

# **Stroke Office Hour** December 12, 2019

Ian McLelland BSN, RN Regional Director, Quality and Systems Improvement



### WHO AM I???

- REGIONAL DIRECTOR FOR CENTRAL CALIFORNIA AND SOUTHERN ARIZONA BASED IN SANTA BARBARA, CALIFORNIA
- REGISTERED NURSE WITH 13 YEARS OF EXPERIENCE
- SURFER, MOUNTAIN BIKER, TRAIL RUNNER, GRUMPY CAT DAD

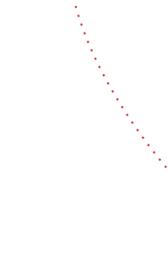






### AGENDA

- 12/11 PMT UPDATES
- AWARD REVIEW
- PRE-SUBMITTED QUESTIONS
- TIME PERMITTING: ADDITIONAL QUESTIONS





### AUTO LOG OFF

• Will be extended from 15 minutes to 60 minutes



### CONTRAINDICATIONS TO ALTEPLASE:

- Removal of Relative Exclusion W6: Rapid Improvement
  - Both 0-3 and 3-4.5 hour window
- Addition of Non-Disabling to W7: Stroke Severity Too Mild
  Both 0-3 and 3-4.5 hour window
- Rapid or Early Improvement added to Other/ Hospital Reasons for Delay



Documented exclusions or relative exclusions (contraindications or warnings) for not initiating IV thrombolytic in the 0-3 hr treatment window?

Yes No C

Documented exclusions or relative exclusions (contraindications or warnings) for not initiating IV thrombolytic in the 3-4.5 hr treatment window?

💮 Yes 🕥 No 🕜

Show All

For discharge on or after 1 April 2016

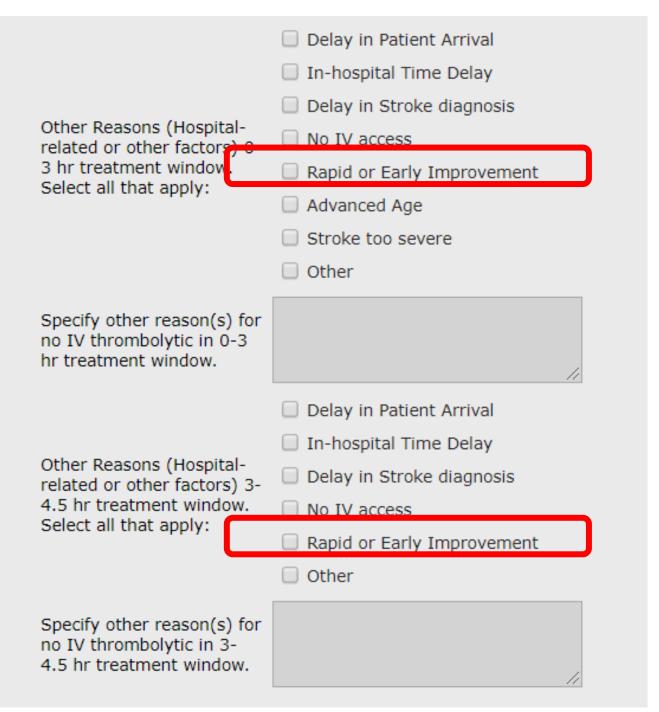
Exclusion Criteria (contraindications) 0-3 hr treatment window. Select all that apply:

- C1: Elevated blood pressure (systolic > 185 mm Hg or diastolic > 110 mm Hg) despite treatment
- C2: Recent intracranial or spinal surgery or significant head trauma, or prior stroke in previous 3 months
- C3: History of previous intracranial hemorrhage, intracranial neoplasm, arteriovenous malformation, or aneurysm
- C4: Active internal bleeding
- C5: Acute bleeding diathesis (low platelet count, increased PTT, INR >= 1.7 or use of NOAC)
- C6: Symptoms suggest subarachnoid hemorrhage
- C7: CT demonstrates multilobar infarction (hypodensity >1/3 cerebral hemisphere)
- C8: Arterial puncture at noncompressible site in previous 7 days
- C9: Blood glucose concentration <50 mg/dL (2.7 mmol/L)

Relative Exclusion Criteria (Warnings) 0-3 hr treatment window. Select all that apply:

- Contraction Criteria (Warnings) 0-5 in treatment window. Selec
- W1: Care-team unable to determine eligibility
- W2: IV or IA thrombolysis/thrombectomy at an outside hospital prior to arrival
- W3: Life expectancy < 1 year or severe co-morbid illness or CMO on admission</p>

- W5: Patient/family refusal
- W7: Stroke severity too mild (non-disabling)
- UW8: Recent acute myocardial infarction (within previous 3 months)
- W9: Seizure at onset with postictal residual neurological impairments
- W10: Major surgery or serious trauma within previous 14 days
- W11: Recent gastrointestinal or urinary tract hemorrhage (within previous 21 days)





#### Patient Records Report for measure Reasons for no IV Alteplase (Hospital-Related)

Reasons why eligible acute ischemic stroke patients were not treated with IV alteplase at my hospital. Time Period: 01/01/2019 - 12/31/2019; Site: AHA Demo test- Stroke +CSTK +STK (94674) Patients Included: 10; Patients Excluded: 92

port shows all records. 102 of 102

Included in Results?	Category	Age:	IV alteplase initiated at this hospital?	When was the patient last known to be well?	Hospital Arrival Date and Time	Final clinical diagnosis related to stroke:	Clinical Trial	Elective Carotid Interventior	Hospital-Related or Other Factors:	Hospital-Related or Other Factors - 3-4.5 hr
Included	Delay in Patient Arrival	50	No	01/23/2019 11:00	01/23/2019 14:54	Ischemic Stroke	No	No	Delay in Patient Arrival	
Included	Rapid or Early Improvement	46	No	01/23/2019 17:00	01/23/2019 17:39	Ischemic Stroke	No	No	Rapid or Early Improvement	Rapid or Early Improvement
Included	Delay in Patient Arrival	46	No	01/25/2019 22:30	01/26/2019 02:51	Ischemic Stroke	No	No	Delay in Patient Arrival	
Included	Other	77	No	01/04/2019 17:30	01/04/2019 17:52	Ischemic Stroke	No	No	Other	Other
Included	Delay in Patient Arrival	73	No	01/12/2019 07:00	01/12/2019 11:04	Ischemic Stroke	No	No	Delay in Patient Arrival	
Included	Rapid or Early Improvement	99	No	01/25/2019 17:00	01/25/2019 19:52	Ischemic Stroke	No	No	Rapid or Early Improvement	Rapid or Early Improvement



### TARGET STROKE UPDATES

- NOW, MEDICAL OR ELIGIBILITY REASON CAN BE SELECTED WHEN YES IS ANSWERED TO IF THERE WAS A DOCUMENTED CAUSE FOR DELAY IN IV ALTEPLASE ADMINISTRATION OF 30 MINUTES OR GREATER.
- FORM CONTROL UPDATE TO ENABLE MEDICAL AND ELIGIBILITY REASON FOR DELAY ELEMENTS WHEN 30-MINUTE QUESTION RESPONSE IS YES.



If IV alteplase was initiated greater than 60 minutes after hospital arrival, were Eligibility or Medical reason(s) documented as the cause for delay: Yes No (C) If IV alteplase was initiated greater than 45 minutes after hospital arrival, were Eligibility or Medical reason(s) documented as the cause for delay: Yes No (C) If IV alteplase was initiated greater than 30 minutes after hospital arrival, were Eligibility or Medical reason(s) documented as the cause for delay: Yes No (C)

	Social/Religious						
Eligibility Reason(s):	✓ Initial refusal						
	Care-team unable to determine eligibility						
Specify eligibility reason:							
	Hypertension requiring aggressive control with IV medications						
Medical Reason(s):	Eurther diagnostic evaluation to confirm stroke for patients with hypoglycemia (blood glucose < 50), seizures, or major metabolic disorders						
	🗌 Management of concomitant emergent/acute conditions such as cardiopulmonary arrest, respiratory failure (requiring intubation)						
	Investigational or experimental protocol for thrombolysis						
Specify medical reason:							



### TARGET STROKE UPDATE

 UPDATE ON COMPREHENSIVE LAYER TO ALLOW RESPONSE TO "^^IS A CAUSE FOR DELAY IN PERFORMING MECHANICAL ENDOVASCULAR REPERFUSION THERAPY DOCUMENTED?" DEPENDENT ON APPROPRIATE TIME WINDOW (I.E. 60 MINUTES FOR TRANSFER PATIENTS, 90 MINUTES FOR DIRECT PRESENTERS)



- NEW OPTION FOR REASON FOR DELAY IN EVT ADDITIONAL PROXIMAL VASCULAR PROCEDURE REQUIRED PRIOR TO FIRST PASS (STENT)
- NOTE: THIS DOES NOT INCLUDE TORTUOUS VASCULATURE



^^Is a cause(s) for delay in performing mechanical endovascular reperfusion therapy documented?	Yes No C
	Social/religious
	Initial refusal
	Care-team unable to determine eligibility
	Management of concomitant emergent/acute conditions such as cardiopulmonary arrest, respiratory failure (requiring intubation)
	Investigational or experimental protocol for thrombolysis
^^Reasons for delay (select all that apply):	<ul> <li>Additional proximal vascular procedure required prior to first-pass (stent)</li> </ul>
······································	Delay in stroke diagnosis *
	In-hospital time delay *
	Equipment-related delay *
	Need for additional imaging*
	Catheter lab not available*
	Other *



- DOOR TO START OF REVASCULARIZATION (DTD) WITHIN 60 MINUTES FOR PATIENTS TRANSFERRED FROM AN OUTSIDE HOSPITAL OR 90 MINUTES FOR PATIENTS PRESENTING DIRECTLY
- Now can choose from 2 treatment windows:
   0-6 & 0-24 hours LKW



### **GWTG AWARD RECOGNITION**

• JANUARY 1, 2019-DECEMBER 31, 2019 DATA MUST BE SUBMITTED BY MARCH 1, 2020 FOR AWARD CONSIDERATION.





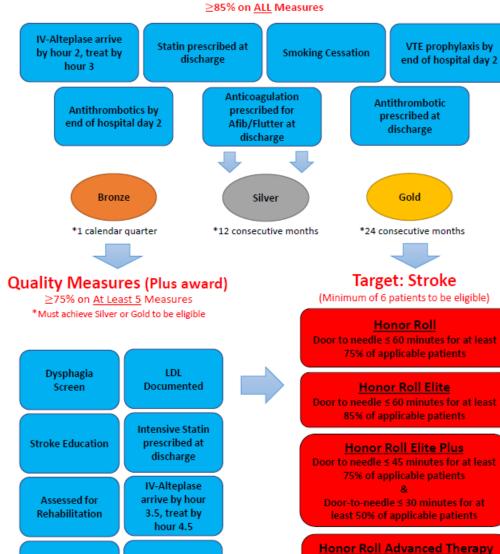
Door to Needle

≤ 60 Minutes

NIHSS reported



#### Achievement Measures



Door-to-device ≤ 90 minutes for direct arriving patients and ≤ 60 minutes for transfer patients at least 50% of the time



#### **Configurable Measure Reports**

#### Generate Report

TIME PERIOD			
Interval:	Annually V Aggregate		Measure Descriptions - Achievement
From:	2019 ▼ Jan ▼		Measure Descriptions - Quality Measure Descriptions - Reporting
To:	2019 ▼		Measure Descriptions - Descriptive and Data Quality Measure Descriptions - Comprehensive Stroke (GWTG-
			specific) Measure Descriptions - Observation Status Only Measure Descriptions - Inpatient Stroke
REPORT 1			Measure Descriptions - Historic
GWTG Standard Measures:	Select Measure	<ul> <li>Select Measure</li> </ul>	Stroke Measure Logic and Rationale Stroke Core Measures
GWIG Enhanced Version &	Select Measure Consensus Measure Set by Clinical Diagnosis **Consensus-CDC/COV Set*	<b>A</b>	Measure Descriptions - PSC Measure Descriptions - PSC Optional Measures
GWTG Additional Patient Population Measures:	**Consensus-GWTG/PAA Set** Additional Measure Groups		30 Day Measure Descriptions Measure Descriptions - CSTK Measure Descriptions - Stroke MER
Historic Measures:	**GWTG Stroke Quality Measures**	-	Measure Descriptions - EMS/ML Measure Descriptions - ASR
Format:	**Stroke 30-Day Process Group** **Stroke 30-Day Follow-Up Group**		Target: Type 2 Diabetes measure Descriptions
Compare to: (ctrl-click to select multiple)	**GWTG Target Stroke Set** Achievement IV Alteplase Arrive by 2 Hour, Treat by 3 Hour Early Antithrombotics VTE Prophylaxis Antithrombotics Anticoag for AFib/AFlutter Smoking Cessation Statin Prescribed at Discharge Quality Dysphagia Screen Stroke Education	Ţ	
	Add Another Report	:	

- ACHIEVEMENT MEASURES: "CONSENSUS-GWTG/PAA SET"
- QUALITY (PLUS AWARD) MEASURES: "GWTG STROKE QUALITY MEASURES"
- TARGET STROKE MEASURES: "GWTG TARGET STROKE SET"



٠

FILTER OPTIONS SHOW

### HOW TO DRILL DOWN ON FALLOUTS

#### Generate Report

TIME PERIOD				
Interval:	Annually 🔻 🗆 Aggregate			Measure Descriptions - Achievement
From:	2019 V Jan V			Measure Descriptions - Quality Measure Descriptions - Reporting
To:	2019 🔻			Measure Descriptions - Descriptive and Data Quality Measure Descriptions - Comprehensive Stroke (GWTG
				specific) Measure Descriptions - Observation Status Only
Report 1				Measure Descriptions - Inpatient Stroke Measure Descriptions - Historic
GWTG Standard Measures:	IV Alteplase Arrive by 2 Hour, Treat by 3 Hour	·	stroke patients who arrive at	Stroke Measure Logic and Rationale Stroke Core Measures
GWTG Enhanced Version & Special Initiative Measures:	Select Measure	Ŧ	the hospital within 120 minutes (2 hours) of time	Measure Descriptions - PSC Measure Descriptions - PSC Optional Measures 30 Day Measure Descriptions
GWTG Additional Patient Population Measures:	Select Measure	Ŧ	last known well and for whom IV alteplase was initiated at this hospital	Measure Descriptions - CSTK Measure Descriptions - Stroke MER
Historic Measures:	Select Measure	٣	within 180 minutes (3 hours)	Measure Descriptions - EMS/ML Measure Descriptions - ASR
	Bar Chart 🔹		of time last known well.	Target: Type 2 Diabetes measure Descriptions
Compare to: (ctrl-click to select multiple)	Bar Chart Line Chart Control Chart Comparison Chart Patient Records All Hospitals All STK Hospitals East North Central Hospitals Midwest Region Hospitals Telestroke Provider All Hospitals (non-expedited) All STK Hospitals (non-expedited)			

**Add Another Report** 

- SELECT THE MEASURE YOU WISH TO INVESTIGATE
- UNDER FORMAT, SELECT "PATIENT RECORDS"



#### Patient Records Report for measure IV Alteplase Arrive by 2 Hour, Treat by 3 Hour

Percent of acute ischemic stroke patients who arrive at the hospital within 120 minutes (2 hours) of time last known well and for whom IV alteplase was initiated at this hospital within 180 minutes (3 hours) of time last known well. Time Period: 01/2019 : 12/2019: Site: AAA National Demo Site (59274) Patients Included: 15, Patients Excluded: 15

Patients in Numerator: 14; % in Numerator: 93.3%

Show filters This report sho

Patient ID	Included in Results?	In Numerator?	Discharge Date:	Age:	Patient location when stroke symptoms discovered:	Final clinical diagnosis related to stroke:	IV alteplase at an outside hospital or EMS / Mobile Stroke Unit?	IV alteplase initiated at this hospital?	When was the patient last known to be well?	Hospital Arrival Date and Time	IV Alteplase Initiation Date/Time	Contraindications:	Warnings:	Documented exclusions or relative exclusions (contraindications or warnings) for not initiating IV thrombolytic in the 0-3 hr treatment window?	Clinical Trial	Elective Carotid Intervention	Rapid improvement or too mild	Exclusion Criteria (contraindications) 0-3 hr treatment window	Relativ Criteria (\ hr treatr
TestRose	Included	No	05/05/2019 12:00	41	Not in a healthcare setting	Ischemic Stroke			05/01/2019 11:00	05/01/2019 12:00					No	No			
12Transfer12	Included	Yes	10/01/2019 12:00	69	Not in a healthcare setting	Ischemic Stroke	No	Yes	10/01/2019 09:45	10/01/2019 10:00	10/01/2019 10:45			No	No	No			
23456789909999	Included	Yes	01/03/2019 12:00	41	Not in a healthcare setting	Ischemic Stroke		Yes	01/01/2019 11:30	01/01/2019 12:00	01/01/2019 12:46			No	No	No			
GWTG02132019	Included	Yes	02/13/2019 12:00	70	Not in a healthcare setting	Ischemic Stroke	No	Yes	02/10/2019 06:00	02/10/2019 07:00	02/10/2019 07:30			No	No	No			
GWTG02142019	Included	Yes	02/10/2019 09:30	70	Not in a healthcare setting	Ischemic Stroke	No	Yes	02/10/2019 07:00	02/10/2019 08:00	02/10/2019 09:00			No	No	No			
GWTG02152019	Included	Yes	02/15/2019 11:00	81	Not in a healthcare setting	Ischemic Stroke	No	Yes	02/11/2019 05:45	02/11/2019 06:30	02/11/2019 06:45			No	No	No			
GWTG02192019	Included	Yes	02/18/2019 11:45	71	Not in a healthcare setting	Ischemic Stroke	No	Yes	02/14/2019 06:30	02/14/2019 07:30	02/14/2019 08:30			No	No	No			
GWTG0221	Included	Yes	01/20/2019 11:00	76	Not in a healthcare setting	Ischemic Stroke	No	Yes	02/18/2019 09:00	02/18/2019 11:00	01/18/2019 11:30			No	No	No			
GWTG03142019	Included	Yes	03/05/2019 12:00	69	Not in a healthcare setting	Ischemic Stroke	No	Yes	03/01/2019 06:45	03/01/2019 07:30	03/01/2019 08:12			No	No	No			
GWTG07102019	Included	Yes	07/08/2019 11:45	69	Not in a healthcare setting	Ischemic Stroke	No	Yes	07/05/2019 05:30	07/05/2019 06:30	07/05/2019 07:00			No	No	No			
Tes11132019	Included	Yes	11/01/2019 12:00	62	Another acute care facility	Ischemic Stroke	No	Yes	10/30/2019 02:18	10/30/2019 03:00	10/30/2019 04:20			No	No	No			
tes11202019	Included	Yes	11/14/2019 03:00	37	Not in a healthcare setting	Ischemic Stroke	No	Yes	11/12/2019 02:34	11/12/2019 02:55	11/12/2019 04:12			No	No	No			
test100119	Included	Yes	09/19/2019 05:00	79	Not in a healthcare setting	Ischemic Stroke		Yes	09/18/2019 01:50	09/18/2019 02:00	09/18/2019 03:00			No	No	No			
heet1212		V	11/05/2019	26	Not in a	Ischemic	NI-		11/01/2019	11/01/2019	11/01/2019			N -		N -			

#### UNDER THE "IN NUMERATOR" HEADER, FALLOUTS WILL BE "NO" ۲

### **TARGET: TYPE 2 DIABETES AWARD RECOGNITION**

- MUST ACHIEVE ≥90% FOR A 12 MONTH COMPOSITE FOR THE FOLLOWING MEASURES:
  - IV Alteplase Arrive by 2 Hour, Treat by 3 Hour (Patients with Diabetes)
  - Early Antithrombotics for Patients with Diabetes
  - VTE Prophylaxis for Patients with Diabetes
  - Antithrombotics for Patients with Diabetes
  - Anticoagulant for AFib/AFlutter for Patients with Diabetes
  - Smoking Cessation for Patients with Diabetes
  - Statin Prescribed at Discharge for Patients with Diabetes
  - Diabetes Treatment Percent of diabetic patients or newly-diagnosed diabetics receiving diabetes treatment in the form of glycemic control (diet or medication) or follow up appointment for diabetes management scheduled at discharge.



#### Configurable Measure Reports

#### Generate Report

TIME PERIOD	
Interval:	Annually 🔻 🗖 Aggregate
From:	2019 ▼ Jan ▼
To:	2019 🔻

**REPORT 1** 

GWTG Standard Measures:	Select Measure	•	Select Measure
GWTG Enhanced Version & Special Initiative Measures:	Select Measure	T	
GWTG Additional Patient Population Measures:	Select Measure Stroke Screen Performed and Reported	•	
Historic Measures:	Stroke Screen Performed and Reported Distributed	1	
Format:	Stroke Severity Screen Performed and Reported - Rate Based Stroke Severity Screen Performed and Reported - Distribution		
	Times from FMC to EVT Time from First Medical Contact to IV alteplase for Acute Ischemic Stroke Use of Thrombolytic Checklist Diabetes		
Compare to: (ctrl-click to select multiple)	**Diabetes Achievement Measure Group** Anticoagulant for AFib/AFlutter (Patients with Diabetes) Antithrombotics for Patients with Diabetes Cardioprotective Anti-hyperglycemic Medication Diabetes Treatment Early Antithrombotics for Patients with Diabetes IV Alteplase Arrive by 2 Hour, Treat by 3 Hour (Patients with Diabetes) Overall Diabetes Cardiovascular Initiative Composite Score		
	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	-	
FILTER OPTIONS SHOW			

Measure Descriptions - Quality Measure Descriptions - Reporting Measure Descriptions - Descriptive and Data Quality Measure Descriptions - Comprehensive Stroke (GWTGspecific) Measure Descriptions - Observation Status Only Measure Descriptions - Inpatient Stroke Measure Descriptions - Historic Stroke Measure Logic and Rationale Stroke Core Measures Measure Descriptions - PSC Measure Descriptions - PSC Optional Measures 30 Day Measure Descriptions Measure Descriptions - CSTK Measure Descriptions - Stroke MER Measure Descriptions - EMS/ML Measure Descriptions - ASR Target: Type 2 Diabetes measure Descriptions

**Measure Descriptions - Achievement** 



DOES THE DIABETES F/U APPOINTMENT DOCUMENTATION HAVE TO MENTION DIABETES? WHAT IF THE PATIENT HAS HAD DIABETES FOR MANY YEARS AND SIMPLY HAS AN APPOINTMENT SCHEDULED WITH THEIR PCP AS PART OF DISCHARGE INSTRUCTIONS AND HAS MORE THAN ONE CHRONIC DISEASE TO MANAGE? DOES THE ABSTRACTOR HAVE TO SEE THE WORD DIABETES IN THE F/U INSTRUCTION?



22

### THE FOLLOW-UP APPOINTMENT MUST BE RELATED TO DIABETES MANAGEMENT. THE NOTES OR DESCRIPTION SHOULD INCLUDE DIABETES TO ANSWER YES.

Anti-hyperglycemic medications:	v     v       v <th>¥ ¥ ¥</th>	¥ ¥ ¥
Follow-up appointment	scheduled for diabetes management? 🔘 Yes 🔘 No/ND 🔘 NC 🕲	
Date of diabetes management follow-up visit:	MM/DD/YYYY HH24:MI V / / / / ::	
Anti-Smoking Tx:	○ Yes ○ No/ND ○ NC <sup>®</sup>	



- FOR THE "REDUCING WEIGHT AND/OR INCREASING ACTIVITY RECOMMENDATIONS" OTHER LIFESTYLE INTERVENTIONS QUESTION, HOW IS THE ABSTRACTOR SUPPOSED TO KNOW IF WEIGHT LOSS/PHYSICAL ACTIVITY RECOMMENDATION WAS SUPPOSED TO HAPPEN? CODING INSTRUCTIONS SAY "PATIENTS WHO ARE OVERWEIGHT OR OBESE (BMI 25 OR GREATER) ARE CANDIDATES FOR INTERVENTION IN WEIGHT MANAGEMENT OR INCREASED PHYSICAL ACTIVITY." IF IT WASN'T DOCUMENTED, DO THEY NEED TO CHECK ON THE BMI TO SEE IF THIS IS NC OR "NO"?
- IT IS APPROPRIATE TO REVIEW THE BMI IF THERE IS CONCERN AS TO WHY IT WAS NOT COMPLETED BUT PATIENTS WITH A BMI <25 WILL BE EXCLUDED FROM THE "THERAPEUTIC LIFESTYLE RECOMMENDATION" MEASURE. YOU DO NOT HAVE TO SELECT NC BASED ON THE BMI, THE MEASURE ACCOUNTS FOR THIS.



Other Lifestyle Interven	tions	
Reducing weight and/or increasing activity recommendations:	○ Yes ○ No/ND ○ NC <b>ⓒ</b>	
TLC Diet or Equivalent:	○ Yes ○ No/ND ○ NC ⓒ	
Anti-hypertensive Diet:	○ Yes ○ No/ND ○ NC 🕐	
Was Diabetes Teaching Provided?	○ Yes ○ No/ND ○ NC 🕲	



• DOES ANY DOSE OF LOVENOX COUNT FOR STK-05?

• STK-05: ISCHEMIC STROKE PATIENTS ADMINISTERED ANTITHROMBOTIC THERAPY BY THE END OF HOSPITAL DAY 2.

HTTPS://MANUAL.JOINTCOMMISSION.ORG/RELEASES/TJC2019A1/?\_GA=2.30723711.1768206058.1575415584-113634832.1551821691

HTTPS://MANUAL.JOINTCOMMISSION.ORG/MANUAL/QUESTIONS/USERQUESTIONDATABASE



- LOVENOX SQ FOR VTE PROPHYLAXIS (I.E. ENOXAPARIN SQ 40 MG ONCE DAILY; ENOXAPARIN SQ 30 MG Q12 HOURS) IS NOT SUFFICIENT. IF NO OTHER ANTITHROMBOTIC THERAPY IS ADMINISTERED BY THE END OF HOSPITAL DAY 2, SELECT "NO."
- GWTG ENTRY CRITERIA MIRRORS TJC

HTTPS://MANUAL.JOINTCOMMISSION.ORG/MANUAL/QUESTIONS/USERQUESTIONID03STK104603



### ARE HEMORRHAGIC BRAIN MASSES INCLUDED INTO GWTG?



### ENTRY CRITERIA

- PATIENTS WITH A FINAL/DISCHARGE DIAGNOSIS OF STROKE OR TRANSIENT ISCHEMIC ATTACK CAN BE INCLUDED INTO THE GWTG-STROKE<sup>®</sup> REGISTRY. THIS INCLUDES CASES WITH A
  - Cerebral Infarction
  - Intracerebral Hemorrhage (non-traumatic)
  - Ischemic Stroke
  - Stroke
  - Subarachnoid Hemorrhage (non-traumatic)
  - Transient Ischemic Attack (TIA)



- HEMORRHAGIC TUMORS ARE NOT SPECIFICALLY INCLUDED IN GWTG RECOMMENDED DATA COLLECTION, BUT MAY BE ENTERED IF A FACILITY WISHES TO TRACK.
- IF YOU ARE A JOINT COMMISSION SITE AND THE PATIENT HAS A AN ICD-10 PRINCIPAL DIAGNOSIS CODE INCLUDED ON TABLE 8.1 OR 8.2, THEY WOULD NEED TO BE ENTERED FOR TJC DATA COLLECTION

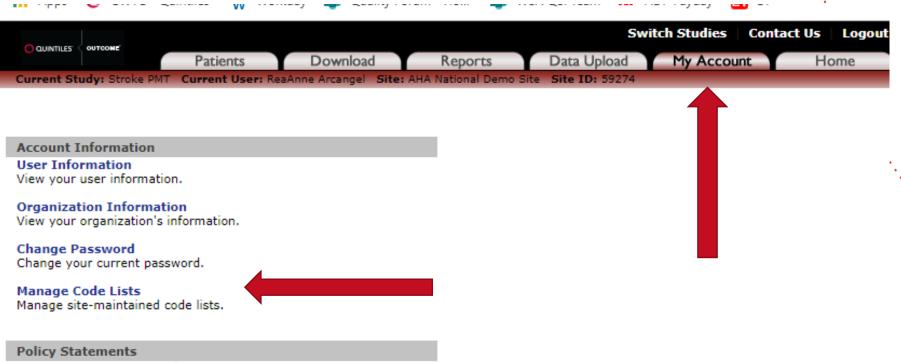
ICD-10 CODES FOR JOINT COMMISSION(TABLE 8.1 & 8.2):

HTTPS://MANUAL.JOINTCOMMISSION.ORG/RELEASES/TJC2019A1/APPENDIXATJC.HTML



### • CAN YOU REVIEW HOW TO ENTER EMS AGENCIES?





Privacy and Security Policy



EMS Agency List

#### Edit EMS Agency List List

Site: 59274

(											
EMS Agency State ID	EMS A	gency Name	EMS Agency State of Licensure	EMS Agency City	EMS Agency State (Location)	EMS Agency Zip	Active				
-			NY	Brooklyn	NY	11201	No	Edit			
-	McCormick Ambulance_H	lawthorne_CA	CA	Hawthorne	CA	90250	Yes	Edit			
-			NY	Rochester	NY	14611	Yes	Edit			
-			NY	Bronx	NY	10473	Yes	Edit			
		I	EMS Agency ID Pick	ær							
		MS Agency Name	EMS Agency State of Licensure		State	· EPR	S Agency Zip	Search			
			NY V		NY V						
Enter at least 2 search terms above (EMS Agency AHA ID, EMS Agency State ID, EMS Agency Name, EMS Agency State of Licensure,EMS Agency City, EMS Agency State (Location) and/or Zip Code) and click the search button Cancel											
•	Agency State ID	Agency State ID     EMS A       -     Fire Departme (aka: FDNY)_       -     McCormick Ambulance_H       -     National Amb Service, Inc       -     Seniorcare En Services, Inc.       -     Seniorcare En Services, Inc.	Agency State ID     EMS Agency Name       -     Fire Department of New York (aka: FDNY)_Brooklyn_NY       -     McCormick Ambulance_Hawthorne_CA       -     National Ambulance & Oxygen Service, IncRochester_NY       -     Seniorcare Emergency Medical Services, IncBronx_NY       cy     EMS Agency State ID       EMS Agency Name       ast 2 search terms above (EMS Agency AHA ID, EMS	Agency State ID     EMS Agency Name     State of Licensure       -     Fire Department of New York (aka: FDNY)_Brooklyn_NY     NY       -     McCormick Ambulance_Hawthorne_CA     CA       -     National Ambulance & Oxygen Service, IncRochester_NY     NY       -     Seniorcare Emergency Medical Services, IncBronx_NY     NY       EMS Agency ID Pick       cy     EMS Agency State ID     EMS Agency Name       Image: Missing Colspan="2">Image: Missing Colspan="2">Missing Colspan="2">Missing Colspan="2">Missing Colspan="2">State of Licensure       Image: Missing Colspan=2     EMS Agency Name     EMS Agency State of Licensure       Image: Missing Colspan=2     Image: Missing Colspan="2">Missing Colspan="2">State of Licensure       Image: Missing Colspan=2     Image: Missing Colspan="2">Missing Colspan="2">State of Licensure       Image: Missing Colspan=2     Image: Missing Colspan="2">Missing Colspan="2">State of Licensure       Image: Missing Colspan=2     Image: Missing Colspan="2">Missing Colspan= 2       Image: Missing Colspan=2     Image: Missing Colspan="2">Missing Colspan= 2 <t< td=""><td>Agency State ID     EMS Agency Name     State of Licensure     Agency City       -     Fire Department of New York (aka: FDNY)_Brooklyn_NY     NY     Brooklyn       -     McCormick Ambulance_Hawthorne_CA     CA     Hawthorne       -     National Ambulance &amp; Oxygen Service, IncRochester_NY     NY     Rochester       -     Seniorcare Emergency Medical Services, IncBronx_NY     NY     Bronx       EMS Agency ID Picker       Cy     EMS Agency State ID     EMS Agency Name     EMS Agency State of Licensure     EMS Agency City       -     Image: State ID     EMS Agency Name     EMS Agency State of Licensure     EMS Agency State of Licensure</td><td>Agency State ID     EMS Agency Name     State of Licensure     Agency City     EMS Agency State (Location)       -     Fire Department of New York (aka: FDNY)_Brooklyn_NY     NY     Brooklyn     NY       -     McCormick Ambulance_Hawthorne_CA     CA     Hawthorne     CA       -     National Ambulance &amp; Oxygen Service, IncRochester_NY     NY     Rochester     NY       -     Seniorcare Emergency Medical Services, IncBronx_NY     NY     Bronx     NY       EMS Agency ID Picker       CY     EMS Agency State ID     EMS Agency Name     EMS Agency State of Licensure     EMS Agency City     EMS Agency State (Location)       -     Image: State ID     Image: State of Licensure     Image: State of Lic</td><td>Agency State ID     EMS Agency Name     State of Licensure     Agency City     EMS Agency State (Location)     Agency Zip       -     Fire Department of New York (aka: FDNY)_Brooklyn_NY     NY     Brooklyn     NY     11201       -     McCormick Ambulance_Hawthorne_CA     CA     Hawthorne     CA     90250       -     National Ambulance &amp; Oxygen Service, IncRochester_NY     NY     Rochester     NY     14611       -     Seniorcare Emergency Medical Services, IncBronx_NY     NY     Bronx     NY     10473       -     EMS Agency State ID     EMS Agency Name     EMS Agency State of Licensure     EMS Agency City     EMS Agency State (Location)     EMS Agency State     EMS State     EMS Agency State     EMS A</td><td>Agency State ID       EMS Agency Name       State of Licensure       Agency City       EMS Agency State (Location)       Agency Zip       Active         -       Fire Department of New York (aka: FDNY)_Brooklyn_NY       NY       Brooklyn       NY       11201       No         -       McCormick Ambulance_Hawthorne_CA       CA       Hawthorne       CA       90250       Yes         -       National Ambulance &amp; Oxygen Service, IncRochester_NY       NY       Rochester       NY       14611       Yes         -       Seniorcare Emergency Medical Services, IncBronx_NY       NY       Bronx       NY       10473       Yes         EMS Agency State ID         EMS Agency State of Licensure         IMS Agency Name         EMS Agency State of Licensure       EMS Agency City       EMS Agency State (Location)       EMS Agency Zip         NY T         NY T       IVT T         NY T         EMS Agency State of Licensure         IMS Agency State of Licensure         NY T       IVT T         IMS Agency State of Licensure,EM         NY T</td></t<>	Agency State ID     EMS Agency Name     State of Licensure     Agency City       -     Fire Department of New York (aka: FDNY)_Brooklyn_NY     NY     Brooklyn       -     McCormick Ambulance_Hawthorne_CA     CA     Hawthorne       -     National Ambulance & Oxygen Service, IncRochester_NY     NY     Rochester       -     Seniorcare Emergency Medical Services, IncBronx_NY     NY     Bronx       EMS Agency ID Picker       Cy     EMS Agency State ID     EMS Agency Name     EMS Agency State of Licensure     EMS Agency City       -     Image: State ID     EMS Agency Name     EMS Agency State of Licensure     EMS Agency State of Licensure	Agency State ID     EMS Agency Name     State of Licensure     Agency City     EMS Agency State (Location)       -     Fire Department of New York (aka: FDNY)_Brooklyn_NY     NY     Brooklyn     NY       -     McCormick Ambulance_Hawthorne_CA     CA     Hawthorne     CA       -     National Ambulance & Oxygen Service, IncRochester_NY     NY     Rochester     NY       -     Seniorcare Emergency Medical Services, IncBronx_NY     NY     Bronx     NY       EMS Agency ID Picker       CY     EMS Agency State ID     EMS Agency Name     EMS Agency State of Licensure     EMS Agency City     EMS Agency State (Location)       -     Image: State ID     Image: State of Licensure     Image: State of Lic	Agency State ID     EMS Agency Name     State of Licensure     Agency City     EMS Agency State (Location)     Agency Zip       -     Fire Department of New York (aka: FDNY)_Brooklyn_NY     NY     Brooklyn     NY     11201       -     McCormick Ambulance_Hawthorne_CA     CA     Hawthorne     CA     90250       -     National Ambulance & Oxygen Service, IncRochester_NY     NY     Rochester     NY     14611       -     Seniorcare Emergency Medical Services, IncBronx_NY     NY     Bronx     NY     10473       -     EMS Agency State ID     EMS Agency Name     EMS Agency State of Licensure     EMS Agency City     EMS Agency State (Location)     EMS Agency State     EMS State     EMS Agency State     EMS A	Agency State ID       EMS Agency Name       State of Licensure       Agency City       EMS Agency State (Location)       Agency Zip       Active         -       Fire Department of New York (aka: FDNY)_Brooklyn_NY       NY       Brooklyn       NY       11201       No         -       McCormick Ambulance_Hawthorne_CA       CA       Hawthorne       CA       90250       Yes         -       National Ambulance & Oxygen Service, IncRochester_NY       NY       Rochester       NY       14611       Yes         -       Seniorcare Emergency Medical Services, IncBronx_NY       NY       Bronx       NY       10473       Yes         EMS Agency State ID         EMS Agency State of Licensure         IMS Agency Name         EMS Agency State of Licensure       EMS Agency City       EMS Agency State (Location)       EMS Agency Zip         NY T         NY T       IVT T         NY T         EMS Agency State of Licensure         IMS Agency State of Licensure         NY T       IVT T         IMS Agency State of Licensure,EM         NY T			

New Code



## CAN YOU REVIEW HOW TO ENTER A 90 DAY MODIFIED RANKIN SCALE?



Legend Italic Text

MM/DD/YYYY

MM/DD/YYYY

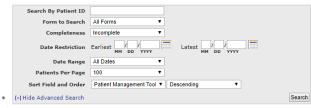
🔕 = 75 - 105 Days Post Discharge Date

#### JC/CMS Submission Schedule | User Manual | Print Blank Forms | Coding Instructions

= Pending

= Incomplete

= Complete







#### **Enter New Patient**

Patient	Patient Management Tool	Stroke Post Discharge Follow-Up	Delete Patient	Edit Patient ID
TestSAH	11/14/2019 Next Admission	Create	Delete TestSAH	Change
tes11202019	<b>11/14/2019</b> Next Admission	Create	Delete tes11202019	Change
test1212	11/05/2019 Next Admission	Create	Delete test1212	Change
barhtest	<b>11/04/2019</b> Next Admission	Create	Delete barhtest	Change
Tes11132019	<b>11/01/2019</b> Next Admission	Create	Delete Tes11132019	Change
SLJTest1	<b>10/16/2019</b> Next Admission	Create	Delete SLJTest1	Change
DMTEST1	<b>10/02/2019</b> Next Admission	Create	Delete DMTEST1	Change
12Transfer12	<b>10/01/2019</b> Next Admission	Create	Delete 12Transfer12	Change
testJG	09/13/2019 Next Admission	Create 📀	Delete testJG	Change
transfertest	<b>08/01/2019</b> Next Admission	Create	Delete transfertest	Change
123Patient	<b>05/28/2019</b> Next Admission	Create	Delete 123Patient	Change
TestRose	<b>05/05/2019</b> Next Admission	Create	Delete TestRose	Change
abcef	03/26/2019 Next Admission	Create	Delete abcef	Change
99887766	03/19/2019 Next Admission	Create	Delete 99887766	Change
Test20195	03/14/2019 Next Admission	Create	Delete Test20195	Change



	Chart Review
	Other
Patient location:	<b>T</b>
	Done Delete Entry
	Create Next Entry
PATIENT STATUS	
Is patient deceased? Date of Death:	O Yes
	No ©
	MM DD YYYY
Cause of Death:	¥
Specific Cause of Death:	
	DVT/PE
	Heart Failure
	Intracranial Hemorrhage (SAH, ICH, SDH, etc)
	Myocardial infarction
	New Ischemic Stroke
	Other Cardiovascular
	Pneumonia/respiratory failure
	Sepsis/Infection
	Severe Disability
	Sudden Death
	Unknown/ND
	Other:
Post Discharge Modified Rankin Scale	○ Yes ○ No/ND ©
Date Post Discharge Modified Rankin Scale Performed	MM DD YYYY
Modified Rankin Scale - Total Score	`
	٣
	Done) Delete Entry
	Create Next Entry



# **THANK YOU!**

