proves quality care is closer than you think.
US News & World Report – Best Hospitals

10/4/2017
www.heart.org/quality or your local AHA QSI Director

Potential funding available to cover use of tool through end of year

Get With the Guidelines – Atrial Fibrillation
AHA/ASA – Additional Stroke Resources

- Patient Information Sheets
- Caregiver Guide to Stroke
- High blood pressure infographic
- AHA's Target BP initiative
- AHA’s Support Network
- Stroke Simulation Event Toolkit

FOUR LETTERS: F-A-S-T
THREE NUMBERS: 9-1-1

- Get With The Guidelines – Patient Education Materials
- Stroke Prevention Handouts and Infographics
- F.A.S.T. resources
- Treat Stroke F.A.S.T. video
AHA ASA Stroke Rehab Toolkit

- Stroke Rehab Toolkit

Recovery Healthcare Professional Resource Page

Healthcare Professional Resources

- Adult Stroke Rehabilitation and Recovery Guidelines Key Recommendations for The Rehab Program (PDF)
- Adult Stroke Rehabilitation and Recovery Guidelines Key Recommendations for Assessment (PDF)
- Adult Stroke Rehabilitation and Recovery Guidelines Key Recommendations for Prevention and Medical Management of Comorbidities (PDF)
- Adult Stroke Rehabilitation and Recovery Guidelines Key Recommendations for Sensory Motor Impairments and Activities (PDF)
- Adult Stroke Rehabilitation and Recovery Guidelines Key Recommendations for Transitions in Care and Community Interventions (PDF)

Patient Resources

- Patient Guide to Making Rehab Decisions (PDF) Learn what to expect in medical rehab, how to choose the right rehab facility and the questions you should ask your healthcare provider.
- Patient Quick Sheet to Rehab Planning (PDF) Learn how to make good rehab decision with asking the right questions. Discover questions you should ask at the hospital, before discharge, for rehab providers and even
October 29 is the day to join together to end stroke®

Messaging and Campaign Activation Toolkit

Together is how we work — the AHA/ASA, healthcare professionals, stroke survivors, caregivers, supporters and other caring individuals. To end stroke is what we’re working for. Use this toolkit to help spread the word about secondary stroke treatment and prevention on World Stroke Day — and beyond.
World Stroke Day Campaign: “I Plan “
Upcoming Stroke Events

- October 29th World Stroke Day
- Nov 3 – Abstracting Stroke Data that Will work for you – Wisconsin Dells, WI
- November 3 AHA 19th Annual Bistate Stroke Symposium: Spectrum of Care, Overland Park, KS
- Nov 8, 12-1p, The Joint Commission Complimentary Webinar: Acute Stroke Ready Hospital Certification
- Nov 11 – 15th 2017 AHA Scientific Sessions – Anaheim, CA
- Dec 6, 10a – 3p, Iowa Abstracting Stroke Data That Will Work For You – Multiple locations
- January 24-26, 2018 – 2018 International Stroke Conference – Los Angeles, CA

www.heart.org/mwaqsievents
MWA Quarterly Stroke Webinar

Laura Riise MSN, RN, CCRN, SCRN
Stroke Manager, Hospital Accreditation & Certification
American Heart Association/American Stroke Association
STROKE CERTIFICATION OFFERINGS
The Joint Commission/American Heart Association offers four advanced levels of certification for stroke programs for Joint Commission-accredited hospitals:

- Comprehensive Stroke Center Certification (CSC)
- Thrombectomy-Capable Stroke Center (TSC)
- Primary Stroke Center Certification (PSC)
- Acute Stroke Ready Hospital Certification (ASRH)
CURRENT STROKE CERTIFICATION PROGRAMS

- **Primary Stroke Center** – launched in 2003
  - Brain Attack Coalition's “Recommendations for the Establishment of Primary Stroke Centers”

- **Comprehensive Stroke Center** – launched in 2012
  - Brain Attack Coalition’s “Recommendations for Comprehensive Stroke Centers”

- **Acute Stroke Ready** – launched in 2015
  - “Formation and Function of Acute Stroke-Ready Hospitals Within a Stroke System of Care Recommendations from the Brain Attack Coalition”
Developed in collaboration with the American Heart Association/American Stroke Association (AHA/ASA)

- **Ability to care for patients with acute ischemic stroke**
  - Rapid assessment, imaging, ability to administer intravenous thrombolytic therapy
  - Approximately 1/3 of Joint Commission Certified Primary Stroke Centers are able to provide mechanical thrombectomy

- **Transfer protocols with a Comprehensive Stroke Center to care for neurosurgical emergencies/patients with hemorrhagic strokes**

- **Submission of 8 STK standardized performance measures**
Developed in collaboration with the American Heart Association/American Stroke Association (AHA/ASA)

- Highest level of stroke care – in addition to providing all services available at a Primary Stroke Center:
  - Advanced imaging (CTA, MRA)
  - 24/7 availability of neurosurgical services, including ability to clip and coil aneurysms (and meet volume requirements for clipping and coiling of aneurysms and treatment of SAH due to aneurysm)
  - Ability to meet concurrently emerging needs of multiple complex stroke patients
  - Participate in IRB research
  - Increased education requirements for staff
Submission of 16 stroke standardized performance measures

- 8 STK measures
- 8 CSTK measures (additional changes in January)
ACUTE STROKE READY HOSPITAL CERTIFICATION

Developed in collaboration with the American Heart Association/American Stroke Association (AHA/ASA)

- At least 50% of the population in the U.S. lives more than 60 minutes from a primary stroke center
- These hospitals would not be candidates for primary stroke center certification due to a lack of resources to care for patients after intravenous thrombolytic therapy
- Ability to perform rapid assessment, head CT, labs, and administer intravenous thrombolytic therapy prior to transferring patient to a PSC or CSC.
Non-standardized performance measures; Standardized performance measures released for January 2018

- ASR-IP-1 Thrombolytic Therapy (IV t-PA initiated in the ED followed by inpatient admission to the ASRH)
- ASR-IP-2 Antithrombotic Therapy Administered By End of Hospital Day 2
- ASR-IP-3 Discharged on Antithrombotic Therapy
- ASR-OP-1 Thrombolytic Therapy (Drip and Ship)
- ASR-OP-2 Door to Transfer to Another Hospital
  - 2b Hemorrhagic Stroke
  - 2c Ischemic Stroke; drip and ship
  - 2d Ischemic Stroke; no IV t-PA prior to transfer
REVISIONS TO CURRENT STROKE PROGRAMS

- Maintenance occurs approximately every two years
- Literature, feedback from stroke experts (TAP), feedback from the field
- Maintenance for 2018 focuses on
  - Moving requirements that apply across all programs so they are located at the same standard and EP
  - Deleting redundant or low-value requirements
  - Revising requirements or adding notes for clarity
- Prepublication reports are available on The Joint Commission’s website
Examples of revisions to current programs

- **PSC/ASRH**
  - Note to clarify that telemedicine is not needed in the ED if ED practitioners are privileged in the diagnosis and treatment of acute stroke.

- **PSC**
  - Language changed regarding the completion and interpretation of non-contrast head CT (45 minutes from time of patient presentation vs. 25 minutes for completion/20 minutes for interpretation)

- **CSC**
  - Removal of depression screen prior to discharge
  - Staffing requirements revised for clarity
    - Who must be on-site vs. who can be available/on-call
THROMBECTOMY-CAPABLE STROKE CENTER CERTIFICATION

Why Thrombectomy-Capable Stroke Center (TSC) Certification?

- Not all PSCs are alike - 1/3 of Joint Commission certified PSCs perform mechanical thrombectomy
- Recent studies have shown efficacy of mechanical thrombectomy for large vessel occlusive (LVO) ischemic strokes
- Importance of having a dispersed network of hospitals that are certified so patients can receive the care they need
  - CSC resources are available to care for more complex stroke patients (SAH/ICH)
THROMBECTOMY-CAPABLE STROKE CENTER CERTIFICATION REQUIREMENTS

- In addition to meeting all requirements for a primary stroke center:
  - Minimum mechanical thrombectomy volume requirement
  - Ability to perform mechanical thrombectomy 24/7
  - Dedicated intensive care unit beds to care for acute ischemic stroke patients
  - Availability of staff and practitioners closely aligned with CSC expectations
  - A process to collect and review data regarding adverse patient outcomes following mechanical thrombectomy
TSCs will be expected to submit data for standardized performance measures

<table>
<thead>
<tr>
<th>Measure Set No.</th>
<th>Measure Short Name</th>
<th>Ischemic Stroke</th>
<th>Hemorrhagic Stroke</th>
</tr>
</thead>
<tbody>
<tr>
<td>STK-1</td>
<td>Venous Thromboembolism (VTE) Prophylaxis</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>STK-2</td>
<td>Discharged on Antithrombotic Therapy</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>STK-3</td>
<td>Anticoagulation Therapy for Atrial Fibrillation/Flutter</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>STK-4</td>
<td>Thrombolytic Therapy</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>STK-5</td>
<td>Antithrombotic Therapy By End of Hospital Day 2</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>STK-6</td>
<td>Discharged on Statin Medication</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>STK-8</td>
<td>Stroke Education</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>STK-10</td>
<td>Assessed for Rehabilitation</td>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>
TSCs will be expected to submit data for standardized performance measures

<table>
<thead>
<tr>
<th>Measure Set No.</th>
<th>Measure Short Name</th>
<th>Type of Measure</th>
</tr>
</thead>
<tbody>
<tr>
<td>CSTK-1</td>
<td>National Institutes of Health Stroke Scale (NIHSS) Score Performed for Ischemic Stroke Patients</td>
<td>Process</td>
</tr>
<tr>
<td>CSTK-2</td>
<td>Modified Rankin Score (mRS) at 90 days</td>
<td>Process</td>
</tr>
<tr>
<td>CSTK-5</td>
<td>Hemorrhagic Transformation (Overall Rate)</td>
<td>Outcome</td>
</tr>
<tr>
<td>*CSTK-5a</td>
<td>Hemorrhagic Transformation for Patients Treated with Intravenous (IV) Thrombolytic (t-PA) Therapy Only</td>
<td>Outcome</td>
</tr>
<tr>
<td>*CSTK-5b</td>
<td>Hemorrhagic Transformation Patients Treated with Intra-Arterial (IA) Thrombolytic (t-PA) Therapy or Mechanical Endovascular Reperfusion Therapy</td>
<td>Outcome</td>
</tr>
<tr>
<td>CSTK-8</td>
<td>Thrombolysis in Cerebral Infarction (TICI) Post-Treatment Reperfusion Grade</td>
<td>Outcome</td>
</tr>
<tr>
<td>CSTK-9</td>
<td>Arrival Time to Skin Puncture</td>
<td>Process</td>
</tr>
</tbody>
</table>
THROMBECTOMY-CAPABLE STROKE CENTER CERTIFICATION LAUNCH

- Implementation: January 2018
- Prepublication Requirements/Perspective’s Article: September 2017
- If your hospital is committed to achieving TSC certification, and has a primary stroke recertification date between October 1, 2017 and March 31, 2018, click here for more information on making the immediate transition to TSC.

- E-App Open: January 2018
REASONS TO PURSUE STROKE CERTIFICATION

Achieving certification through The Joint Commission/American Heart Association sets your program above the rest.

1. Provides a framework focusing on evidence based care to improve patient outcomes
2. Assists organizations in establishing a consistent approach to care, reducing variation and the risk of error
3. Designation for excellence in the care of stroke patients
4. Creates a loyal, cohesive clinical team
5. Demonstrates commitment to a higher standard of clinical service
6. Differentiate in the market
7. May fulfill regulatory requirements (in some states)
Preparing for your survey
DISCLAIMER:

These tips and tricks are from one stroke coordinator to another and have not been endorsed by the American Heart Association or The Joint Commission.
FIRST STEPS

▪ Determine which certification is right for your hospital
▪ Read Brain Attack Coalition recommendations
▪ Review comparison grid
01
Get a copy of those standards!

02
Start your gap analysis!

Now what?
<table>
<thead>
<tr>
<th>Eligibility Criteria</th>
<th>Responsible Party</th>
<th>Talking Points</th>
<th>In Binder</th>
<th>In Process</th>
<th>Missing</th>
</tr>
</thead>
<tbody>
<tr>
<td>DSPR.1 The program defines its leadership roles.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. The program identifies members of its leadership team.</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>2. The program defines accountability of leader(s).</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>a. The organization provides support for the comprehensive stroke center through its leadership responsibilities.</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>3. The program leader(s) guides the program in meeting the mission, goals, and objectives.</td>
<td>Laura, Shelley</td>
<td></td>
<td>Binder 1, tab 6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. The program leader(s) identifies, in writing the composition of the interdisciplinary</td>
<td></td>
<td></td>
<td>Binder 1, tab 5</td>
<td></td>
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</tr>
<tr>
<td>5. The program leader(s) participates in designing, implementing, and evaluating care, treatment, and services.</td>
<td></td>
<td></td>
<td>Binder 1, tab 3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. The program leader(s) provides for the uniform performance of care, treatment and services.</td>
<td></td>
<td></td>
<td>Binder 1, tab 4</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Draft emailed to Susan on 7/14 for approval

Meeting scheduled with Mike for 8/5 to discuss
WHAT DO THESE STANDARDS MEAN?

• Standards interpretation

• Listserv (national, regional)
  • AHA Hospital Network

• Other stroke coordinators
WHERE SHOULD I FOCUS?

1. Anything requiring additional resources: personnel, equipment, etc.
2. CPGs - this is what shapes your program.
   ▪ Policies
   ▪ Order sets
   ▪ Protocols

Acute Stroke Ready Hospital
- EMS
- ED
- Transfer agreements with PSC/CSC
CLINICAL PRACTICE GUIDELINES

- Do you have clinical practice guidelines?
- Who approved them? When? What documentation reflects this?
- Are they the most current version?
- They should be the framework for your program and you should see CPGs throughout order sets, protocols, etc.
The American Heart Association and American Stroke Association publish medical guidelines and scientific statements on various cardiovascular disease and stroke topics. AHA/ASA volunteer scientists and healthcare professionals write the statements. The statements are supported by scientific studies published in recognized journals and have a rigorous review and approval process. Scientific statements generally include a review of data available on a specific subject, an evaluation on its relationship to overall cardiovascular disease science, and often an AHA/ASA position on the basis of that evaluation.
Recommendations for the Implementation of Telehealth in Cardiovascular and Stroke Care

A Policy Statement From the American Heart Association

Guidelines for Adult Stroke Rehabilitation and Recovery

A Guideline for Healthcare Professionals From the American Heart Association/American Stroke Association
Telemedicine Quality and Outcomes in Stroke: A Scientific Statement for Healthcare Professionals From the American Heart Association/American Stroke Association

2015 American Heart Association/American Stroke Association Focused Update of the 2013 Guidelines for the Early Management of Patients With Acute Ischemic Stroke Regarding Endovascular Treatment
A Guideline for Healthcare Professionals From the American Heart Association/American Stroke Association

AHA/ASA SCIENTIFIC STATEMENT
Management of Brain Arteriovenous Malformations: A Scientific Statement for Healthcare Professionals From the American Heart Association/American Stroke Association
MAKE SURE YOUR ORDER SETS REFLECT YOUR CPGS

Example:

1. CPG provides BP parameters
2. Your team approves this CPG (reflected in meeting minutes)
3. You incorporate BP parameters into your order set
Documentation should reflect your order set…. which should reflect your CPG

Example cont’d:

1. BP is documented in EMR & it is outside of parameter

2. Does your order set provide instructions/order for when this happens?

3. Did the staff follow the order?

4. Does documentation reflect that they followed the order?
PRACTITIONER COMPETENCIES

- New staff
- On-going
- tPA administration
- All levels of certification
- Is this a low frequency event at your facility?
<table>
<thead>
<tr>
<th>Performance Criteria</th>
<th>MET</th>
<th>NOT MET</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Demonstrates and documents performance of a “neuro check” using the modified NIHSS. Verbalizes when the modified NIHSS should be completed and when to alert physician of change in score</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Competency in the NIHSS as demonstrated by course completion online.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Demonstrates and documents performing a dysphagia screen. Demonstrates making a referral to SLP for a formal evaluation if the patient fails the screen.</td>
<td></td>
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</tr>
<tr>
<td>4. Demonstrates and documents cardiovascular assessment [EKG interpretation, heart sounds, peripheral pulse checks, vital signs, including SpO2]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Assesses for angioedema [Prior to starting tPA and with each vital sign and neuro check during/post tPA infusion up to 12 hours]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Verbalizes frequency of vital signs and neuro checks following IV and IA tPA administration [q 15 minutes for 2 hours from time of tPA bolus, then q 30 minutes for 6 hours, then hourly for 16 hours]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Rapid Response nurses demonstrate NIHSS assessment and stroke team notification of last known well. Demonstrates initiation of rapid response order set</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Determines stroke level based on last known well [Level 1 - onset to 4.5 hours, Level 2 - 4.5 to 8 hours, Level 3 - 8 to 72 hours]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Demonstrates initiation of stroke core banner and documentation of nursing measures [VTE prophylaxis, dysphagia screen, stroke education]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Demonstrates how to locate ICH, SAH, and ischemic stroke pathways</td>
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</tbody>
</table>

**Patient Management Elements**

<table>
<thead>
<tr>
<th>Patient Management Elements</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>11. Verbalizes target door to tPA administration timeframe [60 minutes]</td>
<td></td>
</tr>
<tr>
<td>12. Verbalizes parameters for blood pressure management as pre-tPA [less than 185/110; during infusion and after tPA less than 180/105, greater than or equal to 110/60]</td>
<td></td>
</tr>
<tr>
<td>13. Verbalizes stat labs to be drawn for suspected stroke [CBC, CMP, FSBG, PT/PTT; verbalizes importance of not delaying start of tPA to wait for lab results unless patient has known risk factors for coagulopathy or low platelet count, or blood glucose &lt; 60 or &gt; 400]</td>
<td></td>
</tr>
<tr>
<td>14. Verbalizes nursing care of patients nearing intravenous threshold</td>
<td></td>
</tr>
</tbody>
</table>
PRACTITIONER EDUCATION

Make sure your ED providers are educated to the CPGs

How??

- Do your ED providers have in person or virtual meetings? If so, attend and obtain signatures/proof that they received the info
- Create an ED stroke quiz and include a question about CPG. Require that they submit their answers. How did everyone do? Tailor further education around areas of need
- Post an announcement on a bulletin board in the ED and have practitioners sign that they read the info
- Get creative, maybe look at a combination of the above!
Partner with your PSC or CSC
  ▪ Attend onsite education events
  ▪ Attend virtually
  ▪ Have you PSC/CSC video record their onsite education and send you a copy
  ▪ Mobile stroke education
    ▪ Use industry

Online/Virtual opportunities
  ▪ Stroke on demand
  ▪ Look for one hour webinars and schedule a group viewing in a conference room.

Conferences
  ▪ Send someone to a conference and have them come back and teach a class
• Start with STK if admitting patients
• Add CSTK if CSC or considering TSC
• ASRH measures

-- Create a tool
  Paper
  Spreadsheet

-- As you start your concurrent review process, make notes of measures that don’t have discrete fields in the EMR (this will make exporting data easier)
COMMUNICATING FINDINGS TO STAFF

- Email to manager
- Daily rounds
- Notes in EMR
WHERE TO FIND EXTRA RESOURCES

- Light duty staff
- Administrative support
- Local QSI Director
- Join a listserv
The CSC Online Network is expanding to include:

➢ All AHA/TJC stroke certified hospitals
ACUTE STROKE READY HOSPITAL WEBINAR

November 8, 2017
12pm CT

https://www.jointcommission.org/complimentary_webinar_acute_stroke_ready_hospital_certification/
RESOURCES

American Heart Association/American Stroke Association
www.heart.org/certification

Joint Commission
https://www.jointcommission.org/

Joint Commission Standards Interpretation
https://www.jointcommission.org/standards_information/jcfaq.aspx

Stroke Certification Comparison Grid
https://www.jointcommission.org/assets/1/18/DSC_Stroke_Program_Grid_Flyer_2017.pdf

National Listserv
http://aann.org/

AHA Online Learning
http://professional.heart.org/professional/index.jsp
RESOURCES

Target Stroke Best Practices

Acute Ischemic Stroke Toolkit
http://www.strokeassociation.org/STROKEORG/Professionals/AHAASA-Acute-Ischemic-Stroke-Initiative_UCM_485512_SubHomePage.jsp

AHA/ASA Guidelines & Statements
http://professional.heart.org/professional/GuidelinesStatements/UCM_316885_Guidelines-Statements.jsp
REFERENCES


Additional Time Tracker

Symptom Timeline

Date/Time patient last known to be well?
Unknown

Time of Discovery same as Time Last Known Well:

Comments:

Date/Time of discovery of stroke symptoms?

Brain Imaging

Brain imaging completed at your hospital for this episode of care?
Yes  No/ND  NC

Interpretation of first brain image after symptom onset, done at any facility:
Hemorrhage  No Hemorrhage  Not Available

Additional Time Tracker

IV Thrombolytic Therapy

IV t-PA initiated at this hospital:
Yes  No

Date/Time IV tPA initiated

Date/Time Brain Imaging Initiated:

04/23/2014 09:05

Click to expand
<table>
<thead>
<tr>
<th>Case ID</th>
<th>Date/Time Stroke Team Activated</th>
<th>Date/Time Stroke Team Arrived</th>
<th>Date/Time Neurosurgical Services Consulted</th>
<th>Date/Time Brain Imaging Ordered</th>
<th>Date/Time Brain Imaging Interpreted</th>
<th>Date/Time IV t-PA Ordered</th>
<th>Date/Time Lab Tests Completed</th>
<th>Date/Time ECG Completed</th>
<th>Date/Time Chest X-ray Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N/A</td>
<td></td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td></td>
<td>N/A</td>
<td>N/A</td>
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</tbody>
</table>
# Time Tracker Report

## Reports User Manual

### Data Management

**Audit Reports**  
Provides an audit trail for all form data.

### Site-Level Reports

**Configurable Measure Reports**  
Build your own Quality Measure Reports.

**Pre-Defined Measure Reports**  
Select from the Most Common Measure Reports or run your previously saved report types.

**PMT Patient List**  
Provides a list of patient records entered for this study.

**Patient Time Tracker Report**  
Provides time tracking for patient records entered for this study.

Due to the size of this report, unfortunately, our Print to PDF feature is not well supported for this report at this time. In order to print this report more effectively, please use the "Export to Excel" feature in the top right hand corner of the report and print from Excel.

**Stroke InSights Data Quality Report**

**Stroke Mortality Report**

### Data Quality Review

**Submission Error Report**  
Submission Errors identified by QualityNet and The Joint Commission.

### GWTG On Demand Trend Reports

**GWTG - Stroke On Demand Trend Reports and Slides**
Please enter a Date Range. The 'From' date is the start date for your report. If it is left blank the report is run for the past 30 days. The 'To' date for the report is the end date of your report. If it is left blank the report is run to the current date.

Submit

PMT Time Tracker Report

<table>
<thead>
<tr>
<th>Patient ID</th>
<th>Discharge Date/Time</th>
<th>Final Clinical Diagnosis Related to Stroke</th>
<th>Principal Diagnosis Code</th>
<th>Discharge Disposition</th>
<th>Gender</th>
<th>Age</th>
<th>How patient arrived at your hospital</th>
<th>Advanced notification by EMS?</th>
<th>Date/Time Last Known Well</th>
<th>Time from LKW to Arrival (min)</th>
<th>Date/Time Stroke Team Activated</th>
</tr>
</thead>
</table>

Date of report: 05/17/2017 09:23:25 GMT-05:00 run by User: Amy Blakemore (ablakemore1) at Site: Marshall Browning Hospital (70205) in Stroke PMT
Lynn Mallas-Serdynski, RN BSN
Director of Quality & Systems Improvement, WI
Lynn.Serdynski@heart.org

OR

Renee Sednew, MPH
Director of Quality & Systems Improvement – Stroke & AFib, IL
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OR

Your local Quality & Systems Improvement Director

(as reminder, interested in GWTG-Stroke or optional networking group)
THANK YOU!