Get With The Guidelines®-Stroke Overview

Stroke Systems of Care Collaborative

April 1st, 2021

Susan Abelt, MS
Quality Improvement Manager
American Heart Association

American Heart Association®
Get with the Guidelines®
Stroke

TODAY'S AGENDA

- AHA Quality Improvement Focus
- Stroke Statistics
- Stroke Systems Of Care (SSOC)
- What Is Get With The Guidelines® (GWTG)-Stroke
- Collecting Data Along The Continuum Of Care: Pre-Arrival, Hospitalization, Post Discharge
- GWTG®-Stroke Data Review
- Resources

AHA MISSION

To Be A Relentless Force For A World Of Longer, Healthier Lives

AHA-Quality, Outcomes Research & Analytics (QORA)

“QUALITY IMPROVEMENT”

- In Health Care: Quality and Systems Improvement (QSI) is the framework we use to systematically improve the ways care is delivered to patients

- Processes have characteristics that can be measured, analyzed and improved

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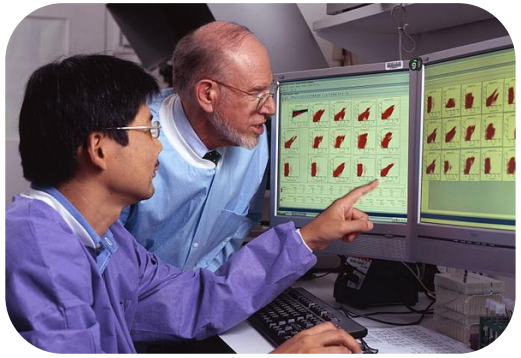
WHAT DOES THIS HAVE TO DO WITH GWTG?



Researchers have made enormous progress in discovering what works best in treating patients with cardiovascular disease and stroke.

Unfortunately, often their findings haven't been well communicated or well implemented

The American Heart Association is working to change that by helping hospitals and health professionals know and follow proven protocols for treating cardiac and stroke patients

This work occurs in the Pre-Hospital, In-Hospital and Outpatient settings

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EXAMPLE: IMPROVING DOOR TO NEEDLE TIMES

- The benefits of IV Alteplase in patients with Acute Ischemic Stroke are time-dependent, and ***guidelines recommend a door-to-needle time of 60 minutes*** or less. However, studies have found that less than 30 percent of U.S. patients were treated within this window

- **Target: Stroke**, launched by the American Heart Association/American Stroke Association in 2010, is a national Quality Improvement initiative focused on improving Acute Ischemic Stroke care by reducing door-to-needle times for eligible patients being treated with IV Alteplase

- All Get With The Guidelines®-Stroke hospitals were encouraged to participate in Target: Stroke. **Each hospital received a detailed toolkit,** including the 11 key strategies, protocols, stroke screening tools, order sets, algorithms, time trackers, patient education materials and other tools, AHA QSI support.

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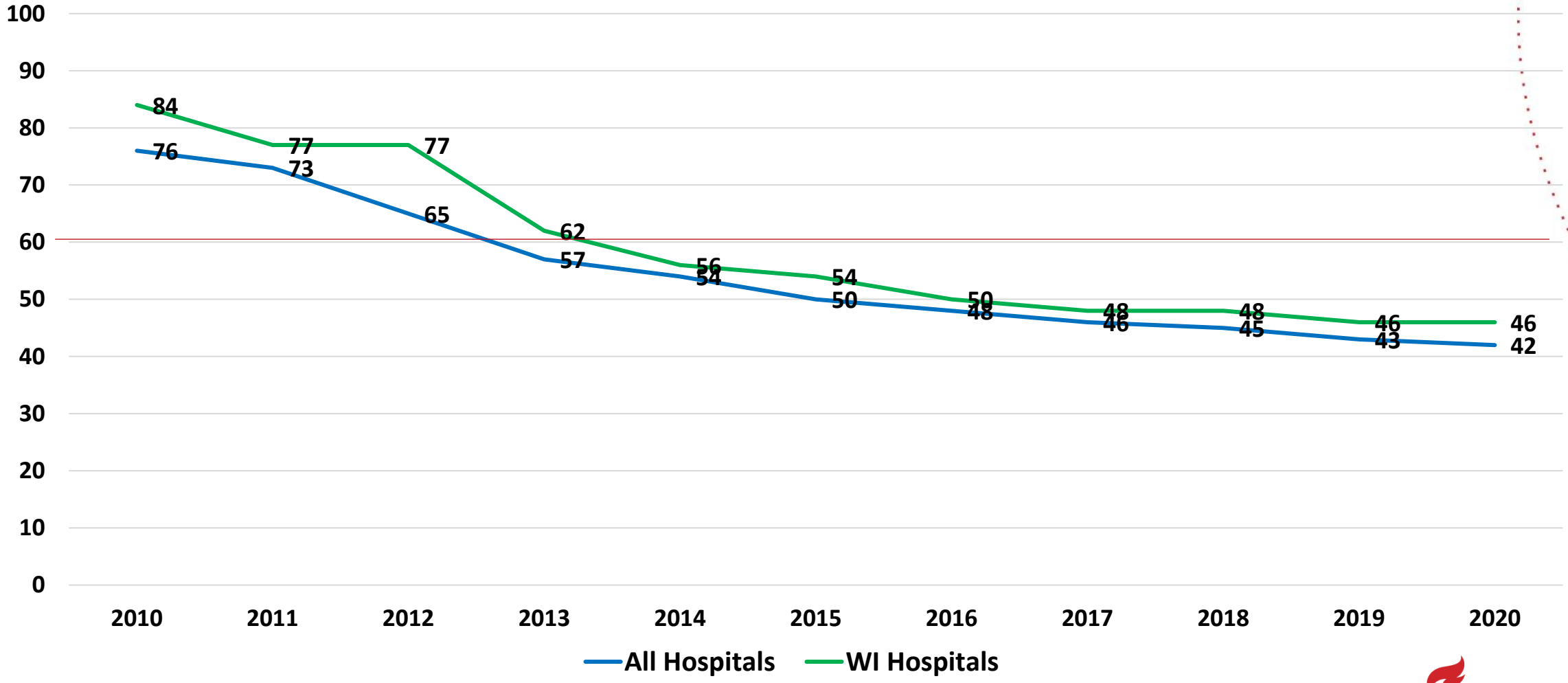
DOOR TO NEEDLE DATA (GOAL ≤ 60 MINUTES)



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WHAT DOES THIS MEAN?

- The typical patient loses 1.9 million neurons each minute in which stroke is untreated
- In Wisconsin over the past 10 Years there has been a reduction in Door to Needle times of 38 minutes!
- That is an unbelievable number of neurons saved!
- This is the difference of patients living with decreased residual stroke symptoms (i.e., being able to walk vs. bedridden)

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Focus On Quality

Patient outcomes improve when medical professionals follow the most up-to-date evidence-based treatment guidelines.

Learn more at www.heart.org/quality

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Get With The Guidelines.
Stroke

Get With The Guidelines® is the American Heart Association/American Stroke Association's hospital-based Quality Improvement program that provides hospitals with tools and resources to increase adherence to the latest research-based guidelines

Developed with the goal of saving lives and hastening recovery, Get With The Guidelines® has touched the lives of more than 9 million patients since 2001

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GWTG®-Stroke Coverage*

United States	Wisconsin
3,470 Hospitals	70 Hospitals
7,105,506 Patient Records	135,143 Patient Records

*As of March 30, 2021

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Stroke Statistics

WHY STROKE?

PATIENTS

- Stroke Is The **No. 5** Cause Of Death And A Leading Cause Of Disability In The United States
- **1 in every 6** Deaths from CVD is due to Stroke
- There is a stroke in the US every **40 seconds**
- Every 4 minutes someone dies of a stroke
- **>795,000** people in the United States have a stroke each year
- **610,000** of these are new strokes
- **185,000** strokes—**nearly 1 of 4**—are in people who have had a *previous* stroke

HEALTH CARE

- In 2015 health care costs related to stroke were ~**$46 billion** in the United States.
- This total included the cost of health care services, medicines to treat stroke, and missed days of work.
- Projected total annual cost of stroke care by 2030 will be: **240 billion**

Direct cost = 184 billion

Indirect cost *(d/t lost productivity)* = 56 billion

https://www.ahajournals.org/doi/pdf/10.1161/STR.0b013e31829734f2
https://www.cdc.gov/stroke/facts.htm

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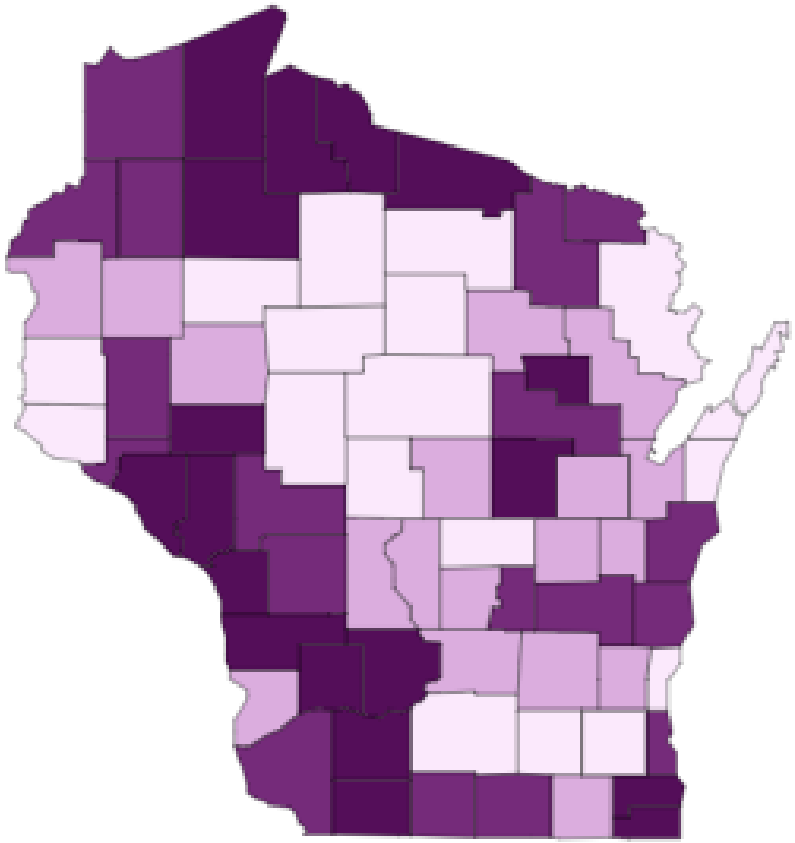
STROKE DEATHS (2016-2018)



Wisconsin

Stroke
Death Rate per 100,000*

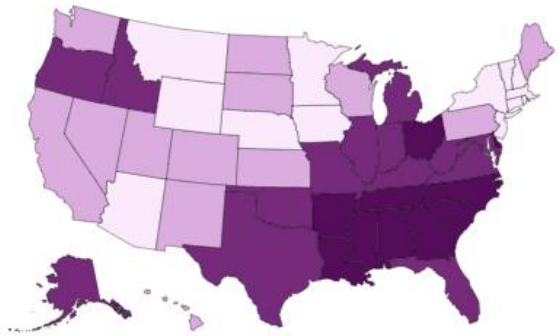
54 - 62 | 63 - 64 | 65 - 67
68 - 92 | Insufficient Data

United States by State

Stroke
Death Rate per 100,000*

48 - 64 | 65 - 72 | 73 - 80
81 - 219 | Insufficient Data

National Rate: 72.6



https://www.cdc.gov/dhdsp/maps/hds-widget.htm

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STROKE SYSTEMS OF CARE (SSOC)

Mission: Lifeline Stroke works to reduce barriers and delays in care by improving efficiencies in each system: Community, EMS, Emergency Department, Radiology, Laboratory, Endovascular lab, Critical Care Unit and Rehabilitation.

One of the cornerstones of the program is focusing on the “System” rather than each individual entity so that feedback can be gathered to improve quality of care for stroke victims.

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MISSION: LIFELINE STROKE SYSTEMS OF CARE

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Community Education → Primary Prevention → EMS Response → Acute Stroke Treatment → Secondary Prevention → Stroke Rehab → Quality Improvement

ASA Policy Statement

Recommendations for the Establishment of Stroke Systems of Care: A 2019 Update

A Policy Statement From the American Stroke Association

Opeolu Adeoye, MD, MS, FAHA, Chair; Karin V. Nyström, RN, MSN, FAHA; Dileep R. Yavagal, MD; Jean Luciano, CRNP; Raul G. Nogueira, MD; Richard D. Zorowitz, MD; Alexander A. Khalessi, MD, MS, FAHA; Cheryl Bushnell, MD, MHS, FAHA; William G. Barsan, MD; Peter Panagos, MD; Mark J. Alberts, MD, FAHA; A. Colby Tiner, MA; Lee H. Schwamm, MD, FAHA; Edward C. Jauch, MD, MS, FAHA

Abstract—In 2005, the American Stroke Association published recommendations for the establishment of stroke systems of care and in 2013 expanded on them with a statement on interactions within stroke systems of care. The aim of this policy statement is to provide a comprehensive review of the scientific evidence evaluating stroke systems of care to date and to update the American Stroke Association recommendations on the basis of improvements in stroke systems of care. Over the past decade, stroke systems of care have seen vast improvements in endovascular therapy, neurocritical care, and stroke center certification, in addition to the advent of innovations, such as telestroke and mobile stroke units, in the context of significant changes in the organization of healthcare policy in the United States. This statement provides an update to prior publications to help guide policymakers and public healthcare agencies in continually updating their stroke systems of care in light of these changes. This statement and its recommendations span primordial and primary prevention, acute stroke recognition and activation of emergency medical services, triage to appropriate facilities, designation of and treatment at stroke centers, secondary prevention at hospital discharge, and rehabilitation and recovery. (*Stroke*. 2019;50:00-00. DOI: 10.1161/STR.0000000000000173.)

Key Words: AHA Scientific Statements ■ brain ■ neurology ■ primary prevention ■ secondary prevention

To translate advances in scientific knowledge and innovations in clinical care into improvements in patient outcomes, systems must be in place to facilitate optimal healthcare delivery. In acute stroke, scientific knowledge and clinical care have improved in the past 2 decades. In light of these improvements, the American Stroke Association (ASA) first issued policy recommendations for the development of stroke systems of care in 2005.[1] A subsequent statement in 2013 issued recommendations on the interactions within stroke systems of care.[2] Several other American Heart Association (AHA) and ASA publications continue to provide guidance on improving stroke care.[3–6] The past 10 years have witnessed additional gains in knowledge and methods to improve stroke outcomes (eg, extension of intravenous alteplase to 3–4.5 hours, hemicraniectomy, endovascular thrombectomy, telestroke, stroke center certification, mobile stroke units [MSUs], neurocritical care) in the context of significant changes in the organization of healthcare policy in the United States. This statement provides an update to prior publications to help guide policymakers and public healthcare agencies in continually updating their stroke systems of care in light of these changes. This statement and its recommendations span primordial and primary prevention, acute stroke recognition and activation

Stroke is available at https://www.ahajournals.org/journal/str DOI: 10.1161/STR.0000000000000173

Adeoye O, et al. Stroke. 2019.

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HOT OFF THE PRESS FROM ISC!

https://www.ahajournals.org/doi/10.1161/STROKEAHA.120.033228

SPECIAL REPORT

Recommendations for Regional Stroke Destination Plans in Rural, Suburban, and Urban Communities From the Prehospital Stroke System of Care Consensus Conference

A Consensus Statement From the American Academy of Neurology, American Heart Association/American Stroke Association, American Society of Neuroradiology, National Association of EMS Physicians, National Association of State EMS Officials, Society of NeuroInterventional Surgery, and Society of Vascular and Interventional Neurology: Endorsed by the Neurocritical Care Society

Edward C. Jauch, MD; Lee H. Schwamm, MD; Peter D. Panagos, MD; Jolene Barbazzeni, RN; Robert Dickson, MD; Robert Dunne, MD; Jenevra Foley, MSL, RHIA, CCP; Justin F. Fraser, MD; Geoffrey Lassers, PMD, AAS; Christian Martin-Gill, MD; Suzanne O'Brien, MSN, BSN, RN; Mark Pinchalk, MS; Shyam Prabhakaran, MD; Christopher T. Richards, MD; Peter Taillac, MD; Albert W. Tsai, PhD; Anil Yallapragada, MD; on behalf of the Prehospital Stroke System of Care Consensus Conference

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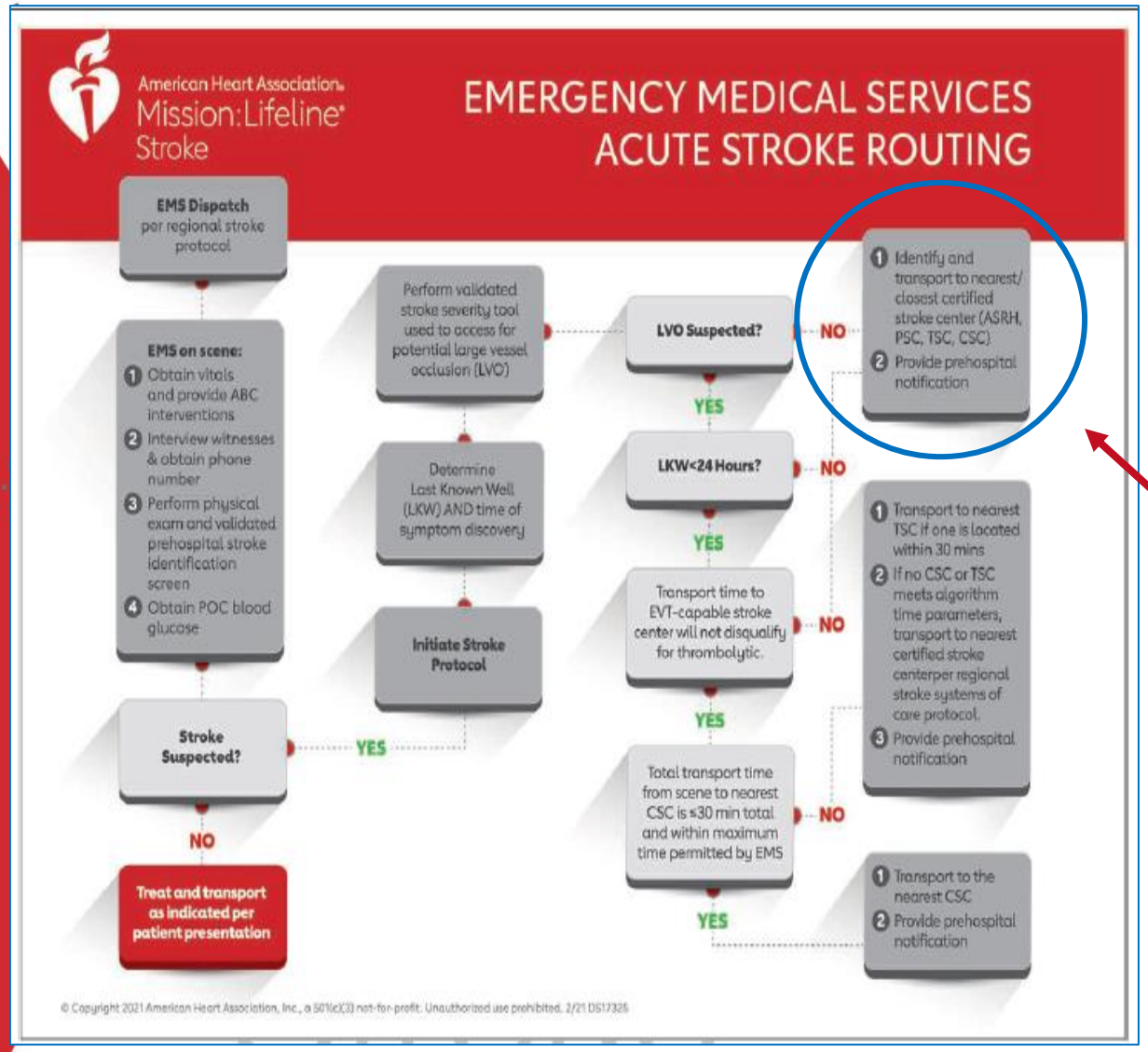
MISSION: LIFELINE STROKE EMERGENCY MEDICAL SERVICES (EMS) ACUTE STROKE ROUTING ALGORITHM



"The roles of an ASRH are to stabilize the patient, provide specific acute stroke care therapies including IV thrombolysis, and arrange timely transportation of patients to the nearest stroke center as determined by the patient's clinical status and further treatment indications"

https://www.ahajournals.org/doi/10.1161/STROKEAHA.120.033228

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Acute Stroke Ready Hospital Certification

Acute Stroke Ready Hospital Certification is offered in collaboration with the AHA/ASA and is based on the Brain Attack Coalition's Recommendations for the Establishment of Acute Stroke Ready Hospitals. Acute Stroke Ready Hospital certification fulfills a community need within a stroke system of care.

Certification Development

Joint Commission Advanced Certifications for CSC, TSC, PSC and ASRH are offered in collaboration with the American Heart Association/American Stroke Association.

ASRH GUIDELINES

Key Requirements

- Acute stroke team available 24/7
- Neurologist accessible 24/7 via in person or telemedicine
- Diagnostic services
- Telemedicine within 20 minutes of it being necessary
- Ability to provide IV thrombolytics
- Tracking, monitoring, and reporting of performance measures

Standards & Guidelines

- Uses advanced Disease-Specific Care standards and additional expectations for transition of care
- Organization chooses and implements clinical practice guidelines

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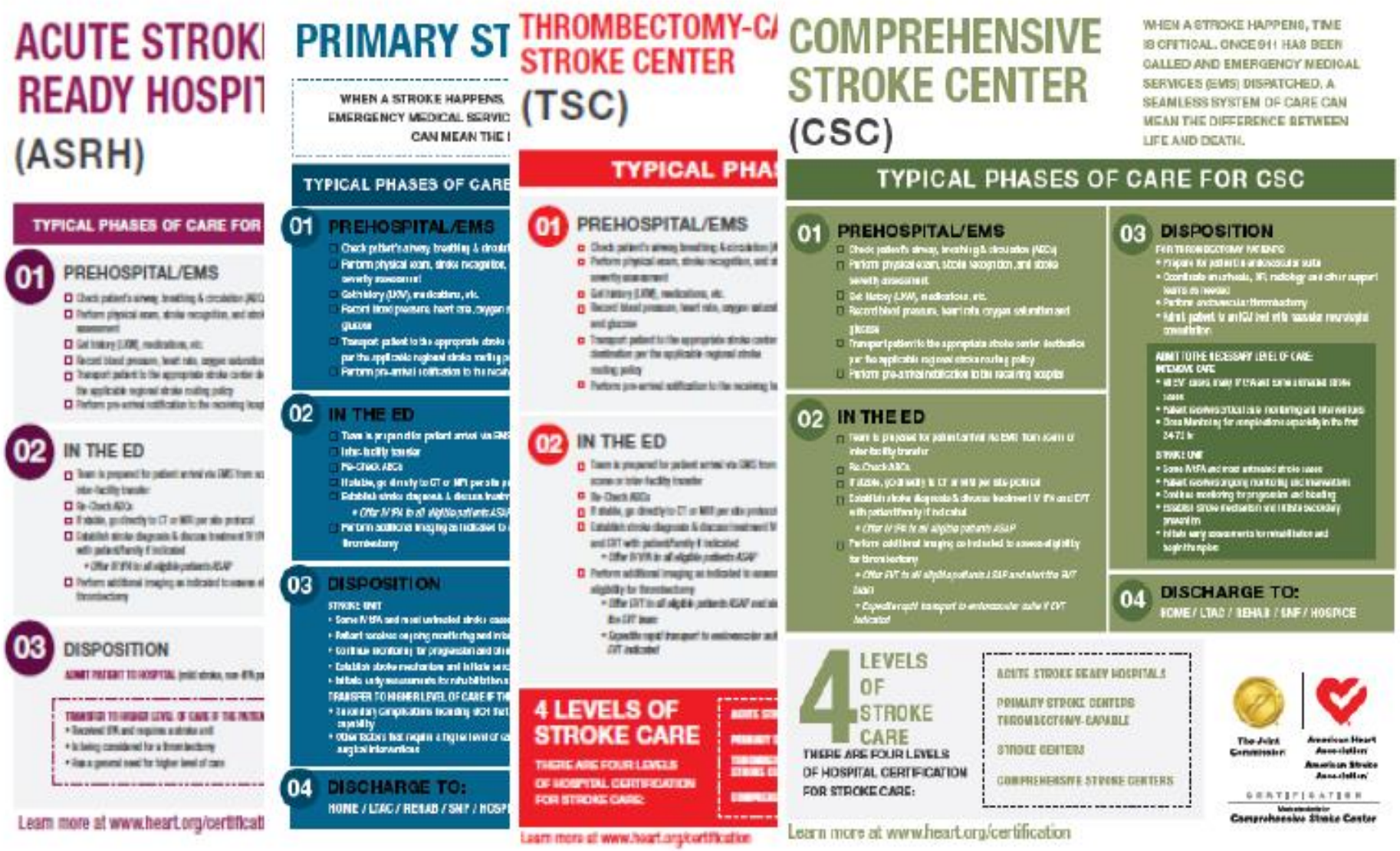
Four Levels of Stroke Care (US)



Each Level Has Different Capabilities

Table 1. Levels and Capabilities of Hospital Stroke Designation

	ASRH	PSC	TSC	CSC
Location	Likely rural	Likely urban/suburban	Likely urban	Likely urban
Stroke team accessible/available 24 h/d, 7 d/wk	Yes	Yes	Yes	Yes
Noncontrast CT available 24 h/d, 7 d/wk	Yes	Yes	Yes	Yes
Advanced imaging (CTA/CTP/MRI/MRA/MRP) available 24 h/d, 7 d/wk	No	Yes	Yes	Yes
Intravenous alteplase capable	Yes	Yes	Yes	Yes
Thrombectomy capable	No	Possibly	Yes	Yes
Diagnoses stroke pathogenesis/manage poststroke complications	Unlikely	Yes	Yes	Yes
Admits hemorrhagic stroke	No	Possibly	Possibly	Yes
Clips/coils ruptured aneurysms	No	Possibly	Possibly	Yes
Dedicated stroke unit	No	Yes	Yes	Yes
Dedicated neurocritical care unit/ICU	No	Possibly	Possibly	Yes

ASRH indicates acute stroke-ready hospital; CSC, comprehensive stroke center; CT, computed tomography; CTA, computed tomography angiography; CTP, computed tomography perfusion; ICU, intensive care unit; MRA, magnetic resonance angiography; MRI, magnetic resonance imaging; MRP, magnetic resonance perfusion; PSC, primary stroke center; and TSC, thrombectomy-capable stroke center.

Adeoye O, et al. Stroke. 2019. Online Release May 21, 2019

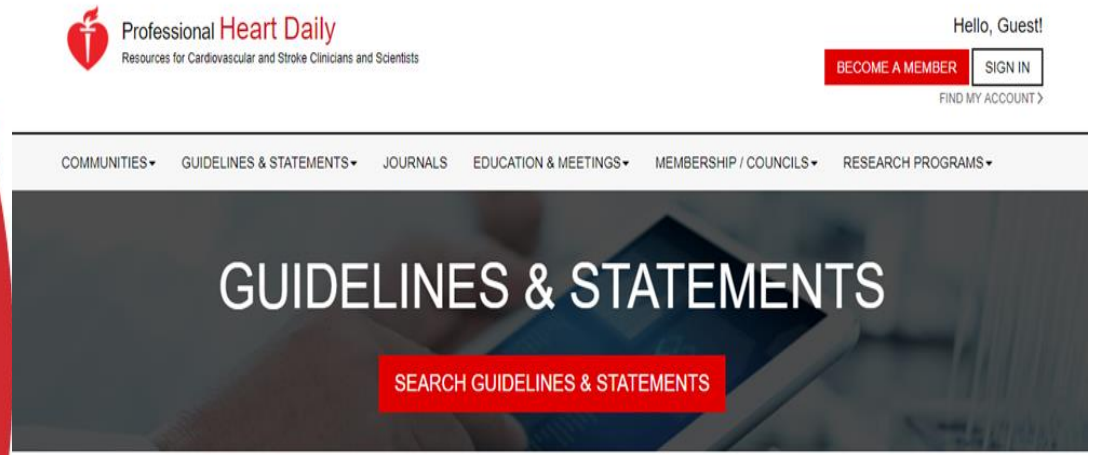
GWTG®-STROKE OVERVIEW

GWTG®-STROKE OVERVIEW

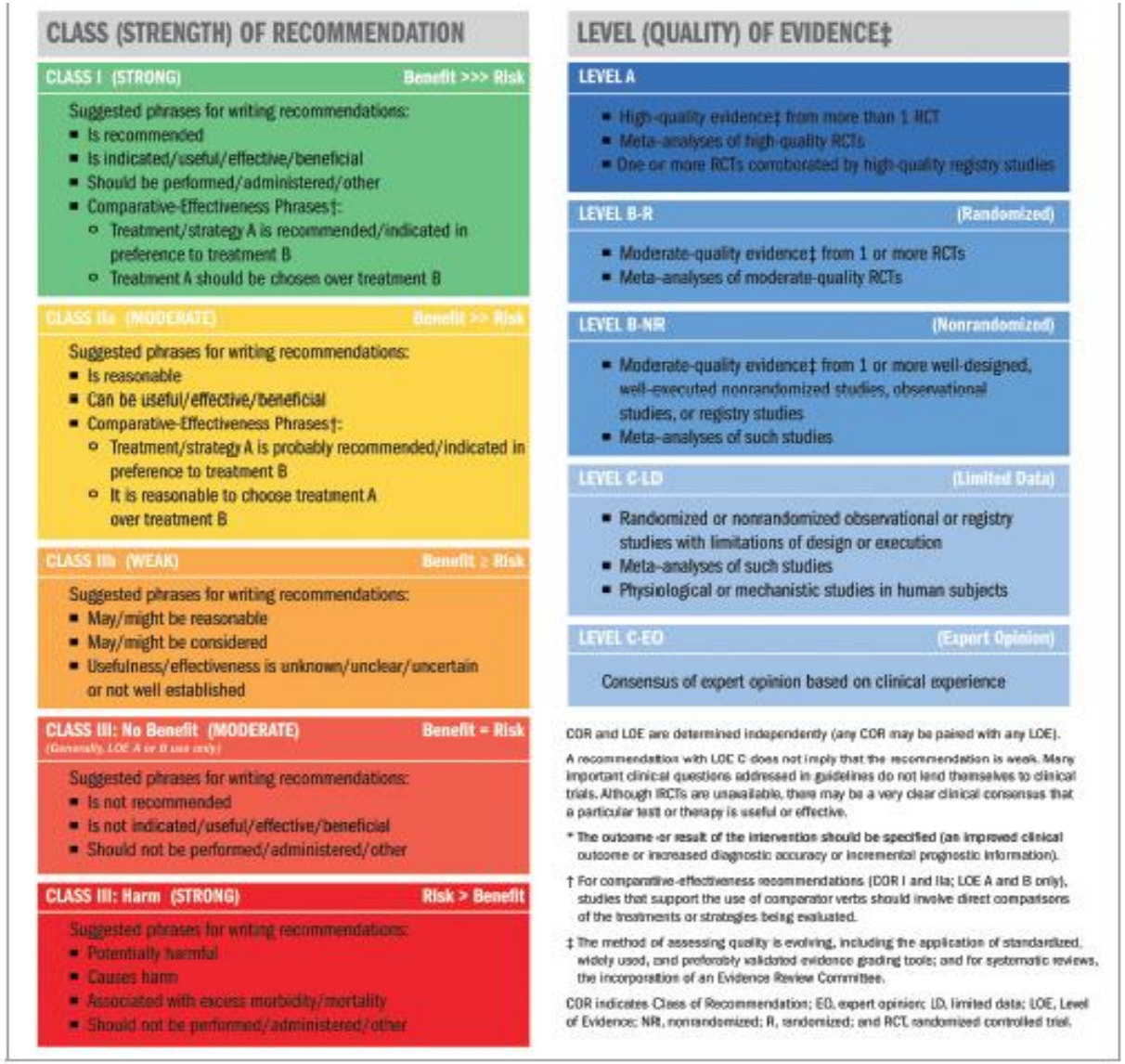
- Guideline Driven
- Entry Criteria
- Coding Instructions
- Collecting Relevant Hospital Data

  Arrival Mode/Medical Hx/ LKW/IV Alteplase/Transfer Etc.
- Special Initiatives: EMS Pre Arrival Data
- Post Discharge
- Reports

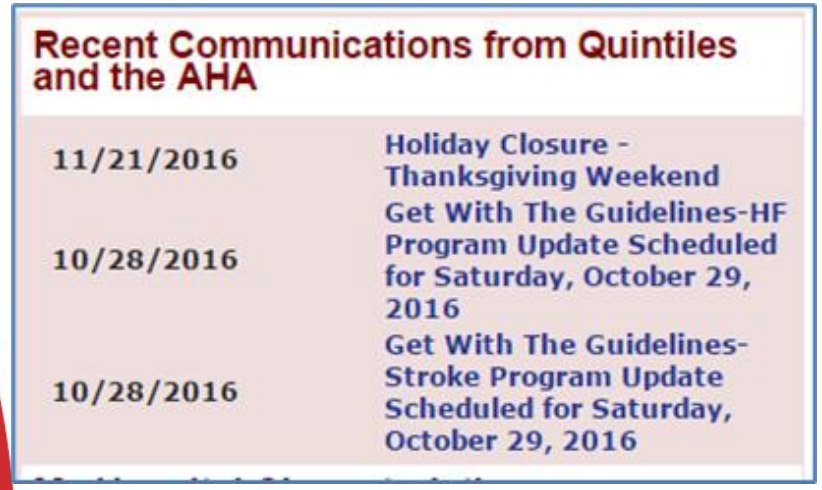
  EMS Feedback/LKW/IV Alteplase/CT Times/DIDO etc.

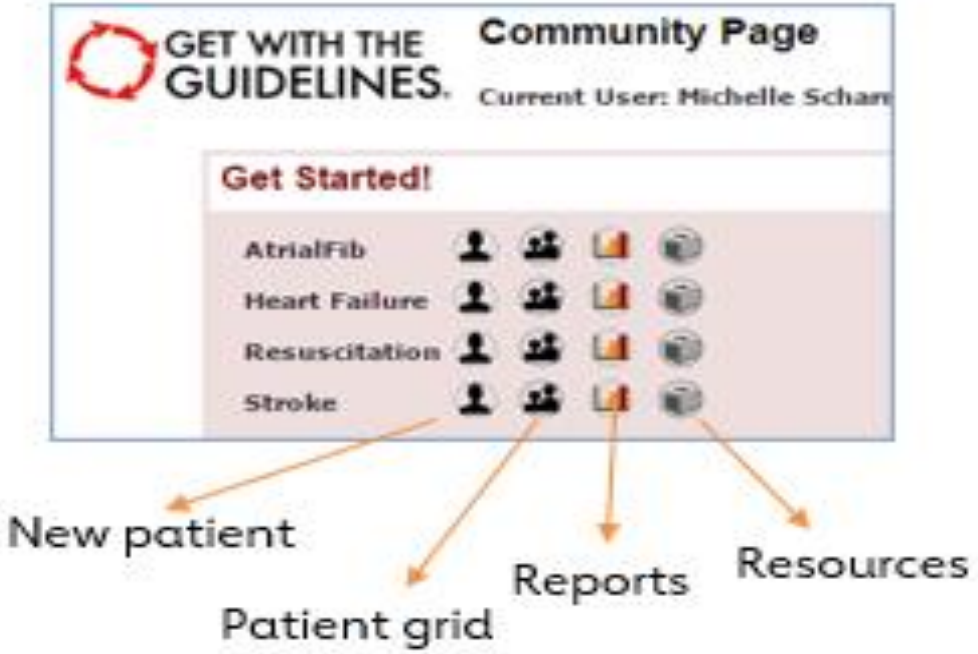


ABOUT GUIDELINES & STATEMENTS



COMMUNITY PAGE





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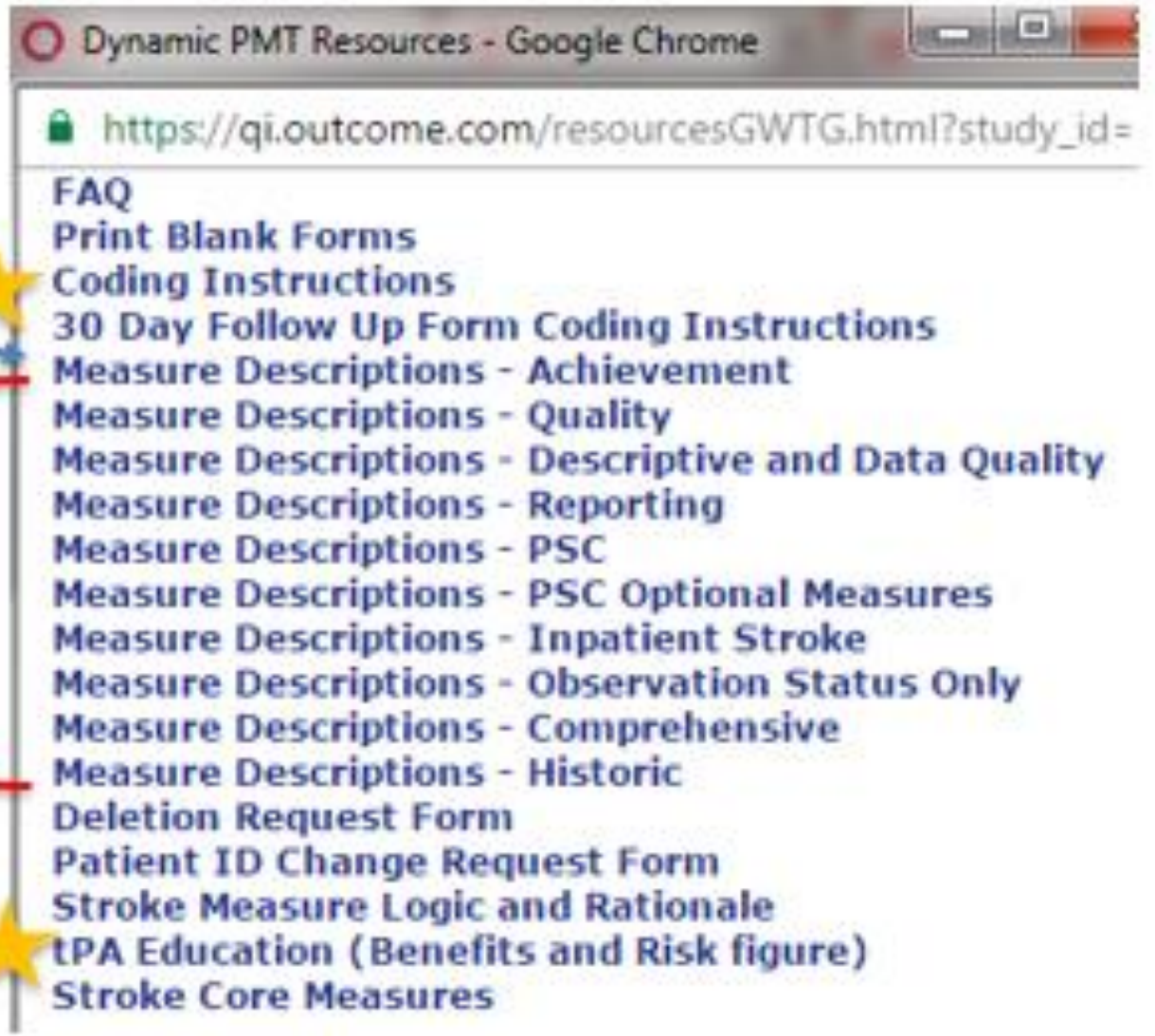
PATIENT MANAGEMENT TOOL (PMT) RESOURCES

Detailed descriptions of measures



CODING INSTRUCTIONS

- Click to add text

ENTRY CRITERIA

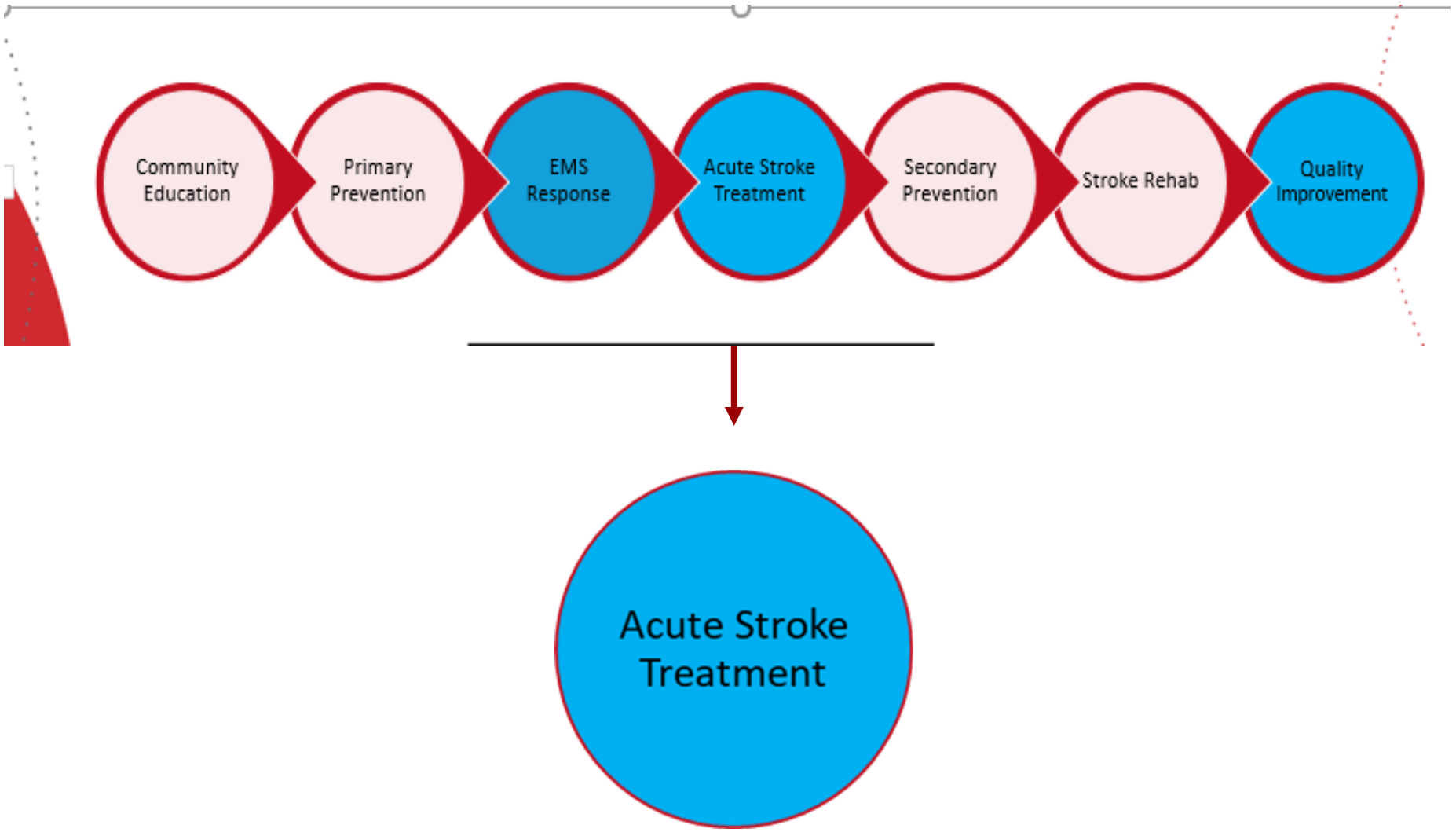
Patients with a final/discharge diagnosis of stroke or transient ischemic attack can be included into the GWTG-Stroke® registry. This includes cases with:

- Cerebral Infarction
- Intracerebral Hemorrhage (non-traumatic)
- Ischemic Stroke
- Subarachnoid Hemorrhage (non-traumatic)
- Transient Ischemic Attack (TIA)

Optional:

- Patients who have an In-hospital stroke.
- Patients who present with stroke-like symptoms but who do not end up being diagnosed with a stroke or TIA (stroke mimics).
- Patients evaluated, treated, and discharged from the ed (with no inpatient admission) to home or another location that is not an acute care hospital.
- Patients discharged from observation status with no inpatient admission.

SSOC



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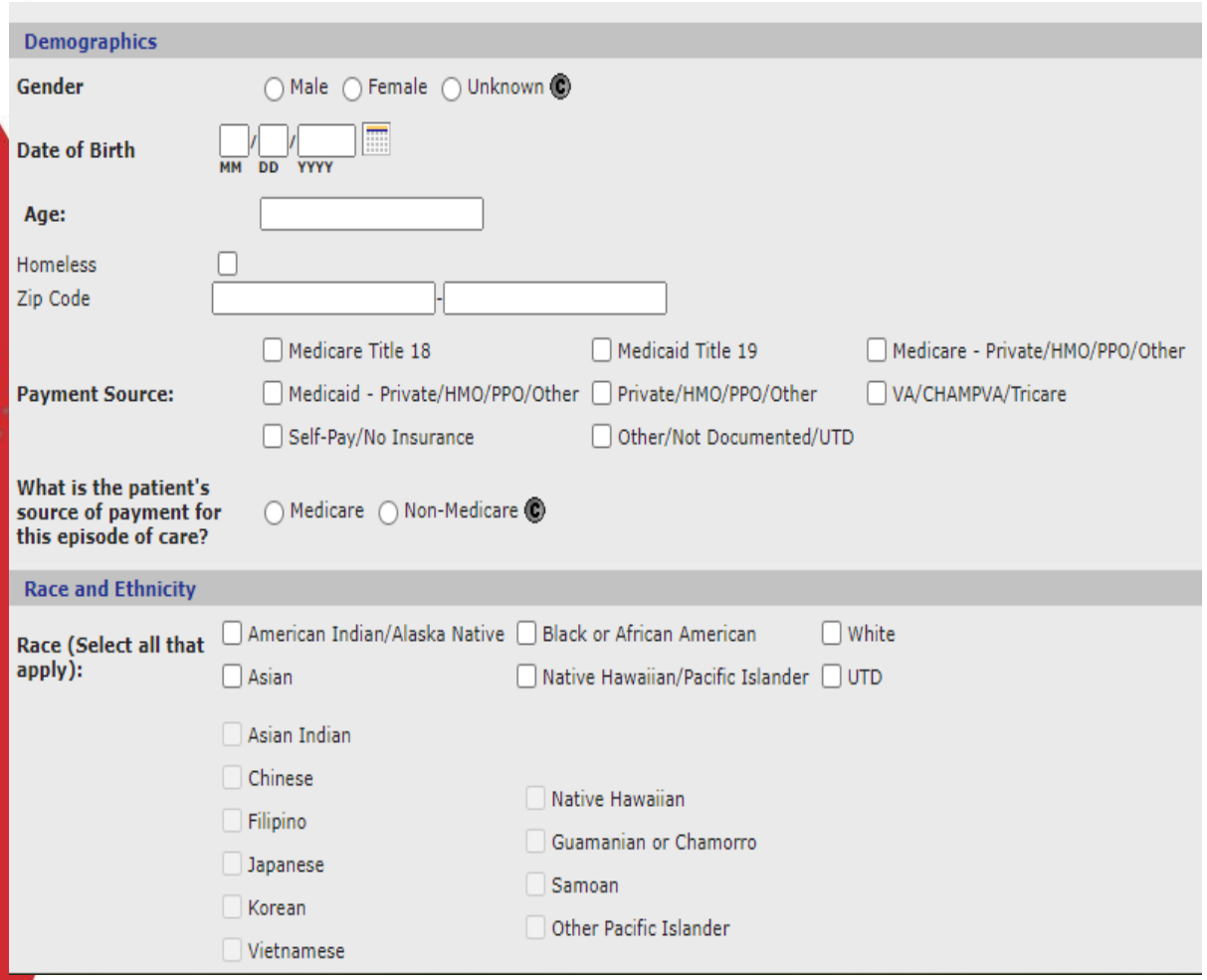
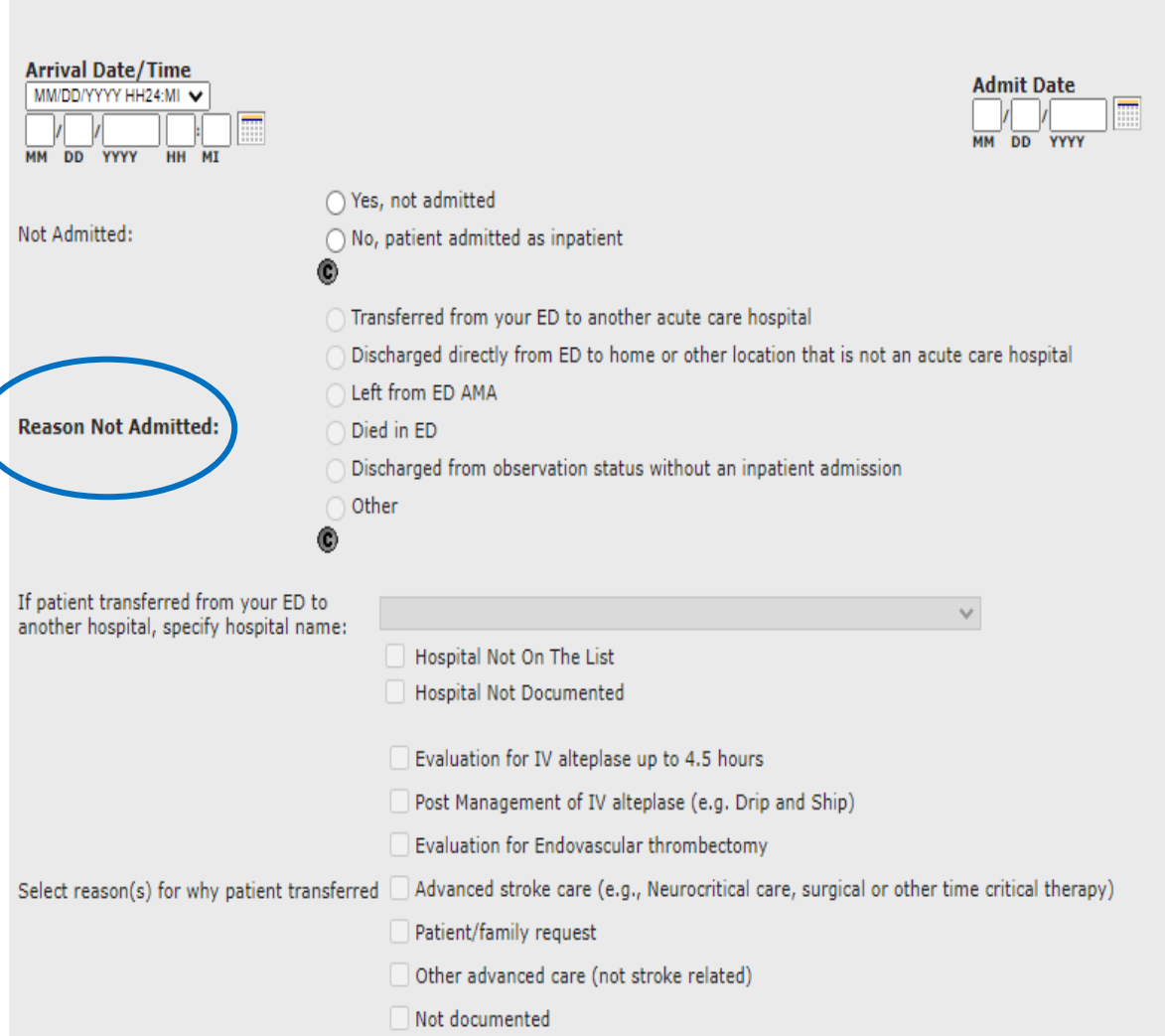
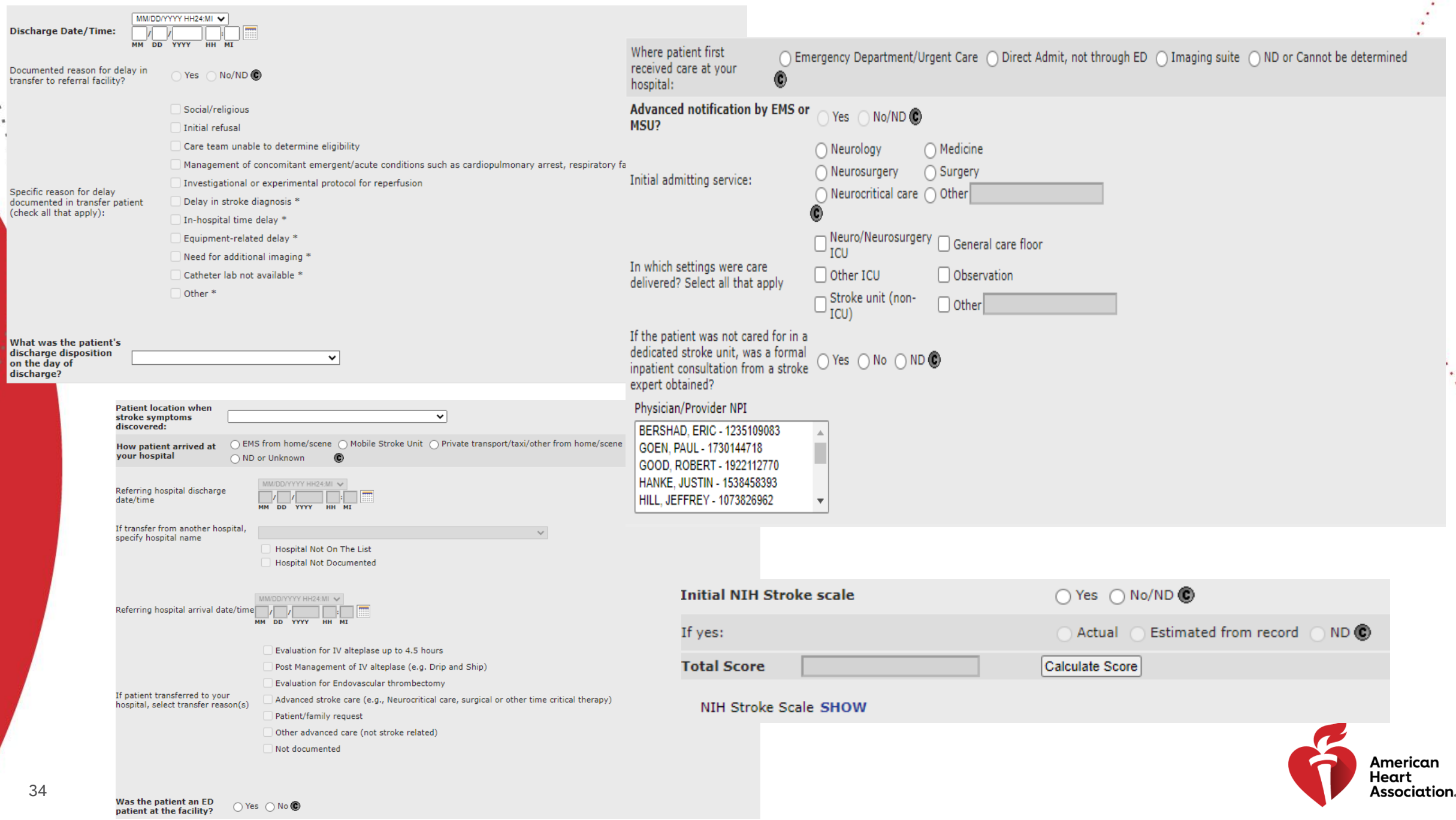
ENTERING RELEVANT DATA







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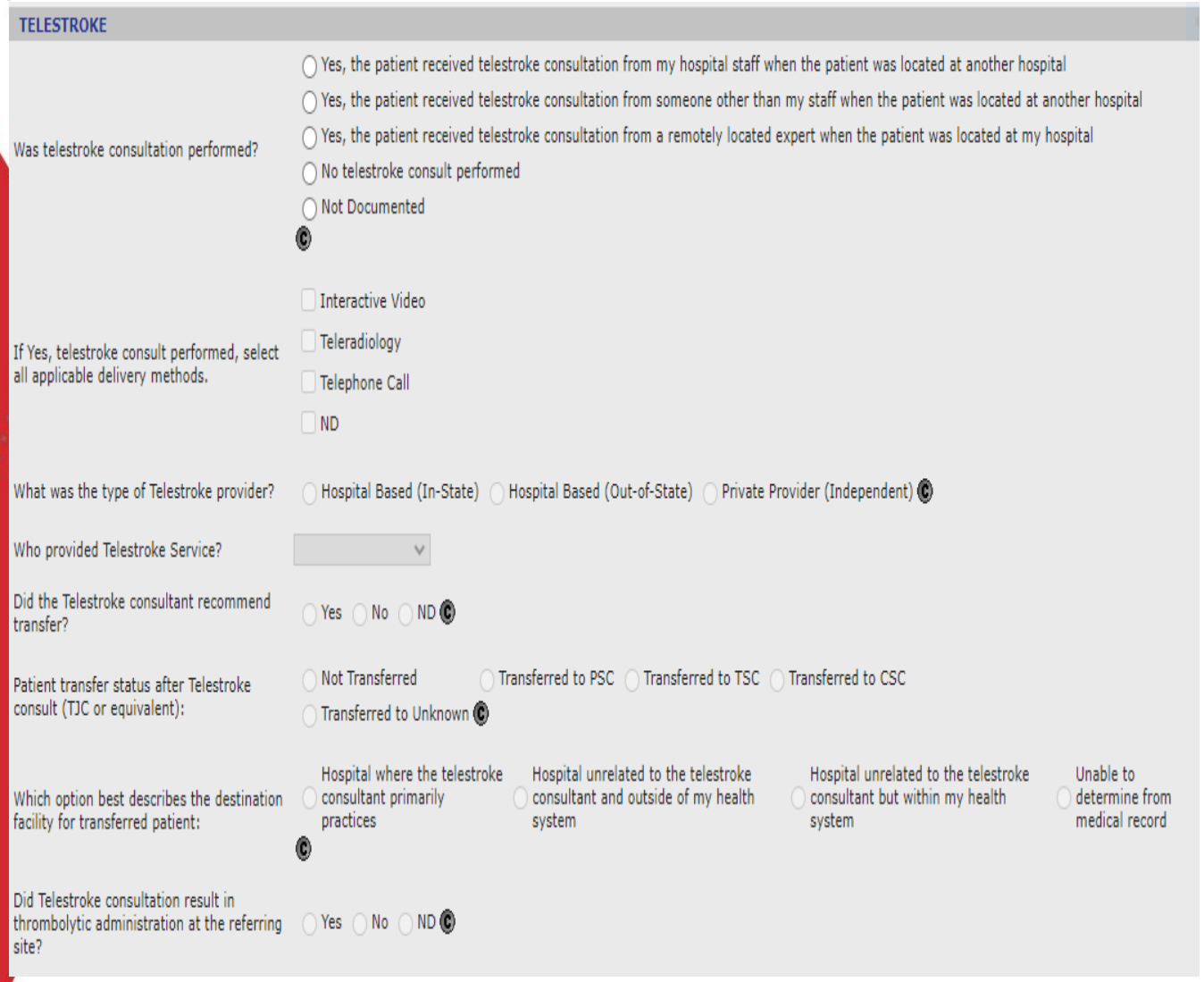
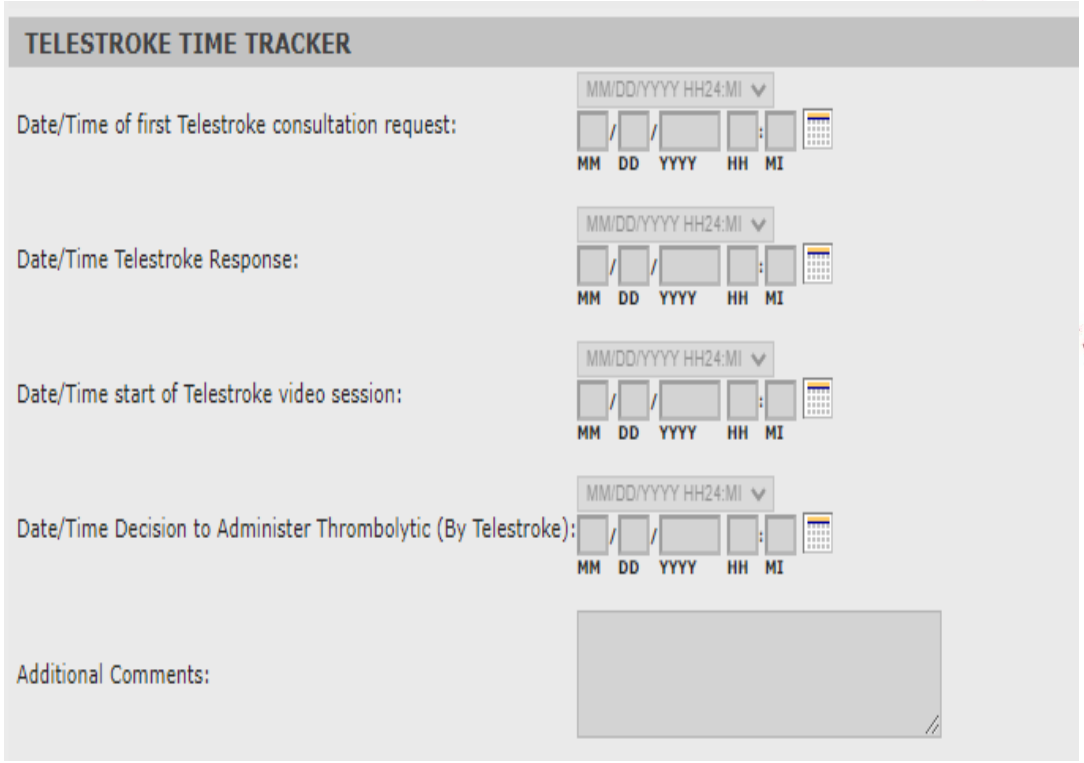
TELESTROKE MEASURES





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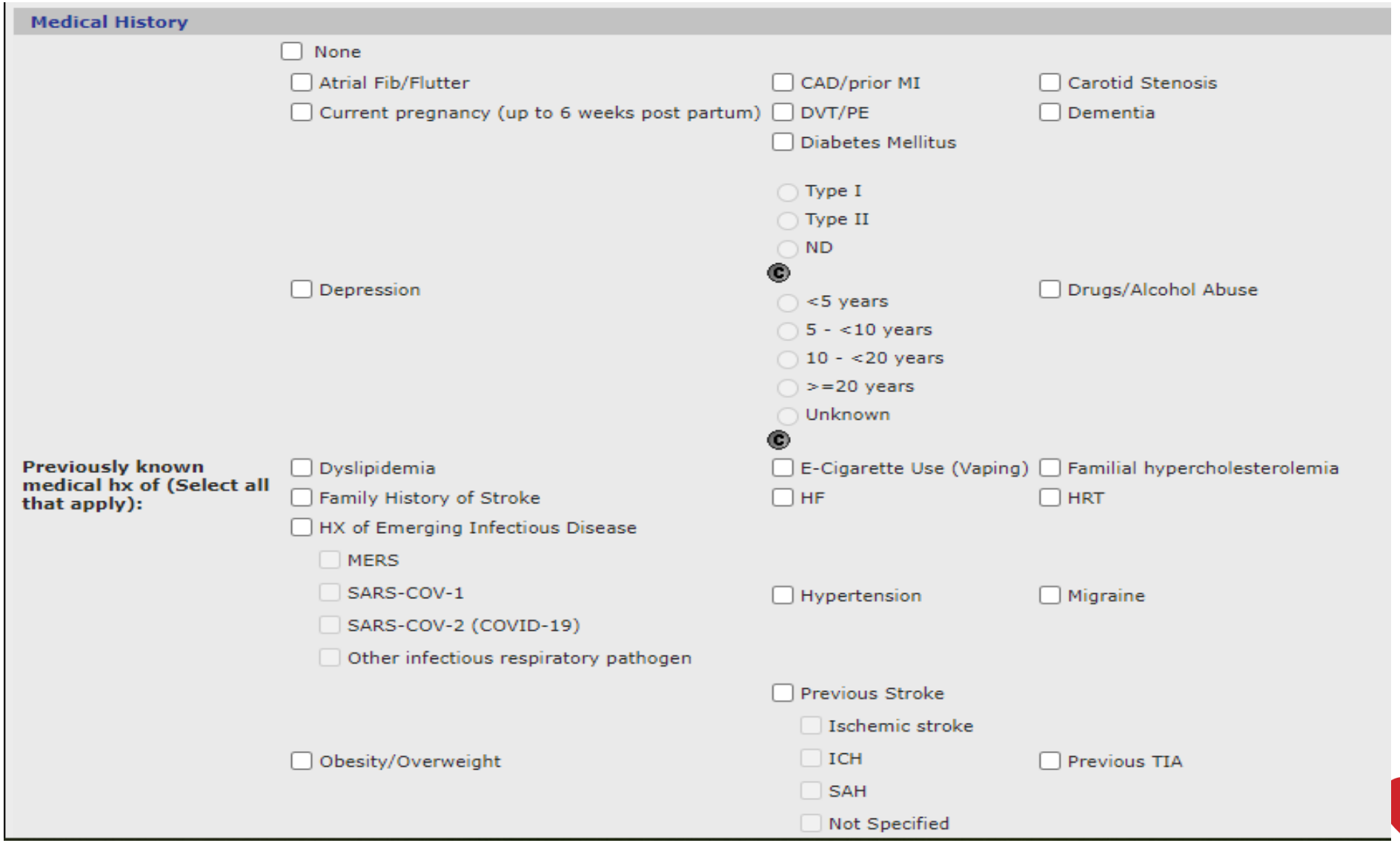
PATIENT MEDICAL HISTORY



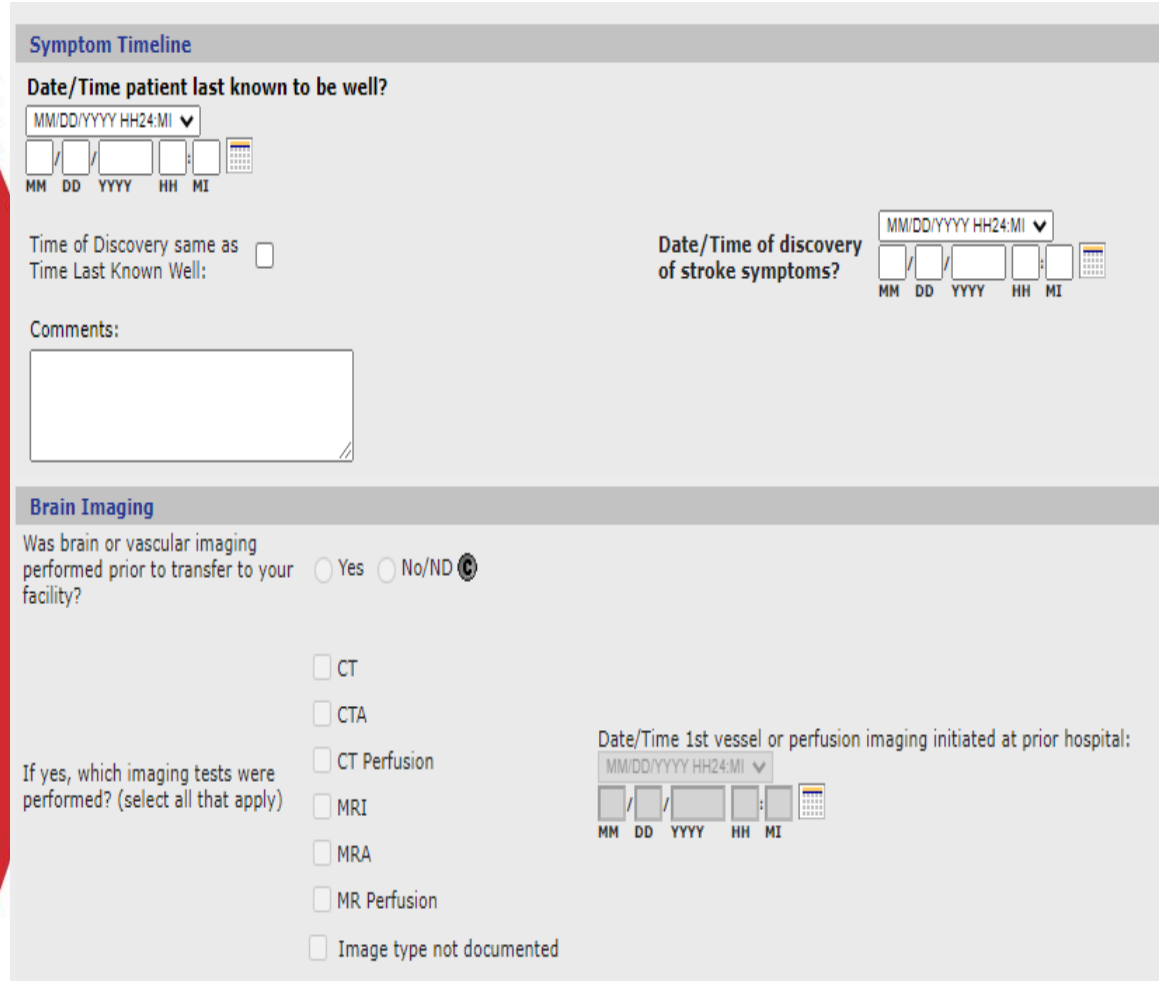
Medical History

- [ ] None
- [ ] Atrial Fib/Flutter
- [ ] Current pregnancy (up to 6 weeks post partum)
- [ ] CAD/prior MI
- [ ] DVT/PE
- [ ] Diabetes Mellitus
  - ( ) Type I
  - ( ) Type II
  - ( ) ND
- [ ] Carotid Stenosis
- [ ] Dementia
- [ ] Depression
- [ ] Drugs/Alcohol Abuse

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

- [ ] Dyslipidemia
- [ ] Family History of Stroke
- [ ] HX of Emerging Infectious Disease
  - [ ] MERS
  - [ ] SARS-COV-1
  - [ ] SARS-COV-2 (COVID-19)
  - [ ] Other infectious respiratory pathogen
- [ ] Obesity/Overweight
- [ ] E-Cigarette Use (Vaping)
- [ ] HF
- [ ] Hypertension
- [ ] Previous Stroke
  - [ ] Ischemic stroke
  - [ ] ICH
  - [ ] SAH
  - [ ] Not Specified
- [ ] Familial hypercholesterolemia
- [ ] HRT
- [ ] Migraine
- [ ] Previous TIA

LAST KNOWN WELL & IMAGING



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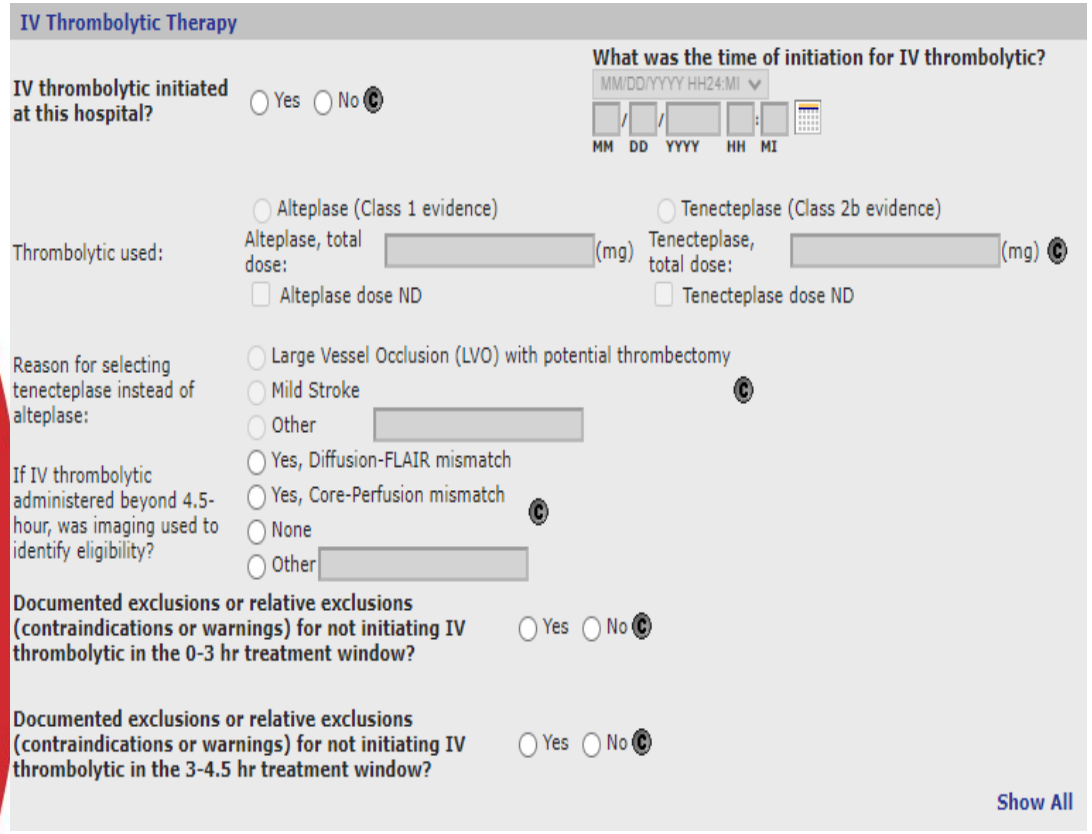
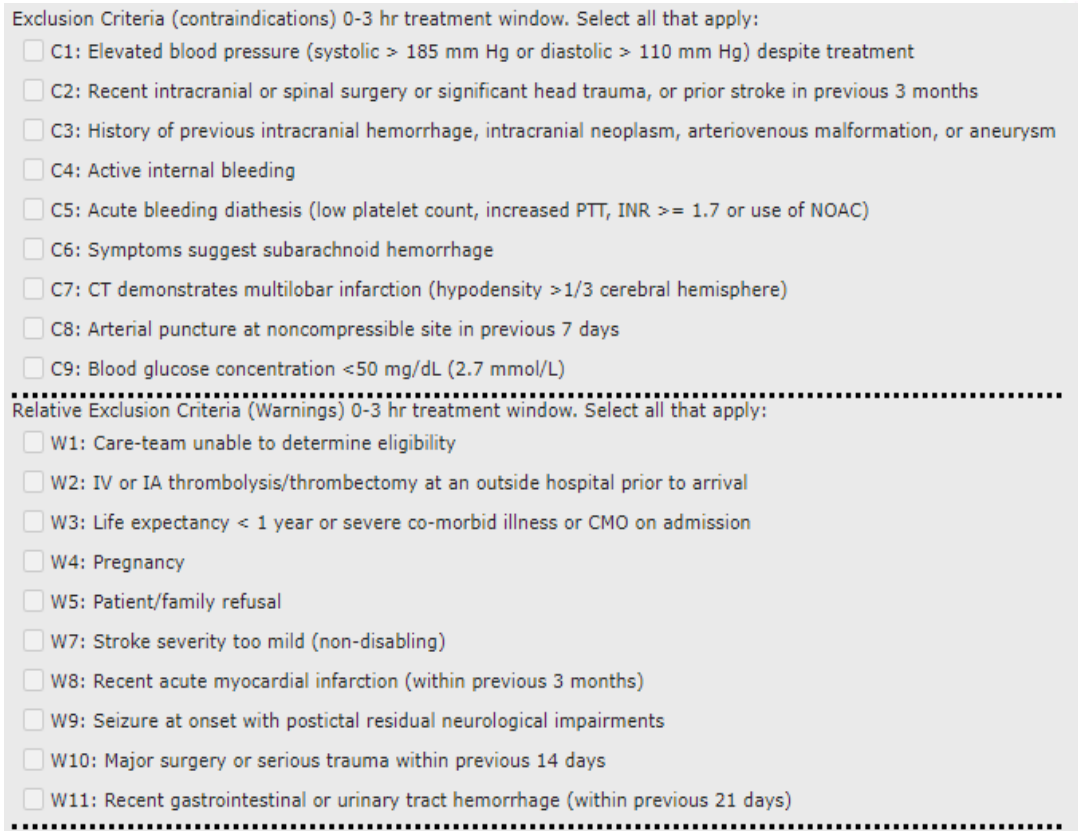
IV THROMBOLYTIC THERAPY



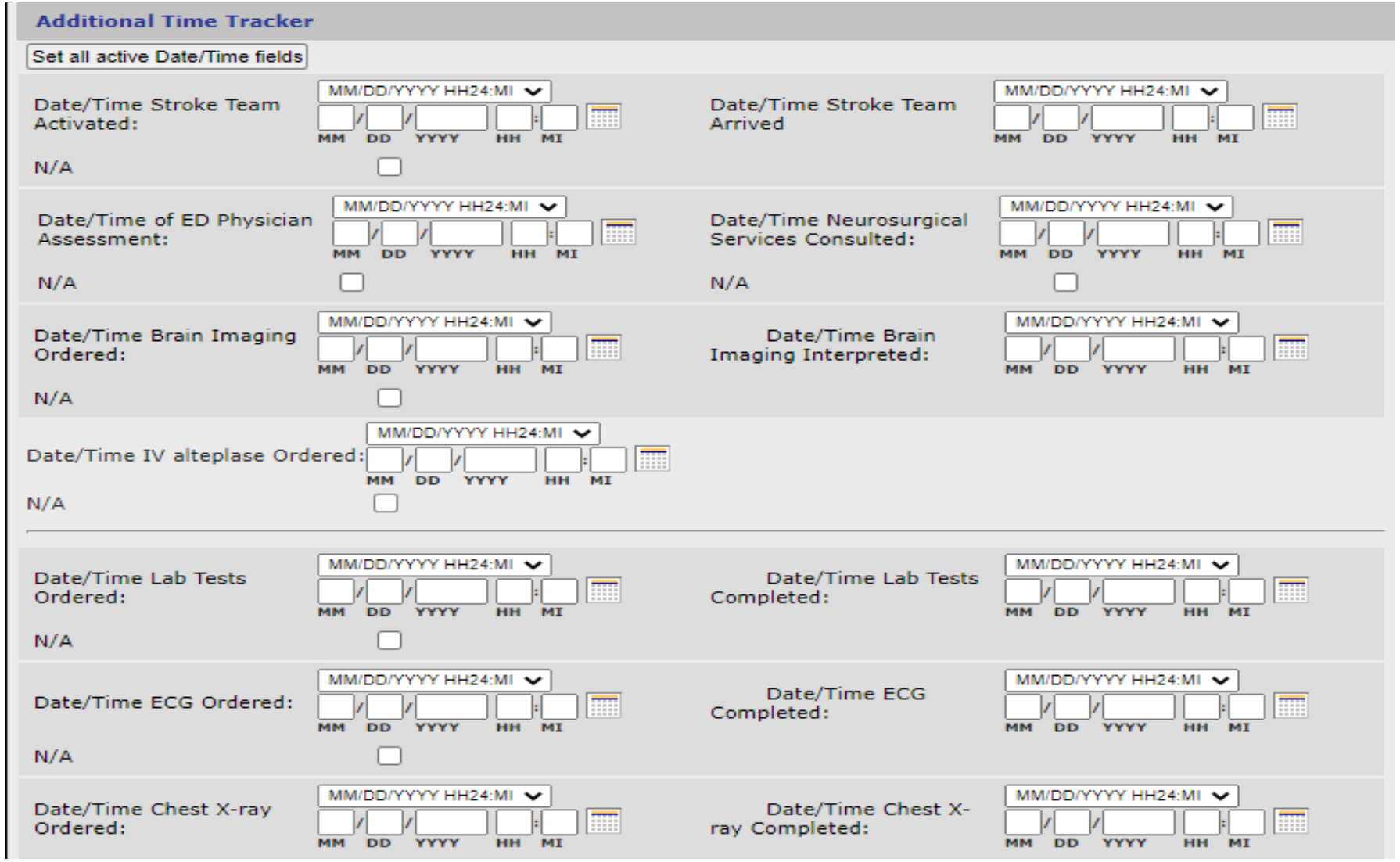


If IV thrombolytic was initiated greater than 60 minutes after hospital arrival, were Eligibility or Medical reason(s) documented as the cause for delay: Yes No

If IV thrombolytic 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 thrombolytic was initiated greater than 30 minutes after hospital arrival, were Eligibility or Medical reason(s) documented as the cause for delay: Yes No

IMPORTANT “GRANULAR” DATA



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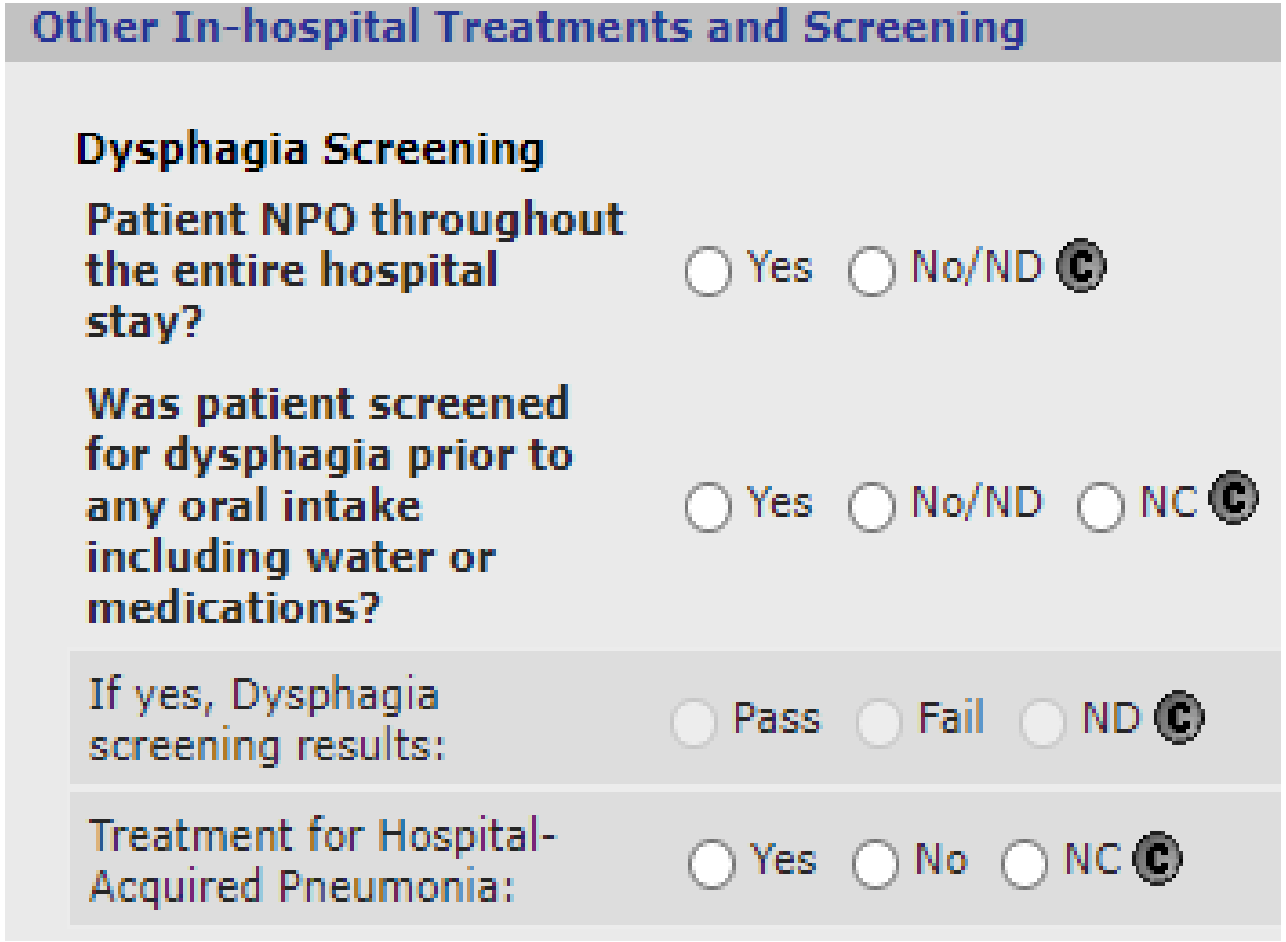
DYSPHAGIA SCREEN



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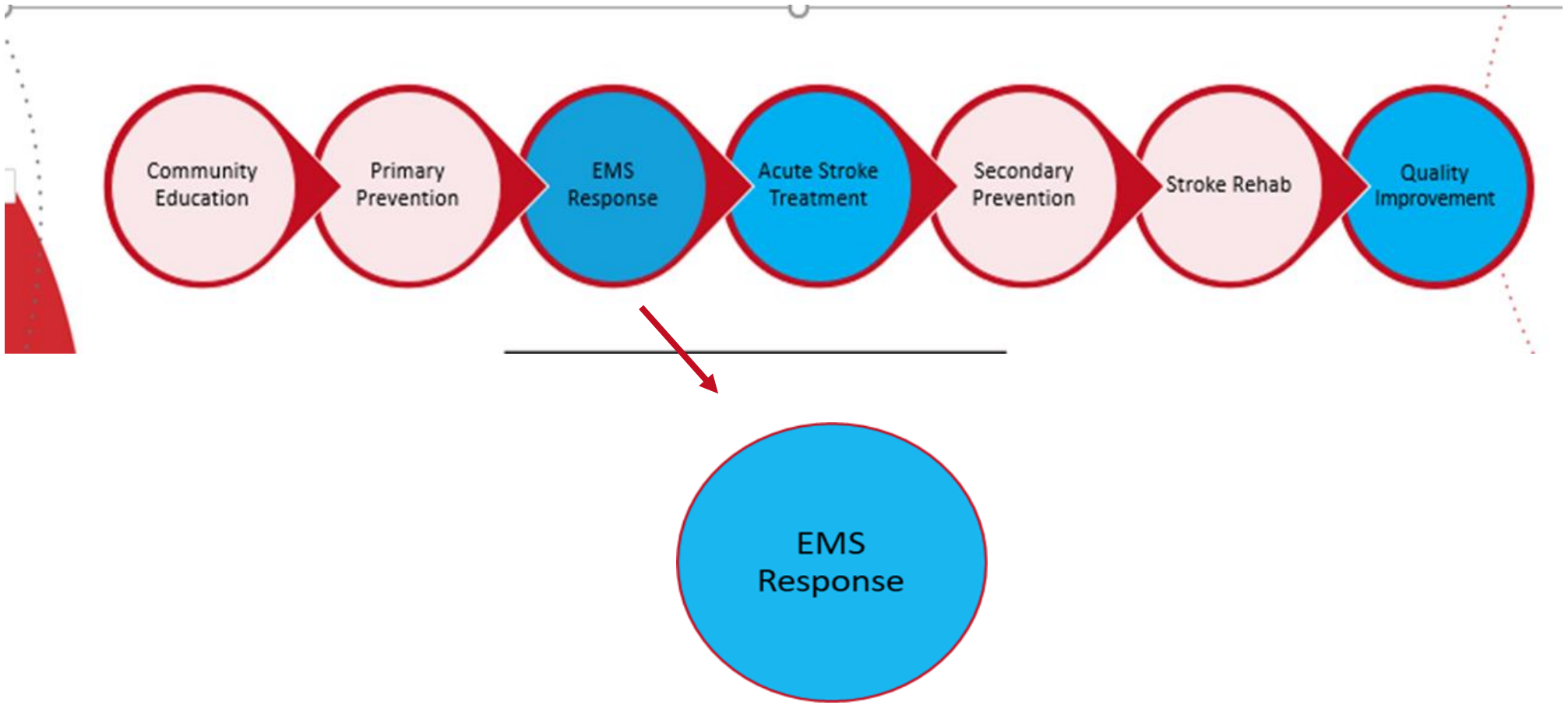
SSOC



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SPECIAL INITIATIVES: PREHOSPITAL DATA

Prehospital Stroke Care (EMS)

It Takes EMS Systems to Save Lives

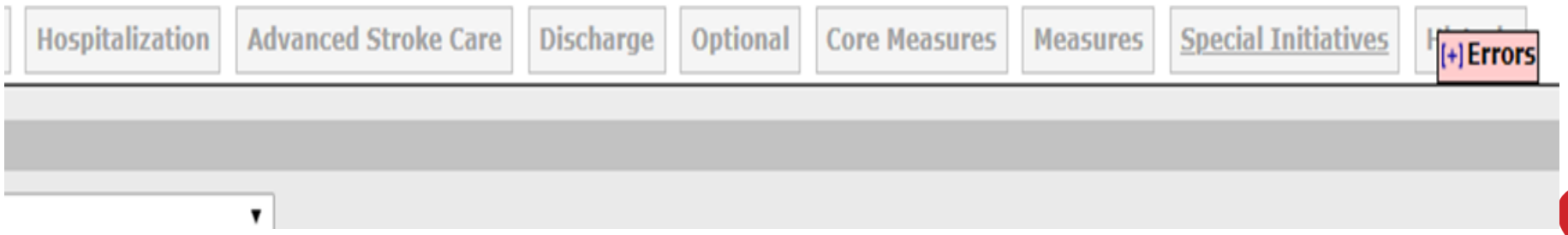
- Timely, acute management of illness improves morbidity & mortality
- It takes an **EMS System** to impact morbidity & mortality
- However, EMS remains **unrecognized & an underdeveloped area**
- System starts in the community, leading to Emergency Service coordination with the hospital
- Existing EMS guidelines are more applicable for developed EMS systems. There are **no guidelines for developing EMS systems** in areas with limited resources

SPECIAL INITIATIVES TAB: PREHOSPITAL DATA

Pre-Hospital Data Elements, *such as*:

- EMS agency name or number
- Run/Sequence Number
- Date/Time Call received by EMS agency
- Blood Glucose level)mg/dL)
- Pre-hospital stroke screen performed – Yes/No/Not documented
- Etc.

- Instructions to Enable: Contact IQVIA Help Desk to request "Special Initiatives Tab" (888) 526-6700 or InfosarioOutcomeSupport@quintiles.com
- Once Enabled, accessible from Patient Management Tool:



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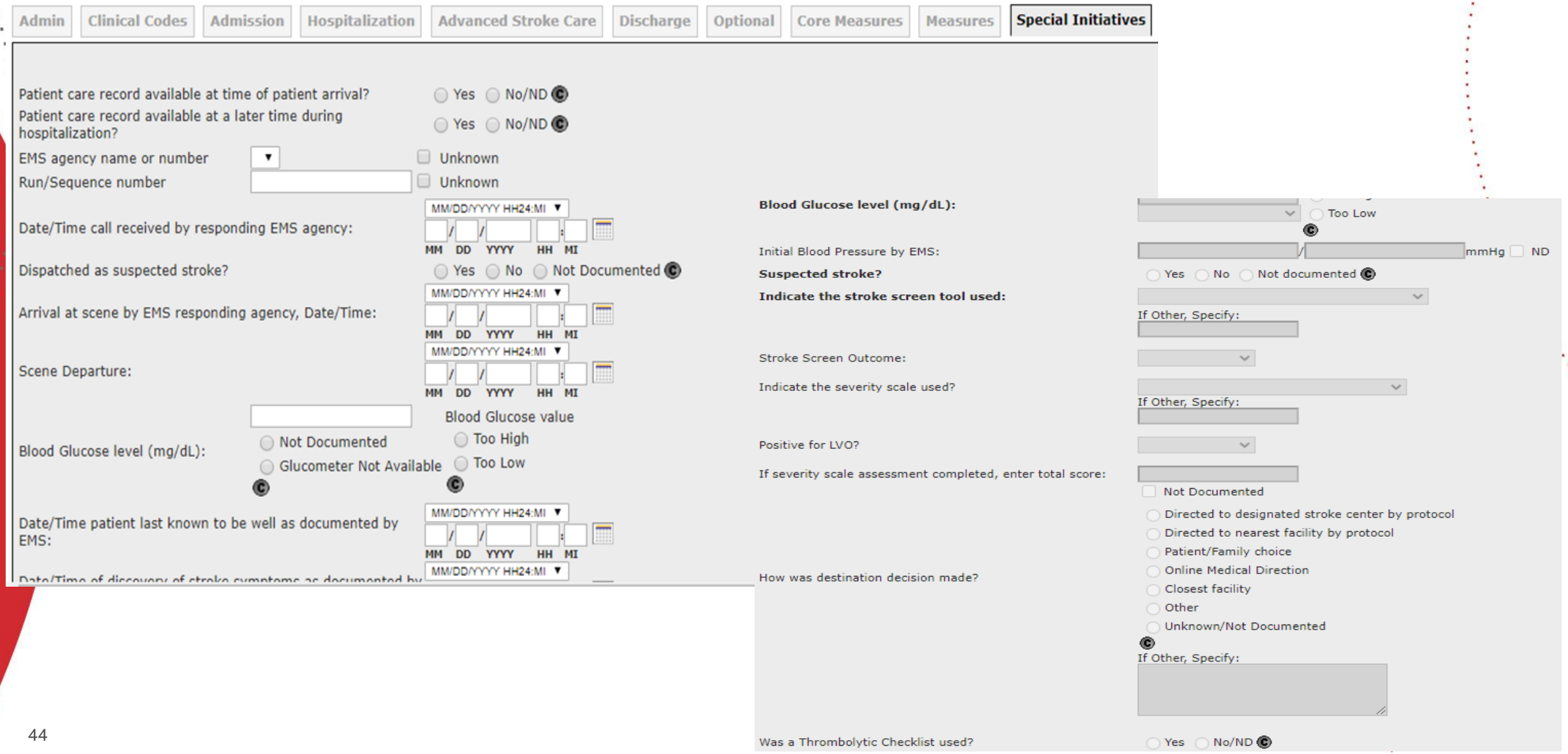
SPECIAL INITIATIVES TAB: PREHOSPITAL DATA



SPECIAL INITIATIVES: PREHOSPITAL MEASURES

Prehospital Care Measure Set

Contents

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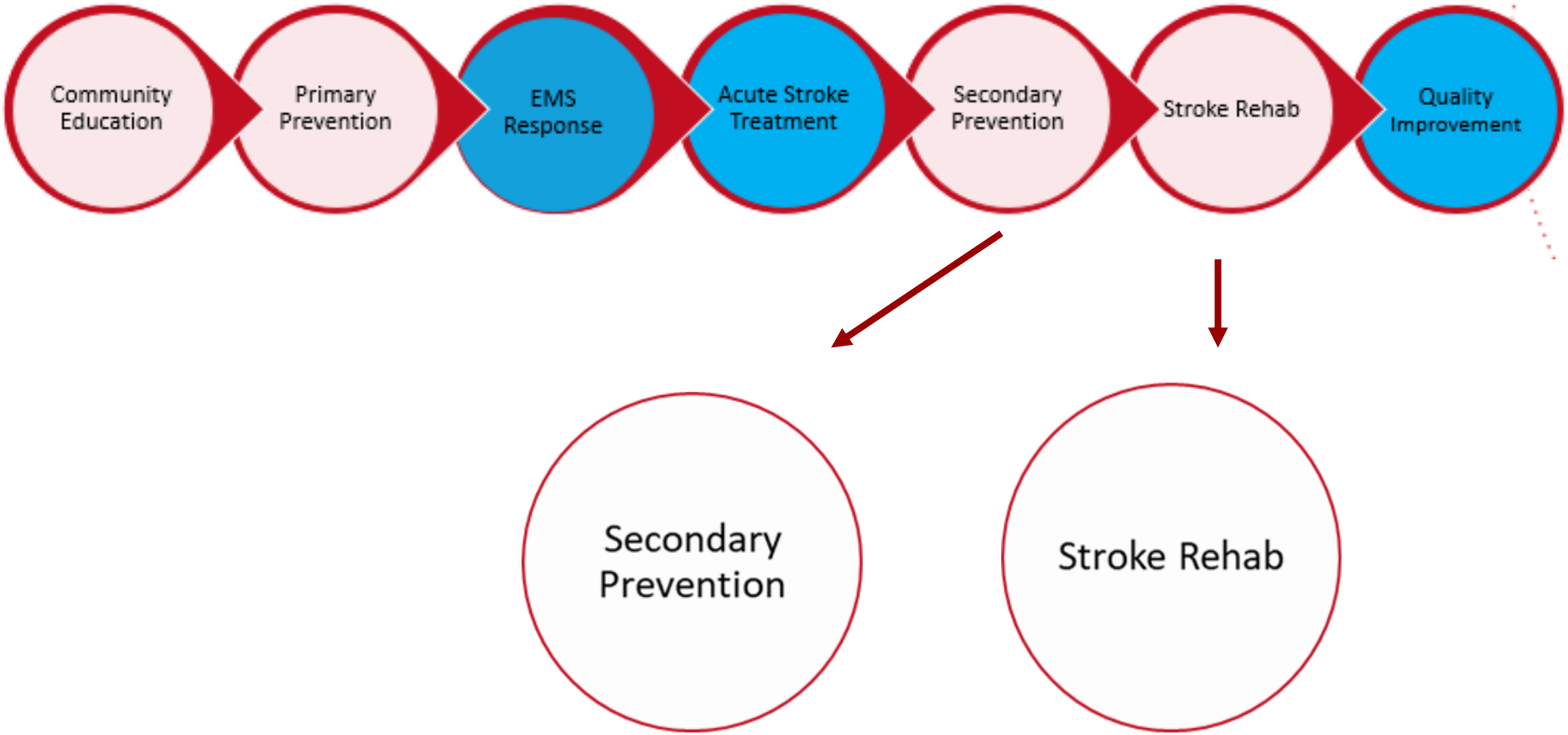

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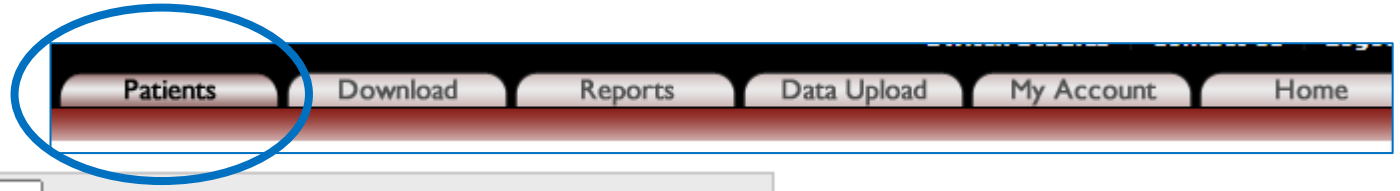
STROKE POST DISCHARGE FOLLOW UP



Search By Patient ID

Form to Search: Stroke

Completeness: All Forms

Date Restriction: Earliest 01 / 01 / 2020 (MM / DD / YYYY) Latest 01 / 01 / 2021 (MM / DD / YYYY)

Date Range: All Dates

Patients Per Page: 10

Sort Field and Order: Patient Management Tool — Ascending

[–] Hide Advanced Search

Search

Displaying patients 1-10 of 10.

Enter New Patient

Patient	Patient Management Tool	Stroke Post Discharge Follow-Up
1212123	**01/15/2020** *Next Admission*	**Create**
xyz123	**01/15/2020** *Next Admission*	**Create**
unknown2020	**01/26/2020** *Next Admission*	**Create**

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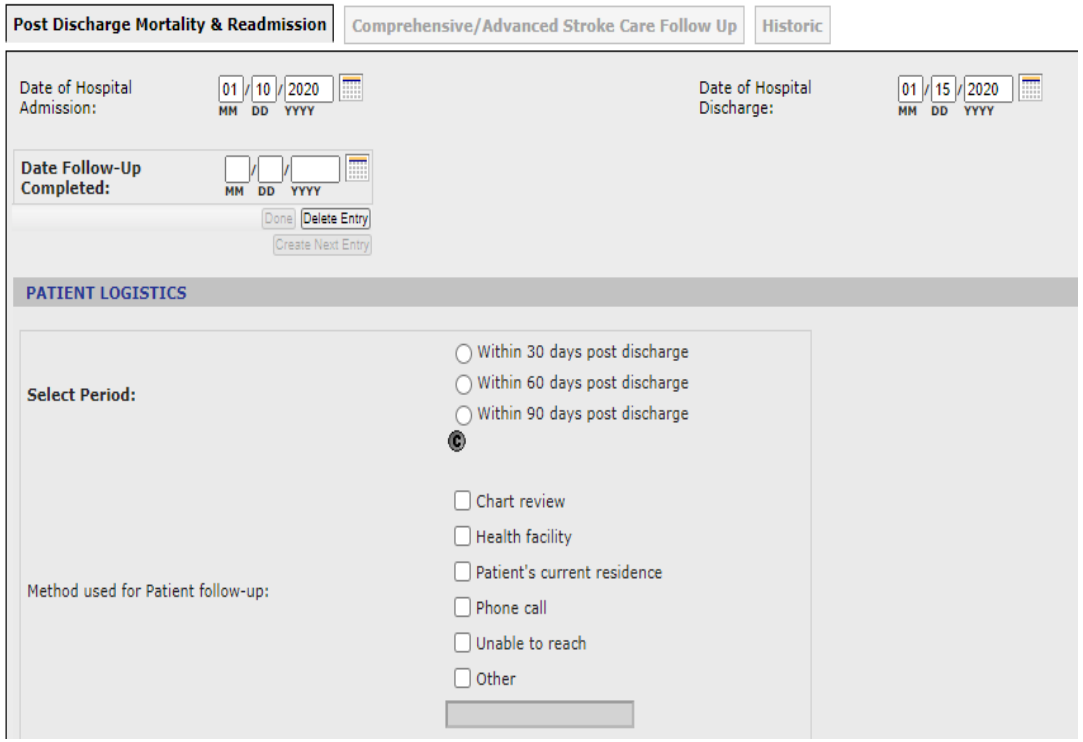
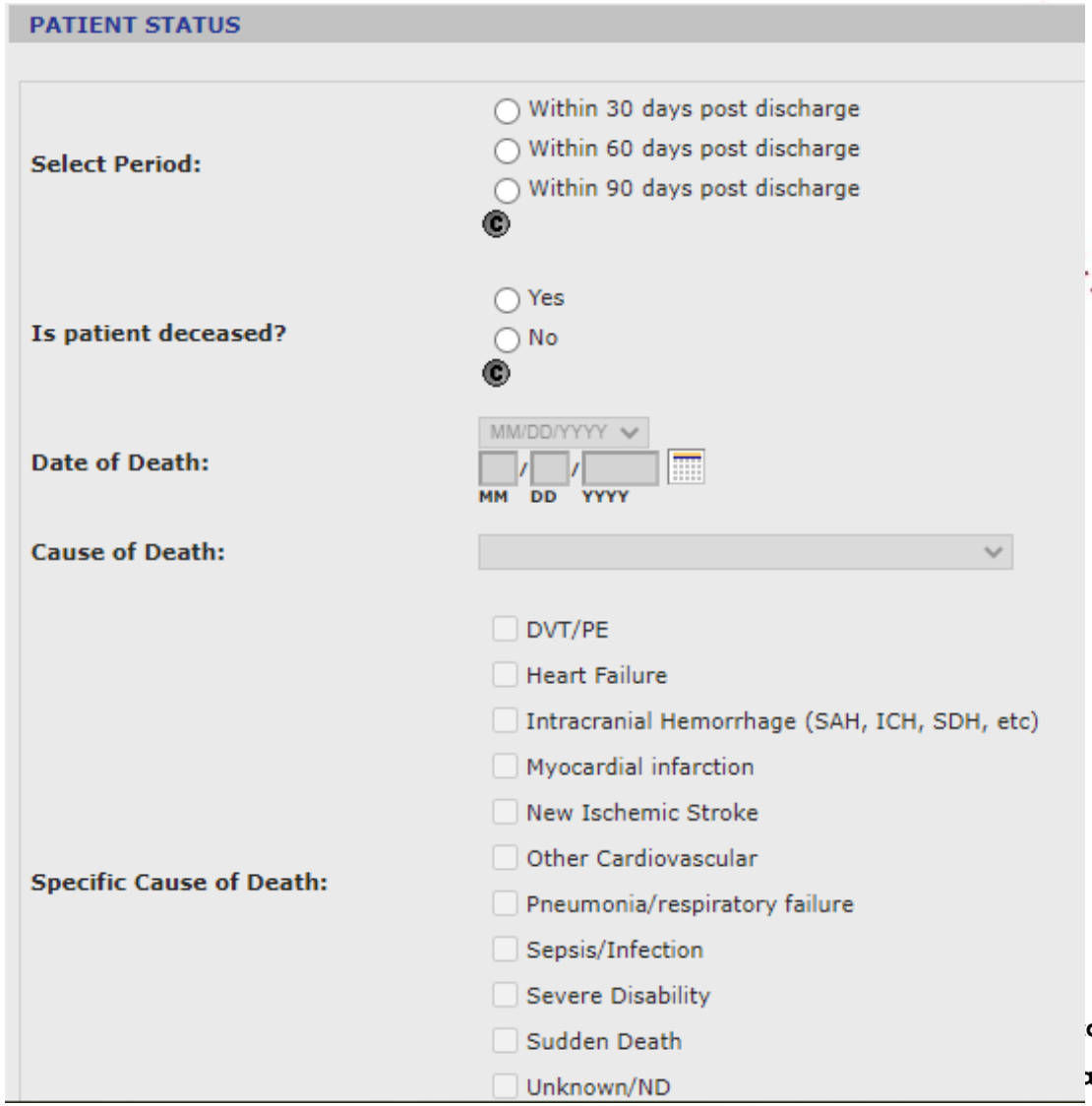
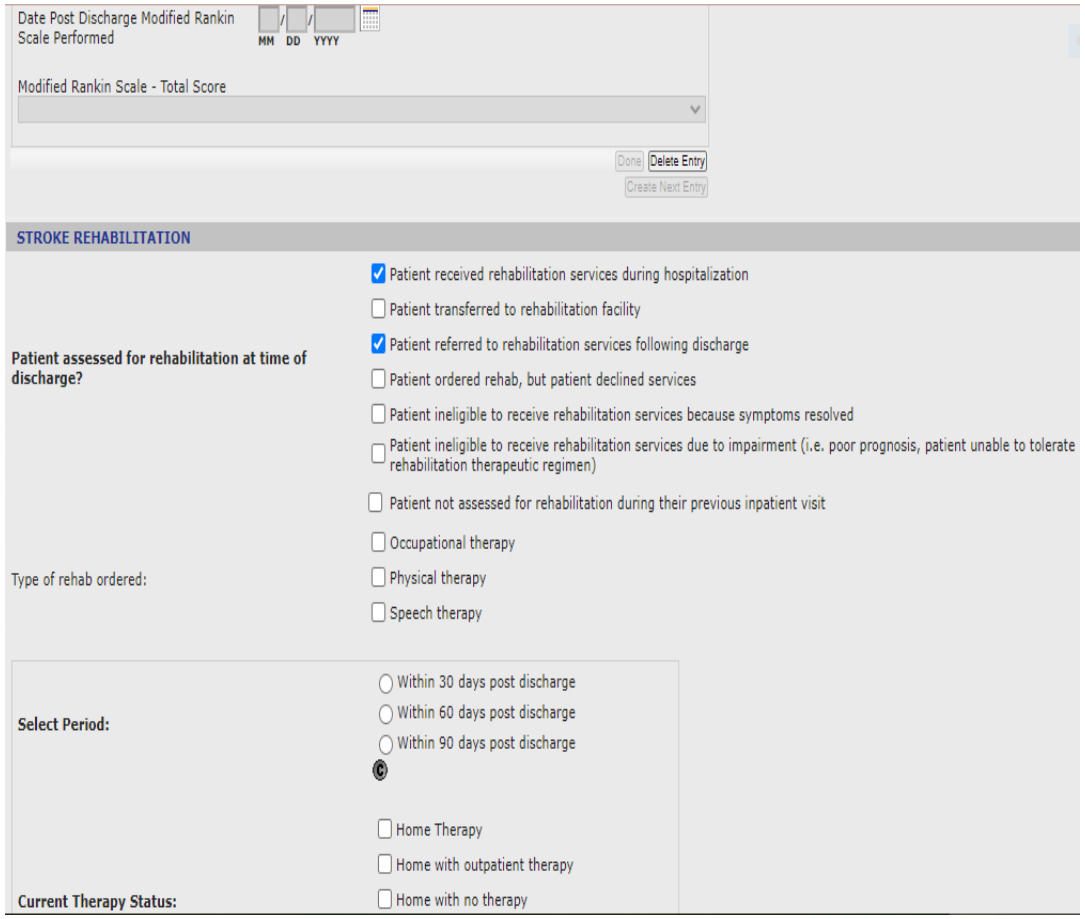
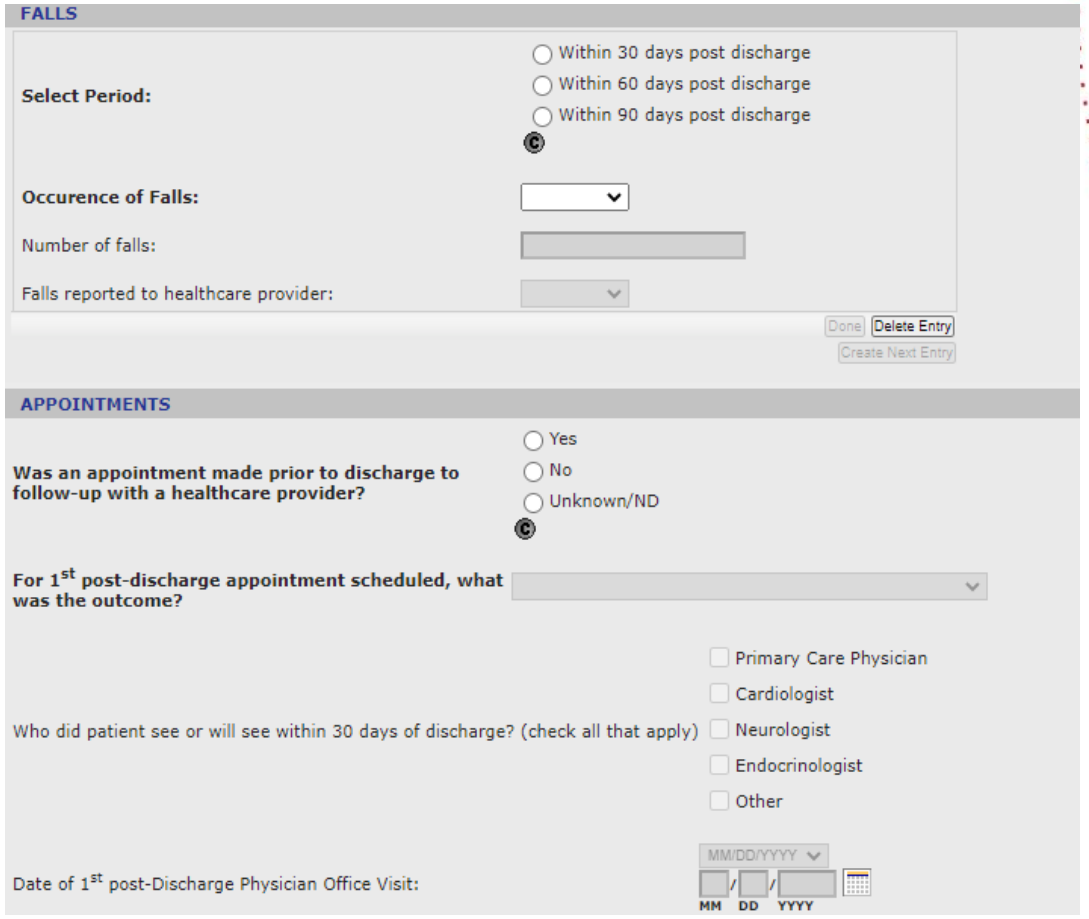
STROKE POST DISCHARGE FOLLOW UP





STROKE POST DISCHARGE FOLLOW UP





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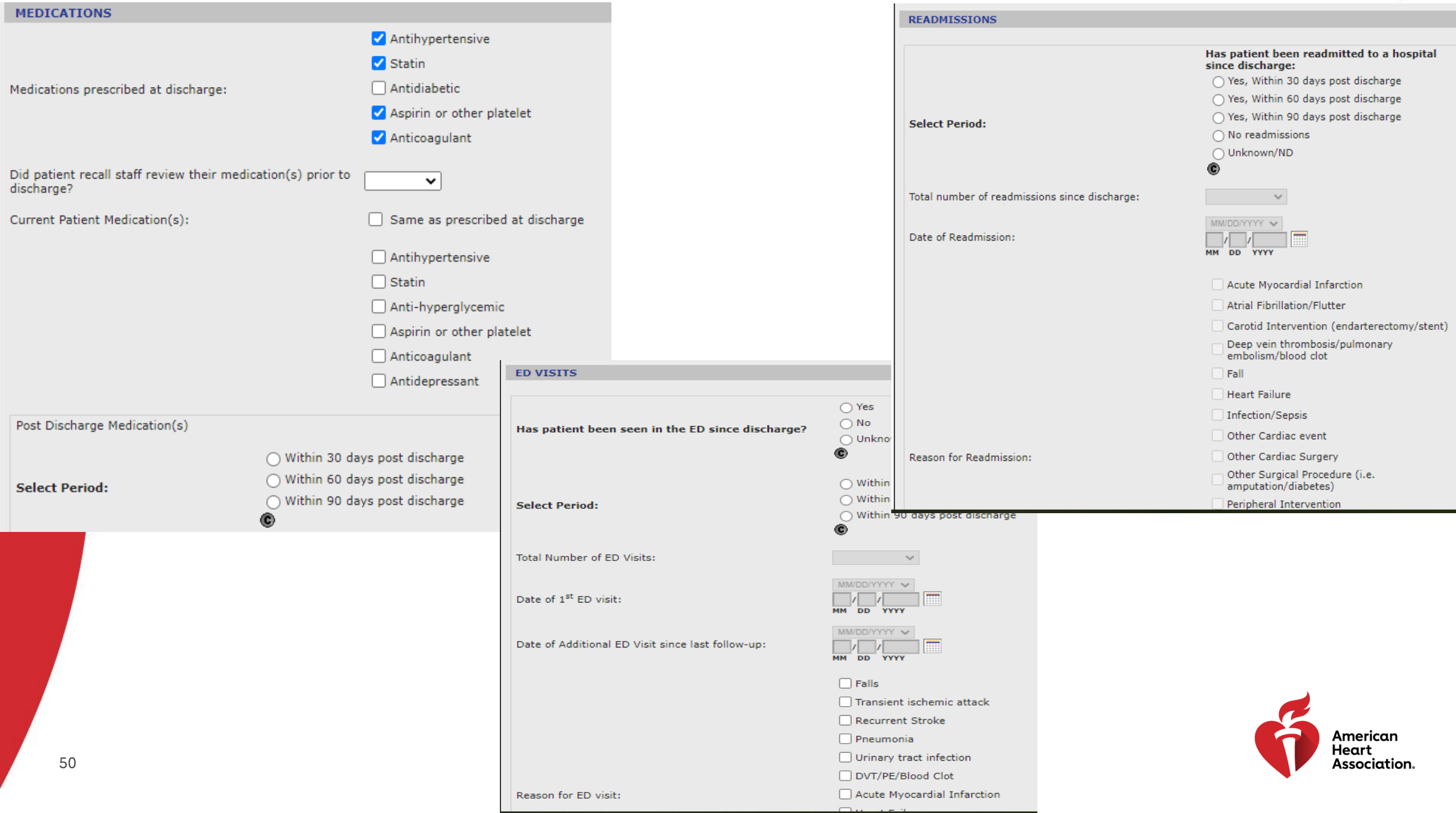

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WELLNESS METRICS

Tobacco Use and Cessation

Note: Tobacco use includes: cigarettes, cigars/cigarillo, little cigars. Pipes, smokeless tobacco (chew, dip, snuff, snus), hookah/water pipe and electronic vapor products (e-cigarettes, e-hookah, vape pens).

Patient identified as a tobacco user at time of stroke?

Was the patient provided tobacco cessation counseling or referred to a cessation program?

Use of tobacco since discharge?

Patient's frequency of tobacco use:

Use of medication(s) to stop tobacco use?

Has the patient EVER stopped tobacco use because they were trying to quit?

Number of times attempted:

BLOOD PRESSURE MANAGEMENT

Has the patient been monitoring their blood pressure at home or in the community?

Most Recent Blood pressure: / mmHg (systolic/diastolic)

Typical blood pressure reading for patient:

- Yes
- No
- Unknown/ND

Has patient reported their blood pressure to their health care provider since discharge?

- Yes
- No
- Unknown/ND

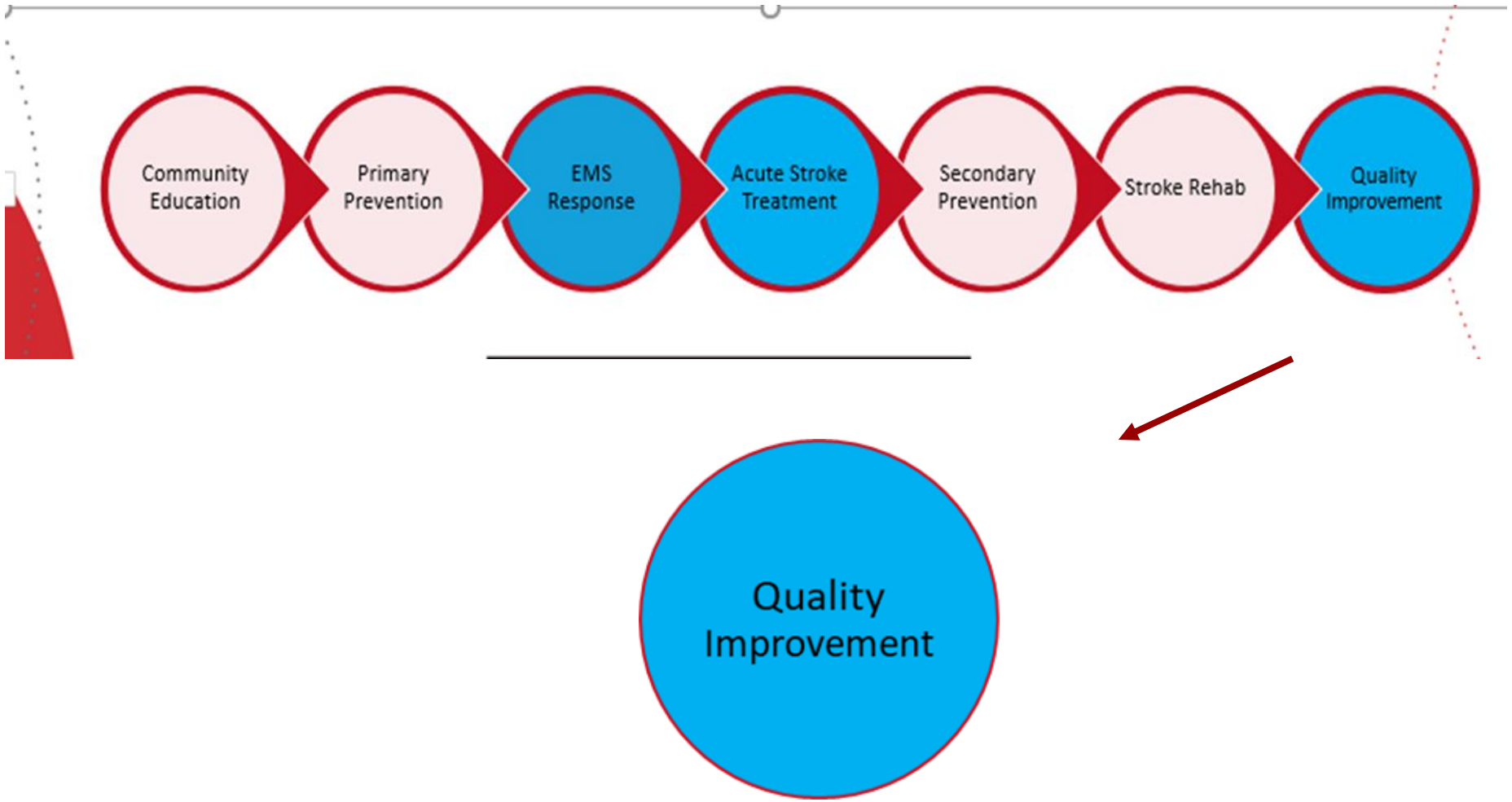
MENTAL HEALTH

Note: Questions to be answered by the patient.
Over the past 2 weeks, how often has the patient been bothered by any of the following problems:

1. Little interest or pleasure in doing things
2. Feeling down, depressed, or hopeless
3. Trouble falling asleep, staying asleep or sleeping too much
4. Feeling tired or having little energy
5. Poor appetite or overeating
6. Feeling bad about self or that he/she is a failure or has let self or family down
7. Trouble concentrating on things, such as reading the newspaper or watching television
8. Moving or speaking so slowly that others could have noticed. Or, the opposite, being so fidgety or restless that you have been moving around more than usual
9. Thoughts that he/she would be better off dead or of hurting yourself in some way

REPORTS

SSOC



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DATA IS COLLECTED-NOW WHAT?

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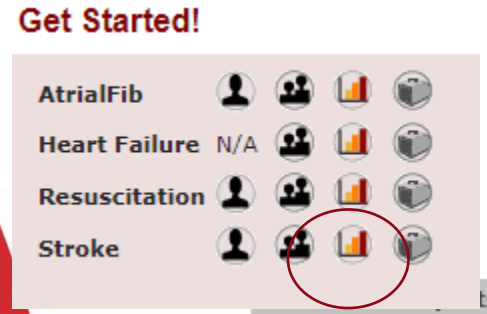
SPECIAL INITIATIVES PREHOSPITAL DATA: EMS FEEDBACK FORM



01 / 01 / 2019 (MM DD YYYY)

To

10 / 01 / 2020 (MM DD YYYY)

Submit

Configurable Measure Reports
Build your own Quality Measure Rep

Pre-Defined Measure Reports
Select from the Most Common Meas
previously saved report types.

PMT Patient List
Provides a list of patient records ent

Comprehensive Stroke: List of P
Follow-Up
Provides a listing of CSTK patients t
entered.

Stroke (STK) Initial Patient Population Report
STK Initial Patient Population and Sample Count Report

Patient Time Tracker Report
Provides time tracking for patient records entered for this study.

Due to the size of this report, unfortunately, our Print to PDF feature is not well supported for this report at this time. In order to print this report more effectively, please use the "Export to Excel" feature in the top right hand corner of the report and print from Excel.

Stroke InSights Data Quality Report

Stroke Mortality Report

EMS Feedback Log
Provides the feedback details of the patients entered for the study

EMS Feedback Log

Provides the feedback details of the patient entered for the study.

Show filters This report shows all records. 16 of 16

ID	Form Dates		Form Information					Print PDF
	Admit Date	Discharge Date	Diagnosis	Discharge Disposition	EMS Agency name	Referring Hospital	Form Status	
xyz123	n/a	n/a	Stroke not otherwise specified	4 Acute Care Facility			Incomplete	Feedback Log Export
unknown2020	01/21/2020	01/26/2020	Ischemic Stroke	1 Home			Incomplete	Feedback Log Export
test5462	04/01/2019	04/04/2019	Ischemic Stroke	1 Home			Incomplete	Feedback Log Export

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EMS FEEDBACK FORM

Print PDF

Feedback Log Export

Mission: Lifeline Stroke Feedback Form

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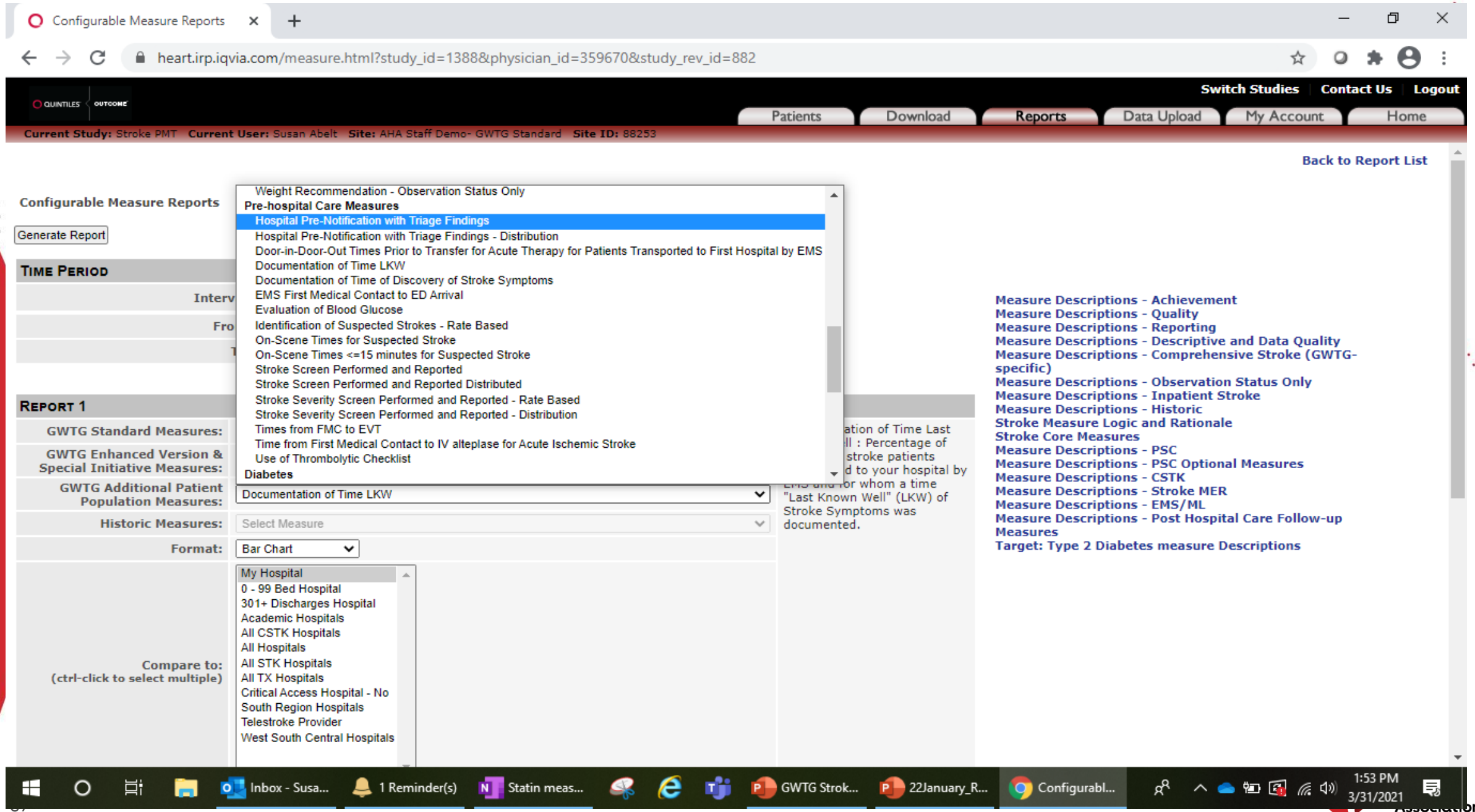
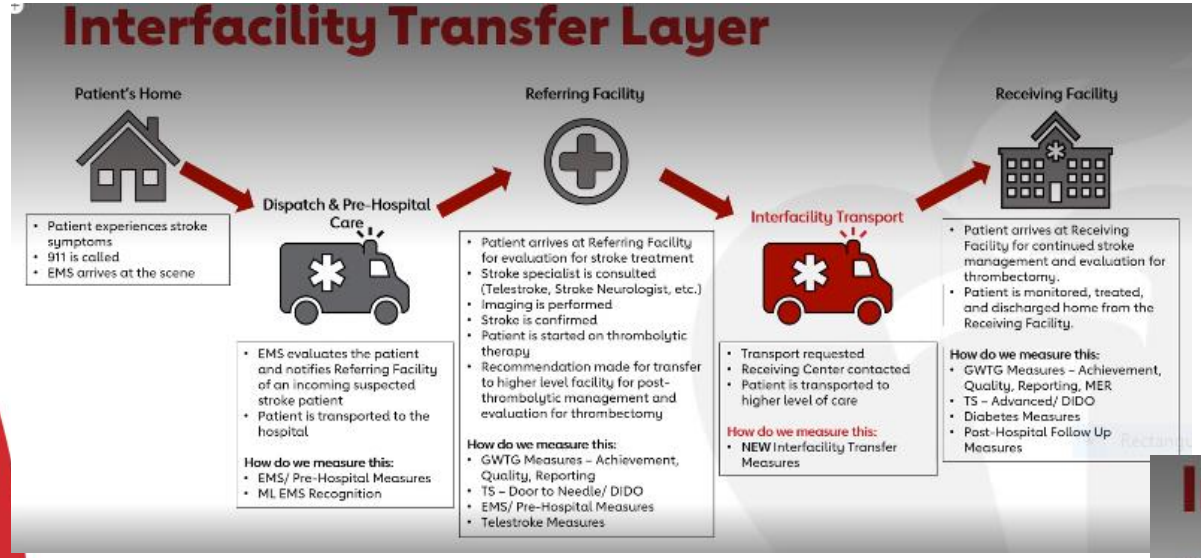
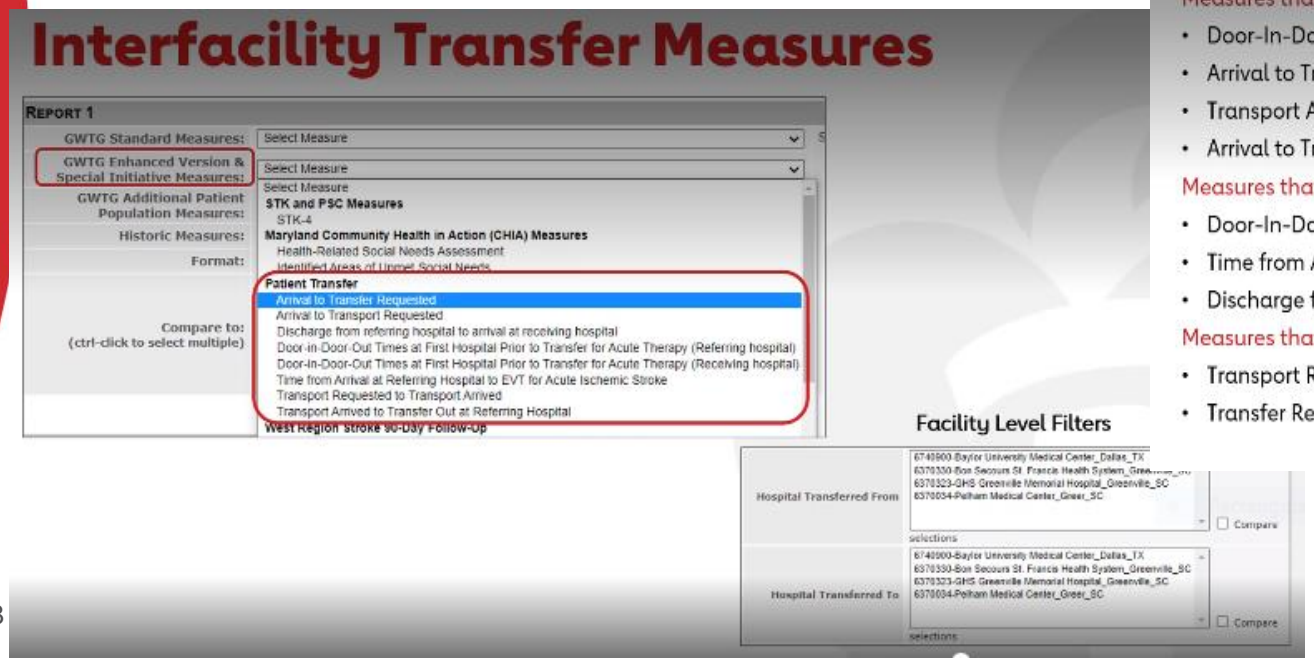
Hospital: AHA Staff Demo- GWTG Standard			**How Patient Arrived at your hospital:** EMS from home/scene	
If transfer from another hospital, specify hospital name:			**Suspected stroke?**	**Blood Glucose Level:**
Advanced notification by EMS/Mobile Stroke Unit? (Traditional Responder or Mobile Stroke Unit): Yes			**Additional Information provided as part of pre-notification?**	
Stroke screen tool used:		**Stroke Screen Outcome:**	**Severity scale used?**	**EMS score Positive for LVO?**
EMS Agency Name or Number:		**EMS Run/Sequence number:**	**Patient location when stroke symptoms discovered:** Not in a healthcare setting	
Arrival Date/Time: 01/21/2020 15:00	**Age:** 77	**Gender:** Female	**Initial Blood Pressure by EMS:**	**Final clinical diagnosis related to stroke:** Ischemic Stroke
How was destination decision made?			**If severity scale used, did result alter hospital destination (e.g. CSC vs. PSC)?**	
IV alteplase initiated at this hospital? No		**IV altaplase at an outside hospital or Mobile Stroke Unit?** No	**Endovascular attempted:** No	
ICD-10-CM Principal Diagnosis Code: I6309 - Cerebral infarction due to thrombosis of precerebral artery		**ICD-10-PCS Principal Procedure Code:** 3E03317 - Introduction of Other Thrombolytic into Peripheral Vein, Percutaneous Approach	**ICD-10-CM Discharge Diagnosis Related to Stroke:**	
Physician/Provider NPI: LOYA,RENE-1912956319				

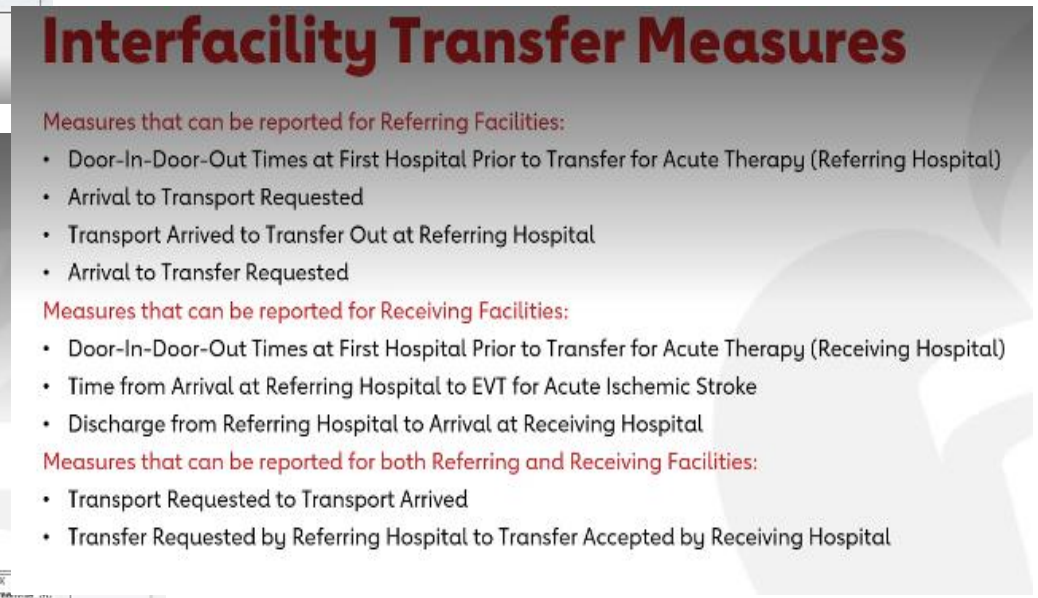
Data Elements	**Date/Time**	**System Metrics**	**Time**
Date/Time of discovery of stroke symptoms?	01/21/2020 14:15	Last Known Well to Arrival @ Hospital:	45 Minutes
Discovery of Stroke Symptoms by EMS:		Last Known Well to IV Alteplase:	0 Minutes
Date/Time patient last known to be well?	01/21/2020 14:15	Last Known Well to first pass of a clot retrieval device:	0 Minutes
Last Known Well as Documented by EMS:		First Medical Contact to IV Alteplase:	0 Minutes
EMS Unit Notified by Dispatch:		First Medical Contact to first pass of a clot retrieval device:	0 Minutes
EMS Unit Arrived on Scene:		First Medical Contact to Brain Imaging Initiated:	0 Minutes
EMS Arrived at Patient:		First Medical Contact to Stroke Team Activation:	0 Minutes
EMS Unit Left Scene:		**EMS**	**Time**
Arrival Date Time:	01/21/2020 15:00	EMS Unit Notified by Dispatch to Arrival at Scene:	0 Minutes
Date/Time Prenotification Provided to Hospital:		EMS At Patient Side to Date/Time Pre-Notification provided to Hospital:	0 Minutes
Date/Time Brain Imaging Initiated:	01/21/2020 15:05	EMS Unit Arrived on Scene to EMS Unit Left Scene:	0 Minutes
Date/Time IV alteplase initiated:		EMS Depart Scene to Hospital Arrival:	0 Minutes
What is the date and time of the first pass of a clot retrieval device at this hospital?		EMS At Patient Side to Brain Imaging initiated By MSU:	0 Minutes
		EMS At Patient Side to Date Time IV alteplase intiated by MSU:	0 Minutes
Date/Time Stroke Team Activated:		**Stroke Center**	**Time**
Date/Time Stroke Team Arrived:		EMS Pre-Notification to Stroke Team Activated:	0 Minutes


Configurable Measure Reports
heart.irp.iqvia.com/measure.html?study_id=1388&physician_id=359670&study_rev_id=882
Switch Studies | Contact Us | Logout
Patients | Download | Reports | Data Upload | My Account | Home
Current Study: Stroke PMT Current User: Susan Abelt Site: AHA Staff Demo- GWTG Standard Site ID: 88253
Back to Report List
Configurable Measure Reports
Generate Report
TIME PERIOD
REPORT 1
GWTG Standard Measures:
GWTG Enhanced Version & Special Initiative Measures:
GWTG Additional Patient Population Measures:
Historic Measures:
Format:
Compare to: (ctrl-click to select multiple)
Weight Recommendation - Observation Status Only
Pre-hospital Care Measures
Hospital Pre-Notification with Triage Findings
Hospital Pre-Notification with Triage Findings - Distribution
Door-in-Door-Out Times Prior to Transfer for Acute Therapy for Patients Transported to First Hospital by EMS
Documentation of Time LKW
Documentation of Time of Discovery of Stroke Symptoms
EMS First Medical Contact to ED Arrival
Evaluation of Blood Glucose
Identification of Suspected Strokes - Rate Based
On-Scene Times for Suspected Stroke
On-Scene Times <=15 minutes for Suspected Stroke
Stroke Screen Performed and Reported
Stroke Screen Performed and Reported Distributed
Stroke Severity Screen Performed and Reported - Rate Based
Stroke Severity Screen Performed and Reported - Distribution
Times from FMC to EVT
Time from First Medical Contact to IV alteplase for Acute Ischemic Stroke
Use of Thrombolytic Checklist
Diabetes
Documentation of Time LKW
Select Measure
Bar Chart
My Hospital
0 - 99 Bed Hospital
301+ Discharges Hospital
Academic Hospitals
All CSTK Hospitals
All Hospitals
All STK Hospitals
All TX Hospitals
Critical Access Hospital - No
South Region Hospitals
Telestroke Provider
West South Central Hospitals
Measure Descriptions - Achievement
Measure Descriptions - Quality
Measure Descriptions - Reporting
Measure Descriptions - Descriptive and Data Quality
Measure Descriptions - Comprehensive Stroke (GWTG-specific)
Measure Descriptions - Observation Status Only
Measure Descriptions - Inpatient Stroke
Measure Descriptions - Historic
Stroke Measure Logic and Rationale
Stroke Core Measures
Measure Descriptions - PSC
Measure Descriptions - PSC Optional Measures
Measure Descriptions - CSTK
Measure Descriptions - Stroke MER
Measure Descriptions - EMS/ML
Measure Descriptions - Post Hospital Care Follow-up Measures
Target: Type 2 Diabetes measure Descriptions
1:53 PM
3/31/2021

COMING SOON!







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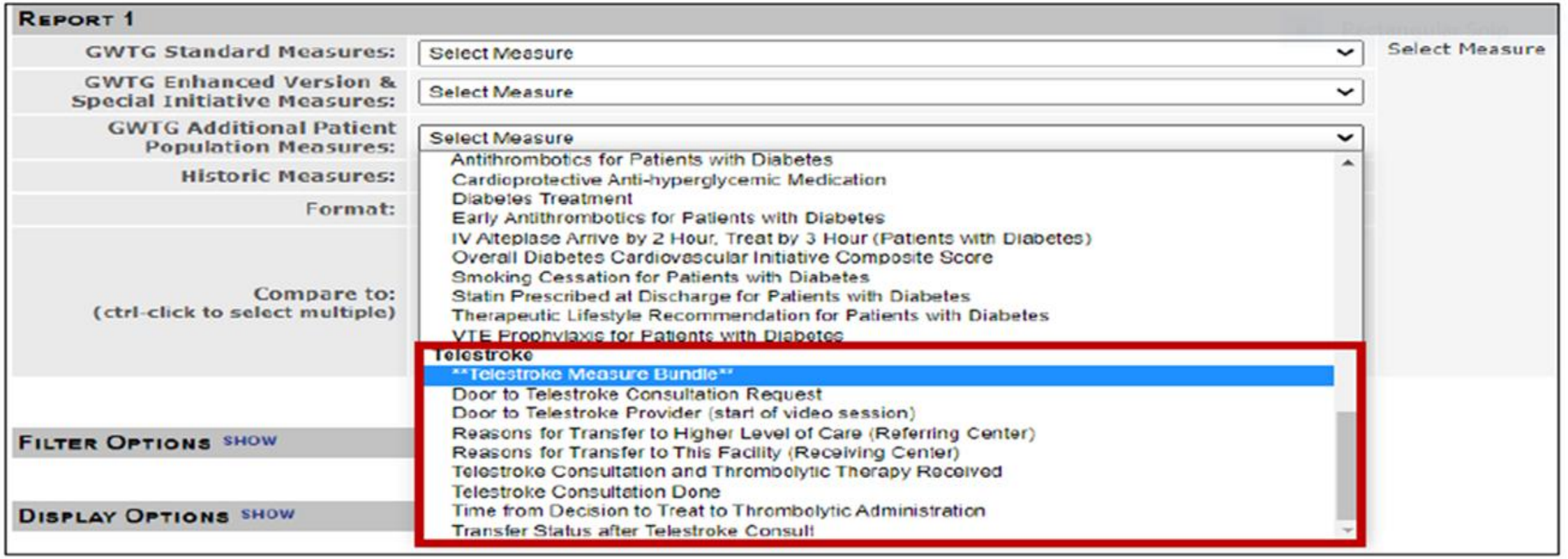
TELEHEALTH LAYER

- What was the type of Telestroke provider?
- Custom list element for site to record who provided Telestroke service
- Did the Telestroke consultant recommend transfer?
- Patient transfer status after Telestroke consult.
- Which option best described the destination facility for transferred patient?
- Did Telestroke consultation result in thrombolytic administration at the referring site?

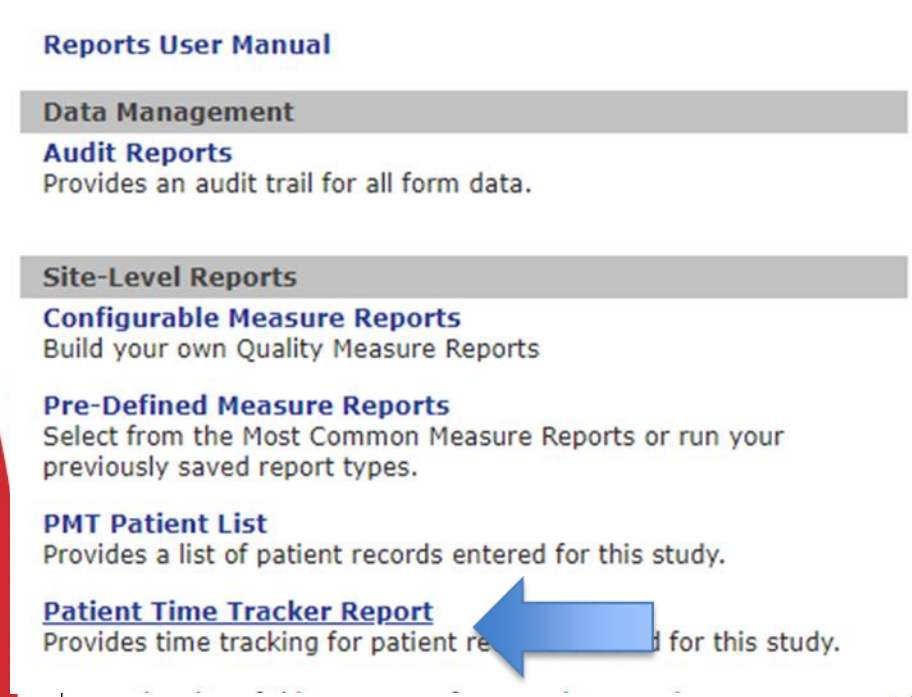
TELESTROKE REPORTS

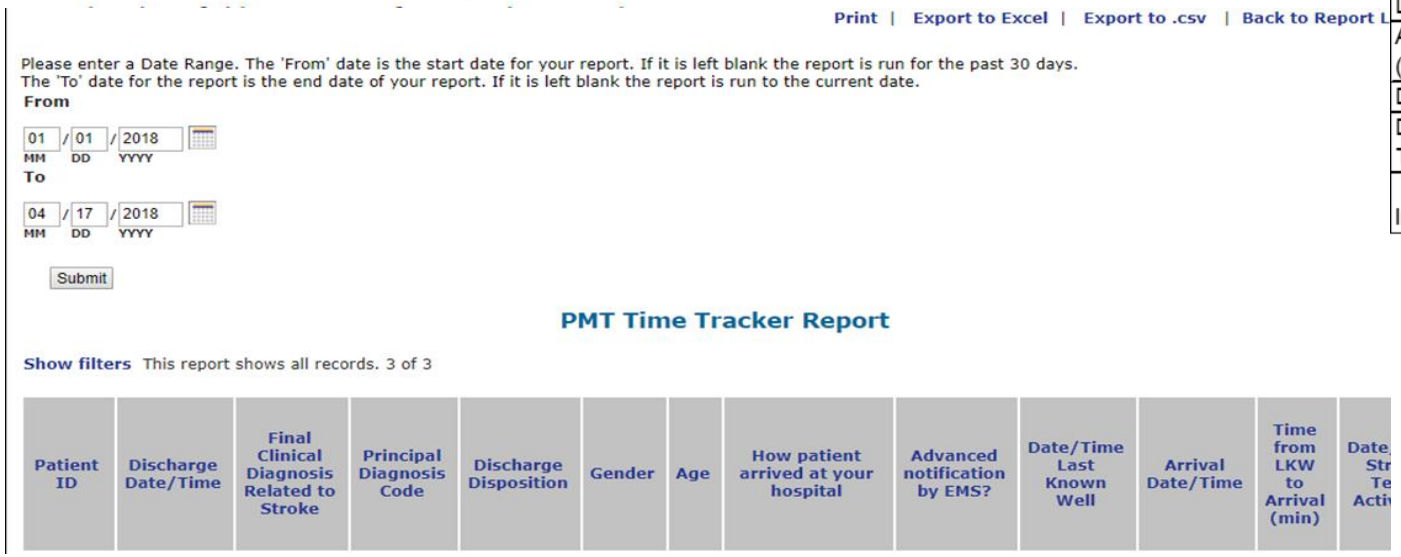
Telestroke Measure Bundle Added

- The ***Telestroke Measure Bundle**** has been added in Configurable Measure Reports under *GWTG Additional Patient Population* Measures.



TIME TRACKER REPORT





Time Tracker	
Patient ID	Total Score (NIHSS)
Discharge Date/Time	Had stroke symptoms resolved at time of presentation?
Final Clinical Diagnosis Related to Stroke	Brain imaging completed at your hospital for this episode of care?
Principal Diagnosis Code	Date/Time Brain Imaging Initiated
Discharge Disposition	Door to Brain Image Initiated Time (min)
Gender	Date/Time Brain Imaging Interpreted
Age	Door to Brain Image Interpreted Time (Min)
How patient arrived at your hospital	IV t-PA initiated at this hospital?
Advanced notification by EMS?	Date/Time IV t-PA Ordered
Date/Time Last Known Well	Date/Time IV t-PA Initiated
Arrival Date/Time	Door to Needle Time (min)
Time from LKW to Arrival (min)	Date/Time Lab Tests Ordered
Date/Time Stroke Team Activated	Date/Time Lab Tests Completed
Date/Time Stroke Team Arrived	Arrival to Lab Tests Completed Times (min)
Door to Stroke Team Arrival Time (min)	Date/Time ECG Ordered
Date/Time of ED Physician Assessment	Date/Time ECG Completed
Arrival to ED Physician Assessment Time (min)	Arrival to ECG Completed Times (min)
Date/Time Neurosurgical Services	Date/Time Chest X-Ray Ordered
Door to Neurosurgical Services Consult Time (min)	Date/Time Chest X- Ray Completed
Initial NIH Stroke Scale	Arrival to Chest X-Ray Completed Times (min)

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TIME TRACKER REPORT

Print | Export to Excel | Export to .csv | Back to Report List

ease enter a Date Range. The 'From' date is the start date for your report. If it is left blank the report is run for the past 30 days.
he 'To' date for the report is the end date of your report. If it is left blank the report is run to the current date.
rom

11 / 01 / 2018
M DD YYYY
O

2 / 30 / 2020
M DD YYYY

Submit

PMT Time Tracker Report

how filters This report shows all records. 25 of 25

Patient ID	Discharge Date/Time	Final Clinical Diagnosis Related to Stroke	Principal Diagnosis Code	Discharge Disposition	Gender	Age	How patient arrived at your hospital	Advanced notification by EMS?	Date/Time Last Known Well	Arrival Date/Time	Time from LKW to Arrival (min)	Date/Time Stroke Team Activated	Date/Time Stroke Team Arrived	Door to Stroke Team Arrival Time (min)	Date/Time of ED Physician Assessment	Arrival to ED Physician Assessment Time (min)
			I6300													

AL	AM	AN
Date/Time Lab Tests Ordered	Date/Time Lab Tests Completed	Arrival to Lab Tests Completed Times (mi
Unknown	02/01/2019 14:24	21

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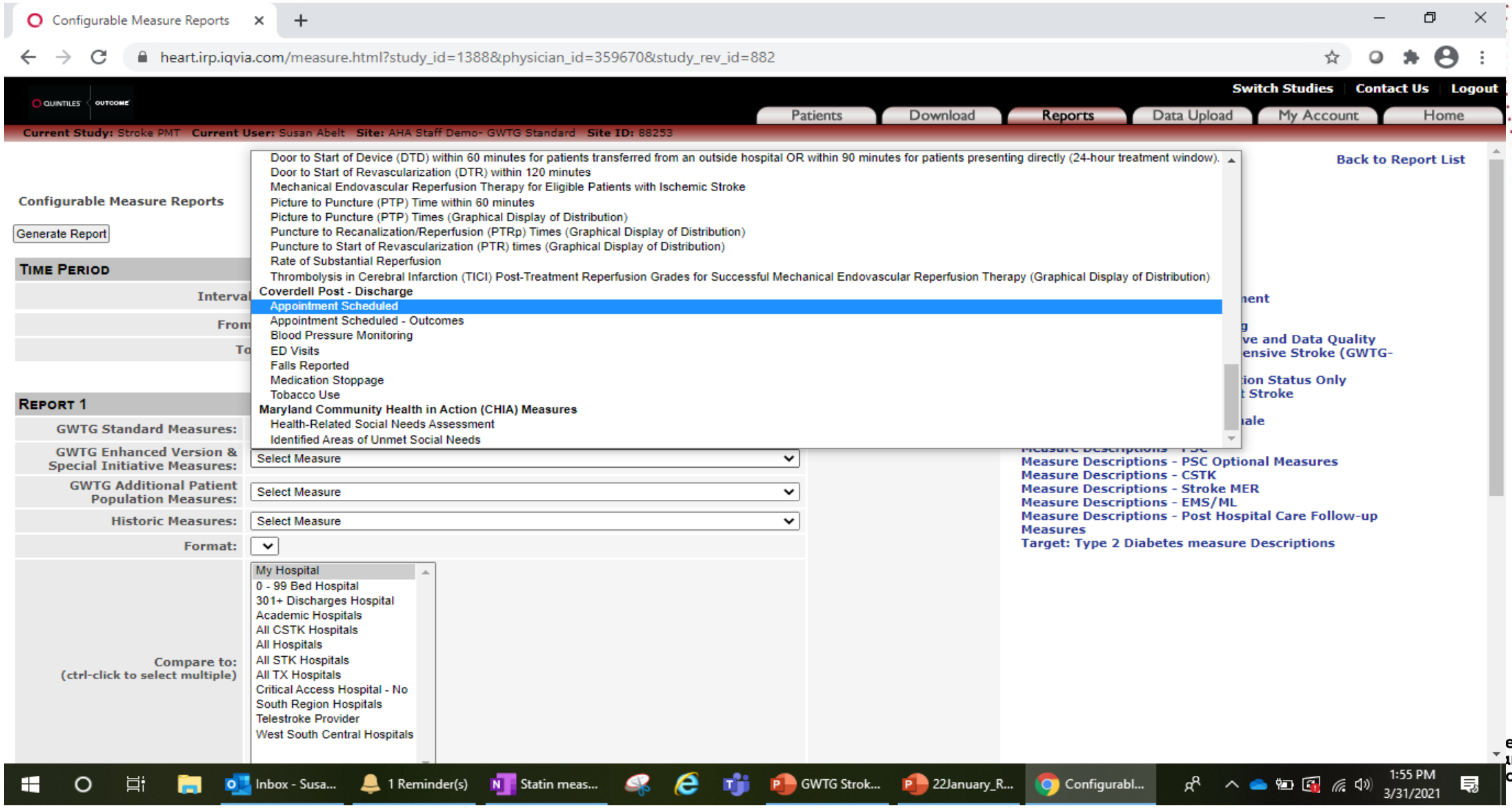
ACUTE STROKE READY MEASURE REPORTS

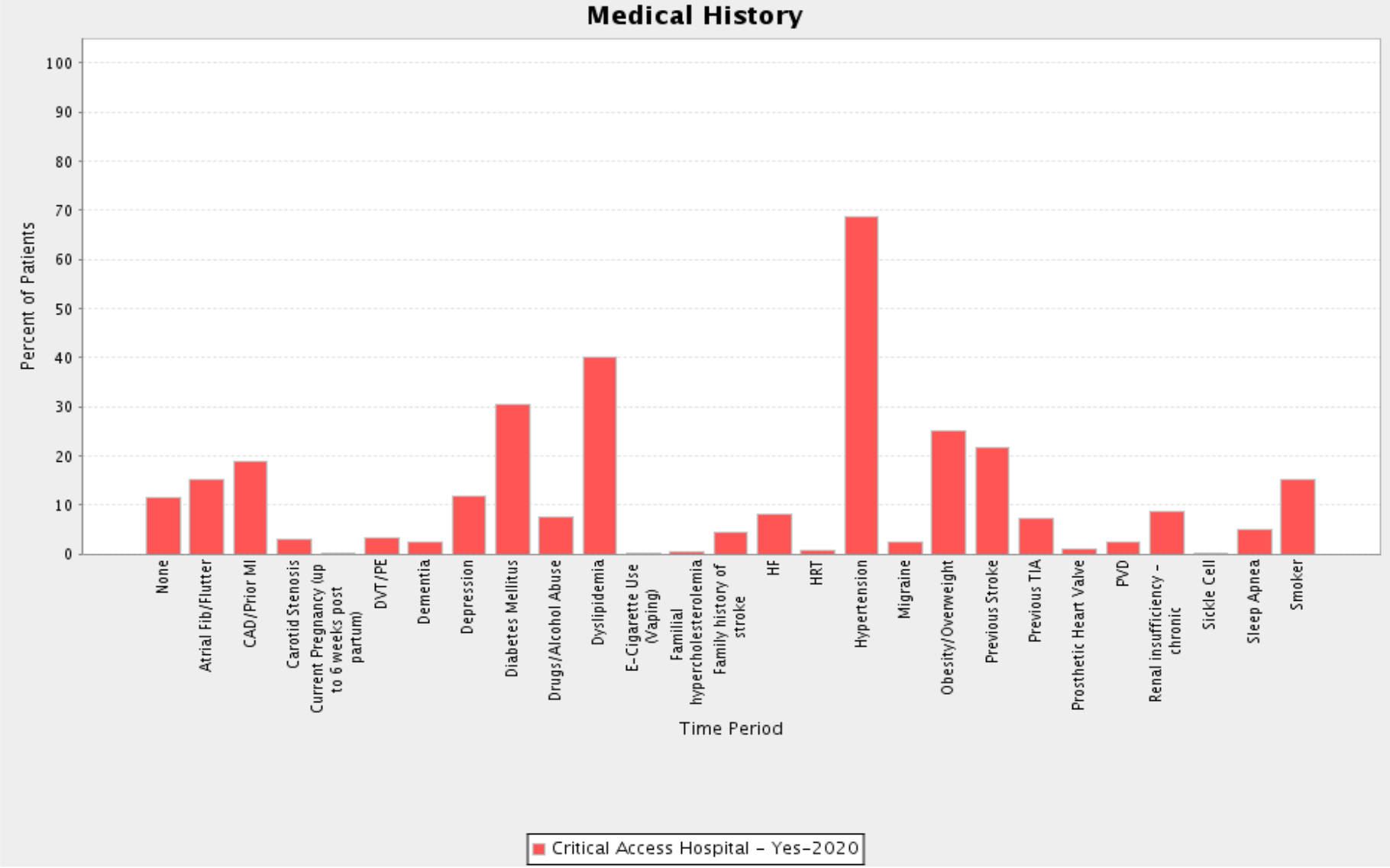
- ASR-IP-1 Thrombolytic Therapy (IV alteplase initiated in the ED followed by inpatient admission to the ASRH)
- ASR-IP-2 Antithrombotic Therapy Administered By End of Hospital Day 2
- ASR-IP-3 Discharged on Antithrombotic Therapy
- ASR-OP-1 Thrombolytic Therapy (Drip and Ship)
- ASR-OP-2 Door to Transfer to Another Hospital
  - 2b Hemorrhagic Stroke
  - 2c Ischemic Stroke; drip and ship
  - 2d Ischemic Stroke: no IV alteplase prior to transfer

STROKE POST DISCHARGE REPORTS



GWTG®-STROKE DATA

MEDICAL HISTORY HISTOGRAM



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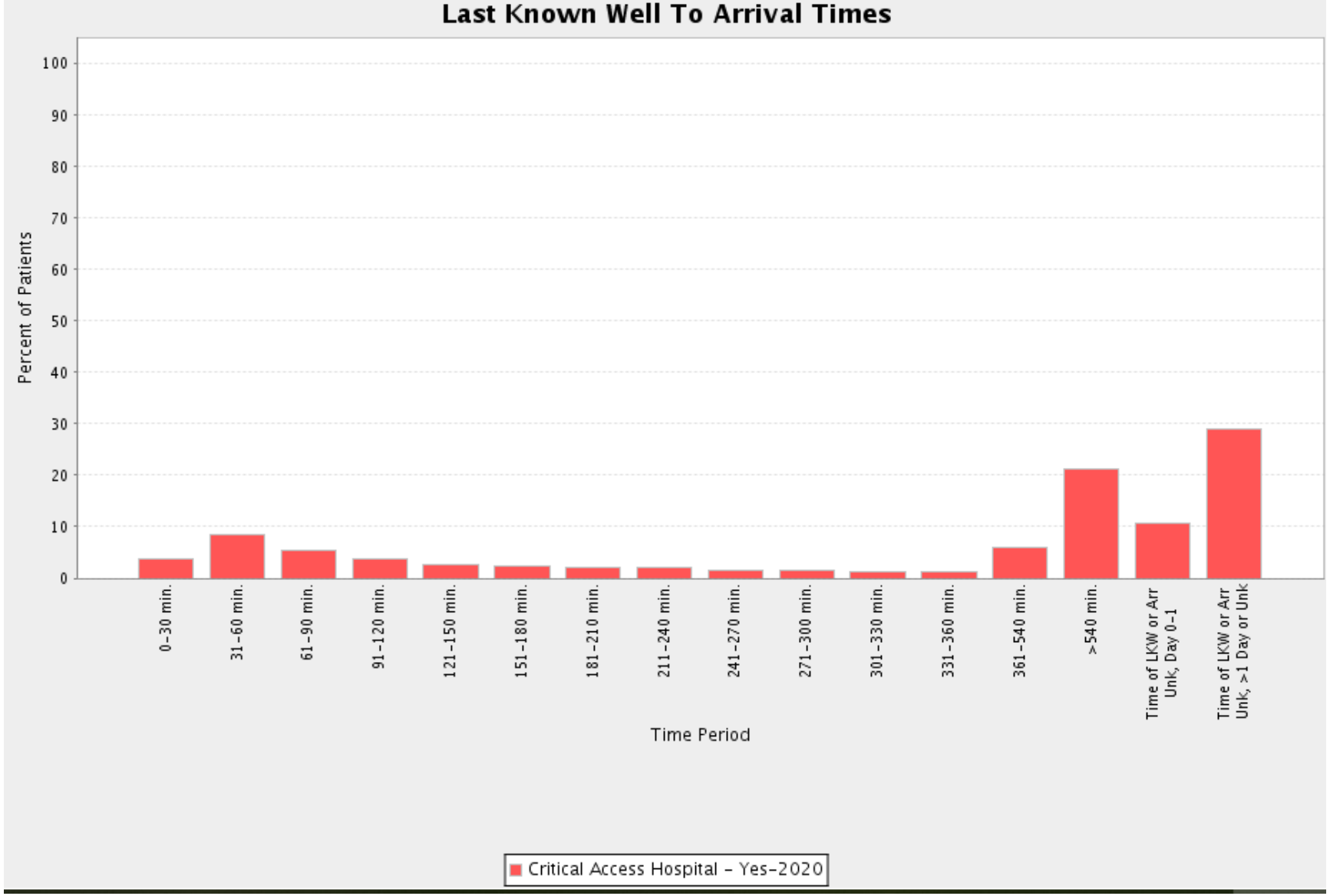
LAST KNOWN WELL TO ARRIVAL



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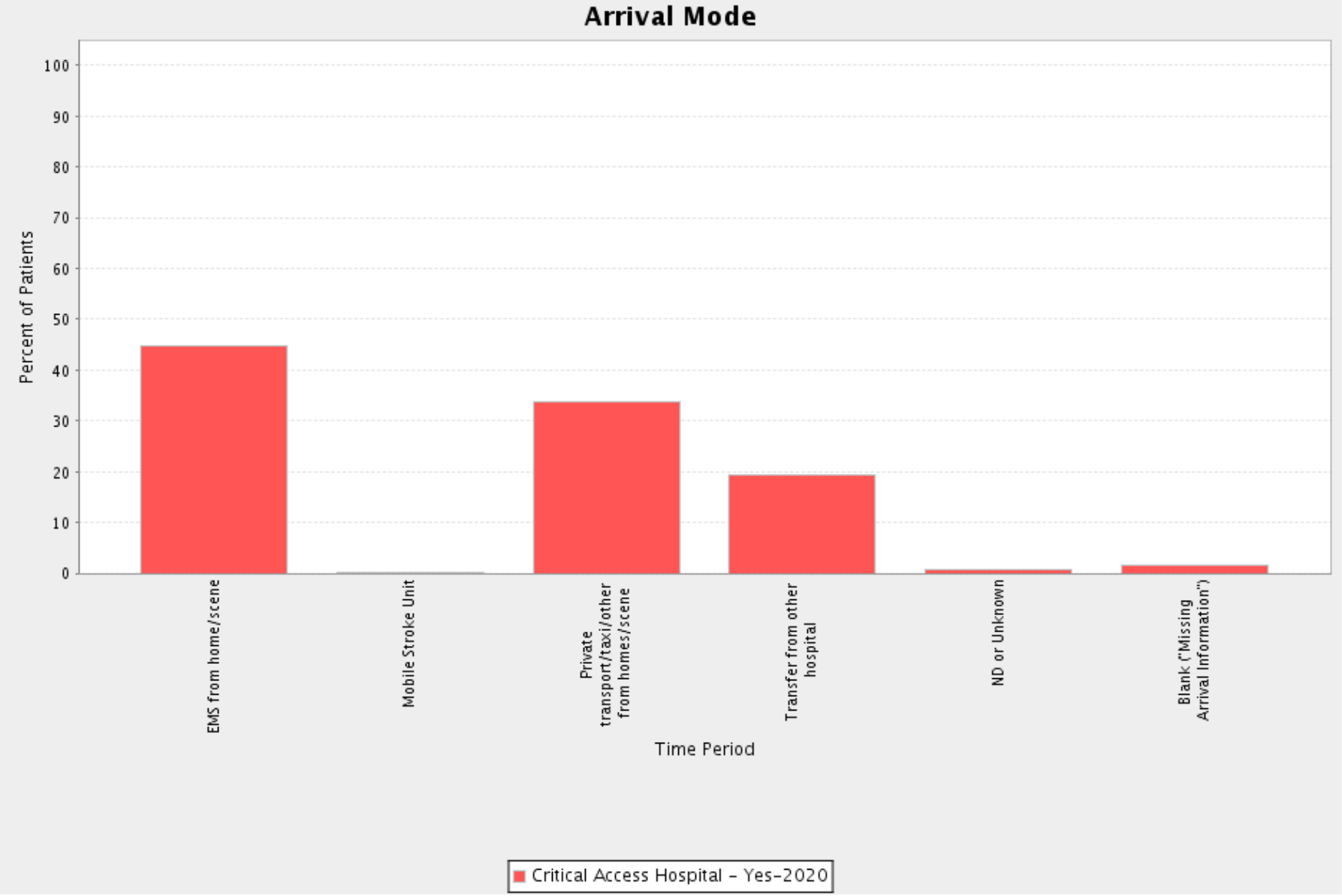
ARRIVAL MODE



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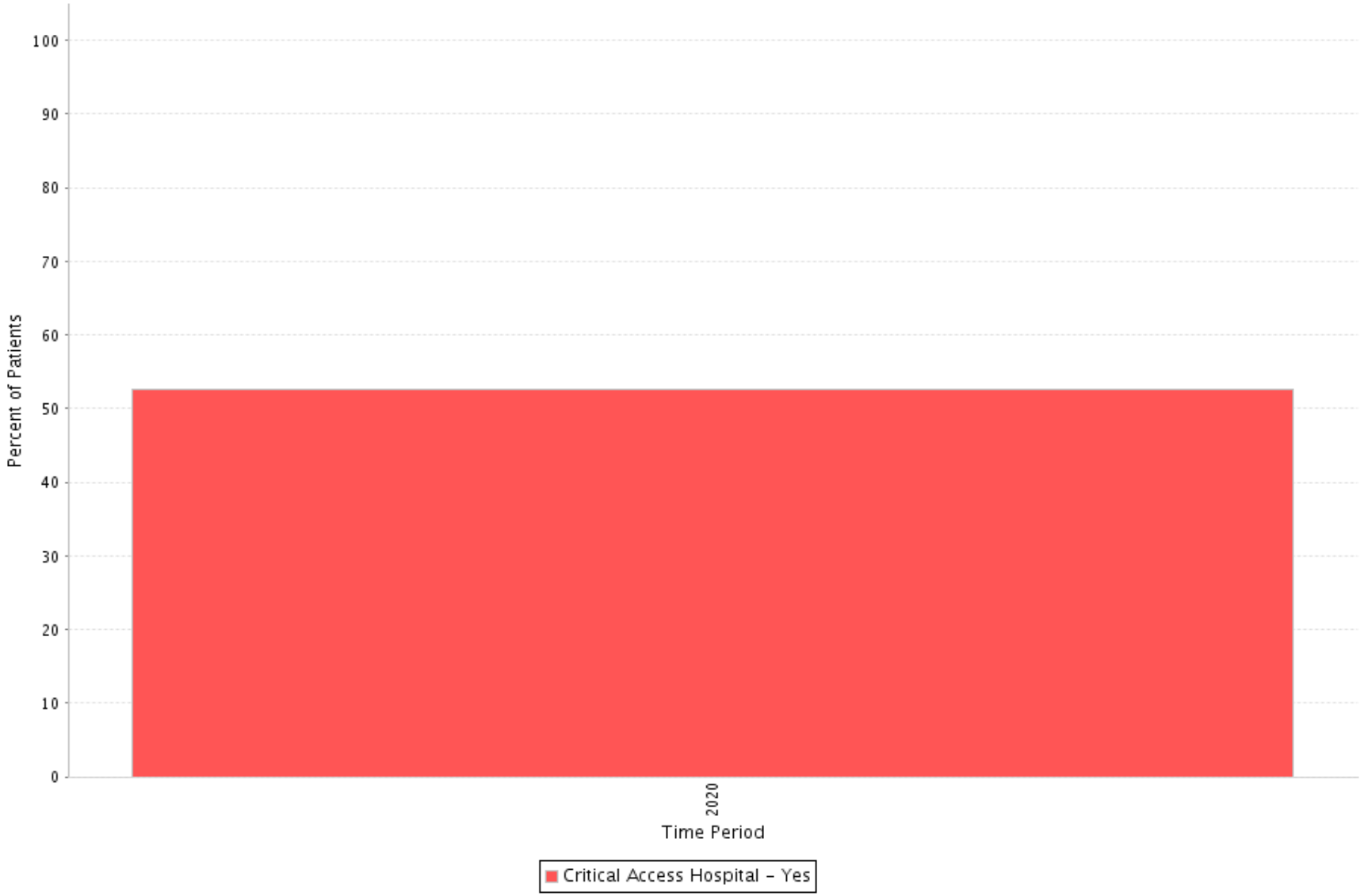
% DOOR TO CT IN 25 MINUTES



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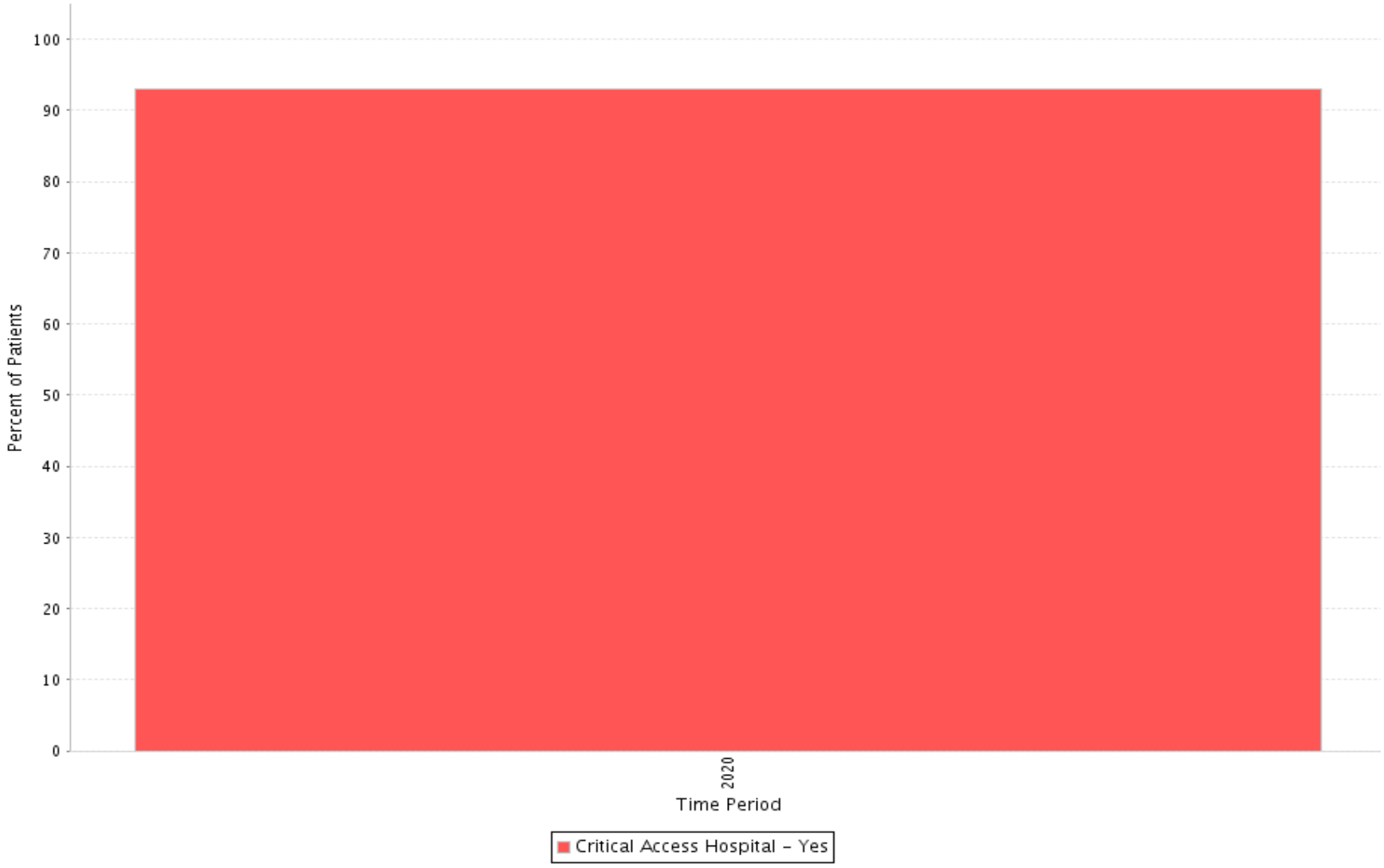
NIHSS REPORTED



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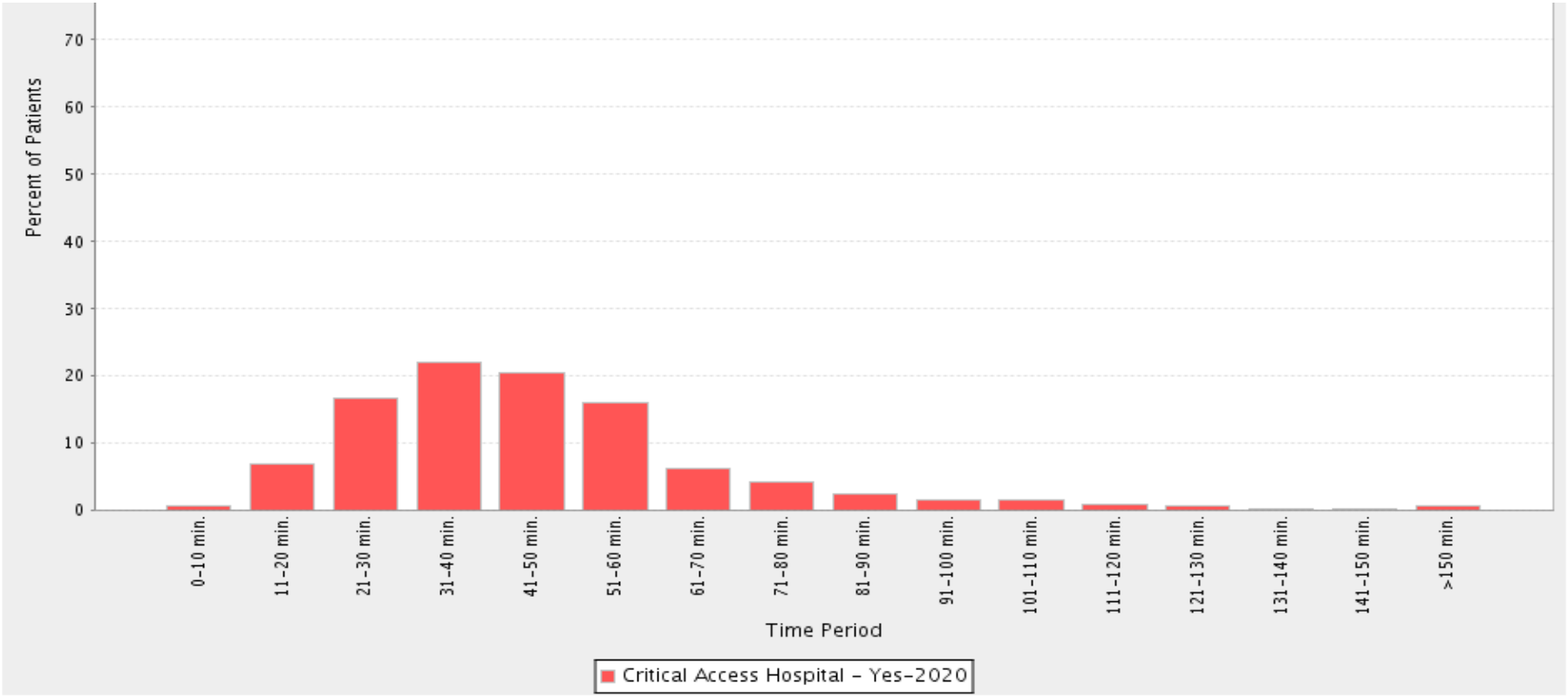
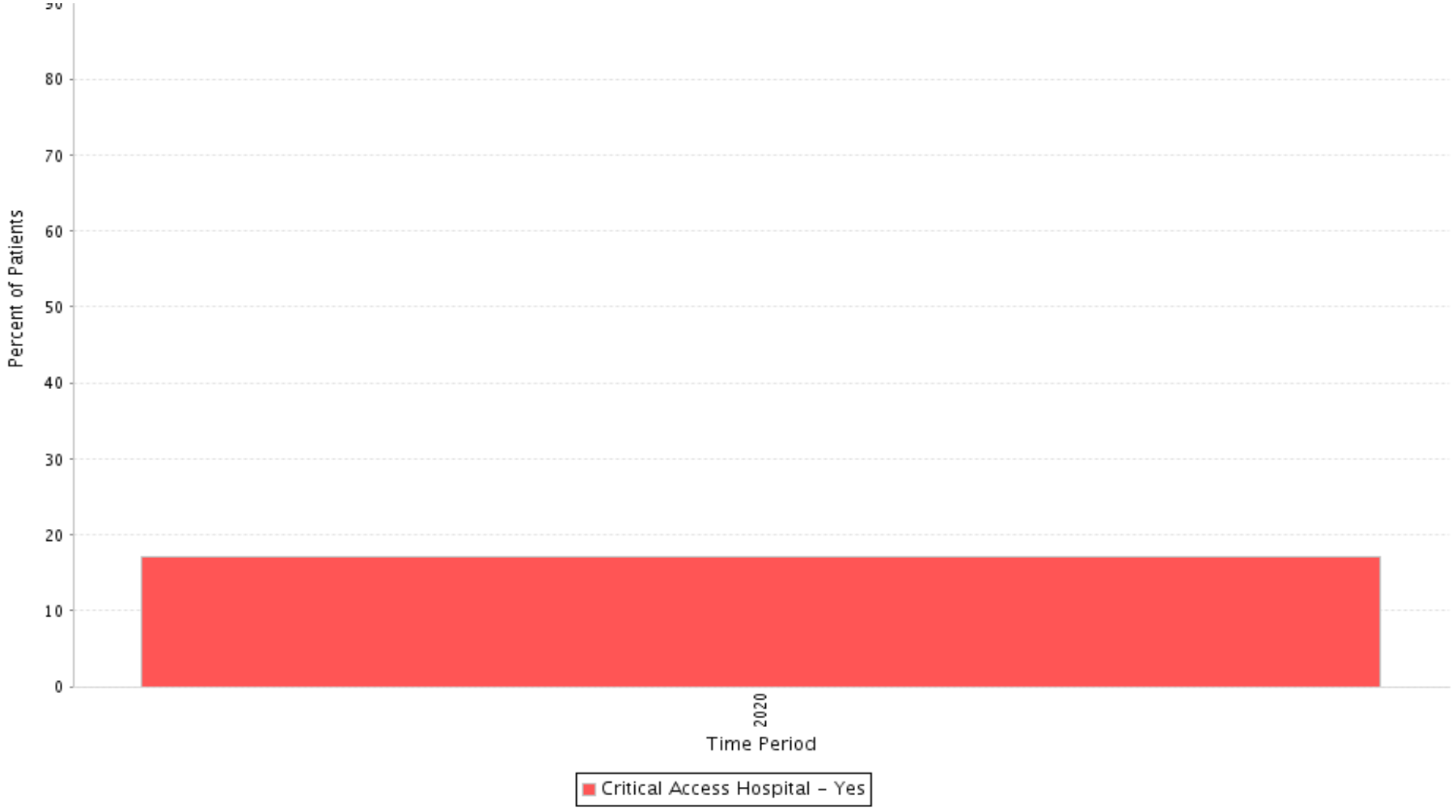
DOOR TO NEEDLE



Time to Intravenous Thrombolytic Therapy Times
Note: Time periods/Categories at the end of the graph and data table have been omitted because there were no patient records during that time.

Benchmark Group	Time Period	0-10 min.	11-20 min.	21-30 min.	31-40 min.	41-50 min.	51-60 min.	61-70 min.	71-80 min.	81-90 min.	91-100 min.	101-110 min.	111-120 min.	121-130 min.	131-140 min.	141-150 min.	>150 min.	Total	Mean	Standard Deviation	Median	Range
Critical Access Hospital - Yes	2020	15 (0.7%)	157 (6.9%)	379 (16.6%)	499 (21.9%)	466 (20.4%)	361 (15.8%)	140 (6.1%)	96 (4.2%)	53 (2.3%)	31 (1.4%)	31 (1.4%)	16 (0.7%)	14 (0.6%)	5 (0.2%)	3 (0.1%)	13 (0.6%)	227	46.2	23.5	42	0 - 216

DIDO TIME @ 1ST HOSPITAL PRIOR TO TRANSFER FOR ACUTE THERAPY



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RESOURCES

PREHOSPITAL TRANSPORT RESOURCES

- Stroke Rural Transport Recommendations

HTTPS://WWW.STROKE.ORG/-/MEDIA/STROKE-FILES/EMS-RESOURCES/STROKE-DESTINATION-CHANGE-032021/DS17297_ASA-STROKE-TRANSPORT-GRAPHICS_RURAL-FINAL.PDF?LA=EN

- Stroke Suburban Transport Recommendations

HTTPS://WWW.STROKE.ORG/-/MEDIA/STROKE-FILES/EMS-RESOURCES/STROKE-DESTINATION-CHANGE-032021/DS17297_ASA-STROKE-TRANSPORT-GRAPHICS_SUBURBAN-FINAL.PDF?LA=EN

- Stroke Urban Transport Recommendations

HTTPS://WWW.STROKE.ORG/-/MEDIA/STROKE-FILES/EMS-RESOURCES/STROKE-DESTINATION-CHANGE-032021/DS17297_ASA-STROKE-TRANSPORT-GRAPHICS_URBAN-FINAL.PDF?LA=EN

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Stroke In Rural Areas And Small Communities

https://pubmed.ncbi.nlm.nih.gov/18420955/

This article reviews the need for developing and implementing best-practice stroke care in rural settings

PREHOSPITAL TRANSPORT RESOURCES *(CONT.)*

Recommendations for Regional Stroke Destination Plans in Rural, Suburban, and Urban Communities
from the Prehospital Stroke System of Care Consensus Conference:

https://www.stroke.org/-/media/stroke-files/ems-resources/stroke-destination-chang032021/ds17296_prehospital-ssoc-statement-summary_final.pdf?la=en

https://www.ahajournals.org/doi/10.1161/STROKEAHA.120.033228

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https://d2zsryopbdog7m.cloudfront.net/event-files/FNd3HwSSwucLsXsn5Lbg_Stroke%20Series%20Summary%20Sheet%20(with%20post%20stroke).pdf

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STROKE RESOURCE LIBRARY

All the tools you need, in one place

It's more than a library, its a toolbox. Patient and professional focused resources for prevention, pre-hospital treatment, in hospital protocols and post-stroke care. Help yourself-help your patients

Prevention Resources

Pre-Hospital/EMS

Acute Treatment

Post-Stroke Care

https://www.stroke.org/en/professionals/stroke-resource-library

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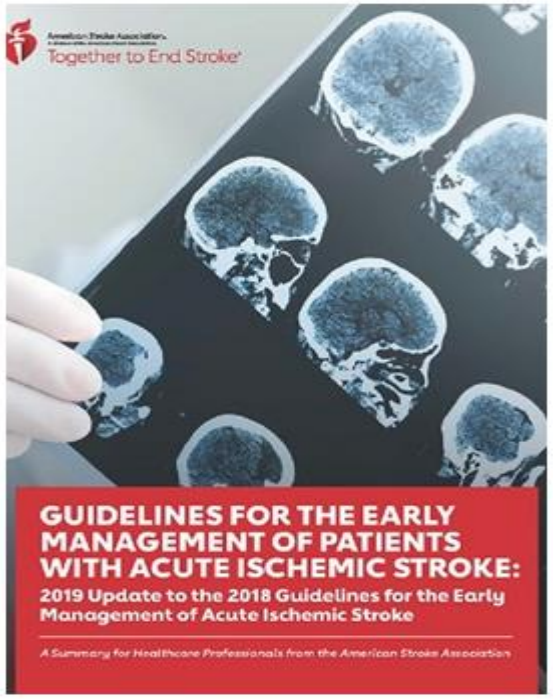
PROFESSIONAL RESOURCES

- **ACUTE ISCHEMIC STROKE HEALTHCARE PROFESSIONAL RESOURCES**

HTTPS://WWW.STROKE.ORG/EN/PROFESSIONALS/STROKE-RESOURCE-LIBRARY/ACUTE-ISCHEMIC-STROKE-HEALTHCARE-PROFESSIONAL-RESOURCE-PAGE



Stroke Resource Library

Prevention

Order American Stroke Association Educational Brochures

Prehospital/EMS

Acute Treatment

Acute Ischemic Stroke Toolkit

Acute Ischemic Stroke Healthcare Professional Resources

Post Stroke Care

Spasticity Resources

Adult Stroke Rehabilitation and Recovery Audiocast Series

Stroke Resources in Spanish

STROKE RESOURCES FOR HEALTHCARE PROFESSIONALS

- www.heart.org/targetstroke–Best practices for reducing door-to-needle times
- www.heart.org/quality–AHA quality programs
- www.strokeassociation.org/CS–Cryptogenic Stroke Materials
- www.coverdellwi.org

American Heart Association.

Get With The Guidelines®- Stroke Clinical Tools Library

Supporting Guidelines

- Scientific Rationale for the Inclusion and Exclusion Criteria for Intravenous Alteplase in Acute Ischemic Stroke
- Guidelines for Adult Stroke Rehabilitation and Recovery
- 2015 AHA/ASA Focused Update of the 2013 Guidelines for the Early Management of Patients With Acute Ischemic Stroke Regarding Endovascular Treatment
- Guidelines for the Primary Prevention of Stroke
- Guidelines for the Prevention of Stroke in Patients With Stroke and Transient Ischemic Attack
- Guidelines for the Prevention of Stroke in Women
- Interactions Within Stroke Systems of Care
- Guidelines for the Early Management of Patients With Acute Ischemic Stroke

https://www.heart.org/en/professional/quality-improvement/get-with-the-guidelines/get-with-the-guidelines-stroke/get-with-the-guidelines-stroke-clinical-tools

American Heart Association.

QUESTIONS & CONTACT INFORMATION

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THANK YOU FOR ALL THE WORK YOU DO EACH & EVERY DAY!

You are Improving the Quality of Care for your Stroke Patients!

American Heart Association.