

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

		Process Performance Measures			In-Hospital Care Quality Performance Measures													
		E1	E2	E3	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12	Q13	Q14
S1	Increased measurement, tracking, and assessment of data across stroke systems of care for those at highest risk for stroke events and stroke patients	X																
S2	Increased implementation of data-driven QI activities across stroke systems of care for those at highest risk for stroke and stroke patients		X															
S3	Increased establishment of community resources and clinical services for those at highest risk for stroke and stroke patients across stroke systems of care			X														
I1	Increased linkage and usage of data across stroke systems of care for those at highest risk for stroke events and stroke patients	X																
I2	Increased coordination of care across stroke systems of care for those at highest risk for stroke and stroke patients		X															
I3	Increased provision of community resources and clinical services to those at highest risk for stroke and stroke patients across stroke systems of care			X														
L 1	Increased access to care and improved quality of care for stroke patients	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
L 2	Decreased disparities in access to and quality of care for populations at highest risk for stroke events compared to all stroke patients	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X

S: Short term outcomes; I: Intermediate outcomes; L: long term outcomes

Process Performance Measures

- E1 Measures included to meet requirements of the following strategy: Track and Monitor Clinical Measures to Improve Data Infrastructure Across Stroke Systems of Care
- E2 Measures included to meet requirements of the following strategy: Implement a Team-Based Approach to Enhance Quality of Care for Those at Highest Risk for Stroke and Stroke Patients Across Systems of Care
- E3 Measures included to meet requirements of the following strategy: Link Community Resources and Clinical Services That Support Those at Highest Risk for Stroke and Stroke Patients Across Systems of Care

In-Hospital Quality of Care Performance Measures- derived from in-hospital data elements (attachment 4b)

- Q1 % of stroke patients who received VTE prophylaxis or have documentation why no VTE prophylaxis was given the day of or the day after hospital admission.
- Q2 % of patients with ischemic stroke or TIA who receive antithrombotic therapy by the end of hospital day two.
- Q3 % of patients with an ischemic stroke or TIA with atrial fibrillation/flutter discharged on anticoagulation therapy
- 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

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

- Q5 % Ischemic stroke patients administered antithrombotic therapy by the end of hospital day 2.
- Q6 % Ischemic stroke patients who are prescribed statin medication at hospital discharge
- Q7 % % of ischemic or hemorrhagic stroke patients or their caregivers who were given educational materials during the hospital stay addressing all of the following: activation of EMS, need for follow-up after discharge, medications prescribed at discharge, risk factors for stroke, and warning signs and symptoms of stroke.
- Q8 % Ischemic, TIA, Subarachnoid hemorrhage, Intracerebral hemorrhage patients who receive smoking cessation recommendations or medication at discharge
- Q9 % Ischemic or hemorrhagic stroke patients who were assessed for rehabilitation services.
- Q10 % Ischemic stroke patients who receive IV tPA within 60 minutes of ED Arrival. Inclusions: Ischemic stroke, tPA given within 4.5 hours of last known well time.
- Q11 % of AIS receiving intravenous tissue plasminogen activator (<>alteplase) therapy during the hospital stay who have a time from hospital arrival to initiation of thrombolytic therapy administration (door-to-needle time) of 45 minutes or less.
- Q12 % Ischemic stroke patients who have NIH Stroke Scale score performed as part of the initial evaluation
- Q13 % of acute ischemic stroke patients who arrive at the hospital within 210 minutes (3.5 hours) of time last known well and for whom IV alteplase was initiated at this hospital within 270 minutes (4.5 hours) of time last known well.
- Q14 % of Ischemic Stroke and TIA patients who are prescribed high-intensity statin therapy at discharge OR, if > 75 years of age, are prescribed at least moderate- intensity statin therapy at discharge.