TCD, Core Measures and GWTG for Stroke
Missouri Webinar
June 12th, 12:00 noon to 1:00 PM
Agenda for Today

• Brief overview of GWTG (For those who are not familiar)

• Brief overview of TCD measures and requirements

• Data mapping solution between GWTG and Image Trend

• The importance of the Joint Commission (TJC) overlay of the GWTG Stroke PMT

• Data mapping solutions between GWTG and several core measures vendors
Agenda Continued

• TJC Primary and Comprehensive stroke center certification

• GWTG Recognition

• The St. Louis Regional TCD Plan (example of regional reports)

• The Kansas City MARCER TCD Plan

• Question and Answer Session
Over 2 Million Patient Records

• The Get With The Guidelines® - Stroke Program (GWTG-S)- was developed by the AHA/ASA as an ongoing, voluntary, observational national stroke registry and continuous performance improvement program for patients hospitalized with stroke & TIA.

• To date, more than 2.5 million records have been entered into the Get With The Guidelines® – Stroke data base.

• Exceptional tool for quality improvement, research and benchmarking.
AHA Quality Improvement Programs

- Heart Failure
- Stroke
- Resuscitation
- AFIB (Launching this weekend)
- ACTION Registry-Get With The Guidelines (STEMI & NSTEMI)
- The Guideline Advantage (Outpatient)
The Get With The Guidelines Patient Management Tool® (PMT) is an easy-to-use web-based tool.

- Features an interactive assessment and reporting system that aids in Get With The Guidelines program implementation.
- The tools provide patient-specific ACC/AHA guideline information and enable each institution to track its adherence to the guidelines individually and against national benchmarks.
- Decision support tool to assist hospital care teams to manage each patient following the guidelines and reduces missed cases using real time data reporting.
Getting Started: Implementing the Program

**The American Heart Association**

Contact the Quality & Systems Director for an assessment of your facility’s current Stroke System of Care.

Ascertain Physician Champion and hospital administration support.

Identify your hospital’s SSOC team and the Q&S I Director will assist you with education and training.

Your Quality & Systems Improvement Director will assist your hospital with becoming Joint Commission Stroke Certified.

**OSI/Quintiles**

Hospital signs a Participating Hospitals Agreement (PHA).

Outcome will schedule a training for your staff.

They will also provide IT support for For the web based PMT.

**Patient Management Tool**

Once trained, you are immediately able to input data and access all of the system features, including real-time reports, referral notes, and Patient education material.

After entering 30 records into the System and meeting the accompanying criteria, your hospital Will be eligible to receive recognition for GWTG from the American Heart Association.
Missouri Stroke Registry

- Hospitals will need to collect and report data to the DHSS under the TCD requirements depending on which hospital level designation they receive.
- Data will be entered into MOSTORM, an Image Trend (IT) database to participate in TCD.
- DHSS will either take the raw data from Image Trend and create reports or use their report writer. (Has not been determined yet) to pull the MO stroke measures.
• Hospitals will receive some type of training for entering data into MOSTORM either by DHSS or Image Trend but that has not been determined yet.

• Hospitals using GWTG-S will be able to pull data from GWTG into a flat file (such as a csv. file) and send to IT to enter into MOSTORM so you will not need to do direct data entry into the state registry.

• Data mapping solution will be ready for testing this summer

• Since MO state will require the collection of the TJC PSC measures, you will need the TJC overlay in GWTG in order to collect and report that data.

• Core measures vendors will not be able to transfer data to MOSTORM.
TCD Measures Level I (8 Measures)

- NIHSS on Arrival
- mRS at 30 days
- Severity Measure on Arrival
- INR Reversal
- Hemorrhagic Complications
- Nimodipine Treatment Initiated
- Median Time to Recanalization Therapy
- Stroke or Death within 7 days or Discharge
TCD Measures Level II (8 Measures)

- VTE Prophylaxis
- Discharged on Antithrombotic Therapy
- Anticoagulation Therapy for Afib or Flutter
- Thrombolytic Therapy Administered (t-PA)
- Antithrombotic Therapy by end of Hospital Day Two
- Discharged on Statin
- Stroke Education
- Assessed for Rehab
Additional Measures for Level I, II, III or IV (8 Measures)

- Median Time from ED Arrival to Stroke Team Assessment
- Median Time from ED Arrival to First Contact with Higher Level Hosp
- Percent of Suspected Stroke Patients Arrival to Transfer Within 60 Minutes
- Head CT or MRI Scan Results within 45 Minutes
- Percent of Requested Inter-Hospital Transfers
- Inter-Hospital Transfers: Median Time from First Transfer Request to Notification to Transfer
- Percent of Patients Presenting within Treatment Window
- Percent of Eligible Patients Treated with Thrombolytics
Certified stroke centers more likely to give clot-busting drugs

Stroke patients are three times more likely to receive clot-busting medication if treated at a certified stroke center, according to a study in the Journal of the American Heart Association.

This data demonstrates one way that certified centers are doing better than non-certified centers. The clot-buster was administered to:

6.7 percent of patients at primary stroke centers certified by the Joint Commission; and

2.2 percent of patients at other facilities
Get with the Guidelines – Stroke:
Recognition for your performance

Hospital teams that participate actively and consistently in GWTG are rewarded…

• Silver, Silver Plus, Gold and Gold Plus award winning GWTG hospitals are honored at hospital leadership meetings as well as national recognition events.

• Listed by name in advertisements that appear annually in Stroke and in the Best Hospitals Issue of U.S. News and World Report.

• Listed on the Heart.org website and the FAST phone application.

• Provided with customizable marketing materials they can use to announce their achievements locally.
Using GWTG to capture & submit Core Measures

- Hospitals who choose to use Get with the Guidelines – can also use it as their Core Measure provider. No need to purchase another tool.

- Eliminates duplicate data entry. Data entered for Core Measures and for GWTG recognition are in the same system.

- Outcome Science / Quintiles will submit your data on behalf of the hospitals.

- Your AHA representative will assist you in contracting for Get with the Guidelines and then the hospital will contract separately with Outcome Science / Quintiles for the Core Measure service.
Several core measures vendors have agreements and data mapping solutions with GWTG-S and can upload data using a web-based tool.

Vendors Include: HeartMed, Quantros, Truven (formerly Thompson Reuters), Press Ganey, QuadraMed, Midas,

You would need to contact your vendor rep for more information or watch one of the recorded GWTG webinars available from our website. (website at the end of this presentation or on the link on the home page of the PMT)

The vendors can upload to GWTG – so that would allow you to send your data to MOSTORM from GWTG.

The Core Measure system will not be able to send data directly to MOSTORM. If you use this tool and do not have GWTG – it is likely you will have to manually abstract and enter state data.
Other Benefits to using Get with the Guidelines

- access to the **most up-to-date research and scientific** publications
- **professional education** opportunities, such as workshops and webinars
- Integrated **clinical tools** and resources
- **patient education** resources (English and Spanish – PDF – print yourself)
- Face to face **training & support** as well as technical support at no charge to you.
- Complimentary **QI field staff consulting & support**
- national and local **recognition** for hospital team program achievement
- **submission of CMS Core Stroke Measures** and other data
- **performance feedback** reporting for continuous quality improvement (real time)
- access to real time **local, regional, state, and national benchmarking**.
St. Louis Stroke Committee worked with the STEMI Committee and Trauma/EMS Committee to create the St Louis Regional TCD Plan.

- Had several Stroke meetings and regional stroke programs to discuss stroke systems of care and the TCD requirements
- Created an overall master plan waiting to be approved by DHSS
- Used DHSS Emergency Response map to identify region
- Stroke Committee meets quarterly and our East Central Region TCD Committee meets monthly
- Used GWTG to create a Benchmark group to view regional data on stroke patients
St. Louis East Central Region Stroke System
Some of the collected measures

• Mode of Arrival
• Pre-notification
• Last Known Well to Arrival
• Stroke Team Activation
• Last Known Well to t-PA
• Door to CT
• Door to t-PA times both 3 Hr and 4.5 Hr
• Discharge Disposition
• In Hospital Mortality
The Kansas City MARCER Stroke System

DATA COLLECTION AND MONITORING

MARCER will report aggregate TCD triage findings on an intermittent basis, at least biannually, to help EMS systems and the MARCER TCD Task Force identify any necessary improvements for both local and regional TCD Plans. A de-identified version of the report will be made available to regional agencies and will include, minimally:

1. Over- and under-triage to Designated Stroke Centers in comparison to the total number of acute stroke patients delivered to hospitals.
2. Helicopter EMS utilization.
3. EMS benchmarks (under development).

Using this data as a guide and a resource, MARCER will report on three primary evaluation areas: timeliness of care, treatment provided, and outcomes of care. These areas are critical because they allow linking of EMS data and hospital TCD data; they allow for “real time” collection of data focused on process improvement; and they allow for retrospective systemic analyses.

The ultimate goal of collecting this data is to provide actionable information to the MARCER TCD Task Force, MARCER members and local EMS operation managers, enabling better care processes and outcomes for TCD patients.
## Kansas City Benchmarking Group
### Types of Stroke

<table>
<thead>
<tr>
<th></th>
<th>Ischemic (%)</th>
<th>TIA (%)</th>
<th>ICH / SAH (%)</th>
<th>Other Stroke (%)</th>
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<tbody>
<tr>
<td>2011</td>
<td>59.7</td>
<td>23.3</td>
<td>13.7</td>
<td>4.2</td>
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<tr>
<td>2012 (thru 3Q)</td>
<td>64.2</td>
<td>18.9</td>
<td>14.7</td>
<td>2.2</td>
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<tr>
<td>Quarter</td>
<td>0 – 2 hrs (%)</td>
<td>2 – 4.5 hrs (%)</td>
<td>&gt;6 hours (%)</td>
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<td>------------</td>
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<tr>
<td>Q3 2011</td>
<td>23.1</td>
<td>14.7</td>
<td>62.2</td>
<td></td>
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<tr>
<td>Q4 2011</td>
<td>24.8</td>
<td>13.5</td>
<td>61.7</td>
<td></td>
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<td>26.4</td>
<td>13.6</td>
<td>60.0</td>
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<tr>
<td>Q2 2012</td>
<td>24.5</td>
<td>14.0</td>
<td>61.5</td>
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<tr>
<td>Q3 2012</td>
<td>22.7</td>
<td>13.5</td>
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<td>Arrived by EMS (%)</td>
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<td>Q3 2012</td>
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<tr>
<td>National</td>
<td>42.0</td>
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<td></td>
<td>Target Stroke (Goal is 50%)</td>
<td>Bleeding Complication Rate (6% in original study)</td>
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<td>Q3 2011</td>
<td>35.8</td>
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<td>Q4 2011</td>
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<td>Q1 2012</td>
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<tr>
<td>Q2 2012</td>
<td>54.6</td>
<td>3.6</td>
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<tr>
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<td>38.9</td>
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## Kansas City Benchmarking Group Discharge Disposition

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<th>IRF</th>
<th>SNF</th>
<th>Expired</th>
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<td>49.1</td>
<td>19.7</td>
<td>12.1</td>
<td>7.5</td>
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<tr>
<td><strong>Q1 2012</strong></td>
<td>49.6</td>
<td>19.9</td>
<td>12.7</td>
<td>7.1</td>
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<tr>
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<td>19.5</td>
<td>12.9</td>
<td>5.4</td>
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<tr>
<td><strong>Q3 2012</strong></td>
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<td>19.5</td>
<td>11.7</td>
<td>5.5</td>
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<tr>
<td><strong>Aggregated</strong></td>
<td>50.9</td>
<td>16.0</td>
<td>14.5</td>
<td>6.1</td>
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<tr>
<td><strong>National</strong></td>
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*Don’t equal 100% – not all dispositions included*
Summary of Benefits

- Hospital based quality improvement program (not just a registry)
- Decision support tool with evidence-based guidelines embedded
- Benchmark against hospital type, region, state, nation
- Aids in Stroke Center certification
- Recognition from the American Heart Association/American Stroke Association
- Transfer data to MOSTORM for inclusion in TCD
- Ability to run reports on data (real time) before sending to MOSTORM, CMS, TJC
- Use to run regional reports for your Stroke System of Care
Other Resources:

- Phone application for iPhone or Android – Catch a Stroke FAST
- Strokeassociation.org/resources
  (Video, customizable ads, community education materials, patient ed flyers)
- Ems4stroke.com - a Genentech educational site.

Professional Education:

- Learn.heart.org
- Heart.org – search webinars
- Heart.org/bistatestrokeconsortium

Coming Soon:

- State wide Educational Offerings
- Kansas City Stroke Symposium – Spring 2014
Link to the Recorded Webinars for Data Mapping

http://www.heart.org/HEARTORG/HealthcareResearch/Quality-Programs-Recorded-Webinars_UCM_319724_Article.jsp
Thank You For Your Attention!

For Additional Questions Please Contact:

Cherie’ Boxberger: for Kansas City Area
cherie.boxberger@heart.org

Robin Hamann: for all other areas of Missouri
robin.hamann@heart.org