

		High Impact Outcome	Driver Measures	Priority Measures	Improvement Measures	Rationale
0437 STK-04 Thrombolytic Therapy	Health Outcomes			x		NQF 0437 could be a priority measure as it is a condition specific measure that addresses early assessment and treatment, and contributes to better functional status. Research and evidence support the importance of early assessment and treatment in improving functional status outcomes. NQF 0437 addresses the high impact areas of functional status and is currently in use in Hospital Inpatient Quality Reporting program.
0507 Diagnostic Imaging: Stenosis Measurement in Carotid Imaging Reports	Health Outcomes				x	NQF 0507 is an improvement measure as it is a condition specific measure that addresses appropriate early assessment and treatment. Since the degree of stenosis is an important element of the decision for carotid intervention, characterization of the degree of stenosis needs to be standardized. Standardizing the method for stenosis calculation will lead to more accurate quantification of stenosis and thus more appropriate treatment. NQF 0507 is in use in the Merit-based Incentive Payment System.
1952 Time to Intravenous Thrombolytic Therapy	Health Outcomes			x		NQF 1952 is a condition specific measure that addresses early assessment and treatment, and contributes to better functional status. Research and evidence support the importance of early assessment and treatment. This measure is used in the Get with the Guidelines, a registry with the American Heart Association/American Stroke Association.
2111 Antipsychotic Use in Persons with Dementia	Preventable Harm				x	NQF 2111 is a condition specific measure that addresses inappropriate use of antipsychotic medications for patients with a relevant diagnosis and who have Dementia. Research supports that use of antipsychotic medications can cause adverse events in the elderly including death. The measure addresses the high impact outcome of preventable harm/complications. NQF 2111 is used in Medicare Part D Patient Safety reports.
2863 CSTK-06: Nimodipine Treatment Administered	Preventable Harm				x	NQF 2863 is a condition specific measure that addresses subarachnoid hemorrhage (SAH) patients for whom nimodipine treatment was administered within 24 hours of arrival to the hospital. Research and evidence support the importance of administering nimodipine to patients with aneurysmal subarachnoid hemorrhage. The main goal of current treatment is to prevent or limit the severity of cerebral vasospasm. Cerebral vasospasm is a serious complication following SAH, occurring in 30% to 70% of patients and accounting for nearly 50% of the deaths in patients surviving to treatment. Nimodipine administration is correlated to increased independence and decreased mortality. NQF 2863 contributes to preventable harm and better functional status and is currently in use in the Joint Commission Care Certification for Comprehensive Stroke Centers.
2864 CSTK-01: National Institutes of Health Stroke Scale (NIHSS) Score Performed for Ischemic Stroke Patients	Health Outcomes				x	NQF 2864 is a condition specific improvement measure that uses a standardized stroke scale or scoring tool to ensure that the major components of the neurological examination are evaluated in a specific timeframe. Scores obtained aid in the initial diagnosis of the patient, facilitate communication among healthcare professionals, and identify patient eligibility for various interventions and the potential for complications. Evidence from the AHA/ASA guidelines support the emergency evaluation and diagnosis of acute ischemic stroke but did not support the 12 hour timeframe. NQF 2864 is used in the Joint Commission Care Certification for Comprehensive Stroke Centers.
2866 CSTK-03: Severity Measurement Performed for Subarachnoid Hemorrhage (SAH) and Intracerebral Hemorrhage (ICH) Patients (Overall Rate)	Health Outcomes				x	NQF 2866 uses two scales to measure severity of hemorrhage prior to surgery. The developer cited studies demonstrating that appropriate, guideline-recommended care and timely treatment for stroke patients can reduce the risk of mortality within 30 days of hospital admission. NQF 2866 addresses potential harm and complications.
2872 Dementia- Cognitive Assessment	Preventable harm				x	NQF 2872, a trial use eMeasure, assesses the percentage of patients, regardless of age, with a diagnosis of dementia for whom an assessment of cognition is performed and the results reviewed at least once within a 12-month period. This measure can serve as a measure for quality improvement. A number of studies have documented the significant impact that cognitive deterioration can have on patient outcomes, including greater risk for elder self-neglect, higher levels of disability and functional impairment, and earlier institutionalization. As a measure that addresses whether an assessment was done it addresses whether an individual can receive appropriate care to prevent some of these outcomes. NQF 2872 is currently in use in the CMS PQRS and Meaningful Use Stage 2.
0467 Acute Stroke Mortality Rate (IQI 17)	Health Outcomes			x		NQF 0467 addresses the percent of discharges with an in-hospital death among cases with a principal diagnosis code for stroke. As this risk-adjusted outcome measure addresses a mortality rate, it could serve as a marker to assess comparative data and performance improvement efforts across hospitals.
2877 Hybrid hospital 30-day, all-cause, risk-standardized mortality rate (RSMR) following acute ischemic stroke with risk adjustment for stroke severity	Health Outcomes			x		NQF 2877 is an outcome measure that estimates the hospital-level, risk-standardized mortality rate (RSMR) for patients discharged from the hospital with a principal discharge diagnosis of acute ischemic stroke. As this risk-adjusted outcome measure addresses a mortality rate, it could serve as a marker to assess comparative data and performance improvement efforts across hospitals. The goal of NQF 2877 is to improve patient outcomes by providing patients, physicians, and hospitals with information about hospital-level RSMRs following hospitalization for acute ischemic stroke.
0661 Head CT or MRI Scan Results for Acute Ischemic Stroke or Hemorrhagic Stroke Patients who Received Head CT or MRI Scan Interpretation Within 45 minutes of ED Arrival	Health Outcomes				x	NQF 0661 calculates the percentage of acute ischemic stroke or hemorrhagic stroke patients who arrive at the emergency department (ED) within two hours of the onset of symptoms and have a head computed tomography (CT) or magnetic resonance imaging (MRI) scan interpreted within 45 minutes of ED arrival. The measure has been publicly reported, annually, by CMS as a component of its Hospital Outpatient Quality Reporting (HOQR) Program since 2012.