OBJECTIVES TODAY

1) IDENTIFY KEY SUCCESS FEATURES OF A BEST IN PRACTICE MISSION: LIFELINE STROKE SYSTEM OF CARE

2) UNDERSTAND NEW TARGETS FOR DOOR TO NEEDLE AND DOOR TO DEVICE TIMES IN ELIGIBLE ISCHEMIC STROKE PATIENTS

3) KNOW THE NEW RECOGNITION LEVELS & CRITERIA FOR TARGET STROKE III

4) STATE THE NATIONAL TARGET STROKE III PROGRAM GOALS
AMERICAN HEART ASSOCIATION PILLARS OF WORK

Join project baseline by Verily at:
www.projectbaseline.com/gored
MARK YOUR CALENDAR!

2020
Save the Date
American Heart Association Southeast
Heart & Stroke Quality Summit
April 20-24, 2020
Raleigh, NC
DECEMBER 12TH IN ORLANDO FOR FLORIDA HOSPITALS

Informational Hands-On Workshop: For Cardiac and Stroke Center Certifications

Workshop for certifications offered by The Joint Commission and American Heart Association featuring two tracks:

Track 1: Cardiac Certifications
- NEW Heart Attack and other cardiac certifications

Track 2: Stroke Center Certifications
- Primary Stroke Center
- Thrombectomy Capable Stroke Center
- Comprehensive Stroke Center

Mark your calendar and save the date:

Thursday, December 12, 2019

8 AM – 4 PM
Orlando, FL

Opening remarks by
Dr. Kenneth A Scheppke, MD
State EMS Medical Director
Florida Department of Health

Featuring sessions by American Heart Association and The Joint Commission.

Join us to learn firsthand from the experts on what it takes to become a certified stroke or cardiac center.

Watch for the registration link and more details to come. Email Felecia.Bryan@Heart.org for additional information.
OVERVIEW

Recent updates:
- Target: Stroke Phase III
- Alteplase Measure Change for 2020
- Updated EMS Measures
- Target: Type 2 Diabetes

New Features:
- EMS Feedback Form
- EMS Time Tracker
- EMS Data Interoperability

Other Topics:
- FAST / BEFAST
- AHA Hospital Network: Join online (TJC certified stroke centers) and Monthly Calls in Southeast for CSC
AHA Quality Registries

AHA registries are present at each phase of care. New technology and unique identifier will link patients across settings for end to end care insights and improvement.

EMS Activation and Transport

Timely treatment at the most appropriate facility

Hospitalization and discharge

Post acute care for optimal recovery

Ambulatory care for follow-up and prevention

AHA QSI Research

serves as the building block for all programs
Cutting mortality in half: Mission: Lifeline Accelerator II showed significant improvements in treatment times in both EMS First Medical Contact to treatment and ED Dwell times, corresponding with a significant reduction in mortality: 4.4% to 2.3%.

Among GWTG-AFIB participants, oral anticoagulation for stroke prevention at discharge in eligible patients improved significantly over time from 85.7% to 96.8%

Centers participating in GWTG-HF had better hospital performance for heart failure care than their counterparts, as indexed by 30-day risk standardized mortality rates, associated with substantially improved long-term survival for heart failure patients.

Cutting mortality in-half: Mission: Lifeline Accelerator II showed significant improvements in treatment times in both EMS First Medical Contact to treatment and ED Dwell times, corresponding with a significant reduction in mortality: 4.4% to 2.3%.

QUALITY IMPROVEMENT IMPACT AT A GLANCE

524
Research Publications stemming from program data

1,370
Hospitals Accredited through the Hospital Accreditation and Certification program

2,319
Unique Contracted Hospitals

8,000,000+
Patient Records Entered

40% of all cardiovascular and stroke patients in the U.S. benefit from treatment at a GWTG hospital

1/3 of the nation’s 6,280 hospitals participate in at least one Get With The Guidelines® quality improvement module. Many participate in two or more.

Nearly 80% of the U.S. population has access to a Get With The Guidelines® – participating hospital.

Patients from Get With The Guidelines-Stroke hospitals are 10 percent more likely to be discharged home after hospital treatment and 7-8 percent less likely to die within 30 days and one year after discharge.

Survival rates after in-hospital cardiac arrest improved from 13.7% to 22.3% over a 10-year period, Among hospitals participating in GWTG-Resuscitation (formerly NRCPR).

Centers participating in GWTG-HF had better hospital performance for heart failure care than their counterparts, as indexed by 30-day risk standardized mortality rates, associated with substantially improved long-term survival for heart failure patients.

Among GWTG-AFIB participants, oral anticoagulation for stroke prevention at discharge in eligible patients improved significantly over time from 85.7% to 96.8%

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Quality Research Publications

589 Research Publications Program Wide

2009: GWTG CAD new data collection transitioned to ACTION-GWTG April 2017: GWTG CAD data collection resumed with AHA

* Pubs for more than one module, count in each module they represent
* Pubs counted in Online or Print Year

- GWTG HF
- GWTG Stroke
- GWTG CAD
- GWTG Resus
- ACTION-GWTG
- Mission: Lifeline
- TGA
- GWTG Afb
- Total 589
THINK: SYSTEM OF CARE

"IF YOU WANT TO GO FAST, GO ALONE. IF YOU WANT TO GO FAR, GO TOGETHER."

— AFRICAN PROVERB
Mission: Lifeline systems of care implementation streamlines care across a geographical region.

- Covers a defined city, county, region, state or regions made up of portions of multiple states
- Uses a centralized data source to observe process and clinical outcomes over time for quality improvement
- Holds mission: lifeline regional calls/meetings on a regular basis to share the latest research, best practices, data trends, tips for improved care and opportunities to improve the system of care
- Collaboratively addresses competitive markets
- Participates in mission: lifeline regional reports
MISSION: LIFELINE SYSTEM OF CARE

Help patient receive timely life saving care

Preserve Quality of life

Implement the IDEAL Systems of Care

Save lives

Bring healthcare resources together and create a strong, efficient and synergistic system

Define the roles of all those who deliver care across the entire continuum of care

Improve the overall quality of care through guideline implementation
Mission: Lifeline STEMI or STROKE System of Care

A M:L system of care is defined as at least one EMS agency and at least one STEMI receiving center/PSC, TSC, CSC and at least one STEMI referring center/ASRH, PSC, TSC working in collaboration with one another to improve patient outcomes related to STEMI or STROKE patients. Each component of the system should strive to meet individual and system criteria in order to achieve overall success and improvement.
SYSTEMS OF CARE

MISSION: LIFELINE

STEMI
STROKE
OOHCA
OTHER

Early Recognition
Early Call to 911
Early Assessment
Early Notification
Early Reperfusion
MISSION: LIFELINE STROKE

Onset of Stroke symptoms

9-1-1 EMS dispatch

- EMS on-scene
- LKW Time
- Stroke Screen
- LVO Screening Tool
- Stroke Alert Protocol

Primary Stroke Center

Inter-hospital transfer

Total Ischemic Time

Comprehensive or Thrombectomy Capable Center

* Using patient selection criteria consistent with 2018 AHA/ASA AiS Guidelines. https://doi.org/10.1161/STR.00000000000000158
An ideal system of care is triggered by the 911 call

January 1, 2019 through 9/30/2019 (stroke, nationally all hospitals for 430,494 patient records)

- 43.5% EMS from scene/home
- 34.3% private vehicle
- 3.6% mode of arrival not documented
- Others: MSU, hospital to hospital transfer
F.A.S.T.
PROMOTE IT EVERYWHERE
• Phase I launched in 2009 to increase the number of eligible ischemic stroke patients receiving IV rt-PA in **60 minutes** or less to 50% or more.

• Phase II launched in 2015 to increase the number of eligible ischemic stroke patients receiving IV rt-PA in **45 minutes** or less to 50% or more.

• Phase III launched in 2019.
Honor Roll
≥ 75% in the time to intravenous thrombolytic therapy - 60 min measure

Elite Honor Roll
≥ 85% in the time to intravenous thrombolytic therapy - 60 min measure

Elite Plus Honor Roll
≥ 75% in the time to intravenous thrombolytic therapy - 45 min measure
≥ 50% in the time to intravenous thrombolytic therapy - 30 min measure

Advanced Therapy Honor Roll
≥ 50% in the door-to-device (arrival to first pass) within 90 min (for direct arriving patients) and within 60 min (for transfer patients) treated with endovascular therapy (EVT)
**GET WITH THE GUIDELINES®-STROKE MEASURES**

<table>
<thead>
<tr>
<th>ACHIEVEMENT MEASURES:</th>
</tr>
</thead>
<tbody>
<tr>
<td>IV Alteplase Arrive by 3.5 Hour, Treat by 4.5 Hour measure (or IV Alteplase Arrive by 2 Hour, Treat by 3 Hour)</td>
</tr>
<tr>
<td>Early Antithrombotic</td>
</tr>
<tr>
<td>VTE Prophylaxis</td>
</tr>
<tr>
<td>Antithrombotic</td>
</tr>
<tr>
<td>Anticoagulation for A fib/Aflutter</td>
</tr>
<tr>
<td>Smoking Cessation</td>
</tr>
<tr>
<td>Statin At Discharge</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>QUALITY MEASURES:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dysphagia Screen</td>
</tr>
<tr>
<td>Time To Intravenous Thrombolytic Therapy (60 Min)</td>
</tr>
<tr>
<td>NIHSS Reported</td>
</tr>
<tr>
<td>Stroke Education</td>
</tr>
<tr>
<td>Rehabilitation Considered</td>
</tr>
<tr>
<td>LDL Documented</td>
</tr>
<tr>
<td>Intensive Statin Therapy</td>
</tr>
<tr>
<td>IV Alteplase arrive by/treat by</td>
</tr>
</tbody>
</table>
EMS FEEDBACK LOG

EMS COMMENT BOX CREATED IN THE EMS FORM TO PROVIDE ADDITIONAL COMMENTS TO THE EMS FEEDBACK FORM.
THE MISSION: LIFELINE STROKE FEEDBACK FORM IS CREATED IN PDF FORMAT AND CONTAINS BOTH IN HOSPITAL AND PREHOSPITAL ELEMENTS.

- Time metrics are also calculated for both system of care and the stroke center.
- Form is related to a single patient contact and transport by EMS.
- Form can be emailed to EMS agencies to give both outcome information and time metrics.

### Mission: Lifeline Stroke Feedback Form

<table>
<thead>
<tr>
<th>Hospitals</th>
<th>AHA Demo Test Stroke + EMS</th>
<th>How Patient Arrived at your hospital: EMS from home scene</th>
</tr>
</thead>
<tbody>
<tr>
<td>If transfer from another hospital, specify hospital name</td>
<td>Unknown</td>
<td>Blood Pressure: 86</td>
</tr>
</tbody>
</table>

**Advanced notification by EMS/Mobile Stroke Unit (Traditional Responder or Mobile Stroke Unit): Yes**

**Form is related to a single patient contact and transport by EMS.**

**Form can be emailed to EMS agencies to give both outcome information and time metrics.**

**ICD-10-CM Principal Diagnoses Code: 4339 - Central infarction, unspecified**

**ICD-10-PCS Principal Procedure Code: 0**

**ICD-10-CM Discharge Diagnosis Related to Stroke:**

<table>
<thead>
<tr>
<th>Date/Time</th>
<th>System Metrics</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date/Time of discovery of stroke symptoms?</td>
<td>06/21/2019 07:25</td>
<td>Last Known Well to Arrival at Hospital: 65 mm</td>
</tr>
<tr>
<td>Date/Time patient last known to be well?</td>
<td>06/21/2019 07:25</td>
<td>Last Known Well to IV Accessible: 155 mm</td>
</tr>
<tr>
<td>Date/Time of discovery of stroke symptoms by EMS?</td>
<td>06/21/2019 07:25</td>
<td>First Medical Contact to IV Accessible: 112 mm</td>
</tr>
<tr>
<td>Date/Time of discovery of stroke symptoms by Emergency Medical Services?</td>
<td>06/21/2019 07:58</td>
<td>First Medical Contact to first pass of a clot retrieval device: 0 mm</td>
</tr>
<tr>
<td>Date/Time of patient last known to be well?</td>
<td>06/21/2019 07:25</td>
<td>First Medical Contact to Brain Imaging Initiated: 72 mm</td>
</tr>
<tr>
<td>Date/Time of arrival of patient</td>
<td>06/21/2019 07:25</td>
<td>First Medical Contact to Stroke Team Activated: 0 mm</td>
</tr>
<tr>
<td>Date/Time of initial contact with patient</td>
<td>06/21/2019 08:00</td>
<td>First Medical Contact to Stroke Team Activated: 0 mm</td>
</tr>
<tr>
<td>Date/Time of patient's arrival</td>
<td>06/21/2019 08:00</td>
<td>First Medical Contact to Stroke Team Activated: 0 mm</td>
</tr>
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</tr>
</tbody>
</table>

**Comments:**

- Patient Arrived to ED Physician Assessment: 0 mm
- Stroke Team Activation to Stroke Team Arrival: 0 mm
- Patient Arrived to Brain Imaging Initiated: 0 mm
- Patient Arrived to IV Accessible: 0 mm
- Patient Arrived to first pass of a clot retrieval device: 0 mm
EMS TIME TRACKER

Notification will appear when report is being generated.

Once file is created it will appear in the list of “Existing files:”. Click to download file.
UPDATES TO MISSION: LIFELINE STROKE
PRE-HOSPITAL MEASURES

1. Door-in-Door-Out Times at First Hospital Prior to Transfer for Acute Therapy
2. **Documentation of Time Last Known Well**
3. **Documentation of Time of Discovery of Stroke Symptoms**
4. EMS First Medical Contact to ED Arrival
5. Evaluation of Blood Glucose
6. Identification of Suspected Strokes - Rate Based
7. **On-Scene Time for Suspected Stroke**
8. **On-Scene Time ≤ 15 Minutes for Suspected Stroke**
9. Stroke Screen Performed and Reported
10. Stroke Screen Performed and Reported Distributed
11. Stroke Severity Screen Performed and Reported
12. Stroke Severity Screen Performed and Reported - Distribution
13. Time from First Medical Contact to Thrombectomy for Acute Ischemic Stroke
14. **Time from First Medical Contact to IV alteplase for Acute Ischemic Stroke**
TARGET: TYPE 2 DIABETES

ELIGIBILITY REQUIREMENTS:

• Silver or Gold achievement award in GWTG-HF or GWTG-Stroke.
• At least 10 patients with a new onset or previous history of diabetes within the patient population.
• ≥ 90% compliance for 12 consecutive months (calendar year) for a composite of all required measures.

MEASURES:

• IV Arrive by 2 hr., Treat by 3 hr. for patients with diabetes
• Early antithrombotic for patients with diabetes
• VTE prophylaxis for patients with diabetes
• Antithrombotic for patients with diabetes
• Anticoagulant for A fib/Aflutter for patients with diabetes
• Smoking cessation for patients with diabetes
• Statin prescribed at discharge for patients with diabetes
• Diabetes treatment
AHA CONTACTS FOR QUALITY:

JEFFREY WALKER, SOUTH FL
RHODA SAUNDERS, NORTH FL
KAY JOHNSON, PANHANDLE
SHELLEY NICHOLS, MARCUS STROKE NETWORK, QUALITY CONSULTANT
THANK YOU FOR ALL YOU DO AND FOR THE IMPACT YOU ARE MAKING

On average, someone in the USA has a stroke every 40 seconds and someone dies a stroke-related death every 4 minutes

In the 30 minutes I’ve been speaking, 45 people have had a stroke in the U.S. and 7 have died

We still have a distance to go together!