

Get With The Guidelines<sup>SM</sup>-Stroke (GWTG-S) is the American Heart Association's collaborative performance improvement program, demonstrated to improve adherence to evidence-based care of patients hospitalized with stroke.

The program provides hospitals with a Web-based Patient Management Tool<sup>TM</sup> (powered by Outcome Sciences, Inc.), decision support, a robust registry, real-time benchmarking capabilities and other performance improvement methodologies toward the goal of enhancing patient outcomes and saving lives.

GWTG-Stroke is for stroke and transient ischemic attack patients.

## STROKE PERFORMANCE MEASURES

- **IV rt-PA 2 hours\***: Percent of acute ischemic stroke patients who arrived at the hospital within 120 minutes (2 hours) of time last known well and for whom IV t-PA was initiated at this hospital within 180 minutes (3 hours) of time last known well
- **Early antithrombotics\***: Percent of patients with ischemic stroke or TIA who received antithrombotic therapy by the end of hospital day two
- **DVT prophylaxis\***: Percent of patients with an ischemic stroke, TIA or a hemorrhagic stroke and who are non-ambulatory who received DVT prophylaxis by end of hospital day two
- **Antithrombotics\***: Percent of patients with an ischemic stroke or TIA prescribed antithrombotic therapy at discharge
- **Anticoag for AF\***: Percent of patients with an ischemic stroke or TIA with atrial fibrillation discharged on anticoagulation therapy
- **LDL 100 or ND\***: Percent of ischemic stroke or TIA patients with LDL > 100 or LDL not measured or on cholesterol-reducer prior to admission who are discharged on cholesterol-reducing drugs
- **Smoking cessation\***: Percent of patients with ischemic, TIA or hemorrhagic stroke with a history of smoking cigarettes who received, or whose caregivers received, smoking-cessation advice or counseling during hospital stay
- **Stroke education\***: Percent of patients with ischemic, TIA or hemorrhagic stroke or their caregivers who received education or educational materials during the hospital stay addressing ALL of the following: personal risk factors for stroke, warning signs for stroke, activation of emergency medical system, need for follow-up after discharge and medications prescribed
- **Rehabilitation considered \***: Percent of patients with ischemic, TIA or hemorrhagic stroke who were assessed for rehabilitation services
- **IV rt-PA 3 hours**: Percent of acute ischemic stroke patients who arrived at the hospital within 180 minutes (3 hours) of time last known well and for whom IV t-PA was initiated at this hospital within 180 minutes (3 hours) of time last known well
- **Door-to-IV rt-PA in 60 minutes**: Percent of ischemic stroke patients who received IV t-PA at this hospital who are treated within 60 minutes after triage (ED arrival)
- **Door-to-IV rt-PA times**: Time from triage (ED arrival) to administration of IV t-PA for ischemic stroke patients treated at this hospital
- **Last known well-to-IV rt-PA times**: Time from symptom onset to administration of IV t-PA for ischemic stroke patients treated at this hospital
- **Missing time data**: Missing, incomplete or invalid date/time data for ischemic stroke patients
- **IV rt-PA contraindicated**: Percent of eligible acute ischemic stroke patients not treated with IV t-PA at this hospital who had reasons for not receiving IV t-PA
- **Reasons for no IV rt-PA**: Reasons why eligible acute ischemic stroke patients were not treated with IV t-PA at this hospital

## STROKE QUALITY MEASURES

- **LDL 100**: Percent of ischemic stroke or TIA patients with LDL > 100 or on cholesterol-reducer prior to admission who are discharged on cholesterol-reducing drugs
- **Dysphagia screen\***: Percent of patients with ischemic, TIA or hemorrhagic stroke who were screened for dysphagia with a simple valid bedside-testing protocol before being given any food, fluids or medication by mouth



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- **Thrombolytic complications:** Percent of ischemic stroke patients with complications to thrombolytic therapy received at this hospital
- **Complication types:** Types of complications seen with thrombolytic therapies received by ischemic stroke patients at this hospital
- **LDL documented:** Percent of ischemic stroke or TIA patients with a documented lipid profile
- **Antihypertensive:** Rate of prescription of different types of anti-hypertensive medications at discharge for ischemic stroke or TIA patients
- **Diabetic medications:** Percent of patients who have diabetes mellitus OR are taking diabetic medication prior to admission who are discharged on diabetic medication
- **Weight recommendation:** Percent of ischemic stroke or TIA patients with BMI  $\geq$ 25 kg/m<sup>2</sup> who received recommendations at discharge for reducing weight and/or increasing activity

\* Denotes stroke consensus measures

### STROKE REPORTING MEASURES

- **Pre-notification:** Percent of cases of pre-notification out of all patients transported by EMS from scene
- **Last known well-to-arrival times:** Time from last known well to ED arrival at this hospital
- **Door-to-CT <3 hours:** Time from triage (ED arrival) to initial imaging work-up for acute stroke or TIA patients
- **Door-to-CT 3-6 hours:** Time from triage to initial imaging work-up for sub-acute stroke or TIA patients

### STROKE DESCRIPTIVE MEASURES

- Percent of patients who are female
- Patients grouped by age
- Patients grouped by race and Hispanic ethnicity
- Patients grouped by clinical hospital diagnosis related to stroke
- Percent of patients with a score reported for NIH Stroke Scale (Initial)
- In-hospital mortality
- Length of stay, grouped by diagnosis

### HOW PERFORMANCE AND QUALITY MEASURES ARE DETERMINED

Performance and quality measures provide the basis for evaluating and improving treatment of stroke patients. Formulating those measures begins with a detailed review of stroke guidelines.

When evidence for a process or aspect of care is so strong that failure to act on it reduces the likelihood of an optimal patient outcome, a performance measure may be developed regarding that process or aspect of care. Performance measure data are continually collected and results are monitored over time to determine when new initiatives or revised processes should be incorporated. As such, performance measures help speed the translation of strong clinical evidence into

### STROKE PSC MEASURES

- **PSC Stroke-1:** Percent of patients with an ischemic stroke or a hemorrhagic stroke and who are non-ambulatory who received DVT prophylaxis by end of hospital day two
- **PSC Stroke-2:** Percent of patients with an ischemic stroke prescribed antithrombotic therapy at discharge
- **PSC Stroke-3:** Percent of patients with an ischemic stroke with atrial fibrillation discharged on anticoagulation therapy
- **PSC Stroke-4:** Percent of acute ischemic stroke patients who arrived at the hospital within 120 minutes (2 hours) of time last known well and for whom IV t-PA was initiated at this hospital within 180 minutes (3 hours) of time last known well
- **PSC Stroke-5:** Percent of patients with ischemic stroke who received antithrombotic therapy by the end of hospital day two
- **PSC Stroke-6:** Percent of ischemic stroke patients with LDL > 100 or LDL not measured or on cholesterol-reducer prior to admission who were discharged on drugs
- **PSC Stroke-7:** Percent of patients with ischemic or hemorrhagic stroke who were screened for dysphagia with a simple valid bedside-testing protocol before being given any food, fluids or medication by mouth
- **PSC Stroke-8:** Percent of patients with ischemic or hemorrhagic stroke or their caregivers who received education or educational materials during the hospital stay addressing ALL of the following: personal risk factors for stroke, warning signs for stroke, activation of emergency medical system, need for follow-up after discharge and medications prescribed
- **PSC Stroke-9:** Percent of patients with ischemic or hemorrhagic stroke with a history of smoking cigarettes who received, or whose caregivers received, smoking-cessation advice or counseling during hospital stay
- **PSC Stroke-10:** Percent of patients with an ischemic or hemorrhagic stroke who were assessed for rehabilitation services

practice. In order for participating hospitals to earn recognition for their achievement in the program, they must adhere to performance measures.

Quality measures apply to processes and aspects of care that are strongly supported by science. Application of quality measures may not, however, be as universally indicated as performance measures.

The Get With The Guidelines<sup>SM</sup> team follows a strict set of criteria in creating performance and quality measures. We make every effort to ensure compatibility with existing performance measures from other organizations.

Visit [americanheart.org/getwiththeguidelines](http://americanheart.org/getwiththeguidelines) for more information.  
Web-based Patient Management Tool<sup>TM</sup> provided by Outcome, Cambridge, Mass.