



MSRT Version 1.3

# Agenda

- Changes within the MSRT:
  - Patient
  - Hospital
  - Thrombolytics
  - Thrombolytics Non-Treatment
  - Procedure
  - Complications
  - Discharge
  - Discharge Services
- Changes to the Stroke Performance Measures

# Patient

|                            |              |                  |               |           |                    |               |
|----------------------------|--------------|------------------|---------------|-----------|--------------------|---------------|
| Patient                    | Demographics | Pre-Hospital/EMS | Hospital      | Imaging   | Onset              | Thrombolytics |
| Thrombolytics Nontreatment | History      | Procedures       | Complications | Discharge | Discharge Services | Staff         |

[Facility Patient Identifier or GWTG ID](#)

Patient Identifier

[Elective Carotid Endarterectomy](#)

Admitted for Elective Carotid Endarterectomy

[Clinical Trial](#)

Was this patient participating in a stroke-related clinical trial?

[Medical Record Information](#)

Arrival Date   Time

(if in-hospital stroke, use date/time time stroke symptoms first witnessed)

[Patient](#)



Age

Gender

# Hospital


| Patient                    | Demographics | Pre-Hospital/EMS | Hospital      | Imaging   | Onset              | Thrombolytics |
|----------------------------|--------------|------------------|---------------|-----------|--------------------|---------------|
| Thrombolytics Nontreatment | History      | Procedures       | Complications | Discharge | Discharge Services | Staff         |

**Transferred from ED**  
Was patient transferred from your ED to another acute care hospital?  Yes  No/ND

**Admission and Discharge Date**  
Admission Date   Discharge Date  

**Admission Diagnosis**

Intracerebral hemorrhage  
 Subarachnoid hemorrhage  
 Ischemic stroke  
 Transient ischemic attack  
 Stroke not otherwise specified  
 No stroke related diagnosis

**Ambulation status prior to the current event**  
Ambulation status prior to the current event  

**Comfort Measures Only (CMO)**  
When is the earliest time that the physician advanced practice nurse, or PA documented that patient was on comfort measures only?

Day of arrival or first day after arrival  
 2nd day after arrival or later  
 Timing unclear  
 ND/UTD

# Thrombolytics

| Patient   | Demographics | Pre-Hospital/EMS                             | Hospital   | Imaging                                     | Onset     | Thrombolytics   |       |
|---|--------------|--|------------|---|-----------|---|-------|
| Thrombolytics Nontreatment  |              | History                                      | Procedures | Complications                               | Discharge | Discharge Services  | Staff |
| <b>IV-tPA Initiated at this Hospital</b>  |              |  |            |   |           |   |       |
| Was IV tPA initiated for this patient at this hospital?   |              |  |            |   |           |   |       |
| <input checked="" type="radio"/> Yes <input type="radio"/> No   |              | Date <input type="text"/>                    |            | Time <input type="text"/>                   |           | <input type="checkbox"/> Date not documented <input type="checkbox"/> Time not documented |       |
| <b>Other Thrombolytic Therapy Performed</b>   |              |  |            |   |           |   |       |
| Was IV tPA initiated at an outside hospital? <input type="radio"/> Yes <input type="radio"/> No                                   |              |  |            |   |           |   |       |
| Was IA catheter-based reperfusion at this hospital? <input type="radio"/> Yes <input type="radio"/> No                            |              |  |            |   |           |   |       |
| Date <input type="text"/>   |              | Time <input type="text"/>                    |            |   |           |   |       |
| <input type="checkbox"/> Date not documented  |              | <input type="checkbox"/> Time not documented |            |   |           |   |       |
| Was IA catheter-based reperfusion at outside hospital? <input type="radio"/> Yes <input type="radio"/> No                         |              |  |            |   |           |   |       |
| <b>Investigational or Experimental Protocol</b>   |              |  |            |   |           |   |       |
| <input type="checkbox"/> Investigational or experimental protocol for thrombolysis  |              |  |            |   |           |   |       |
| <div style="border: 1px solid black; height: 100px; width: 100%;"></div>  |              |  |            |   |           |   |       |
| <b>Complications of thrombolytic therapy</b>  |              |  |            |   |           |   |       |
| Symptomatic intracranial hemorrhage   |              |  |            |   |           |   |       |
| <input type="radio"/> Yes - within 36 hours of IV t-PA <input type="radio"/> No <input type="radio"/> Unknown/Unable to Determine |              |  |            |   |           |   |       |
| Life threatening, serious systemic hemorrhage   |              |  |            |   |           |   |       |
| <input type="radio"/> Yes - within 36 hours of IV t-PA <input type="radio"/> No <input type="radio"/> Unknown/Unable to Determine |              |  |            |   |           |   |       |
| <input type="button" value="Save"/>   |              | <input type="button" value="Reset"/>         |            | <input type="button" value="Close Record"/> |           |   |       |


# Thrombolytics Non-Treatment

| Patient   | Demographics | Pre-Hospital/EMS | Hospital   | Imaging  | Onset     | Thrombolytics      |       |
|---|--------------|------------------|------------|--|-----------|--------------------|-------|
| Thrombolytics Nontreatment  |              | History          | Procedures | Complications  | Discharge | Discharge Services | Staff |
| <b>Documented Reasons for not initiating IV-tPA</b>   |              |                  |            |  |           |                    |       |
| Were one or more of the following reasons for not administering IV thrombolytic therapy at this hospital explicitly documented or clearly implied by a physician, nurse practitioner, advanced practice nurse, or physician assistant's notes in the chart? |              |                  |            |  |           |                    |       |
| <b>0-3 / 3-4.5 Hours</b>  |              |                  |            | <b>Hospital-Related or Other Factors</b>   |           |                    |       |
| <input type="checkbox"/> <input type="checkbox"/> Contraindications<br>(please reference MSRT dictionary for specific inclusions)   |              |                  |            | <input type="checkbox"/> <input type="checkbox"/> Unable to diagnose or did not diagnose<br>in 3 hour time frame |           |                    |       |
| <input type="checkbox"/> <input type="checkbox"/> CT findings (ICH, SAH, or major infarct signs)  |              |                  |            | <input type="checkbox"/> <input type="checkbox"/> Inhospital Time Delay  |           |                    |       |
| <input type="checkbox"/> <input type="checkbox"/> Warnings<br>(please reference MSRT dictionary for specific inclusions)  |              |                  |            | <input type="checkbox"/> <input type="checkbox"/> Delay in patient arrival                                       |           |                    |       |
| <input type="checkbox"/> <input type="checkbox"/> Advanced age  |              |                  |            | <input type="checkbox"/> <input type="checkbox"/> No IV access   |           |                    |       |
| <input type="checkbox"/> <input type="checkbox"/> Stroke severity too mild  |              |                  |            | <input type="checkbox"/> <input type="checkbox"/> Other  |           |                    |       |
| <input type="checkbox"/> <input type="checkbox"/> Rapid improvement   |              |                  |            | <input type="checkbox"/> <input type="checkbox"/>  |           |                    |       |
| <input type="checkbox"/> <input type="checkbox"/> Life expectancy < 1 year or severe co-morbid illness or CMO on admission  |              |                  |            | <input type="checkbox"/> <input type="checkbox"/>  |           |                    |       |
| <input type="checkbox"/> <input type="checkbox"/> Pt./Family refused  |              |                  |            | <input type="checkbox"/> <input type="checkbox"/>  |           |                    |       |
| <input type="checkbox"/> <input type="checkbox"/> Care-team unable to determine eligibility   |              |                  |            | <input type="checkbox"/> <input type="checkbox"/>  |           |                    |       |
| <input type="checkbox"/> <input type="checkbox"/> IV or IA tPA given at outside hospital  |              |                  |            | <input type="checkbox"/> <input type="checkbox"/>  |           |                    |       |
| <input type="checkbox"/> <input type="checkbox"/> Age greater than 80   |              |                  |            | <input type="checkbox"/> <input type="checkbox"/>  |           |                    |       |
| <input type="checkbox"/> <input type="checkbox"/> Prior and presence or history of diabetes   |              |                  |            | <input type="checkbox"/> <input type="checkbox"/>  |           |                    |       |
| <input type="checkbox"/> <input type="checkbox"/> Any anticoagulant use prior to admission  |              |                  |            | <input type="checkbox"/> <input type="checkbox"/>  |           |                    |       |
| <input type="checkbox"/> <input type="checkbox"/> NIHSS score > 25  |              |                  |            | <input type="checkbox"/> <input type="checkbox"/>  |           |                    |       |
| <input type="checkbox"/> <input type="checkbox"/> CT findings of stroke involving more than 1/3 of middle carotid artery  |              |                  |            | <input type="checkbox"/> <input type="checkbox"/>  |           |                    |       |
| <input type="button" value="Save"/> <input type="button" value="Reset"/> <input type="button" value="Close Record"/>  |              |                  |            |  |           |                    |       |

# History

| Patient  | Demographics | Pre-Hospital/EMS | Hospital   | Imaging       | Onset     | Thrombolytics      |       |
|--|--------------|------------------|------------|---------------|-----------|--------------------|-------|
| Thrombolytics Nontreatment   |              | History          | Procedures | Complications | Discharge | Discharge Services | Staff |
| <b>Medical History</b>   |              |                  |            |               |           |                    |       |
| <input type="checkbox"/> Diabetes mellitus (DM)  |              |                  |            |               |           |                    |       |
| <input type="checkbox"/> Stroke  |              |                  |            |               |           |                    |       |
| <input type="checkbox"/> TIA/VBI   |              |                  |            |               |           |                    |       |
| <input type="checkbox"/> Carotid stenosis  |              |                  |            |               |           |                    |       |
| <input type="checkbox"/> Peripheral arterial disease (PAD)   |              |                  |            |               |           |                    |       |
| <input type="checkbox"/> Hypertension  |              |                  |            |               |           |                    |       |
| <input type="checkbox"/> Currently pregnant or within 6 weeks postpartum   |              |                  |            |               |           |                    |       |
| <input type="checkbox"/> Valve prosthesis (heart valve)  |              |                  |            |               |           |                    |       |
| <input type="checkbox"/> Myocardial infarction (MI) or coronary artery disease (CAD)   |              |                  |            |               |           |                    |       |
| <input type="checkbox"/> Heart Failure (CHF)   |              |                  |            |               |           |                    |       |
| <input type="checkbox"/> Sickle cell disease (sickle cell anemia)  |              |                  |            |               |           |                    |       |
| <input type="checkbox"/> Atrial fibrillation/flutter   |              |                  |            |               |           |                    |       |
| <input type="checkbox"/> Dyslipidemia  |              |                  |            |               |           |                    |       |
| <b>Medications prior to hospitalization</b>  |              |                  |            |               |           |                    |       |
| Cholesterol reducing/controlling medication <input type="radio"/> Yes <input type="radio"/> No / Not Documented                              |              |                  |            |               |           |                    |       |
| Antihypertensive Medication <input type="radio"/> Yes <input type="radio"/> No / Not Documented  |              |                  |            |               |           |                    |       |
| Antithrombotic medication (antiplatelet or anticoagulant) <input type="radio"/> Yes <input type="radio"/> No or UTD                          |              |                  |            |               |           |                    |       |
| <b>Lipid profile and HbA1c</b>   |              |                  |            |               |           |                    |       |
| Record lipid levels done within 48 hours of admission or within 30 days prior to admission   |              |                  |            |               |           |                    |       |
| Total Cholesterol <input type="text"/> mg/dl HDL <input type="text"/> mg/dl LDL <input type="text"/> mg/dl                                   |              |                  |            |               |           |                    |       |
| Triglycerides <input type="text"/> mg/dl Glycosylated HbA1c <input type="text"/> %   |              |                  |            |               |           |                    |       |
| <b>Evidence of atherosclerosis</b>   |              |                  |            |               |           |                    |       |
| Evidence of atherosclerosis <input type="radio"/> Yes <input type="radio"/> No or UTD  |              |                  |            |               |           |                    |       |
| <b>Patient's Height &amp; Weight</b>   |              |                  |            |               |           |                    |       |
| Patient's Height <input type="text"/> <input type="radio"/> Inches <input type="radio"/> Centimeters <input type="checkbox"/> Not documented |              |                  |            |               |           |                    |       |
| Patient's Weight <input type="text"/> <input type="radio"/> Pounds <input type="radio"/> Kilograms <input type="checkbox"/> Not documented   |              |                  |            |               |           |                    |       |
| <input type="button" value="Save"/> <input type="button" value="Reset"/> <input type="button" value="Close Record"/>                         |              |                  |            |               |           |                    |       |


# Procedures

| Patient  | Demographics                                 | Pre-Hospital/EMS                          | Hospital      | Imaging   | Onset              | Thrombolytics  |
|--|--|---|---------------|-----------|--------------------|--|
| Thrombolytics Nontreatment   | History                                      | Procedures                                | Complications | Discharge | Discharge Services | Staff  |
| <b>Where patient care occurred</b>   |  |   |               |           |                    |  |
| Admittance type  | <input checked="" type="radio"/> Neuro Admit | <input type="radio"/> Other Service Admit |               |           |                    |  |
| Consult type   | <input type="radio"/> Stroke Consult         | <input type="radio"/> No Stroke Consult   |               |           |                    |  |
| Unit type  | <input type="radio"/> In Stroke Unit         | <input type="radio"/> Not in Stroke Unit  |               |           |                    |  |
| <input type="checkbox"/> Unable to Determine   |  |   |               |           |                    |  |
| <b>Procedures and Treatment</b>  |  |   |               |           |                    |  |
| Was antithrombotic therapy received by the end of hospital day 2?  |  |   |               |           |                    | <input type="radio"/> Yes <input type="radio"/> No/ND  |
| Was there a documented reason for not administering antithrombotics by end of hospital day 2?                        |  |   |               |           |                    | <input type="radio"/> Yes <input type="radio"/> No   |
| Was patient ambulating the day of or the day after admission?  |  |   |               |           |                    | <input type="radio"/> Yes <input type="radio"/> No / ND  |
| What initial types of VTE prophylaxis were provided to the patient?  |  |   |               |           |                    |  |
| <input type="checkbox"/> Low dose unfractionated heparin (LDUH)  |  |   |               |           |                    |  |
| <input type="checkbox"/> Low molecular weight heparin (LMWH)   |  |   |               |           |                    |  |
| <input type="checkbox"/> Intermittent pneumatic compression devices  |  |   |               |           |                    |  |
| <input type="checkbox"/> Graduated compression stockings   |  |   |               |           |                    |  |
| <input type="checkbox"/> Factor Xa Inhibitor   |  |   |               |           |                    |  |
| <input type="checkbox"/> Warfarin  |  |   |               |           |                    |  |
| <input type="checkbox"/> Venous foot pumps   |  |   |               |           |                    |  |
| <input type="checkbox"/> Oral Factor Xa Inhibitor  |  |   |               |           |                    |  |
| <input type="checkbox"/> Not Documented or none of the above   |  |   |               |           |                    |  |
| Was there a documented reason for not administering VTE prophylaxis at hospital admission?                           |  |   |               |           |                    | <input type="radio"/> Yes <input type="radio"/> No   |
| What date was the initial VTE prophylaxis administered?  |  |   |               |           |                    | <input type="text"/>  |
| No oral intake of fluid, food, or medications for the entire hospital stay?  |  |   |               |           |                    | <input type="radio"/> Yes <input type="radio"/> No   |
| Was patient screened for dysphagia prior to any oral intake, including food, fluids or medications?                  |  |   |               |           |                    | <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NC                                |
| If patient was screened for dysphagia, what were the results of the screen?  |  |   |               |           |                    | <input type="radio"/> Pass <input type="radio"/> Fail <input type="radio"/> ND                             |
| <input type="button" value="Save"/> <input type="button" value="Reset"/> <input type="button" value="Close Record"/> |  |   |               |           |                    |  |

# Complications

| Patient  | Demographics | Pre-Hospital/EMS | Hospital   | Imaging              | Onset     | Thrombolytics      |       |
|--|--------------|------------------|------------|----------------------|-----------|--------------------|-------|
| Thrombolytics Nontreatment   |              | History          | Procedures | <b>Complications</b> | Discharge | Discharge Services | Staff |
| <b>In-Hospital Complications</b>   |              |                  |            |                      |           |                    |       |
| Did patient experience a DVT or pulmonary embolus (PE) during this admission?  |              |                  |            |                      |           |                    |       |
| <input checked="" type="radio"/> Yes <input type="radio"/> No/ND   |              |                  |            |                      |           |                    |       |
| Was there documentation that the patient was treated for hospital acquired pneumonia (pneumonia not present on admission) during this admission? |              |                  |            |                      |           |                    |       |
| <input type="radio"/> Yes <input type="radio"/> No   |              |                  |            |                      |           |                    |       |
| Was patient treated for a urinary tract infection (UTI) during this admission?   |              |                  |            |                      |           |                    |       |
| <input type="radio"/> Yes <input type="radio"/> No   |              |                  |            |                      |           |                    |       |
| If patient was treated for a UTI, did the patient have a Foley catheter during this admission?   |              |                  |            |                      |           |                    |       |
| <input type="radio"/> Yes, and patient had catheter in place on arrival  |              |                  |            |                      |           |                    |       |
| <input type="radio"/> Yes, but only after admission  |              |                  |            |                      |           |                    |       |
| <input type="radio"/> No   |              |                  |            |                      |           |                    |       |
| <input type="radio"/> Unable to determine  |              |                  |            |                      |           |                    |       |
| Atrial or paroxysmal fibrillation/flutter during this admission  |              |                  |            |                      |           |                    |       |
| <input type="radio"/> Yes <input type="radio"/> No or UTD  |              |                  |            |                      |           |                    |       |
| <b>Save</b>  |              | <b>Reset</b>     |            | <b>Close Record</b>  |           |                    |       |

# Discharge

| Patient  | Demographics | Pre-Hospital/EMS  | Hospital   | Imaging                                       | Onset     | Thrombolytics                   |       |
|--|--------------|---|--|---|-----------|---------------------------------|-------|
| Thrombolytics Nontreatment   |              | History   | Procedures   | Complications                                 | Discharge | Discharge Services              | Staff |
| <b>Principal ICD-9 discharge diagnosis</b><br>000.00 <input type="checkbox"/> Principal diagnosis is Stroke/TIA              |              | <b>ICD-9 discharge diagnosis related to stroke</b><br>000.00 <input type="checkbox"/> Not present |  |   |           |                                 |       |
| <b>Final hospital diagnosis related to stroke that was ultimately responsible for this admission</b>                         |              |   |  |   |           |                                 |       |
| <input type="radio"/> Intracerebral hemorrhage   |              |   | <input type="radio"/> Transient ischemic attack      |   |           |                                 |       |
| <input type="radio"/> Subarachnoid hemorrhage  |              |   | <input type="radio"/> Stroke not otherwise specified |   |           |                                 |       |
| <input type="radio"/> Ischemic stroke  |              |   | <input type="radio"/> No stroke related diagnosis    |   |           |                                 |       |
| <b>Discharge destination</b><br>-select-  |              |   |  |   |           |                                 |       |
| <b>Ambulation status at discharge</b>  |              |   |  |   |           |                                 |       |
| <input type="radio"/> Able to ambulate independently w/ or w/o device  |              |   | <input type="radio"/> Unable to Ambulate             |   |           |                                 |       |
| <input type="radio"/> With Assistance (from person)  |              |   | <input type="radio"/> Not documented                 |   |           |                                 |       |
| <b>Medications prescribed at discharge</b>   |              |   |  |   |           |                                 |       |
| Cholesterol Reducing/Controlling Treatment   |              |   |  |   |           |                                 |       |
| <input type="checkbox"/> Statin  |              | <input type="checkbox"/> Niacin   |  | <input type="checkbox"/> Other Med            |           |                                 |       |
| <input type="checkbox"/> Fibrate   |              | <input type="checkbox"/> Absorption Inhibitor   |  | <input type="checkbox"/> None Prescribed / ND |           |                                 |       |
| Documented Reason for Not Prescribing Statins at Discharge   |              |   |  | <input type="radio"/> Yes                     |           | <input type="radio"/> No/ND     |       |
| Documented Reason for Not Prescribing Other Cholesterol Reducing/Controlling Medications at Discharge                        |              |   |  | <input type="radio"/> Yes                     |           | <input type="radio"/> No/ND     |       |
| Antihypertensive Medications   |              |   |  | <input type="radio"/> Yes                     |           | <input type="radio"/> No/ND     |       |
| Antithrombotic Medications   |              |   |  | <input type="radio"/> Yes                     |           | <input type="radio"/> No or UTD |       |
| Documented Reason for Not Prescribing Antithrombotic Therapy at Discharge  |              |   |  | <input type="radio"/> Yes                     |           | <input type="radio"/> No        |       |
| Anticoagulation Medications  |              |   |  | <input type="radio"/> Yes                     |           | <input type="radio"/> No/ND     |       |
| Documented Reason for Not Prescribing Anticoagulation Therapy at Discharge   |              |   |  | <input type="radio"/> Yes                     |           | <input type="radio"/> No        |       |
| <b>Save</b>  |              | <b>Reset</b>  |  | <b>Close Record</b>                           |           |                                 |       |

# Discharge Services

| Patient   | Demographics | Pre-Hospital/EMS | Hospital   | Imaging   | Onset     | Thrombolytics      |       |
|---|--------------|------------------|------------|---|-----------|--------------------|-------|
| Thrombolytics Nontreatment  |              | History          | Procedures | Complications   | Discharge | Discharge Services | Staff |
| <b>Smoking</b>  |              |                  |            |   |           |                    |       |
| Documented past medical history of Smoking (patient smoked at least one cigarette during the prior year)  |              |                  |            |   |           |                    |       |
| <input checked="" type="radio"/> Yes <input type="radio"/> No/Not documented  |              |                  |            |   |           |                    |       |
| Patient/Care giver was given smoking cessation advice or counseling during the hospital stay  |              |                  |            |   |           |                    |       |
| <input type="radio"/> Yes <input type="radio"/> No/ND <input type="radio"/> NC  |              |                  |            |   |           |                    |       |
| <b>Education</b>  |              |                  |            |   |           |                    |       |
| Risk factors for stroke   |              |                  |            | <input type="radio"/> Yes <input type="radio"/> No/Not documented |           |                    |       |
| Stroke Warning Signs and Symptoms   |              |                  |            | <input type="radio"/> Yes <input type="radio"/> No/Not documented |           |                    |       |
| How to activate EMS for stroke  |              |                  |            | <input type="radio"/> Yes <input type="radio"/> No/Not documented |           |                    |       |
| Need for follow-up after discharge  |              |                  |            | <input type="radio"/> Yes <input type="radio"/> No/Not documented |           |                    |       |
| Medications prescribed at discharge   |              |                  |            | <input type="radio"/> Yes <input type="radio"/> No/Not documented |           |                    |       |
| <b>Rehabilitation</b>   |              |                  |            |   |           |                    |       |
| Patient was assessed for or received rehabilitation services  |              |                  |            | <input type="radio"/> Yes <input type="radio"/> No/Not documented |           |                    |       |
| Patient received rehabilitation services during hospitalization   |              |                  |            | <input type="radio"/> Yes <input type="radio"/> No/Not documented |           |                    |       |
| Patient transferred to rehabilitation facility  |              |                  |            | <input type="radio"/> Yes <input type="radio"/> No/Not documented |           |                    |       |
| Patient referred to rehabilitation services following discharge   |              |                  |            | <input type="radio"/> Yes <input type="radio"/> No/Not documented |           |                    |       |
| Patient ineligible to receive rehabilitation services<br>(e.g., symptoms resolved, poor prognosis, patient unable to tolerate rehabilitation therapeutic regimen) |              |                  |            | <input type="radio"/> Yes <input type="radio"/> No/Not documented |           |                    |       |
| <b>Save</b>   |              | <b>Reset</b>     |            | <b>Close Record</b>   |           |                    |       |

# Changes to the Measures

- Thrombolytic therapy administration
- VTE Prophylaxis
- Stroke education
- Other

# Thrombolytic Therapy

- Not FDA approved for ischemic stroke treatment after 3 hr from symptom onset
- August 2009 AHA/ASA released Science Advisory for expanding window for IV-tPA
- Thrombolytic Therapy Administration performance measure has not changed

# Thrombolytic Therapy

- Extended time window
  - This non-performance measure information is available upon request
  - Only considers patients who arrive after 2 hours from LKW time
- Take home
  - IV-tPA is to be administered within 60 minutes of patient arrival
  - Not “up to 4.5 hours after symptom onset”
  - Time is Brain!

# Thrombolytic Therapy

- Reasons for non treatment
  - Five additional reasons for non-treatment during the 3-4.5 hr window (MN 8.16-8.20)
  - These do not exclude from eligibility patients who arrive during the 0-3 hr window
- Future implication?
  - May need to update support systems (e.g., stroke/tPA orders) to include reasons for not administering IV-tPA to patients who could be treated in the 3-4.5 hour window

# Changes to VTE Prophylaxis

- TJC, MSR changes now align with CMS Core Measures
- TJC, MSR formerly used name DVT Prophylaxis
- When is day two?
  - Day two = day after patient is admitted to hospital (not arrival)
  - If not admitted, then not in measure

# Changes to VTE Prophylaxis

- TJC & MSR no longer exclude ambulatory patients
- Implication:
  - Even ambulatory patients need to be treated early to prevent VTE; be sure to document

# Changes to Stroke Education

- Stroke education only required for patients discharged to
  - Home
  - Home care
  - Law enforcement
- Written or media materials must be provided
  - Need all 5 components of stroke education
  - Easier documentation: formerly, “Personal, modifiable risk factors for stroke;” now just “Risk factors for stroke”

# Changes to Stroke Education

- Implications
  - Does your facility give educational materials or media?
  - If so, do they contain the 5 components? How is patient education documented?

# Other Notes

- MSR still measures both
  - Discharged on Cholesterol-Reducing Medication
  - Discharged on Statin Medication measures
- “Day Two” and data elements
  - CMO data element
  - Early antithrombotics: To be administered the day of or day after arrival

# Other Notes

- “Day Two” and data elements (cont.)
  - TJC, MSR & early ambulation
    - Was patient ambulating the day of admission or the day after admission?
    - GWTG uses day of arrival
  - VTE prophylaxis
    - To be administered the day of or day after admission

# Other Notes

- Measure calculations Quarter 4, 2009
  - Aggregate
  - By hospital
- Staff Tab

Questions?

# Contact

- For concerns about changes within the MSRT or abstraction, contact
  - Jacob Zdon
  - (651)201-5436
  - [Jacob.Zdon@state.mn.us](mailto:Jacob.Zdon@state.mn.us)
- For concerns about changes in performance measures and their implications, contact
  - Lisa Calhoun
  - (651)201-5681
  - [Lisa.Calhoun@state.mn.us](mailto:Lisa.Calhoun@state.mn.us)

Thank you!