American Heart Association®
Get With The Guidelines®

Stroke Office Hour

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AGENDA

- 2020 AWARD METRICS
- UPCOMING PMT UPDATES
- TARGET: TYPE 2 DIABETES
- PRE-SUBMITTED QUESTIONS
- EMS PICKER UPDATE
- OPEN QUESTION & ANSWER

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American Heart Association. Get With The Guidelines. Stroke

HOSPITAL RECOGNITION CRITERIA

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ACHIEVEMENT SCORE 85% OR GREATER ON ALL MEASURES

- IV rt-PA arrive by 3.5 hours, treat by 4.5 hours
- Antithrombotics by end of hospital day 2
- VTE prophylaxis by end of hospital day 2
- Antithrombotic prescribed at discharge
- Anticoagulation prescribed for AFib/Flutter at discharge
- Smoking Cessation
- Intensive Statin prescribed at discharge

GOLD	SILVER	BRONZE
*24 consecutive months	*12 consecutive months	*90 consecutive days

QUALITY MEASURES (PLUS AWARD)

≥75% on at least 5 Measures

*Must achieve Silver or Gold to be eligible

- Dysphagia Screening
- LDL Documented
- Stroke Education
- NIHSS Reported
- Assessed for Rehabilitation
- 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

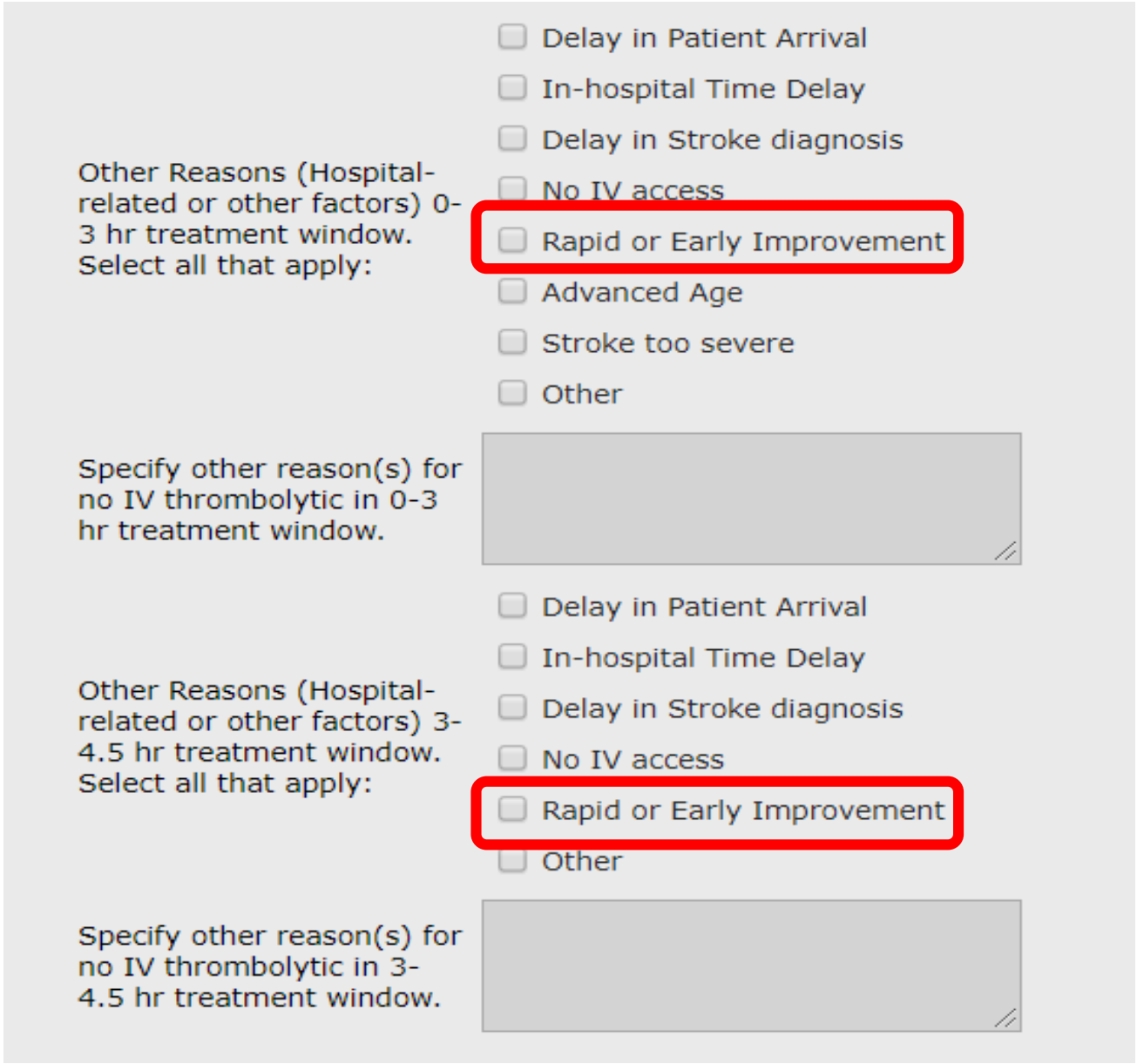
Honor Roll Elite Plus:
75% of applicable patients, Door-to-needle ≤ 45 minutes **AND**
50% of applicable patients, Door-to-needle ≤ 30 minutes

Honor Roll Advanced Therapy: **50% of applicable patients**
Door-to-device ≤ 90 minutes for direct arriving patients **AND**
≤ 60 minutes for transfer patients

UPCOMING PMT UPDATES

- ALTEPLASE CONTRAINDICATION – RAPID IMPROVEMENT ALLOWED AS AN EXCLUSION FOR ALTEPLASE MEASURES FOR DISCHARGES PRIOR TO JANUARY 1, 2020
- DIABETES CARDIO-PROTECTIVE MEASURE – WILL NO LONGER INCLUDE PATIENTS IN NUMERATOR WHO HAVE DPP-4 INHIBITOR SELECTED AS THEIR ANTI-HYPERGLYCEMIC MEDICATION
- TARGET: STROKE HONOR ROLL ADVANCED THERAPY REPORT INCLUSION CRITERIA CORRECTED
- CODING INSTRUCTIONS UPDATED

ALTEPLASE CONTRAINDICATION – RAPID IMPROVEMENT



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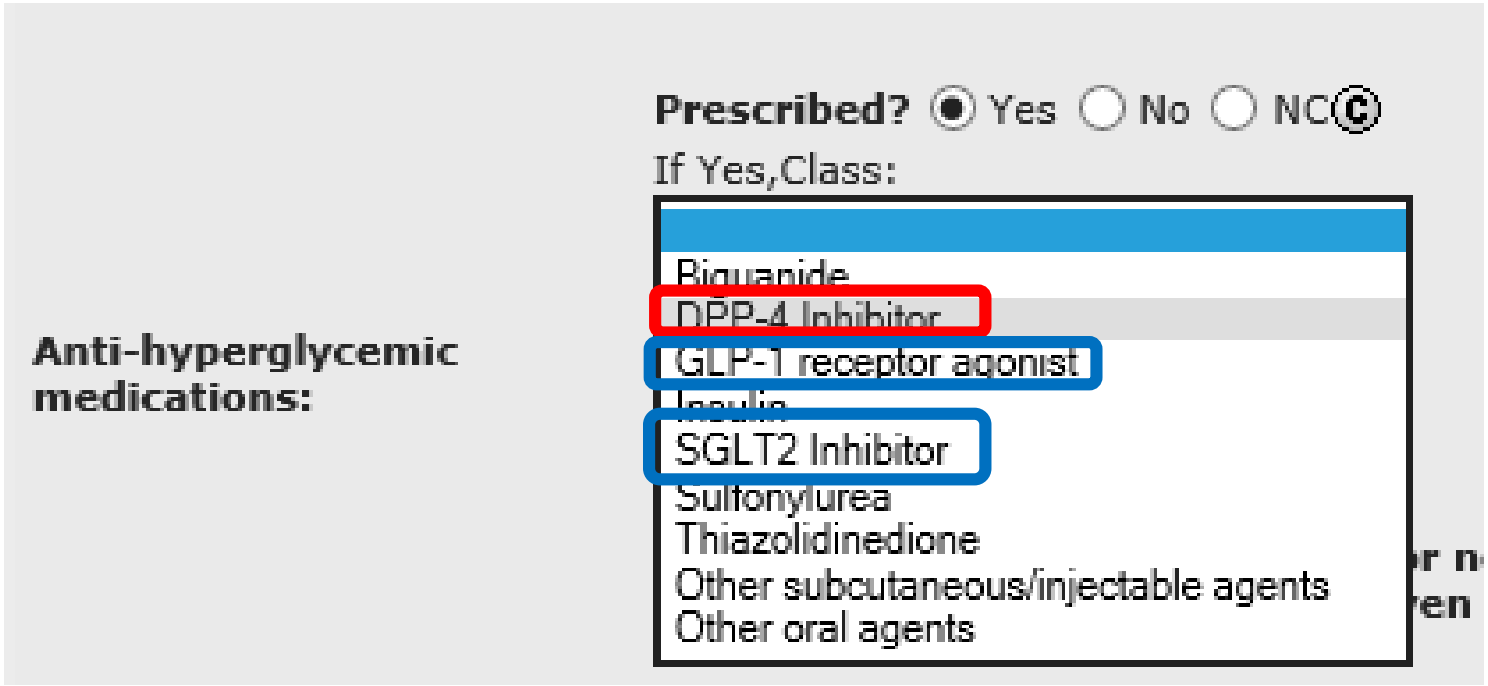
DIABETES CARDIO-PROTECTIVE MEASURE



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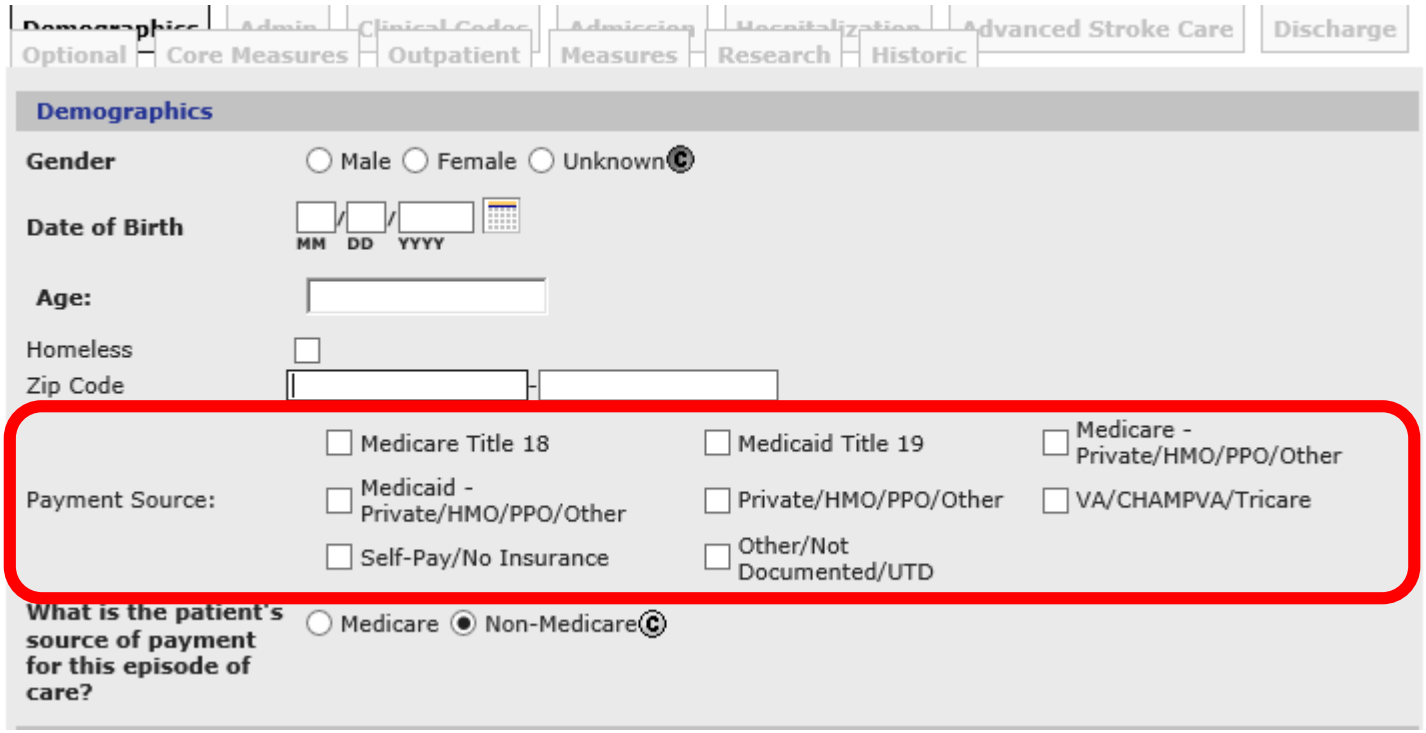
TARGET: STROKE HONOR ROLL ADVANCED THERAPY REPORT INCLUSION CRITERIA CORRECTED

New Door to Start of Device (DTD) within 60 minutes for patients transferred from an outside hospital OR within 90 minutes for patients presenting directly (24 hour treatment window)

Percentage of patients with acute ischemic stroke arriving within 24 hours of LKW or symptom discovery who receive mechanical endovascular reperfusion therapy and for whom the first pass (i.e., deployment) of the device is ≤ 60 minutes after arrival in patients who are transferred in from an outside hospital or < 90 minutes after arrival for patients presenting directly.

Include	Data elements for calculation
All patients age 18 and older admitted to the hospital who have a diagnosis of acute ischemic stroke whom arrived at your facility with 24 hours of LKW or discovery of symptoms and received mechanical intervention at your facility.	**Age** ≥ 18 **AND** **Final clinical diagnosis related to stroke:** = Ischemic Stroke **AND** **Mechanical Endovascular Reperfusion Therapy?** = Yes **AND** **(Arrival Date/Time**: MINUS **Date/Time patient last known to be well?** < = 24 hours **OR** **Arrival Date/Time:** MINUS **Date/Time of discovery of stroke symptoms?** < = 24 hours)

CODING INSTRUCTIONS UPDATED



Medicare Title 18	Federally managed
Medicaid Title 19	Joint federal **and** state managed
Medicare – Private/HMO/PPO/Other	Federal insurance managed by a private insurance company
Medicaid- Private/HMO/PPO/Other	Joint federal **and** state insurance managed by a private payor
Private/HMO/PPO/Other	Private insurance
VA/CHAMPVA/Tricare	Military insurance
Self-Pay/ No Insurance	
Other/Not Documented/UTD	

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TARGET: TYPE 2 DIABETES HONOR ROLL

ELIGIBILITY

- Get With The Guidelines- Heart Failure or Stroke silver achievement award or higher in the applicable module.
- Demonstrate at least 90% compliance for 12 consecutive months (Calendar Year) for a composite of the required measures
- A minimum of 10 patients with a diagnosis of diabetes as part of your hospital's total discharges.

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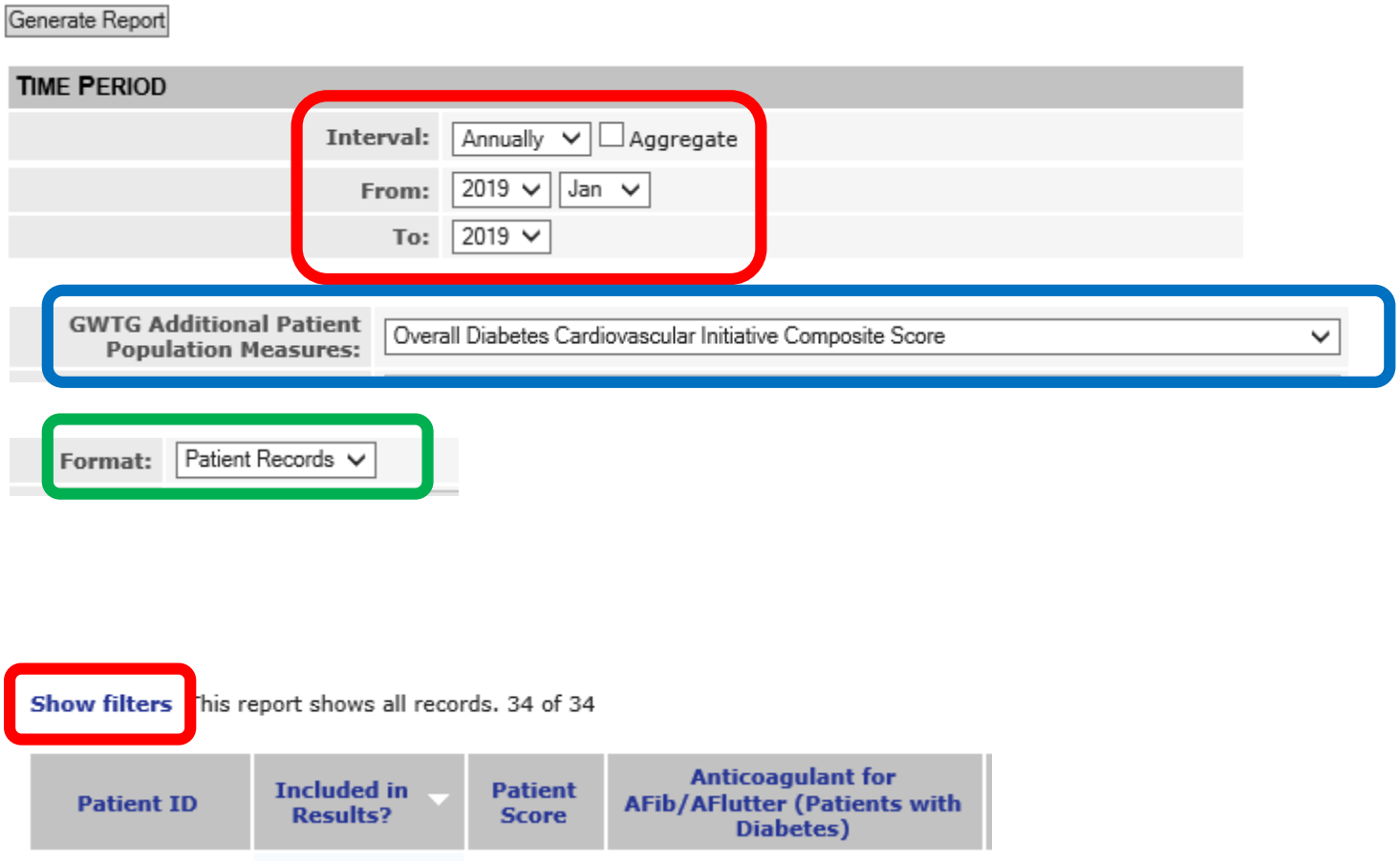
TARGET: TYPE 2 DIABETES HONOR ROLL CONT.



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TARGET: TYPE 2 DIABETES HONOR ROLL CONT.

Hide filters This report is currently filtered: 13 of 34 shown

Patient ID	Included in Results?	Patient Score	Anticoagulant for AFib/AFlutter (Patients with Diabetes)	Antithrombotics for Patients with Diabetes	Diabetes Treatment	Early Antithrombotics for Patients with Diabetes	IV Alteplase Arrive by 2 Hour, Treat by 3 Hour (Patients with Diabetes)	Smoking Cessation for Patients with Diabetes	Statin Prescribed at Discharge for Patients with Diabetes	Therapeutic Lifestyle Recommendation for Patients with Diabetes	VTE Prophylaxis for Patients with Diabetes
	Included										
DMTEST1	Included	25%		No	Yes				No	No	
GWTG12132019	Included	100%		Yes	Yes	Yes		Yes	Yes	Yes	Yes
DiabetesTest1	Included	50%		No	No	Yes		Yes		No	Yes
GWTG02132019	Included	71.43%	Yes	Yes	No		Yes		Yes	No	Yes
GWTG02192019	Included	71.43%		Yes	No		Yes	Yes	Yes	No	Yes
GWTG03142019	Included	71.43%	Yes	Yes	No		Yes		Yes	No	Yes
Test01302019	Included	0%	No	No	No			No	No	No	No
test1212	Included	60%		Yes	No		Yes		No		Yes
TestRose	Included	0%		No	No	No	No			No	No
5551212	Included	100%									Yes
GWTG02142019	Included	100%					Yes				
Tes11132019	Included	33.33%	No				Yes				No
tes11202019	Included	50%					Yes				No

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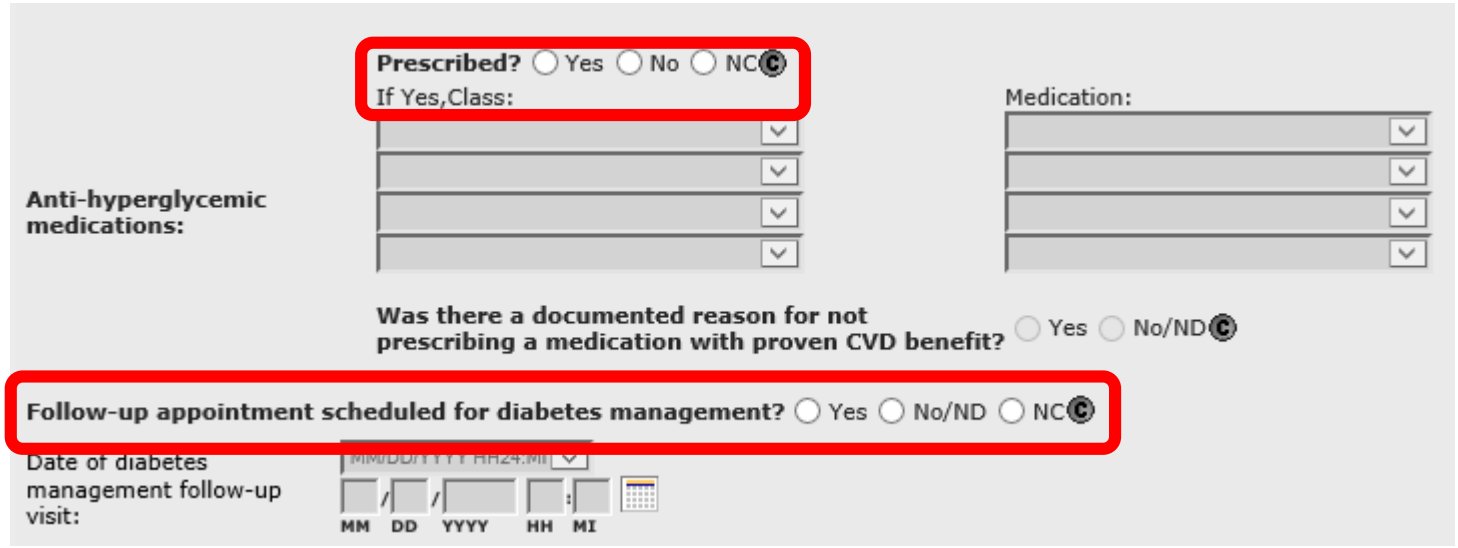
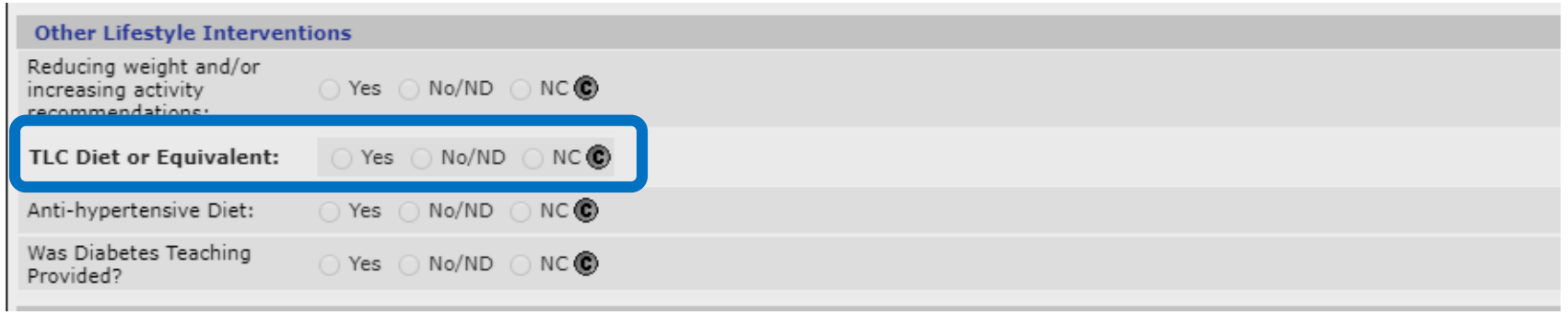
TARGET: TYPE 2 DIABETES HONOR ROLL CONT.

Diabetes Treatment

Percent of diabetic patients or newly diagnosed diabetics receiving diabetes treatment in the form of gylcemic control (diet or medication) or follow up appointment for diabetes management scheduled at discharge.





QUESTIONS

ARE THERE ANY HOSPITALS THAT ARE CURRENTLY MEETING THE TARGET STROKE GOAL OF 50% OF ENDOVASCULAR PATIENTS HAVING A DOOR TO DEVICE DEPLOYMENT TIME OF 60 MIN IN TRANSFER PATIENTS OR 90 MIN FOR NON-TRANSFER PATIENTS?

Target: Stroke resources

- Heart.org/Quality
  - Target: Stroke
    - Clinical Tools & Resources
    - https://www.heart.org/en/professional/quality-improvement/target-stroke/clinical-tools-and-resources
      - Target : Stroke Phase III Door-to-Device Time Best Practice Strategies

THE 90 MINUTES DTD GOAL TIME INTERVAL GOALS ARE:

ACTION	TIME
Door to physician	≤5 minutes
Door to stroke team	≤10 minutes
Door to CT/MRI initiation	≤20 minutes
Door to CT/MRI interpretation	≤35 minutes
Door to neurointerventional team activation	≤40 minutes
Door to needle time	≤45 minutes
Door to patient arrival in NI suite	≤60 minutes
Door to puncture	≤75 minutes
Door to device	**≤90 minutes**

QUESTIONS

- IS THERE A SIMPLE STATIN MEDICATION GUIDELINE REFERENCE AVAILABLE – CLARIFY THE GUIDELINES OF WHO NEEDS WHAT DOSE?
  - **You will be required to document a reason for non-treatment if the statin daily dose does not meet the guideline recommended dose. Patients 75 years or younger should receive a high intensity statin dose unless contraindicated. Patients greater than 75 years should receive a moderate or high dose. Please refer to table 6 for classifications of low, moderate and high dose statins.**

Table 6

Table 6. Statin Dose and Intensity (return to Cholesterol Reducing/Controlling TX)

Generic Name	Brand Name	Options GWTG-Stroke (mg)	Level of Intensity
Atorvastatin	Lipitor	10	Moderate
Atorvastatin	Lipitor	20	Moderate
Atorvastatin	Lipitor	≥ 40	High
Atorvastatin	Lipitor	Unknown	n/a
Fluvastatin	Lescol	20	Low

*Additional information can be found in the *2018 AHA/ACC/AACVPR/AAPA/ABC/-ACPM/ADA/AGS/APhA/ASPC/NLA/PCNA Guideline on the Management of Blood Cholesterol* https://www.ahajournals.org/doi/10.1161/CIR.0000000000000625

QUESTIONS

- CAN YOU PLEASE SPEAK ON THE TOPIC OF TENECTEPLASE VS. ALTEPLASE

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

1. In patients eligible for IV alteplase, benefit of therapy is time dependent, and treatment should be initiated as quickly as possible.	I	A
It may be reasonable to choose tenecteplase (single IV bolus of 0.25-mg/kg, maximum 25 mg) over IV alteplase in patients without contraindications for IV fibrinolysis who are also eligible to undergo mechanical thrombectomy.	IIb	B-R
Tenecteplase administered as a 0.4-mg/kg single IV bolus has not been proven to be superior or noninferior to alteplase but might be considered as an alternative to alteplase in patients with minor neurological impairment and no major intracranial occlusion.	IIb	B-R

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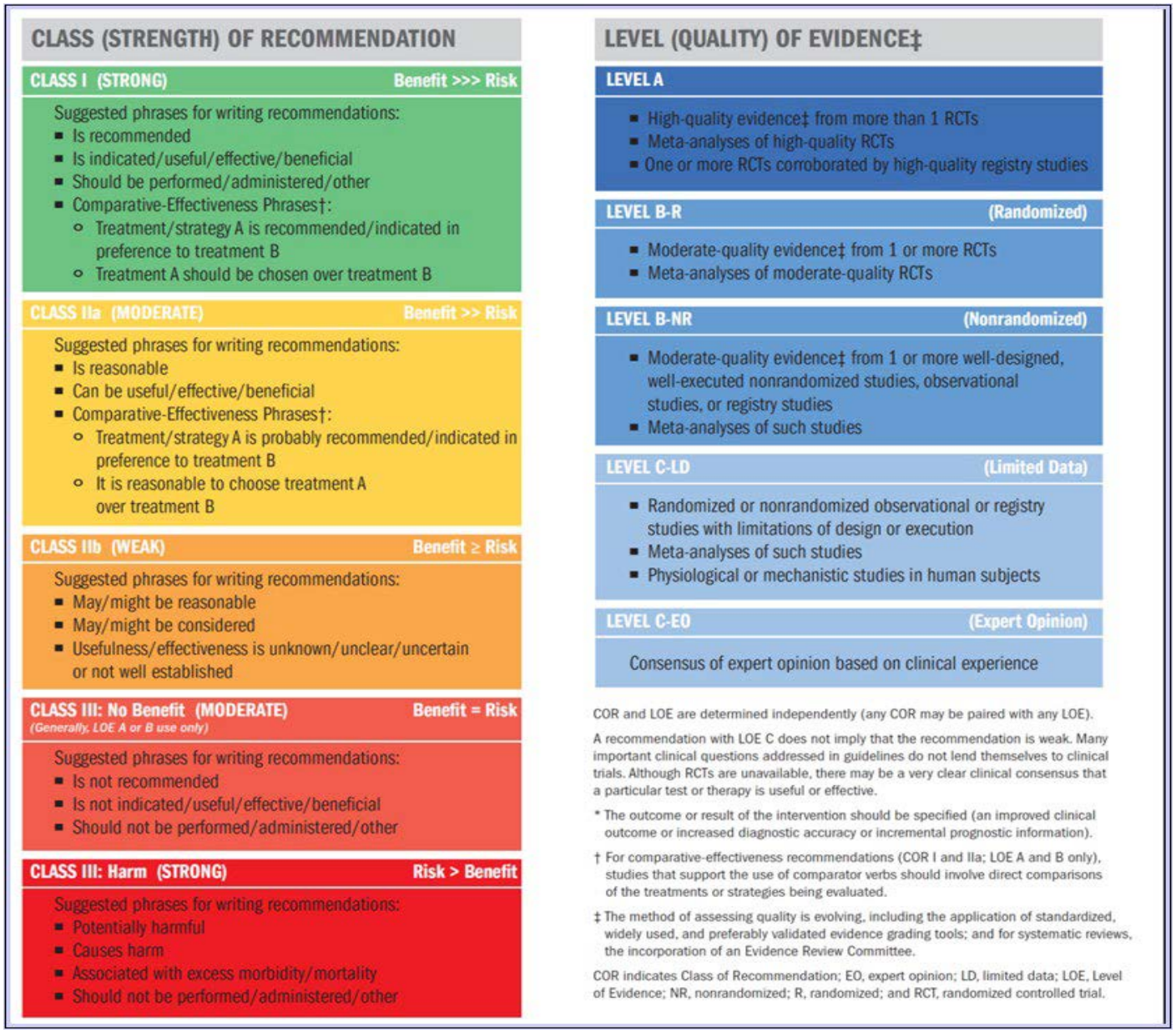
Applying Classification of Recommendations and Level of Evidence



CLASS (STRENGTH) OF RECOMMENDATION

CLASS I (STRONG) — **Benefit >>> Risk**

Suggested phrases for writing recommendations:
- Is recommended
- Is indicated/useful/effective/beneficial
- Should be performed/administered/other
- Comparative-Effectiveness Phrases†:
  - Treatment/strategy A is recommended/indicated in preference to treatment B
  - Treatment A should be chosen over treatment B

CLASS IIa (MODERATE) — **Benefit >> Risk**

Suggested phrases for writing recommendations:
- Is reasonable
- Can be useful/effective/beneficial
- Comparative-Effectiveness Phrases†:
  - Treatment/strategy A is probably recommended/indicated in preference to treatment B
  - It is reasonable to choose treatment A over treatment B

CLASS IIb (WEAK) — **Benefit ≥ Risk**

Suggested phrases for writing recommendations:
- May/might be reasonable
- May/might be considered
- Usefulness/effectiveness is unknown/unclear/uncertain or not well established

CLASS III: No Benefit (MODERATE) — **Benefit = Risk**
(Generally, LOE A or B use only)

Suggested phrases for writing recommendations:
- Is not recommended
- Is not indicated/useful/effective/beneficial
- Should not be performed/administered/other

CLASS III: Harm (STRONG) — **Risk > Benefit**

Suggested phrases for writing recommendations:
- Potentially harmful
- Causes harm
- Associated with excess morbidity/mortality
- Should not be performed/administered/other

LEVEL (QUALITY) OF EVIDENCE‡

LEVEL A
- High-quality evidence‡ from more than 1 RCTs
- Meta-analyses of high-quality RCTs
- One or more RCTs corroborated by high-quality registry studies

LEVEL B-R (Randomized)
- Moderate-quality evidence‡ from 1 or more RCTs
- Meta-analyses of moderate-quality RCTs

LEVEL B-NR (Nonrandomized)
- Moderate-quality evidence‡ from 1 or more well-designed, well-executed nonrandomized studies, observational studies, or registry studies
- Meta-analyses of such studies

LEVEL C-LD (Limited Data)
- Randomized or nonrandomized observational or registry studies with limitations of design or execution
- Meta-analyses of such studies
- Physiological or mechanistic studies in human subjects

LEVEL C-EO (Expert Opinion)

Consensus of expert opinion based on clinical experience

COR and LOE are determined independently (any COR may be paired with any LOE).

A recommendation with LOE C does not imply that the recommendation is weak. Many important clinical questions addressed in guidelines do not lend themselves to clinical trials. Although RCTs are unavailable, there may be a very clear clinical consensus that a particular test or therapy is useful or effective.

* The outcome or result of the intervention should be specified (an improved clinical outcome or increased diagnostic accuracy or incremental prognostic information).

† For comparative-effectiveness recommendations (COR I and IIa; LOE A and B only), studies that support the use of comparator verbs should involve direct comparisons of the treatments or strategies being evaluated.

‡ The method of assessing quality is evolving, including the application of standardized, widely used, and preferably validated evidence grading tools; and for systematic reviews, the incorporation of an Evidence Review Committee.

COR indicates Class of Recommendation; EO, expert opinion; LD, limited data; LOE, Level of Evidence; NR, nonrandomized; R, randomized; and RCT, randomized controlled trial.

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QUESTIONS

IF PHYSICIAN DOCUMENTED THAT ETIOLOGY OF THE STROKE IS LIKELY ATHEROEMBOLIC FROM RIGHT ICA ATHEROSCLEROSIS.

WHAT CHOICE SHOULD I CHOOSE FOR ETIOLOGY OF STROKE?

Ischemic Stroke Etiology: If there is one cause identified as the most likely etiology, select that one choice.

1: Large-artery atherosclerosis: Significant stenosis or occlusion (>50%) due to atherosclerosis of any of the following major artery segments was identified: common or internal carotid artery (ICA); proximal middle (MCA), anterior or posterior cerebral artery (ACA or PCA); vertebral or basilar artery. This option also includes atherosclerosis of the aortic arch and its great vessel origins: the brachiocephalic and subclavian arteries.

QUESTIONS

IF CTA SHOWED OCCLUDED DISTAL RIGHT M2 BRANCH

- DO I ANSWER NO TO, "WAS A TARGET LESION IDENTIFIED?"

Allowable Values:

- Yes: There was presence of large vessel occlusions identified (or visualized) upon reviewing the vascular imaging.

- No/ND: There were no large vessel occlusions identified (or visualized) upon reviewing the vascular imaging OR No documentation in the medical record that indicates presence of large vessel occlusion for vascular imaging completed for this episode of care.

A "target lesion" is referring to a proximal large vessel occlusion.

EMS PICKER UPDATE

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THANK YOU!

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