



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

Release Date: January 27, 2021
Impacted Users: All Stroke Users

Summary of Changes in this Release:

Enhancements

- *Form Updates:*
 - Admission Unit Elements Updated
 - Social Determinants of Health Elements Added
 - Flu and COVID Vaccine Data Collection Added
 - Form Controls Updated for Discharge Treatment Elements
- *Measure Updates:*
 - Diabetes Bundle Updated
 - Target Stroke Bundle Updated
 - COVID Measure Updates
 - DIDO Measures Updated
 - CDC/ COV Bundle Updated
 - Social Determinants of Health Measures Added

Please Note:

- New ICD-10 diagnosis and procedure codes effective January 1, 2021 are expected to be updated in the PMT in February. Communication will be sent with the confirmed date of this update.

Below are the details of the updates:

Form Updates

Admission Unit

- Optional Field: "Where was the patient cared for and by whom?" element on the Admission Tab retired to Historic.

Where was the patient cared for and by whom?
Check all that apply.

Neuro Admission Other Service Admission
 Stroke Consult No Stroke Consult
 In Stroke Unit Not in Stroke Unit

Demographics Admin Clinical Codes Admission Hospitalization Ad

Historic

- 3 New Optional Elements added to replace the "Where was the patient cared for and by whom?":
 - Initial Admitting Service
 - In which settings were care delivered? Select all that apply.
 - Please Note: This element is required for the ICH Initiative* when the Final Clinical Diagnosis Related to Stroke is ICH. This element is used in the new ICH "Admission Unit" measure.
 - If the patient was not cared for in a dedicated stroke unit, was a formal inpatient consultation from a stroke expert obtained?

Initial admitting service:

Neurology Medicine
 Neurosurgery Surgery
 Neurocritical care Other

In which settings were care delivered? Select all that apply

Neuro/Neurosurgery ICU General care floor
 Other ICU Observation
 Stroke unit (non-ICU) Other

If the patient was not cared for in a dedicated stroke unit, was a formal inpatient consultation from a stroke expert obtained?

Yes No ND C

*The ICH Initiative is an AHA initiative that involves an intracerebral hemorrhage specific layer. This layer includes ICH data collection and performance measures. There are currently 20 sites piloting this layer and we hope to make it available to more sites in the future.



Social Determinants of Health

- Two new elements were added for optional data collection to all patient forms on the Discharge Tab.
 - If Yes is selected that a standardized health related social needs form or assessment was completed, the child element “If yes, identify the areas of unmet social need (select all that apply)” will be required.

Health Related Social Needs Assessment

During this admission, was a standardized health related social needs form or assessment completed? Yes No/ND

Living Situation/Housing Employment
 Food Education

If yes, identify the areas of unmet social need. (select all that apply)

Utilities Mental Health
 Personal Safety Substance Use
 Financial Strain Transportation Barriers
 None

Flu and COVID Vaccine

- Optional Flu and COVID Vaccine data collection added to all forms on the Admission Tab.
- *COVID Vaccination Response Options:*
 - COVID-19 vaccine was given during this hospitalization.
 - COVID-19 vaccine was received prior to admission, not during this hospitalization.
 - Documentation of patient’s refusal of COVID-19 vaccine.
 - Allergy/ sensitivity to COVID-19 vaccine or medically contraindicated.
 - Vaccine not available.
 - None of the above/ Not documented/ UTD.
- If COVID-19 vaccine was given during the hospitalization, the COVID-19 Vaccination Date field is enabled.
- *Flu Vaccination Response Options:*
 - Influenza vaccine was given during this hospitalization during the current flu season.
 - Influenza vaccine was received prior to admission during the current flu season, not during this hospitalization.
 - Documentation of the patient’s refusal of influenza vaccine.
 - Allergy/ sensitivity to influenza vaccine or if medically contraindicated.
 - Vaccine not available.
 - None of the above/ Not documented/ UTD.

Vaccinations & Testing

COVID-19 Vaccination:

COVID-19 Vaccination Date: Not Documented

Is there documentation that this patient was included in a COVID-19 vaccine trial? Yes No / ND

Influenza Vaccination:



Form Controls for Discharge Treatment Elements

- Queries removed for discharge treatment elements when patients are expired, discharged to hospice or an acute care facility, left AMA, or are identified as CMO during the hospitalization.
 - *Screenshot below* – Shows the error box empty with all discharge treatment elements unanswered for an expired patient.

The screenshot displays the 'Discharge Treatments' form. The form is divided into several sections for different medication classes and clinical conditions. Each section includes radio buttons for 'Prescribed?' status and dropdown menus for 'Medication', 'Dosage', and 'Frequency'. A large red box on the right side of the form is labeled 'Errors and Warnings' and is currently empty, indicating that no errors were found for this patient's data.

Discharge Treatments

Antithrombotic therapy approved in stroke

Prescribed? Yes No/ND NC

If Yes, Class	Medication	Dosage	Frequency

If NC, documented contraindications:

- Allergy to or complications r/t antithrombotic
- Patient/Family refused
- Risk for bleeding or discontinued due to bleeding
- Serious side effect to medication
- Terminal illness/Comfort Measures Only
- Other

Other Antithrombotic(s)

Prescribed? Yes No

Medication	Dosage	Frequency

Persistent or Paroxysmal Atrial Fibrillation/Flutter:

If atrial fib/flutter or history of PAF documented, was patient discharged on anticoagulation? Yes No

If NC, documented reasons for no anticoagulation (Select all that apply):

- Allergy to or complicated r/t warfarin or heparins (hx or current)
- Mental status
- Patient refused
- Risk for falls
- Serious side effect to medication
- Terminal illness/Comfort Measures Only

Anti-hypertensive Tx (Select all that apply):

- None prescribed/ND
- ACE Inhibitors
- Beta Blockers
- Diuretics
- None - contraindicated
- ARB
- Ca++ Channel Blockers
- Other anti-hypertensive med

Cholesterol Reducing Tx (Select all that apply):

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

Statin Medication

Statin Total Daily Dose: [Dropdown]

Documented Reason for Not Prescribing Guideline Recommended Dose?

- Intolerant to moderate (greater than 75yr) or high (less than or equal to 75yr) intensity statin
- No evidence of atherosclerosis (cerebral, coronary, or peripheral vascular disease)
- Other documented reason
- Unknown/ND

Documented reason for not prescribing a statin medication at discharge?

Yes No

New Diagnosis of Diabetes Yes No Not Documented

Basis for Diagnosis (Select all that apply):

HbA1c [Dropdown]
Fasting Blood Sugar [Dropdown]
Oral Glucose Tolerance Test [Dropdown]
Test Other [Dropdown]

Anti-hyperglycemic medications:

Prescribed? Yes No NC

If Yes, Class	Medication

Measure Updates

Diabetes Bundle Update

- Diabetes Measure Bundle updated to include the changes to the 2020 Achievement Measures.
 - Intensive Statin Therapy and IV Thrombolytic Arrive by 3.5 Hour, Treat by 4.5 Hour measures added for Diabetes population.
 - IV Thrombolytic Arrive by 2 Hour, Treat by 3 Hour and Statin Prescribed at Discharge removed from the bundle.
 - Therapeutic Lifestyle Recommendations for Patients with Diabetes included in the bundle – was previously missing from the Measure Group but included in the Overall Composite Score.
 - Overall Composite Score measure updated to reflect new set of measures.

REPORT 1	
GWTG Standard Measures:	Select Measure ▼
GWTG Enhanced Version & Special Initiative Measures:	Select Measure ▼
GWTG Additional Patient Population Measures:	Select Measure ▼
Historic Measures:	<div style="border: 1px solid #ccc; padding: 2px;"> Modified Rankin Scale at Discharge - Observation Status Only Rehabilitation Considered - Observation Status Only Smoking Cessation - Observation Status Only Statin Prescribed at Discharge - Observation Status Only Stroke Education - Observation Status Only Weight Recommendation - Observation Status Only </div>
Format:	
Compare to: (ctrl-click to select multiple)	<div style="border: 1px solid #ccc; padding: 2px;"> Diabetes **Diabetes Achievement Measure Group** Anticoagulant for AFib/AFlutter (Patients with Diabetes) Antithrombotics for Patients with Diabetes Cardioprotective Anti-hyperglycemic Medication Diabetes Treatment Early Antithrombotics for Patients with Diabetes Intensive Statin Therapy (Patients with Diabetes) IV Thrombolytic Therapy Arrive by 3.5 Hour, Treat by 4.5 Hour (Patients with Diabetes) Overall Diabetes Cardiovascular Initiative Composite Score Smoking Cessation for Patients with Diabetes Therapeutic Lifestyle Recommendation for Patients with Diabetes VTE Prophylaxis for Patients with Diabetes Telestroke **Telestroke Measure Bundle** </div>
FILTER OPTIONS SHOW	

Target Stroke Bundle Update

- Target: Stroke Measure Bundle updated to include the changes to the 2020 Achievement Measures
 - IV Thrombolytic Arrive by 2 Hour, Treat by 3 Hour Measures replaced with IV Thrombolytic Arrive by 3.5 Hour, Treat by 4.5 Hour



COVID Measure Updates

- Measures updated to include reason for delay: Need for additional PPE for suspected/confirmed infectious disease.
 - Reporting Measure: Reasons for Delay, IV Thrombolytic Initiation Beyond 60 Minutes – Reason added to Numerator distribution.
 - MER Measures – Exception added to:
 - Door to Start of Device within 60 minutes for patients transferred from an outside hospital OR within 90 minutes for patients presenting directly (6-hour treatment window)
 - Door to Start of Device within 60 minutes for patients transferred from an outside hospital OR within 90 minutes for patients presenting directly (24-hour treatment window)
 - Door to Start of Revascularization (DTR) within 120 Minutes
 - Door to Puncture (DTP) Time within 90 Minutes
 - Picture to Puncture (PTP) Time within 60 Minutes
 - Door to Recanalization/ Reperfusion (DTRp) within 120 Minutes
 - *Screenshot below* – Shows an example of this reason for delay excluding a patient from the measure.

Patient Records Report for measure Door to Start of Device (DTD) within 60 minutes for patients transferred from an outside hospital OR within 90 minutes for patients presenting directly (6 hour treatment Window)

Percentage of patients with acute ischemic stroke arriving within 6 hours of LKW or symptom discovery who receive mechanical endovascular reperfusion therapy and for whom the first pass (i.e., deployment) of the device is <= 60 minutes after arrival in patients who are transferred in from an outside hospital or <=90 minutes after arrival for patients presenting directly.
 Time Period: 01/01/2021 - 12/31/2021; Site: AHA Demo test- Stroke +CSTK +STK (94674)
 Patients Included: 0; Patients Excluded: 1
 Patients in Numerator: 0; % in Numerator: ?; Patient in Exceptions: 1

Show filters This report shows all records. 1 of 1

Patient ID	Included in Results?	In Numerator?	Exception?	Age:	Final clinical diagnosis related to stroke:	First Pass of a Mechanical Reperfusion Device	Patient location when stroke symptoms discovered:	Hospital Arrival Date and Time	First Pass Date/Time	Discharge Date:	Elective Carotid Intervention	MER delay documented	MER Reasons for delay	How patient arrived at your hospital
januat012221	Excluded	No	Yes	41	Ischemic Stroke	Yes	Not in a healthcare setting	01/10/2021 10:00	01/10/2021 11:40	01/14/2021 10:00	No	Yes	Need for additional PPE for suspected/confirmed infectious disease	EMS from home/scene

GWTG Door-In-Door-Out (DIDO) Measures Updated

- Based on site feedback, initial patient population criteria were aligned across all GWTG Door-In-Door-Out measures. In addition to the current rate-based DIDO measure, a new distribution measure was added to provide better visualization into systems of care.
 - In addition to the reporting measures described above, the pre-hospital care DIDO measure was updated to only include EMS arrivals (Requires EMS layer to be active).
- These 3 measures use the same initial patient population but provide more options when reviewing their transfer population.

Reporting Measures:

- Rate-Based measure revised to add Reason Patient was Transferred – *Advanced Stroke Care (e.g., Neurocritical care, surgical or other time critical therapy).*

- Before:**

Patient Records Report for measure Door-in-Door-Out Times at First Hospital Prior to Transfer for Acute Therapy

Percentage of confirmed stroke patients for whom <= 90 minutes was spent in the ED prior to transfer to a higher-level stroke center (e.g. PSC, CSC, etc.) for time-critical therapy.

Time Period: Jan 2021 - Jan 2021; Site: AHA Demo test-Stroke + EMS (88271)
Patients Included: 0; Patients Excluded: 1
Patients in Numerator: 0; % in Numerator: ; Patient in Exceptions: 0

Show filters This report shows all records. 1 of 1

Patient ID	Included in Results?	In Numerator?	Exception?	Age:	Final clinical diagnosis related to stroke:	Not admitted	Reason Not Admitted	Patient arrival transfer reason	Patient location when stroke symptoms discovered:	How patient arrived at your hospital	Hospital Arrival Date and Time
uat12345	Excluded			51	Ischemic Stroke	Yes, not admitted	Transferred from your ED to another acute care hospital	Advanced stroke care (e.g., Neurocritical care, surgical or other time critical therapy)	Not in a healthcare setting	EMS from home/scene	01/10/2021 10:00

- After:**

Patient Records Report for measure Door-in-Door-Out Time at First Hospital Prior to Transfer for Acute Therapy

Percentage of confirmed stroke patients for whom <= 90 minutes was spent in the ED prior to transfer to a higher-level stroke center (e.g. PSC, CSC, etc.) for time-critical therapy.

Time Period: 01/01/2021 - 01/31/2021; Site: AHA Demo test-Stroke + EMS (88271)
Patients Included: 1; Patients Excluded: 0
Patients in Numerator: 1; % in Numerator: 100.0%; Patient in Exceptions: 0

Show filters This report shows all records. 1 of 1

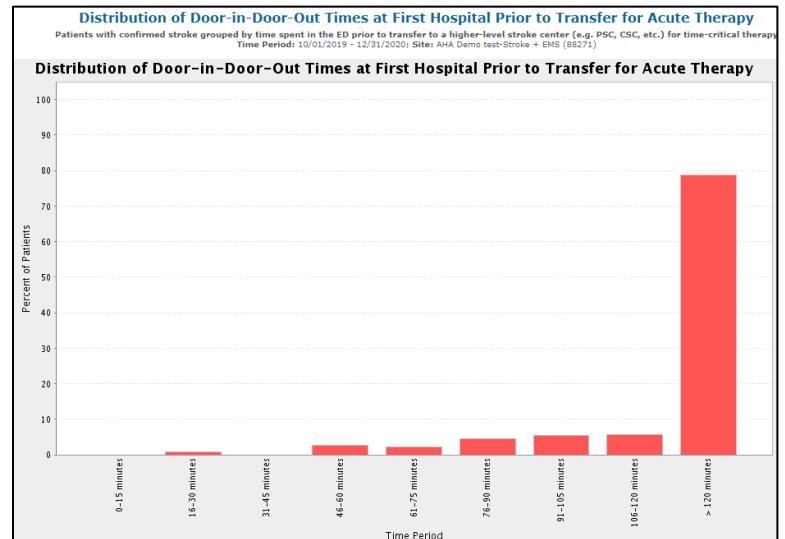
Patient ID	Included in Results?	In Numerator?	Exception?	Age:	Final clinical diagnosis related to stroke:	Not admitted	Reason Not Admitted	Patient arrival transfer reason	Patient location when stroke symptoms discovered:	How patient arrived at your hospital	Hospital Arrival Date and Time
uat12345	Included	Yes		51	Ischemic Stroke	Yes, not admitted	Transferred from your ED to another acute care hospital	Advanced stroke care (e.g., Neurocritical care, surgical or other time critical therapy)	Not in a healthcare setting	EMS from home/scene	01/10/2021 10:00

- **New Distribution DIDO Reporting Measure Added** – Distribution of Door-In-Door-Out Times at First Hospital Prior to Transfer for Acute Therapy (up to 120 Minutes).



Pre-Hospital Measure:

- Distribution measure updated to include EMS patients only and to expand timeframe increments from 10-minute increments up to 60 minutes, to 15-minute increments up to 120 minutes, to align with above new reporting measure *(Not pictured, but same distribution as new measure, pictured right).*



CDC/ COV Bundle Update

- CDC/ COV Bundle updated to remove the LDL 100 Measure and replace with Statin at Discharge Measure

Social Determinants of Health

- Two new reporting measures added:
 - Health-Related Social Needs Assessment
 - Identified Areas of Unmet Social Needs

GWTG Standard Measures:	Door-in-Door-Out Time at First Hospital Prior to Transfer for Acute Therapy
GWTG Enhanced Version & Special Initiative Measures:	NIHSS Reported
GWTG Additional Patient Population Measures:	Reporting
Historic Measures:	Door-in-Door-Out Time at First Hospital Prior to Transfer for Acute Therapy
Format:	Distribution of Door-in-Door-Out Times at First Hospital Prior to Transfer for Acute Therapy
Compare to: (ctrl-click to select multiple)	% No IV Alteplase 3 Hour
	% No IV Alteplase 4.5 Hour
	Antihypertensive
	Antithrombotic Medication(s) at Discharge
	Arrival Mode
	Complication Types
	Diabetes Teaching
	Diabetic Medications
	Discharge Disposition
	Door To CT <3 Hour
	Door To CT <4.5 Hour
	Door To CT <8 Hour
	%Door To CT <= 25min
	Health-Related Social Needs Assessment
	Identified Areas of Unmet Social Needs
	In-Hospital Mortality