Getting Started: How to Operationalize Performance Measures for Your Acute Stroke Ready Hospital

January 17, 2018
11 AM to 1 PM CST
Topics For Discussion

- State the five standardized performance measures
- Describe the numerator and denominator for each measure
- Identify if a patient should be included/excluded from each measure
- Describe data submission requirements
- Provide opportunity for questions
ASR Performance Measures

- Total requirement of 5 measures
  - 3 inpatient measures
  - 2 outpatient measures

- Currently certified ASRHs will need to implement data collection for all 5 measures effective with discharges on and after January 1, 2018
Inpatient Measures

- **ASR-IP-1**: Thrombolytic Therapy: Inpatient Admission (i.e., STK-4)

- **ASR-IP-2**: Antithrombotic Therapy By End of Hospital Day 2 (i.e., STK-5)

- **ASR-IP-3**: Discharged on Antithrombotic Therapy (i.e., STK-2)
Outpatient Measures

- **ASR-OP-1**: Thrombolytic Therapy: Drip and Ship

- **ASR-OP-2**: Door to Transfer to Another Hospital
  - Hemorrhagic Stroke
  - Ischemic Stroke; Drip and Ship
  - Ischemic Stroke; No IV t-PA Prior to Transfer
Types of Measure

- **Proportion**
  - Numerator is a subset of denominator
  - Measure rate reported as a percentage
  - All ASR measures except ASR-OP-2

- **Continuous Variable**
  - Aggregate data measure
  - No numerator and denominator value
  - Measure rate is median time in minutes
  - ASR-OP-2
Implementation Guides

ASR measure specifications available at:
https://www.jointcommission.org/certification/acute_stroke_ready_hospitals.aspx
– Instructions for data collection
– Separate “Inpatient” and “Outpatient” Performance Measurement Implementation Guides (PMIG)

Note: This slide presentation highlights key points and abstraction guidelines only. Complete measure specifications are provided in the Inpatient and Outpatient Implementation Guides and should be used for medical record abstraction.
Using the Implementation Guides

- Initial Patient Population Algorithm
- Measure Information Forms (MIFs)
  - Description
  - Clinical Rationale
  - Numerator, denominator statements
  - Data elements
  - References
  - Algorithms
Using the Implementation Guides (cont)

- Data Dictionary – for each data element:
  - Definition
  - Allowable values
  - Notes for abstraction
  - Suggested data sources
  - Inclusion/exclusion criteria

- Appendices
  - Code and Medication Tables
Stroke Initial Patient Population

Patient → ED → IP → ASRH → OP

CSC → TSC → PSC
# Included Patient Population

<table>
<thead>
<tr>
<th>INPATIENT</th>
<th>OUTPATIENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patients admitted to the ASRH for inpatient care</td>
<td>Patients who receive outpatient care only in the emergency department of the ASRH</td>
</tr>
<tr>
<td>Length of Stay $\leq 120$ days</td>
<td>E/M Code for ED Encounter</td>
</tr>
<tr>
<td>Age $\geq 18$ years</td>
<td>Age $\geq 18$ years</td>
</tr>
<tr>
<td>ICD-10-CM Principal Diagnosis Code for Ischemic Stroke</td>
<td>ICD-10-CM Principal Diagnosis Code for Ischemic or Hemorrhagic Stroke</td>
</tr>
</tbody>
</table>
# Excluded Patient Population

<table>
<thead>
<tr>
<th><strong>INPATIENT</strong></th>
<th><strong>OUTPATIENT</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Patients who are not admitted for inpatient care (No Admission Date)</td>
<td>Patients who are admitted to the ASRH for inpatient care (Admission Date in medical record)</td>
</tr>
<tr>
<td>Length of Stay &gt; 120 days</td>
<td>No E/M Code for ED Encounter</td>
</tr>
<tr>
<td>Age &lt; 18 years</td>
<td>Age &lt; 18 years</td>
</tr>
<tr>
<td>ICD-10-CM Other Diagnosis Code for Ischemic Stroke or principal diagnosis other than ischemic stroke</td>
<td>ICD-10-CM Other Diagnosis Code for Ischemic or Hemorrhagic Stroke or principal diagnosis other than stroke</td>
</tr>
</tbody>
</table>
## Initial Patient Population Data Elements

<table>
<thead>
<tr>
<th>INPATIENT</th>
<th>OUTPATIENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Admission Date</td>
<td>E/M Code</td>
</tr>
<tr>
<td>Birthdate</td>
<td>Birthdate</td>
</tr>
<tr>
<td>Discharge Date</td>
<td>Outpatient Encounter Date</td>
</tr>
<tr>
<td>ICD-10-CM Principal Diagnosis Code</td>
<td>ICD-10-CM Principal Diagnosis Code</td>
</tr>
</tbody>
</table>
Appendix A Code Tables

**INPATIENT**
- Table 8.1 ICD-10-CM Principal Diagnosis Codes for Ischemic Stroke

**OUTPATIENT**
- Table 8.1 ICD-10-CM Principal Diagnosis Codes for Ischemic Stroke
- Table 8.2 ICD-10-CM Principal Diagnosis Codes Hemorrhagic Stroke
- Table 1.0 E/M Codes for ED Encounters
General Data Elements

- Hispanic Ethnicity
- Payment Source
- Race
- Sex
IV Thrombolytic Therapy

ASRH Inpatient Admission

Drip and Ship Transfer to Another Hospital
Rationale

- FDA approved indication for the treatment of acute ischemic stroke within 3 hours stroke symptom onset
  - NINDS Studies Part I and Part II (1996)

- Initiation within 3 - 4.5 hours is safe and effective for select patients but earlier administration is associated with better patient outcomes
  - ECASS III Trial (2008)
Thrombolytic Therapy

**Denominator**: Acute ischemic stroke patients whose time of arrival is within 2 hours ($\leq 120$ min) of time last known well

**Numerator**: Acute ischemic stroke patients for whom IV thrombolytic therapy was initiated at this hospital within 3 hours ($\leq 180$ min) of time last known well
Excluded Populations

Denominator:

- *Time Last Known Well* to arrival in *ED* greater than (> ) 2 hours

- Patients with a documented *Reason for Not Initiating IV Thrombolytic*

- Patients with a documented *Reason for Extending the Initiation of IV Thrombolytic*
### Denominator Data Elements

<table>
<thead>
<tr>
<th>INPATIENT</th>
<th>OUTPATIENT</th>
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<tbody>
<tr>
<td>Arrival Date</td>
<td>Outpatient Encounter Date</td>
</tr>
<tr>
<td>Arrival Time</td>
<td>Arrival Time</td>
</tr>
<tr>
<td>Date Last Known Well</td>
<td>Date Last Known Well</td>
</tr>
<tr>
<td>ED Patient</td>
<td>E/M Code</td>
</tr>
<tr>
<td>Last Known Well</td>
<td>Last Known Well</td>
</tr>
<tr>
<td>Reason for Extending the Initiation of IV Thrombolytic</td>
<td>Reason for Extending the Initiation of IV Thrombolytic</td>
</tr>
<tr>
<td>Reason for Not Initiating IV Thrombolytic</td>
<td>Reason for Not Initiating IV Thrombolytic</td>
</tr>
<tr>
<td>Time Last Known Well</td>
<td>Time Last Known Well</td>
</tr>
</tbody>
</table>
## Numerator Data Elements

<table>
<thead>
<tr>
<th>INPATIENT</th>
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</thead>
<tbody>
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<td>Date Last Known Well</td>
<td>Date Last Known Well</td>
</tr>
<tr>
<td>IV Thrombolytic Initiation</td>
<td>IV Thrombolytic Initiation</td>
</tr>
<tr>
<td>IV Thrombolytic Initiation Date</td>
<td>IV Thrombolytic Initiation Date</td>
</tr>
<tr>
<td>IV Thrombolytic Initiation Time</td>
<td>IV Thrombolytic Initiation Time</td>
</tr>
<tr>
<td>Time Last Known Well</td>
<td>Time Last Known Well</td>
</tr>
</tbody>
</table>
Last Known Well

**Definition:**

The *date and time* prior to hospital arrival at which it was witnessed or reported that the patient was last known to be without the signs and symptoms of the current stroke or at his or her baseline state of health.
Last Known Well

Data Collection Question:

- Is there documentation that the date and time of last known was witnessed or reported?

Allowable Values:

- Yes
- No
Last Known Well

Notes for Abstraction:

- Select “Yes” if **BOTH** a date and time Last Known Well are documented
- Select “No” if there is ANY MD/APN/PA documentation that Last Known Well is unknown (explicit documentation needed)
- Select “No” if there is no time documented
  - Patient last seen normal yesterday
Time Last Known Well

Data Collection Question:

At what time was the patient last known to be well or at his or her baseline state of health?
Time Last Known Well

Allowable Values:

- HH = Hour (00 – 23)
- MM = Minutes (00 – 59)
- UTD = Unable to Determine
Time Last Known Well

Notes for Abstraction:

- One specific time documented on a “Code Stroke Form” or electronic template, select that time
  - May be documented by a nurse
- If no “Code Stroke Form”, use other time documentation in the medical record
- Do not use times after the Arrival Time to the hospital emergency department
Time Last Known Well

Notes for Abstraction cont:

- If both the Time Last Known Well and time of symptom onset are documented, select the Time Last Known Well
  - Patient doing well at 4:30 PM – noticed difficulty speaking around 6 PM
  - Time Last Known Well 1630

- If the only time documented is symptom onset, use that time for Time Last Known Well
Time Last Known Well

Notes for Abstraction cont:

- If multiple times are documented in the absence of a “Code Stroke Form”, use MD documentation first before other sources, e.g., nursing, EMS
- If multiple times are documented by different MDs or the same provider, select the earliest time
Time Last Known Well

Notes for Abstraction cont:

- *Time Last Known Well* noted to be a specific number of hours prior to arrival at the hospital ED (2 hours ago), subtract that number from the *Arrival Time*

- *Time Last Known Well* noted to be a range of time prior to arrival (2-3 hours ago), subtract the maximum time from the *Arrival Time*
Data Collection Question:

What was the date associated with the time at which the patient was last known to be well or at his or her baseline state of health?
Date Last Known Well

Allowable Values:

- MM = Month (01 – 12)
- DD = Day (01 – 31)
- YYYY = (20XX)
- UTD = Unable to Determine
Date Last Known Well

Notes for Abstraction:

- Use the date associated with the *Time Last Known Well*

- If multiple dates are documented, select the earliest date

- If a reference to the date is documented without a specific date, select that date
  
  - Patient doing fine at 10 PM. Arrived to hospital at 0100 with stroke symptoms.
Suggested Data Sources

Last Known Well, Date / Time LKW:

- Ambulance / EMS record
- Code Stroke Form* / template
- ED record
- History and physical
- Nursing flow sheet
- Progress Notes
- Medication administration record (MAR)
- Transfer sheet

*priority data source
Code Stroke Form

Form / electronic template that is used by the stroke team or emergency department staff to document the acute stroke process

- Stroke Activation Form
- Stroke Alert Form
- Stroke Rapid Response Form
- t-PA Eligibility Form
- Many different possible names
Reason for Not Initiating IV Thrombolytic

Definition:

- Six stand-alone reasons
  - IV thrombolytic linkage is not needed

- Other reasons for not initiating IV thrombolytics
  - Explicit documentation by MD/APN/PA or pharmacist mentioning IV t-PA or thrombolytic therapy is required
  - Patient and/or medical reasons only
  - System reasons are not acceptable
Reason for Not Initiating IV Thrombolytic

Data Collection Question:

Is there documentation **on the day of or day after hospital arrival** of a reason for not initiating IV thrombolytic?

Allowable Values:

- Yes
- No
Stand-alone Reasons

- IV or IA t-PA initiated by a transferring hospital or EMS prior to hospital arrival
- Patient / family refusal of IV t-PA
- NIHSS score 0 documented in ED
- MD/APN/PA documentation “no neuro deficit” or “normal neuro exam” in ED
- Cardiac or respiratory arrest, cardio-pulmonary resuscitation, defibrillation, or intubation in the ED

*Comfort Measures Only* by MD/APN/PA
Other Reasons

Acceptable examples:
- Not a t-PA candidate, not eligible for t-PA, contraindication to thrombolytic therapy
- Patient with Stage IV cancer – No t-PA
- Hold t-PA – increased risk of bleeding

Unacceptable examples:
- Symptoms resolving (no linkage)
- Age (no linkage)
- Onset greater than 2 hours
Exclusion Guidelines for Abstraction

- Delay in hospital arrival greater than 2 hours
  - Calculated in the measure algorithm
- Delay in stroke diagnosis
- Hold IV t-PA w/o a documented reason
- No IV access

**Note:** Exclusion Guidelines for Abstraction listed in a data element indicate that these items do NOT count – select ‘NO’
Reason for Extending the Initiation of IV Thrombolytic

Definition:

- Three stand-alone reasons
  - IV thrombolytic linkage is not needed

- Other reasons for extending the initiation to 3 to 4.5 hours from *Time Last Known Well*
  - Explicit MD/APN/PA or pharmacist documentation mentioning IV t-PA or thrombolytic therapy is required
Stand-alone Reasons

Documentation of treatment to lower blood pressure prior to IV thrombolytic initiation

Patient / family refusal of IV t-PA which was recanted / reversed prior to initiation of IV thrombolytic therapy

Cardiac or respiratory arrest, cardio-pulmonary resuscitation, defibrillation, or intubation in the ED prior to IV thrombolytic initiation
Algorithm Highlights

ASR-IP-1 and ASR-OP-1
Algorithm Highlights

ASR-IP-1

ASR-OP-1
Algorithm Highlights

ASR-IP-1 and ASR-OP-1

To calculate measure:

\[
\frac{E}{E + D}
\]
Measure Category Assignment

- **D**
  - Patient is in the measure population

- **E**
  - Patient is in the numerator

- **B**
  - Patient is excluded from the measure

- **X**
  - Missing or invalid data for vendor transmitted data
Antithrombotic Therapy

ASR-IP-2

Early Antithrombotic Therapy Administration

ASR-IP-3

Long-term Antithrombotic Therapy for Secondary Stroke Prevention
Rationale

Substantial evidence supports administration of antithrombotic therapy within 24 to 48 hours of stroke onset to reduce stroke morbidity and mortality

- AHA/ASA Guidelines for Early Management of Patients with AIS (Jauch, 2013)

Antithrombotic therapy prescribed at discharge reduces the risk of another stroke post-discharge, stroke morbidity and mortality

- AHA/ASA Guidelines for the Prevention of Stroke in Patients with Stroke and TIA (Kernan, 2014)
Antithrombotic Therapy by End of Hospital Day 2

**Denominator:** Ischemic stroke patients

**Numerator:** Ischemic stroke patients who had antithrombotic therapy administered by end of hospital day 2
Excluded Populations

Denominator:

- Patients who have a duration of stay less than 2 days

- Patients with *Comfort Measures Only* documented on the day of or day after arrival

- Patients discharged prior to the end of hospital day 2
Excluded Populations cont

**Denominator:**

- Patients with *IV or IA Thrombolytic (t-PA) Therapy Administered at This Hospital or Within 24 hours Prior to Arrival*

- Patients with a documented *Reason for Not Administering Antithrombotic Therapy by End of Hospital Day 2*
## Data Elements

<table>
<thead>
<tr>
<th>DENOMINATOR</th>
<th>NUMERATOR</th>
</tr>
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<tbody>
<tr>
<td>Comfort Measures Only</td>
<td>Antithrombotic Therapy Administered by End of Hospital Day 2</td>
</tr>
<tr>
<td>IV or IA Thrombolytic (t-PA) Therapy Administered at This Hospital or Within 24 Hours Prior to Arrival</td>
<td></td>
</tr>
<tr>
<td>Reason for Not Administering Antithrombotic Therapy by End of Hospital Day 2</td>
<td></td>
</tr>
</tbody>
</table>
Comfort Measures Only

Definition:

Comfort Measures Only refers to medical treatment of a dying person where the natural dying process is permitted to occur while assuring maximum comfort

- Commonly referred to as “comfort care”
- Not equivalent to a physician order to withhold emergency resuscitation or Do Not Resuscitate (DNR)
Data Collection Question:

When is the **earliest** MD/APN/PA documentation of CMO?

Allowable Values:

1. Day of arrival (0) or day after arrival (1)
2. Two or more days after arrival day (2+)
3. Day 0 or Day 1 or after Day 1 unclear
4. No documentation of CMO / UTD
Comfort Measures Only

Notes for Abstraction:

- Only accept terms identified in the list of inclusions. Do not use other terminology.
- MD/APN/PA documentation only
- CMO recommendation, plan, referral, discussion, consultation, or patient/family request for CMO is acceptable
- Disregard negative/conditional documentation
  - Defer decision for now, DNRCC Arrest
# Inclusion Guidelines

<table>
<thead>
<tr>
<th>ONLY ACCEPTABLE TERMS</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Brain dead</td>
<td>End of life care</td>
</tr>
<tr>
<td>Brain death</td>
<td>Hospice</td>
</tr>
<tr>
<td>Comfort care</td>
<td>Hospice care</td>
</tr>
<tr>
<td>Comfort measures</td>
<td>Organ harvest</td>
</tr>
<tr>
<td>Comfort measures Only (CMO)</td>
<td>Terminal care</td>
</tr>
<tr>
<td>Comfort only</td>
<td>Terminal extubation</td>
</tr>
<tr>
<td>DNR-CC</td>
<td></td>
</tr>
</tbody>
</table>
IV or IA t-PA at This Hospital or Within 24 Hours Prior to Arrival

Definition:

- There is documentation in the record that the patient received IV or IA thrombolytic (t-PA) therapy at this hospital or within 24 hours prior to arrival.
- Antithrombotic administration within 24 hours of thrombolytic (t-PA) therapy is contraindicated.
IV or IA t-PA at This Hospital or Within 24 Hours Prior to Arrival

Data Collection Question:

Did the patient receive IV or IA thrombolytic (t-PA) therapy at this hospital or within 24 hours prior to arrival?

Allowable Values:

- Yes
- No
IV or IA t-PA at This Hospital or Within 24 Hours Prior to Arrival

Notes for Abstraction:

- Documentation must reflect the patient received IV or IA t-PA at this hospital (ASRH) or within 24 hours prior to arrival (drip and ship) in order to select “Yes”
Antithrombotic Therapy Administered by End of Day 2

Definition:
- Documentation that antithrombotic therapy was administered by end of hospital day 2
- Antithrombotic medications include both anticoagulant and antiplatelet drugs / “blood thinners”
Antithrombotic Therapy Administered by End of Day 2

Data Collection Question:

► Was antithrombotic therapy administered by the end of hospital day 2?

Allowable Values:

► Yes

► No
Antithrombotic Therapy Administered by End of Day 2

Notes for Abstraction:

- Count the Arrival Date as Day 1. If antithrombotic therapy was administered by 11:59 PM of Day 2 (day after hospital arrival), select “Yes”. Do not review documentation outside of this time frame.
- Documentation must reflect administration in the hospital.
- Antithrombotic taken at home or prior to arrival, select “No”.
Inclusion Guidelines for Abstraction

Refer to Appendix C, Table 8.2 for a list of medications used for antithrombotic therapy

<table>
<thead>
<tr>
<th>Table Number</th>
<th>Table Name</th>
<th>Version</th>
<th>Medication</th>
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<tbody>
<tr>
<td>8.2</td>
<td>Antithrombotic Medications - Stroke</td>
<td>2010Aug</td>
<td>Acetylsalicylic Acid</td>
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<td>Aciprin 81</td>
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<td>2010Aug</td>
<td>Aggrenox</td>
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<td>Alka-Seltzer</td>
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<td>Alka-Seltzer Morning Relief</td>
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<td>2010Aug</td>
<td>Aminocarbon</td>
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<td>Aragroban</td>
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<td>2010Aug</td>
<td>Arixtra</td>
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<td>2010Aug</td>
<td>Arthritis Foundation Aspirin</td>
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<td>2010Aug</td>
<td>Arthritis Pain Aspirin</td>
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<td>Arthritis Pain Formula</td>
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<td>Antithrombotic Medications - Stroke</td>
<td>2010Aug</td>
<td>ASA Baby</td>
</tr>
<tr>
<td>8.2</td>
<td>Antithrombotic Medications - Stroke</td>
<td>2010Aug</td>
<td>ASA Baby Chewable</td>
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<tr>
<td>8.2</td>
<td>Antithrombotic Medications - Stroke</td>
<td>2010Aug</td>
<td>ASA Baby Coated</td>
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<td>ASA Bayer</td>
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<td>ASA/diprydarnole</td>
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<td>ASA/EC</td>
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<td>ASA Enteric Coated</td>
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<td>ASA/Maaxoll</td>
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<td>Antithrombotic Medications - Stroke</td>
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<td>Ascriptin</td>
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<td>8.2</td>
<td>Antithrombotic Medications - Stroke</td>
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<td>Aspir-T0</td>
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<td>Aspir-Lox</td>
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<td>Aspir-Mox</td>
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<td>Aspir-Trin</td>
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<td>Aspirin</td>
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<td>Antithrombotic Medications - Stroke</td>
<td>2010Aug</td>
<td>Aspirin Child Chewable</td>
</tr>
</tbody>
</table>
Exclusion Guidelines for Abstraction

- Heparin flush
- Heparin lock
- Heparin SQ for VTE Prophylaxis
- Lovenox SQ for VTE Prophylaxis

**Note:** Exclusion Guidelines for Abstraction listed in a data element indicate that these items do NOT count – select ‘NO’
Reason for Not Administering Antithrombotic Therapy by Day 2

Data Collection Question:

Is there documentation by MD/APN/PA or pharmacist of a reason for not administering antithrombotic therapy by end of hospital Day 2?

Allowable Values:

- Yes
- No
Reason for Not Administering Antithrombotic Therapy by Day 2

Notes for Abstraction:

- Reasons must be documented on the day of or day after hospital arrival. Do not review documentation outside of this time frame.

- MD/APN/PA or RPh documentation of a reason linked with antithrombotic therapy:
  - Explicit documentation required
  - No stand-alone reasons
  - Nursing exception for patient refusal
Reason for Not Administering Antithrombotic Therapy by Day 2

Notes for Abstraction:

- NPO is not a reason w/o explicit documentation. Another route of administration can be used, e.g. suppository
- Allergy to antithrombotic is not a reason. Another medication can be ordered
- Warfarin therapy prior to arrival but placed on hold due to “high INR”, select “Yes”
Discharged on Antithrombotic Therapy

**Denominator**: Ischemic stroke patients

**Numerator**: Ischemic stroke patients prescribed antithrombotic therapy at hospital discharge
Excluded Populations

Denominator:

- Patients with *Comfort Measures Only* documented
- Patients discharged to another hospital, discharged to home hospice or a health care facility for hospice care, left AMA, or expired during the hospital stay
- Patients with a documented *Reason for Not Prescribing Antithrombotic Therapy at Discharge*
## Data Elements

<table>
<thead>
<tr>
<th>DENOMINATOR</th>
<th>NUMERATOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Comfort Measures Only</td>
<td>Antithrombotic Therapy Prescribed at Discharge</td>
</tr>
<tr>
<td>Discharge Disposition</td>
<td></td>
</tr>
<tr>
<td>Reason for Not Prescribing</td>
<td></td>
</tr>
<tr>
<td>Antithrombotic Therapy at Discharge</td>
<td></td>
</tr>
</tbody>
</table>
Definition:

The final place or setting to which the patient was discharged on the day of discharge.
Discharge Disposition

Allowable Values:

1. Home
2. Hospice - Home
3. Hospice – Health Care Facility
4. Acute Care Facility
5. Other Health Care Facility
6. Expired
7. Left Against Medical Advice (AMA)
8. Not documented / UTD
Discharge Disposition

Notes for Abstraction:

- Use only documentation written on the day prior to discharge through 30 days after discharge
- Use documentation that clarifies the level of care
- Contradictory documentation, use the latest documentation or the highest ranking disposition
Antithrombotic Therapy Prescribed at Discharge

Data Collection Question:

Was antithrombotic therapy prescribed at hospital discharge?

Allowable Values:

Yes

No
Antithrombotic Therapy Prescribed at Discharge
Notes for Abstraction:

- Documentation must be clear that antithrombotic therapy was prescribed at discharge. At minimum, the name of the antithrombotic must be documented.
- Disregard documentation of an antithrombotic recommendation only.
- Disregard documentation noted by medication class only.
Antithrombotic Therapy Prescribed at Discharge

Notes for Abstraction:

- Use all available medical record documentation
  - Two d/c summaries; use the latest date/time
  - If one or both are not dated/time, use both
- Consider it a discharge medication in the absence of contradictory documentation
- Unable to determine if an antithrombotic medication was prescribed at discharge, select “No”
Reason for Not Prescribing Antithrombotic Therapy at D/C

Data Collection Question:

- Is there documentation by MD/APN/PA or pharmacist of a reason for not prescribing antithrombotic therapy at hospital discharge?

Allowable Values:

- Yes
- No
Reason for Not Prescribing Antithrombotic Therapy at D/C

Notes for Abstraction:

- MD/APN/PA or RPh documentation of a reason linked with antithrombotic therapy
  - Explicit documentation required
  - No stand-alone reasons
  - Nursing exception for patient refusal

- Allergy to antithrombotic is not a reason. Another medication can be ordered
Reason for Not Prescribing Antithrombotic Therapy at D/C

Notes for Abstraction:
- A hold or discontinuation of a antithrombotic medication any time during the hospital stay, select “Yes”

Exceptions:
- Conditional hold or discontinuation
- D/C of one antithrombotic medication documented with the start of a different antithrombotic medication
- Change in antithrombotic medication dosage
Reason for Not Prescribing Antithrombotic Therapy at D/C

Notes for Abstraction:

- Deferral from one provider to another provider does not count unless the problem underlying the deferral is also documented
  - Start Coumadin if GI R/O bleed, select “Yes”
  - PCP to evaluate for OAC, select “No”

- Delay of therapy initiation after discharge is acceptable only if the underlying reason for the delay is also documented
Door to Transfer

Hemorrhagic Stroke

Median Time (in minutes)

Ischemic Stroke
No IV t-PA

Ischemic Stroke
Drip / Ship

ASR-OP-2
Rationale

- Most stroke patients initially seen at an acute stroke ready hospital will require emergent transfer to a higher-level stroke center

- The Brain Attack Coalition (BAC) recommends transfer within 2 hours
  - (Alberts, 2013)

- One in 4 patients are transferred while receiving IV t-PA
  - (Sheth, 2015)
Door to Transfer to Another Hospital

Continuous Variable Statements:

- Time (in minutes) from ED arrival to transfer of a hemorrhagic stroke patient to another hospital
- Time (in minutes) from ED arrival to transfer of an ischemic stroke patient (drip and ship) to another hospital
- Time (in minutes) from ED arrival to transfer of an ischemic stroke patient (no IV t-PA) to another hospital
Included Populations

- Patients with an *ICD-10-CM Principal Diagnosis Code* for ischemic or hemorrhagic stroke as defined in Appendix A, Table 8.1 or Table 8.2
- Patients who are transferred to another hospital
- An *E/M Code* for emergency department encounter as defined in Appendix A, Table 1.0
Excluded Populations

- Patients with *Comfort Measures Only* documented on the day of or day after arrival

- Patients who expire in the emergency department

- Discharges to dispositions other than an acute care facility
Data Elements

- Arrival Time
- Comfort Measures Only
- Discharge Code
- ED Departure Date
- ED Departure Time
- IV Thrombolytic Initiation
Arrival Time

Data Collection Question:

What was the earliest documented time the patient arrived at the hospital?

Allowable Values:

- HH = Hour (00 – 23)
- MM = Minutes (00 – 59)
- UTD = Unable to Determine
Arrival Time

Notes for Abstraction:

- Arrival time may differ from the admission time
- If the patient was admitted to observation from the ED of the ASRH, use the time that the patient arrived at the ED
- Review **Only Acceptable Sources**: ED record, nursing admission assessment/admitting note, observation record, procedure notes, VS record
Discharge Code

**Definition:**

The final place or setting to which the patient was discharged from the outpatient setting.
Discharge Code

Allowable Values:

- 1, 2, 3, 5, 6, 7, 8 same as Discharge Disposition data element
- 4a Acute Care Facility-Inpatient Care
- 4b Acute Care Facility-CAH
- 4c Acute Care Facility-Cancer Hospital or Children’s Hospital
- 4d Acute Care Facility-DOD or VA Hospital
ED Departure Date

Data Collection Question:

- What is the date the patient departed from the emergency department?

Allowable Values:

- MM = Month (01 – 12)
- DD = Day (01 – 31)
- YYYY = (20XX)
- UTD = Unable to Determine
ED Departure Date

Notes for Abstraction:

- Abstract the date that the patient is no longer under the care of the ED
- For patients who are placed into observation services, use the date of the MD/APN/PA order for OBS
- Discharge date listed on a disposition sheet may be used for abstraction
- Unable to determine a date, select “UTD”
ED Departure Time

Data Collection Question:

What is the time the patient departed from the emergency department?

Allowable Values:

HH = Hour (00 – 23)

MM = Minutes (00 – 59)

UTD = Unable to Determine
ED Departure Time

Notes for Abstraction:

- Abstract the time the patient physically left the ED
- More than one ED departure/discharge time, abstract the latest time
- If patient expired in the ED, use the time of death as the departure time
- Do not use the time the discharge order was written because it may not represent the actual time of departure
## Guidelines for Abstraction

<table>
<thead>
<tr>
<th>INCLUSION</th>
<th>EXCLUSION</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ONLY ACCEPTABLE SOURCE:</strong></td>
<td>Disposition Date / Time</td>
</tr>
<tr>
<td>Emergency department record</td>
<td></td>
</tr>
<tr>
<td>ED Departure Date / Time</td>
<td>Report Called Time</td>
</tr>
<tr>
<td>ED Discharge Date / Time</td>
<td></td>
</tr>
<tr>
<td>ED Check Out Time</td>
<td></td>
</tr>
<tr>
<td>ED Leave Time</td>
<td></td>
</tr>
</tbody>
</table>
IV Thrombolytic Initiation

Data Collection Question:

Is there documentation that IV thrombolytic therapy was initiated at this hospital?

Allowable Values:

- Yes
- No
IV Thrombolytic Initiation

Notes for Abstraction:

- “Hang time” or “bolus”/“infusion time” of thrombolytic therapy is acceptable to select “Yes”
- If IV t-PA was administered at another hospital and the patient subsequently transferred to this hospital, select “No”
- If the patient was transferred to this hospital with IV t-PA infusing, select “No”
# Guidelines for Abstraction

<table>
<thead>
<tr>
<th><strong>INCLUSION</strong></th>
<th><strong>EXCLUSION</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Only Acceptable Thrombolytic Therapy for Stroke:</td>
<td></td>
</tr>
<tr>
<td>Activase</td>
<td>Intra-arterial (IA) t-PA</td>
</tr>
<tr>
<td>Alteplase</td>
<td>Thrombolytic therapy administration to flush, open, or maintain patency of a</td>
</tr>
<tr>
<td></td>
<td>central line, e.g., streptokinase, urokinase</td>
</tr>
<tr>
<td>IV t-PA</td>
<td></td>
</tr>
<tr>
<td>Recombinant tissue plasminogen activator (r-tPA)</td>
<td></td>
</tr>
</tbody>
</table>
Algorithm Highlights

ASR-OP-2

Overall Measure Category Assignment for ASR-OP-2

- D or Y

Overall Measure Category Assignment for ASR-OP-2

- Y

IV Thrombolytic Initiation

Overall Measure Category Assignment for ASR-OP-2

- D

For Stratified Measure ASR-OP-2c and ASR-OP-2d

Set Measure Category Assignment

ASR-OP-2c through ASR-0p-2d = X

For Stratified Measure ASR-OP-2c

Set Measure Category Assignment

ASR-OP-2c = ASR-OP-2a

Populate measurement value for Measure ASR-OP-2c

Set Measure Category Assignment

ASR-OP-2c = ASR-OP-2a

Set Measurement Value for ASR-OP-2c = Measurement Value for ASR-OP-2a

For Stratified Measure ASR-OP-2d

Set Measure Category Assignment

ASR-OP-2d = ASR-OP-2a

Populate measurement value for Measure ASR-OP-2d

Set Measure Category Assignment

ASR-OP-2d = ASR-OP-2a

Set Measurement Value for ASR-OP-2d = Measurement Value for ASR-OP-2a

ASR-OP-2

B

STOP
Calculating the Median Time

To get the median, use Excel:
1. Select a blank cell
2. FORMULAS tab: More Functions tab, Statistical, MEDIAN
   or use the Insert Function tab and select MEDIAN
3. Type this formula \( =\text{MEDIAN}(A1:C6) \)
   (A1:C6 indicates the range you want to calculate median from)
4. Press Enter
5. Enter the median value calculated in CMIP

- Report **median time in minutes**
- Do not average numbers
- Enter whole numbers only
- Do not use values of zero
## Entering Median Time in CMIP

![Data Submission](image)

**Acute Stroke Ready Hospital**

**Performance Measure Short Name:** ASR-OP-2b Door to Transfer: Hemorrhagic

**Direction of Improvement:** Negative

For Stage I (non-standardized measurement) disease programs that are currently participating in Joint Commission Certification, please supply data for the months following your most recent Certification review. For those programs at the mid-point of the two year certification cycle, you will supply 9 - 12 months of data. For those programs approaching the certification renewal period, you will supply 21-24 months of data.

### Data Quality Edit Information

<table>
<thead>
<tr>
<th>Reporting Time Period</th>
<th>Collecting Time Period</th>
<th>Total Number of Cases</th>
<th>Continuous Variable Result</th>
<th>Update Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q4 2017</td>
<td>Nov</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q4 2017</td>
<td>Oct</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q3 2017</td>
<td>Sep</td>
<td></td>
<td></td>
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<td>Q3 2017</td>
<td>Aug</td>
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<tr>
<td>Q3 2017</td>
<td>Jul</td>
<td></td>
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<tr>
<td>Q2 2017</td>
<td>Jun</td>
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<td></td>
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</tr>
<tr>
<td>Q2 2017</td>
<td>May</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**18**  **59**

**NOTE:** See MIF for the measure of central tendency used to calculate the rate. To calculate the rate, use the EXCEL function key (fx) = MEDIAN
Data Submission

- No sampling; 100% of the Initial Patient Population is required
- Monthly data points for each measure
- Data submitted quarterly to The Joint Commission via the CMIP application on The Joint Commission Connect™
- Healthcare organizations seeking initial certification will need 4 months of data for each measure prior to the initial onsite review visit
Direct performance measure questions to
http://manual.jointcommission.org

Thank You
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