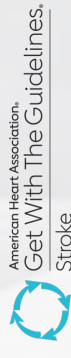




American Heart Association and Florida Stroke Registry: A Longstanding Collaboration

August 5, 2022



Thank you Florida Stroke Registry!

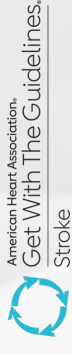
The American Heart Association is grateful for our ongoing relationship with the Florida Stroke Registry

- 10 years of collaboration
- Shared common goal of improving patient outcomes, enhancing Systems of Stroke, contributing to research, and providing the best stroke education for our Florida community



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Get With The Guidelines- Stroke

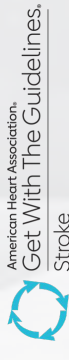


AHA's Quality Improvement Programs are **evidenced-based** and **designed to improve treatment and prevent future cardiovascular and stroke events**





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IMPACT OF GWTG -Stroke

- Over 2,500 Hospitals participate in one or more of our quality improvement programs
- Over 87% of the U.S. population is covered by one or more of our quality improvement programs
- Get With The Guidelines® Stroke contains over 8 Million patient records
- 172 Florida hospitals participate in GWTG- Stroke



2017 Florida State Legislation passed



- **Advocating for better health care policy**
- **Florida designated stroke centers are to participate in GWTG-Stroke/Florida Stroke Registry**
- **164 FL hospitals currently participate in FSR with 172 enrolled in GWTG Stroke**



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What's coming? PMT to IRP Upgrade



- In **Late Fall 2022**, the American Heart Association will be moving the highly impactful Get With The Guidelines – Stroke (GWTG-Stroke) Registry to the all new IQVIA Registry Platform (IRP).
- More user friendly
- More robust reports for data analytics to drive QI
- Improvements inspired by YOU – the front line users of the data



American Heart Association

A New Look - Community Page

American Heart Association
Get With The Guidelines
Stroke



Community Page

Current User: RoAnne Arcaangel Site: AHA National Demo Site

News | Contact Us | Logout

Get Started!

AtrialFib	N/A				
CAD	N/A				
Resuscitation					
Stroke					

Trainings

Advanced Reporting: Learn more about using measures interface features such as filters, display options, and exporting your reports to PDF and Excel.

Downloading: Learn how to quickly access your data in a spreadsheet format

HF: An introduction to the HF tool, including navigating the system, entering data, and running reports

Report Writers: Create customized reports on your data

Stroke: An introduction to the Stroke tool, including navigating the system, entering data, and running reports

Uploader 2.0: Step-by-step instructions on the file creation and upload processes

Resuscitation: An introduction to the Resuscitation tool, including navigating the system, entering data, and running reports

Snapshot

	# of Hospitals	# of Records
AtrialFib	227	122447
CAD	469	117128
Heart Failure	1258	2082167
Resuscitation - Patients	1033	1186381
Resuscitation - CPA		549039
Resuscitation - ABC		72666
Resuscitation - RET		827431
Resuscitation - PCAC	2858	
Stroke	3438	6995439

Last updated: 02/02/2021 at 04:00

My Hospital

	Start Date	AHA Baseline Date
AtrialFib	57	03/25/2014 07/01/2017
CAD	1927	05/02/2017 10/13/2017
Resuscitation	121	11/14/2010 01/26/2015
Stroke	1333	01/16/2013 01/06/2013
TOTAL	3418	

DTD (6 hr)

DTD (24 hr)

Quality Measure Dashboard (Current Year)



Target Stroke Dashboard (Current Year)



A new look - Data Entry

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Get With The Guidelines.
Stroke

Stroke - Patient ID: 1231110 - Created: 03/10/2021 06:06:27 GMT-05:00 - Last Updated: 07/10/2021 03:27:42 GMT-05:00 - Delete Form | Edit Form and Print Form

Legend: Clear Selection | Open Calendar

Stroke Timeline

Date/Time patient last known to be well?

Time of Discovery known as Time Last Known Well?

Comments:

Stroke Imaging: Yes CT MRI No/ND TC

Brain Imaging completed at your hospital for this episode of care? Yes CT MRI No/ND TC

Interpretation of the brain image after symptoms onset, done at any facility: Acute Hemorrhage No Acute Hemorrhage Not Available

Date/Time Brain Imaging First Initiated at your hospital:

Date/Time of Discovery of stroke symptoms?

Date/Time Brain Imaging First Initiated at your hospital:

Stroke Imaging: Yes No ND/ND CT MRI

Brain Imaging completed at your hospital for this episode of care? Yes No ND/ND CT MRI

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Stroke

GWTG-Stroke IRP

A new interface for continued Quality Improvement



Configurable dynamic real-time reporting with enhanced benchmarking, filtering, and comparison capabilities



New and improved time-tracker reporting



Streamlined data collection with improved form logic



Intuitive inpatient and follow-up data uploader compatible with multiple file formats



New CRF includes a metrics at-a-glance section which provides automatic time calculations for the entire continuum of care



Options and tools for expanded patient populations



Focused dashboards highlighting demographics, achievement, and quality measures



Continued support of stroke certification and special initiatives data collection and reporting





What is not Changing?

What you have come to rely on.

- This is not a “new registry”
 - The core content and program of GWTG-Stroke is not changing
 - All of the reports, measures, and features you have come to love will be available in the new user interface but in a more modern form
- Stroke IRP will continue to be the resource for Stroke quality improvement
 - Stroke IRP will help enhance your QI initiatives through better analytics, access to meaningful data, and custom data collection
 - The IRP platform provides better ways for AHA QI staff to deliver resources and content for use in your facilities
- Your internal abstraction processes
 - All previous data from PMT will be migrated to your accounts in IRP for seamless integration
 - Any internal abstraction processes will not be impacted or require change
- Support for all your Stroke certification and recognition programs
 - TJC specific data collection and measures will be a centerpiece of the new platform with enhanced reporting and data submission
 - Achievement, Quality, Target, and State specific measures will be integrated into the new system and will continue to be evaluated on all previous data

ACHIEVEMENT SCORE 85% OR GREATER ON ALL MEASURES



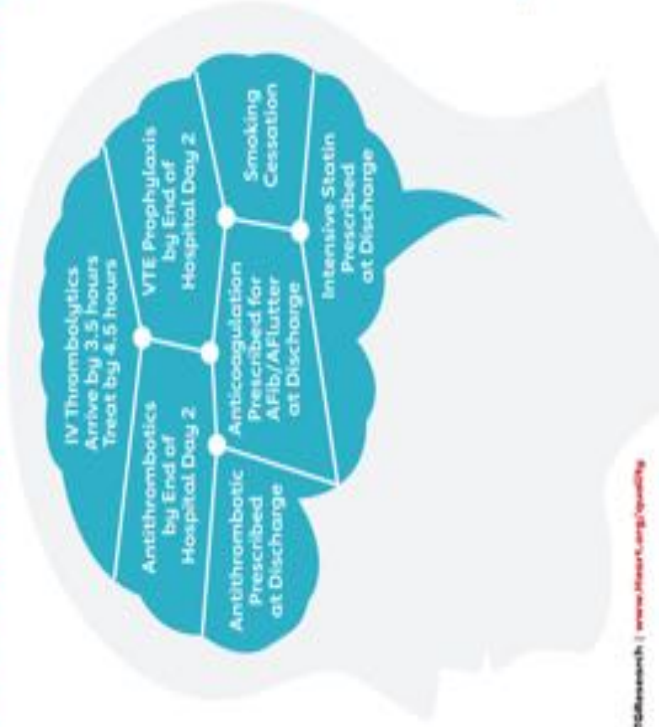
GOLD
2 consecutive calendar years



SILVER
1 calendar year



BRONZE
1 calendar quarter and 250 patients



QUALITY MEASURES + AWARD

*75% on at least 4 measures

**Must achieve Silver or Gold to be eligible

Dysphagia Screening

Stroke Education

Assessed for Rehabilitation

LDL Documented

MHSS Reported

Door to Needle ≤60 minutes

TARGET: STROKE

(Minimum of 6 patients to be eligible)

HONOR ROLL

75% of applicable patients

Door-to-Needle ≤60 minutes

HONOR ROLL ELITE

85% of applicable patients

Door-to-Needle ≤60 minutes

HONOR ROLL ELITE PLUS

75% of applicable patients

Door-to-Needle ≤45 minutes

50% of applicable patients

Door-to-Device ≤90 minutes

20% of applicable patients

Door-to-Needle ≤30 minutes

50% of applicable patients

Door-to-Device ≤90 minutes

45 minutes for Transfer Patients for Direct Arriving Patients (Within 6 hours or 24 hours)

Hospital Must Qualify for Silver Level or Higher Achievement Award

≥ 10 Patients with a New Onset or Previous History of Diabetes

TARGET: TYPE 2 DIABETES STROKE

Stroke Patients with Diabetes

"Overall Diabetes Cardiovascular Initiative Composite Score" criteria:
≥ 80% Compliance for 12 Consecutive Months (Calendar Year)

IV Thrombolytics
Arrive by 3.5 hours / Treat by 4.5 hours
Early Antithrombotics for Patients With Diabetes

VTE Prophylaxis

Antithrombotic Prescribed at Discharge

Anticoagulation Prescribed for AFB/AFlutter at Discharge

Smoking Cessation

Intensive Statin Prescribed at Discharge

Diabetes Treatment

Therapeutic Lifestyle Changes (TLC) Recommendations at Discharge

Antihyperglycemic Medication With Proven CVD Benefit

THE AWARD REPORTING PERIOD MUST:

- 1 Be the same calendar year as your eligible achievement award
- 2 Include the same patient population as is included in the eligible achievement award

TARGET: TYPE 2 DIABETES HEART FAILURE

Heart Failure Patients with Diabetes
"Overall Diabetes Cardiovascular Initiative Composite Score" criteria:
≥ 75% Compliance for 12 Consecutive Months (Calendar Year)

ACEI/ARBs or ARNI at Discharge

Evidence-Based Beta Blocker Prescribed at Discharge

Post-Discharge Appointment Scheduled

Smoking Cessation

Left Ventricular Function Assessed

Lipid-Lowering Medication Prescribed at Discharge

Diabetes Treatment

Antihyperglycemic Medication With Proven CVD Benefit





IRP Transition Packet

- Go to resource for all things Stroke IRP transition
- Will be updated regularly with new resources and links to upcoming webinars
- Link to Smartsheet will be provided to all registrants within 48 hours
- Current Resources:
 - Uploader Manuals
 - Links to Webinar Registrations
 - Q&A (based on common questions from webinars)



Click for Documents



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Stroke

Florida becomes a Coverdell Stroke State

In July 2021: Florida was one of 13 states selected to participate.

- 7 NEW states to Coverdell are: Arkansas, Connecticut, Florida, Hawaii, Kentucky, North Carolina and Virginia
- 3 states are *no longer Coverdell states*: California, Minnesota, Washington
- 6 states have been part of Coverdell from 2015-2020: Georgia, Massachusetts, Michigan, New York, Ohio, Wisconsin



*Most Coverdell states have 80-100% engagement
from hospitals*

- Participate in state
regional stroke
coalitions (*more*)

When the Coverdell layer is added, there are nine elements currently optional for GWTG-Stroke Standard Form that will be required for Coverdell. When the Coverdell layer is activated, you will be required to answer these to complete/save the GWTG case report form.

Coverdell Data Element
During this hospital stay, was the patient enrolled in a clinical trial
Was this patient admitted for the sole purpose of performance of elective carotid intervention?
Was tele stroke consultation performed?
Ambulatory status prior to current event
Had stroke symptoms resolved at time of presentation?
Was acute Vascular or perfusion imaging (e.g., CTA, MRA, DSA) performed at your hospital?
Was a target lesion (large vessel occlusion) visualized?
Was DVT or PE documented?
Discharge treatments - antihypertensive treatment?

Coverdell Measures

- CDC/Coverdell measures remain aligned with GWTG measures
- IRP will include a CDC/Coverdell bundle

Coverdell Measures:

1. Anticoag for AFib/Aflutter (GWTG Achievement)
2. Antithrombotics at Discharge (GWTG Achievement)
3. Early Antithrombotics (GWTG Achievement)
4. IV Thrombolytic Arrive by 3.5 Hour, Treat by 4.5 Hour (GWTG Achievement)
5. Intensive Statin Therapy (GWTG Achievement)
6. Smoking Cessation (GWTG Achievement)
7. VTE Prophylaxis (GWTG Achievement)
8. LDL Documented (GWTG Quality)
9. NIHSS Reported (GWTG Quality)
10. Rehabilitation Considered (GWTG Quality)
11. Stroke Education (GWTG Quality)
12. Time to Intravenous Thrombolytic Therapy - 60 min (GWTG Quality)
13. Time to Intravenous Thrombolytic Therapy - 45 min (GWTG Reporting)

Get With the Guidelines® Contract Amendment to add Coverdell Layer: one page related to sharing the limited data set

AGREEMENT

1. Coverdell Data Set. Program Participant agrees to disclose to AHA and to Outcome Sciences, LLC, a Quintiles company ("Quintiles"), which serves as the AHA Third Party Vendor, data in the form of a Limited Data Set, as defined in 45 C.F.R. § 164.514(e)(2), ("Coverdell Data Set"). All rights, obligations and uses relating to the Limited Data Set shall also apply to the Coverdell Data Set.

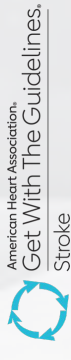
2. Data Transfers. Program Participant hereby authorizes AHA to direct Quintiles to provide to the state department of public health located in Program Participant's state ("State Department of Health") access to Program Participant's Limited Data Set data (for the GWTCG-Stroke program) and Coverdell Data Set data. Furthermore, Quintiles is authorized to make available to the State Department of Health the identity of Program Participant in relation to the data submitted by Program Participant.

Furthermore, Program Participant hereby authorizes AHA to direct Quintiles to transmit reports containing the Coverdell Data Set to State Department of Health, which subsequently transmit the reports to the Centers for Disease Control and Prevention ("CDC"). The Coverdell Data Set provided to the CDC by the State Department of Health shall not include identification by hospital, but shall include: a) identification by state; and b) a hospital and a patient code, not identifiable to the CDC.

3. Ratification of Agreement. Except as modified by the Amendment, the Agreement is hereby ratified and confirmed to be in full force and effect.



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How can my hospital join the FL Stroke Registry and/or add the GWTG-Stroke Coverdell Layer?

Contact:

Jeffrey Walker, MBA-HCM

AHA QI Business Development Manager

Jeffrey.walker@heart.org

Jeffrey will provide the required Get With The Guidelines-Stroke Amendment(s) document to be signed to add the Coverdell Layer and/or join the Florida Stroke Registry



In Closing ...



American Heart Association is proud to support the Florida Stroke Registry. We hope to collaborate for many years to come. It is certainly a pleasure to work with such an effective team making a difference in stroke care across the state of Florida



Thank You



Your American Heart Association GWTG-Stroke Contacts:

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Senior Manager, Quality Improvement Julia.mora@heart.org

Dianne Foster, BSN, MBA
Regional Director, Quality Improvement
Dianne.foster@heart.org