

Notes for GWTG-Stroke Release - August 29th, 2018

Discharge Data Elements:

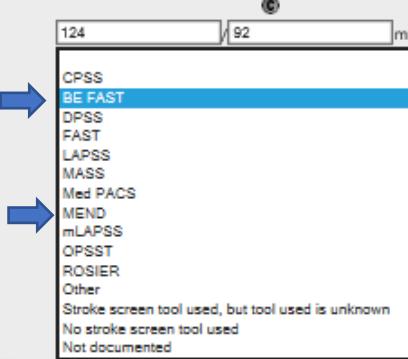
- 1) A new data element, "Smoking Cessation Therapies Prescribed" was added and will be enabled when "Anti-Smoking Tx" = Yes to allow you to track the specific types of cessation therapies your institution is providing at hospital discharge.

Anti-Smoking Tx:	<input checked="" type="radio"/> Yes <input type="radio"/> No/ND <input type="radio"/> NC
Smoking Cessation Therapies Prescribed	<input checked="" type="checkbox"/> Counseling <input checked="" type="checkbox"/> Over the Counter Nicotine Replacement Therapy <input type="checkbox"/> Prescription Medications <input type="checkbox"/> Other <input type="checkbox"/> Treatment not specified

EMS Form Group Data Elements:

NOTE: Not all hospitals have the EMS Form Group activated to support capture of these elements and the Pre-Hospital Care Measures. If you would like to turn on the form group, contact the IQVIA support desk at infosariooutcomesupport@iqvia.com and request that "The EMS Form Group" be added to your GWTG-Stroke Account. Please include your Hospital Name, Mailing Address and Site ID in the email.

- 1) Added two new codes under the field "Indicate the stroke screen tool used:" BE FAST and MEND

Initial Blood Pressure by EMS:	124	92	mmHg	<input type="checkbox"/> ND
Suspected stroke?				
Indicate the stroke screen tool used:	 CPSS BE FAST DPSS FAST LAPSS MASS Med PACS MEND mLAPSS OPSST ROSIER Other Stroke screen tool used, but tool used is unknown No stroke screen tool used Not documented			
Stroke Screen Outcome:				
Indicate the severity scale used?				
Positive for LVO?				
If severity scale assessment completed, enter total score:				

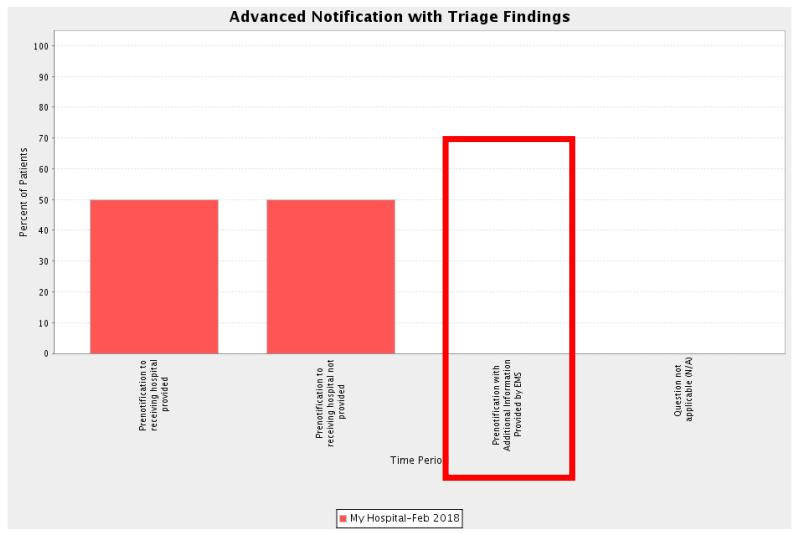
- 2) Added new optional field: "Initial Blood Pressure by EMS"

Initial Blood Pressure by EMS:	124	92	mmHg	<input type="checkbox"/> ND
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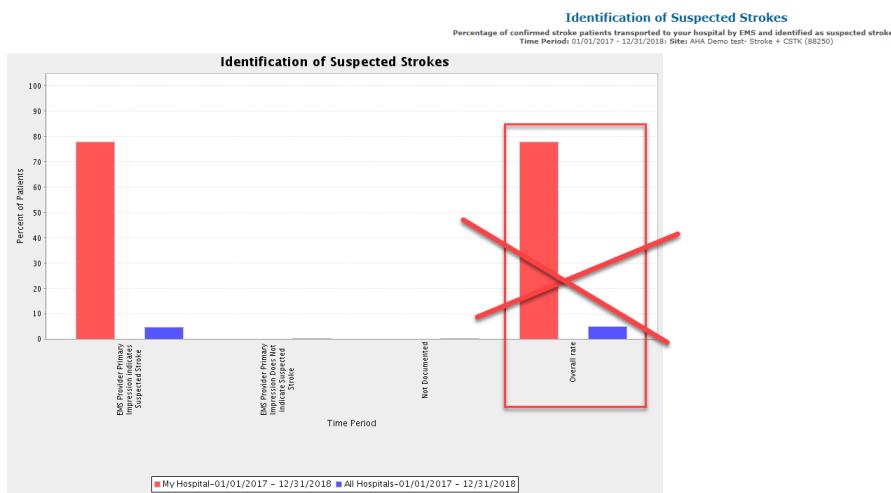
Pre-Hospital Care Measures:

Several Pre-Hospital Care Measures were updated to change display outputs and naming descriptions.

- 1) Advanced Notification with Triage Findings: Updated display to add one additional bar: Prenotification with Additional Information Provided to EMS.



2) Identification of Suspected Strokes: Updated to remove the overall rate bar in the display.



Identification of Suspected Strokes						
Benchmark Group	Time Period	EMS Provider Primary Impression Indicates Suspected Stroke	EMS Provider Primary Impression Does Not Indicate Suspected Stroke	Not Documented	Overall rate	Total
My Hospital	01/01/2017 - 12/31/2018	7 (77.8%)	0 (0%)	0 (0%)	7 (77.8%)	9
All Hospitals	01/01/2017 - 12/31/2018	50 (4.6%)	2 (0.2%)	2 (0.2%)	54 (5%)	1088

overall rate should display in the table, not an additional bar on the graph.

Date of report: 04/30/2018 09:51:56 GMT-04:00 run by User: Samiya Khan (skh_ahadeclect) at Site: AHA Demo test-Stroke + CSTK (88230) in Stroke PMT
Please note: QWYHQ aggregate comparative data is intended for internal quality improvement. Permission is required from The American Heart Association and Quintiles for external presentation or publication of benchmark data.

3) The following measures were updated to correct the description that follows the measure title. Previous descriptions (below) did not reflect these measures track the distribution of patients by category and instead described a rate measure.

- DIDO at 1st Hospital Prior to Transfer
- Times from FMC to EVT
- Use of Thrombolytic Checklist

OLD DESCRIPTION SAMPLE

DIDO at 1st Hospital Prior to Transfer

Door-in-Door-Out Time <= 60 Minutes at First Hospital Prior to Transfer for Acute Therapy: Percentage of confirmed stroke patients transported to your hospital by EMS and for whom <= 60 minutes was spent in the ED prior to transfer to a higher-level stroke center (e.g. PSC, CSC, etc.) for time-critical therapy.

Time Period: Apr 2018 - Jun 2018; Site: Albany Medical Center (10901)

DIDO at 1st Hospital Prior to Transfer

100



NEW DESCRIPTIONS

DIDO at 1st Hospital Prior to Transfer

Distribution of times for confirmed stroke patients transported to your hospital by EMS and were transferred to a higher-level stroke center (e.g. PSC, CSC, etc.) for time-critical therapy. The goal for DIDO is <= 60 minutes.

Time Period: Feb 2018 - Feb 2018; Site: Detroit Receiving Hospital and University Health Center (20867)

Times from FMC to EVT

Distribution of time for confirmed stroke patients transported to your hospital by EMS and the time from first medical contact (FMC) to time of first pass (i.e. deployment) of device for endovascular thrombectomy (EVT). The goal for time from FMC to EVT is <= 60 minutes.

Use of Thrombolytic Checklist

Percentage of confirmed stroke patients transported to your hospital by EMS and for whom a thrombolytic check was completed.

EMS Data Element Items Pending Future Release:

1. “Date/Time Brain Imaging Initiated by MSU”, “Date/Time IV tpa administered by MSU” and “EMS Unit Notified by Dispatch” are all appearing in bold in the current online form. These items are not Required and there is no associated error. They will be un-bolded in a release in the coming weeks. In the meantime, the paper CRF is NOT bold to reflect that these data elements are not required.

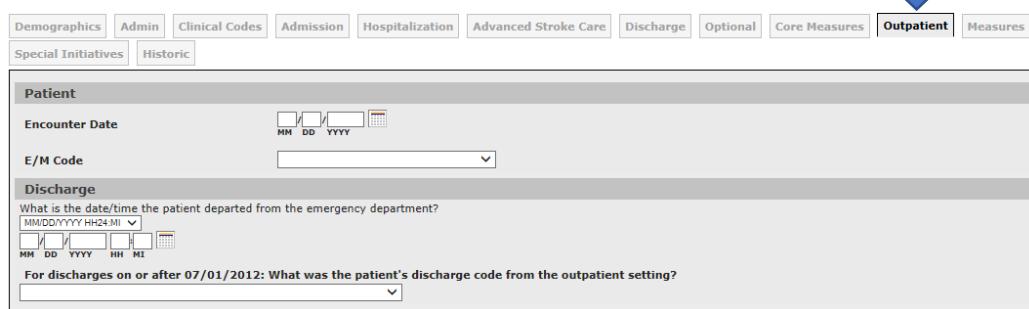
Acute Stroke Ready Data Elements:

A form group was added to facilitate the tracking of TJC Acute Stroke Ready (ASR) data elements. The data elements support tracking of the ASR inpatient and outpatient measures listed below. NOTE:

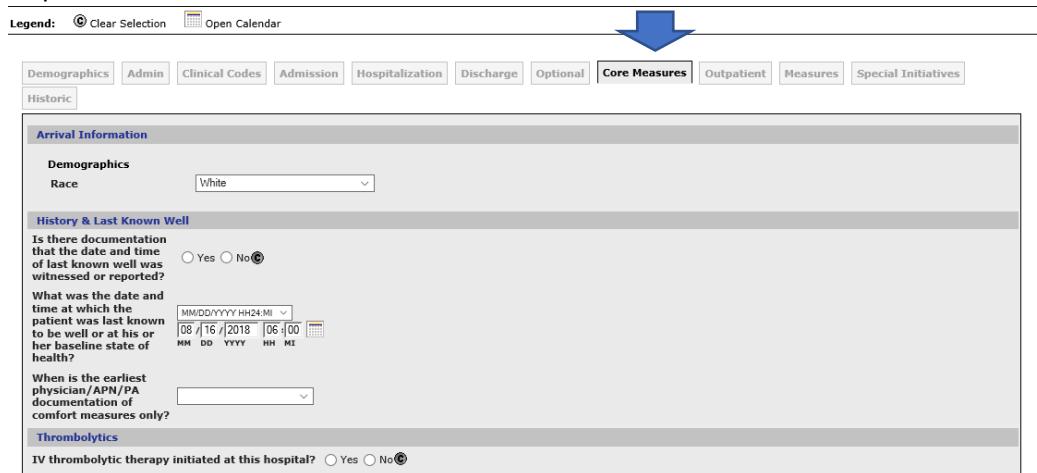
- While the data elements are available now, the measures will be added in a subsequent release. Once the measures are released the system will calculate numerator/denominator for each measure to facilitate CMIP submission. In the meantime, sites may download ASR elements for individual tracking.
- To turn on the form group, contact the IQVIA support desk at infosariooutcomesupport@iqvia.com and request that “The ASR Form Group” be added to your GWTG-Stroke Account. Please include your Hospital Name, Mailing Address and Site ID in the email.

To facilitate tracking of OP measures, ASR sites will see two NEW tabs on their form.

- Outpatient tab was added and will require completion when you answer “Yes, not admitted” to the “Not Admitted:” element.



- Core Measures tab was added and will require completion for acute ischemic stroke patients. The majority of these elements overlap with GWTG and will be automatically populated for you as you fill out the GWTG tab so little additional data collection will be required.



ASR Planned Enhancements Post Release:

There are two enhancements planned to rapidly follow the ASR release to address workflow and data entry.

- Update to Not admitted:** An error is currently firing, indicating that “Admit Date” is required, even when “Yes, Not Admitted” is selected for “Not Admitted”. Users should not be required to enter an admission date, as these patients ARE not an admission. This should only impact a small number of records as this issue is limited to ASR sites, with not-admitted patients transferred out of your ED. A hot fix is planned shortly after the release to correct this and we will notify ASR users when this goes live. In the meantime, users can save the form as incomplete and this will not impact record submission to TJC. Additionally, when the update is live, you can go into prior records and mark as complete.

2. **Additional Response Option for E/M Code:** For the outpatient population the user is required to select encounter date and then an E/M code. This lists patients eligible for inclusion in the Outpatient population. A “Not an eligible E/M code” option is being added to ensure that in the rare event a patient is not admitted and DOES NOT have an E/M code on the list, an appropriate selection would be available. Again, it is not expected this will impact a large volume of cases as this would only be relevant to ASR users, who have not admitted patients who do not meet E/M criteria for inclusion.