

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

Release Date: May 26, 2021
Impacted Users: All Stroke Users

Summary of Changes in this Release:

Enhancements

- *Form Updates:*
 - Demographics:
 - Label Update from Gender to Sex
 - New Optional Patient Identified Gender Identify and Sexual Orientation Elements
 - CSTK/ MER:
 - TICI Label Updated
 - New Layer Added: Interfacility Transfer
- *Form Control Updates:*
 - Telestroke:
 - Query Update for Date/ Time of Video Session
 - STK/CSTK:
 - Query Update for Pre-Stroke Modified Rankin Scale for STK Users
- *Measure Updates:*
 - Label change to Cardioprotective measure
 - Overall Diabetes Cardiovascular Initiative Composite Score Measure Updated

Additional Updates

- American Hospital Association ID and EMS Agency List Updates
- Mortality Score Enhancement for Uploaded Records
- New! Mission: Lifeline Report Activation

Below are the details of the updates:

Form Updates

Demographics

- The element "Gender" has been changed to "Sex" to reflect current CDC guidance.
- Two new optional elements were added following Sex for Patient Identified Gender Identity and Sexual Orientation.

The screenshot shows a form titled "Demographics". The "Sex" field is circled in red and has radio buttons for "Male", "Female", and "Unknown", with "Unknown" selected. Below this are two sections: "Patient Gender Identity" and "Patient-Identified Sexual Orientation". The "Patient Gender Identity" section has radio buttons for "Male", "Female", "Female-to-Male (FTM)/Transgender Male/Trans Man", "Male-to-Female (MTF)/Transgender Female/Trans Woman", "Genderqueer, neither exclusively male nor female", and "Additional gender category or other" (with a text input field). The "Patient-Identified Sexual Orientation" section has radio buttons for "Straight or heterosexual", "Lesbian or gay", "Bisexual", "Queer, pansexual, and/or questioning", "Something else; please specify" (with a text input field), "Don't know", and "Declined to answer".

CSTK, MER

- TICI Date/ Time element label updated to add "2B/3" to the element.
- This is being updated ahead of TJC's July Specifications Manual update.

The screenshot shows a form question: "^What was the date and time that a TICI 2B/3 was first documented during the mechanical thrombectomy procedure?". The "2B/3" is circled in red. To the right of the question is a date and time input field with a dropdown menu showing "MM/DD/YYYY HH24:MI". Below the input field are labels for "MM", "DD", "YYYY", "HH", and "MI".

Interfacility Transfer Layer

- Collecting transfer time metrics is vital in reviewing and improving the system of care.
- Based on feedback from hospitals, a new layer has been created to collect data and measure the transfer of a patient from one facility to another.
- The new data elements will be located on the Special Initiatives Tab, and there are a set of measures associated with this data collection.
- These elements and measures have been piloted with regions across the country, and because of their success and value, we are excited to open this opportunity up to all participating GWTG hospitals.
- **Interested?**
 - Connect with your local AHA QI Manager – they will work with IQVIA to get this feature turned on for your site. This additional layer is being offered at no cost.

Stroke **Patient ID:** Created: 05/19/2021 08:56:57 GMT-05:00 **Last Updated:**
Active element groups: Stroke, Coverdell, MER, Diabetes **Interfacility Transfer**

Transfer Time Tracker

Set all Transfer dates to the Transport Requested Date

Date/Time Transport Requested: 05/01/2021 10:05

Date/Time Transport Arrived: 05/01/2021 10:20

Date/Time Transfer Requested by Referring Hospital: 05/01/2021 09:55

Date/Time Transfer Accepted by Receiving Hospital: 05/01/2021 10:00

Mode of Transport: Air Ground Ambulance

Inter-Facility EMS Agency:

REPORT 1	
GWTG Standard Measures:	Select Measure
GWTG Enhanced Version & Special Initiative Measures:	Select Measure
GWTG Additional Patient Population Measures:	Rate of Substantial Reperfusion Thrombolysis in Cerebral Infarction (TICI) Post-Treatment Reperfusion Grades for Successful Me
Historic Measures:	Coverdell Post - Discharge Appointment Scheduled Appointment Scheduled - Outcomes Blood Pressure Monitoring ED Visits Falls Reported Medication Stoppage Tobacco Use
Format:	
Compare to: (ctrl-click to select multiple)	
FILTER OPTIONS SHOW	
DISPLAY OPTIONS SHOW	

Form Control Updates

Telestroke

- Query Update for Date/ Time Start of Telestroke Video Session
 - Prior to the update, users were seeing an error to complete the **Date/ Time Start of Telestroke Video Session**, even if **Interactive Video** was not selected for **If Yes, telestroke consult performed, select all applicable delivery methods**.
 - Following the update, the **Date/ Time Start of Telestroke Video Session** element is disabled and not required unless **Interactive Video** is selected.

Before:

TELESTROKE

Was telestroke consultation performed?

Yes, the patient received telestroke consultation from my hospital staff when the patient was located at another hospital
 Yes, the patient received telestroke consultation from someone other than my staff when the patient was located at another hospital
 Yes, the patient received telestroke consultation from a remotely located expert when the patient was located at another hospital
 No telestroke consult performed
 Not Documented

If Yes, telestroke consult performed, select all applicable delivery methods.

Interactive Video
 Teleradiology
 Telephone Call
 ND

What was the type of Telestroke provider?

Hospital Based (In-State) Hospital Based (Out-of-State) Private

Who provided Telestroke Service?

Yes No ND

Did the Telestroke consultant recommend transfer?

Not Transferred Transferred to PSC Transferred to TSC
 Transferred to Unknown

Patient transfer status after Telestroke consult (TJC or equivalent):

Hospital where the telestroke consultant primarily practices Hospital unrelated to the telestroke consultant and outside of my health system

Which option best describes the destination facility for transferred patient:

Yes No ND

Did Telestroke consultation result in thrombolytic administration at the referring site?

Yes No ND

TELESTROKE TIME TRACKER

Date/Time of first Telestroke consultation request:

MM/DD/YYYY HH:MI

05 / 01 / 2021 10 : 30

MM DD YYYY HH MI

Date/Time Telestroke Response:

MM/DD/YYYY HH:MI

05 / 01 / 2021 10 : 35

MM DD YYYY HH MI

Date/Time start of Telestroke video session:

MM/DD/YYYY HH:MI

MM DD YYYY HH MI

Errors and Warnings

The following errors will prevent saving the form as complete:

Date/Time start of Telestroke video session:
Please enter a value for Date/Time start of Telestroke video session.:
E352

Telestroke

After:

Scenario 1:

Telephone Call selected – *Date/ Time Start of Telestroke Video Session* is disabled, and not required.

TELESTROKE

Was telestroke consultation performed?

Yes, the patient received telestroke consultation from my hospital staff when the patient was located at another hospital
 Yes, the patient received telestroke consultation from someone other than my staff when the patient was located at another hospital
 Yes, the patient received telestroke consultation from a remotely located expert when the patient was located at my hospital
 No telestroke consult performed
 Not Documented

If Yes, telestroke consult performed, select all applicable delivery methods.

Interactive Video
 Teleradiology
 Telephone Call
 ND

What was the type of Telestroke provider? Hospital Based (In-State) Hospital Based (Out-of-State) Private

Who provided Telestroke Service?

Did the Telestroke consultant recommend transfer? Yes No ND

Patient transfer status after Telestroke consult (TJC or equivalent): Not Transferred Transferred to PSC Transferred to another hospital

Which option best describes the destination facility for transferred patient: Hospital where the telestroke consultant primarily practices Hospital unrelated to the telestroke consultant and outside of my hospital system

Did Telestroke consultation result in thrombolytic administration at the referring site? Yes No ND

TELESTROKE TIME TRACKER

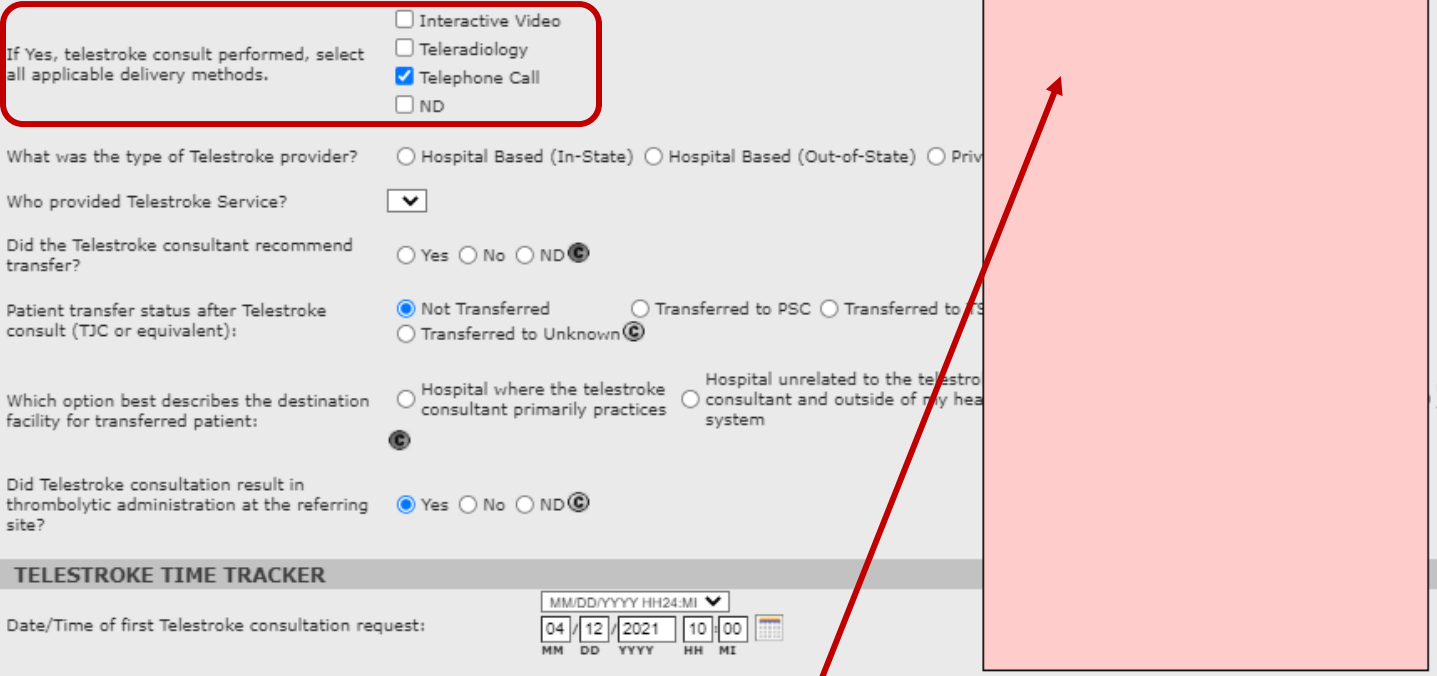
Date/Time of first Telestroke consultation request: MM/DD/YYYY HH:MI
04/12/2021 10:00

Date/Time Telestroke Response: MM/DD/YYYY HH:MI
04/12/2021 10:15

Date/Time start of Telestroke video session: MM/DD/YYYY HH:MI
[Disabled]

Date/Time Decision to Administer Thrombolytic (By Telestroke): MM/DD/YYYY HH:MI
[Disabled]

Errors and Warnings



Telestroke

Scenario 3:

Interactive Video selected – *Date/ Time Start of Telestroke Video Session* is enabled and required.

TELESTROKE

Was telestroke consultation performed?

- Yes, the patient received telestroke consultation from my hospital staff when the patient was located at another hospital
- Yes, the patient received telestroke consultation from someone other than my staff when the patient was located at another hospital
- Yes, the patient received telestroke consultation from a remotely located expert when the patient was located at my hospital
- No telestroke consult performed
- Not Documented

If Yes, telestroke consult performed, select all applicable delivery methods.

- Interactive Video
- Teleradiology
- Telephone Call
- ND

What was the type of Telestroke provider?

Who provided Telestroke Service?

Did the Telestroke consultant recommend transfer?

Patient transfer status after Telestroke consult (TJC or equivalent):

Which option best describes the destination facility for transferred patient:

Did Telestroke consultation result in thrombolytic administration at the referring site?

TELESTROKE TIME TRACKER

Date/Time of first Telestroke consultation request: MM/DD/YYYY HH:MI

Date/Time Telestroke Response: MM/DD/YYYY HH:MI

Date/Time start of Telestroke video session: MM/DD/YYYY HH:MI

Date/Time Decision to Administer Thrombolytic (By Telestroke): MM/DD/YYYY HH:MI

Errors and Warnings

The following **errors** will prevent saving the form as complete:

Date/Time start of Telestroke video session:
Please enter a value for Date/Time start of Telestroke video session:
E352



STK/CSTK

- Query Update for **Pre-Stroke Modified Rankin Score** for TJC STK Users
 - Prior to the update, TJC STK users were seeing an error to complete the **Pre-Stroke Modified Rankin Score** element, which is only required by TJC for CSTK users.
 - This was due to form controls attached to the CSTK Initial Patient Population element (a read-only element on the Clinical Codes tab used in CSTK measures). This element is present on STK forms because of the CSTK-01 measure that is required for STK sites to collect.
 - Following the update, STK users will no longer see this error to complete **Pre-Stroke Modified Rankin Score**.

Stroke Patient ID: Created: 05/19/2021 11:22:51 GMT-05:00 Last Updated:
Active element groups: Stroke, **StrokeCM**, StrokeCMAAdmin, Diabetes

CSTK Initial Patient Population Ischemic Stroke With IV alteplase, IA alteplase, or MER ▾

Before:

<input type="radio"/> ND <input checked="" type="radio"/> © Pre-stroke Modified Rankin Score <input type="text"/> Diagnosis & Evaluation	Errors and Warnings The following errors will prevent saving the form as complete. Pre-stroke Modified Rankin Score: Please enter a value for Pre-stroke Modified Rankin Score. <small>E302</small>
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After:

<input checked="" type="radio"/> © Pre-stroke Modified Rankin Score <input type="text"/> Diagnosis & Evaluation Symptom Duration if diagnosis of Transient Ischemic Attack (less than 24 hours) <input type="radio"/> Less than 10 minutes <input type="radio"/> 10 - 59 minutes <input type="radio"/> >= 60 minutes <input checked="" type="radio"/> ND ©	<input type="button" value="[-] Errors"/> Errors and Warnings
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