

SEQIP Data Analysis Subcommittee



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10/8/2020

SEQIP Louisville CSTAT Pilot

The screenshot shows a Microsoft Access database form titled 'Microsoft Access - [Job Form]'. It contains various fields for client information, including 'First Name', 'Last Name', 'Address', 'City', 'State', and 'Zip'. There are also sections for 'Scheduled Job's and 'Services First Time Visit'. The form is designed for data entry and includes buttons for navigation and saving.

The screenshot shows an Excel spreadsheet with a table of vehicle data. The table has the following columns: ID no., Manufacturer, Model, Car license plates, Year of manufacture, Initial registration, Fuel, Engine performance/HP, Mileage, Insurance, MOT until, and Place to stay. The data includes entries for various vehicles, such as VW Golf 6, with details on their registration and insurance.

ID no.	Manufacturer	Model	Car license plates	Year of manufacture	Initial registration	Fuel	Engine performance/HP	Mileage	Insurance	MOT until	Place to stay
1	VW	Golf 6	UU-100	10.02.2013	12.02.2013	Petrol		131	24000 Fully comprehensive	01.03.2016	Munich
2	VW	Golf 6	UU-101	11.02.2013	11.02.2013	Diesel		150	25000 Fully comprehensive	01.03.2016	Stuttgart
3	VW	Golf 6	UU-102	11.02.2013	11.02.2013	Diesel		150	25000 Fully comprehensive	01.03.2016	Stuttgart
4	VW	Golf 6	UU-103	11.02.2013	11.02.2013	Diesel		150	25000 Fully comprehensive	01.03.2016	Stuttgart
5	VW	Golf 6	UU-104	11.02.2013	11.02.2013	Diesel		150	25000 Fully comprehensive	01.03.2016	Stuttgart
6	VW	Golf 6	UU-105	11.02.2013	11.02.2013	Diesel		150	25000 Fully comprehensive	01.03.2016	Stuttgart
7	VW	Golf 6	UU-106	11.02.2013	11.02.2013	Diesel		150	25000 Fully comprehensive	01.03.2016	Stuttgart
8	VW	Golf 6	UU-107	11.02.2013	11.02.2013	Diesel		150	25000 Fully comprehensive	01.03.2016	Stuttgart
9	VW	Golf 6	UU-108	11.02.2013	11.02.2013	Diesel		150	25000 Fully comprehensive	01.03.2016	Stuttgart
10	VW	Golf 6	UU-109	11.02.2013	11.02.2013	Diesel		150	25000 Fully comprehensive	01.03.2016	Stuttgart
11	VW	Golf 6	UU-110	11.02.2013	11.02.2013	Diesel		150	25000 Fully comprehensive	01.03.2016	Stuttgart
12	VW	Golf 6	UU-111	11.02.2013	11.02.2013	Diesel		150	25000 Fully comprehensive	01.03.2016	Stuttgart
13	VW	Golf 6	UU-112	11.02.2013	11.02.2013	Diesel		150	25000 Fully comprehensive	01.03.2016	Stuttgart
14	VW	Golf 6	UU-113	11.02.2013	11.02.2013	Diesel		150	25000 Fully comprehensive	01.03.2016	Stuttgart
15	VW	Golf 6	UU-114	11.02.2013	11.02.2013	Diesel		150	25000 Fully comprehensive	01.03.2016	Stuttgart
16	VW	Golf 6	UU-115	11.02.2013	11.02.2013	Diesel		150	25000 Fully comprehensive	01.03.2016	Stuttgart
17	VW	Golf 6	UU-116	11.02.2013	11.02.2013	Diesel		150	25000 Fully comprehensive	01.03.2016	Stuttgart
18	VW	Golf 6	UU-117	11.02.2013	11.02.2013	Diesel		150	25000 Fully comprehensive	01.03.2016	Stuttgart
19	VW	Golf 6	UU-118	11.02.2013	11.02.2013	Diesel		150	25000 Fully comprehensive	01.03.2016	Stuttgart
20	VW	Golf 6	UU-119	11.02.2013	11.02.2013	Diesel		150	25000 Fully comprehensive	01.03.2016	Stuttgart
21	VW	Golf 6	UU-120	11.02.2013	11.02.2013	Diesel		150	25000 Fully comprehensive	01.03.2016	Stuttgart

Excel or Access?
=Excel is voted.

1. Free
2. User friendly
3. More people use Excel than Access

10/19/2020

2



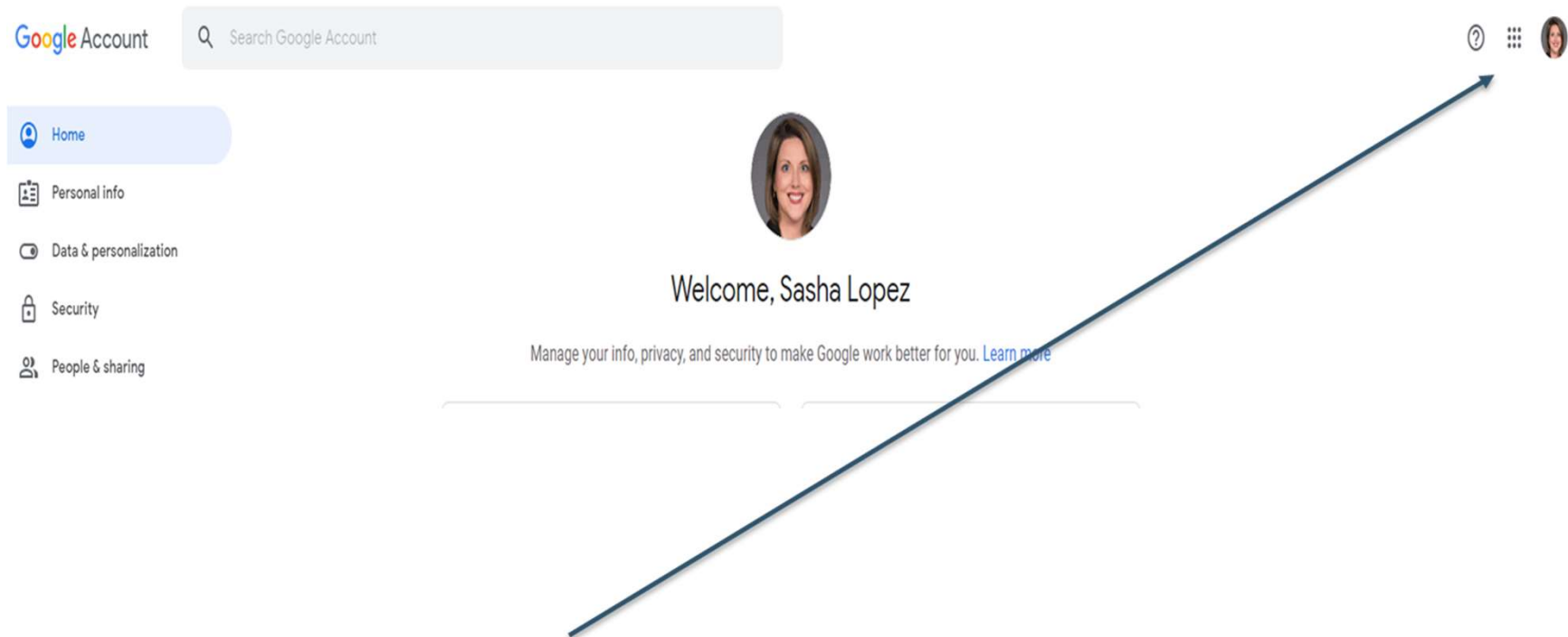
Google Account

- Sign up and make Free Google Account or we can share this ID.
 - Sashafae.lopez@gmail.com

<https://docs.google.com/spreadsheets/d/1Z4g8qIbEsT88iDP1-jhEDLV3apQyZ6aBjaB3qyUNN1c/edit#gid=0>



Google Account

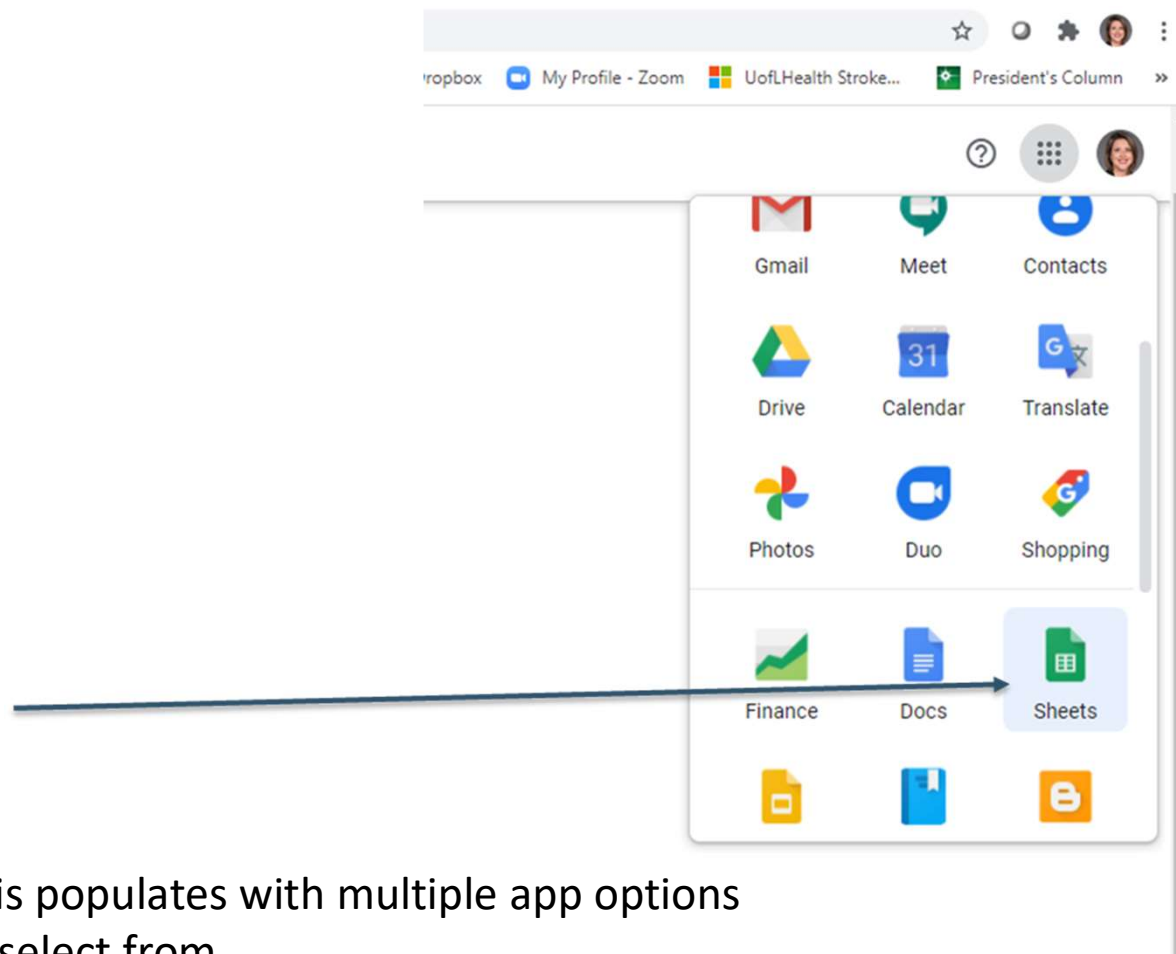


Step #1: Log in.

Step #2: click the 9 boxes looking symbol



Google Account



This populates with multiple app options to select from.

Step #3: Select Sheets

Google Account

The screenshot shows the Google Sheets homepage. At the top, there's a 'Sheets' logo and a search bar. Below this is a section titled 'Start a new spreadsheet' with a 'Template gallery' dropdown. It displays six templates: 'Blank', 'To-do list', 'Annual budget', 'Monthly budget', '2020 Calendar', and '2019 Calendar'. Below the templates, there are filters for 'Previous 7 days', 'Owned by anyone', and 'Last opened by me'. A list of recent files is shown, with the first file being 'CSTAT Louisville Pilot' owned by 'me' and last opened on 'Oct 2, 2020'. A blue arrow points from the text 'Step #4: Click file titled, "CSTAT Louisville Pilot."' to the file name in the list.

Step #4: Click file titled, "CSTAT Louisville Pilot."



SEQIP Band App

ATTENTION EPIC EHR Users!!!

[HTTP://BAND.US/N/AEAE4Bo6V1H3O](http://band.us/N/AEAE4Bo6V1H3O)



SEQIP Abstraction Questions

No patient information to be shared on this app for any reason. Do not disclose patient

Scan this QR code and join!

Save

201801: Sequip Compliance

We recommend that organizations that are Certified Stroke Centers and report to the American Heart Association (AHA) Get With The Guidelines Stroke Registry configure the new chart abstraction registry in Epic to continue reporting with this program.

This feature requires that you create a participant record and configure reports for data submission to the AHA.

Always remember your responsibility for safe use of the software.

What's Changed

Your organization's participation in the Get With The Guidelines - Stroke program helps improve patient outcomes in stroke care and benefits your organization by providing you with resources and support from the AHA. We've created registry 40100-American Heart Association Get With The Guidelines - Stroke to allow you to more easily report stroke data to the AHA through chart abstraction.

If you are submitting data to the AHA from a third-party vendor solution or using custom Clarity/SQL extracts, this toolkit will not replace your existing solution. If you are directly abstracting data into the AHA's web portal for STK-level submissions, consider using this toolkit as a partial solution to streamline your current workflow.

Using the toolkit, you can:

- Abstract directly in Epic.
- Generate extract documents for case uploads.
- Upload cases to the AHA's portal.
- Open each case in the AHA's portal to confirm data integrity, fill out remaining fields, submit the case, and complete the case.

Chart abstraction populates data elements in the Get With The Guidelines Stroke navigator in patient charts. When abstractors or stroke coordinators identify eligible patients and create abstractions, the navigator appears in the sidebar. From there, they can fill in data elements using a combination of autopopulation rules and manual chart abstraction. This registry includes 273 data elements contained in nine SmartForm sections:

- 47600-Demographics
- 47601-Admin
- 47602-Clinical Codes
- 47603-Admission
- 47604-Hospitalization
- 47605-Advanced Stroke Care
- 47606-Discharge
- 47607-Outpatient
- 47608-Core Measure

After abstraction is complete, this data is pulled into patient summary reports that you send to the AHA.

You can use the GWTG-Stroke Data Element Tracker to evaluate the currently supported data elements against those your organization is required to submit based on your GWTG program enrollment.

Brain American Heart Association Get With T...

American Heart Association Get With The Guideli...

Demographics Admin Clinical Codes Admission Hospitalization Advanced Stroke Care Discharge Outpatient Core Measure

Demographics

Populate Validate

Patient ID: [Redacted]

Demographics

Gender: ☒ Male ☐ Female ☐ Unknown

Date of Birth: [Redacted] Age: [Redacted]

Race and Ethnicity

White

Black or African American

Asian



GWTG UPDATES

- History
- Pre- mRS Score Capture
- Initial Exam Findings
- IV alteplase
- Infection Capture
- Diabetes
- Thrombolytic complications
- STK-OP-1 E/M code** how to enter
- TJC Updates
- AANN Webinar/Meeting



History

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"/> Dementia
<input type="checkbox"/> Current pregnancy (up to 6 weeks post partum)	<input type="checkbox"/> Diabetes Mellitus	
	<input type="radio"/> Type I	
	<input type="radio"/> Type II	
	<input type="radio"/> ND	
<input type="checkbox"/> Depression	<input checked="" type="radio"/> <5 years	<input type="checkbox"/> Drugs/Alcohol Abuse
	<input type="radio"/> 5 - <10 years	
	<input type="radio"/> 10 - <20 years	
	<input type="radio"/> >=20 years	
	<input type="radio"/> Unknown	
Previously known medical hx of (Select all that apply):	<input checked="" type="checkbox"/> E-Cigarette Use (Vaping)	<input type="checkbox"/> Familial hypercholesterolemia
<input checked="" type="checkbox"/> Dyslipidemia	<input type="checkbox"/> HF	<input type="checkbox"/> HRT
<input type="checkbox"/> Family History of Stroke	<input checked="" type="checkbox"/> Hypertension	<input type="checkbox"/> Migraine
<input checked="" type="checkbox"/> HX of Emerging Infectious Disease		
<input type="checkbox"/> MERS	<input type="checkbox"/> Previous Stroke	
<input type="checkbox"/> SARS-COV-1	<input type="checkbox"/> Ischemic stroke	
<input type="checkbox"/> SARS-COV-2 (COVID-19)	<input type="checkbox"/> ICH	<input type="checkbox"/> Previous TIA
<input type="checkbox"/> Other infectious respiratory pathogen	<input type="checkbox"/> SAH	
	<input type="checkbox"/> Not Specified	
<input type="checkbox"/> Obesity/Overweight	<input type="checkbox"/> PVD	<input type="checkbox"/> Renal insufficiency - chronic
<input type="checkbox"/> Prosthetic Heart Valve	<input type="checkbox"/> Sleep Apnea	<input checked="" type="checkbox"/> Smoker
<input type="checkbox"/> Sickle Cell		

History Data Defined

- **Dyslipidemia:** Documented history of Dyslipidemia, if high cholesterol, hyperlipidemia or hypercholesterolemia is present based on physician diagnosis, treatment with a lipid lowering agent, total cholesterol greater than 200, LDL greater than 100, HDL less than 40, or elevated triglycerides greater than 200. Patients on lipid lowering therapy are included in this category even if their LDL levels are in range. See Adult Treatment Protocol (ATP) III Clinical Guidelines for further clarification and methods of calculating goal based on Framingham risk data (www.nhlbi.nih.gov).
- **E-Cigarette Use (Vaping):** Use of **electronic nicotine delivery system** or **electronic cigarettes** (e-cigarettes), which are battery-operated devices that heat a liquid containing nicotine, propylene glycol, and/or vegetable glycerin and flavorant chemicals to generate an aerosol that the user inhales, or heat-not-burn tobacco products, which are tobacco products that heat to a lower temperature than required for combustion.
 - Reference: Denmer GJ, Badhwar V, Bermudez EA, Cleveland JC Jr, Cohen MG, D'Agostino RS, Ferguson TB Jr, Hendel RC, Isler ML, Jacobs JP, Jneid H, Katz AS, Maddox TM, Shahian DM. 2020 AHA/ACC key data elements and definitions for coronary revascularization: a report of the American College of Cardiology/American Heart Association Task Force on Clinical Data Standards (Writing Committee to Develop Clinical Data Standards for Coronary Revascularization). Circ Cardiovasc Qual Outcomes. 2020;13:e000059. doi: 10.1161/HCQ.0000000000000059
- **Familial hypercholesterolemia:** Documented history of Familial hypercholesterolemia (FH).
- **Family History of Stroke:** Includes stroke diagnosis in any first degree relative (father, mother, siblings).
- **Heart Failure:** Documented history of Heart Failure, includes CHF.
- **HRT (Hormone Replacement Therapy):** Therapy consisting of estrogen or a combination of estrogen and progestin designed to replace the loss of these hormones in menopause or from oophorectomy. May be also documented as: hormone therapy (HT), estrogen therapy (ET), estrogen replacement therapy (ERT), menopause hormone therapy (MHT).
- **Hypertension:** Hypertension (HTN) is present if the patient has a history of high blood pressure whether or not the patient is on prescribed medications, current use of antihypertensive pharmacological therapy or history of HTN diagnosed and treated with medication, diet, and/or exercise. Do not base this decision solely on blood pressure recordings taken in the ED or in the first few days of admission after stroke, since many normotensive patients will have elevated BP after stroke.
- **Hx of Emerging Infectious Disease:** Select Hx of Emerging Infectious Disease when the patient is known to have any of the following in their medical history. This does NOT include a current infection.
 - SARS-CoV-1 (Severe Acute Respiratory Syndrome-associated coronavirus)
 - SARS-CoV-2 (COVID-19) (Severe Acute Respiratory Syndrome-associated coronavirus)
 - MERS (Middle East Respiratory Syndrome)
 - Other Infectious Respiratory Pathogen
- **Migraine:** A documented history of migraine headache or of any recurrent or incapacitating headache.
- **Obesity/Overweight:** History of obesity/overweight or a BMI of 25 or higher.
- **Previous Stroke:** Refers to a history of stroke. If receiving a patient in transfer (i.e. your facility receives drip and ship patients) and there is no history of stroke prior to the acute event for which the patient is being hospitalized, do not select previous stroke.
- **Previous TIA:** Refers to a history of transient ischemic attack. If receiving a patient in transfer and there is no history of TIA prior to the acute event for which the patient is being hospitalized, do not select previous TIA.
- **Pregnancy:** Includes women who are currently pregnant, or within six weeks post-partum.
- **PVD: Peripheral Vascular Disease,** refers to a history of peripheral vascular disease of the arteries of the extremities, especially conditions that interfere with adequate blood flow to the extremities and occurring prior to this acute event. **Example:** peripheral arterial occlusion, abdominal aortic aneurysm.
- **Renal Insufficiency – chronic (SCr>2.0):** Select if there is a history of physician diagnosed renal insufficiency or chronic failure or if the serum creatinine is greater than 2.0mg/dl.
- **Sickle Cell:** Documented history of Sickle Cell. Include Sickle cell disease or sickle cell trait, or sickle cell anemia.
- **Sleep Apnea:** Patient has a history of sleep apnea, obstructive sleep apnea (OSA), or central sleep apnea (CSA).
- **Smoker:** **Smoking history** - patient has smoked at least one cigarette within the past year.

When not to select Smoker:

* In some cases smoking history documentation in one medical record source may further clarify the patient's smoking history documented in another medical record source.

Examples:

- Progress note states "history of smoking" and the nursing admission assessment notes "quit 2 years ago" – Do not select Smoker.
- Discharge summary states smoker without specifying the type of tobacco and the ED record specifies the type of tobacco as cigar – Do not select Smoker.

* In cases where at least one source has specific documentation that the patient has not smoked anytime during the year prior to hospital arrival - Do not select Smoker.

Examples:

- "Current smoker" per H&P, but consultation note states patient "quit 2 years ago" – Do not select Smoker.
- "+ tobacco use" per ED note, "Smoker – Yes" per nursing admission note, but H&P states, "Quit smoking in 2002" – Do not select Smoker.
- Progress note states "Still smokes occasionally" but nursing admission assessment has "No" circled next to "Tobacco use within past year" – Do not select Smoker.

* Do not include documentation of smoking history referenced as a "risk factor" (e.g., "risk factor: tobacco," "risk factor: smoking," "risk factor: smoker"), where current smoking status is indeterminable.



Pre- mRS & Initial Exam Findings

Pre-stroke Modified Rankin Score: A pre-stroke mRS of 0, 1, or 2 was documented in the medical record, OR physician/APN/PA documentation that the patient was able to look after self without daily help prior to this acute stroke episode. ▼

Diagnosis & Evaluation

Symptom Duration if diagnosis of Transient Ischemic Attack (less than 24 hours): ☐ Less than 10 minutes ☐ 10 - 59 minutes ☐ >= 60 minutes ☒ ND

Have stroke symptoms resolved at time of presentation? ☐ Yes ☐ No ☒ ND

Initial NIH Stroke scale

If yes: ☒ Actual ☐ Estimated from record ☐ ND

Total Score: 8 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

^What is the date and time that the NIHSS score was first performed at this hospital? MM/DD/YYYY HH:MI 09/08/2020 15:29

NIHSS score obtained from transferring facility: 4 ND

Initial exam findings (Select all that apply)

☒ Weakness/Paresis

☐ Altered Level of Consciousness

☐ Aphasia/Language Disturbance

☐ Other neurological signs/symptoms

☐ No neurological signs/symptoms

☐ ND

Ambulatory status on admission:

☐ Able to ambulate independently (no help from another person) w/ or w/o device

☐ With assistance (from person)

☐ Unable to ambulate

☒ ND

Hemorrhagic Stroke Scales

Initial Exam Findings

This data element is only required if Initial NIH stroke scale = No (no NIH completed)
Initial exam findings are optional if NIH is completed

REQUIRED: Initial Exam Findings

This data element is only required if **Initial NIH Stroke Scale = No** (meaning that an initial NIHSS was not performed or was performed but the total score is not available). If **Initial NIH Stroke Scale = Yes** then this data element (Initial Exam Findings) is Optional (and is not necessary to save the record as complete.)

Identify from the initial (first) neurological exam in the record which of the following findings were present at the time of hospital arrival or when the first complete exam was performed on the patient. Select all that apply:

- **Weakness/Paresis:** Includes any mention of weakness or paresis of an arm, leg, side of the face, or any part of the body. This includes documentation of terms such as hemiparesis, hemiplegia, quadriparesis, quadriplegia, paraparesis, or paraplegia, as well as flaccidity or drift of the limbs, facial droop, or evidence of impaired strength. This element does NOT include mention of clumsiness, ataxia, incoordination, gait trouble, fatigue or generalized weakness.
- **Altered Level of Consciousness:** Includes any mention of decreased alertness, sleepiness, drowsiness, stupor, coma, difficulty to arouse, need for painful stimulation to gain the patients attention. Documentation of a Glasgow Coma Score (GCS) that includes No eye opening. Eye opening to pain or Eye opening to verbal command would qualify.
- **Aphasia/Language Disturbance:** Includes loss of the ability to communicate or disturbances of language and communication. This can be documented as slurring of speech, dysarthria, difficulty with producing speech (including the terms non-fluent, Broca's, Wernicke's, paraphasia, dysphasia, mutism), following commands, naming objects, repeating phrases, speaking fluently, or answering questions appropriately. Documentation of a Glasgow Coma Score (GCS) that includes No verbal response, Incomprehensible sounds or inappropriate words would qualify.
- **Other neurological signs/symptoms:** Other neurological findings were documented in the record which do not fit the above specified categories.
- **No neurological signs/symptoms:** No neurological signs or symptoms were present on arrival or when the first neurological exam was performed. If you select this option, you should not check any other box.
- **ND:** There is no documentation of neurological signs and symptoms in the record because there was no neurological exam performed at any at any point in the hospital stay. If you select this option, you should not check any other box.



A decorative banner with three horizontal wavy bands of blue. The central band is a darker shade of blue and contains the text "Thrombolytics" in white.

Thrombolytics

Choose All



Active Infection

practice nurse/physician
assistant
(physician/APN/PA) or
pharmacist in the medical
record of a reason for not
administering
antithrombotic therapy by
end of hospital day 2?

☐ Yes ☒ No [Ⓒ]

- ☒ None
- ☐ Bacterial infection
- ☐ Emerging Infectious Disease
- ☐ SARS-COV-1
- ☐ SARS-COV-2 (COVID-19)
- ☐ MERS
- ☐ Other Emerging Infectious Disease
- ☐ Influenza
- ☐ Seasonal Cold
- ☐ Other Viral Infection

**Active bacterial or viral infection at
admission or during hospitalization:**



Diabetes

Cholesterol Reducing Tx (Select all that apply):	<input type="checkbox"/> None prescribed/ND	<input checked="" type="checkbox"/> Statin	<input type="checkbox"/> Niacin	<input type="checkbox"/> Other med
	<input type="checkbox"/> None - contraindicated	<input type="checkbox"/> Fibrate	<input type="checkbox"/> Absorption inhibitor	<input type="checkbox"/> PCSK 9 inhibitor
Statin Medication	Atorvastatin (Lipitor) Statin Total Daily Dose ≥ 40 mg			
Documented Reason for Not Prescribing Guideline Recommended Dose?	<input type="checkbox"/> Intolerant to moderate (greater than 75yr) or high (less than or equal to 75yr) intensity statin			
	<input type="checkbox"/> No evidence of atherosclerosis (cerebral, coronary, or peripheral vascular disease)			
	<input type="checkbox"/> Other documented reason			
	<input type="checkbox"/> Unknown/ND			
Documented reason for not prescribing a statin medication at discharge?	<input type="radio"/> Yes <input checked="" type="radio"/> No			
New Diagnosis of Diabetes	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Documented			
Basis for Diagnosis (Select all that apply):	HbA1c Fasting Blood Sugar Oral Glucose Tolerance Test Other			
Anti-hyperglycemic medications:	Prescribed? <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NC If Yes, Class: Biguanide		Medication: Metformin	
	Was there a documented reason for not prescribing a medication with proven CVD benefit? <input type="radio"/> Yes <input checked="" type="radio"/> No/ND			
Follow-up appointment scheduled for diabetes management?	<input type="radio"/> Yes <input checked="" type="radio"/> No/ND <input type="radio"/> NC			

Diabetes GWTG Award

- https://www.heart.org/-/media/files/professional/quality-improvement/target-type-2-diabetes/target-type-2-diabetes-inpatient-eligibility-criteria_12_19.pdf?la=en

Target: Type 2 Diabetes Inpatient Honor Roll Eligibility Criteria

Target: Type 2 DiabetesSM aims to ensure patients with type 2 diabetes receive the most up-to-date, evidence-based care when hospitalized with CVD or Stroke. To bring attention to this critical high-risk population, American Heart Association has initiated Target: Type 2 Diabetes Honor Roll, a new recognition opportunity for participants of Get with the Guidelines – Heart Failure® and Get with the Guidelines- Stroke®.

Eligibility Requirements:

- Your hospital must qualify for a Silver level or higher Achievement Award in the related Get with the Guidelines module.
- Your hospital must be able to demonstrate at least 90% compliance for 12 consecutive months (Calendar Year) for the “Overall Diabetes Cardiovascular Initiative Composite Score” measure in the selected module.
 - The individual measures that make up each “Overall Diabetes Cardiovascular Initiative Composite Score” are listed below.
- Your hospital must have at least 10 patients with a new onset or previous history of diabetes within the patient population.
- The award reporting period must be the same Calendar Year as your eligible Achievement Award.
- The award reporting period must include the same patient population as is included in the eligible Achievement Award.



Thrombolytic Complications

Angio Edema 2020?



Thrombolytic Complications				
Benchmark Group	Time Period	Numerator	Denominator	% of Patients
Kentucky SEQIP	2010	13	198	6.6%
	2011	14	235	6.0%
	2012	17	294	5.8%
	2013	12	405	3.0%
	2014	17	458	3.7%
	2015	51	645	7.9%
	2016	34	782	4.3%
	2017	29	830	3.5%
	2018	39	874	4.5%
	2019	52	1048	5.0%
	2020	37	702	5.3%



STK-OP-1a-f

Demographics Admin Clinical Codes Admission Hospitalization Discharge Optional Core Measures **Outpatient** Measures Special Initiatives

Historic

Patient

Encounter Date

MM DD YYYY

E/M Code

Discharge

What is the date/time the patient departed from

MM/DD/YYYY HH:MM

MM DD YYYY HH MI

For discharges on or after 07/01/2012: What is the date/time the patient departed from the outpatient setting?

00281 - EMERGENCY DEPT VISIT
00282 - EMERGENCY DEPT VISIT
00283 - EMERGENCY DEPT VISIT
00284 - EMERGENCY DEPT VISIT
00285 - EMERGENCY DEPT VISIT
00291 - CRITICAL CARE, FIRST HOUR
Not an eligible E/M code

Demographics Admin Clinical Codes Admission Hospitalization Discharge Optional Core Measures **Outpatient** Measures Special Initiatives

Historic



Lessons Learned

Patient Records Report for measure STK-OP-1a

Overall Rate (Not Reported)
Time Period: Apr 2020 - Apr 2020; Site: Sts. Mary and Elizabeth Hospital (29284)
Patients Included: 0; Patients Excluded: 3
Population B: 1; Population P: 2

Show filters This report shows all records. 3 of 3

Patient ID	Included in Results?	Measure Value	Measure Population	Encounter Date	Date of Birth	Race	Hispanic Ethnicity	Gender	Payment Source - Medicare	ICD-10-CM Principal Diagnosis Code:
755688	Excluded	55	P	04/04/2020	12/18/1946	White	No/UTD	Male	Medicare	I629
988073	Excluded	96	P	04/13/2020	08/02/1976	Black or African American	No/UTD	Male	Non-Medicare	I629
988089	Excluded	102	B	04/13/2020	11/06/1941	UTD	No/UTD	Male	Medicare	I639

STK-OP-1a																						
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	30	60	90	120	150	180	210	240	270	300	330	360	390	420	Total	Mean	Standard Deviation	Median	Range	
My Hospital	Jan 2020	0 (0%)	0 (0%)	1 (20%)	2 (40%)	2 (40%)	2 (40%)	5 (100%)	5 (100%)	5 (100%)	5 (100%)	5 (100%)	5 (100%)	5 (100%)	5 (100%)	5 (100%)	5	118.6	49.3	153	53 - 165	
	Feb 2020	0 (0%)	0 (0%)	0 (0%)	1 (33.3%)	2 (66.7%)	3 (100%)	3 (100%)	3 (100%)	3 (100%)	3 (100%)	3 (100%)	3 (100%)	3 (100%)	3 (100%)	3 (100%)	3	101	23.4	104	71 - 128	
	Mar 2020																0					
	Apr 2020																0					
	May 2020	0 (0%)	0 (0%)	0 (0%)	0 (0%)	1 (50%)	1 (50%)	1 (50%)	1 (50%)	1 (50%)	1 (50%)	1 (50%)	1 (50%)	1 (50%)	2 (100%)	2 (100%)	2 (100%)	2	222.5	130.5	222.5	92 - 353
	Jun 2020	0 (0%)	0 (0%)	1 (50%)	2 (100%)	2 (100%)	2 (100%)	2 (100%)	2 (100%)	2 (100%)	2 (100%)	2 (100%)	2 (100%)	2 (100%)	2 (100%)	2 (100%)	2 (100%)	2	72	12	72	60 - 84
	Jul 2020	0 (0%)	0 (0%)	0 (0%)	1 (50%)	1 (50%)	1 (50%)	2 (100%)	2 (100%)	2 (100%)	2 (100%)	2 (100%)	2 (100%)	2 (100%)	2 (100%)	2 (100%)	2 (100%)	2	111.5	42.5	111.5	69 - 154



Lessons Learned

Demographics Admin Clinical Codes Admission Hospitalization Discharge Optional Core Measures **Outpatient** Measures Special Initiatives

Historic

Patient

Encounter Date / /

E/M Code

Discharge

What is the date/time the patient departed from the emergency department?
 / / :

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

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 Child 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)

alization Discharge Optional Core Measures **Outpatient** Measures Special Initiatives

Incomplete



Glitches

- STK4
 - GWTG help with excluding patient
- CSTK 11/12
 - Resolved itself after GWTG IT contact



CSTK Measures Jan 1st 2021

Check out updates to CSTK measures

The [*Specifications Manual for Joint Commission National Quality Measures, Version 2021A*](#), is now available and effective for discharges on and after Jan. 1, 2021. It includes significant revisions to the measure specifications for several comprehensive stroke (CSTK) measures, such as:



- **CSTK-08 Thrombolysis in Cerebral Infarction (TICI) Post-Treatment Reperfusion Grade:** The Measure Information Form was updated to remove ischemic stroke patients treated with intra-arterial (IA) alteplase from the measure population. The measure description, rationale and denominator statement were all revised to focus on ischemic stroke patients treated with mechanical endovascular reperfusion therapy (i.e., ICD-10-PCS procedure codes for mechanical thrombectomy procedures as detailed in Appendix A, Table 8.1b). The data element *IA Route of Alteplase Administration* was removed from the denominator and the measure algorithm.

Since 2015 — when the measure was first implemented — the number of ischemic stroke patients administered IA alteplase has declined, while the volume of mechanical thrombectomy procedures has steadily increased each year. The denominator population was adjusted to reflect this change in practice. Measure modifications were made with input from the American Heart Association (AHA) Stroke Systems of Care Advisory Committee and Get With The Guidelines® (GWTG) Clinical Work Group. The CSTK-08 denominator population now aligns with the CSTK-11 and CSTK-12 measures.

- **CSTK-09 Arrival Time to Skin Puncture:** The Measure Information Form also was updated to remove ischemic stroke patients treated with IA alteplase from the measure population. The changes are similar to those made for CSTK-08.

In addition, a denominator exclusion was added for ischemic stroke patients who have an *Initial NIHSS Less Than 6* after hospital arrival and a new data element added to the measure algorithm. Patients with an initial NIHSS of 6 or higher after hospital arrival are included in the measure population. This exclusion was recommended by a large health system with multiple certified stroke centers and supported by the GWTG Clinical Work Group.



CSTK Measures Jan 1st 2021

- **CSTK-10 Modified Rankin Score (mRS) at 90 Days – Favorable Outcome:** The denominator population and Measure Information Form were revised to include strata by type of ischemic stroke treatment, i.e., intravenous (IV) alteplase only or mechanical reperfusion therapy with or without IV/IA alteplase therapy. The CSTK-10 numerator population had been previously stratified to differentiate between patients with a *Pre-Stroke Modified Rankin Score (mRS)* less than or equal to 2 and those with a *Pre-Stroke Modified Rankin Score (mRS)* of 3 or greater. With the additional stratification of the denominator population, 4 sub-measures will now be reported, as well as, the overall rate measure CSTK-10:
 - CSTK-10: All ischemic stroke patients treated with IV alteplase or who undergo mechanical endovascular reperfusion therapy and have a mRS less than or equal to 2 at 90 days (≥ 75 days and ≤ 105 days).
 - CSTK-10a: Ischemic stroke patients treated with IV alteplase only and have a mRS 0, 1, or 2 documented prior to the stroke; or no mRS documented prior to the stroke.
 - CSTK-10b: Ischemic stroke patients treated with IV alteplase only and have a mRS 3, 4, or 5 documented prior to the stroke.
 - CSTK-10c: Ischemic stroke patients treated with mechanical endovascular reperfusion therapy with or without IV/IA alteplase therapy and have a mRS 0, 1, or 2 documented prior to the stroke; or no mRS documented prior to the stroke.
 - CSTK-10d: Ischemic stroke patients treated with mechanical endovascular reperfusion therapy with or without IV/IA alteplase therapy and have a mRS 3, 4, or 5 documented prior to the stroke.



CSTK Measures Jan 1st 2021

- **CSTK-11 Timeliness of Reperfusion - Arrival Time to TICI 2B or Higher:** The name of the measure was changed to “Rate of Rapid Effective Reperfusion from Hospital Arrival.” The name change was suggested by an advisory group member and thought to more accurately describe the intent of the measure.

In addition, the denominator exclusion for ischemic stroke patients who have an *Initial NIHSS Less Than 6* after hospital arrival was added to the Measure Information Form and algorithm. No other changes were made to the measure construct. The denominator statement (i.e., Ischemic stroke patients treated with mechanical endovascular reperfusion therapy for a large vessel occlusion) remains unchanged.

- **CSTK-12 Timeliness of Reperfusion - Skin Puncture to TICI 2B or Higher:** The name of the measure was changed to “Rate of Rapid Effective Reperfusion from Skin Puncture.” No other changes were made to this measure. The denominator statement (i.e., Ischemic stroke patients treated with mechanical endovascular reperfusion therapy for a large vessel occlusion) remains unchanged.

For a comprehensive outline of all stroke measure revisions, abstractors should refer to the Release Note document in the 2021A specifications manual.



Program Volumes Temporarily changed

I've been in contact with all three certifying agencies and this is the most current information:

DNV - NO changes to-date in eligibility volumes for PSC+ or CSC.

HFAP - NO changes to-date in eligibility volumes for TSC or CSC.

Joint Commission - A temporary reduction in eligibility volumes for TSCs and CSCs was announced last week. Below are the details:

- For initial certification between now and February 2021, hospitals must meet 80% of the eligibility volumes as indicated below:
 - TSC/CSC: Mechanical Thrombectomy -12 in last 12 mos. or 24 in 24 mos.
 - These apply to hospital and physician volumes
 - CSC: Aneurysm Clip/Coil - 12 in last 12 mos. or 24 in 24 mos.
 - CSC: Aneurysmal SAH - 16 in last 12 mos. or 32 in 24 mos.
- For recertification during the same timeframe, hospitals must meet 50% of the eligibility volumes Mechanical Thrombectomy and 75% for Aneurysm Clip/Coil and aSAH as indicated below:
 - TSC/CSC: Mechanical Thrombectomy - 8 in last 12 mos. or 16 in 24 mos.
 - CSC: Aneurysm Clip/Coil - 12 in last 12 mos. or 24 in 24 mos.
 - CSC: Aneurysmal SAH - 15 in last 12 mos. or 30 in 24 mos.

You can confirm this information with your hospital's Joint Commission account executive. It will be published in the November issue of Joint Commission Perspectives (which your hospital regulatory department receives).



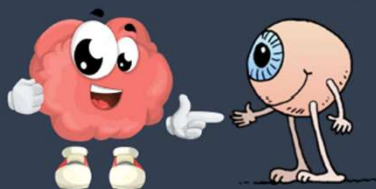
Consultant Company Free event

-
- Join the Conversation! Live Event with Stroke Challenges
- Sarah and Debbie Hill, Co-Founders of Stroke Challenges, are hosting a LIVE EVENT for stroke coordinators and program leaders to share their experiences with certification reviews by TJC, DNV or HFAP during COVID-19 - whether in-person or virtual.
-
- Topic: Stroke Challenges LIVE EVENT Time: October 15, 2020 1:00 pm ET / 12 pm CT / 11 am MT / 10 am PT
-
- Join Zoom Meeting
- <https://us02web.zoom.us/j/89499164057?pwd=dnICWGhLT2RWU2lxd1hzQWV0VDdkZz09>
-
- Meeting ID: 894 9916 4057
- Passcode: 040020
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- One tap mobile
- +13126266799,,89499164057#,,,,,0#,,040020# US (Chicago)
- +16465588656,,89499164057#,,,,,0#,,040020# US (New York)
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- Dial by your location
- +1 312 626 6799 US (Chicago)
- +1 646 558 8656 US (New York)
- +1 301 715 8592 US (Germantown)
- +1 346 248 7799 US (Houston)
- +1 669 900 9128 US (San Jose)
- +1 253 215 8782 US (Tacoma)
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- Join by Skype for Business
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AANN Louisville Local Chapter

Differentiating Between Ophthalmic & Neurologic Emergencies



Join the GLC – AANN & Dr. Lauren McKinch, OD, for a discussion regarding how nurses can differentiate between ophthalmic and neurologic emergencies.

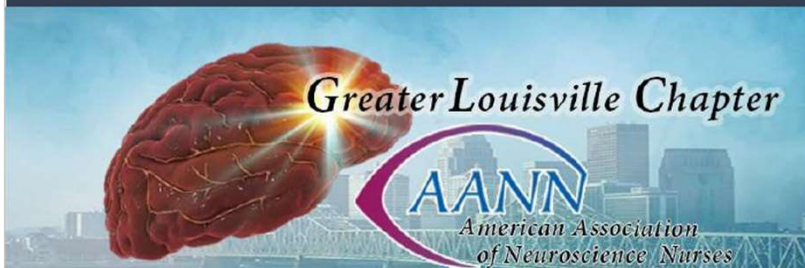
When: Thursday, November 5th, 2020 at 7 p.m.

Where: Zoom Virtual Event

<https://us02web.zoom.us/j/86997653759>

(312) 626-6799 Meeting ID: 869 9765 3759

For more information, contact us at GreaterLouisvilleAANN@gmail.com or [Facebook.com/GreaterLouisvilleAANN](https://www.facebook.com/GreaterLouisvilleAANN)



Join the GLC – AANN & Dr. Lauren McKinch, OD, for a discussion regarding how nurses can differentiate between ophthalmic and neurologic emergencies.

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SEQIP Group Meeting



When:

Time:

Time zone:

Zoom/ Teams/ other:

