In early 2023, the American Heart Association launched a new Intracerebral Hemorrhage (ICH) measure set in Get With The Guidelines®-Stroke. This opportunity allows participating hospitals to expand focus and address the need for improved identification and treatment of hemorrhagic stroke patients at no cost through their existing registry platform.

**WHY INTRACEREBRAL HEMORRHAGE?**

- ICH accounts for ≈10% to 15% of all strokes and carries an exceptionally high risk of early death and long-term disability
- Evidence for optimal treatment of ICH has lagged behind that for ischemic stroke
- The number of outcome data elements specific to ICH patients historically are limited
- Translation of guidelines into actionable metrics for data collection will further enhance outcomes for ICH patients

**WHO SHOULD PARTICIPATE?**

- Any hospital participating in Get With The Guidelines®-Stroke that would benefit from tracking timeliness and guideline driven care of ICH patients
- Those who wish to learn more about specific ICH data abstraction, model share events, policy, and protocol contribution
- Hospitals seeking an enhanced understanding of the “why” behind ICH clinical performance measures
- Hospitals seeking education on operationalizing and improving compliance of ICH performance measures

**HOW TO PARTICIPATE?**

- Any active Get With The Guidelines®-Stroke hospital may request the ICH Measure set be added to their registry
- No additional fees or contracting involved
- Reach out to your AHA Program Consultant-Health Care Quality or email GWTGSupport@heart.org

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*Clinical Performance Measures for Adults Hospitalized With Intracerebral Hemorrhage-Performance Measures for Healthcare Professionals From the American Heart Association/American Stroke Association*
- **Baseline Severity Score**: Percentage of patients with Intracerebral hemorrhage in whom a baseline severity score is measured and a total score recorded as part of initial evaluation on arrival at the hospital

- **Coagulopathy Reversal (Warfarin)**: Percentage of patients with Intracerebral hemorrhage and an INR > 1.4 resulting from warfarin treatment who receive therapy to replace vitamin K-dependent clotting factors within 90 minutes of emergency department (ED) presentation and who also receive intravenous Vitamin K

- **Anticoagulant Reversal (DOACs)**: Percentage of patients with life-threatening Intracerebral hemorrhage who are taking Rivaroxaban, Apixaban or Dabigatran prior to arrival and who are treated with the appropriate reversal agent within 90 minutes of arrival

- **Venous Thromboembolism (VTE) Prophylaxis**: Percentage of patients with Intracerebral hemorrhage who receive lower limb pneumatic compression on hospital day 0 or 1

- **Admission Unit**: Percentage of patients with Intracerebral hemorrhage who are admitted to an intensive care unit or dedicated stroke unit with physician and nursing neuroscience acute care expertise

- **Dysphagia Screening within 24 Hours**: Percentage of patients with Intracerebral hemorrhage for whom there is documentation that a dysphagia screening was performed within 24 hours of admission using a dysphagia screening tool approved by the institution in which the patient is receiving care

- **Passed Dysphagia Screening Before First Oral Intake**: Percentage of patients with Intracerebral hemorrhage who were documented to have passed the most recent dysphagia screen before oral intake of fluids, nutrition, or medications

- **Blood Pressure Treatment at Discharge**: Percentage of patients with Intracerebral hemorrhage who are prescribed an antihypertensive medication or who have a documented blood pressure off medications less than 130/80 at the time of hospital discharge

- **Assessed for Rehabilitation**: Percentage of patients with Intracerebral hemorrhage who were assessed for, or who received, rehabilitation services

- **Avoidance of Corticosteroid Use**: Percentage of patients with Intracerebral hemorrhage who do not receive Corticosteroids for elevated Intracranial pressure or brain edema during acute hospitalization

- **Post Discharge Follow Up**: 90-day mRS