

## GTWG – Stroke Registry Programs Patient Management Tool (PMT) Updates

Release date: January 30<sup>th</sup> 2019

Impacted Users: All users and layers

### Summary of Changes in this Release:

#### Enhancements:

- Updated “t-PA” to “alteplase” in all elements of the PMT (all users)
- Added elements related to imaging and advanced imaging to all user groups
  - Imaging Prior to Transfer (MER layer)
  - New options for “Brain Imaging at your Hospital (all layers)
  - Updated and new elements “Advanced Imaging at your Hospital (all layers)
- Added elements for STK-OP-1 and CSTK-01 to STK users
  - Including a new “Outpatient” tab
- “Pre-Stroke Modified Rankin Score” element has been added to CSTK users
- PCSK 9 Inhibitors added as Cholesterol Reducing Tx at discharge
- Updated options for users with the MER layer active related to following questions:
  - Reasons for not performing mechanical endovascular reperfusion therapy
  - Reasons for delay
- Statin at Discharge:
  - Additional statin and dosing combinations have been added
  - New element “Documented Reason for Not Prescribing Guideline Recommended Dose?”
    - Reasons for not prescribing guideline recommended dose enabled in:
      - Patients >75 who receive dose less than moderate.
      - Patients <=75 who receive dose less than intensive.

#### Fixes:

- Update to form logic eliminating auto population of “Did the patient receive IV or IA alteplase at this hospital or within 24 hours prior to arrival?” = Yes, when “Catheter-based stroke treatment at this hospital?” = Yes.

#### Operations (Technical):

- “Intensive Statin Therapy?” moved to Historic Tab

Below are the details of the updates:

Admission tab:

1. Update field text From: Advanced notification by EMS/Mobile Stroke Unit? (Traditional Responder or Mobile Stroke Unit) To: Advanced notification by EMS or MSU?

**Advanced notification by EMS or MSU?**

Yes  No/ND  C

2. Add "ND" response for "If Yes, Telestroke consult performed, select all applicable delivery methods."

If Yes, telestroke consult performed, select all applicable delivery methods.

Interactive Video  
 Teleradiology  
 Telephone Call  
 ND

3. Add "DVT/PE" and add sub-field for "Previous Stroke" response for "Previously known medical hxof (Select all that apply):"

**Medical History**

<input type="checkbox"/> None	<input type="checkbox"/> CAD/prior MI	<input type="checkbox"/> Carotid Stenosis
<input type="checkbox"/> Atrial Fib/Flutter	<input type="checkbox"/> DVT/PE	<input type="checkbox"/> Depression
<input type="checkbox"/> Current pregnancy (up to 6 weeks post partum)	<input type="checkbox"/> Drugs/Alcohol Abuse	<input type="checkbox"/> Dyslipidemia
<input type="checkbox"/> Diabetes Mellitus	<input type="checkbox"/> HF	<input type="checkbox"/> HRT
<input type="checkbox"/> Family History of Stroke	<input type="checkbox"/> Migraine	<input type="checkbox"/> Obesity/Overweight
<input type="checkbox"/> Hypertension		
<b>Previously known medical hx of (Select all that apply):</b>	<input type="checkbox"/> Previous TIA	<input type="checkbox"/> Prosthetic Heart Valve
<input type="checkbox"/> Previous Stroke	<input type="checkbox"/> Renal insufficiency - chronic	<input type="checkbox"/> Sickle Cell
<input type="checkbox"/> Ischemic stroke	<input type="checkbox"/> Smoker	
<input type="checkbox"/> ICH		
<input type="checkbox"/> SAH		
<input type="checkbox"/> Not Specified		
<input type="checkbox"/> PVD		
<input type="checkbox"/> Sleep Apnea		

Hospitalization tab:

1. Brain Imaging:

- New response options "CT" and "MRI"
- "Interpretation" updated to include the word "Acute" for clarity

<b>Brain imaging completed at your hospital for this episode of care?</b> <input checked="" type="radio"/> Yes <input type="checkbox"/> CT <input type="checkbox"/> MRI Diffusion <input type="radio"/> No/ND Brain imaging at outside hospital <input checked="" type="radio"/> C  <b>Interpretation of first brain image after symptom onset, done at any facility:</b> <input type="radio"/> Acute Hemorrhage <input type="radio"/> No Acute Hemorrhage <input type="radio"/> Not Available <input checked="" type="radio"/> C	Date/Time Brain Imaging First Initiated at your hospital: MM/DD/YYYY HH24:MI MM / DD / YYYY HH MI
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- Elements "Was vascular imaging or reperfusion imaging performed at your hospital" and "Date/Time 1<sup>st</sup> vessel or perfusion imaging initiated at your hospital" from MER form group have been added to Stroke and Stroke Limited
- New Element "If yes, type of vascular imaging" added to MER, Stroke, Stroke Limited
- Required for MER form group in ischemic stroke patients, optional for Stroke and Stroke Limited
- Appear below "Brain Imaging at your Hospital"

Was vascular or perfusion imaging (CTA, MRA, DSA) performed at your hospital? <input checked="" type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> C  Vascular or perfusion imaging performed at your hospital (select all that apply) <input type="checkbox"/> CTA <input type="checkbox"/> CT Perfusion <input type="checkbox"/> MRA <input type="checkbox"/> MR Perfusion <input type="checkbox"/> DSA (catheter angiography) <input type="checkbox"/> Image type not documented	Date/Time 1 <sup>st</sup> vessel or perfusion imaging initiated at your hospital: MM/DD/YYYY HH24:MI MM / DD / YYYY HH MI
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- Elements "Was a target lesion visualized?" and "If yes, select site of large vessel occlusion" from MER have been added to Stroke and Stroke Limited
- Required for MER form group in ischemic stroke patients with vascular imaging. Optional for Stroke and Stroke Limited

Was a target lesion (large vessel occlusion) visualized?

Yes  No/ND 

If yes, select site of large vessel occlusion (select all that apply):

ICA
 

- Intracranial ICA
- Cervical ICA
- Other/UTD

 MCA
 

- M1
- M2
- Other/UTD

 Basilar Artery
 

- Other cerebral artery branch
- Vertebral Artery

2. Updated text from "Complications of Thrombolytic Therapy" to "Complications from Reperfusion Therapy (Thrombolytic or MER)"

**Complications of Thrombolytic Therapy**

**Complications of Reperfusion Therapy (Thrombolytic or MER)**

Symptomatic intracranial hemorrhage <36 hours  Other serious complication  
 Life threatening, serious systemic hemorrhage <36 hours  No serious complications  
 UTD

**Discharge Tab:**

1. PCSK 9 Inhibitor added as an option for Cholesterol Reducing Tx:"
2. Additional statin combinations and doses have been added.
3. Reason required not prescribing 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.

Cholesterol Reducing Tx (Select all that apply):

None prescribed/ND  Statin  Niacin  Other med  
 None - contraindicated  Fibrate  Absorption inhibitor  PCSK 9 inhibitor

Statin Medication  Statin Total Daily Dose

Documented Reason for Not Prescribing Guideline Recommended Dose?

Intolerant to moderate (>75yr) or high (<=75yr) intensity statin  
 No evidence of atherosclerosis (cerebral, coronary, or peripheral vascular disease)  
 Other documented reason  
 Unknown/ND

Documented reason for not prescribing a statin medication at discharge?

Yes  No 

4. The data element "Intensive Statin Therapy" has been moved to the Historic Tab.

- Moving forward statin and dose will be used for the numerator.

Note: **DO NOT** complete this tab for any NEW patient records. The data elements in this tab are historic, meaning they have been retired. If you have any data shown here, it reflects how these questions were answered at the time that the data elements were active. If you find, as part of a data review, that you inappropriately answered a data element listed here, you may change your response. Otherwise, leave this tab blank.

For patients discharged

Intensive Statin Therapy

Yes  No/ND  NC 

## MER Layer:

New Elements for MER Form Group ONLY, Imaging Prior to Transfer. Optional for record completion and will appear above "Brain Imaging at your Hospital".

**Brain Imaging**

Was brain or vascular imaging performed prior to transfer to your facility?  Yes  No/ND 

If yes, which imaging tests were performed? (select all that apply)

CT  
 CTA  
 CT Perfusion  
 MRI  
 MRA  
 MR Perfusion  
 Image type not documented

Date/Time 1st vessel or perfusion imaging initiated at prior hospital:  
 MM/DD/YYYY HH24:MI  
 01/31/2019 12:54 

- Added response "Allergy to contrast material" for field "Reason for Not Performing MER (select all that apply)"

**Reasons for not performing mechanical endovascular reperfusion therapy (select all that apply):**

artery  
 Patient/family refusal  
 MER performed at outside hospital  
 Allergy to contrast material  
 Equipment-related delay \*  
 No endovascular specialist available \*  
 Delay in stroke diagnosis \*  
 Vascular imaging not performed \*  
 Advanced Age \*  
 Other \* 

\* These reasons do not exclude from measure population

- Added 2 new responses for "Reasons for delay (select all that apply):"
- \*These do not exclude the patient from the MER Time to EVT measures

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

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  
 Delay in stroke diagnosis \*  
 In-hospital time delay \*  
 Equipment-related delay \*  
 Need for additional imaging\*  
 Catheter lab not available\*  
 Other \*

## STK Layer:

## Admission Tab-

Total Score	<input type="text"/>	Calculate Score
NIH Stroke Scale <a href="#">SHOW</a>		
<p>^Is there documentation that an initial NIHSS score was done at this hospital? <input checked="" type="radio"/> Yes <input type="radio"/> No <a href="#">C</a></p> <p>^What is the date and time that the NIHSS score was first performed at this hospital? <input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> : <input type="text"/> <a href="#">MM</a> <a href="#">DD</a> <a href="#">YYYY</a> <a href="#">HH</a> <a href="#">MI</a> </p>		

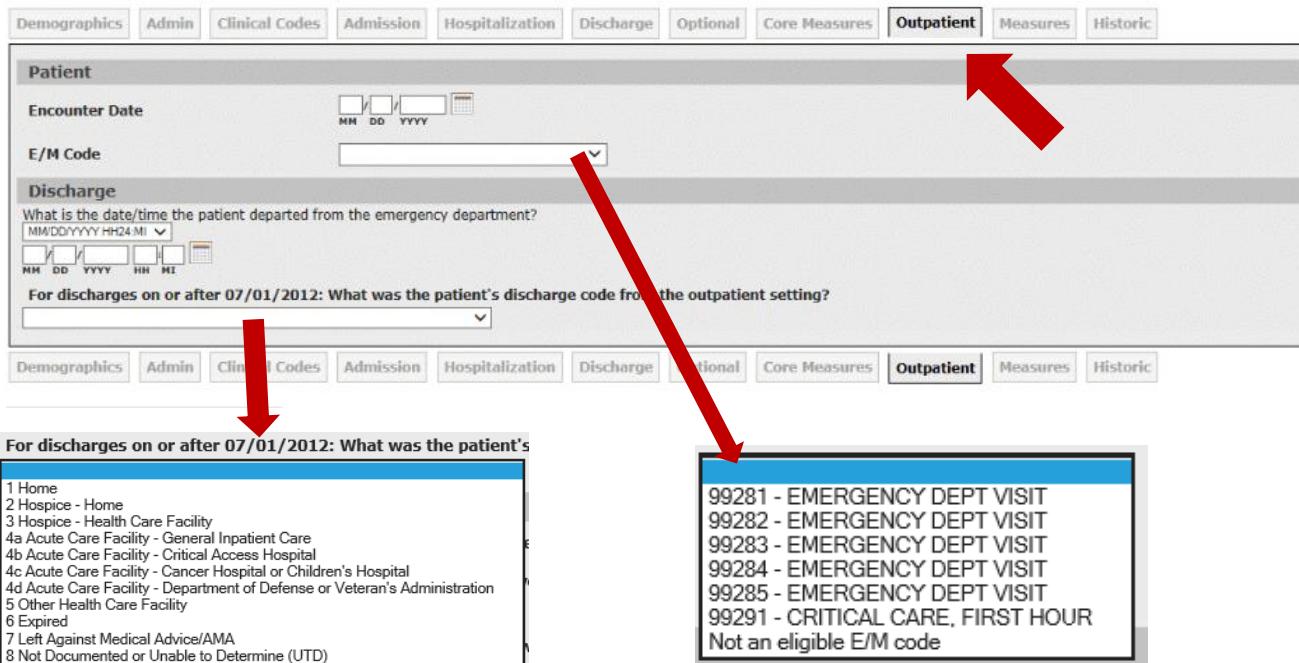
Field “^Is there documentation that an initial NIHSS score was done at this hospital?” is populated to “Yes” when all of these conditions are met:

- Initial NIH Stroke scale = Yes
- If yes = Actual
- Total Score is provided

Initial NIH Stroke scale	<input checked="" type="radio"/> Yes <input type="radio"/> No/ND <a href="#">C</a>
If yes:	<input checked="" type="radio"/> Actual <input type="radio"/> Estimated from record <input type="radio"/> ND <a href="#">C</a>
Total Score	<input type="text" value="1"/> Calculate Score
NIH Stroke Scale <a href="#">SHOW</a>	
<p>^What is the first NIHSS score obtained prior to or after hospital arrival? <input type="text"/> <input type="checkbox"/> UTD</p> <p>^Is there documentation that an initial NIHSS score was done at this hospital? <input checked="" type="radio"/> Yes <input type="radio"/> No <a href="#">C</a></p>	

## Outpatient Tab- [New tab and elements for STK]

- To facilitate tracking of OP measure, STK sites will see a NEW tab on their form.
- Elements will require completion when you answer “Yes, not admitted” to the “Not Admitted:” element in the Admin tab.



**Patient**

Encounter Date:  /  /

E/M Code:

**Discharge**  
What is the date/time the patient departed from the emergency department?  
MM/DD/YYYY HH24:MI   
 /  /

For discharges on or after 07/01/2012: What was the patient's discharge code from the outpatient setting?

**For discharges on or after 07/01/2012: What was the patient's**

1 Home  
2 Hospice - Home  
3 Hospice - Health Care Facility  
4a Acute Care Facility - General Inpatient Care  
4b Acute Care Facility - Critical Access Hospital  
4c Acute Care Facility - Cancer Hospital or Children's Hospital  
4d Acute Care Facility - Department of Defense or Veteran's Administration  
5 Other Health Care Facility  
6 Expired  
7 Left Against Medical Advice/AMA  
8 Not Documented or Unable to Determine (UTD)

99281 - EMERGENCY DEPT VISIT  
99282 - EMERGENCY DEPT VISIT  
99283 - EMERGENCY DEPT VISIT  
99284 - EMERGENCY DEPT VISIT  
99285 - EMERGENCY DEPT VISIT  
99291 - CRITICAL CARE, FIRST HOUR  
Not an eligible E/M code

## Hospitalization Tab-

### Added STK-OP-1 elements:

- “Is there documentation of LVO in the medical record?”
- “Is there documentation in the medical record that the patient is eligible for MER therapy or a mechanical thrombectomy procedure?”

**Endovascular Therapy**

Is there documentation of a LVO in the medical record?  Yes  No

Is there documentation in the medical record that the patient is eligible for MER therapy or a mechanical thrombectomy procedure?  Yes  No

## CSTK Layer:

Pre-stroke Modified Rankin Score has been added to CSTK users in the Admission Tab.

- This data element is used for CSTK-10 in the TJC Risk Adjustment Model
- For more information about risk adjustment from TJC visit: <https://manual.jointcommission.org/Manual/RiskAdjustment>

Pre-stroke Modified Rankin Score