



December 8, 2009

Re: DVT Prophylaxis and VTE Prophylaxis clarifications

Dear GWTG-Stroke/Minnesota Stroke Registry Participants:

As you know, on November 21, 2009, a significant set of updates were made to the Get With The Guidelines® Stroke Patient Management Tool®. You should have received a communication from the Outcome Sciences dated December 3 regarding some clarifications on these updates. That letter provides a very clear explanation of how to abstract information regarding the GWTG-S "DVT Prophylaxis" measure, which corresponds mostly with the new Joint Commission (TJC) and Coverdell "VTE Prophylaxis" measure (effective 10/1/09 for TJC core measure reporting, 1/1/10 for TJC PSC and Coverdell reporting).

The CDC Paul Coverdell National Acute Stroke Registry program has aligned completely with The Joint Commission on this measure update. Thus, regardless of whether or not your hospital submits stroke core measure to TJC for accreditation or Primary Stroke Center certification, the changes in this measure are relevant to you as a participant of the Minnesota Stroke Registry.

As such, we felt that it would be helpful to provide some further clarification in this letter on this confusing matter. Please feel free contact us if you have more questions.

Sincerely,

A handwritten signature in cursive script that reads "Albert W. Tsai".

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TJC Core Measure and PSC Stroke Measure 1 (STK-1): VTE Prophylaxis

1. In order to "pass" this measure, one or more of the VTE prophylaxis options must have been given to the patient – and if the prophylaxis was graduated compression stockings, the patient passes only if another option was given, or a reason for no other option is provided.
2. If patient did not receive VTE prophylaxis, a documented reason for not giving VTE prophylaxis will still place this patient into the numerator. A special note: if the patient is ambulating and this was the reason for no VTE prophylaxis was given, then this reason specifically must be documented in the medical record as the reason for no VTE prophylaxis given and it must be documented within the day of or day after hospital admission. If this is the case, then the patient will pass this measure (enters into the numerator). Otherwise, he remains in the denominator, but is considered a "failure."
3. TJC and Coverdell will NOT exclude patients ambulating from measure calculation.

CDC Stroke Performance Measure: VTE Prophylaxis

For official measure calculations, CDC will align with TJC/PSC STK-1.

GWTG Achievement Measure: DVT Prophylaxis

1. In order to “pass” this measure, one or more of the DVT prophylaxis options must be chosen - and if it is graduated compression stockings, patient passes only if another option was given.
2. For its achievement measure “DVT Prophylaxis,” the measure calculation excludes patients ambulating by the end of the second day.

Please check page 4 of the Stroke Patient Management Tool Measure Descriptions, Updated October 2009 for all of the inclusion and exclusion instructions on this measure.

Notes:

1. The type of VTE prophylaxis (or a documented reason for none) must be recorded for all patients, even if ambulating.
2. The essential differences between CDC/TJC from GWTG-S are:
 - a. For GWTG-S, ambulating patients are still being excluded from the measure calculation (that is, both the numerator and denominator).
 - b. CDC/TJC will now include in the numerator (i.e., “pass”) patients who did not receive VTE prophylaxis, but had a documented reason for this. For GWTG-S, these patients are excluded from the measure altogether. (For the question, “Was the DVT prophylaxis initiated by the end of day 2,” the answer is “NC”.)
3. The MSR program staff (and CDC) will track and compare the two different measure algorithms to see what is the impact of excluding ambulating patients and patients not receiving VTE prophylaxis but had a documented reason. We will provide these calculations for you upon request.
4. For Primary Stroke Centers, the ambulating by day two question is asked specifically and only for GWTG-S Achievement Measure DVT Prophylaxis measure calculation. Please refer to the **December 3 letter** from Outcome Sciences for specific guidance on how to correctly enter data into the PMT regarding ambulating patients.
5. For the VTE measure, a more stringent standard is being instituted (by TJC) for documentation. Why? First and foremost, documenting why something is done or not done is extremely helpful for primary care providers and others who may also care for the patient. Careful documentation aids in helping these care providers understand the thinking behind the actions taken (or not taken) at the time of hospitalization.

In addition, in our view, the more stringent documentation requirement reflects the belief that documentation, both of why something was done as well as why something was not done, is necessary in order to accurately measure quality of care. Documentation of why an action was not taken is needed in order to distinguish care not provided *with purposeful intent* of meeting care guidelines from care not provided due to some other systemic reason, ignorance of guidelines, or both.

There are times when, from a clinical perspective, it is obvious to anyone with medical training why some action was not taken – and thus it makes little sense to document that reason. However, from the perspective of being able to accurately measure and improve the quality of care being provided, specific types of documentation are demanded.

This may be seen as inconvenient, but it is a necessary reality - that patient care now must take this “ancillary” activity of documentation into account. Clinical providers, of course, must first and foremost do what is in the best interest of the patient, and concentrate their efforts on that. However, to ensure that we are working to improve care for *all* patients, by *all* providers, within the *entire system of care* – that is, for the greater good – we must accept some inconveniences that come along with tracking overall patient quality of care. These inconveniences include documenting things that seem unnecessary to document.