Stroke Quality Measures

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Application of the Stroke Measure Set

- The stroke measure set was developed to compliment the American Heart Association Get with the Guidelines program.

- Since January 1, 2013 the stroke measures have been required for participation in the CMS IQR and meaningful use programs.
CMS Reporting

• The Centers for Medicare and Medicaid Services (CMS) requires four indicators in the stroke measure set. These are VTE prophylaxis, thrombolytic therapy, discharge on a statin medication and stroke education.
TJC Reporting

- For those facilities that are The Joint Commission (TJC) accredited, each of the indicators is required in at least one of their ORYX options.
Objectives

• Discuss the benefit of VTE prophylaxis for patients suffering a stroke.

• List three items that must be included on the stroke patient discharge instructions.
Strokes in America

- Each year about 700,000 people experience a new or recurrent stroke. Stroke is the nation’s third leading cause of death.
- 2/3 of stroke patients survive and require rehabilitation.
- There are about 4.4 million stroke survivors alive today. It is estimated that 15-30% of these live with severe disabilities.
Venous Thromboembolism (VTE) Prophylaxis

- All stroke patients are at increased risk for developing VTE. One study noted that more than 1/3 of patients with moderately severe strokes had proximal deep vein thrombosis.
To prevent the development of VTE, stroke patients should be given prophylaxis either the day of or no later than the first day after hospital admission.

If there is a contraindication to prophylaxis, the practitioner must document it in the medical record.
Protocols

• For acutely ill stroke patients who are confined to bed the recommended prophylaxis choices are:
  • Low-molecular- weight heparin such as Lovenox or
  • Low-dose heparin or
  • fondaparinux (Arixtra).

• Aspirin alone is not recommended.
Antithrombotic therapy

- The result of many studies show that prescribing antithrombotic therapy by the end of hospital day two and continuing after discharge for patients with ischemic stroke helps to reduce mortality and morbidity as long as no contraindications exist.
Antithrombotic Therapy

- Data collection for the start of antithrombotic therapy measure by end of day two and discharged on antithrombotic therapy are required for The Joint Commission. Starting January 1, 2016, these will be two of the optional measures that a hospital can select to meet the CMS requirement to submit four measures by electronic submission (eCQM).
Antithrombotic therapy cont.

For patients who have atrial fibrillation/flutter or a mechanical health valve, warfarin is recommended for secondary stroke prevention.
Anticoagulation Therapy for Patients with Atrial Fibrillation/ Flutter

• Data collection for this measure is required for The Joint Commission. It is also one of the optional measures that a hospital can select to meet the CMS requirement to submit four measures by electronic submission (eCQM).
Thrombolytic therapy

• Acute ischemic stroke patients who arrive at the hospital within 2 hours of time last known well are to be screened and IV t-PA initiated within 3 hours of last known time well.
• This requires teamwork to get the CT completed and interpreted, necessary lab work done and vascular access within a short period of time.
Statin Medications

- Elevated serum LDL is a well documented risk factor for coronary artery disease. All patients with ischemic stroke or TIA should have lipid profile measurement performed within 48 hours of admission unless the results of a recent (within 30 days) test results are available.
Statin medications cont.

• Any patient with a **LDL greater than 100mg/dL** or who had been on lipid lowering medication **prior to hospital arrival** should have a statin prescribed.
Discharged on Statin Medication

- Data collection for this measure is required for The Joint Commission. Starting January 1, 2016 this will be one of the optional measures that a hospital can select to meet the CMS requirement to submit four measures by electronic submission (eCQM).
Education

• It is important that the stroke patients, their families and caregivers receive the necessary education to understand the medications and the lifestyle modifications to reduce risk or improve outcomes.

• This education includes:
Activation of emergency medical system

Call 911!

- Patients and families should not ignore the stroke warning signs even if there is only one which is mild or goes away. Someone should write down the time the symptom starts.
- They must know when and how to contact emergency services. Every minute is important. Strokes are medical emergencies.
Follow-up after discharge

• Patients more often fulfill follow-up appointments if they are made prior to discharge.
• These appointments may be with the PCP, rehabilitation services or home health.
Medications prescribed at discharge

- Patients and as appropriate, their families, must have an accurate medication list and know when and how to take each medication.
- They need to know the reason for the medication and the possible side effects.
Risk factors for stroke

- The 10 risk factors that account for 90% of stroke risk are:
  1. History of high blood pressure
  2. Current smoking
  3. Abdominal obesity
  4. Diabetes
  5. Lack of physical exercise
Risk factors continued

6. Poor diet- (high fat and sugars)
7. More than 30 alcohol drinks a month or binge drinking
8. Ratio of blood fats known as apo B to apo Al
9. Heart disease- especially atrial fibrillation
10. Psychosocial stress/depression

Warning Signs and Symptoms of Stroke

• Stroke symptoms are more likely to have a sudden onset but can occasionally develop gradually.

• These symptoms include:
  1. Numbness or weakness in your face, arm or leg, especially on one side.
  2. Confusion or trouble understanding other people.
Warning signs and symptoms of stroke continued

3. Trouble speaking.
4. Trouble seeing with one or both eyes.
5. Trouble walking or staying balanced or coordinated.
6. Dizziness

7. Severe headache that comes on for no known reason.

Reference: www.strokeassociation.org
Discharge Instructions

• There must be documentation in the medical record that all of the required elements were provided to the patient or his/her caregivers.
Stroke Education

• Data collection for this measure is required for The Joint Commission. Starting January 1, 2016 this will be one of the optional measures that a hospital can select to meet the CMS requirement to submit four measures by electronic submission (eCQM).
Rehabilitation assessment

• Every stroke patient should be assessed for rehabilitation potential. Stroke rehabilitation should begin as soon as the diagnosis of stroke is established and life threatening problems are under control.
Rehabilitation Assessment

- Data collection for this measure is required for The Joint Commission. It is also one of the optional measures that a hospital can select to meet the CMS requirement to submit four measures by electronic submission (eCQM).
Test your knowledge

1. A stroke patient can receive IV t-PA anytime within 24 hours of the last known time well.
   
   A. True
   B. False
2. All stroke patients are at increased risk for developing VTE therefore VTE prophylaxis should be started no later than the ______ day after admission.

A. First
B. Second
C. Fifth
Test your knowledge

3. Risk factors for stroke include:
   A. High Blood Pressure
   B. Current smoker
   C. Psychosocial stress/depression
   D. All of the above
The End!