

**STRATEGIC WAYS TO NAVIGATE
STROKE CARE AND COVID-19 –
OPEN DISCUSSION**



WESTERN STATES: AMERICAN HEART ASSOCIATION CONTACTS

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AHA SOCIAL MEDIA/PSA MATERIALS



**Heart Attacks and Strokes
Don't Stop During Pandemics.**

Call 911 right away if you have symptoms.
Even while fighting the coronavirus,
emergency systems stand ready to help.

heart.org



American
Heart
Association.



**BE CERTAIN
IN UNCERTAIN TIMES**

Heart attacks, strokes and cardiac arrests don't stop for COVID-19

During this uncertain time, the American Heart Association is working tirelessly to reduce the impact of COVID-19 in communities across the country.

Heart attack, stroke and cardiac arrest symptoms are always urgent. Don't hesitate to call 911. Emergency workers know what to do. And emergencies don't stop for COVID-19.

KNOW THE SIGNS AND SYMPTOMS

Even in uncertain times, be certain that calling 911 increases your chance of survival -For more info <https://bit.ly/2JG5VaA>

AGENDA:

- WELCOME and Introductions
- RECENT LITERATURE: Dr. Patrick Lyden, AHA Faculty Lead
- OPEN DISCUSSION:
 - Issues and Solutions: Share barriers your teams have encountered or anticipate in the current environment
- GET WITH THE GUIDELINES- Stroke & COVID-19 DATA ELEMENTS: Patient Management Tool Updates
- OPEN DISCUSSION:
 - Share best practices and strategies
- ADJOURN

STROKE CARE & COVID-19

OPEN DISCUSSION



Faculty Speaker:

Patrick D. Lyden, MD

Chair-Elect, American Heart Association/
American Stroke Association Stroke Council
Professor of Neurology,
Cedars-Sinai Medical Center

DISCLOSURES

NONE

RECENT LITERATURE

TEMPORARY EMERGENCY GUIDANCE TO US STROKE CENTERS DURING
THE COVID-19 PANDEMIC DOI: 10.1161/STROKEAHA.120.030023

<https://www.ahajournals.org/doi/abs/10.1161/STROKEAHA.120.030023>

OPEN DISCUSSION



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KNOW THE SIGNS AND SYMPTOMS

Two ways to ask to share:

1. Verbally: please raise your hand and keep this on until we unmute your line
2. Via the Q&A box: type in your comment and question

**AHA GET WITH THE GUIDELINES
STROKE & COVID-19 DATA**



ACTIVE COVID-19 INFECTION

Active bacterial or viral infection at admission or during hospitalization

- Adds the ability to track whether a patient being entered into AHA's outcomes-based registry had a concurrent active viral or bacterial infection upon admission or during hospitalization for the specific disease state.

Required: For discharges after 4.8.2020

If yes, Select all that apply Antiplatelet Anticoagulant

Active bacterial or viral infection at admission or during hospitalization:

Seasonal cold or flu Bacterial infection None/ND

Emerging Infectious Disease

SARS-COV-1

SARS-COV-2 (COVID-19)

MERS

Other infectious respiratory pathogen

Errors and Warnings [-]Errors

The following **errors** will prevent saving the form as complete:

Active bacterial or viral infection:

Please enter a value for Active bacterial or viral infection.
E100

Measurements (first measurement upon presentation to your hospital)

Total Cholesterol:	Triglycerides:	HDL:	LDL:	Lipids: ND
			100	

Selecting “Emerging infectious disease” will require a selection below.

If yes, Select all that apply Antiplatelet Anticoagulant

Active bacterial or viral infection at admission or during hospitalization: Seasonal cold or flu Bacterial infection None/ND

Emerging Infectious Disease ←

SARS-COV-1

SARS-COV-2 (COVID-19)

MERS

Other infectious respiratory pathogen

Measurements (first measurement upon presentation to your hospital)

Total Cholesterol:	Triglycerides:	HDL:	LDL:	Lipids: ND
			100	

[-] Errors
Errors and Warnings
The following **errors** will prevent saving the form as complete:
Emerging infectious disease:
Please enter a value for Emerging infectious disease.
E102

If yes, Select all that apply Antiplatelet Anticoagulant

Active bacterial or viral infection at admission or during hospitalization: Seasonal cold or flu Bacterial infection None/ND

Emerging Infectious Disease

SARS-COV-1

SARS-COV-2 (COVID-19) ←

MERS

Other infectious respiratory pathogen

Measurements (first measurement upon presentation to your hospital)

Total Cholesterol:	Triglycerides:	HDL:	LDL:	Lipids: ND
			100	Lipids: NC

[-] Errors
Errors and Warnings

REASON FOR DELAY IN THROMBOLYTICS

Need for additional PPE for suspected/confirmed infectious disease

- Adds the ability to document “Need for additional PPE for suspected/confirmed infectious disease” as a medical reason for delay in thrombolytic administration of thrombolytics.
- Exclusion for 30, 45, 60-minute Door to thrombolytic measures.

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

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

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

Eligibility Reason(s):

- Social/Religious
- Initial refusal
- Care-team unable to determine eligibility

Specify eligibility reason:

Medical Reason(s):

- Hypertension requiring aggressive control with IV medications
- Further 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
- Need for additional PPE for suspected/confirmed infectious disease

Specify medical reason:

REASON FOR DELAY IN THROMBOLYTICS

Example: Time to Intravenous Thrombolytic Therapy – 30 min

Patient Records Report for measure Time to Intravenous Thrombolytic Therapy - 30 min

Percent of acute ischemic stroke patients receiving intravenous tissue plasminogen activator (alteplase) therapy during the hospital stay who have a time from hospital arrival to initiation of thrombolytic therapy administration (door-to-needle time) of 30 minutes or less.

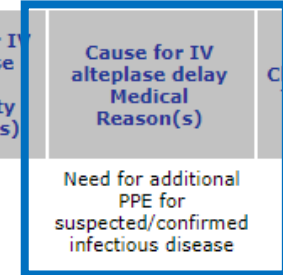
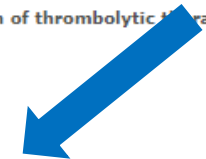
Time Period: Apr 2020 - Apr 2020; Site: AHA Demo test- GWTG-Stroke (88232)

Patients Included: 0; Patients Excluded: 1

Patients in Numerator: 0; % in Numerator:

Show filters This report shows all records. 1 of 1

Patient ID	Included in Results?	In Numerator?	Age:	Patient location when stroke symptoms discovered:	Hospital Arrival Date and Time	IV Alteplase Initiation Date/Time	When was the patient last known to be well?	If IV alteplase was initiated greater than 30 minutes after hospital arrival, were Eligibility or Medical reason(s) documented as the cause for delay:	Cause for IV alteplase delay Eligibility Reason(s)	Cause for IV alteplase delay Medical Reason(s)	Clinical Trial	Final clinical diagnosis related to stroke:	IV alteplase initiated at this hospital?
COVID19	Excluded		63	Not in a healthcare setting	04/06/2020 10:00	04/06/2020 11:00	04/06/2020 09:00	Yes		Need for additional PPE for suspected/confirmed infectious disease	No	Ischemic Stroke	Yes



REASON FOR DELAY IN THROMBOLYTICS

Coding Instruction Update:

- Need for additional PPE for suspected/ confirmed infectious disease: Select this option when there is documentation in the patient medical record that treatment was delayed so that health care providers could obtain additional Personal Protection Equipment (PPE) because the patient had a confirmed or suspected infection.

Select the specific reason(s) documented in the medical record for the delay in administration of IV alteplase at this hospital.

Eligibility Reasons:

- Social/Religious
- Initial refusal
- Care-team unable to determine eligibility
- Specify eligibility reason: _____

Medical Reasons:

- Hypertension requiring aggressive control with IV medications
- Further 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
- Need for additional PPE for suspected/ confirmed infection disease
- Specify medical reason: _____

REASON FOR DELAY IN PERFORMING MECHANICAL ENDOVASCULAR REPERFUSION

Need for additional PPE for suspected/confirmed infectious disease

- Adds the ability to document “Need for additional PPE for suspected/confirmed infectious disease” as a reason for delay in performing mechanical endovascular reperfusion.
- Current DTD measures will be reviewed and updated in a future update.

^^Is a cause(s) for delay in performing mechanical endovascular reperfusion therapy documented?

Yes No

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

Additional proximal vascular procedure required prior to first-pass (stent)

^^Reasons for delay (select all that apply):

Need for additional PPE for suspected/confirmed infectious disease

Delay in stroke diagnosis *

In-hospital time delay *

Equipment-related delay *

Need for additional imaging*

Catheter lab not available*

Other *

REASON FOR DELAY IN PERFORMING MECHANICAL ENDOVASCULAR REPERFUSION

Coding Instruction Update:

- Need for additional PPE for suspected/ confirmed infectious disease: Select this option when there is documentation in the patient medical record that treatment was delayed so that health care providers could obtain additional Personal Protection Equipment (PPE) because the patient had a confirmed or suspected infection.

Data Collection Question:	Are reasons for delay in performing mechanical endovascular reperfusion therapy documented?
Format:	Length: 1 Type: Multi-select field Occurs: 1 – 9
Allowable Values:	<ul style="list-style-type: none">- 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- Additional proximal vascular procedure required prior to first pass (stent)- Need for additional PPE for suspected/ confirmed infectious disease- Delay in stroke diagnosis *- In-hospital time delay *

FOLLOW-UP APPOINTMENT SCHEDULED FOR DIABETES MANAGEMENT?

Coding Instruction Update:

OPTIONAL: Follow Up Appointment Scheduled for diabetes management?

REQUIRED for Target: Type 2 Diabetes with new or previous diagnosis of DM

Was a follow-up appointment for diabetes management scheduled and documented in the hospitalization medical record including **type (office, tele-health) and date of the appointment?** ~~location, date, and time for a follow-up office visit?~~

- Yes: A follow-up appointment was scheduled for the patient
- No: A follow-up visit was not scheduled, a follow-up appointment visit was scheduled with a provider for management of condition other than diabetes or cannot be determined from medical record documentation.

Notes for Abstraction:

- **Select "Yes" if the follow up appointment for diabetes management was scheduled as a tele-health or office visit.**
- The follow-up visit must be with one of the following healthcare providers: physician, PA, or APN and must be related to management of diabetes.

Follow-up appointment scheduled for diabetes management? Yes No/ND NC

Date of diabetes management follow-up visit:

DATE OF DIABETES MANAGEMENT FOLLOW-UP VISIT:

Coding Instruction Update:

REQUIRED for Target: Type 2 Diabetes, when "Follow-up appointment scheduled for diabetes management?" is "Yes"

Record the month, date, year and time of the first scheduled follow-up appointment for diabetes management with any of the following healthcare providers: physician, PA, APN, or RN.

- For Date, Use the format MM/DD/YYYY.
- For Time, Use military time: HH:MM
- If multiple follow-ups are scheduled, enter the first scheduled date.
- If the date of follow-up is unknown select Not Documented.

Notes for Abstraction:

- The follow-up **appointment** visit must be with one of the following healthcare providers: physician, PA, or APN and must be related to management of diabetes.

Follow-up appointment scheduled for diabetes management? Yes No/ND NC ©

Date of diabetes management follow-up visit: / / :

MM DD YYYY HH MI

GWTG-STROKE COVID-19 **FUTURE UPDATE**

PREVIOUS MEDICAL HISTORY

- HISTORY OF EMERGING INFECTIOUS DISEASE
 - SARS-COV-1
 - SARS-COV2 (COVID-19)
 - MERS
 - Other infectious respiratory pathogen

LOGIC AND RATIONALE

Adding covid-19 related options to previous medical history

Of the patients entered in AHA's outcome-based registry, this allows for the evaluation of outcomes of patients in the disease state who have had a previous history of an emerging infectious disease. This also allows outcomes to be compared to patients who did not have a history of an emerging infectious disease.

NEW COVID-19 REGISTRY



Newsroom

News Media
Access

Policies &
Resources

Categories: [COVID-19](#), [Heart News](#), [Program News](#) | Published: April 03, 2020

New COVID-19 patient data registry will provide insights to care and adverse cardiovascular outcomes

American Heart Association develops first CVD-focused registry through its Get With The Guidelines quality program



AHA COVID-19 REGISTRY WILL LAUNCH IN EARLY MAY 2020

AHA IS LOOKING FOR INTERESTED SITES TO PARTICIPATE IN THIS NEW COVID-19 REGISTRY

PAPER CRFS WILL BE PROVIDED TO SITES WHO ARE INTERESTED IN STARTING TO COLLECT THE DATA IN ADVANCE OF THE REGISTRY GOING LIVE

IDEAL SITE CHARACTERISTICS INCLUDE THOSE WITH STRONG PROTOCOLS OR PROCESSES IN PLACE FOR SERIAL CARDIAC LABS

THIS REGISTRY IS COMPLIMENTARY FOR HOSPITAL ENROLLMENT

IF INTERESTED, PLEASE CONTACT QUALITYRESEARCH@HEART.ORG



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- PATIENT PLACEMENT / CENSUS OVERFLOW PROCESS
- TELESTROKE / NIHSS
- PATIENTS TRANSFERRING FOR MECHANICAL ENDOVASCULAR REPERFUSION
- KEEPING STROKE PATIENTS SAFE FROM COVID-19 EXPOSURE (I.E. IMAGING AND IR SUITE CLEANING PROTOCOLS)
- NURSE TO PATIENT RATIOS
- EMS ENGAGEMENT
- EMS DESTINATION PROTOCOLS
- PRE-HOSPITAL ACTIVATION
- ED TRIAGE OF WALK-INS
- STROKE PATIENT THROUGHPUT
- POST INTERVENTION MANAGEMENT
- OTHER



RESOURCES



[+ Heart Attack And Stroke Symptoms](#)

[👤 Volunteer](#)

[🛒 SHOP](#)

[❤️ Donate Now](#)



[Healthy Living](#) ▾

[Health Topics](#) ▾

[Professionals](#) ▾

[Get Involved](#) ▾

[Ways to Give](#) ▾

[About Us](#) ▾

[CPR](#) ▾

[Find Your Local Office](#) ▾

Quality Improvement

Get With The Guidelines[®]

Mission: Lifeline[®]

Target: BP[™]

Target: Heart FailureSM

Target: StrokeSM

Research and Publications

Hospital Certification

Hemorrhagic Stroke Initiative

[Home](#) / [Professional Resources](#) / [Quality Improvement](#)

Quality Improvement program updates in response to COVID-19

Due to the unique circumstances caused by the coronavirus, we are making several adjustments to our quality improvement programs that may impact your facility.

[View Updates to Quality Improvement Programs](#) >



ADDITIONAL AHA PROFESSIONAL COVID-19 RESOURCES

COVID-19 CONTENT: AN AHA COMPENDIUM

Science News & AHA Journals

- **New!** Training Resource: Oxygenation and Ventilation of COVID-19 Patients
- **New!** COVID-19 Guidance for Women's Health (PDF)
- AHA Journal COVID-19 content
- *Circulation* Video Series: COVID Updates From the Front Lines
- Role of the AHA during COVID-19
- HFSA/ACC/AHA statement addresses concerns re: using RAAS antagonists in COVID-19
- From CEO Nancy Brown: Compassion amid crisis: AHA presidents awed by COVID-19 response
- News release: Patients with COVID-19 taking ACE-I and ARBS should continue treatment
- News release: AHA, other health care groups issue urgent call for action on medical equipment shortages

Stroke Community

- **New!** Temporary Emergency Guidance to U.S. Stroke Centers During the COVID-19 Pandemic

AND MORE.....

- Videos from Front lines
- CPR & Resuscitation Interim Guidance
- Research Community Opportunities
- Electrophysiology Guidance
- Support for Patients and Public

Meet Your Quality & Systems Improvement Team



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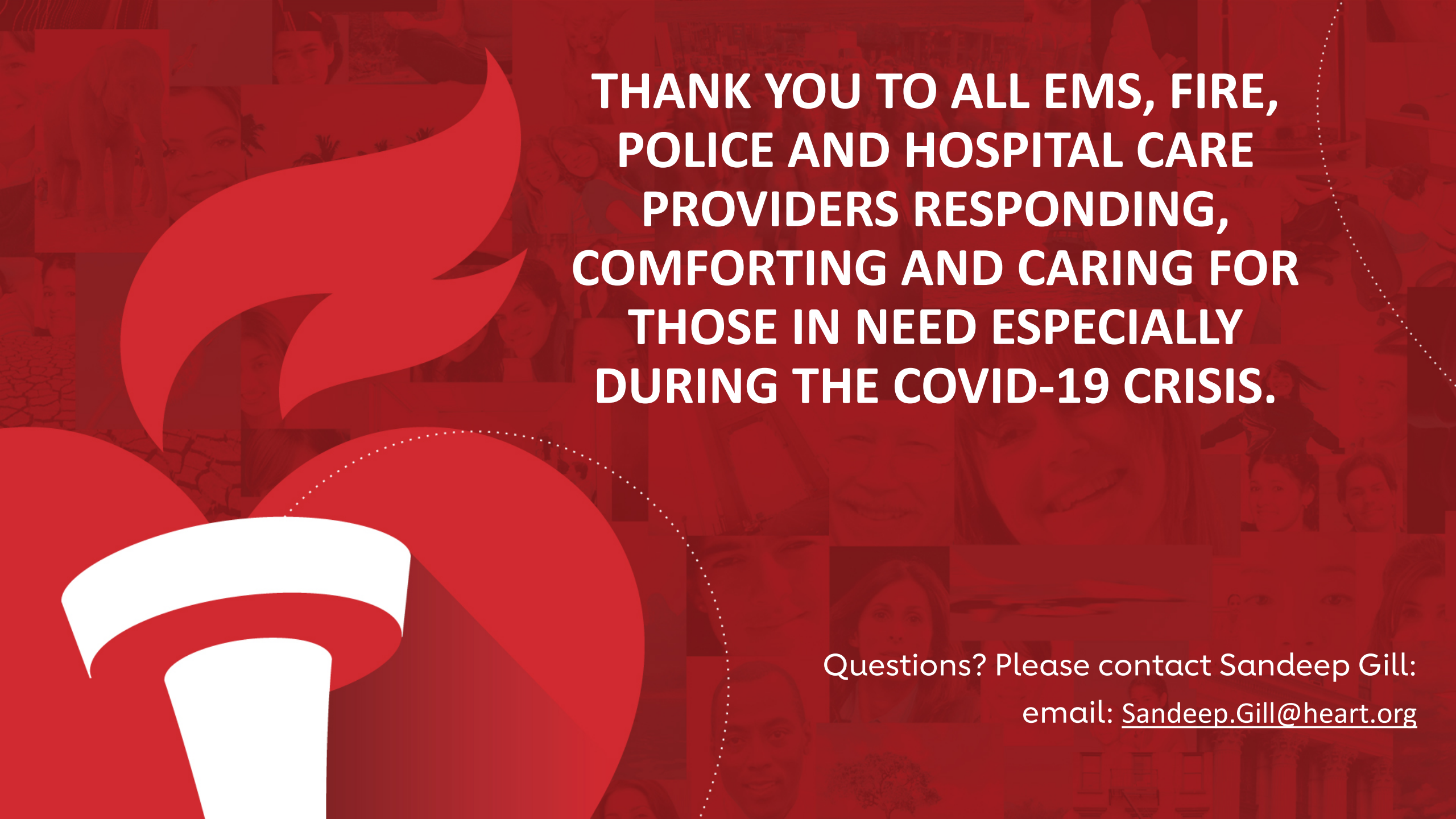
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**THANK YOU TO ALL EMS, FIRE,
POLICE AND HOSPITAL CARE
PROVIDERS RESPONDING,
COMFORTING AND CARING FOR
THOSE IN NEED ESPECIALLY
DURING THE COVID-19 CRISIS.**

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