

GWTG – Stroke Registry Programs Patient Management Tool (PMT) Updates

Release date: January 30th 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.

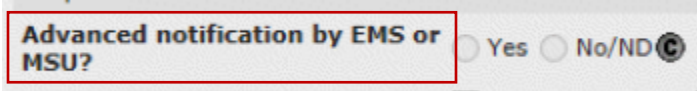
Operations (Technical):

- “Intensive Statin Therapy?” moved to Historic Tab

Below are the details of the updates:

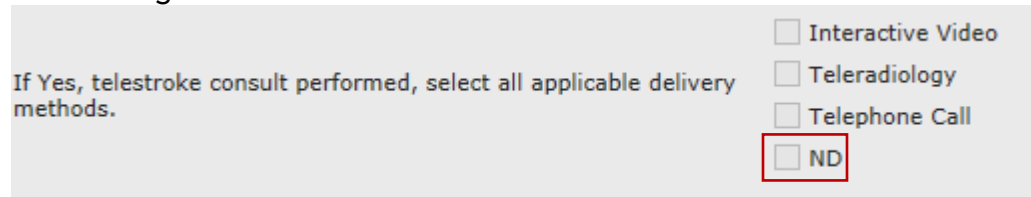
Admission tab:

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 None

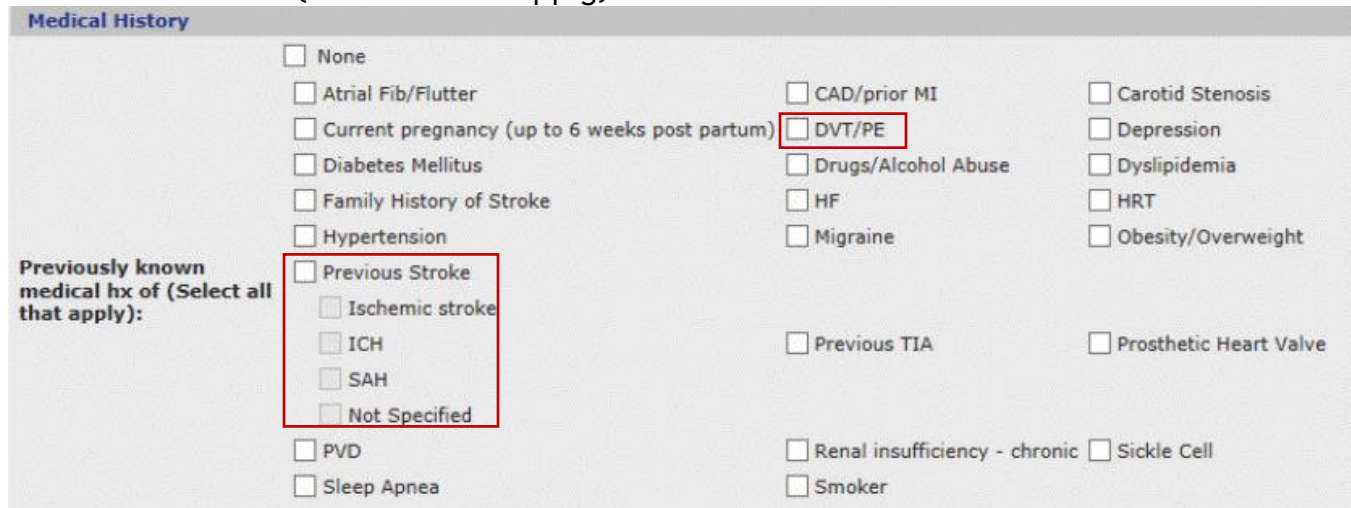
2. Add "ND" response for "If Yes, Telestroke consult performed, select all applicable delivery methods."



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

Previously known medical hx of (Select all that apply):

None

Atrial Fib/Flutter

Current pregnancy (up to 6 weeks post partum)

Diabetes Mellitus

Family History of Stroke

Hypertension

Previous Stroke

Ischemic stroke

ICH

SAH

Not Specified

PVD

Sleep Apnea

CAD/prior MI

DVT/PE

Drugs/Alcohol Abuse

HF

Migraine

Previous TIA

Renal insufficiency - chronic

Smoker

Carotid Stenosis

Depression

Dyslipidemia

HRT

Obesity/Overweight

Prosthetic Heart Valve

Sickle Cell

Hospitalization tab:

1. Brain Imaging:
 - New response options "CT" and "MRI"
 - "Interpretation" updated to include the word "Acute" for clarity

Brain imaging completed at your hospital for this episode of care?

Yes

CT

MRI Diffusion

No/ND

Brain imaging at outside hospital

No

Interpretation of first brain image after symptom onset, done at any facility:

Acute Hemorrhage

No Acute Hemorrhage

Not Available

Date/Time Brain Imaging First Initiated at your hospital:

MM/DD/YYYY HH:MI

- Elements “Was vascular imaging or reperfusion imaging performed at your hospital” and “Date/Time 1st 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?

Yes No

Date/Time 1st vessel or perfusion imaging initiated at your hospital:

MM/DD/YYYY HH:MI

Vascular or perfusion imaging performed at your hospital (select all that apply)

CTA

CT Perfusion

MRA

MR Perfusion

DSA (catheter angiography)

Image type not documented

- 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

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

Discharge Tab:

- PCSK 9 Inhibitor added as an option for Cholesterol Reducing Tx:”
- Additional statin combinations and doses have been added.
- 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: [Dropdown] Statin Total Daily Dose: [Dropdown]

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

- The data element “Intensive Statin Therapy” has been moved to the Historic Tab.
 - Moving forward statin and dose will be used for the numerator.

Historic

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.

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 HH:MM
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- 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 [] Calculate Score

NIH Stroke Scale SHOW

^Is there documentation that an initial NIHSS score was done at this hospital? Yes No

^What is the date and time that the NIHSS score was first performed at this hospital?

MM/DD/YYYY HH:MI

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 Yes No/ND

If yes: Actual Estimated from record ND

Total Score [1] Calculate Score

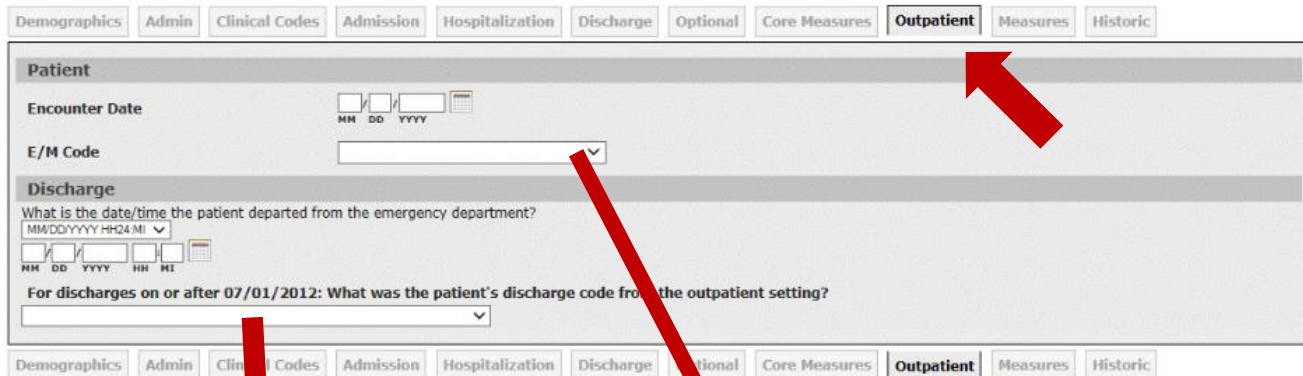
NIH Stroke Scale SHOW

^What is the first NIHSS score obtained prior to or after hospital arrival? [] UTD

^Is there documentation that an initial NIHSS score was done at this hospital? Yes No

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.



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

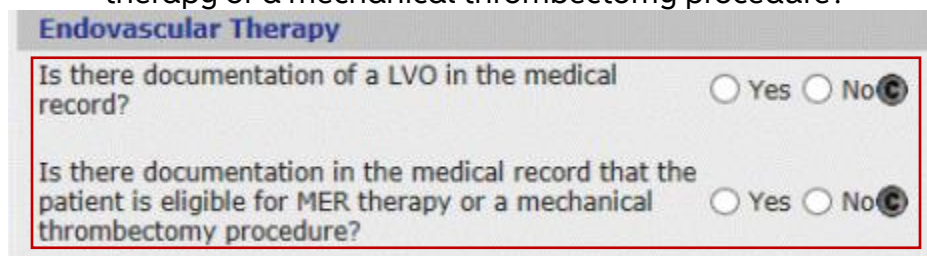
- 1 Home
- 2 Hospice - Home
- 3 Hospice - Health Care Facility
- 4a Acute Care Facility - General Inpatient Care
- 4b Acute Care Facility - Critical Access Hospital
- 4c Acute Care Facility - Cancer Hospital or Children's Hospital
- 4d Acute Care Facility - Department of Defense or Veteran's Administration
- 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?"



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