


Joint Commission Measure-Specific Series

# Measure Update for Primary Stroke Centers (PSC) Certification Webinar

August 9, 2022



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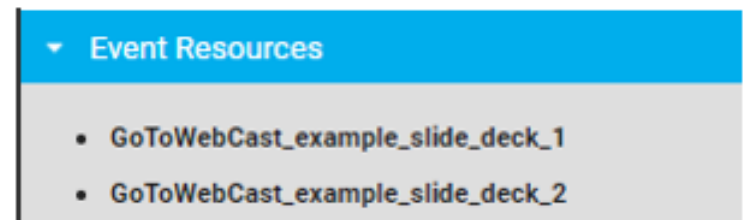
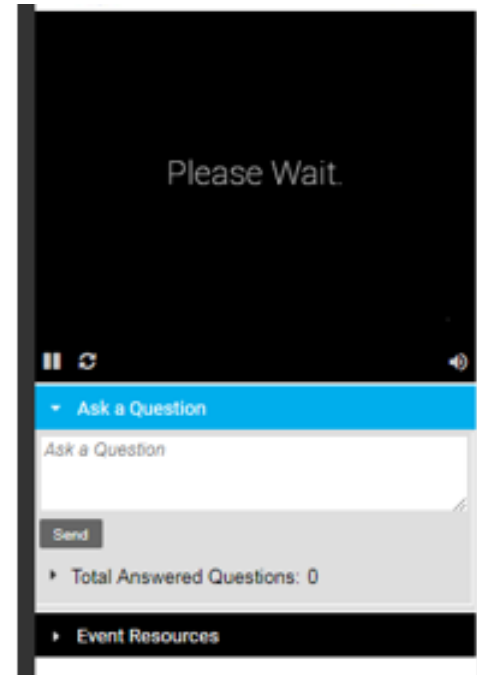
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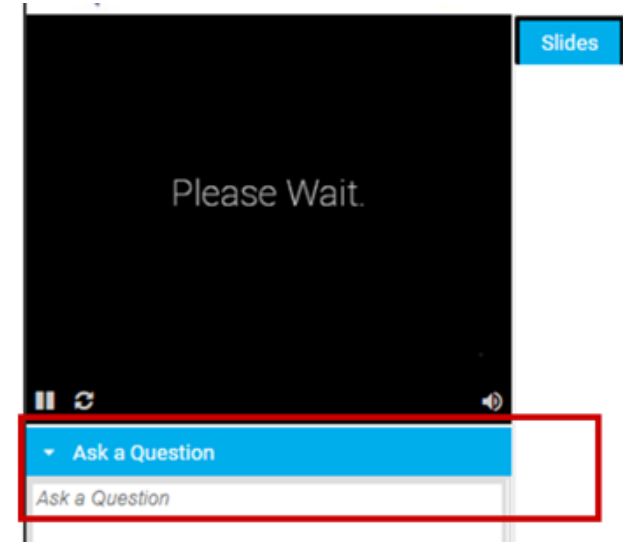
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# Learning objectives for this webinar

Discuss performance measures for Primary Stroke Centers with a focus on new measure requirements for PSCs that perform mechanical thrombectomy (MT) procedures

Highlight sections of measure specifications:

- Measure Information Forms (MIFs)
- Data elements and definitions
- Measure algorithm logic

Provide an opportunity to ask questions

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# Disclosure Statement

The Joint Commission's staff and presenters have disclosed that they do not have any conflicts of interest. For example, financial arrangements, affiliations with, or ownership of organizations that provide grants, consultancies, honoraria, travel, or other benefits that would impact the presentation of today's webinar content.

# Measure Update for Primary Stroke Centers (PSC) Certification Webinar

# Acronyms Used In This Presentation

- *AIS / IS* – Acute Ischemic Stroke / Ischemic Stroke
  - *CMIP* – Certification Measure Information Process
  - *HIPPA* - Health Insurance Portability and Accountability Act
  - *IA* – Intra-arterial
  - *IV* – Intra-venous
  - *LVO* - Large Vessel Occlusion
  - *MER* – Mechanical Endovascular Reperfusion therapy
  - *MT* – Mechanical Thrombectomy
  - *mRS* – Modified Rankin Score
  - *NIHSS* - National Institutes of Health Stroke Scale
  - *PSC* – Primary Stroke Center
  - *TICI* – Thrombolysis in Cerebral Infarction
  - *tPA* – Thrombolytic Therapy (e.g., alteplase, tenecteplase)
  - *VTE* – Venous Thromboembolism
-

# Current Primary Stroke Center Measures

- **STK-1** Venous Thromboembolism (VTE) Prophylaxis
- **STK-2** Discharged on Antithrombotic Therapy
- **STK-3** Anticoagulation Therapy for Atrial Fibrillation / Flutter
- **STK-4** Thrombolytic Therapy
- **STK-5** Antithrombotic Therapy By End of Hospital Day 2
- **STK-6** Discharged on Statin Medication
- **STK-8** Stroke Education
- **STK-10** Assessed for Rehabilitation Therapy
  
- **CSTK-01** National Institutes of Health Stroke Scale (NIHSS) Score Performed for Ischemic Stroke (IS) Patients

# Current Primary Stroke Center Measures

- **STK-OP-1** Door to Transfer to Another Hospital:
  - **1b** Hemorrhagic Stroke
  - **1d** AIS; -IV tPA; + LVO; +MER
  - **1e** AIS; -IV tPA; + LVO; -MER
  - **1f** AIS; -IV tPA; -LVO
  - **1g** AIS; +IV tPA; +LVO; +MER
  - **1h** AIS; +IV tPA; +LVO; -MER
  - **1i** AIS; +IV tPA; -LVO

# New Measure

- Effective July 1, 2022
  - **STK-VOL-1** Eligible Ischemic Stroke Patients Who Receive Mechanical Endovascular Reperfusion Therapy
  - Reporting is mandatory for all PSCs
  - PSCs that do **NOT** perform mechanical thrombectomy (MT)
    - Denominator: number of ischemic stroke patients for the reporting month
    - Numerator: **ZERO** MT patients
-

# Additional Measures for PSC-MT

- Effective July 1, 2022
- **CSTK-02** Modified Rankin Score (mRS) at 90 Days
- **CSTK-05** Hemorrhagic Transformation
  - **05a** IV thrombolytic therapy only (IVO)
  - **05b** IA thrombolytic therapy or MER
- **CSTK-08** TICl Post Treatment Reperfusion Grade
- **CSTK-09** Arrival to Skin Puncture
  - **09a** Transfers from another hospital
  - **09b** Direct arrivals to the hospital

# Why Additional Measures?

- Approximately 20% PSCs perform some MT
- Relationship between volume and quality
- Outcomes at PSCs performing MT should be comparable TSCs and CSCs

# STK-VOL-1

# Eligible Ischemic Stroke Patients with MT

## **DENOMINATOR:**

- Ischemic stroke patients

## **NUMERATOR:**

- Ischemic stroke patients who receive mechanical endovascular reperfusion therapy

# NO NEW DATA ELEMENTS

# Data Elements

## **DENOMINATOR:**

- *Admission Date*
- *Birthdate*
- *Discharge Date*
- *ICD-10-CM Principal Diagnosis Code*

## **NUMERATOR:**

- *ICD-10-PCS Other Procedure Codes*
  - *ICD-10-PCS Principal Procedure Code*
-

# Monthly Data Entry in CMIP

## DENOMINATOR:

- ALL: enter the number of ischemic stroke patients for the reporting month

## NUMERATOR:

- PSC +MT: enter the number of ischemic stroke patients who undergo MT
- PSC -MT: enter zero (0)

# CSTK-02

# Modified Rankin Score (mRS) at 90 Days

## DENOMINATOR:

- Ischemic stroke patients treated with IV or IA alteplase therapy or who undergo mechanical endovascular reperfusion therapy

## NUMERATOR:

- Ischemic stroke patients for whom a 90-day ( $\geq 75$  days and  $\leq 105$  days) mRS is obtained via telephone or in-person

# Data Elements

## **DENOMINATOR:**

- *Discharge Disposition*
- *Elective Carotid Intervention*
- *ICD-10-CM Principal Diagnosis Code*
- *ICD-10-PCS Other Procedure Codes*
- *ICD-10-PCS Other Procedure Dates*
- *ICD-10-PCS Principal Procedure Code*
- *ICD-10-PCS Principal Procedure Date*

# Data Elements

## NUMERATOR:

- *Modified Rankin Score (mRS)*
- *Modified Rankin Score (mRS) Date*

# mRS Allowable Values

- **0** The patient has no residual symptoms
- **1** The patient has no significant disability; able to carry out all pre-stroke activities
- **2** The patient has slight disability; unable to carry out all pre-stroke activities but able to look after self without daily help
- **3** The patient has moderate disability; requiring some external help but able to walk without the assistance of another individual

# Allowable Values Con't

- **4** The patient has moderately severe disability; unable to walk or attend to bodily functions without assistance of another individual
- **5** The patient has severe disability; bedridden, incontinent, requires continuous care
- **6** The patient has expired
- **7** Unable to contact patient/caregiver
- **8** mRS not performed, OR unable to determine (UTD)

# Modified Rankin Score Notes

- May be done and documented by any trained individual, e.g., physician/APN/PA, nurse, medical assistant
- May be done via telephone or in-person
- Patient or caregiver may be interviewed
- If more than one mRS documented, select the highest score value

*Slides provide highlights only. For complete Notes for Abstraction and Abstraction Guidelines go to the web version definition*

# Notes for Abstraction Con't

- Select allowable value '7' if...
  - 3 unsuccessful attempts to contact the patient or caregiver
  - Language barrier and no translator available
  - Patient / caregiver refuse to be interviewed
  - Resident of a healthcare facility that will not provide patient information (HIPPA)

# Notes for Abstraction Con't

- Select the date the score was done; choose within range dates if documented over dates outside range
- Multiple or discrepant scores, select the earliest date
- For patients who expire during the hospital stay, use the *Discharge Date*
- For patients who expire after the hospital stay, use the date of the mRS interview or hospital notification
- If '7' is selected, use the date of the last attempt to contact
- If UTD, use the *Discharge Date*

# CSTK-05

# Hemorrhagic Transformation

## DENOMINATOR:

- Ischemic stroke patients treated with IV alteplase therapy only (IVO) or IA alteplase therapy, or who undergo mechanical endovascular reperfusion therapy

## NUMERATOR:

- Ischemic stroke patients who develop a **symptomatic intracranial hemorrhage**  $\leq 36$  hours after the onset of treatment with IV alteplase therapy, or IA alteplase therapy, or mechanical endovascular reperfusion therapy
-

# Symptomatic Intracranial Hemorrhage

## DEFINITION:

- Clinical deterioration greater than or equal to a **4-point increase on NIHSS AND** brain image finding of parenchymal hematoma, subarachnoid hemorrhage, or intraventricular **hemorrhage within 36 hours** after the onset of treatment with intravenous (IV) or intra-arterial (IA) thrombolytic (t-PA) therapy or mechanical endovascular reperfusion therapy with an intra-arterial clot retrieval device.

# Stratified Measure

- Measure stratification is based on the type of reperfusion therapy selected for treatment of AIS
- **CSTK-05** is reported as an **overall rate** which includes both CSTK-05a and CSTK-05b
- **CSTK-05a** IV alteplase therapy only
- **CSTK-05b** IA alteplase therapy or mechanical endovascular reperfusion therapy

# Data Elements

## DENOMINATOR:

- *Elective Carotid Intervention*
- *ICD-10-CM Principal Diagnosis Code*
- *ICD-10-CM Other Diagnosis Codes*
- *ICD-10-PCS Other Procedure Codes*
- *ICD-10-PCS Other Procedure Dates*
- *ICD-10-PCS Principal Procedure Code*
- *ICD-10-PCS Principal Procedure Date*

# Data Elements

## **NUMERATOR CSTK-05a:**

- *Arrival Date / Arrival Time*
- *Highest NIHSS Score Documented Within 36 Hours Following IV Alteplase Initiation*
- *IV Alteplase Initiation*
- *IV Alteplase Initiation Date / Time*
- *NIHSS Score Documented Closest to IV Alteplase Initiation*
- *Positive Brain Image*
- *Positive Brain Image Date / Time*

# Data Elements

## **NUMERATOR CSTK-05b:**

- *Arrival Date / Arrival Time*
- *Highest NIHSS Score Documented Within 36 Hours Following IA Alteplase or MER Initiation*
- *IA Route of Alteplase Administration*
- *IA Alteplase or MER Initiation Date / Time*
- *NIHSS Score Documented Closest to IA Alteplase or MER Initiation*
- *Positive Brain Image*
- *Positive Brain Image Date / Time*

# IV/IA or MER Initiation Date/Time Notes

- Select the earliest documented date and time of IV or IA t-PA or MER initiation
- Select the date/time for the intervention that was done first
- If unable to determine the date/time of therapy initiation, select “UTD”

*Slides provide highlights only. For complete Notes for Abstraction and Abstraction Guidelines go to the web version definition*

# IA Inclusion Terms for Abstraction

- Infusion time
- Injection time
- Bolus time

# MER Inclusion Terms for Abstraction

- Catheter pass time
  - Clot access time
  - Clot engagement time
  - Deployment time
  - First pass time
  - First pull time
  - MER initiation time
  - MER start time
  - Pass time
-

# Highest NIHSS Score $\leq$ 36 Hours

- Total NIHSS scores between 0-42 may be documented by MD/APN/PA or nurse
  - Look for the highest NIHSS score documented  $\leq$  36 hours following IV or IA t-PA or MER initiation
  - If multiple scores are documented within this time frame, select the highest NIHSS score
  - If no NIHSS score documented within the time frame or unable to determine the highest score, select “UTD”
-

# NIHSS Score Closest to IV/IA/MER Notes

- Select a total NIHSS score between 0-42
- Select the last NIHSS score documented prior to the start time of IV or IA alteplase **OR** first pass of a mechanical reperfusion device
- If no NIHSS score documented or unable to determine, select “UTD”

# Positive Brain Image Notes

- Abstract only brain imaging reports for tests done after initiation of IA t-PA or MER
- Findings on brain imaging of parenchymal hematoma, subarachnoid hemorrhage, and/or intraventricular hemorrhage on brain imaging following IV or IA alteplase therapy, or mechanical endovascular reperfusion therapy initiation, are acceptable to select “Yes”

# Positive Brain Image Notes Con't

- Conflicting documentation, select “Yes”
- Documentation that “hemorrhage cannot be excluded”, “cannot R/O hemorrhage”, or “findings suggestive of hemorrhage”, select “Yes”
- Explicit documentation that the hemorrhage is "old", select “No”

# Inclusion Terms for Abstraction

- Multiple inclusion terms accepted
    - Bleed, blood, blood product(s)
    - Hemorrhage
    - Hemorrhagic conversion, expansion, etc.
  - ECASS criteria:
    - **PH1** parenchymal hemorrhage not exceeding 30% of infarct area with some mild space-occupying effect
    - **PH2** parenchymal hemorrhage exceeding 30% of infarct area with significant space-occupying effect
-

# Exclusion Terms for Abstraction

- Incidental
- Micro
- Petechial
- Punctate
- Trace
- ECASS criteria:
  - **H1** small petechial hemorrhage along margins of infarct
  - **H2** more confluent petechial hemorrhage within the infarct are w/o space-occupying effect

# Positive Brain Image Date / Time Notes

- Use the date/time at which symptomatic intracranial hemorrhage was first documented following therapy initiation
- Multiple or discrepant dates/times, select the earliest time
- Unable to determine, select “UTD”

# CSTK-08

# TICI Post-Treatment Reperfusion Grade

## **DENOMINATOR:**

- Ischemic stroke patients treated with mechanical endovascular reperfusion therapy

## **NUMERATOR:**

- Ischemic stroke patients with a post-treatment reperfusion grade of TICI 2B or higher

# Data Elements

## **DENOMINATOR:**

- *Elective Carotid Intervention*
- *Failed Attempt at Thrombectomy*
- *ICD-10-CM Principal Diagnosis Code*
- *ICD-10-PCS Other Procedure Codes*
- *ICD-10-PCS Other Procedure Dates*
- *ICD-10-PCS Principal Procedure Code*
- *ICD-10-PCS Principal Procedure Date*

# Data Elements

## NUMERATOR:

- *Post-Treatment Thrombolysis in Cerebral Infarction (TICI) Reperfusion Grade*

# Failed Attempt at Thrombectomy Notes

- Select “Yes” if...
    - No extirpation code on Table 8.1b  
Mechanical Endovascular Reperfusion  
Procedures **AND** documentation states
    - Clot not reached, vessel remains occluded,  
unsuccessful procedure, procedure aborted,  
no recanalization
    - ICD-10 procedure code on Table 8.1c  
Thrombectomy Root Procedures may be  
helpful but not required
-

# Notes for Abstraction Con't

- Select “No” if...
  - Medical record documentation includes an *ICD-10-PCS Principal or Other Procedure Code* on Table 8.1b Mechanical Endovascular Reperfusion Procedures
  - Unable to be determined (UTD) from medical record documentation that the procedure attempted was a mechanical thrombectomy for removal of LVO

*Slides provide highlights only. For complete Notes for Abstraction and Abstraction Guidelines go to the web version definition*

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# CSTK-09

# Arrival to Skin Puncture

## **CONTINUOUS VARIABLE STATEMENT:**

- Median time from hospital arrival to the time of skin puncture to access the artery (e.g., brachial, carotid, femoral, radial) selected for endovascular treatment (EVT) of acute ischemic stroke

# Stratified Measure

- Measure stratification is based on the patient's mode of arrival to the hospital
- **CSTK-09** is reported as an **overall rate** which includes both CSTK-09a and CSTK-09b
- **CSTK-09a Transfers**
  - includes patients who are transferred from another hospital
- **CSTK-09b Direct Arrivals**
  - includes patients who present directly to your hospital

# How Is Median Time Calculated?

**MEDIAN TIME** =  
*Skin Puncture Date and  
Skin Puncture Time*  
minus  
*Arrival Date and Arrival Time*  
(in minutes)

# Data Elements

- *Arrival Date / Time*
- *Delayed Endovascular Rescue Procedure*
- *Elective Carotid Intervention*
- *Initial NIHSS Less Than 6*
- *Mode of Arrival*
- *Skin Puncture*
- *Skin Puncture Date / Time*

# Delayed Endovascular Reperfusion Notes

- If EVT was initiated  $> 8$  hours after hospital arrival and no EVT procedure within the first 8 hours after arrival, select “Yes”
  - Appendix A, Table 8.1b
- If EVT was initiated within the first 8 hours after arrival, select “No”
- If unable to determine, select “No”

*Slides provide highlights only. For complete Notes for Abstraction and Abstraction Guidelines go to the web version definition*

# Initial NIHSS Less Than 6 Notes

- Select the first total NIHSS score (i.e., sum of the category scores) documented after hospital arrival
- The NIHSS score may be documented by the physician/ APN / PA or nurse (RN)
- Disregard components scored when the total NIHSS score is not documented or left blank. Do not infer a total NIHSS score from documented category scores

# Mode of Arrival Allowable Values

- **1** EMS from home or scene
- **2** Mobile Stroke Unit
- **3** Private transport / taxi / other from home / scene
- **4** Transfer from another hospital
- **5** Not documented or unable to determine (UTD)

Select the allowable value that **best** identifies how the patient got to the hospital

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# Skin Puncture Notes

- If skin puncture (arterial access) was done at this hospital, select “Yes”
  - Brachial, Carotid, Femoral, Radial access
- If skin puncture was not done at this hospital or “UTD”, select “No”

# Skin Puncture Date / Time Notes

- Select the date/time documented for EVT of the occluded cerebral artery
- If multiple times are documented for the same EVT procedure, select the earliest time
- “UTD” if unable to determine a date or time

# Inclusion Terms for Abstraction

- Brachial puncture time
- Carotid puncture time
- Femoral puncture time
- Groin puncture time
- Radial puncture time

# Resources

# Measure Specifications Manual

- Access the electronic manual
- For the most up-to-date measure specifications please see *Specifications Manual for Joint Commission National Quality Measures, Version 2022B1*
  - Manual versions updated bi-annually
  - Check Release Notes for changes to the measures
- Submit questions to:  
<https://manual.jointcommission.org>

# Data Submission

# CMIP Screens

- STK-VOL-1 posted **July 1, 2022**
  - Do not backfill months prior to July
- CSTK add-on measures for PSC +MT
  - Posted **July 1<sup>st</sup>** for HCOs that checked MT on their last E-APP for PSC certification
  - Post after the first month that one or more MTs are entered for the STK-VOL-1 numerator
  - Backfill beginning with the month MT first reported

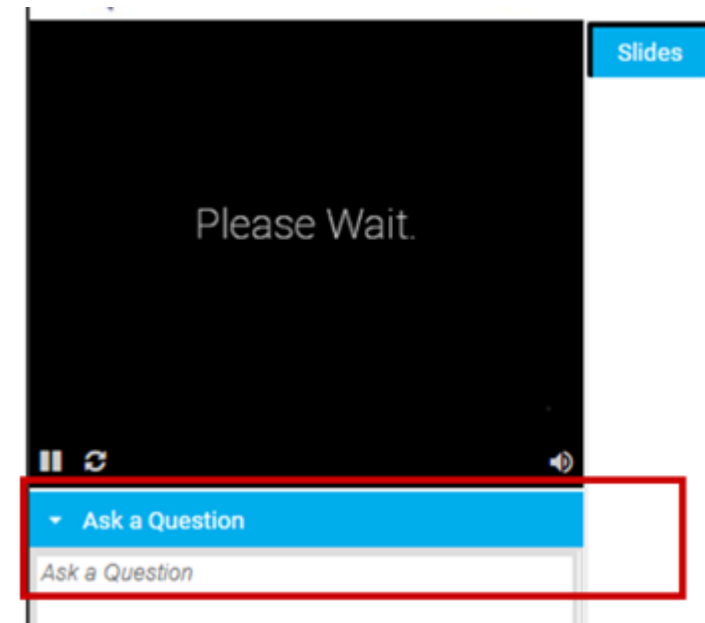
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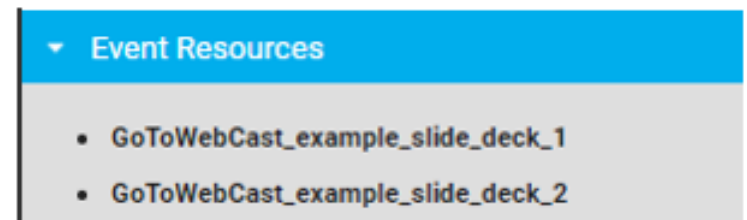
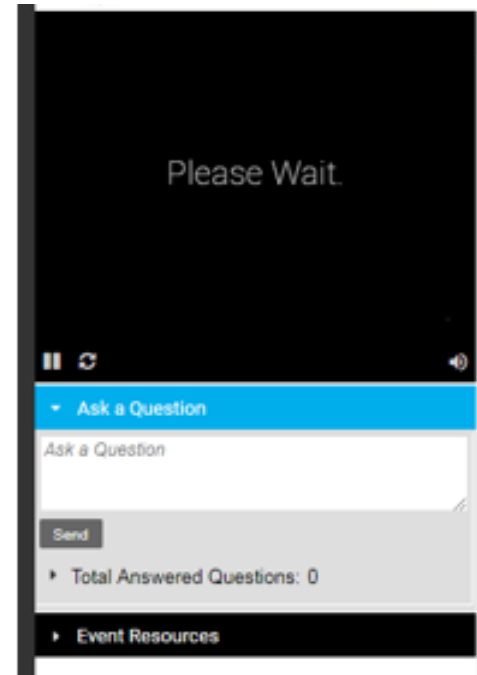
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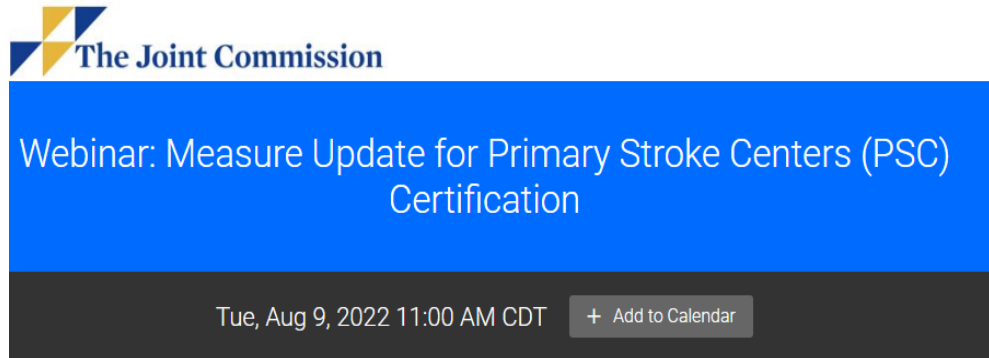


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You will be asked to enter registration fields before you are taken to the recording.



The screenshot shows a registration banner for a webinar. At the top left is the logo for 'The Joint Commission', which consists of a stylized 'J' made of four colored squares (yellow, blue, black, white) followed by the text 'The Joint Commission'. Below the logo is a blue rectangular area with the text 'Webinar: Measure Update for Primary Stroke Centers (PSC) Certification' in white. At the bottom of the banner is a dark grey bar containing the date and time 'Tue, Aug 9, 2022 11:00 AM CDT' and a button with a plus sign and the text '+ Add to Calendar'.

Webinar: Measure Update for Primary Stroke Centers (PSC) Certification

+ Add to Calendar

Tue, Aug 9, 2022 11:00 AM CDT (Noon ET; 11AM CT; 10AM MT; 9AM PT)

### Registration Information

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### Session Description

Primary Stroke Centers (PSCs) provide critical elements to achieve long-term success in improving outcomes for stroke patients. To this end, PSCs have a dedicated stroke unit and team of stroke professionals capable of delivering the medical treatment and management necessary for the acute care of stroke patients. This session will discuss performance measure requirements for PSCs with a focus on new measures for PSCs that offer not only intravenous thrombolytic therapy but also mechanical clot removal.

# Previous Webinar Links/Information

To access previous recording links, slides, and Q&A documents:

Visit the Measure-Specific Webinar area on the Joint Commission's website:

<https://www.jointcommission.org/measurement/quality-measurement-webinars-and-videos/measure-specific-webinars/>

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RESOURCE
<b>Assisted Living Certification Measures</b> 
12/01/2021
December 2021 Documents

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RESOURCE
<b>Measures for Joint Commission Health Care Staffing Services Certification</b> 
10/14/2021
October 14, 2021 Documents

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RESOURCE
<b>Standardized American Spine Registry (ASR) measures for Joint Commission Advanced Certification in Spine Surgery (ACSS)</b> 
09/23/2021
September 23, 2021 Documents

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Please provide your feedback to tell us what your educational needs are so we can determine how to meet your needs.

We will take your feedback and apply it to assess the quality of our educational programs and drive new content.

# Thank you for attending!



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## Joint Commission Measure-Specific Series: Measures Update for Primary Stroke Centers (PSC) Certification Webinar

August 9, 2022

00:00:00,060 --> 00:00:00,520

Alright. Welcome everyone and thank you for joining us today for our Joint Commission, Measure-Specific webinar; Measure Update for Primary Stroke Centers, PSC Certification.

00:00:16,550 --> 00:00:20,280

Before we start, just a few comments about today's webinar platform. Audio is by Voice Over Internet Protocol only. Use your computer speakers or headphones to listen. There are no dial in lines. If you hear background music, you have more than one window open. Close the test window and the music will stop. If you currently cannot hear audio, click the "Play" triangle icon in the upper left pane to launch audio. Feedback or dropped audio are common for live streaming events. Refresh your screen or rejoin the event if this occurs.

00:00:52,320 --> 00:00:55,240

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00:01:30,770 --> 00:01:32,460

The slides are available now in the Event Resources Pane. Select the link to download or print the PDF of the slides.

00:01:40,560 --> 00:01:43,930

The "Ask a Question" pane permits participants to ask questions. If possible, please reference the slide number to which your question should be addressed. Please visit links or resources noted in the slides. Also, please feel free to share the session recording and slides with any of your interested colleagues. The recording and slides will be available via the same link you used to join the live session, 2 hours after the session concludes.

00:02:08,070 --> 00:02:11,880

The learning objectives for this session are:

- Discuss performance measures for Primary Stroke Centers, with a focus on new measure requirements for PSC that perform mechanical thrombectomy procedures.
- Highlight sections of the measure specifications, including the Measure Information Forms, Data elements and definitions, Measure algorithm logic, and we will also
- Provide an opportunity to ask questions.

00:02:36,480 --> 00:02:39,340

The Joint Commission's staff and presenters have disclosed that they do not have any conflicts of interest. For example, financial arrangements, affiliations with, or ownership of organizations that provide grants, consultancies, honoraria, travel, or other benefits that would impact the presentation of today's webinar content.

00:02:58,040 --> 00:03:01,070

I will now turn it over to Karen Kolbusz to introduce herself and begin her presentation. Karen, please take it away.

00:03:05,680 --> 00:03:06,090

Yes. Thank you, Susan, and hello everyone. Thank you for attending today's

webinar during which we will review some changes to the performance measure requirements for Joint Commission Primary Stroke Centers.

00:03:21,530 --> 00:03:25,600

I do use quite a few acronyms during this presentation, which I'm sure many of you are familiar. If you are new to stroke measure data abstraction, these acronyms may need further explanation, which I'll try to provide within the slide that the acronym is used. I've also included this slide as a reference in case some of these terms are unfamiliar or unclear.

00:03:48,000 --> 00:03:52,530

Prior to July 1st, Certified Primary Stroke Centers were required to collect data for a total of 10 standardized performance measures. Eight stroke Core measures, CSTK-01, which is the NIHSS arrival measure. And then also STK-OP-01 door to transfer which looks at transfer times for patients transferred out to a higher level stroke center or another acute care Hospital.

00:04:19,760 --> 00:04:23,610

These are the STK-OP-01 measure and sub measures collected for Hemorrhagic Stroke transfers as well as Ischemic Stroke patients that may need therapies not provided by your Primary Stroke Center.

00:04:36,510 --> 00:04:41,490

As of July 1st, a new measure has been added for all Certified Primary Stroke Centers. And I want us to really stress that the measure is for all certified Primary Stroke Centers, because we've been asked that quite a few times already since we introduced the measure. The new measure is the STK-VOL-1 measure, and the intent of this measure is to track the number of mechanical thrombectomy procedures. Performed at Primary Stroke Center with the realization that not all Primary Stroke Centers do these procedures. Although all Primary Stroke Centers will report data for this measure, Primary Stroke Centers that do no mechanical thrombectomy procedures will simply enter zero for the numerator value each month. Of course, if your Primary Stroke Center should start to do these procedures at some point during your certification cycle, then you do need to start to enter the number that you're performing as the numerator value.

The denominator is always just the number of Ischemic stroke patients discharged from your hospital each month.

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If you are a Primary Stroke Center that currently does perform mechanical thrombectomy procedures, or if you're planning to start to begin offering these procedures. There will be some additional CSTK measures required for your hospital. These four CSTK measures are currently reported by Thrombectomy Capable Stroke Centers, and the expectation is that Primary Stroke Centers performing mechanical thrombectomy at their hospital will also report these same 4 measures and these requirements also became effective July 1st and we'll talk through each one of these measures individually.

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So why additional measures? The rationale behind this change in performance measure requirements is that comparable outcomes are expected for all hospitals performing mechanical thrombectomy procedures, regardless of your current certification designation. We know from your certification applications that approximately 20% of you currently are doing these procedures.

In addition, research supports the relationship between volume and quality, with higher volumes associated with better patient outcomes. And this change in performance measure requirements originated with the concern about maintaining the quality of care for all stroke patients, regardless of where these mechanical thrombectomy procedures are performed.

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So let's talk a bit about STK-VOL-1, because it is the new measure for all Primary Stroke Centers.

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The measure name eligible Ischemic stroke patients with mechanical thrombectomy aligns with Get with the Guidelines. So if you are a Get with the Guidelines user, you'll be able to generate a report to provide volume data for CMIP submissions to The Joint Commission.

The denominator is simply the number of the Ischemic stroke patients or Ischemic stroke discharges each month. The numerator is the number of your Ischemic stroke patients who had a mechanical thrombectomy at your hospital.

So if you are a Primary Stroke Center that does not offer mechanical thrombectomy procedures, the numerator will be 0. If your hospital does one or more mechanical thrombectomy during reporting month, then you will report that number as the numerator for this particular measure, and you'll also see added to your CMIP screens the four add-on CSTK measures.

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The good news is, is that there's no new data elements needed to be collected to calculate the measure rate for STK-VOL-1 measure.

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There's only a few data elements that are collected for this measure. The denominated data elements are actually all collected already for the stroke initial patient population, so there's nothing new there. For the numerator you will need procedure codes for mechanical thrombectomy if your hospital is doing these procedures. Now currently these codes are collected for CSTK-01 reporting, so they're really not new either. But, if you're not familiar with the codes, you will want to refer to

Appendix A, table 8.1B in our Joint Commission specifications manual, because table 8.1B will provide you with a comprehensive list of codes so that you can identify those codes in the record and decide whether or not to include the case in the numerator value for STK-VOL-1.

When entering denominator data in CMIP, everyone will and by everyone I mean all Primary Stroke Centers will enter the number of Ischemic stroke patients discharged from their hospital each month. And in the numerator, there will be the number of the Ischemic stroke patients who undergo mechanical thrombectomy if your hospital did any of these procedures during the reporting month. And again, if your hospital does not perform mechanical thrombectomy procedures, just enter zero and you'll be done with the reporting for this measure.

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So if you are a Primary Stroke Center that does mechanical thrombectomy, then you will be required to collect and report some additional measures. And the first add-on measure is going to be CSTK-02, which is Modified Rankin Score at 90 days.

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CSTK-02 is the Modified Rankin Score process measure. Now, the intent of this measure is for you to establish a process to collect Modified Rankin Score data at 90 days if you already are not collecting this type of data. Some of you may already be doing this, so it's a matter of reporting then.

The denominator for CSTK-02 captures only those Ischemic stroke patients who receive a reperfusion therapy. Which would include IV or IA t-PA or a mechanical thrombectomy procedure. So you are limiting the denominator already to only those Ischemic stroke patients with reperfusion procedure.

In the numerator are the Ischemic stroke patients for whom a 90 day Rankin was obtained and the score can be obtained either over the phone or in person. And we do allow a range for the 90 day mark. We're not expecting you to hit this on the bullseye. The range that we provide to you is within 75 to 105 days. So scores that are done and documented within the specified time frame will meet the numerator requirement. If the only scores you find documented in the record are earlier than the 75 days or later than 105 days than those of course will not meet the numerator requirements.

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So, I think I jumped ahead a little bit. There we go. The denominator data elements collected for CSTK-02 are also collected for other measures and should be familiar to everyone. You're going to see discharge disposition. We also have Elective Carotid Intervention, so nothing new there.

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So in the numerator you will have two new data elements if you're not currently collecting this measure, and the new data elements for CSTK-02 are the Modified Rankin Score data element and also Modified Rankin Score Date.

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The allowable values used in the Modified Rankin Score data element definition correspond with the actual Modified Rankin Score. Now the Modified Rankin Score was created by Doctor Rankin, go figure that. But anyways, it's named after him and it was back in the 1950s and the original Modified Rankin Score had five values and we use the definite in the definition of the allowable values. We're

using the descriptions that were provided by Doctor Rankin. for scores 0 through 5. Score six was added a bit later for patients that expire. And scores of, or really allowable values because we added them seven and eight. Those were added by The Joint Commission to exclude specific cases from the measure or account for patients that may not have a Modified Rankin Score done or it was not documented clearly or the Abstractor was in the able to determine from the medical record documentation if there was a score.

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So to assist with Abstraction, the specifications do provide some guidance and notes for Abstraction. And you know the first note here and this is a frequently asked question. The score may be done and documented by any trained individual. So we're not prescriptive regarding who actually does the interview and documents the score and the record. It could be a physician, you know, advanced practice nurse, physician assistant, the usual type of staff. It also might be a registered nurse. It could be a medical assistant. What we do stress, though, is that the patient is trained and certified to perform the score, and that's really something that's the responsibility of the organization. You decide who it is that should be documenting the scores at your hospital and how they're going to receive the training. You know, again, the interviews can be done in person or over the phone and also if the patient is not, is unable to be interviewed. Of course the patient is preferred, but if unable to interview the patient, a caregiver could be interviewed. And if it's not documented in the medical record or you have, I shouldn't say not documented, but if you see more than one score documented in the medical record, you want to select the highest score value.

So if you have multiples, you'll always go with the highest score. So these are just some highlights of the notes for Abstraction for this data element. If it is a new data element for you, you will want to look at the data element definition in the specs manual for the complete notes. Abstraction, and that'll give you the complete Abstraction guidance. But the note applies to all data element definitions that we're reviewing today. So please remember that when we're reviewing the data element definitions, there's just highlights.

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Allowable value 7 is going to exclude the case from the measure population and it may be selected for certain situations. So we do provide you with some common situations that may arise. The most common probably is that you try to contact a patient or caregiver and you're just unsuccessful in you're attempts. That would be an acceptable reason to select seven. We do ask though that you try three times before you discount the case. Other situations might be, you know, it might involve a language barrier and you don't have a translator available always if the patient or caregiver would refuse to be interviewed, that would be a reason for excluding the case. And then the last one did come up after we created the data element and we added this bullet. In some situations the patient may be discharged to a long term care facility or some kind of a residential care facility. And you're unable to contact the patient and the actual facility will not provide you with information about the patient because of HIPAA. And so that would be another possibility to select allowable value 7 and HIPAA is a reference, of course to the Health Insurance portability and Accountability Act of 1996.

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So for Modified Rankin Score Dates, we do have some other types of guidance that we stress here and we want you to select the date that the score was actually done and documented in the record. And if you should have multiple scores in the records, you want to look for scores that were documented with dates within the range specified. They had 75 to 105 days. If you should see

multiple or discrepant scores, then you would go with the earliest. And it would be multiple or discrepant scores of course, within the the date range, you'd want to select the earliest date. If the patient should expire during the hospital stay, you're going to still need a Modified Rankin Score date even though you're not doing a score. And for those cases, we tell you to select the discharge date for the Modified Rankin Score date.

And if the patient should expire after the hospital stay, then it would be the date that you actually interviewed the patient, or if unable to interview the patient and obtained information via another way. For example, let's say there was a appointment cancellation for example, it would be the date that your hospital was notified that the patient expired and you'd use that date for the Modified Rankin Score date. And again use the date of the last attempt if you're unsuccessful in contacting the patient or caregiver. Try to give it at least three tries here before you discount a case.

If UTD, UTD is an option for this date data element, but if you do select UTD, you still need a modified Rankin score dates. So also in those kinds of situations you will want to use the discharge date. So basically the discharge date is the default date that should be used for cases when the 90 day Rankin score was not done or you don't have one.

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CSTK-05 is the next measure we'll talk about. This is hemorrhagic transformation. This is also on an outcome measure, and it's the most complex measure that we'll talk about today.

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So again the denominator includes those Ischemic stroke patients who receive any one type or combination of reperfusion therapies. And then the numerator would include Ischemic stroke patients who develop a symptomatic intracranial hemorrhage within 36 hours after the treatment with a reperfusion therapy, whether it be IV alteplase, or IA alteplase or mechanical endovascular reperfusion therapy.

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The definition that we use for symptomatic intracranial hemorrhage in this definition is found in the rationale for the measure in the measure information form. And we use a definition of clinical deterioration greater than or equal to a 4-point increase on NIHSS and brain image finding of parenchymal hematoma, subarachnoid hemorrhage or intraventricular hemorrhage within 36 hours after the onset of reperfusion therapy.

The measure rate is on attempting to calculate this definition, and we use several data elements to make the calculation, so we'll go through each of those data elements.

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CSTK-05 is a stratified measure and its stratified by the type of reperfusion procedure that was performed. And there are two branches to this measure. We have 05a which collects data for Ischemic stroke patients who receive IV alteplase or tenecteplase only. So this is used for those cases where IV t-PA is the only reperfusion therapy.

In 05b would be looking for patients who undergo either IA thrombolytic therapy or mechanical reperfusion therapy or they might receive both of those therapies. And also if the patient were to receive IV t-PA prior to IA or MER, those cases are going to be included in the 05b branch and we get that question also quite frequently.

So remember in 05a, we only want patients that had IV t-PA only and no other reperfusion therapy. Lots of codes are collected for the denominator and if the patient was an elective procedure, of course that case would be excluded, which is true for the other Ischemic stroke measures.

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The data elements are kind of grouped according to the branches. So for on the 05a numerator data elements, they differ only slightly from 05b based on the type of reperfusion therapy that was delivered. So in the 05a branch, again we're looking for IV Alteplase Initiation. So when we look for scores, we need also NIHSS scores. So when we're looking for example, the highest NIHSS score, it would be the highest NIHSS prior to IV Alteplase Initiation and that's highest NIHSS within 36 hours of course of that therapy. And the same for the NIHSS that was documented closest. It would be closest to IV Alteplase Initiation.

These are key data elements that are going to differ between the branches. Now these other data elements arrival dates, arrival time, positive brain image, positive brain image date and time. Those are going to be consistent for both branches. 05b and we need to determine that the route of IV Alteplase administration was intra-arterial if it was given and so we used the data element, IA Route of Alteplase administration to kind of siphon out those cases first.

Also when we look at those NIHSS scores again. The highest NIHSS score within 36 hours and then the closest NIHSS score to the therapy we are. Referring to either IA Alteplase Initiation or MER Initiation.

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So what you should do when you have multiple reperfusion therapies delivered, and this is not uncommon, you might have a patient that received IV t-PA and then they went for mechanical thrombectomy at your facility or maybe they had IV t-PA at another facility and then they come to the primary stroke center and you give IA or MER therapy. So first you want to look at the earliest documented date and time of therapy initiation at your Primary Stroke Center. And you want to select the date and time for the intervention that was done first.

Now, hopefully the intervention that was done first is the earliest time at your facility. I mean, that's always a possibility that it's not, but that is really the intent behind this. And then as always, like if you are unable to determine date and time of therapy initiation, you would select UTD.

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So we have some inclusion terms that are fairly common for IV or IA t-PA and we might see in terms such as infusion time, injection time or Bolus time. Those are all listed in the inclusion terms for Abstraction. So you can look for that documentation in the record to see if your patient received t-PA.

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And then the same for MER therapy. These are some of the typical terms that may be documented in procedure notes. There's also alternative terms listed in the specifications manual in the inclusion terms for Abstraction. And those terms may be needed for cases where, let's say, aspiration technique was used and there was no stent retriever deployed or used for reperfusion. So we do give also some alternative terms. But these terms Catheter Pass time and Deployment time, these are some of the most common terms that you'll see documented.

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So for the highest NIHSS score within 36 hours. These notes for Abstraction are very similar to notes for Abstraction that we use in other NIHSS data elements. So like initial NIHSS that you're collecting for a CSTK-01 very similar Abstraction notes and we're always looking for a total NIHSS score. Now the total NIHSS could be anywhere from zero to 42. It could be documented. By, you know, MDA/APN/PA or possibly a nurse, but he has to be the total score and we want the total score that was documented within 36 hours following the reperfusion procedure.

If you do have multiple scores that are documented within that time frame, go ahead and select the highest score and if you don't have the score or you're unable to determine, then you would select UTD.

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The NIHSS score closest to the reperfusion therapy is very similar Abstraction guidelines. Again, we're looking for a total score, but in this situation, for obstruction of the closest score, you want to select the last NIHSS score that was documented prior to the start of that first reperfusion therapy. And then if no NIHSS score was documented, you would select UTD.

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Positive brain image is the next data element we'll talk about, and this can sometimes be frustrating for abstractors. We are a little less flexible with our Abstraction guidelines for Positive Brain Image, because remember, you do need 2 criteria to meet that definition of symptomatic intracranial hemorrhage, so we don't want to cherry pick our hemorrhages. So basically, the notes here will tell you to abstract only brain imaging reports for tests done after initiation of a reperfusion therapy. It seems pretty obvious, but sometimes people have asked about reports prior to reperfusion and we're not interested in those reports, only the reports that are done within that 36 hours after the reperfusion procedure.

And then findings on brain imaging of parenchymal hematoma, subarachnoid hemorrhage and or intraventricular hemorrhage after the reperfusion therapy we'd want you to select, "Yes". Now, they're sounds fairly direct, but oftentimes we don't see those specific words documented in the brain imaging report. So we do have some additional notes for Abstraction.

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First, if you should see conflicting documentation in the medical record, we are going to say that you should select "Yes" for several reasons. First, it's not uncommon to see conflicting or ambiguous documentation in brain imaging reports. And then second, you do again need those two criteria to get the case into the numerator.

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So it's assumed basically this patients do not have hemorrhage, they're not going to hit the clinical deterioration which is at 4 point or greater increase in NIHSS within the 36 hours after reperfusion and when we look at the definitions of the actual classifications of hemorrhage. I think that that'll become a little bit clearer.

Also, if you would see explicit documentation of an old hemorrhage, it doesn't happen that often, but every now and then you'll just have a brain imaging report. It'll pick up an old hemorrhage or something to that effect. Of course, in those situations you'd select "No" for positive brain image.

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So in the Inclusion Terms for Abstraction, we do give multiple inclusion terms because we don't always see parenchymal hematoma and the ones that I mentioned in the definition, so acceptable terms and there's quite a few, but some of them would include things like blood, blood products, hemorrhage. You know, you may sometimes see hemorrhagic conversion expansion, hemorrhagic transformation, all of those types of things are terms documented. Your brain imaging report would abstract as "Yes".

And then you know we also are looking at the European Cooperative Acute Stroke study definitions for PH1 and PH2 hemorrhage. Those are the definitions that are referring to parenchymal hemorrhage and it's ideal if you see those documented, but not too often do we see those documented in the brain imaging reports. But if we look specifically at these definitions, you'll see that you need a brain hemorrhage and then you see some mild space occupying effect if it's PH1 and that's the where the clinical deterioration piece comes in. And PH2 you're going to see more significant hemorrhage and then more significant space occupying effect. So ideally we would want to include PH1 and PH2 bleeds in the numerator, but as I said often times you don't see the classifications documented in the medical record, so we do give you alternative terms to use.

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We also give you some exclusion terms for bleeds that should not be counted and these are also very important, you know, terms such as petechial or punctate incidental. We would if the if that is the only term that you find documented, we would not count that as a positive brain bleed. And again we go back to the, the definitions here from, you know, the European Cooperative Acute Stroke study. Here we would see definitions of H1 and H2 hemorrhage, which are lesser bleeds that would refer to these small petechial hemorrhages. And of course in those types of cases, those are really not the belief that we're looking for. So if you see those kinds of definitions in the brain imaging reports, we would not count those you would select "No" for positive brain image in the absence of other documentation that indicated a bleed.

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Just a few more highlights, we're going to talk about the Positive Brain Image, Date and Time. And here you know you want to use the date and time at which symptomatic intracranial hemorrhage was first documented following that therapy initiation. So it's the first time you see that date and time in a report. If you have multiple or discrepant times within that 36 hour window, select the earliest time. And then if you're unable to determine again, you have a UTD option.

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So then we'll move on to the next measure. At least we got through the most complicated measure on the next measure we'll talk about is CSTK-08 and this is our TICl measure. And like CSTK-05, CSTK-08 is an outcome measure.

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So TICl stands for thrombolysis in cerebral infarction, and this is a score used to assess the degree of reperfusion achieved after endovascular therapy. Unlike CSTK-02 and CSTK-05, CSTK-08 denominator includes only the patients that had MER reperfusion therapy, or in other words a mechanical thrombectomy procedure, and it is slightly more limited. In the numerator we're looking for a ischemic stroke patients with a post treatment reperfusion grade of TICl 2b or higher.

So a TICI 2b would be partial reperfusion greater than or equal to 50% of the vascular distribution of the occluded artery. If it was a higher score such as TICI3, then it, you know, it might be up to 100% reperfusion, but that's what we're looking for to include in the numerator.

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In the denominator, nothing probably too exciting here, elective carotid again and procedure codes, but we do have a new data element which may not be familiar to everyone and that's failed attempt at thrombectomy. So we'll spend a little bit of time talking about that one.

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In the numerator, there's only the one data element which is the post treatment thrombolysis and cerebral infarction reperfusion grade data element. And this data element has three allowable values. The first allowable value is looking for those TICI scores that are greater than or equal to 2b, and then the second would be less than 2b and three would be not documented, so just the one data element.

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Failed Attempted Thrombectomy can be a bit tricky for abstractors. A big clue here is to look for cases that are not coded for extirpation. So these would be cases that do not have a code in the record that would be on that table 8.1b which is our MER reperfusion a procedure code table. And, if they do not have an extirpation code on table 8.1b And you see in the record that there was some kind of documentation that the clot was not reached or the vessel remains occluded. Sometimes you just see that they say the the procedure was not completed, it wasn't successful also source of documentation then that is going to lean to selecting "Yes" for this data element. And we're trying to capture these types of cases because they should be in the denominator to accurately report the scores.

We do give one additional table here for guidance. It's Table 8.1c. This is Thrombectomy Root Procedures. It may or may not be helpful. What happens is that when the intent is to do the mechanical thrombectomy procedure, if the attempt is not successful or it is aborted, then the case would be down coded in. It can only be coded to the root procedure or the highest level procedure that was performed. So all these things in combination are clues of when to select yes for failed attempts at thrombectomy.

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So when would you select : "No"? Select "No" if there is an ICD 10 procedure code for MER in the record, that would be a definite "No". And then just go on and continue to abstract the record and look for your TICI score to see if the case is going to meet the numerator requirements of TICI a score of 2b or higher.

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And that's pretty much it for our CSTK-08 measure.

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CSTK-09 is the 4th measure for addition if you are doing mechanical thrombectomy procedures at your Primary Stroke Center. And basically this is a door to puncture time measure and we named it arrival to skin puncture.

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CSTK-09 is a continuous variable measure, so it's somewhat different data collection would be required for this measure. We just have the one continuous variable statement and the measure looks for a median time from hospital arrival to the the time of skin puncture to access the artery.

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Now CSTK-09 is also a stratified measure and it has two branches. The CSTK-09 measure is looking for transfers and this would be transfers into your PSC. And then the CSTK-09b measure would be looking at direct arrivals or those patients who present directly to your hospital. And then both 9, 09a and 09b would roll up to CSTK-09 which is the overall rate that is reported for the measure.

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So the measure calculates the median time and it uses a couple of data elements to do that. You need an Arrival Date and Arrival Time and you need a Skin Puncture Date and a Skin Puncture Time. And you can see the formula on this slide and this is taken from the measure algorithm. It is the calculation box in the measure algorithm that will calculate median time in minutes. For this particular measure, The Joint Commission does not currently have a benchmark. However, if you do also use get with the guidelines, you'll be familiar with their target, which is 90 minutes or less, and we agree with that and would suggest that if you are looking for a benchmark that it would be under 90 minutes.

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So the data elements used here, we have Arrival Date and Arrival Time again. We have a couple new actual data elements that we'll have to talk about. Delayed Endovascular Rescue Procedure is one of the new ones. Also Initial NIHSS Less Than 6 and mode of skin of... Mode of Arrival. And then Skin Puncture and Skin Puncture Date and Time, are also all new data elements for this measure. So actually quite a few new data elements.

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So Delayed Endovascular Reperfusion is looking for those cases. They would be considered exclusions to the measure population. If the first mechanical thrombectomy procedure done at your hospital was done greater than 8 hours after hospital arrival. So let's say the patient was there for a few days, and then a reperfusion, a mechanical thrombectomy procedure is performed as the first reperfusion procedure. We would exclude that case and you would have select "Yes" in those situations for this delayed endovascular reperfusion data element. And again, you're going to use those codes on table 8.1b

If the procedure on 8.1b is initiated within the first 8 Hours after hospital arrival, select "No". So it's just strictly a timing thing. And then if you're unable to determine you would select "No". Now the you know the original studies that were done, you know for EVT. Really used a time frame of within six hours. We do give the two extra hours for leeway, basically documentation purposes and whatnot, so you get a little bit extra time here. But we do know that many times there is that extended time frame also. So this is the one that's looking specifically at their first eight hours.

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In this particular measure, another data element which will exclude the case as the initial NIHSS Less Than Six. If the case has an less of an initial NIHSS or they have very first NIHSS is less than six,

we would exclude it from the measure and again look for your total NIHSS score. And the same type of notes for abstraction again apply, the same as the other NIHSS; type of note for abstraction.

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Mode for arrival is a data element that needed to be added to determine whether we put the case in the transfer branch or the direct arrival branch. So we give you a couple of possibilities here in terms of allowable values. If the mode of arrival is 2, which would be a mobile stroke unit, or 4 transfer from transfer branch. Also, if there, if you would select five and say that the mode of arrival was not documented, those cases are going to go to the transfer branch.

So the measure is going to assume that if it's not documented, mode of arrival is not documented, that the case was a transfer. And then for the 09b branch, if one is selected, which would be EMS from the Home or Scene or three the patient arrived by private vehicle, then it's going to be captured as a direct arrival to your hospital.

Now these fields also correspond with Get with the Guideline data fields, so you should be able to find these easily when you're doing your data entry and Get with the Guidelines or running your reports from Get with the Guidelines for Get with the guidelines users.

00:44:05,050 -> 00:44:05,740

Skin Puncture, we just have a few notes. We're looking for when the skin puncture was first done at your hospital. It could be multiple arteries. That isn't as important as just when the first skin puncture at your hospital and then there is the UTD option to select "No" if it was not documented.

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For skin puncture, we do need a date and time of when it was done. So you're going to just select from what's documented in the record when you actually see skin puncture documented prior to the reperfusion therapy.

If multiple times are documented for that same procedure, then you'd want to select the earliest Skin Puncture Date and Time and again a UTD option for not documented or unable to determine.

00:45:08,430 -> 00:45:11,700

Just a few inclusion terms for Abstraction. Any of the acceptable arteries, you know any of these terms: Femoral, groin, other alternative arterial sites. All of these would be acceptable to use for skin puncture. And that of course for skin puncture date and time.

00:45:33,480 -> 00:45:39,420

So we do have a few resources for you to refer to after this webinar. The main resource is of course our specifications manual. This is the primary source of information for The Joint Commission We will be publishing future version 2023A later this week. So stay tuned, there will be a future version, but I can tell you now that none of the measures discussed in the presentation today have significant changes through January. So no need for concern there. But just be aware that there will be another manual being posted, and if you ever want to know what the changes were that we made to the measure specifications, you can find that in the release notes document. The release notes document is really a great resource for you. It will provide a summary of. All the changes that were made to the measure specification for that version. So use that as kind of a quick reference when you're trying to figure out what's different here when we update the versions of the manual because

they are updated twice a year. And also make sure you're always using the current version of the measure specifications, so that you do not miss changes if they should have been made to the measures.

If there's questions after today's web-a, after today's webinar, you can submit them to our performance measure Q&A network, which is available on The Joint Commission website. This is the direct link to the website: <https://manual.jointcommission.org>. That is always a good source, if you need a quick check on something, you have a data Abstraction question or question about the specifications.

00:47:30,420 --> 00:47:36,040

So the last topic for today's discussion is data submission. Data submission will be via CMIP, which is that application on your Secure Joint Commission, Connect, extranet sites. Keep in mind that the screens for the STK-VOL-1 measure were posted July 1st, so those you should see now.

We do not expect you to backfill months prior to July. So if you see months, you may see

months because it's how CMIP works. When it adds new measures, it may show you June and May and April of 2022. You're not expected to report data for STK-VOL-1 except for discharges on and after July 1st. Also for the add-on measures for those Primary Stroke Centers that are doing mechanical thrombectomy procedures. Those screens were posted for healthcare organizations that checked on their last E-APP that they do perform mechanical thrombectomy. So you are probably already seeing some of those four CSTK add-on measures screens if you were one of those orgs.

If you're an org that should start to do these procedures after July 1st, let's say you're not doing them currently, but later this year you start to do them. Those add-on measure screens will post probably about a month or so after the first month that you enter mechanical thrombectomy volume for STK-VOL-1. So there will be a bit of a lag time, and with the add-on measures we do expect that there will be back filling with the month that the mechanical thrombectomy was first reported in CMIP. So if there if you report let's say, in September and you don't see your screens in October, we will expect that you go back and backfill those CSTK add-on member uh measures for September and October.

00:49:36,920 --> 00:49:40,580

So that concludes the formal part of the presentation today. I want to thank you all for participating in today's webinar and I'm going to turn it back to Susan Funk at this point. Susan.

00:49:49,780 --> 00:49:50,690

Great. Thanks so much Karen. That was so much information. You've given everyone and I know that there's a bunch of questions.

00:49:55,970 --> 00:49:57,880

So we're going to move into the live Q&A segment right now. As a reminder to Ask a Question please type your question and the Ask a Question pane. If possible, include this slide reference number or the measure that you are asking the the question about. We will answer as many questions as we can in the remaining time we have today and all of the unanswered questions that we don't get to today. We will address in a written follow-up...written follow up Q&A document that we will post to The Joint Commission web page within the coming weeks.

00:50:30,250 --> 00:50:33,980

Karen, I'll pass it back over to you and you can start to facilitate reading through some of the questions we've gotten.

00:50:38,780 --> 00:50:41,550

OK, well, we have quite a few questions here. I don't know how many I'm going to be able to get through, but we're going to give it a shot.

00:50:47,020 --> 00:50:49,690

Here is my first question. This question is from Marla and it says, "Is there a certification course for Modified Rankin Score?"

The Joint Commission does not have a certification course for the Modified Rankin Score, but there's other sources that you may be able to find online. For Modified Rankin Score training, you can also contact American Heart Association and see I know they have a training score for NIHSS. I'm not sure if they have one for Modified Rankin Score, but they might also be able to help you with finding a certification course if you need to find one.

So thank you for submitting that question. A very good question.

00:51:32,140 --> 00:51:37,270

Our second question is from Bill and he wants to just clarify for CSTK-02, Which seems to have already popped away from me for some reason. But anyways for CSTK-02, his question I believe was, "If we're PSC that does not perform mechanical thrombectomy, do we still need to obtain a Modified Rankin Score at 90 days if we get gave IV t-PA?"

That is totally up to you Bill. If you are PSC that does not perform mechanical thrombectomy, The Joint Commission is not requiring CSTK-02 as a measure for your on PSC and you will not be required to report data for CSTK-02 to us. So whether or not you do the modified Rankin is just an organizational decision.

So thank you very much for that question.

00:52:34,560 --> 00:52:38,990

Next question here we have a question from Robert. And he has a question asking, "We have occupational therapists that do Modified Rankin Score during admission and they make the 90 day phone call for the 90 day Modified Rankin Score. Is it ok to have OT do to them?"

They are trained in Modified Rankin Score; if they're trained to do the interview, I think that there it's a perfectly appropriate discipline to be gathering that data for you. So good for you. You are ahead of the game. Let me go through here.

00:53:12,040 --> 00:53:15,350

I'm sorry some of these are kind of lengthy and I have to read them.

00:53:16,680 --> 00:53:21,330

Here is a question from Karen and she wants to know is. "CSTK-05 required for Primary Stroke Centers that do not do mechanical thrombectomy?"

No. If you are a Primary Stroke Center and your stroke center does not perform mechanical thrombectomy procedures, the only measure required for you is that STK-VOL-01 measure that will be the only new measure required for you that was discussed today. All of the CSTK measures that were discussed on today's webinar are for the Primary Stroke Centers that currently do mechanical thrombectomy procedures. We expect now that they should report that data so that the stroke reviewers are informed when they go out for your review that you're doing those procedures and that they can adequately, adequately evaluate the care that you are providing to those mechanical thrombectomy patients as well as your other Ischemic stroke patients.

So I, I hope that that is very clear and if I was not clear about that, just want to stress that no, the CSTK add-on measures are only for Primary Stroke Centers that do mechanical thrombectomy. If you're Primary Stroke Center does not do mechanical thrombectomy you're not required to collect data for those measures.

However, if you ever start to perform mechanical thrombectomy at your Primary Stroke Center, then you're going to see the screens and then it will be a requirement for you.

So thank you for that question, Karen

00:54:57,980 --> 00:55:01,710

The next question Nikki. "Would TNK fall into CSTK-05a or is TNK excluded from all of CSTK-05 currently? And only considering mechanical thrombectomy and TPA?"

Okay TNK which is tenecteplase that is now considered the same alteplase. So for years alteplase was the only you know FDA approved thrombolytic for stroke. More recently I think it was 2019 there was an approval for TNK, it is for select patients. So we do say that it is an acceptable alternative to alteplase, but if it should be given instead of alteplase, it counts the same as alteplase. You're going to select yes for IV alteplase initiation and those cases will be included in the 05a branch. If that was the only therapy reperfusion therapy given. They are not excluded. So thank you very much for that question, Nikki.

00:56:06,100 --> 00:56:07,520

Let's see here. We have another question from Julie. Julie asked a similar question about IV alteplase and Tenecteplase and are they interchangeable? And I think I just answered Julie's questions. And I'm going down the list some of these are if we do not get to your question, we will answer it and get give you an answer after the presentation.

00:56:54,250 --> 00:56:56,800

Yes, another question here. "Just to be clear, if our facility is only PSC and no mechanical thrombectomies are done. Our only additional measure is STK-VOL-01?"

That is correct, Julie. That is the message for today.

00:57:19,870 --> 00:57:25,550

"What is the thought process about excluding NIHSS scores less than six from the CSTK-09 measure?" This is a question from Amanda and that's a great question. Amanda, it was not originally an exclusion that data element was added later after some of our CSTK or Certified Comprehensive Stroke Centers actually, who also collect that measure had raised that in some of the milder cases

that you know they they would not actually- Necessarily they may postpone or delay the initiation of therapy and we start that measure at arrival.

So I guess it's the best answers because it starts at arrival and we're using the arrival time to the hospital. That's why we added the exclusion and the six was through consensus agreement with experts and discussion with the expert neurologists and and physicians that advise the development of these measures. Yeah.

00:58:29,260 --> 00:58:29,630

Yeah. I was going to say, Karen, we are at the end of time. I've got just a few closing remarks. And Karen is mentioned this and I have as well all of the rest of your questions that have been asked, we will answer in a written follow-up document that we will post on The Joint Commission's website.

00:58:45,110 --> 00:58:48,400

So just a few closing remarks before we before we let everyone go. As a reminder, don't forget to download the slides. They are available within the event platform.

00:58:55,420 --> 00:58:59,580

The recording and the slides and the Q&A document can all be found at the link that we've provided on this slide within two hours. So I'm sorry, the Q&A document won't be available, but you'll be able to review this recording. And you can get the slides, using the same link that you used to join today.

00:59:16,150 --> 00:59:20,200

This is where, all the documents will go that will live on The Joint Commission's webpage

when we post them. So the link on this slide, has the area where you will need to go to find the Q&A document when we post it.

00:59:29,880 --> 00:59:33,590

The webinar survey will go out tomorrow and you'll get an e-mail. Although CE credit was not offered for today, we do want your feedback so that we can assess what your educational needs are and we can determine how to best meet those needs.

If there are any clarifications that need to go to the audience. And we'll take your feedback and apply it to assess the quality of how we offer these webinars.

00:59:55,000 --> 00:59:58,890

So finally, thank you so much, Karen, today for your presentation and thanks to everyone for all of the questions that we got. We know that you are very engaged in this area. So everybody have a great day. Thank you very much.

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Question	Answer
<p>This measure is for all primary stroke centers that have given alteplase, not just those that do mechanical thrombectomy</p>	<p>Ischemic stroke patients included in the measure are detailed in the denominator statements for each measure.</p>
<p>Regarding STK-4- we have had several pt's who's symptoms totally resolved in the ED and then a few hours later symptoms return and they get alteplase, why can we not put that time in GWTG for TJC, TJC states it has to be a time prior to arrival, so this ends up being a missed opportunity since they receive tPA greater than than the 4.5 hours because we have to use the first LKW instead of the one after they arrived to the ED if their symptoms totally resolved. Thank you</p>	<p>For the Joint Commission STK-4 Thrombolytic Therapy measure, the clock starts with the patient's arrival to hospital. The Time Last Known Well must be a time prior to hospital arrival to calculate the measure rate. In addition to STK-4, GWTG collects other thrombolytic measures that may accept a time of stroke onset after arrival, as well as, the location where the stroke occurred.</p>
<p>We are a receiving hospital for many community hospitals that give IV alteplase and then transfer to us. Do we count them in our denominator of patients who receive IV alteplase for CSTK-05?</p>	<p>To include the case in CSTK-05, an ICD-10-PCS code for thrombolytic therapy or mechanical reperfusion therapy is needed. (Please refer to Appendix A, Table 8.1a Thrombolytic Agents and Table 8.1b MER of the Joint Commission specifications manual.) Procedures done at your hospital will be billed and coded for the inpatient episode of care reviewed. Procedures done at a referring hospital should not be captured unless the procedure is billed by your hospital with the inpatient admission.</p>
<p>When following Specification Manual algorithms, we have been taught that "D" category is bad. Following STK-VOL algorithm, no MERT falls into D category. Why can't we say N/A for MERT rather than saying zero %? Will this look like poor care in our PI report compared to hospitals that do MERT? We transfer our patients that are "eligible" for MERT, but this makes it look like we just don't offer it.</p>	<p>The STK-VOL-1 measure is a proportion measure that captures the percentage of ischemic stroke patients who receive a MER procedure that was done at your hospital. As such, the total number of ischemic stroke discharges each month is the denominator and the numerator those ischemic stroke patients who had a MER procedure at your hospital. There is no expectation that your hospital perform MER. Zero (0%) is acceptable to report. STK-VOL-1 does not capture patients referred / transferred to another hospital for MER. Patients transferred out of your hospital to another hospital for MER are captured in the STK-OP-1 measure. If your hospital does not perform MER procedures, it is appropriate care to transfer the patient to a facility that does offer MER if MER is indicated for the patient.</p>
<p>I have 2 questions. I am a new Stroke Coordinator as of March of this year, so I am still learning all of the reports. We are a Primary Stroke Center with no Thrombectomies done. I am trying to start the 90 day follow up calls as well as the 90 follow up Modified Rankin Score. No one can tell me where I need to document the results of calls. Is there a specific report or a specific place in the pt's chart?</p> <p>Second, apparently back in January, we had a pt convert after her alteplase infusion. Does this get reported on the JC report or on the GWTG report and where do I find this report? Thank You.</p>	<ol style="list-style-type: none"> <li>1. Ideally, the results of a 90 day mRS should be documented in the patient's electronic medical record. Since documentation for the inpatient episode of care is closed after 30 days, other data sources may be used to track these data, such as, outpatient records, logs or computer spreadsheets. Please see the data element definition for Modified Rankin Score detailed in the Alphabetical Data Dictionary of the specifications manual.</li> <li>2. This question needs clarification. Please rephrase and explain what you mean by "convert". Questions may be submitted to <a href="https://manual.jointcommission.org">https://manual.jointcommission.org</a>.</li> </ol>

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<p>In current state, we only enter numerator/denominator type information into the CMIP. We don't abstract this information. We will now be abstracting these details into some JC format?</p>	<p>Medical record abstraction is needed in order to determine the numerator and denominator values that are entered into CMIP.</p>
<p>Is there an equivalent for CSTK-05 (bleeds) for PSCs that do administer thrombolytic, but ship out for MT? Essentially Does TJC require reporting of thrombolytic bleeds outside of CSCs?</p>	<p>CSTK-05 measure specifications are the same for all stroke centers. If IV tPA is initiated at your hospital and the patient transferred to another hospital, then the case will be reported for STK-OP-1 and not CSTK-05. CSTK-05 captures inpatient admissions to your hospital.</p>
<p>Just to be clear, if our facility is ONLY a PSC (no MT capability), our only additional measure is STK-VOL-1?</p>	<p>If your PSC does NOT do mechanical thrombectomy procedures, then STK-VOL-1 is the only new measure requirement for your hospital.</p>
<p>For hospitals that drip and ship administer tPA prior to transfer to another as an outpatient - are these cases' tPA times to be entered into the GWTG for the originating hospital?</p>	<p>Please contact AHA/GWTG staff for questions about data entry in the GWTG data collection tool.</p>
<p>For STK-OP 1b- do you count transfers that happened after they were admitted?</p>	<p>Inpatient admissions who are later transferred to another hospital are not included in STK-OP-1. STK-OP-1 is an outpatient measure that captures patients who are not admitted to your hospital but transferred from your hospital ED to another hospital.</p>
<p>What is the thought process behind excluding NIHSS scores less than 6 for CSTK-09?</p>	<p>Findings from clinical trials published in 2018 ( i.e., DAWN, DEFUSE 3) have reported the benefits of mechanical thrombectomy in the extended window up to 24 hours of last known well for select ischemic stroke patients meeting certain criteria. For CSTK09, the clock starts with hospital arrival. Patients who present with mild stroke may have delayed EVT based on the severity of presenting symptoms with longer DTP times reported. The measure excludes patients with delayed procedures &gt; 8 hrs from arrival; however, shorter delays due to the severity of presenting symptoms are not excluded with this data element. Since the measure reports median time, measure results may be skewed if cases with mild presenting symptoms (i.e., lower NIHSS scores) are included in the denominator.</p>
<p>We keep our own data with elements for MER and IV alteplase. We do enter all stroke patients into GWTG but do not currently abstract MER patients into GWTG. Is this now mandatory so can we just submit our numerator/denominator data for the new elements?</p>	<p>Data are self-submitted in CMIP. GWTG is not required; however, data entry in GWTG may aid data submission for CMIP if you are a GWTG user.</p>
<p>What about the 4 months of data that is needed prior to a joint Commission recertification. Are we required to backfill data then?</p>	<p>If you are an initial PSC certification and indicate that you perform MT on your eAPP, then you will be required to show data for CSTK-02, CSTK-05 (05a/05b), CSTK-08, and CSTK-09 (09a/09b) at the time of your initial certification review. If this is your scenario, then we suggest entering the four months of data required for each measure in CMIP prior to your review.</p>
<p>For PSC that do NOT do any MT, in CMIP, do we document zero or leave it blank? Thank you</p>	<p>Enter zero for the STK-VOL-1 numerator if your PSC did not perform MT procedures during the reporting month.</p>

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<p>To clarify CSTK-05 positive brain image: Some patients have an imaging read of "possible contrast staining vs hemorrhage", then have a repeat head CT or MRI which then clarifies that there is no hemorrhage. Would this still have to be classified as a positive brain image, even though there was ultimately no blood on imaging?</p>	<p>If there are two brain imaging reports within the time frame of 36 hours post reperfusion therapy, and one documents hemorrhage, select "Yes" for Positive Brain Image. This is contradictory documentation. In the absence of hemorrhage, clinical deterioration greater than or equal to a 4 point increase in NIHSS would not be expected. Both Positive Brain Image and Clinical Deterioration are needed to put the case in the numerator.</p>
<p>For clarification, the mRS is only for PSC that do MT?</p>	<p>The CSTK-02 denominator includes ischemic stroke patients treated with IV or IA alteplase therapy or who undergo mechanical endovascular reperfusion therapy.</p>
<p>In addition to STK-VOL-1, Do PSC that do NOT perform MTs still responsible for CTSK2 and CSTK5a for IVtPA patients?</p>	<p>PSCs that do NOT perform MTs are required to collect STK-VOL-1 only. The additional CSTK measures are not required for these hospitals.</p>
<p>If a PSC does not do Mechanical Thrombectomy then none of these new measures apply to them other than putting zero in the numerator on CMIP?</p>	<p>PSCs that do NOT perform MTs are required to collect STK-VOL-1 only. The additional CSTK measures are not required for these hospitals.</p>
<p>It seems like attempting MT and "failing" due to Anatomy or Clot being unable to be reached punitive. If the Diagnostic angio is initial procedure that then may extend to MT.</p>	<p>CSTK-08 is an outcome measure. As such, it is important to include all patients for which mechanical thrombectomy was attempted in the measure denominator to accurately report the measure rate. Reperfusion is not achieved if the attempt fails. Since the attempt must be achieved / procedure completed in order to continue abstraction and determine the TIC1 score, it is important that these cases are included and not excluded. This is not "punitive" but accurate reporting of the outcome. The reason why successful reperfusion was not achieved is not reflected in the measure. Failed cases should be reviewed by your hospital to potentially identify opportunities for improvement.</p>
<p>Failed attempt at thrombectomy cases are excluded from CSTK-09 based on procedure code not on 8.1 table.</p>	<p>Failed Attempt at Thrombectomy is not collected for CSTK-09. The median time calculated is from hospital arrival to skin puncture.</p>
<p>If we have disease specific survey coming up this year, possibly in September, is it sufficient to have the new measures abstracted starting from July 1st only or do we need to retroactively abstract cases?</p>	<p>If you are an initial PSC certification and indicate that you perform MT on your eAPP, then you will be required to show data for CSTK-02, CSTK-05 (05a/05b), CSTK-08, and CSTK-09 (09a/09b) at the time of your initial certification review. If this is your scenario, then we suggest entering the four months of data required for each measure in CMIP prior to your review.</p>
<p>I thought CSTK-5a was for IV thrombolytics as well, not just mechanical thrombectomy, so PSC that do not perform mechanical thrombectomy still don't need to report this?</p>	<p>CSTK-05 (05a and 05b) are not required for PSCs that do NOT perform mechanical thrombectomy procedures.</p>
<p>In quantros it is saying we are noncompliant with mRS question now. But we do not do MT</p>	<p>Please contact Quantos regarding questions about its data collection tool.</p>

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Re NIHSS increase of 4 or more points after intervention: Is there any consideration that can be given to those patients who were intubated or sedated during MER, and who might have an artificially high NIHSS post-procedure?

Patients who are intubated or sedated will have a higher NIHSS score. This may be an educational / training opportunity for staffing performing NIHSS assessments.