NATIONAL QUALITY FORUM

# Neurology : NQF-Endorsed® Maintenance Standards Under Review 2015-2016

*Click the measure numbers to read more about the measure on QPS!*

| Measure Number | Title | Description | Measure Steward |
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| 0240 | Stroke and Stroke Rehabilitation: Venous Thromboembolism (VTE) Prophylaxis for Ischemic Stroke or Intracranial Hemorrhage | Percentage of patients aged 18 years and older with a diagnosis of ischemic stroke or intracranial hemorrhage who were administered venous thromboembolism (VTE) prophylaxis the day of or the day after hospital admission | American Academy of Neurology |
| 0241 | Stroke and Stroke Rehabilitation: Anticoagulant Therapy Prescribed for Atrial Fibrillation (AF) at Discharge | Percentage of patients aged 18 years and older with a diagnosis of ischemic stroke or transient ischemic attack (TIA) with documented permanent, persistent, or paroxysmal atrial fibrillation who were prescribed an anticoagulant at discharge | American Academy of Neurology |
| 0243 | Stroke and Stroke Rehabilitation: Screening for Dysphagia | Percentage of patients aged 18 years and older with a diagnosis of ischemic stroke or intracranial hemorrhage who receive any food, fluids or medication by mouth (PO) for whom a dysphagia screening was performed prior to PO intake in accordance with a dysphagia screening tool approved by the institution in which the patient is receiving care | American Academy of Neurology |
| 0244 | Stroke and Stroke Rehabilitation: Rehabilitation Services Ordered | Percentage of patients aged 18 years and older with a diagnosis of ischemic stroke or intracranial hemorrhage for whom occupational, physical, or speech rehabilitation services were ordered at or prior to inpatient discharge OR documentation that no rehabilitation services are indicated at or prior to inpatient discharge | American Academy of Neurology |
| 0325 | Stroke and Stroke Rehabilitation: Discharged on Antithrombotic Therapy | Percentage of patients aged 18 years and older with a diagnosis of ischemic stroke or transient ischemic attack (TIA) who were prescribed antithrombotic therapy at discharge | American Academy of Neurology |
| 0434 | STK-01: Venous Thromboembolism (VTE) Prophylaxis | This measure captures the proportion of ischemic or hemorrhagic stroke patients who received VTE prophylaxis or have documentation why no VTE prophylaxis was given on the day of or the day after hospital admission. This measure is a part of a set of eight nationally implemented measures that address stroke care (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, and STK-10: Assessed for Rehabilitation) that are used in The Joint Commission's hospital accreditation and Disease-Specific Care certification programs. | The Joint Commission |

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| 0435 | STK 02: Discharged on Antithrombotic Therapy | This measure captures the proportion of ischemic stroke patients prescribed antithrombotic therapy at hospital discharge. This measure is a part of a set of eight nationally implemented measures that address stroke care (STK-1: Venous Thromboembolism (VTE) Prophylaxis, 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, and STK-10: Assessed for Rehabilitation) that are used in The Joint Commission's hospital accreditation and Disease-Specific Care certification programs. | The Joint Commission |
| 0436 | STK-03: Anticoagulation Therapy for Atrial Fibrillation/Flutter | This measure captures the proportion of ischemic stroke patients with atrial fibrillation/flutter who are prescribed anticoagulation therapy at hospital discharge. This measure is a part of a set of eight nationally implemented measures that address stroke care (STK-1: Venous Thromboembolism (VTE) Prophylaxis, STK-2: Discharged on Antithrombotic Therapy, STK-4: Thrombolytic Therapy, STK-5: Antithrombotic Therapy By End of Hospital Day 2, STK-6 Discharged on Statin Medication, STK-8: Stroke Education, and STK-10: Assessed for Rehabilitation) that are used in The Joint Commission's hospital accreditation and Disease-Specific Care certification programs. | The Joint Commission |
| 0437 | STK 04: Thrombolytic Therapy | This measure captures the proportion of acute ischemic stroke patients who arrive at this hospital within 2 hours of time last known well for whom IV t-PA was initiated at this hospital within 3 hours of time last known well. This measure is a part of a set of eight nationally implemented measures that address stroke care (STK-1: Venous Thromboembolism (VTE) Prophylaxis, STK-2: Discharged on Antithrombotic Therapy, STK-3: Anticoagulation Therapy for Atrial Fibrillation/Flutter, STK-5: Antithrombotic Therapy By End of Hospital Day 2, STK-6 Discharged on Statin Medication, STK-8: Stroke Education, and STK-10: Assessed for Rehabilitation) that are used in The Joint Commission's hospital accreditation and Disease-Specific Care certification programs. | The Joint Commission |
| 0438 | STK 05: Antithrombotic Therapy By End of Hospital Day Two | This measure captures the proportion of ischemic stroke patients who had antithrombotic therapy administered by end of hospital day two (with the day of arrival being day 1). This measure is a part of a set of eight nationally implemented measures that address stroke care (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-6: Discharged on Statin Medication, STK-8: Stroke Education, and STK-10: Assessed for Rehabilitation) that are used in The Joint Commission's hospital accreditation and Disease-Specific Care certification programs. | The Joint Commission |
| 0439 | STK-06: Discharged on Statin Medication | This measure captures the proportion of ischemic stroke patients with LDL greater than or equal to 100 mg/dL, or LDL not measured, or who were on a lipid-lowering medication prior to hospital arrival who are prescribed statin medication at hospital discharge. This measure is a part of a set of eight nationally implemented measures that address stroke care (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-8: Stroke Education, and STK-10: Assessed for Rehabilitation) that are used in The Joint Commission's hospital accreditation and Disease-Specific Care certification programs. | The Joint Commission |

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| 0441 | STK-10: Assessed for Rehabilitation | This measure captures the proportion of ischemic or hemorrhagic stroke patients assessed for or who received rehabilitation services during the hospital stay. This measure is a part of a set of eight nationally implemented measures that address stroke care (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, and STK-8: Stroke Education) that are used in The Joint Commission's hospital accreditation and Disease-Specific Care certification programs. | The Joint Commission |
| 0467 | Acute Stroke Mortality Rate (IQI 17) | In-hospital deaths per 1,000 hospital discharges with acute stroke as a principal diagnosis for patients ages 18 years and older. Includes metrics for discharges grouped by type of stroke. Excludes obstetric discharges and transfers to another hospital.<br><br>[NOTE: The software provides the rate per hospital discharge. However, common practice reports the measure as per 1,000 discharges. The user must multiply the rate obtained from the software by 1,000 to report in-hospital deaths per 1,000 hospital discharges.] | Agency for Healthcare Research and Quality |
| 0507 | Diagnostic Imaging: Stenosis Measurement in Carotid Imaging Reports | Percentage of final reports for carotid imaging studies (neck magnetic resonance angiography (MRA), neck computerized tomographic angiography (CTA), neck duplex ultrasound, carotid angiogram) performed that include direct or indirect reference to measurements of distal internal carotid diameter as the denominator for stenosis measurement | American Medical Association - Physician Consortium for Performance Improvement (AMA-PCPI) |
| 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. | Emergency Department Acute Ischemic Stroke or Hemorrhagic Stroke patients who arrive at the ED within 2 hours of the onset of symptoms who have a head CT or MRI scan performed during the stay and having a time from ED arrival to interpretation of the Head CT or MRI scan within 45 minutes of arrival. | Centers for Medicare & Medicaid Services |
| 0755 | Appropriate Cervical Spine Radiography and CT Imaging in Trauma | Percent of adult patients undergoing cervical spine radiography or CT imaging for trauma who have a documented evidence-based indication prior to imaging (Canadian C-Spine Rule or the NEXUS Low-Risk Criteria). | American College of Emergency Physicians |

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| 0668 | Appropriate Head CT Imaging in Adults with Mild Traumatic Brain Injury | Percent of adult patients who presented within 24 hours of a non-penetrating head injury with a Glasgow coma score (GCS) >13 and underwent head CT for trauma in the ED who have a documented indication consistent with guidelines(1) prior to imaging.<br><br>(1) Jagoda AS, Bazarian JJ, Bruns JJ Jr, Cantrill SV, Gean AD, Howard PK, Ghajar J, Riggio S, Wright DW, Wears RL, Bakshy A, Burgess P, Wald MM, Whitson RR; American College of Emergency Physicians; Centers for Disease Control and Prevention. Clinical policy: neuroimaging and decision-making in adult mild traumatic brain injury in the acute setting. Ann Emerg Med. 2008 Dec;52(6):714-48. PubMed PMID: 19027497. | American College of Emergency Physicians |
| 1814 | Counseling for Women of Childbearing Potential with Epilepsy | All female patients of childbearing potential (12–44 years old)<br>diagnosed with epilepsy who were counseled about epilepsy<br>and how its treatment may affect contraception and pregnancy<br>at least once a year | American Academy of Neurology |
| 1952 | Time to Intravenous Thrombolytic Therapy | Acute ischemic stroke patients aged 18 years and older receiving intravenous tissue plasminogen activator (tPA) therapy during the hospital stay and having a time from hospital arrival to initiation of thrombolytic therapy administration (door-to-needle time) of 60 minutes or less.<br><br>Median time from hospital arrival to administration of intravenous tissue plasminogen activator (tPA) therapy in acute ischemic stroke patients aged 18 years and older. | American Heart Association/American Stroke Association |
| 2091 | Persistent Indicators of Dementia without a Diagnosis—Long Stay | Percentage of nursing home residents age 65+ with persistent indicators of dementia and no diagnosis of dementia. | American Medical Directors Association |
| 2092 | Persistent Indicators of Dementia without a Diagnosis—Short Stay | Number of adult patients 65 and older who are included in the denominator (i.e., have persistent signs and symptoms of dementia) and who do not have a diagnosis of dementia on any MDS assessment. | American Medical Directors Association |
| 2111 | Antipsychotic Use in Persons with Dementia | The percentage of individuals 65 years of age and older with dementia who are receiving an antipsychotic medication without evidence of a psychotic disorder or related condition. | Pharmacy Quality Alliance |

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| 0705 | Proportion of Patients Hospitalized with Stroke that have a Potentially Avoidable Complication (during the Index Stay or in the 30-day Post-Discharge Period) | Percent of adult population aged 18 – 65 years who were admitted to a hospital with stroke, were followed for one-month after discharge, and had one or more potentially avoidable complications (PACs). PACs may occur during the index stay or during the 30-day post discharge period We define PACs during each time period as one of three types:<br>(A) PACs during the Index Stay (Hospitalization):<br>(1) PACs related to the anchor condition: The index stay is regarded as having a PAC if during the index hospitalization for stroke the patient develops one or more complications such as hypertensive encephalopathy, malignant hypertension, coma, anoxic brain damage, or respiratory failure etc. that may result directly from stroke or its management.<br>(2) PACs due to Comorbidities: The index stay is also regarded as having a PAC if one or more of the patient's controlled comorbid conditions is exacerbated during the hospitalization (i.e. it was not present on admission). Examples of these PACs are diabetic emergency with hypo- or hyperglycemia, pneumonia, lung complications, acute myocardial infarction, gastritis, ulcer, GI hemorrhage etc.<br>(3) PACs suggesting Patient Safety Failures: The index stay is regarded as having a PAC if there are one or more complications related to patient safety issues. Examples of these PACs are septicemia, meningitis, other infections, phlebitis, deep vein thrombosis, pulmonary embolism or any of the CMS-defined hospital acquired conditions (HACs).<br>(B) PACs during the 30-day post discharge period:<br>(1) PACs related to the anchor condition: Readmissions and emergency room visits during the 30-day post discharge period after a stroke are considered as PACs if they are for hypertensive encephalopathy, malignant hypertension, respiratory failure, coma, anoxic brain damage etc.<br>(2) PACs due to Comorbidities: Readmissions and emergency room visits during the 30-day post discharge period are also considered PACs if they are due to an exacerbation of one or more of the patient's comorbid conditions, such as a diabetic emergency with hypo- or hyperglycemia, pneumonia, lung complications, acute myocardial infarction, acute renal failure etc.<br>(3) PACs suggesting Patient Safety Failures: Readmissions or emergency room visits during the 30-day post discharge period are considered PACs if they are due to sepsis, infections, deep vein thrombosis, pulmonary embolism, or for any of the CMS-defined hospital acquired conditions (HACs). The enclosed workbook labeled NQF_Stroke_PACs_Risk_Adjustment_2.16.10.xls, gives the frequency and costs associated with each of these types of PACs during the index hospitalization (tab labeled CIP_Index PAC_Stays) and for readmissions and emergency room visits during the 30-day post-discharge period (tab labeled CIP_PAC_Readmission). The information is based on a two-year national commercially insured population (CIP) claims database. The database had 4.7 million covered lives and $95 billion in "allowed amounts" for claims costs. The database was an administrative claims database with medical as well as pharmacy claims. The two tabs demonstrate the most common PACs that occurred in patients hospitalized with stroke. | Bridges to Excellence |