

**DISEASE-SPECIFIC CARE  
STROKE PERFORMANCE MEASURES  
GLOSSARY**

**Acute ischemic stroke:** A measurable neurological deficit of sudden onset, presumed secondary to focal cerebral ischemia, and not otherwise attributable to intracerebral hemorrhage (ICH) or another disease process.

**Acute hemorrhagic stroke:** A non-traumatic intracerebral hemorrhage, subarachnoid hemorrhage or hemorrhagic infarction. (Georgia definitions)

Subarachnoid Hemorrhage (SAH): Non-traumatic abrupt onset of headache or altered level of consciousness that is associated with blood in the subarachnoid space on CT or a clinical history and exam consistent with SAH (sudden onset of severe headache or altered level of consciousness) with xanthochromia and many red blood cells in the cerebrospinal fluid.

(Reference = ASA coding manual)

Intracerebral Hemorrhage (ICH): Non-traumatic abrupt onset of headache or altered level of consciousness and/or focal neurological deficit that is associated with a focal collection of blood within the brain parenchyma on CT scan and is not due to trauma or hemorrhagic conversion of a cerebral infarction. (Reference = ASA coding manual)

**Administrative performance measures:** Measures that address the organizational structure for coordinating and integrating services, functions, or activities across operational components, including financial management (for example, financial stability, utilization/length of stay, credentialing).

**Aggregate (measurement data):** Measurement data collected and reported by organizations as a sum or total over a given time period (e.g., monthly, quarterly), or for certain groupings (e.g., health care organization level).

**Ambulatory:** Patient walking without assistance (no help from another person) or walking throughout the day with the assistance of another person or assistive device; able to walk about, not bedridden or confined to bed.

**Angioplasty:** Reconstruction of blood vessels damaged by disease or injury.

**Antithrombotic therapy:** Pharmacologic agents (oral or parenteral) preventing or interfering with the formation of a thrombus or blood coagulation.

**Atherosclerosis:** Common disorder characterized by yellowish plaques of cholesterol, other lipids, and cellular debris in the inner layers of the walls of arteries.

**Atrial fibrillation:** Cardiac arrhythmia characterized by disorganized electrical activity in the atria accompanied by an irregular ventricular response that is

usually rapid. The atria quiver instead of pumping in an organized fashion, resulting in compromised ventricular filling and reduced stroke volume. Stasis of left atrial flow increases the risk of stroke.

**Atrial flutter:** Type of atrial tachycardia characterized by contraction rates between 230/min and 380/min.

**Clinical performance measures:** Measures designed to evaluate the processes or outcomes of care associated with the delivery of clinical services; allow for intra- and interorganizational comparisons to be used to continuously improve patient health outcomes; may focus on the appropriateness of clinical decision making and implementation of these decisions; must be condition specific, procedure specific, or address important functions of patient care (e.g., medication use, infection control, patient assessment, patient safety, etc.).

**Cholesterol reducing medication:** Pharmacologic agents (i.e., antilipidemic agents) that reduce the amount of cholesterol in the serum.

**Common cause variation:** Normal variation in any process; not indicative of a process that is out of statistical control.

**Continuous variable:** Aggregate data measure in which the value of each measurement can fall anywhere along a continuous scale (e.g., weight, age).

**Continuous variable statement:** Statement that describes the performance measure when numerator and/or denominator statements are not appropriate, such as a measure of central tendency (continuous variable).

**Contraindication:** Factor or condition that renders the administration of a drug or agent or the performance of a procedure or other practice inadvisable, inappropriate and/or undesirable.

**Data collection:** Act or process of capturing new or primary data from a single or number of sources. Also called “data gathering”.

**Data element:** Discrete piece of data (e.g., patient birth date, principal diagnosis).

**Data integrity:** Accuracy, consistency, and completeness of data.

**Data point:** Numeric value representing a set of observations or measurements at a specific time interval (e.g., perioperative mortality rate for the month of June, 2007).

**Data source:** Primary source document(s) used for data collection, (e.g., billing or administrative data, medical records, flowsheets, etc.),

**Denominator:** Lower part of a fraction used to calculate a proportion or ratio. Also, the proportion for a rate-based measure.

**Denominator statement:** Statement that depicts the population identified by the lower part of the performance measure (e.g., “Persons diagnosed with schizophrenia”).

**DVT prophylaxis:** Prevention of deep vein thrombosis through the use of prophylactic strategies. Non-pharmacologic approaches include early mobilization and use of intermittent pneumatic compression stockings. Pharmacologic approaches involve early anticoagulant therapy including the administration of subcutaneous unfractionated heparin, low-molecular-weight (LMW) heparins and heparinoids if there are no contraindications.

**Elective Carotid Endarterectomy:** Surgical procedure performed by choice, involving excision of atheromatous segments of the endothelium and tunica media of the carotid artery, leaving a smooth tissue lining and facilitating blood flow through the vessel; surgery done to prevent stroke.

**Elective Carotid Intervention:** Surgery (i.e, carotid endarterectomy) and other procedures (e.g., carotid angioplasty, stenting) involving the carotid artery, performed due to the patient’s choice.

**Emergency Medical System (EMS):** Network of services coordinated to provide aid and medical assistance from primary response to definitive care, involving personnel trained in the rescue, stabilization, transportation, and advanced treatment of traumatic or medical emergencies.

**Excluded population:** Detailed information describing the population(s) which should not be included in the numerator, denominator or continuous variable measure calculation, (e.g., specific age groups, diagnoses, procedures, enrollment periods, etc.).

**Flowchart:** Ordered sequence of data element retrieval and aggregation through which numerator and denominator events or continuous variable values are identified by a measure.

**Health status performance measures:** Measures that address the functional well-being of specific populations, both in general and in relation to specific conditions, demonstrating change over time (e.g., physical functioning, bodily pain, social functioning, mental health).

**Included population:** Detailed information describing the population(s) that the numerator and denominator, or continuous variable intends to measure, (e.g.,

specific age groups, diagnoses, procedures, enrollment periods, insurance and health plan groups, etc.).

**Intermittent pneumatic compression stockings:** Device that uses sequential and/or intermittent compression to counteract blood flow stasis by increasing peak flow velocity. As a result, less blood is allowed to pool in veins thus decreasing chances for thrombus formation. In addition compression has an anticlotting effect by increasing fibrolytic activity which in turn stimulates the release of plasminogen activator. These two physiological effects, in combination with the mechanical movement of fluid in a proximal direction make the sequential devices effective in preventing and treating DVT.

**Ischemic stroke:** Cerebrovascular disorder caused by deprivation of blood flow to an area of the brain, generally as a result of thrombosis, embolism, or reduced blood pressure.

**IV thrombolytic therapy:** Administration of a thrombolytic agent, such as tissue plasminogen activator (TPA), to dissolve an arterial clot.

**Low-density lipoprotein (LDL):** Plasma protein provided by the liver, containing relatively more cholesterol and triglycerides than protein. The high cholesterol content may account for its greater atherogenic potential. Also known as “bad cholesterol”.

**Measure information form (MIF):** Tool to provide specific and technical information on a measure. The information contained includes: measure set, measure I.D., performance measure name / short name, rationale, type of measure, improvement noted as, numerator/denominator/continuous variable statement(s), inclusions, exclusions, data elements, data collection approach, sampling, data reported as, report period, and selected references.

**Measure set:** A unique grouping of carefully selected measures that, when viewed together, provides a comprehensive understanding or assessment of a unit’s, department’s or organization’s performance

**Non-ambulatory:** Patient primarily confined to bed or only getting out of bed to the bedside commode; not able to walk about or mobilize their lower extremities.

**Numerator:** Upper portion of a fraction used to calculate a rate, proportion or ratio.

**Numerator statement:** Statement that depicts the portion of the denominator population that satisfies the conditions of the performance measure to an indicator event, (e.g., “Number of persons diagnosed with schizophrenia that report being homeless”).

**Original source (of measure):** An individual, group of individuals or an organization that is initially responsible for developing the measure.

**Outcome measure:** Measure that indicates the result of the performance (or non-performance) of a function(s) or process(es).

**Paroxysmal:** Occurring as sudden or periodic attacks or recurrences of symptoms of a disease; exacerbation.

**Perception of care/services measures:** Satisfaction measures that focus on the delivery of clinical care from the patient's/family's/caregiver's perspective, including but not limited to the following aspects of patient care: patient education, medication use, pain management, communication regarding plans and outcomes of care, prevention and illness, improvement in health status, etc. A measure may address one or more aspects of care.

**Performance measure:** Quantitative tool (e.g., rate, ratio, index, percentage) that provides an indication of an organization's performance in relation to a specified process or outcome.

**Process measure:** Measure which focuses on a process which leads to a certain outcome, meaning that a scientific basis exists for believing that the process, when executed well, will increase the probability of achieving a desired outcome.

**Proportion:** Type of rate in which the numerator is expressed as a subset of the denominator, (e.g., proportion of stroke patients receiving DVT prophylaxis).

**Rate-based (measure):** Aggregate data measure in which the value of each measurement is expressed as a proportion or as a ratio.

**Ratio:** Relationship between two counted sets of data, which may have a value of zero or greater. In a ratio, the numerator is not necessarily a subset of the denominator, (e.g., relapses to number of patients discharged from heroin detox program).

**Rationale:** Explanation of why an indicator is useful in specifying and assessing the process or outcome of care measured by the indicator. The rationale may include supportive evidence such as published literature, unpublished studies, focus group results, etc.

**Reliability:** Ability of an indicator to accurately and consistently identify the events it was designed to identify across multiple settings.

**Special cause:** Factor that intermittently and unpredictably induces variation over and above that inherent in the system. It often appears as an extreme point,

such as a point beyond the control limits on a control chart, or some specific, identifiable pattern in data.

**Standardized measure:** Performance measures that have precisely defined specifications and data collection protocols, meet established evaluation criteria, and can be uniformly adopted for use.

**Statin:** A class of pharmaceutical agents that modify LDL cholesterol by blocking the action of an enzyme in the liver which is needed to synthesize cholesterol, thereby decreasing the level of cholesterol circulating in the blood; HMG-CoA reductase inhibitors.

**Statistical Process Control (SPC):** Application of statistical techniques, such as control charts, to analyze a process or its output so as to take appropriate actions to achieve and maintain a state of statistical control and to improve the capability of the process

**Stent:** Rod or threadlike device for supporting tubular structures during surgical anastomosis or for holding arteries open during angioplasty.

**Time last known well:** Time at which the patient was last known to be without the signs and symptoms of the current stroke or at his or her prior baseline. Variation may exist if the signs and symptoms are not witnessed. To reduce variation for data collection, refer to the definition(s) for the time last known well (also, date last known well) as specified in the data element dictionary.

**Tissue plasminogen activator (TPA):** Clot-dissolving substance produced naturally by cells in the walls of blood vessels, and also manufactured synthetically. TPA activates plasminogen to dissolve clots and is used therapeutically to open occluded arteries.

**Validity:** Ability to identify opportunities for improvement in the quality of care/service; demonstration that the indicator use results in improvements in outcomes and/or quality of care/service.

**Variation:** Differences in results obtained in measuring the same phenomenon more than once. The sources of variation in a process over time can be grouped into two major classes: common causes and special causes.

## References:

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