Get With The Guidelines® – Stroke
Spring 2013 Program Update

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Update will occur on Saturday April 6th
Overview

- Preview updated and new data elements and measures
- Unveil Get With The Guidelines Comprehensive Stroke Center Metrics (data elements and measures)
- Introduce Post Discharge Follow-Up form enhancements
- Review coding instruction updates
- Demonstrate improvements made to online functionality

*Changes are relevant to standard form users only. Alternate changes were made to streamline the limited form and will not be discussed as part of today’s webinar. Email your AHA field staff representative if you are a limited form user in need of additional information.*
Data Element and Measure Updates

Updated/New Data Elements

- Zip Code (Admission tab): Added as an optional data element for GWTG
- Discharge Date (Discharge tab): Updated to allow for the collection of either just date or date and time of discharge
- A set of Comprehensive Stroke data elements can be added for those sites that choose to activate this form group (more specifics to come later in the presentation)

Removed Data Elements

- Was DVT prophylaxis initiated by the end of hospital day 2 (Hospitalization tab): Element has been retired and will appear on the Historic tab
- Coverdell Enhanced version users: The Coverdell specific data element of First Glasgow Coma Scale (GCS) in ICH patients (Admission tab) has been retired and will appear on the Historic tab
Data Element and Measure Updates

### Updated/New Measures

- **VTE Prophylaxis (Achievement)**: Updated to include the data elements of 8-Oral Factor Xa and *is there physician/APN/PA documentation why Oral Factor Xa Inhibitor was administered for VTE prophylaxis*. The exclusions of **VTE Interventions: Blank** and **VTE interventions date: Blank** will be removed. This will help to better align the measure with STK-1.

- ** Modified Rankin Scale at Discharge (Reporting)**: Updated to exclude patients that are *Not Admitted*.

- **Thrombolytic Therapies (Reporting)**: Updated to include only patients with a Final Clinical Diagnosis Related to Stroke = Ischemic Stroke.

- **The **GWTG Target Stroke Set****: Updated to include the following measures — *will enable seamless completion of the Target: Stroke Honor Roll application*: Diagnosis, Thrombolytic Therapies, Time to intravenous thrombolytic therapy, Door to IV rt-PA in 60 min (historic quality), IV rt-PA arrive by 2 hr treat by 3 hour, Door to IV rt-PA times.

### Removed Measures

- DVT Prophylaxis (GWTG Historic) (Reporting): Will be moved to Historic measure section.
Get With The Guidelines®-Stroke Comprehensive Stroke Center Metrics

- As part of a pilot project to allow for the collection of more detailed information on treatments provided to complex stroke patients, GWTG has developed a set of Comprehensive Stroke Center metrics based on recommendations outlined in the AHA/ASA scientific statement published in Stroke in 2011.
  - Comprehensive Stroke data elements and measures were developed by the Get With The Guidelines expert leaders to help support hospital processes and aspects of care that are strongly supported by science.
  - The American Heart Association/American Stroke Association has collaborated with The Joint Commission since July 2012 to offer Advanced Comprehensive Stroke Center certification. For more information see www.heart.org/accreditation
  - The GWTG program makes every effort to ensure compatibility with measures from other organizations. The pilot GWTG Comprehensive Stroke metrics are not designed to be perfectly aligned with The Joint Commission’s Comprehensive Stroke Pilot Project.
  - The GWTG and The Joint Commission pilots will run simultaneously - data will be harmonized on completion of both pilots.
Metrics for Measuring Quality of Care in Comprehensive Stroke Centers: Detailed Follow-Up to Brain Attack Coalition Comprehensive Stroke Center Recommendations: A Statement for Healthcare Professionals From the American Heart Association/American Stroke Association


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Get With The Guidelines®-Stroke Comprehensive Stroke Data Collection

GETTING STARTED

- A Comprehensive Stroke Enhanced version of the Patient Management Tool (PMT) has been created.
- Sites choosing to activate this version of the PMT will have access to all of the GWTG-Stroke Comprehensive Stroke data elements and measures.
- There is NO additional fee to start using this pilot form!
- Once both the GWTG and TJC comprehensive stroke pilots have been completed, and the measures harmonized, the fee structure will be established.
- Contact the Outcome Help Desk starting April 6, 2013 to start comprehensive stroke data collection.

support@outcome.com
The following is a listing of the 25 additional data elements found in the Comprehensive Stroke Enhanced version of the PMT. None of these elements are required in order to save a record as complete.

- Was the NIH Stroke Scale performed prior to the initiation of thrombolytic therapy or performance of endovascular procedure or within 12 hours of arrival?
- First Glasgow Coma Scale (GCS) in ICH patients
- ICH Score (ICH)
- Hunt and Hess Scale (SAH)
- If IA catheter-based reperfusion at this hospital, type of treatment
- Thrombolysis in Cerebral Infarction (TICI) Post-Treatment Reperfusion Grade
- Was there a clinical deterioration within 36 hours of the onset of treatment with IV or IA pharmacologic thrombolytic therapy, or endovascular reperfusion procedure
- If patient died, was there documentation that the patient’s death was due to an intracranial hemorrhagic complication within 36 hours of the onset of treatment with IV or IA pharmacologic thrombolytic therapy, or endovascular procedure
- Highest NIHSS within 36 hours of IV or IA pharmacologic thrombolytic therapy, or endovascular reperfusion procedure
- NIHSS that most closely preceded treatment with IV or IA pharmacologic thrombolytic therapy, or endovascular reperfusion procedure
- Neuroimaging evidence of hemorrhagic complication within 36 hours
- Date/Time of positive brain image
- Procoagulant treatment initiated in ICH at this hospital & If initiated, was it given within 24 hours of arrival
- If initial INR ≥ 1.4 and treated with procoagulant, Date/Time INR < 1.4
- Post discharge Modified Rankin Scale data elements (5)

- Nimodipine treatment initiated in SAH at this hospital & If initiated, was it given within 24 hours of arrival
- Ischemic Stroke Patients treated with thrombolysis: ~13 elements
- ICH Patients: ~11 elements
- SAH Patients: ~9 elements
Get With The Guidelines®-Stroke Comprehensive Stroke Data Elements

**Stroke Patient Management Tool (Standard, Comprehensive)**

<table>
<thead>
<tr>
<th>Patient ID:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>DIAGNOSIS &amp; EVALUATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial NIH Stroke Scale</td>
</tr>
<tr>
<td>If Yes: O Actual O Estimated</td>
</tr>
<tr>
<td>Total Score</td>
</tr>
</tbody>
</table>

- **Was the NIH Stroke Scale performed prior to the initiation of thrombolytic therapy or performance of endovascular procedure?**

| ^ Denoting elements that are specific to the comprehensive form group |

<table>
<thead>
<tr>
<th>IN-HOSPITAL TREATMENT AND COMPLICATIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complications of Thrombolytic Therapy</td>
</tr>
<tr>
<td>O Symptomatic intracranial hemorrhage &lt;36 hours</td>
</tr>
<tr>
<td>O Life threatening, serious systemic hemorrhage &lt;36 hours</td>
</tr>
<tr>
<td>O UTD</td>
</tr>
</tbody>
</table>

| If bleeding complications occur in patient transferred after IV/IA: |
| O Symptomatic hemorrhage detected prior to patient transfer |
| O Symptomatic hemorrhage detected only after patient transfer |

| O Unable to determine |
| O N/A |

| O Yes O No/ND |

- **Was there a clinical deterioration within 36 hours of the onset of treatment with IV or IA pharmacologic thrombolytic therapy, or endovascular reperfusion procedure?**

| O Yes O No |

| O N/A |

- **If patient died, was there documentation that the patient’s death was due to an intracranial hemorrhage complication within 36 hours of the onset of treatment with IV or IA pharmacologic thrombolytic therapy, or endovascular reperfusion procedure?**

| O Yes O No |

| O N/A |

**MEDICATIONS PRIOR TO ADMISSION**

- **Highest NIHSS within 36 hours of IV or IA pharmacologic thrombolytic therapy, or endovascular reperfusion procedure**

<table>
<thead>
<tr>
<th>^ NIHSS that most closely preceded treatment with IV or IA pharmacologic thrombolytic therapy, or endovascular reperfusion procedure</th>
</tr>
</thead>
</table>

| ^/ / | 

- **Neuroimaging evidence of hemorrhagic complication within 36 hours?**

| O Yes O No |

| ^ Date/Time of positive brain image |

| ^ PH2 |
| ^ IVH |
| ^ SAH |
| ^ EIH |

- **Results of positive brain image**

| ^ None of the above or not documented |

All comprehensive elements will be optional to start.
National Institutes of Health Stroke Scale (NIHSS) Score on Arrival: Percent of ischemic stroke patients for whom an initial NIHSS is documented on arrival.

Modified Rankin Score (mRS) at 90 days: Percent of ischemic stroke patients treated with IV or IA pharmacologic thrombolytic therapy or endovascular reperfusion procedure for whom a 90 day (≥75 days and ≤105 days) mRS is obtained via telephone or in-person and documented.

Severity Measurement on Arrival – Intracerebral Hemorrhage (ICH): Percent of ICH patients with ICH Score on arrival.


Procoagulant reversal agent initiated: Percent of patients with intracerebral hemorrhage (ICH) and an INR ≥ 1.4 due to warfarin anticoagulation that are treated with a procoagulant reversal agent.
Get With The Guidelines®-Stroke Comprehensive Stroke

- **Median Time to Procoagulant Treatment for Intracerebral Hemorrhage (ICH):** Median time to treatment with a procoagulant reversal agent for warfarin related ICH.

- **Median Time to INR Reversal:** Median time to INR reversal in patients treated with procoagulant reversal agent for warfarin related ICH.

- **Intracranial Hemorrhagic Complication, IV tPA alone:** Percent of ischemic stroke patients treated with IV tPA at this hospital that develop intracranial hemorrhagic complications within 36 hours of treatment.

- **Intracranial Hemorrhagic Complication, Intra-arterial thrombolytic therapy alone:** Percent of ischemic stroke patients treated with IA catheter-based reperfusion therapy at this hospital that develop intracranial hemorrhagic complications within 36 hours of treatment.

- **Intracranial Hemorrhagic Complication, IV tPA + Intra-arterial thrombolytic therapy:** Percent of ischemic stroke patients treated with IV tPA followed by IA catheter-based reperfusion therapy at this hospital that develop intracranial hemorrhagic complications within 36 hours of treatment.
Nimodipine Treatment Initiated: Percent of subarachnoid hemorrhage (SAH) patients for whom nimodipine treatment was initiated within 24 hours of arrival.

Median time to recanalization: Median time from arrival to first radiographic image showing access of the occluded arterial segment with a microcatheter in acute ischemic stroke patients who undergo recanalization therapy.

Thrombolysis in Cerebral Infarction (TICI) Post-Treatment Reperfusion Grade 2B or 3: The proportion of patients undergoing catheter-based reperfusion therapy in whom the end of procedure TICI reperfusion grade is 2B or higher.

Thrombolysis in Cerebral Infarction (TICI) Post-Treatment Reperfusion Grade: Patients grouped by Thrombolysis in Cerebral Infarction (TICI) Post-Treatment Reperfusion Grade.
Tools and Resources – Updated Website!

Go To: [www.heart.org/quality](http://www.heart.org/quality)
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Update will occur on Saturday April 6th
PMT Update Process Reminders & General Enhancements

• Notification of intended changes emailed to customers 6 weeks in advance of release
• Detailed User Acceptance Testing just finished: *Thank you to those who participated!*
• Improved links to reach the Outcome, A Quintiles Company billing department on Community Page

Recent Communications from Outcome and the AHA

01/10/2013 2013 GWTG Invoicing from Quintiles (provider.billing@quintiles.com)

• Updated Patient Grid
Post Discharge Follow–Up Form
(formerly the Stroke 30 Day Patient Follow Up Form)

• The Stroke 30 Day Patient Follow Up Form has been updated!
• Retitled: Post Discharge Follow-Up Form

To further support the continuity of care for those patients discharged from the hospital, the AHA/ASA created the 30-day follow-up form. This form allows hospitals to capture patient data in the 30-day period after hospitalization, such as mortality, re-hospitalization, follow-up visits, medication adherence, rehabilitation, patient education, etc.

THE BENEFITS OF THE 30-DAY FORM ARE THAT IT:

• Ensures consistency: The form allows for the collection of 30-day post-discharge information in a consistent fashion from hospital to hospital.
• Avoids duplication: The form reduces administrative burden by auto-populating relevant fields from the PMT.
• Allows for flexibility: The form includes only a few mandatory fields, but provides access to numerous optional fields.
• Provides real-time feedback: The form allows hospitals to determine how they are doing on high-interest data elements.

Form has been updated to allow for:

(1) 30-day follow up data
(2) Post discharge Comprehensive Stroke data
(3) Research or Special Initiative data
Post Discharge Follow–Up Form
(formerly the Stroke 30 Day Patient Follow Up Form)

- Dynamic Post Discharge Follow-Up Form
- It can now be configured to meet your needs!
- Activate (in any combination):
  - 30 Day Follow-Up form group: 30 day patient follow up form data elements and measures
  - Comprehensive Stroke Follow-Up form group: Comprehensive Stroke specific follow up data elements
    *Note: this form group is automatically turned on for all sites that activate the Comprehensive Stroke Enhanced version of the PMT
  - Research Follow-Up form group: Specific research or special initiative follow-up data
Easily identify patients that need post discharge mRS
Coding Instruction Updates

New coding instructions for all new Comprehensive Stroke elements

Updated coding instructions for:

- Zip Code (new element)
- Initial NIH Stroke Scale and Total Score
- Medications Prior to Admission
- Date/Time patient last known to be well
- IV thrombolytic therapy initiated at this hospital
- Documented Contraindications or Warnings for not initiating IV thrombolytic
- IA catheter-based reperfusion at this hospital
- Date/Time of IA catheter-based reperfusion at this hospital
- Is there documentation why (VTE) prophylaxis was not administered at hospital admission
- INR
- Discharge Date and Time
- Antithrombotic Medication(s) at Discharge
- Persistent or Paroxysmal Atrial Fibrillation/Flutter
- Medication Tables 2, 4, and 5

Highlighted Text in the coding instruction document indicates an update since the last version,
Future Updates

- Personal Health Information (PHI) – Coming Fall 2013!
- Meaningful Use
- Interfaces: Currently there are interface solutions for GWTG-Stroke with the following vendors.
  - Midas+
  - Press Ganey
  - Quantros
  - Insight Health
  - heartbase
  - Truven (CSV upload only)
- Specific questions regarding interfaces should be addressed with your local AHA Field Staff, the Outcome Help Desk, or your specific vendor. *We look forward to adding additional vendors to this list in the future!*

*So as to leave sufficient time to address PMT Update questions, we are not able to address specific vendor interface questions on this webinar.*
If you have any outstanding questions, please contact your local AHA Field Staff or the Outcome Help Desk.

Outcome Help Desk:
Tel: 888-526-6700
support@outcome.com
Q&A
You have Questions
We have Answers