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

**Release Date:** May 26, 2021  
**Impacted Users:** EMS Layer Users

### Mission: Lifeline Stroke Regional Reports

#### Background

The concept of Mission: Lifeline was first implemented in STEMI care in 2007 with the first Mission: Lifeline STEMI Report debuting in 2010. Since inception, the reports have been the standard for administering System of Care Quality Improvement by providing a single view of multiple care settings for multiple system stakeholders.

By participating in a Mission: Lifeline Region, system of care stakeholders are able to see both a site level and an aggregated view of a region's stroke care performance. Enabling these reports allow for scalable quality improvement initiatives to be initiated at the state, local, regional, or site level.

Reports are generated in real time to ensure the most up to date data is available and facilitate rapid cycle quality improvement.

#### New Feature

- **All hospitals with the EMS Layer active on May 26<sup>th</sup> will automatically have this new feature added to their tool with this release.**
- Initially, these reports can be used to review how your hospital performs with these metrics against other existing benchmarks that your hospital already compares itself to.
- Once released, your system or region can elect to set up a Regional Benchmark to review these reports on a regional level, with each hospital in your region displaying blinded and separately.

#### How Can My Hospital Use These Reports?

- Any hospital that collects prehospital data can use these reports for the enhanced visualization and case lists.
- If your facility elects to join a "Region," this can be used to look at blinded data from other sites in your region to review and improve system performance.
- **To Join a Region:**
  - Connect with your local AHA QI Manager. If you are not sure who that is, email [GWTGSupport@heart.org](mailto:GWTGSupport@heart.org). They will assist in building a region.
  - Complete a permission form provided to you by your AHA QI Manager to have your hospital's blinded data shared within your region.
  - Once 3 or more hospitals have agreed to participate in a region by completing a permission form, a new option will be available for you to view system data across that region.

## Report Configuration

- Following the update, a new link will display at the bottom of the Reports tab of the PMT called "Stroke Mission: Lifeline Reports."
- Reports can be configured by:
  - Date Range
  - Measure
  - **ML Region (Blinded Sites)** – *These are not yet built and require permissions! See page 1 for instructions on how to get these regions set up.*
  - ML Region Aggregate
  - Other Benchmarks (All hospitals, State, Region, STK, TJC Certified, etc.)

**Site-Level Reports**

**Configurable Measure Reports**  
Build your own Quality Measure Reports

**Pre-Defined Measure Reports**  
Select from the Most Common Measure Reports or run your previously saved report types.

**PMT Patient List**  
Provides a list of patient records entered for this study.

**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.

**Data Quality Review**

**Submission Error Report**  
Submission Errors identified by QualityNet and The Joint Commission.

**GWTC On Demand Trend Reports**

**GWTC - Stroke On Demand Trend Reports and Slides**

**Mission: Lifeline® Reports**

**Stroke Mission: Lifeline® Report**  
This report provides the ability to select your own parameters for the Mission:Lifeline® regional report.

**Stroke Mission: Lifeline® Report**

This report provides the ability to select your own parameters for the Mission:Lifeline® regional report.

**TIME PERIOD**

Interval:   Aggregate

From:

To:

**MEASURES**

My Facility M:L Report

M:L Prehospital Rate-Based Measures

IV Thrombolytic Arrive by 3.5 Hour, Treat by 4.5 Hour Means of Arrival

Time to Intravenous Thrombolytic Therapy - 60 min Means of Arrival

Median Door to CT Time and Means of Arrival

FMC to Thrombolytic (Stacked Median)

Door to Device in <= 60 minutes for transfers, OR <= 90 minutes for direct presentation

EMS FMC to Device Time (Stacked Median)

Median Door-in-Door-Out Time and Means of Arrival

Stroke Screen Performed and Reported

Stroke Severity Screen Performed and Reported - Rate Based

On-Scene Times <=15 minutes for Suspected Stroke

Median On-Scene Time for Suspected Stroke

Documentation of Time LKW

Identification of Suspected Strokes - Rate Based

Evaluation of Blood Glucose

All Reports

**MISSION: LIFELINE REGION(S)**

Example ML Region  Regional Aggregate

Blinded Facilities

**BENCHMARKS**

My Hospital

0 - 100 Discharges Hospital

0 - 99 Bed Hospital

## Report Design

- Page 1 of the report presents the site with a tabular view of demographics, care, and outcomes.
- The data is presented alongside State, Regional, and National aggregate distributions.
- Page 2 displays a breakdown of performance by your facility, State, and National benchmarks on a group of specific System of Care metrics (Prehospital and Target: Stroke).

My Facility M:L Report				
-: Annually				
Main Category	Sub Category	AHA ML Stro... 2020.00	All TX Hospit... 2020.00	My Hospital 2020.00
Advanced Notification by EMS/MSU	%	81%	24%	79%
	Total	80	10591	27
Arrival Mode	% EMS from home/scene	81%	42%	79%
	% Mobile Stroke Unit	0%	0%	0%
	% Transfer from other hospital	5%	18%	6%
	% Walk-ins	11%	34%	12%
Arrival to Device (EVT)	% EMS or patients directly presenting within 90 min	55%	9%	75%
	% Transfers from outside hospital/MSU within 60 min	0%	14%	0%
Arrival to Thrombolytics	% Within 30 minutes	22%	23%	100%
	% Within 30 minutes (EMS Arrival)	25%	27%	0%
	% Within 45 minutes	44%	62%	100%
	% Within 45 minutes (EMS Arrival)	50%	67%	100%
	% Within 60 minutes	97%	86%	100%
	% Within 60 minutes (EMS Arrival)	100%	89%	100%
Door-in-door out within 90 minutes	For MSU	0%	0%	0%
	For Patients Arriving by EMS	0%	10%	0%
	For Walk-in patients	0%	6%	0%
EMS FMC to EVT	Median	118	160	111
EMS FMC to Thrombolytics	Median	84	69	84
Gender				
Ischemic Stroke Treatment				
IV thrombolytic at an outside hospital or EMS / Mobile Stroke Unit				
Median Time from LKW				

M:L Prehospital Rate-Based Measures				
-: Annually				
Summary				
Measure Name	My Hospital Care Opportunities	My Hospital Adherence Score	M:L Region Care Opportunities	M:L Region Adherence Score
Documentation of Time LKW	27	78%	0	0%
Documentation of Time of Discovery of Stroke Symptoms	27	78%	0	0%
Door-in-Door-Out Times at First Hospital Prior to Transfer for Acute Therapy	0	0%	0	0%
Evaluation of Blood Glucose	27	67%	0	0%
Hospital Pre-Notification with Triage Findings	20	100%	0	0%
Identification of Suspected Strokes - Rate Based	27	74%	0	0%
IV Thrombolytic Arrive by 3.5 Hour, Treat by 4.5 Hour	23	83%	0	0%
On-Scene Times <=15 minutes for Suspected Stroke	20	100%	0	0%
Pre-notification	27	100%	0	0%
Stroke Screen Performed and Reported	27	70%	0	0%
Stroke Severity Screen Performed and Reported - Rate Based	27	67%	0	0%
Time to Intravenous Thrombolytic Therapy - 30 min	1	100%	0	0%
Time to Intravenous Thrombolytic Therapy - 45 min	2	100%	0	0%
Time to Intravenous Thrombolytic Therapy - 60 min	19	100%	0	0%



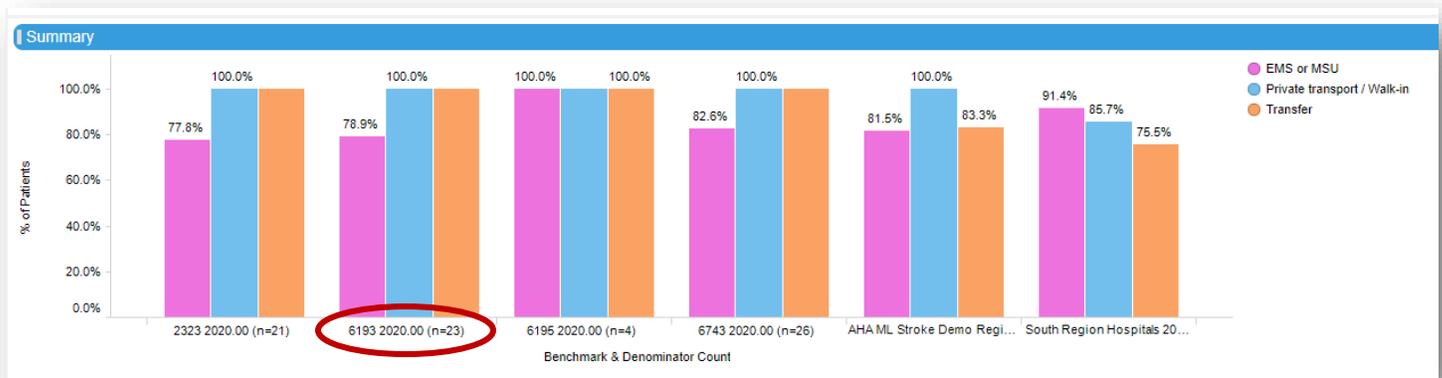
## Measures Included

Each tab of the Mission: Lifeline Stroke Regional Report includes a visualization, measure details, and case list for the following metrics:

1. IV Thrombolytic Arrive by 3.5 Hour, Treat by 4.5 Hour Means of Arrival
2. Time to Intravenous Thrombolytic Therapy - 60 min Means of Arrival
3. Median Door to CT Time and Means of Arrival
4. FMC to Thrombolytic (Stacked Median)
5. Door to Device Time
6. EMS FMC to Device Time (Stacked Median)
7. Median Door-in-Door-Out Time and Means of Arrival
8. Stroke Screen Performed and Documented
9. On Scene time  $\leq 15$  minutes for Suspected Stroke
10. Median On-Scene Time for Suspected Stroke
11. Documentation of LKW
12. Identification of Suspected Stroke
13. Evaluation of Blood Glucose

## Visualizations

- Visualizations include blinded site performance and aggregate for the "Region" as well as National, State, or other benchmarks as applied during configuration.
- Participating sites are blinded a number that is only known by the site (circled below).
- Some Standard rate-based measures (ex: DTN <60) are presented with distributions of performance by arrival method (EMS/Private transport/Transfer) for enhanced QI review and system improvement.



## Measure Results

- Measure details include the total number of patients, the numerator, denominator, and rate of performance for each facility and/or Benchmark selected.
- Table is easily exported to .csv/.xls for external analysis or review.
- Use of the measure results provides for easy performance break down of the measure and benchmark in a tabular format
- Measure details are designed to supplement the graphs and visualizations.

Details							
BENCHMARK	Time Period	Arrival Mode	Total Patients	Numerator	Denominator	% of Patients	
2323	2020.00	EMS or MSU	28	14	18	77.8%	
		Private transport / Walk...	28	2	2	100.0%	
		Transfer	28	1	1	100.0%	
6193	2020.00	EMS or MSU	35	15	19	78.9%	
		Private transport / Walk...	35	2	2	100.0%	
		Transfer	35	2	2	100.0%	
6195	2020.00	EMS or MSU	4	1	1	100.0%	
		Private transport / Walk...	4	2	2	100.0%	
		Transfer	4	1	1	100.0%	
6743	2020.00	EMS or MSU	33	19	23	82.6%	
		Private transport / Walk...	33	2	2	100.0%	
		Transfer	33	1	1	100.0%	
AHA ML Stroke Demo Region	2020.00	EMS or MSU	134	66	81	81.5%	
		Private transport / Walk...	134	10	10	100.0%	

## Integrated Case List

- For individual site data, each Measure also comes with a Case List.
- The Case Lists make it easy to identify performance outliers. This allows the system to zero in on cases where performance is below standard.
- Every element used for the calculation of a specific measure are included in the corresponding measures case list, including time calculations.
- The Case List is easily exported to .csv/.xls for external filtering, analysis, or combination with other data sets.

Case List														
Patient ID	Denominator	Exclusion	Numerator	Age:	Patient locat...	Hospital Arriv...	IV Thrombolytic...	Clinical Trial	Cause for IV L...	Cause for IV ...	Cause for IV ...	Final clinical ...	IV thrombolyt...	When was th...
210	X		X	61.00	Not in a health...	01/01/2020 10...	01/01/2020 10...	No				Ischemic Stroke	Yes	01/01/2020 08...
EMS782		X		50.00	Not in a health...	02/02/2020 14...		No				Ischemic Stroke	No	02/02/2020 13...
EMS783		X		57.00	Not in a health...	02/02/2020 14...		No				Ischemic Stroke	No	02/02/2020 13...
EMS780		X		35.00	Not in a health...	02/01/2020 14...		No				Ischemic Stroke	No	02/01/2020 13...
EMS781		X		55.00	Not in a health...	02/02/2020 14...		No				Ischemic Stroke	No	02/02/2020 13...
EMS786	X		X	69.00	Not in a health...	02/02/2020 14...	02/02/2020 14...	No		Initial refusal		Ischemic Stroke	Yes	02/02/2020 13...
EMS787	X		X	72.00	Not in a health...	02/02/2020 14...	02/02/2020 14...	No		Initial refusal		Ischemic Stroke	Yes	02/02/2020 13...
EMS784		X		51.00	Not in a health...	02/02/2020 14...		No				Ischemic Stroke	No	02/02/2020 13...
EMS785		X		84.00	Not in a health...	02/02/2020 14...		No				Ischemic Stroke	No	02/02/2020 13...
EMS801	X		X	57.00	Not in a health...	02/04/2020 14...	02/04/2020 14...	No		Initial refusal		Ischemic Stroke	Yes	02/04/2020 13...
EMS802	X		X	59.00	Not in a health...	02/04/2020 14...	02/04/2020 14...	No		Initial refusal		Ischemic Stroke	Yes	02/04/2020 13...
EMS788	X		X	73.00	Not in a health...	02/03/2020 14...	02/03/2020 14...	No		Initial refusal		Ischemic Stroke	Yes	02/03/2020 13...
EMS789	X		X	59.00	Not in a health...	02/03/2020 14...	02/03/2020 14...	No		Initial refusal		Ischemic Stroke	Yes	02/03/2020 13...

IV Thrombolytic Arrive by 3.5 Hour, Treat by 4.5 Hour Means of Arrival | Time to Intravenous Thrombolytic Therapy - 60 min Means of Arrival | FMC to Thrombolytic (Stacked Median)

## Stacked Medians

- To better understand the treatment times, Stacked Median graphs and Measure Details are used for specific FMC to Treatment goals.
- Each segment of the graph displays a section of the Stroke Systems of Care:
  - FMC to Hospital Arrival
  - Arrival to Brain Imaging
  - Brain Imaging to Treatment

