

ND STROKE AND CARDIAC DATA REPORTING: GET WITH THE GUIDELINES®-STROKE & CORONARY ARTERY DISEASE



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No Disclosures



OBJECTIVES

- Get With The Guidelines®-Stroke and Coronary Artery Disease
 - Quality metrics and state reporting for acute stroke and cardiac ready designation
- ND Stroke Data Trends
- 2021 GWTG Stroke Recognition

GWTG: Stroke Registry Login

- Enter all patients with a diagnosis of Stroke and TIA (optional) into GWTG S. Recommended within 2 months of discharge.
- Utilize your GWTG Data Reports to track ASRH Performance Metrics for regular multidisciplinary team meetings, medical staff, and site visits.
 - Configurable Measure Reports>GWTG Enhanced Version & Special Initiative Measures:>West Region Rural Hospital Measures Bundle
- Training Videos
 - Accurately Abstracting Stroke Data
[WATCH RECORDING](#)
 - Generating Valuable Reports to Drive Improvement
[WATCH RECORDING](#)
- Contact Mindy by email with GWTG Stroke Questions, or request a 1:1 Quality Consultation with your ND AHA GWTG Stroke Quality Manager
Mindy.Cook@heart.org

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ND ASRH Performance Metrics

- Pre-notification by EMS
- Documentation of LKW
- Initial NIHSS reported
- Door to CT initiation <25 min
- Door to CT Interpretation <45 minutes
- Dysphagia Screen
- IV alteplase arrive in 2 treat in 3
- IV alteplase arrive in 3.5 treat in 4.5
- Door to Needle <60 min
- Door to Transfer to another hospital time reported (median time)

REFERENCES

- [2018 Guidelines for the Early Management of Patients with Acute Ischemic Stroke: A Guideline for Healthcare Professionals from the American Heart Association/American Stroke Association](#)
- [Guidelines for the Early Management of Patients With Acute Ischemic Stroke: 2019 Update to the 2018 Guidelines for the Early Management of Acute Ischemic Stroke: A Guideline for Healthcare Professionals From the American Heart Association/American Stroke Association](#)

GWTG CORONARY ARTERY DISEASE (CAD) REGISTRY

GWTG: CAD Registry Login

ENROLLMENT:

- **CONTACT** [KAY.JOHNSON@HEART.ORG](mailto:kay.johnson@heart.org)
- **COMPLETE THE ONLINE UNIFIED PARTICIPATION AGREEMENT (UPA) BY ACCESSING THIS LINK:**
[UNIFIED PARTICIPATION AGREEMENT](#)

ON DEMAND TRAINING

RURAL GET WITH THE GUIDELINES® - CORONARY ARTERY DISEASE DATA ABSTRACTION SERIES

[SESSION 1: ACCURATELY ABSTRACTING TRANSFER PATIENT DATA INTO THE REFERRAL FORM](#)

[SESSION 2: EFFECTIVELY USING REPORTS TO DRIVE QUALITY IMPROVEMENT IN A NON-PCI CAPABLE HOSPITAL](#)

References

2013 ACCF/AHA Guideline for the Management of ST-Elevation Myocardial Infarction

<https://doi.org/10.1161/CIR.0b013e3182742cf6> Circulation. 2013;127:e362–e425

Systems of Care for ST-Segment–Elevation Myocardial Infarction: A Policy Statement From the American Heart Association <https://doi.org/10.1161/CIR.0000000000001025> Circulation. 2021;0:CIR.0000000000001025

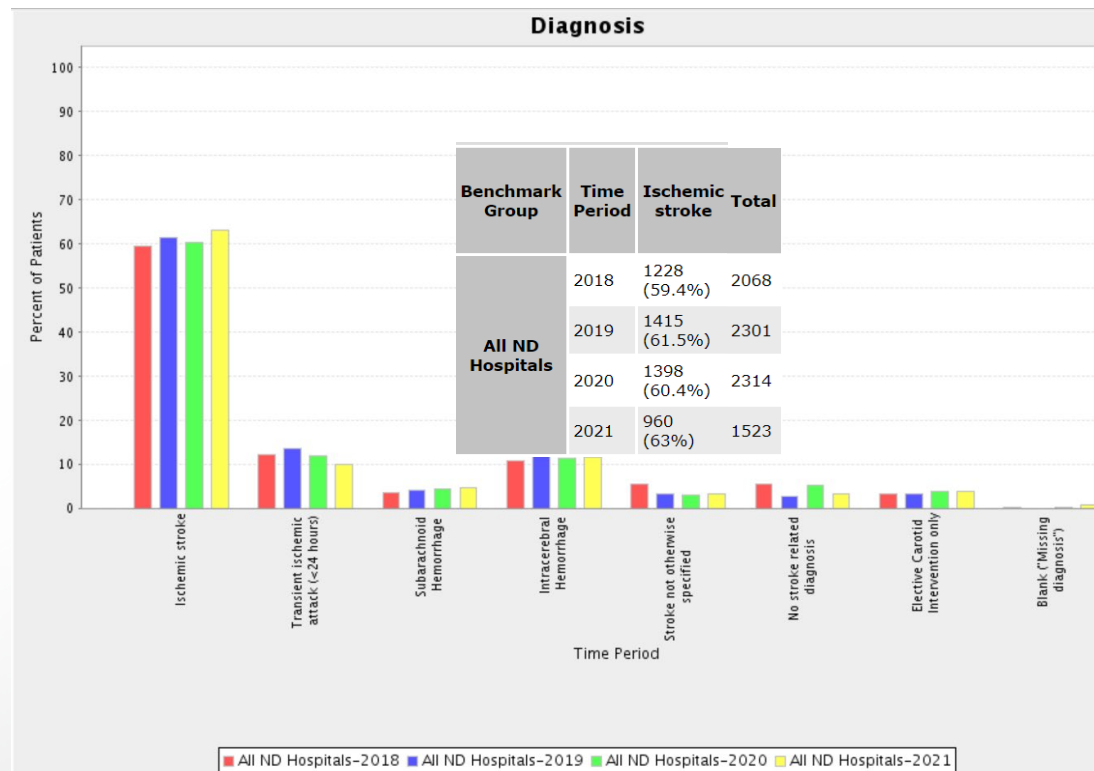
ND ACRH Performance Metrics

- DOOR TO ECG WITHIN 10 MINUTES
- STEMI POSITIVE ECG TO EMS TRANSPORT ACTIVATION WITHIN 10 MINUTES
- DOOR TO FIBRINOLYTICS (IN FIBRINOLYTIC ELIGIBLE PATIENTS) <30 MINUTES
- DOOR-IN DOOR-OUT TIME (LENGTH OF STAY) < 45 MINUTES
- ASPIRIN GIVEN PRIOR TO TRANSFER
- LOADING DOSE OF PLAVIX OR BRILINTA PRIOR TO TRANSFER
- LOADING DOSE OF WEIGHT-BASED HEPARIN IV
- IF FIBRINOLYTICS GIVEN, INITIATION OF HEPARIN DRIP

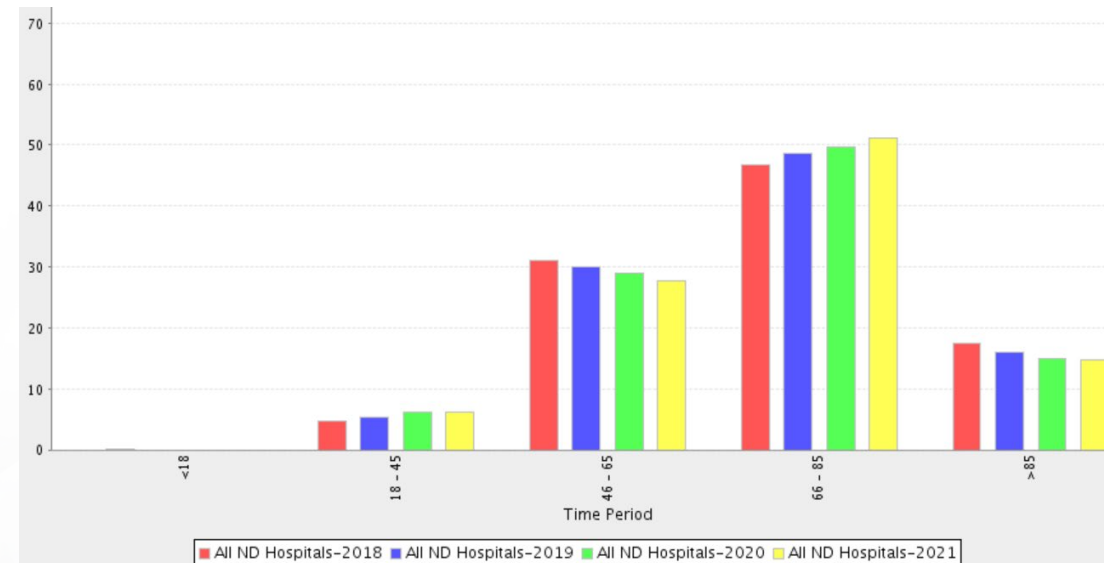


ND Hospital Benchmark Stroke Statistics

Stroke related diagnosis



Age



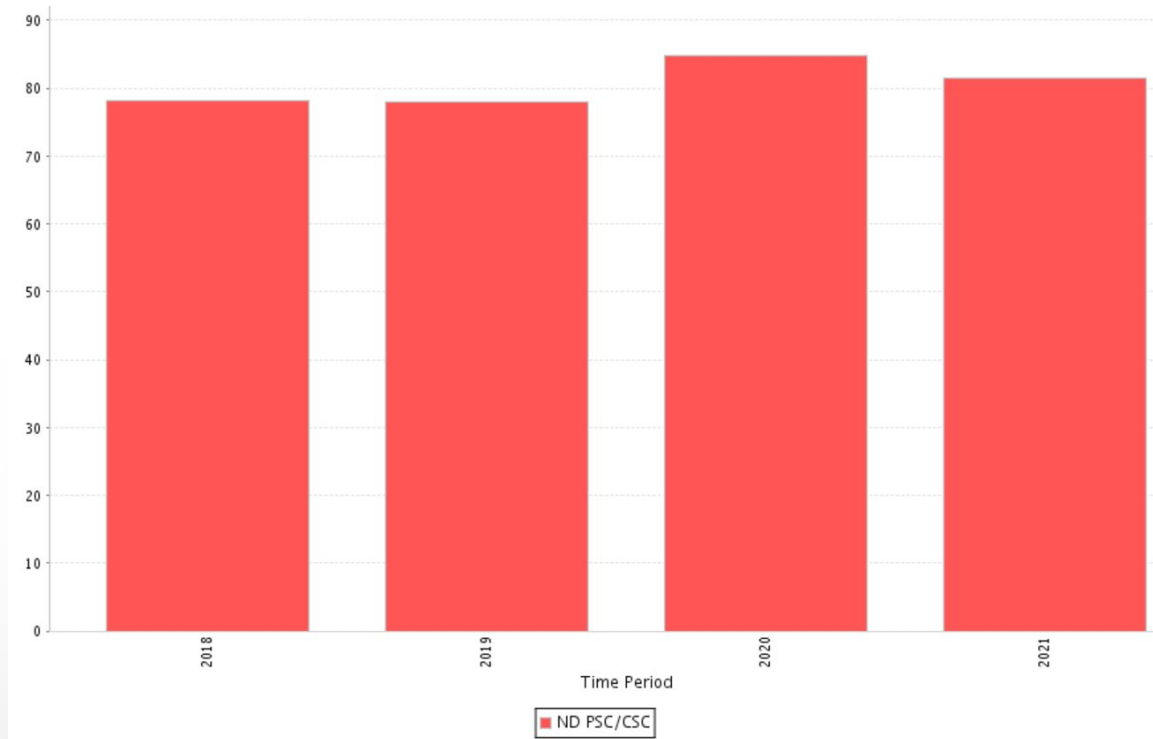
Get With The Guidelines®-Stroke ND Hospitals

This work represents the authors' independent analysis of local or multicenter data gathered using the AHA Get With The Guidelines® (GWTG) IQVIA Registry Platform but is not an analysis of the national GWTG dataset and does not represent findings from the AHA GWTG National Program."

ND PSC/CSC Benchmark Data IV Thrombolytic Therapy

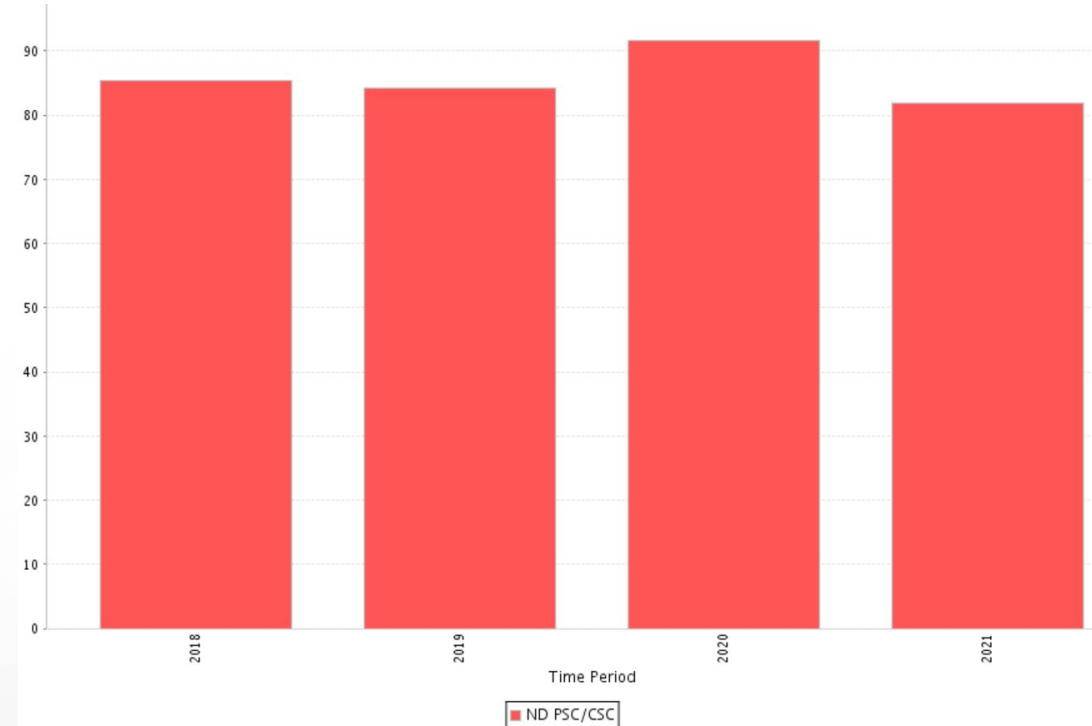
IV Alteplase Arrive by 4.5 Hour, Treat by 4.5 Hour

Percent of acute ischemic stroke patients who arrive at the hospital within 270 minutes (4.5 hours) of time last known well and for whom IV alteplase was initiated at this hospital within 270 minutes (4.5 hours) of time last known well.



Time to Intravenous Thrombolytic Therapy - 60 min

Percent of acute ischemic stroke patients receiving intravenous thrombolytic therapy during the hospital stay who have a time from hospital arrival to initiation of thrombolytic therapy administration (door-to-needle time) of 60 minutes or less.

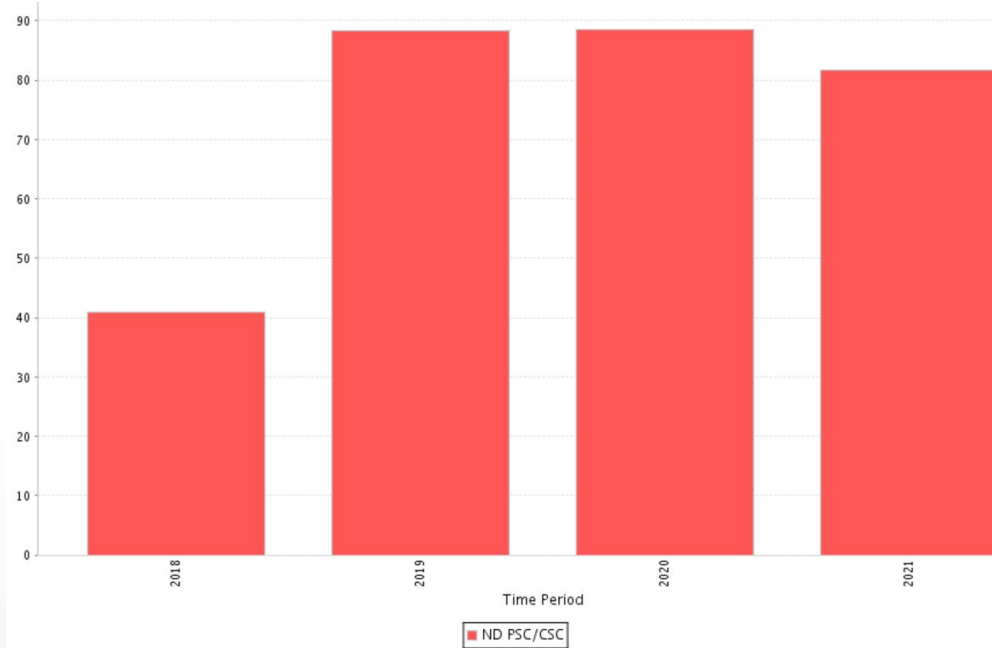


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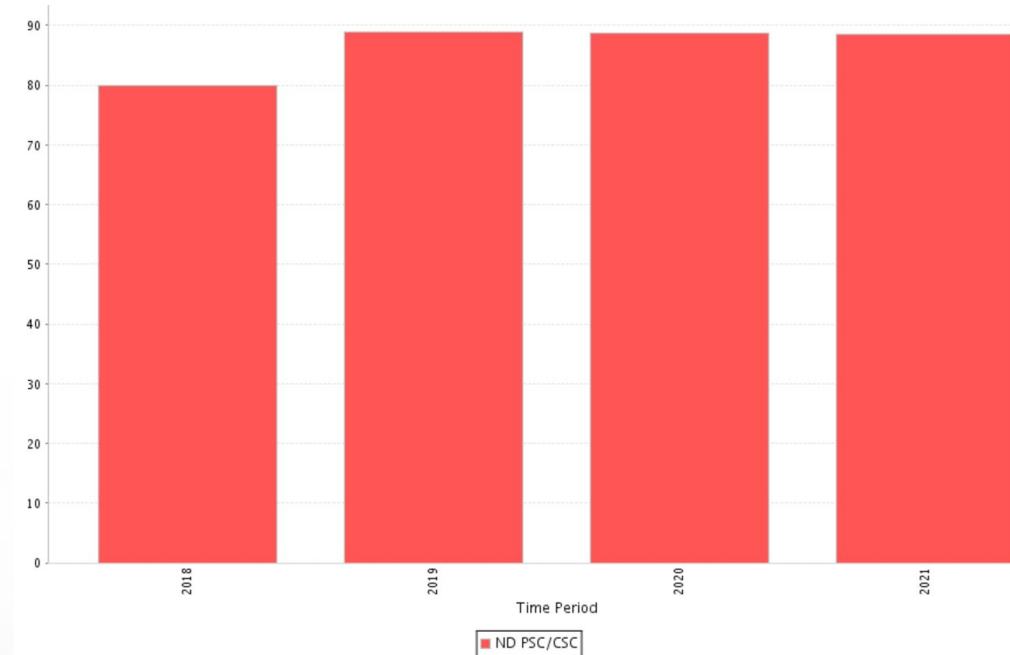
Rate of Substantial Reperfusion

Percentage of patients with acute ischemic stroke who receive mechanical endovascular reperfusion therapy who have post-reperfusion TICI grade 2b or 3.



GWTG/PAA Defect Free

Defect-Free Measure of the 7 Consensus GWTG/PAA measures



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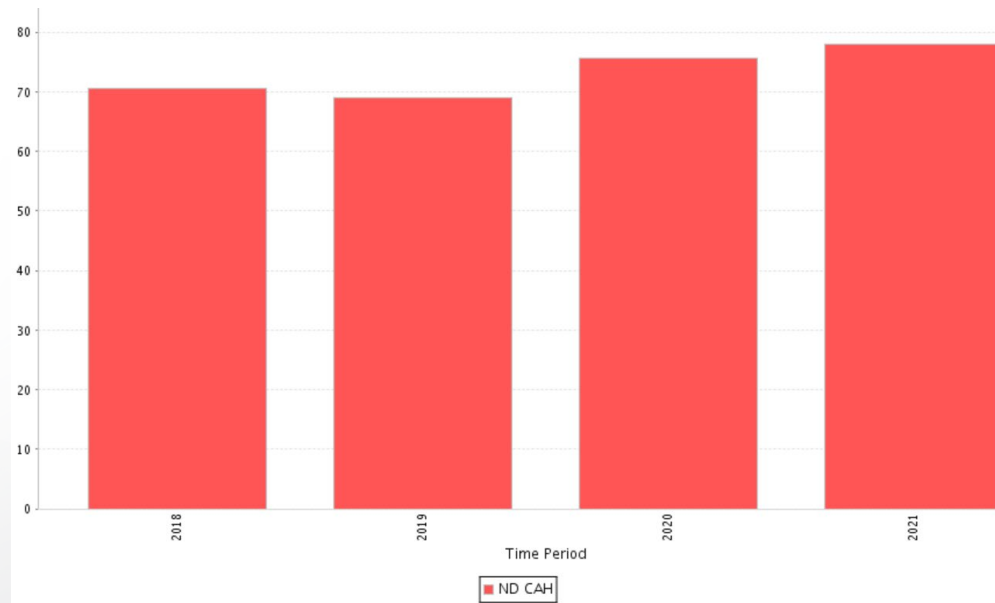


American Heart Association.
Get With The Guidelines.
Stroke

ND CAH Benchmark Data Initial Imaging

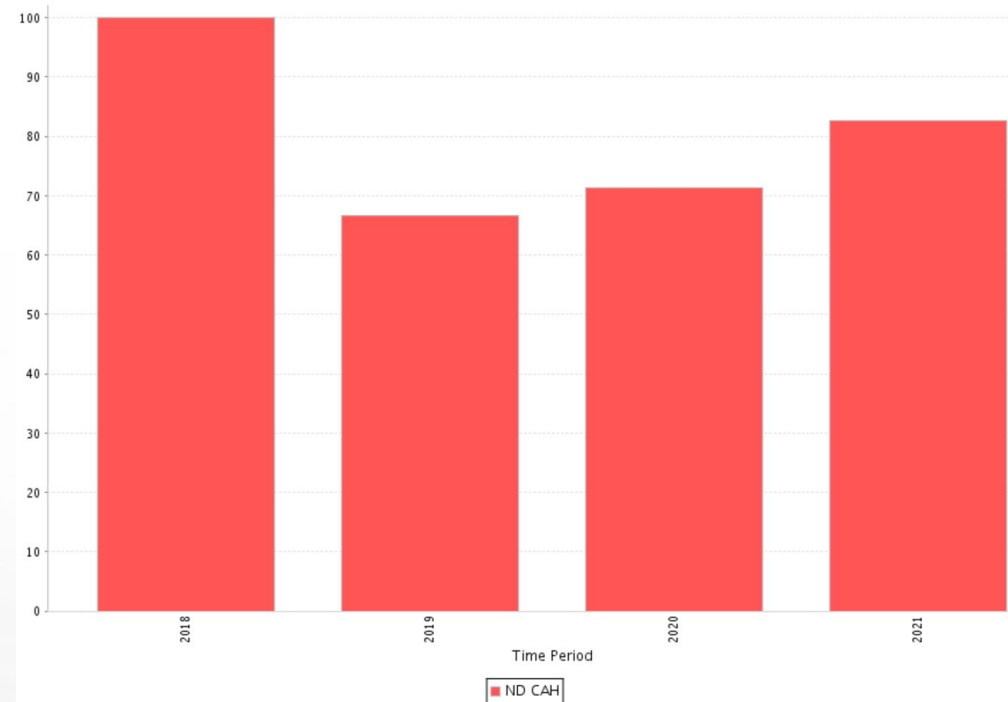
%Door To CT <= 25min

Percent of patients who receive brain imaging within 25 minutes of arrival



Non-Contrast Brain CT or MRI Interpreted within 45 Minutes from Presentation

Documentation of CT or MRI brain imaging interpretation within 45 minutes of presentation



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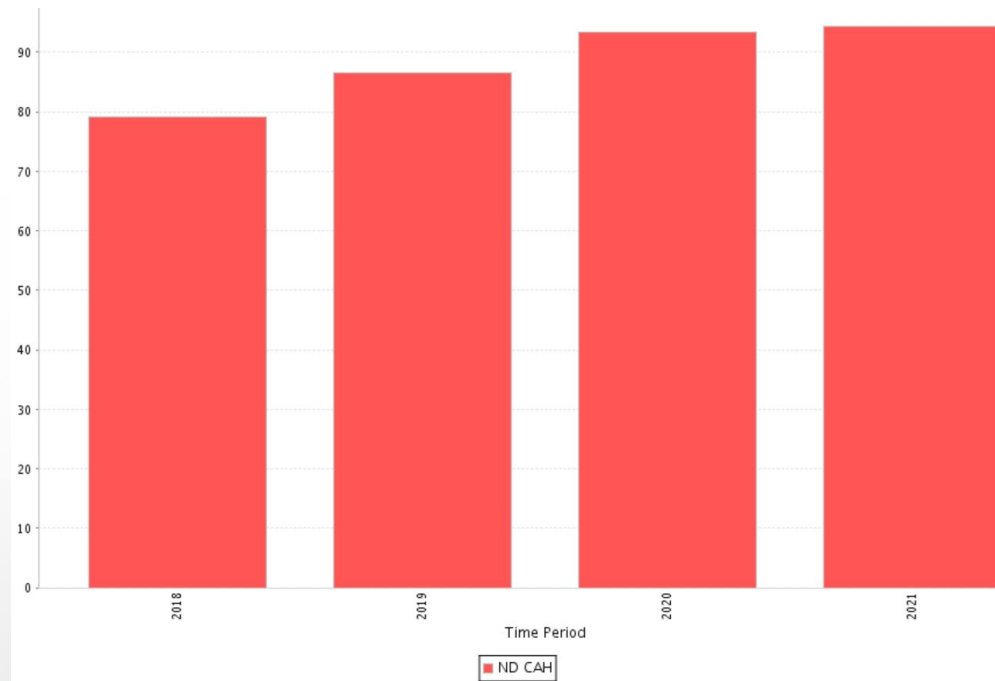


American Heart Association.
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Stroke

ND CAH Benchmark Data Stroke Recognition

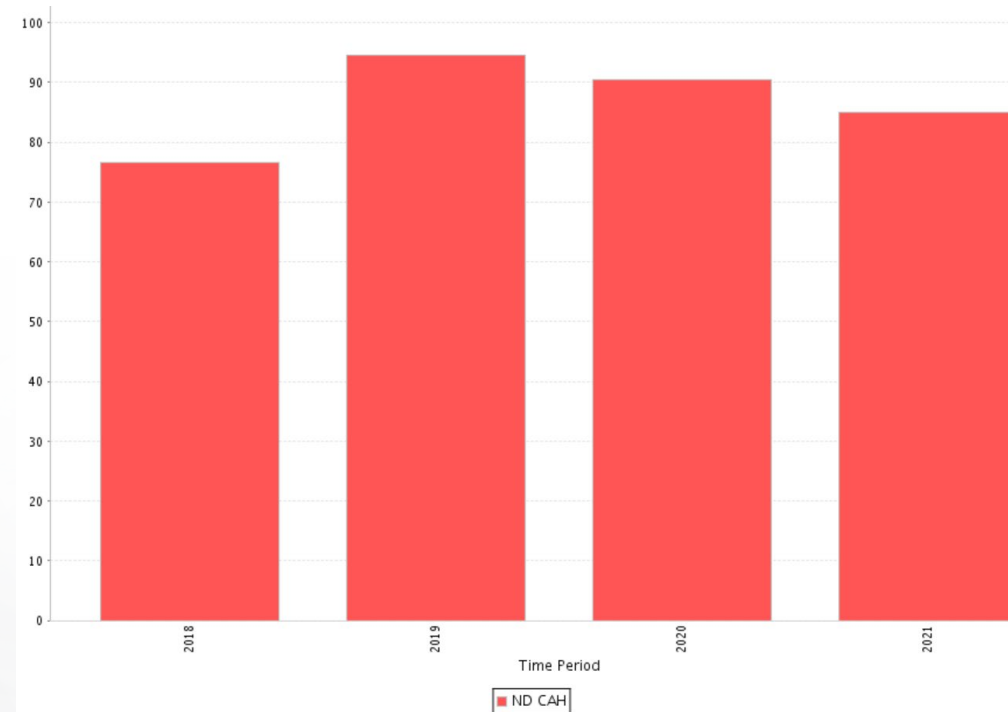
NIHSS Reported

Percent of ischemic stroke and stroke not otherwise specified patients with a score reported for NIH Stroke Scale (Initial)



Pre-notification

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



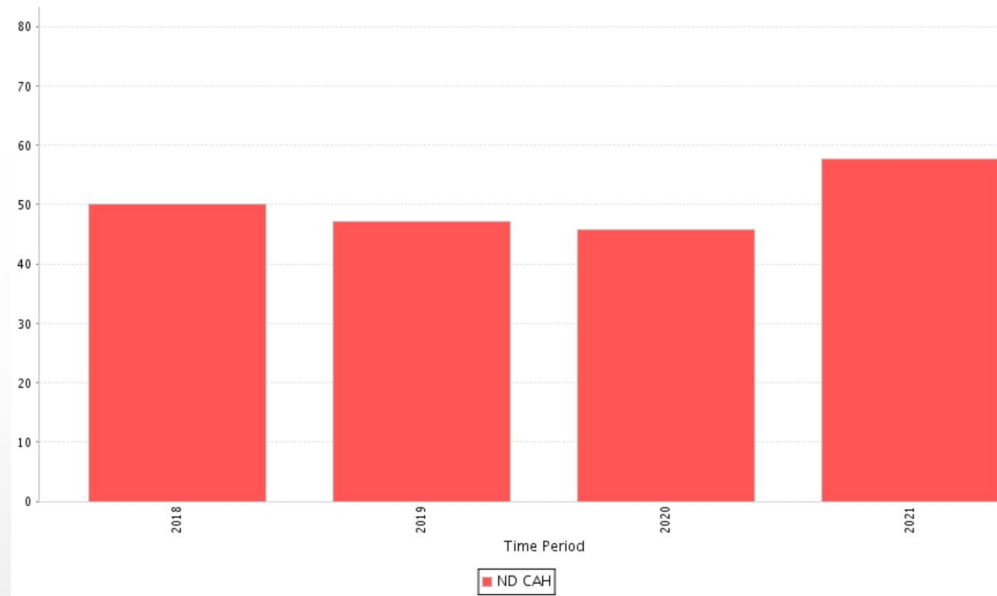
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ND CAH Benchmark Data Thrombolytic Therapy

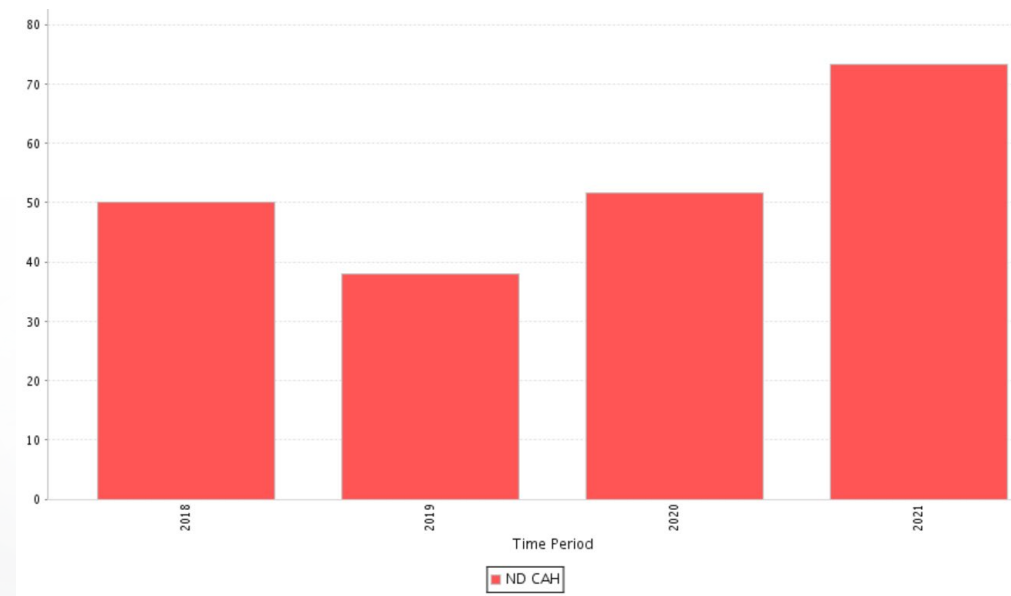
IV Thrombolytic Arrive by 3.5 Hour, Treat by 4.5 Hour

Percent of acute ischemic stroke patients who arrive at the hospital within 210 minutes (3.5 hours) of time last known well and for whom IV thrombolytic was initiated at this hospital within 270 minutes (4.5 hours) of time last known well.



Time to Intravenous Thrombolytic Therapy - 60 min

Percent of acute ischemic stroke patients receiving intravenous thrombolytic therapy during the hospital stay who have a time from hospital arrival to initiation of thrombolytic therapy administration (door-to-needle time) of 60 minutes or less.



Get With The Guidelines®-Stroke ND Hospitals

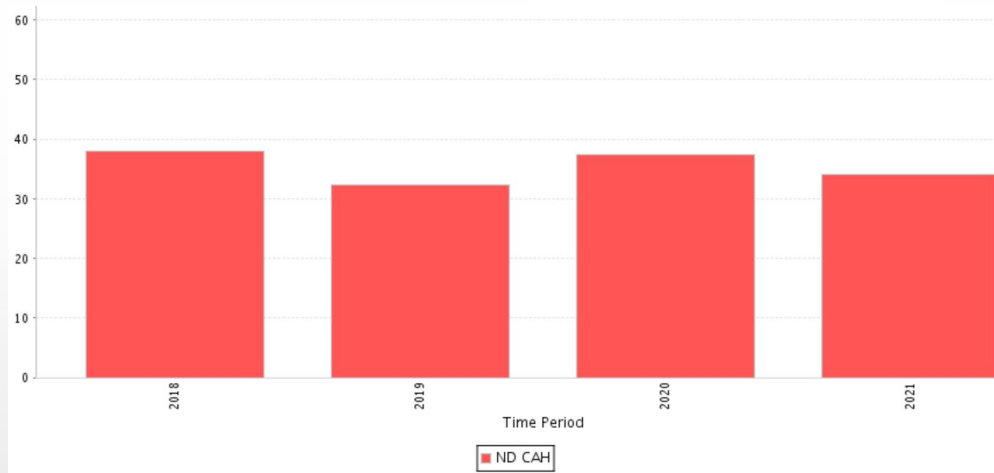
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ND Hospital Benchmark Stroke Throughput

Door-in-Door-Out Time at First Hospital Prior to Transfer for Acute Therapy

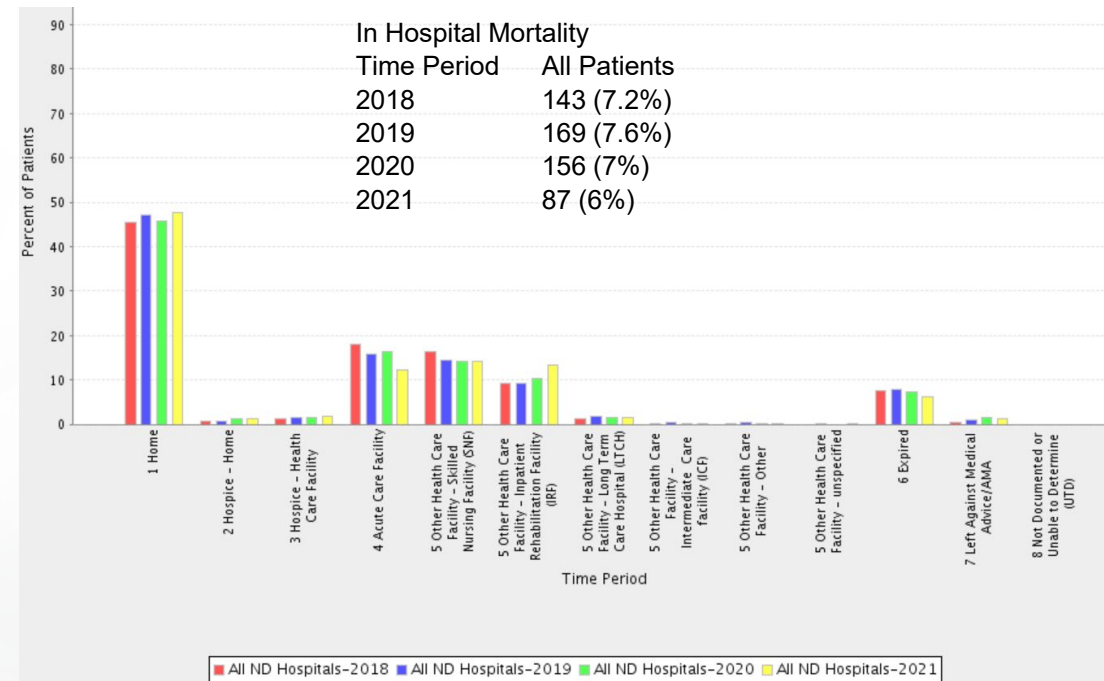
Percentage of confirmed stroke patients transported to your hospital by EMS and for whom ≤ 90 minutes was spe in the ED prior to transfer to a higher-level stroke center (e.g. PSC, CSC, etc.) for time-critical therapy.

Median Time
2018: 100 min
2019: 112 min
2020: 106 min
2021: 111 min



Discharge Disposition

Patients grouped by how they left your hospital.



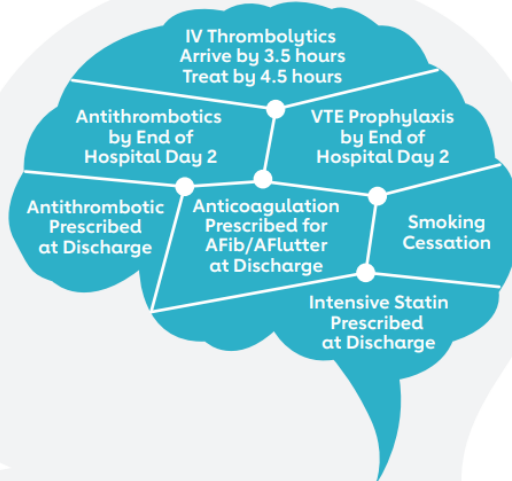
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2021 GWTG Stroke Award Recipients



ACHIEVEMENT SCORE 85% OR GREATER ON ALL MEASURES



QUALITY MEASURES + AWARD

≥75% on at least 4 measures
*Must achieve Silver or Gold to be eligible

Dysphagia Screening

Stroke Education

Assessed for Rehabilitation

LDL Documented

NIHSS Reported

Door to Needle ≤60 minutes

TARGET: STROKE

(Minimum of 6 patients to be eligible)

HONOR ROLL

75% of applicable patients
Door-to-Needle ≤60 minutes

HONOR ROLL ELITE

85% of applicable patients
Door-to-Needle ≤60 minutes

HONOR ROLL ELITE PLUS

75% of applicable patients & 50% of applicable patients
Door-to-Needle ≤45 minutes & Door-to-Needle ≤30 minutes

HONOR ROLL ADVANCED THERAPY

50% of applicable patients
Door-to-Device ≤90 minutes & ≤60 minutes for Transfer Patients for Direct Arriving Patients (Within 6 hours or 24 hours)

Silver Plus

- Jamestown Regional Medical Center
- Gold Plus Target Honor Roll Elite
- Trinity Health

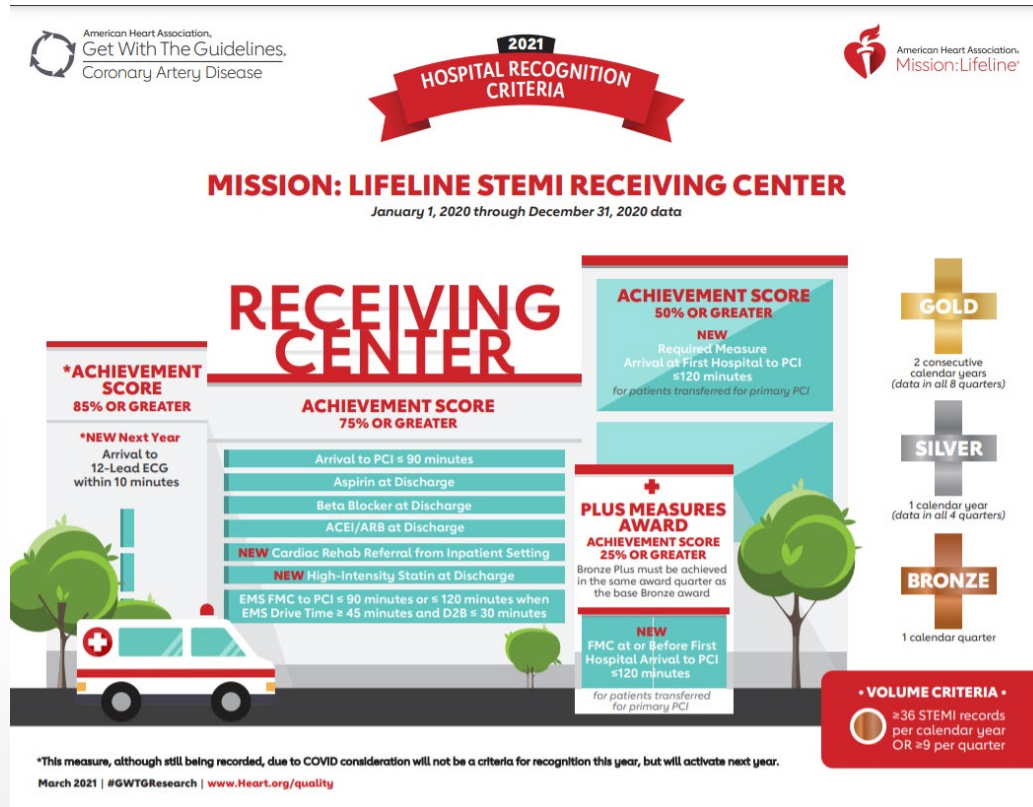
Gold Plus Target Honor Roll Elite, Target Type II Diabetes Honor Roll

- Altru Health System
- CHI St. Alexius Health Bismarck
- Essentia Health Fargo
- Sanford Bismarck Medical Center

Gold Plus Target Honor Roll Elite, Target Type II Diabetes Honor Roll, Advanced Therapy

- Sanford Medical Center Fargo

2021 Mission: Lifeline Award Recipients



Mission: Lifeline® - STEMI Receiving Center – GOLD

- CHI St. Alexius Health Bismarck Mission: Lifeline® - NSTEMI – GOLD
- CHI St. Alexius Health Bismarck Mission: Lifeline® EMS Recognition Gold Plus
- F-M Ambulance Service Fargo, ND