FACT SHEET
Summary of Stroke (STK) Changes for 1/1/14 + Discharges

STK-1: VTE Prophylaxis
- The measure algorithm was revised and allowable value 9 added to the decision point for VTE Prophylaxis. This change was necessary to accommodate changes in VTE prophylaxis guidelines which included the addition of aspirin for elective total hip and knee arthroplasty and hip fracture surgery applicable to the SCIP-VTE-2 measure.
- Aspirin is not an approved medication for VTE prophylaxis in stroke patients. A branch was added to the measure algorithm to repeat the decision point for VTE Prophylaxis and flow cases with only allowable value 9 to Reason for No VTE Prophylaxis-Hospital Admission.

STK-6: Discharged on Statin Medication
- The rationale in the Measure Information Form was updated to clarify that the timeframe for LDL-c measurement is 30 days prior to hospital arrival or 48 hours after hospital arrival not hospital admission.

All STK Measures
- The references were updated in the Measure Information Form.

The information below consists of clarifications and changes in abstraction instructions.

Data Element or Table: IV OR IA Thrombolytic (t-PA) Therapy Administered at This Hospital or Within 24 Hours Prior to Arrival
- The following Exclusion Guidelines for Abstraction were added:
  o Thrombolytic administration to flush, open, or maintain patency of a central line, e.g., PICC line
  o Heparin Flush
  o Hep-Lock

Data Element or Table: LDL-c Greater Than or Equal to 100 mg/dL
- Notes for Abstraction were revised to emphasize that the timeframe for LDL-c measurement is 48 hours after hospital arrival or 30 days prior to hospital arrival.
- Notes for Abstraction were added to accept both fasting and non-fasting LDL-c values.
- Notes for Abstraction were added for LDL-c values not calculated (e.g., high triglycerides render the LDL-c calculation inaccurate).

Data Element or Table: LDL-c Measured Within the First 48 Hours or 30 Days Prior to Hospital Arrival
- Notes for Abstraction were revised to emphasize that the timeframe for LDL-c measurement is 48 hours after hospital arrival or 30 days prior to hospital arrival.

Data Element or Table: Reason for No VTE Prophylaxis – Hospital Admission
- Notes for Abstraction were revised to state that patients are AT RISK FOR VTE unless documented to be at “low risk”. Documentation must support that both pharmacological and mechanical prophylaxis were considered.
- Aspirin was added as an Exclusion Guideline for Abstraction.
Notes for Abstraction were modified to include more examples of acceptable reasons.

**Data Element or Table:** VTE Prophylaxis

- Allowable value ‘9’ Aspirin was added as another VTE prophylaxis option.
- Notes for Abstraction were added to emphasize that aspirin is not an approved medication for prophylaxis in the VTE and STK population. If aspirin is the only source of prophylaxis found in the record, select “A”, and check for a *Reason for No VTE Prophylaxis.*

**Data Element or Table:** Appendix C, Table 1.6 Lipid-Lowering Medications

- The following medications were removed: Abitrate, Choloxin, Locholest, Locholoset Light, Questran, Questran Light, and Tricor.

**Data Element or Table:** Appendix C, Table 8.2 Anti-thrombotic Medications-Stroke

- Eliquis® (apixaban) was added.

**Data Element or Table:** Appendix C, Table 8.3 Anticoagulant Medications-Stroke

- Eliquis® (apixaban) was added.

**Data Element or Table:** Appendix H, Table 2.1 VTE Prophylaxis Inclusion

- Eliquis® (apixaban) was added.
- Brand names for mechanical VTE prophylaxis were removed.
- Footnotes were added:
  1. The U.S. Food and Drug Administration has approved Eliquis (apixaban) to reduce the risk of stroke and systemic embolism in patients with non-valvular atrial fibrillation.
  2. The U.S. Food and Drug Administration has approved Xarelto (rivaroxaban) to reduce the risk of blood clots, deep vein thrombosis (DVT) and pulmonary embolism (PE) following knee or hip replacement surgery only. It is additionally approved: to reduce the risk of stroke in patients with non-valvular atrial fibrillation; for treatment of DVT or PE; to reduce the risk of recurrent DVT and PE following initial treatment.

For a complete list of changes please see the “Release Notes,” located in the Specifications Manual for National Hospital Inpatient Quality Measures for discharges 1/1/2014. The manual can be found at:

http://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier2&cid=1141662756099

OR


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