

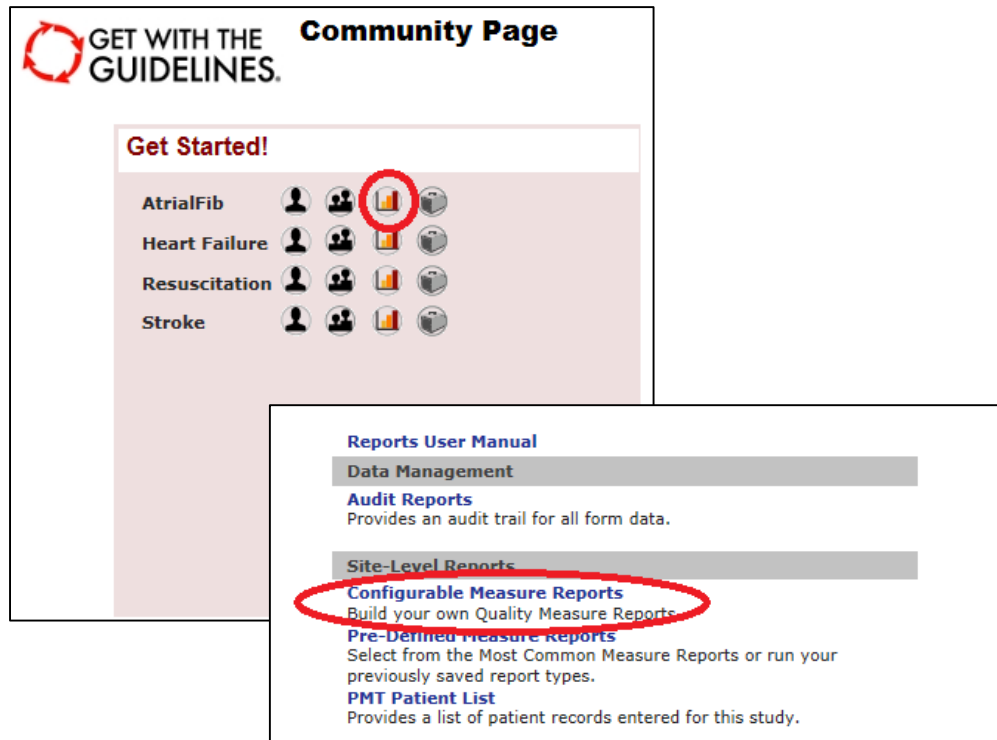
The Northeast AFIB Collaborative's CHA₂DS₂-VASc Assessment QI Toolkit



There is strong evidence to indicate that failure to assess thromboembolic risk factors using the CHA₂DS₂-VASc risk criteria on eligible AFIB patients reduces the likelihood of optimal patient outcomes. The following steps can be taken to evaluate hospital compliance to this process of care, to drilldown on non-compliant cases, and to document details on non-compliant cases for further review & quality improvement.

How to Evaluate Hospital Compliance to Assessing Thromboembolic Risk Factors Using the CHA₂DS₂-VASc Risk Criteria

1. Log in to your hospital's GWTG-AFIB Patient Management Tool (PMT), and enter the Reports tab by clicking on the AtrialFib bar graph icon in the "Get Started!" box of the Community Page. From the next page, click "Configurable Measure Reports".



2. Select your desired time frame. Select the "Aggregate" box to combine all months within the time frame into one aggregate compliance.

The image shows a screenshot of the 'Configurable Measure Reports' form. At the top, there is a 'Generate Report' button. Below it is the 'TIME PERIOD' section. The 'Interval' is set to 'Monthly' with a dropdown arrow. To the right of the interval is a checked checkbox labeled 'Aggregate'. Below the interval are two rows for 'From' and 'To' dates. The 'From' row has '2016' and 'Jan' with dropdown arrows. The 'To' row has '2016' and 'Mar' with dropdown arrows.

- From the Measure dropdown box, select “Assessment of Thromboembolic Risk Factors” under the Achievement heading. From the Format dropdown box, select “Bar Chart”.

Configurable Measure Reports

Generate Report

TIME PERIOD

Interval: Monthly Aggregate

From: 2016 Jan

To: 2016 Mar

REPORT 1

Measure: Assessment of Thromboembolic Risk Factors

Format: Bar Chart

Compare to: (ctrl-click to select multiple)

Measure Group

- *GWTG Afib Achievement Measures*
- *GWTG Afib Quality Measures*

Achievement

- ACEI/ARB at discharge for LVSD
- Assessment of Thromboembolic Risk Factors
- Beta Blocker at Discharge
- Discharged on FDA Approved Anticoagulation Therapy
- PT/INR Planned Follow-up (for patients discharged on Warfarin)
- Statin at Discharge in AF Patients with CAD, CVA/TIA, PVD, or Diabetes

Quality

- Aldosterone An
- Anticoagulation
- Atrial Fibrillation
- CHADS2-VASc
- Discharge Hea
- Smoking Cessa
- Warfarin at Dis

Reporting

- Antiarrhythmic
- Anticoagulation

REPORT 1

Measure: Assessment of Thromboembolic Risk Factors

Format: Bar Chart

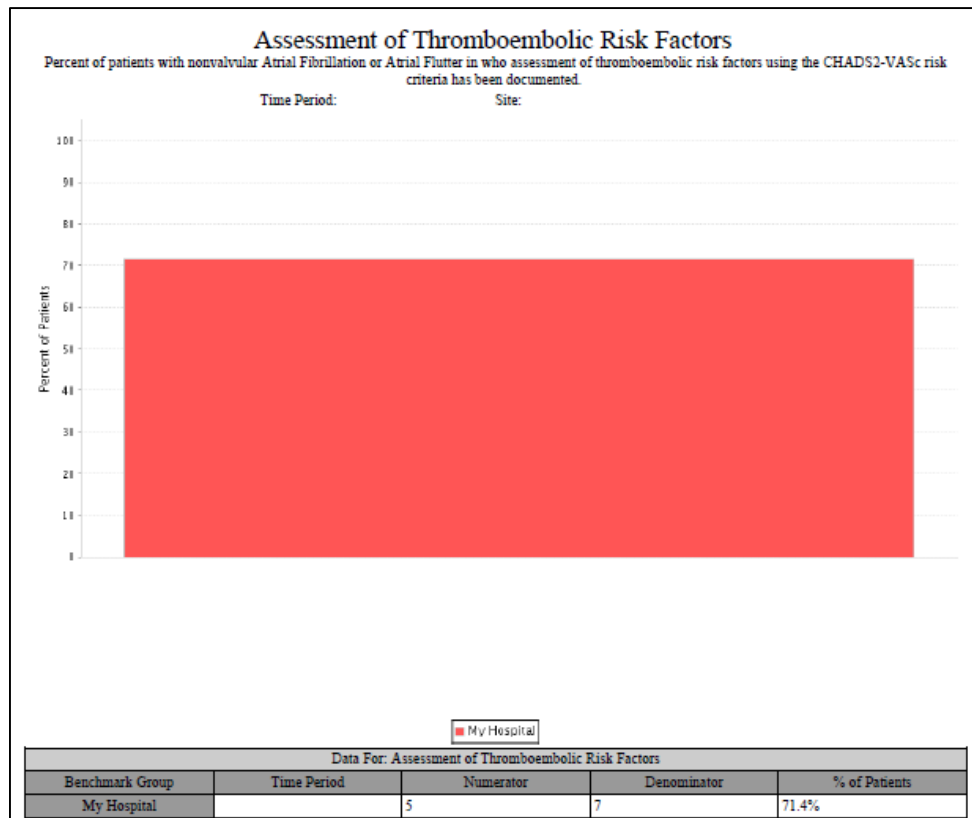
Line Chart

Control Chart

Comparison Chart

Patient Records

- Click the “Generate Report” button. The resulting report will include a bar graph indicating, for the desired time frame, the percent of patients with nonvalvular Atrial Fibrillation or Atrial Flutter in who assessment of thromboembolic risk factors using the CHA₂DS₂-VASc risk criteria has been documented.



- To benchmark your hospital compliance against other hospital comparison groups, begin by following Steps 1 through 3. Next, within the Compare to selection box, select “My Hospital”, hold the ctrl button on your keyboard, and select the desired comparison group.

REPORT 1

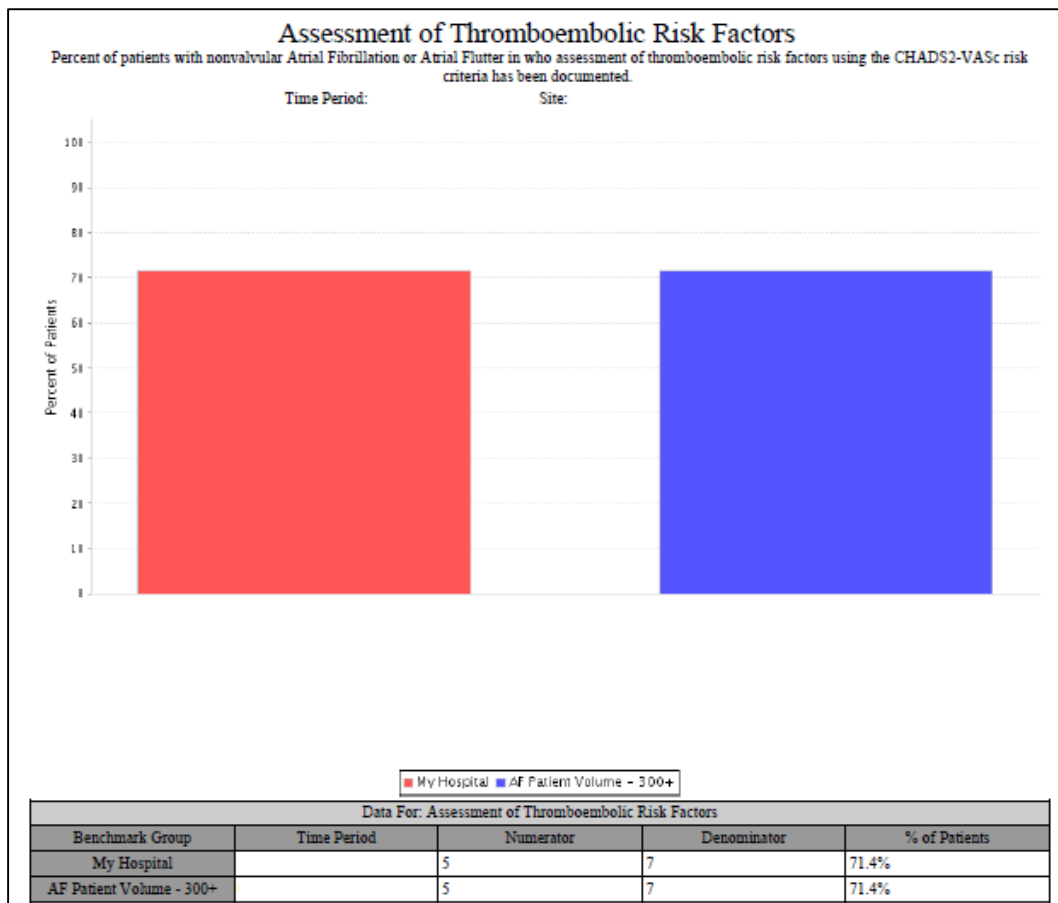
Measure: Assessment of Thromboembolic Risk Factors

Format: Bar Chart

Compare to: (ctrl) to select

- My Hospital
- 500+ Beds
- AF Patient Volume - 300+
- Academic Hospitals
- All Hospitals
- Atrial fibrillation ablation - Yes

- Click the “Generate Report” button. The resulting report will include, for both your hospital and the desired comparison group, a bar graph indicating the percent of patients with nonvalvular Atrial Fibrillation or Atrial Flutter in who assessment of thromboembolic risk factors using the CHA₂DS₂-VASc risk criteria has been documented.



How to Drill-down on Non-compliant Cases for the CHA₂DS₂-VASc Risk Criteria Assessment

- Follow Steps 1 through 2 above. Next, from the Measure dropdown box, select “Assessment of Thromboembolic Risk Factors” under the Achievement heading. From the Format dropdown box, select “Patient Records”.

- Click the “Generate Report” button. The resulting report will include a row for each patient record within the time frame. Each record will show the abstracted data for that case for all data elements that are part of the “Assessment of Thromboembolic Risk Factors” measure. Each row will also show the measure population that the case belongs to (ie, numerator, denominator, or excluded).

Patient Records Report for measure Assessment of Thromboembolic Risk Factors

Percent of patients with nonvalvular Atrial Fibrillation or Atrial Flutter in who assessment of thromboembolic risk factors using the CHADS₂-VASc risk criteria has been documented.

Time Period: Patients Included: 7; Patients Excluded: 0
Site: Patients in Numerator: 5; % in Numerator: 71.4%

Show filters This report shows all records. 7 of 7

Patient ID	Included in Results?	In Numerator?	Atrial Arrhythmia Type	Date of Birth	Admit Date	If not admitted, reason:	Comfort Measures only	First detected on this admission	Procedures this hosp: Heart Valve	Medical History: Mitral Stenosis	Medical History: Mechanical Prosthetic Heart Valve	Medical reason for not assessing factor	Anticoagulation Therapy: Contraindicated	Prior stroke or TIA assessed (CHADS ₂ -VASc)	A 61 as (C)
123456	Included	No	Atrial Fibrillation	02/01/1940	01/02/2014		Not Documented/UTD						No		
maaafib001	Included	No	Atrial Fibrillation	01/29/1955	10/10/2014		Not Documented/UTD	Ischemic Stroke							
1234567	Included	Yes	Atrial Fibrillation	01/01/1943	11/01/2014		Not Documented/UTD	TIA					No	Yes	
223344	Included	Yes	Atrial Fibrillation	12/17/1950	08/01/2014	Discharged from Observation Status	Not Documented/UTD						No	Yes	

The “Included in Results” column indicates whether each case is included or excluded from the measure population.

The “In Numerator” column indicates whether each included case is in the numerator (“Yes”) or not in the numerator (“No”).

- Click the “Show filters” option. From the In Numerator dropdown box, select “No”. The report will then show only cases that are included in the measure, but not in the numerator (ie, the non-compliant cases).

Patient Records Report
Percent of patients with nonvalvular Atrial Fibrillation or Atrial Time Period

Show filters this report shows all records. 28 of 28

Hide filters This report is currently filtered: 4 of 28 shown

Patient ID	Included in Results?	In Numerator?	Atrial Arrhythmia Type	Date of Birth	Admit Date	If not admitted, reason:	Comfort Measures only	First detected on this admission	Procedures this hosp: Heart Valve
	Included	No	Atrial Fibrillation		02/15/2015		Not Documented/UTD		
	Included	No	Atrial Fibrillation		02/28/2015		Not Documented/UTD		
	Included	No	Atrial Fibrillation		03/02/2015		Not Documented/UTD		
	Included	No	Atrial Fibrillation		03/18/2015		Not Documented/UTD		

- For each non-compliant case, compare the abstracted data to the “Assessment of Thromboembolic Risk Factors” algorithm, to determine why the case was included in the measure but did not meet the numerator criteria. The measure algorithm can be found by clicking on the AtrialFib gray suitcase icon within the “Get Started!” box of the Community page, and then clicking on the “Atrial Fibrillation Achievement Measures” option.

GET WITH THE GUIDELINES. Community

Get Started!

- AtrialFib
- Heart Failure
- Resuscitation
- Stroke

Dynamic PMT Resources - Internet Explorer

https://qi.infosariooutcome-p2uat.com/resourcesGWTG.html?study

- FAQ
- Print Blank Forms
- Coding Instructions
- Ablation Follow-up Coding Instructions
- Deletion Request Form
- Patient ID Change Request Form
- Atrial Fibrillation Achievement Measures**
- Atrial Fibrillation Quality Measures
- Atrial Fibrillation Reporting Measures
- Atrial Fibrillation Descriptive Measures
- Atrial Fibrillation Measure Logic and Rationale
- Atrial Fibrillation Historic Measures

Sample Tracking & Follow-up on Non-compliant Cases for the CHA₂DS₂-VASc Risk Criteria Assessment

- Follow Steps 1 through 3 of the above section, “How to Drill-down on Non-compliant Cases for the CHA₂DS₂-VASc Risk Criteria Assessment”. From the top right corner of that Patient Records Report, click “Export to excel”.

Print | Export to Excel

Patient Records Report for measure Assessment of Thromboembolic Risk Factors

Nonvalvular Atrial Fibrillation or Atrial Flutter in who assessment of thromboembolic risk factors using the CHADS₂-VASc risk criteria has been documented.

Time Period: . Site:

Patients Included: 7; Patients Excluded: 0

Patients in Numerator: 5; % in Numerator: 71.4%

- The resulting excel file will include a row for each patient record within the time frame that is non-compliant to the “Assessment of Thromboembolic Risk Factors” measure. Each record will have a column for each data element that is a part of the “Assessment of Thromboembolic Risk Factors” measure. Insert a new column, as needed, for each piece of data that you feel is important to track on the non-compliant cases, but is not already included in the report.

Manual entry of new columns may include:

- Hospital Patient ID
- Principal ICD-10 Diagnosis Code
- Admitting Physician
- Discharge Date
- Discharging Physician
- New Onset of AF or History of AF
- Comments/Notes

Patient ID	Atrial Arrhythmia Type	Date of Birth	Admit Date	Admitting Physician	Discharge Date	Discharging Physician	History of AF or New Onset AF?	If not admitted, reason:	Comfort Measures only	First detected on this admission	Procedures this hosp: Heart Valve	Medical History: Mitral Stenosis	Medical History: Mechanical Prosthetic Heart Valve	Medical reason for not assessing factor	Anticoagulation Therapy: Contraindicated	Prior stroke or TIA assessed (CHADS ₂ -VASc)
123456	Atrial Fibrillation	02/01/1940	01/02/2014						Not Documented/UTD						No	
maaaafib001	Atrial Fibrillation	01/23/1955	10/10/2014						Not Documented/UTD	Ischemic Stroke						

The yellow highlighted columns indicate examples of columns that can be manually added to the non-compliant patient records report.

- Manually enter data into the inserted columns. Save the finalized spreadsheet, and share with your AF care team for follow-up and review of patterns of care.

Last updated May 2016