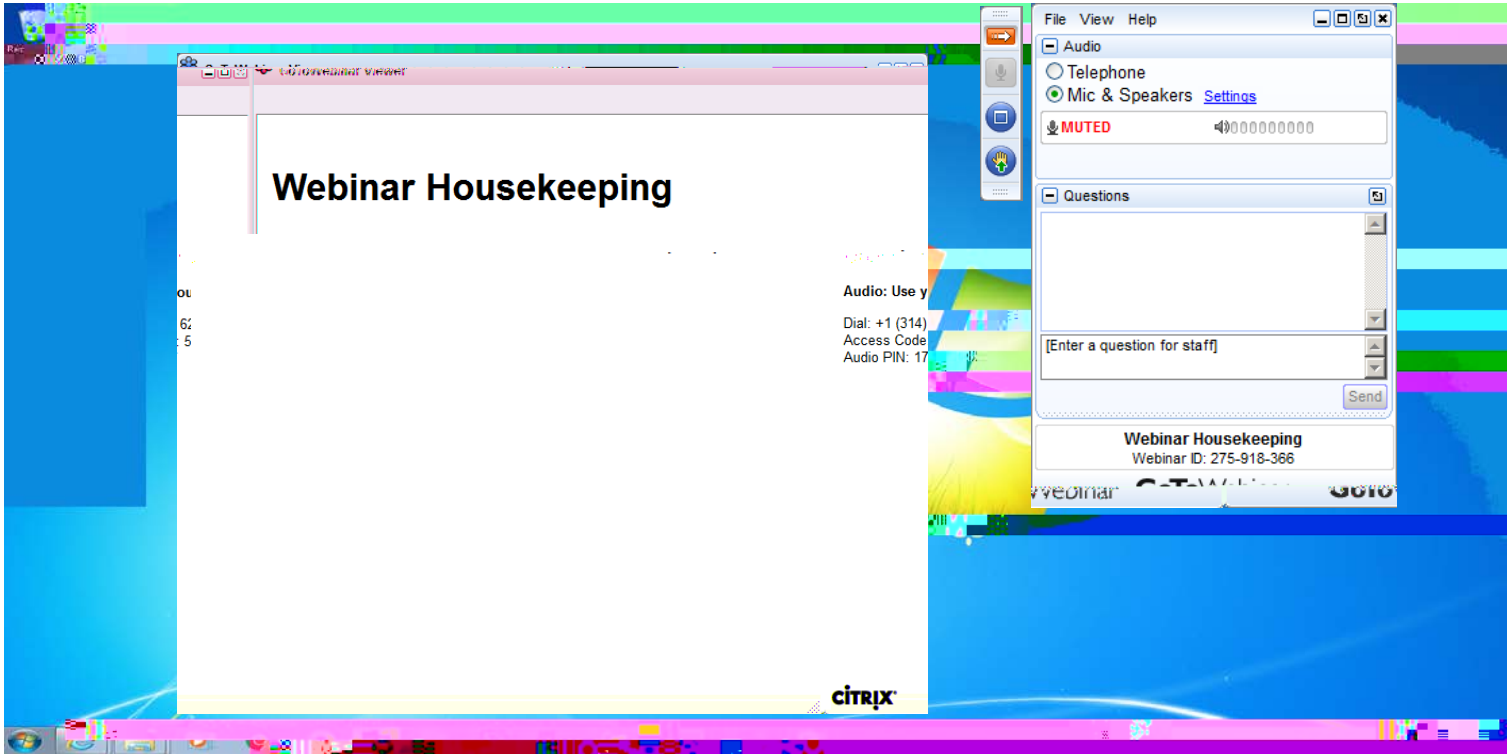
GoToWebinar Housekeeping: Participant View

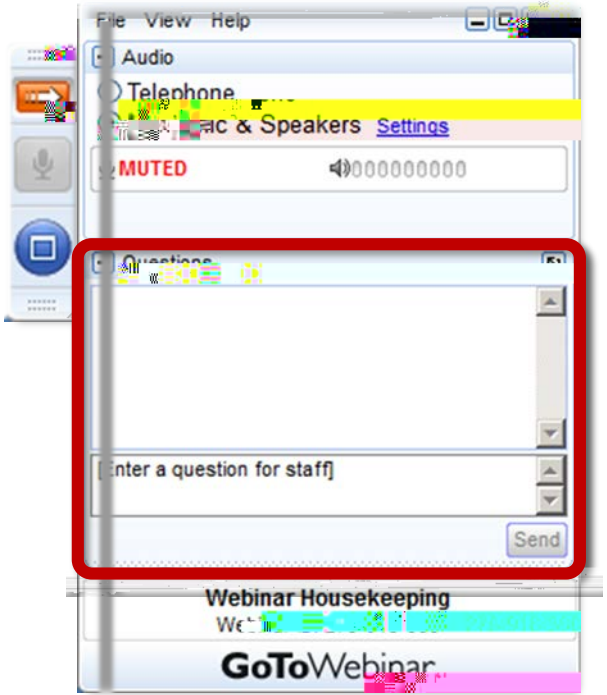


GoToWebinar Housekeeping: Fielding Questions

- Please continue to submit your text questions and comments using the Questions panel

For more information, please GWTGInfo@heart.org

Note: Today's presentation is being recorded and will be provided within 48 hours.



Endovascular Therapy: Deep Dive into the New Metrics & Recent Updates to the Patient Management Tool

Objectives:

By the end of the presentation, you will be able to:

- Understand the rationale behind the Endovascular Therapy (EVT) metrics
- Recognize when a patient is included or excluded from the EVT measure(s)
- Differentiate between the Get With the Guidelines® and The Joint Commission measures for thrombectomy
- Explain the recent changes made in the Patient Management Tool (PMT)

Background

Endovascular Recommendations for Eligibility:

1. Patients eligible for intravenous r-tPA should receive intravenous r-tPA even if endovascular treatments are being considered *(Class I; Level of Evidence B-R)*

2. Patients should receive endovascular therapy with a stent retriever if they meet the following criteria *(Class I; Level of Evidence A)*
   a. Pre-stroke mRS score 0 to 1
   b. Acute ischemic stroke receiving intravenous r-tPA within 4.5 hours of onset according to guidelines from professional medical societies
   c. Causative occlusion of the ICA or proximal MCA (M1)
   d. Age ≥18 yearC
   e. NIHSS score of ≥ 6
   f. ASPECTS of ≥ 6
   g. Treatment can be initiated (groin puncture)within 6 hours of symptom onset

3. Treatment of patients ineligible for IV r-tPA, but meeting other criteria above, with endovascular therapy with stent retrievers is reasonable *(Class IIa; Level of Evidence C)*

New Measures:
Endovascular Therapy (EVT)

EVT Measure Set:

General Measure Inclusions and Exclusions:

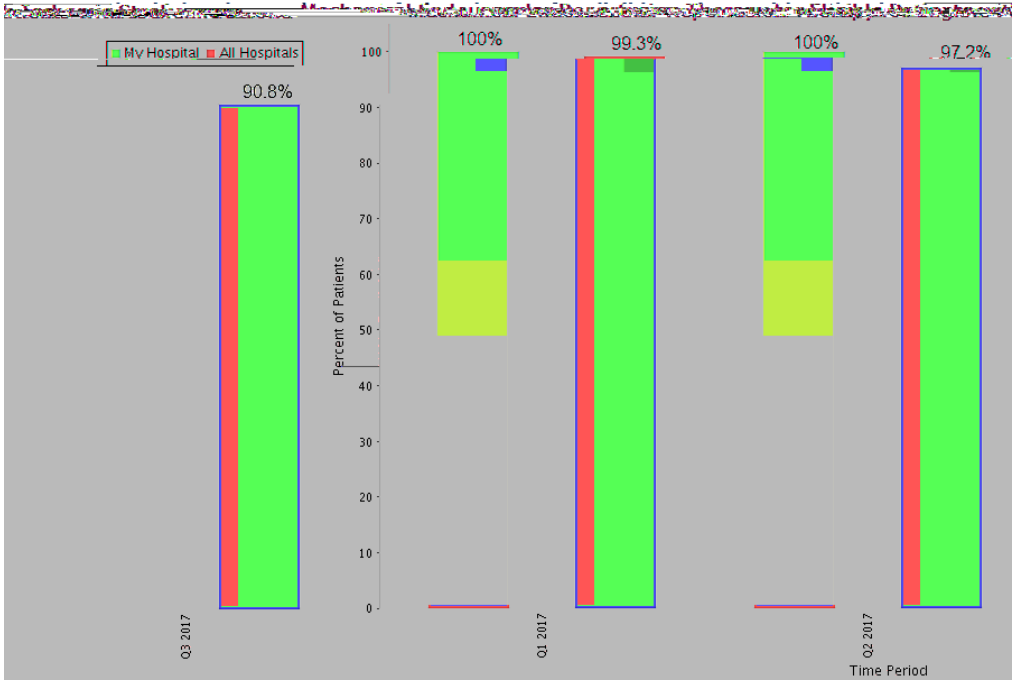
Unique to Patient Eligibility:

Acceptable Reasons for Not Performing Endovascular Therapy:

1. Pre-stroke mRS >1
2. No evidence of proximal occlusion
3. NIHSS < 6
4. Brain imaging not favorable/hemorrhagic transformation (ASPECTS score < 6)
5. Groin puncture could not be initiated within 6 hours of symptom onset
6. Anatomical reason-unfavorable vascular anatomy that limits access to the occluded artery
7. Patient/family refusal
8. MER performed at outside hospital

1. Patients Eligible for Endovascular Therapy

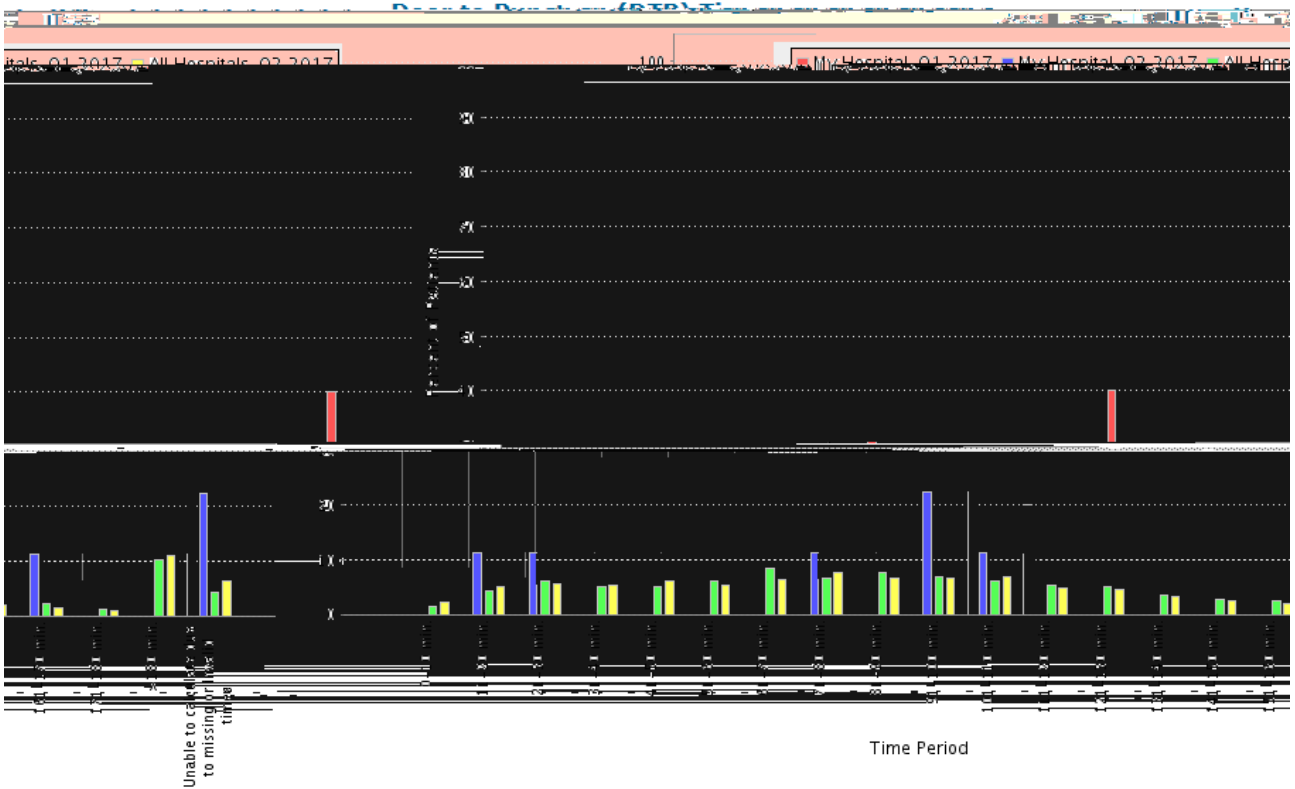
Whose time last known well is ≤ 4.5 hours



Comparison of the percentage of eligible patients who received MER at one hospital against all hospitals performing endovascular therapy for each quarter in 2017.

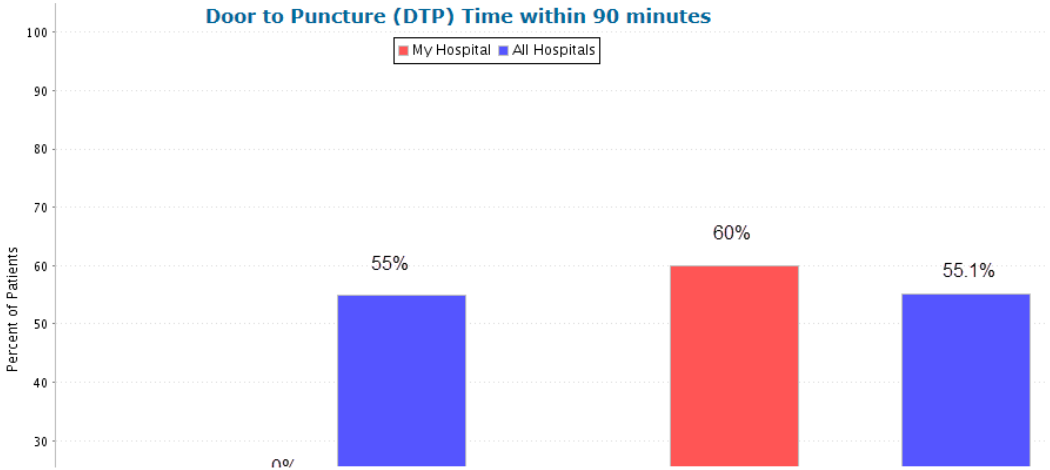
2. Median and Distribution of DTP Times

Histogram of all times from hospital arrival to arterial puncture for patients with acute ischemic stroke who receive endova-1.6 (i)-3.6 (c)hD rttihe5ay4hpyes



3. DTP Time within 90 minutes

Percentage of patients with acute ischemic stroke who receive endovascular therapy and for whom arterial puncture time is ≤ 90 minutes after hospital arrival.



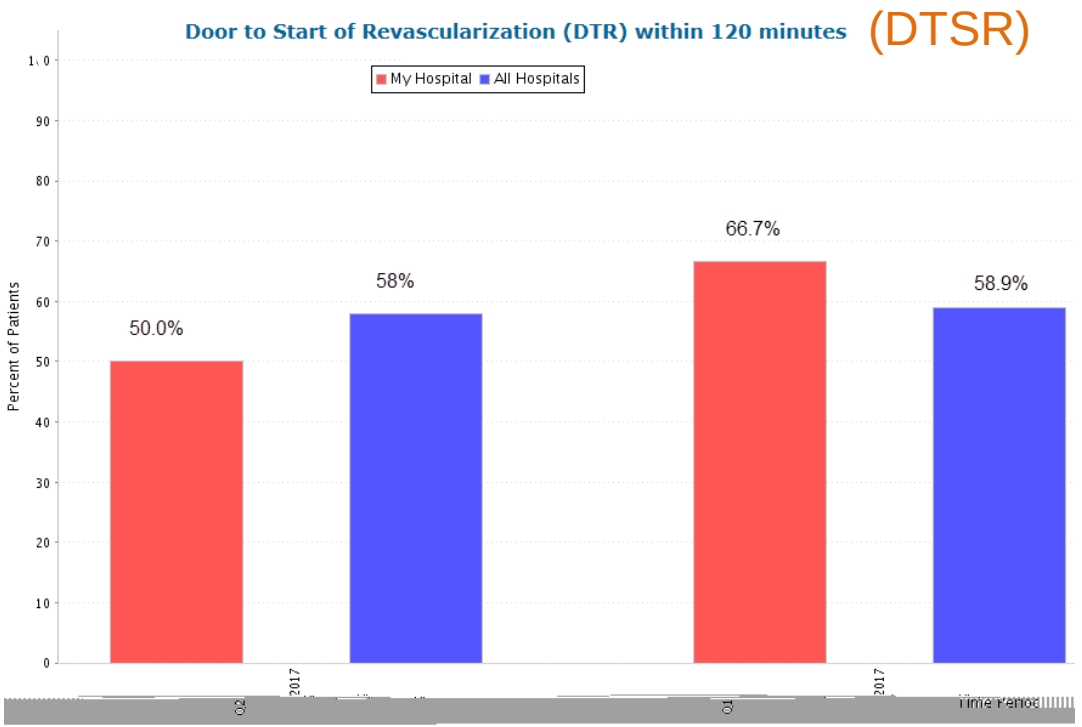
Comparison of one hospital against all hospitals for DTP time within 90 minutes. No data available for "My hospital" in Q1 2017. Performance for "My hospital" in Q2 2017 was higher than all other hospitals participating in GWTG ®.

4. Median and Distribution of DTSR Times

The median DTR rate for this one hospital decreased by 11

5. DTSR within 120 minutes

Percentage of patients with acute ischemic stroke who receive endovascular therapy and for whom the first pass (i.e. deployment) of the device is ≤ 120 minutes after hospital arrival.

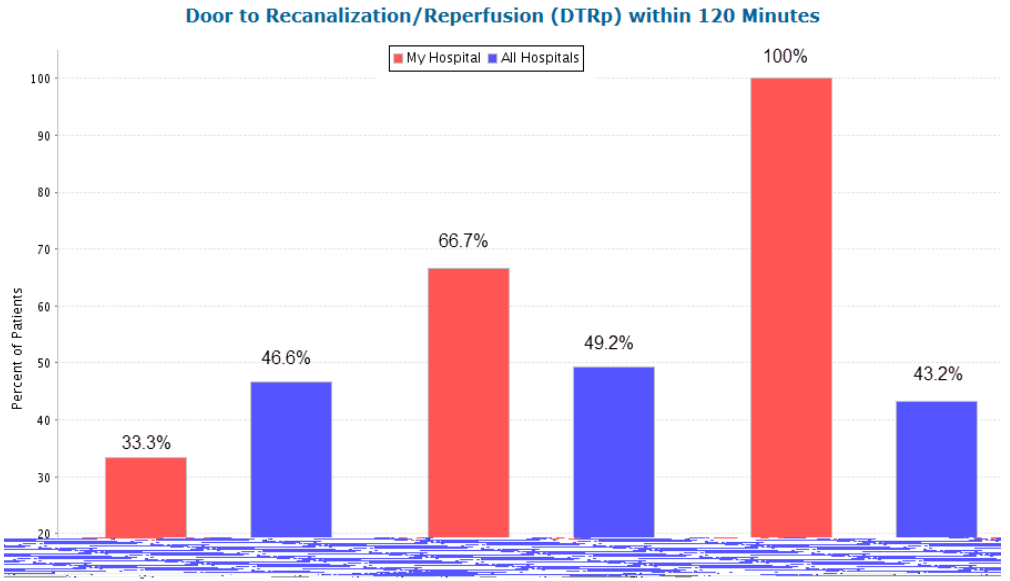


Comparison of the Door to Start of Revascularization within 120 minutes after hospital arrival for one hospital benchmarked against all hospitals.

Source: Patient Management Tool. August 2017.

6. Door to Reperfusion within 120 minutes

Percentage of patients with acute ischemic stroke who receive endovascular therapy and for whom the time from hospital arrival to reperfusion with TICI grade 2b/3 is ≤ 120 minutes.

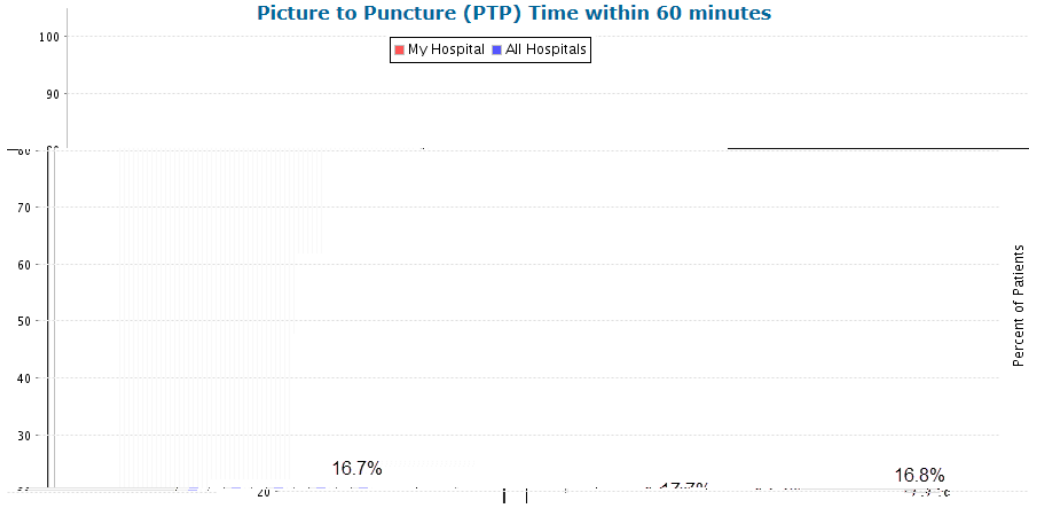


Source: Patient Management Tool. August 2017.

Snapshot of one hospitals performance in comparison to all hospitals in 2017 for achieving DTRp within 120 minutes.

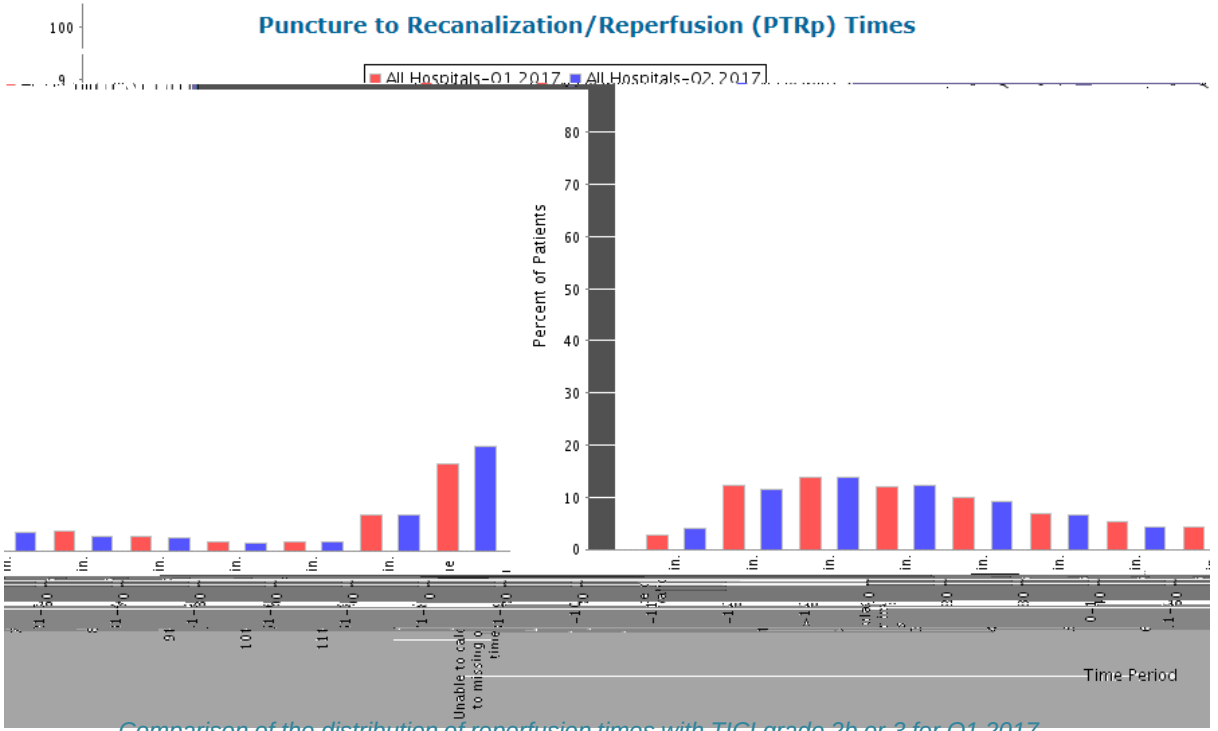
7. PTP Time within 60 minutes

Percentage of patients with acute ischemic stroke who receive endovascular therapy and for whom arterial puncture time is ≤ 60 minutes after brain imaging time.



Comparison of one hospital against all hospitals. In Q2 2017, hospital A had a higher number of their patients within PTP times under 60 minutes.

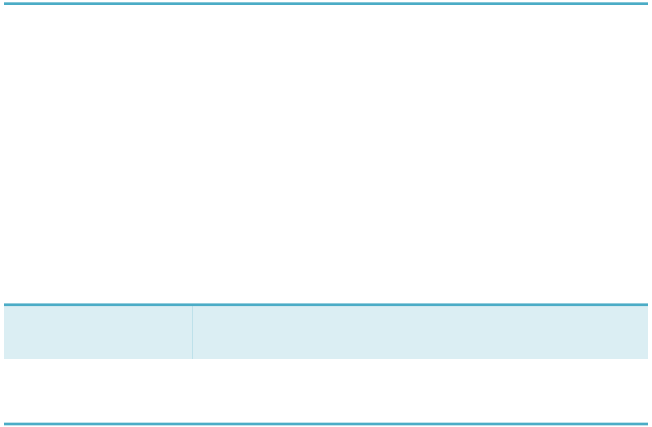
Source: Patient Management Tool. August 2017.



Comparison of the distribution of reperfusion times with TICI grade 2b or 3 for Q1 2017 and Q2 2017 for all hospitals.

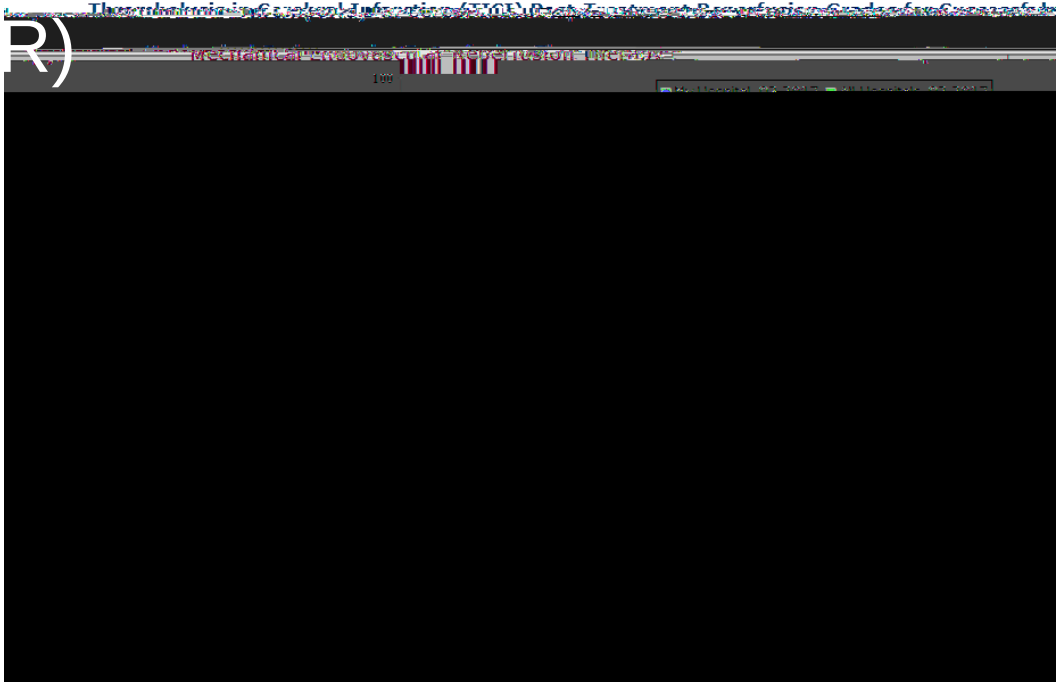
9. Rate of Substantial Reperfusion

Percentage of patients with acute ischemic stroke who receive endovascular therapy and have post-reperfusion TICI grade 2b or 3.

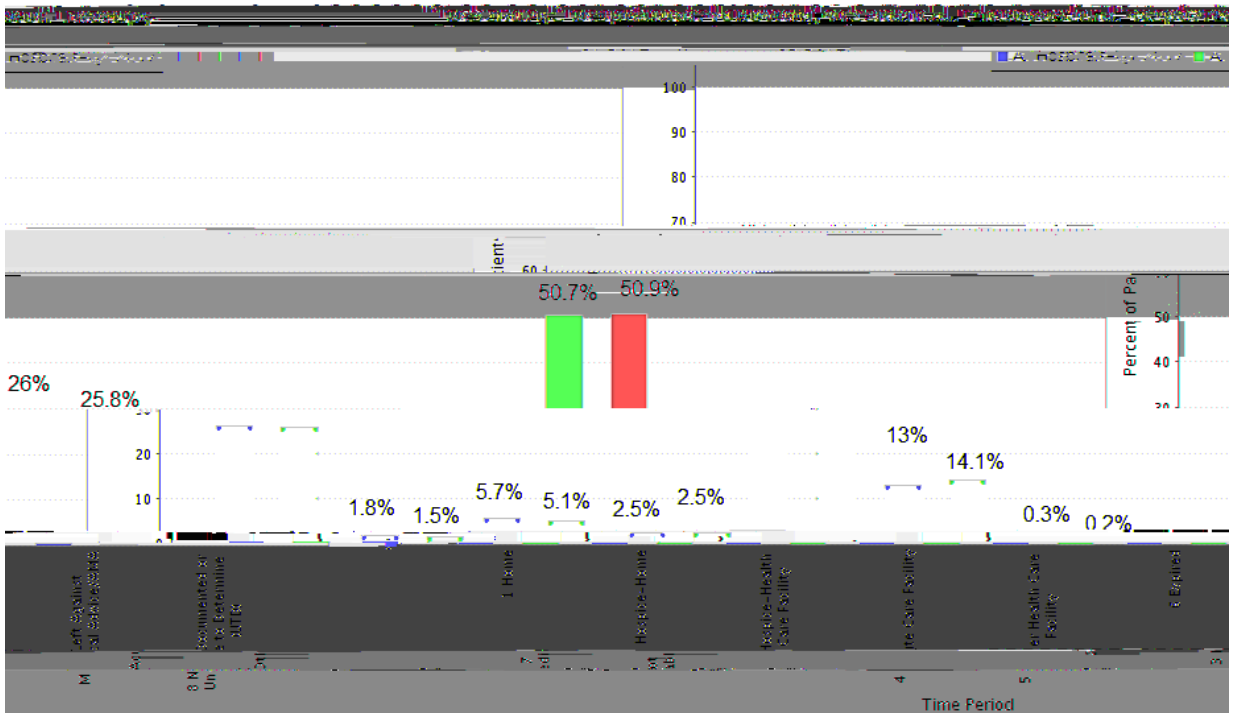


Source: Patient Management Tool. August 2017.

Comparison of the Rate of Substantial Reperfusion for all patients who had TICI grade 2b or 3 for one hospital benchmarked against all hospitals for Q1 2017 and Q2 2017.



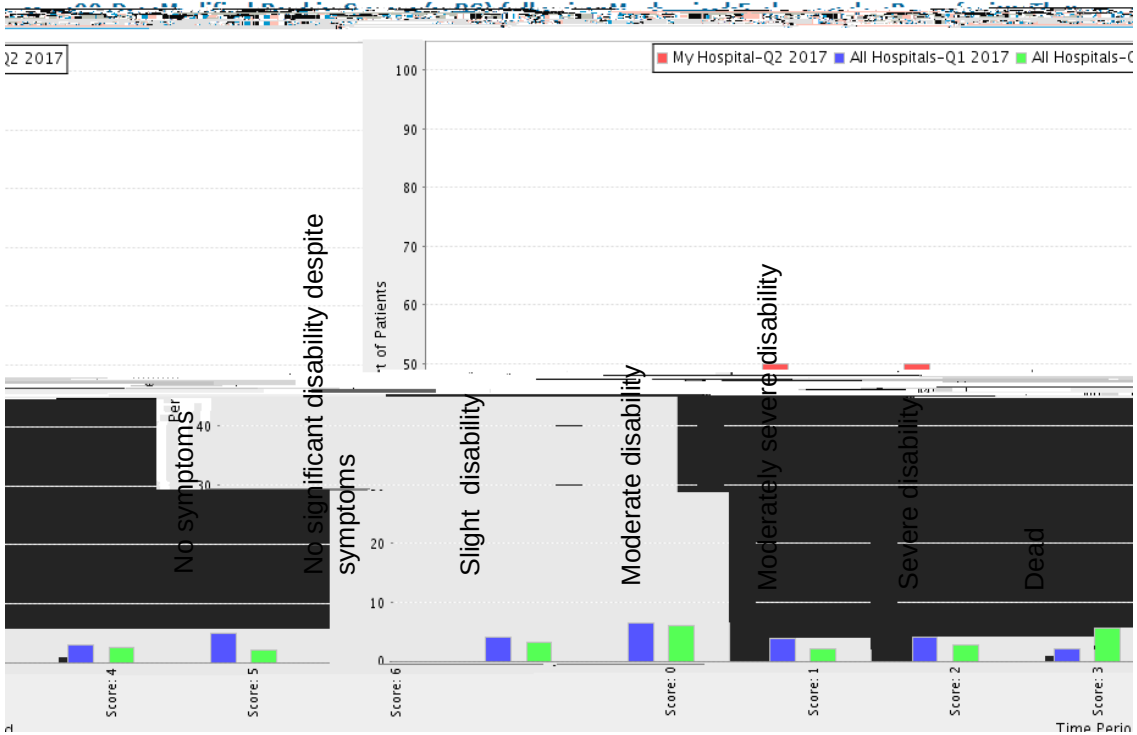
Comparison of the post-treatment TICI grade 2b and 3 against the benchmark (All hospitals) in Q2


100
90
80
70
50.7%
50.9%
26%
25.8%
20
10
1.8%
1.5%
5.7%
5.1%
2.5%
2.5%
13%
14.1%
0.3%
0.2%
Time Period

12. 90-Day mRS following Endovascular Therapy

Patients with acute ischemic stroke who received endovascular therapy grouped by modified Rankin Score at 90 days post-discharge

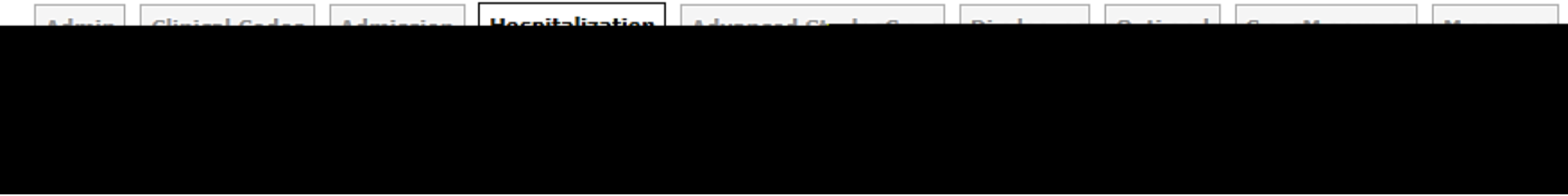
Patient had a 90 day (≥75 days and ≤105 days) mRS



Measure displays histogram of the by 90-day mRs scores with one bar representing the potential mRS scores (0 – 6).

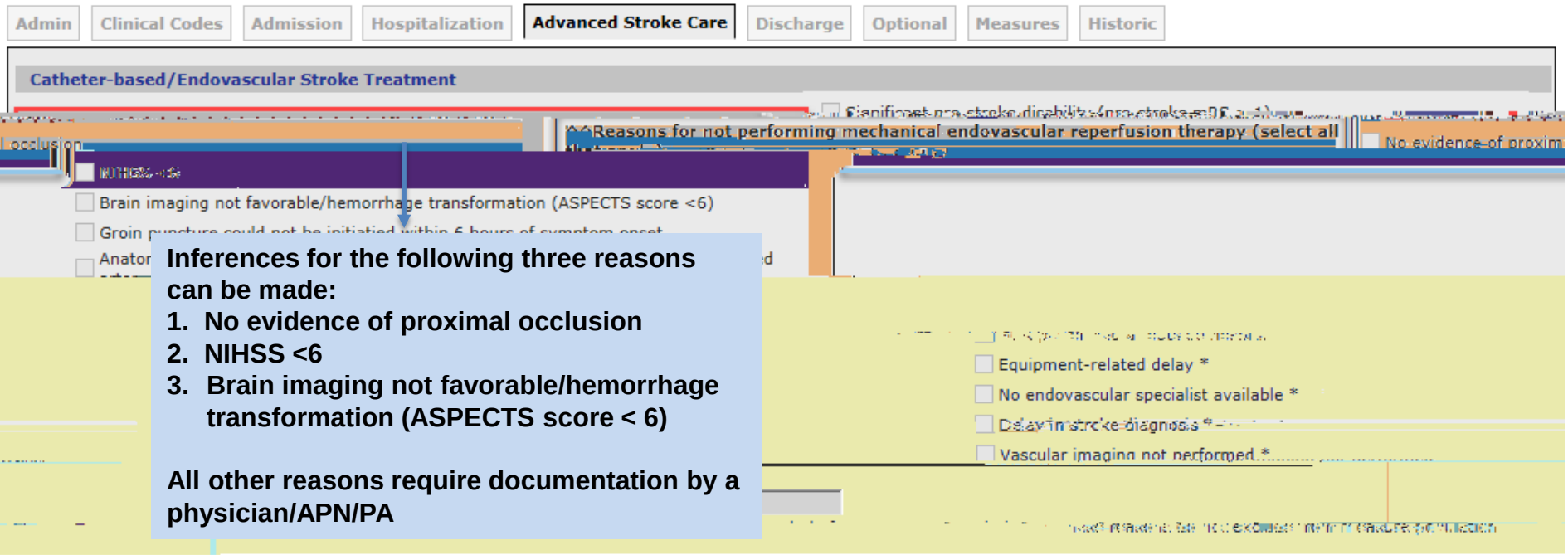
Source: Patient Management Tool. August 2017.

PMT Updates:
Hospitalization Tab



PMT Updates:
Advanced Stroke Care Tab

Asterisk (*) indicates reason selected does not exclude patient from MER measures.

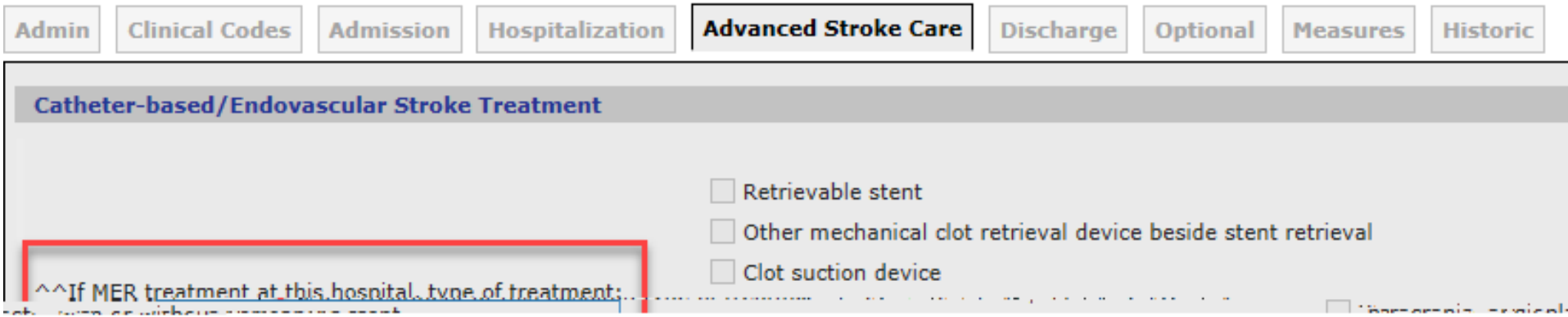


Inferences for the following three reasons can be made:

1. **No evidence of proximal occlusion**
2. **NIHSS <6**
3. **Brain imaging not favorable/hemorrhage transformation (ASPECTS score < 6)**

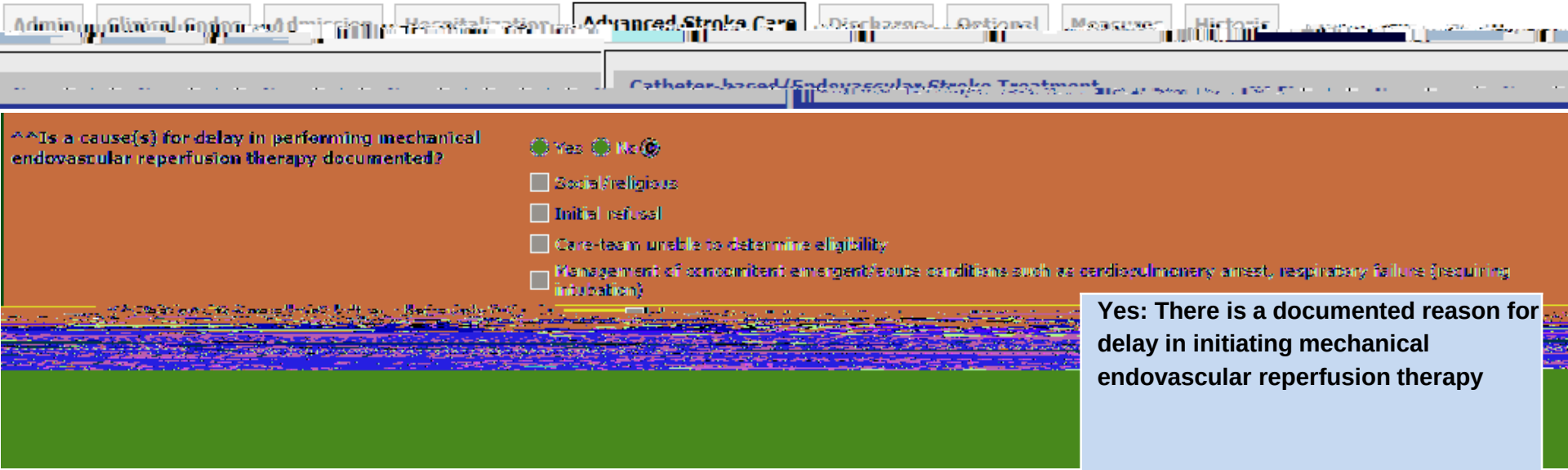
All other reasons require documentation by a physician/APN/PA

Asterisk (*) indicates reason selected does not exclude patient from MER measures.



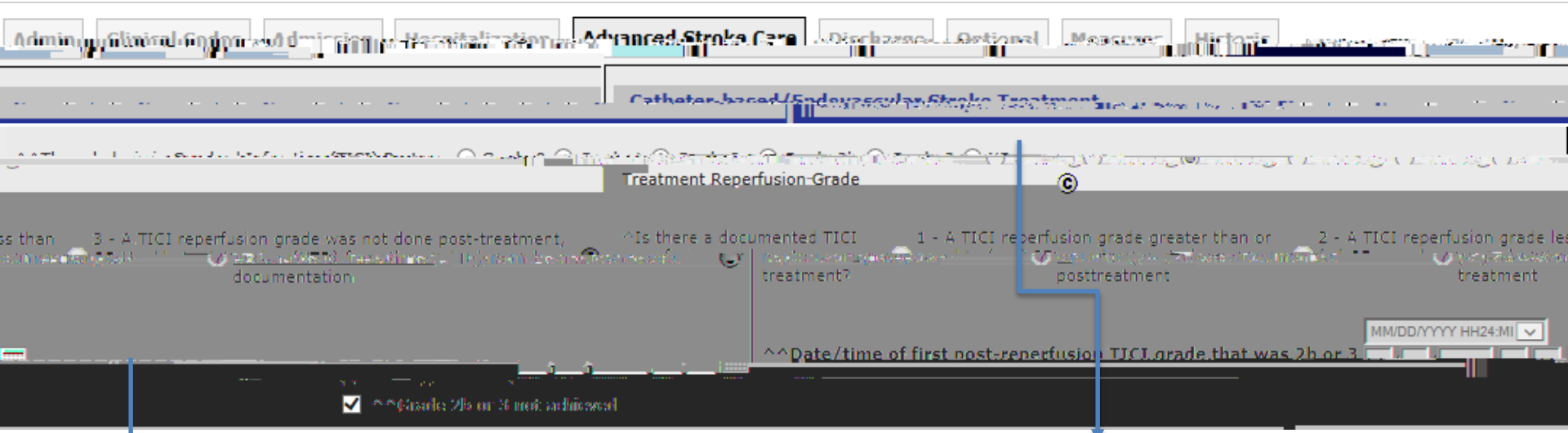
- **Examples of a Retrievable stent: Solitaire and Trevo**
- **Example of Other Mechanical Clot Retriever: Merci Retrieval System**
- **Example of a Clot Suction Device: Penumbra Stroke System**

Asterisk (*) indicates reason selected does not exclude patient from MER measures.



Yes: There is a documented reason for delay in initiating mechanical endovascular reperfusion therapy

The technical goal of the thrombectomy procedure should be a TICI grade 2b/3 angiographic result to maximize the probability of a good functional clinical outcome (Class I; Level of Evidence A).

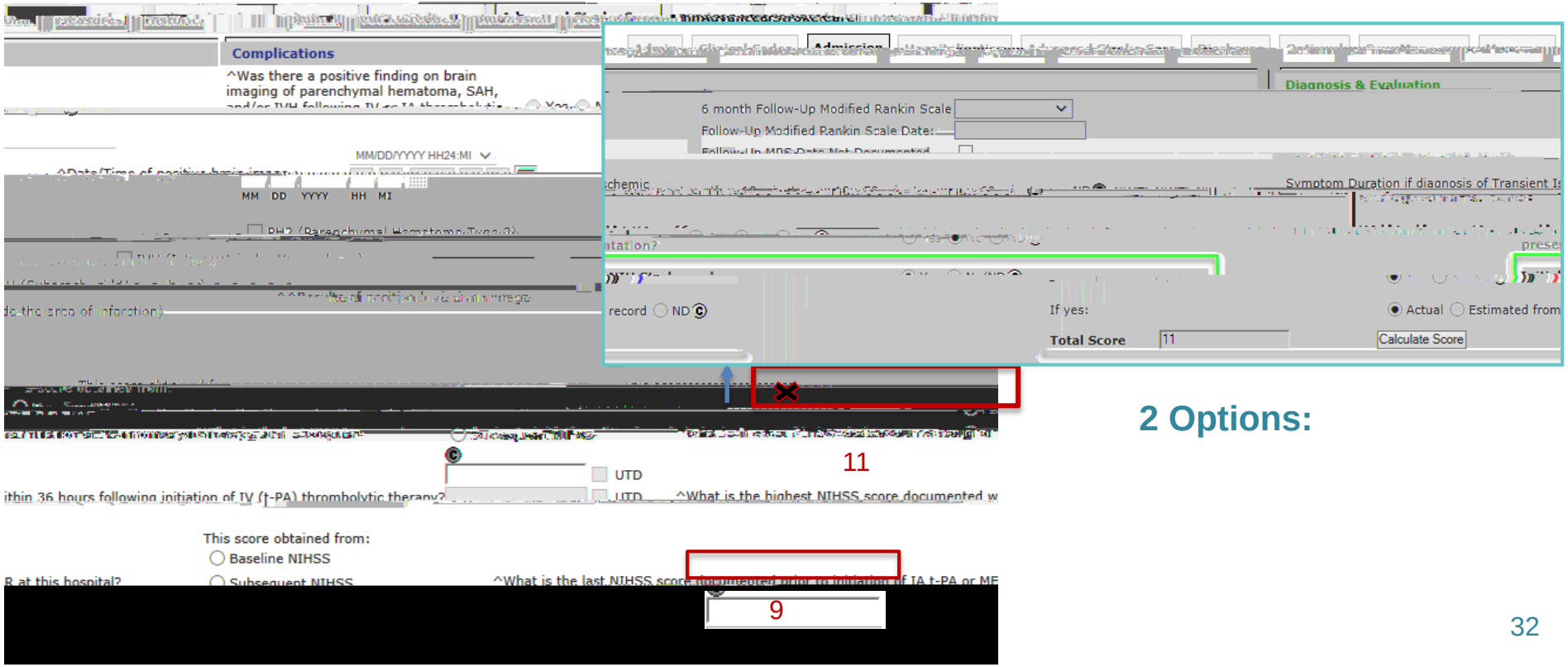


Update to form logic:
When user selects TICI Post Treatment grade = 0,1, 2a, or ND THEN this question is automatically checked by the system.

If a TICI reperfusion grade was not done post treatment or cannot be determined from medical record, select "ND."
TICI grade must be documented by Physician/APN/PA.

2nd Section: New addition only appears for those sites submitting data to The Joint Commission.

Note: ^ (1 carat) indicates TJC element. ^^ (2 carats) indicates GWTG® - Stroke



2 Options:

Questions