Paul Coverdell National Acute Stroke Program (PCNASP)

Cross Walk Showing Relationships among Short/Intermediate/Long-Term Outcome Measures, and Data Sources for Associated Performance Measures

| | DATA SOURCE[1] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Process Perfor-mance Measures[3] | | | Performance Measures for Pre-Hospital Quality of Care Source: Data Elements from Emergency Services | | | | | | | | Performance Measures for In-Hospital Quality of Care Source: Data Elements from Hospital Records | | | | | | | | | | | | | Performance Measures for Post-Hospital Quality of Care Sources: Data Elements from Hospital Records and Community Care | | | | | | | | |
Outcome and performance measures[2], with Question #s	E1	E2	E3	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12	Q13	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9
Short Term Outcomes Measures (1-2 years)																																	
S1. Increased public awareness of signs and symptoms of stroke and knowledge of appropriate activation of emergency medical systems	X	X																															
S2. Maintenance of existing broad reach and/or increase in the state-wide reach of the stroke system of care		X																															
S3. Increased data usage and sharing between components of the stroke care system that will result from having an integrated/ linked data platform for pre-hospital data, in-hospital data, and early post-discharge data	X	X																															
S3a. Improved reliability and validity of data as determined through annual data validation of select and highly important data elements		X																															
S4. Increased workforce capacity and scientific knowledge for stroke surveillance within stroke systems of care		X																															
S4a. Increased implementation of quality improvement (QI) strategies for acute stroke care across the continuum of stroke care	X																																
S4b. Increased efficiencies and effectiveness of pre-hospital,				X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		X	X	X	X	X	X	X

Cross Walk Showing Relationships among Short/Intermediate/Long-Term Outcome Measures, and Data Sources for Associated Performance Measures

Outcome and performance measures[2], with Question #s	Process Performance Measures[3]			Performance Measures for Pre-Hospital Quality of Care — Source: Data Elements from Emergency Services								Performance Measures for In-Hospital Quality of Care — Source: Data Elements from Hospital Records													Performance Measures for Post-Hospital Quality of Care — Sources: Data Elements from Hospital Records and Community Care								
	E1	E2	E3	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12	Q13	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9
in-hospital, and post-hospital stroke care practices and resources																																	
S4c. Increased pre-notification of hospitals by EMS of suspected stroke patients.						X																											
S5. Improved patient and caregiver receipt of education on ongoing post-stroke care needs		X																				X											
Intermediate Outcome Measures (3+ Years)																																	
I1. Reduced time to treatment for acute stroke events			X												X								X	X									
I2. Improved transition of care from emergency services to hospital emergency department (ED)			X		X	X	X	X	X	X	X																						X
I3. Improved transition of care from hospital to home, which may include reintegration with primary care provider, access to community resources, enhanced patient/caregiver education, and ongoing rehabilitation and secondary prevention			X																X	X	X	X							X	X		X	
I4. Improved quality of EMS care for possible stroke patients		X		X	X	X	X	X	X	X	X																						
I5. Improved quality of acute and sub-acute ED and hospital stroke care as measured by adherence to established guidelines for care and quality metrics			X									X	X	X	X	X	X	X	X	X	X	X	X	X									
I6. Improved defect free care for acute stroke patients			X									X	X	X	X	X	X	X	X	X	X	X	X	X									
I7. Improved tobacco control/reduction in smoking post			X																														

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	E1	E2	E3	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12	Q13	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9
stroke																																	
I8. Improved medication adherence post-discharge			X															X															
I9. Reduced 30-day hospital readmissions and ED visits for stroke-related complications after stroke			X										X	X																			
I10. Reduced 30-day mortality after acute stroke			X									X																					
Long Term Outcome Measures																																	
L1. Reduced disparities in stroke care, death, and disability should result from adherence to stroke care guidelines	X	X	X	X	X	X	X	X	X	X		X	X	X	X	X	X	X	X	X	X	X	X	X					X	X	X	X	

[1] Data sources may contribute to short and/or intermediate and/or long-term performance measures. Additionally, hospital inventory data elements (**attachments 4a and 4b**) are used across patient-level measures for stratification on size and capacity

[2] See the process and quality of care performance measure reference numbers in the table below

[3] Process measures are reported in awardees' annual performance report (APR), unless otherwise noted in this table

Process Performance Measures

E1   Process-level performance measures, which include public awareness, partnerships, recruitment, data infrastructure, data use, quality improvement, and sustainability

E2   Short-term outcome performance measures, which include public awareness, reach, data linkage, data reliability/validity, workforce capacity, stroke care, and patient education

E3   Intermediate outcome performance measures, which include systems of stroke care, stroke care, and health outcomes

Pre-Hospital Quality of Care Performance Measures (DRAFT)- **derived from pre-hospital data elements (attachment 3a)**

Q1   % of stroke transports with an on-scene time <15 minutes

Q2   % of stroke transports with a blood glucose checked and recorded

Q3   % of stroke transports where EMS called in a stroke alert pre-notification

Q4   % of stroke transports that had a stroke screen completed and recorded

Q5   % of stroke transports that had a documented time last known to be well

Q6   % of stroke transports that had a documented time of discovery

Q7   % of stroke transports that had a thrombolytic stroke check completed and documented

Q8   % of stroke transports where EMS diagnosis agreed with hospital diagnosis

In-Hospital Quality of Care Performance Measures- **derived from in-hospital data elements (attachment 3b)**

Q1   VTE prophylaxis provided by end of hospital day 2

Q2   Antithrombotic medication by end of hospital day 2

Q3   Antithrombotic medication at discharge

Q4   % of ischemic stroke patients that arrive by 2 hours of time last known well and are treated with IV tPA by 3 hours of last known well

Q5   Dysphagia screening performed and passed prior to food, fluids, or medication by mouth

Q6   Anticoagulation on discharge for patients with atrial fibrillation/flutter

Q7   Statin medication provided on discharge

Q8   Smoking cessation counseling and/or treatment provided

Q9   Assessed for rehabilitation needs

Q10   Stroke education: patients or caregivers who were given educational materials during the hospital stay addressing all of the following: activation of emergency medical system, need for follow-up after discharge, medications prescribed at discharge, risk factors for stroke, and warning signs and symptoms of stroke

Q11   % ischemic stroke patients with initial NIHSS score recorded

Q12   Median door-to-needle time

Q13   % patients with door-to-needle time <= 60 minutes

Post-Hospital Quality of Care (TOC) Performance Measures (DRAFT)- **derived from post-hospital data elements (attachment 3c)**

Q1   % of stroke patients discharged to home who have died by 30 days

Q2   % of stroke patients who were seen in ED within 30 days of discharge

Q3   % of stroke patients who were readmitted to the hospital within 30 days of discharge

Q4   % of stroke patients reporting blood pressure (BP) >140 systolic or >90 diastolic among those checking their BP at home

Q5   % of stroke patients checking the BP at home

Q6   % of stroke patients reporting 2 or more falls within 30 days of discharge

Q7   % of stroke patients who stopped taking medications since discharge

Q8   % of stroke transports where EMS diagnosis agreed with hospital diagnosis

Q9   % of stroke patients that had a follow-up appointment scheduled prior to discharge