Forwarded by: DNVGL CSC Stroke Program

Sent: Monday, April 04, 2016 9:51 AM
Subject: GWTG-Stroke: Data collection for time to first pass

This message is being sent to you on behalf of The American Heart Association/American Stroke Association (AHA/ASA).

Dear Get With The Guidelines -Stroke Customer,

Recently, The Joint Commission (TJC) announced that they have suspended data collection for the CSTK-07 Median Time to Revascularization measure until further notice. CSTK-07 is one of eight comprehensive stroke (CSTK) measures required to meet performance measure requirements for Comprehensive Stroke Center Certification through TJC. Comprehensive Stroke Center certification programs were developed in collaboration with the American Heart Association/American Stroke Association (AHA/ASA).

The American Heart Association/American Stroke Association (AHA/ASA) and The Joint Commission (TJC) are committed to the accurate and reliable capture of time points related to revascularization in acute ischemic stroke utilizing thrombectomy devices and other endovascular strategies. Although the use of the endpoint of first pass of a mechanical reperfusion device is recommended in the 2013 multi-society guidelines (see reference below), and is a high priority for the TJC Comprehensive Stroke Center program, real world data and field experience demonstrated challenges with data abstraction and entry. Due to comments and concerns from Comprehensive Stroke Centers, TJC has suspended the CSTK-07 Median Time to Revascularization measure for certification purposes and plans to release a new measure, CSTK-09 Arrival Time to Skin Puncture, for implementation January 1, 2017.

Despite suspension of CSTK-07 for Comprehensive Stroke Center Certification, the AHA/ASA, through its Get With The Guidelines program (GWTG), will continue to examine how first pass data can be reliably and validly collected using GWTG. Time to revascularization is an important determinant of outcomes for patients with ischemic stroke, and a time to first pass metric holds high physiological relevance with regard to ischemic burden.

The AHA/ASA is committed to maintaining the first pass data elements and measure within GWTG-Stroke. The GWTG-Stroke experts understand that first pass data elements may be difficult to capture at the institutional level in certain cases, and that measure performance may rely heavily on the experience of the personnel in the angiosuite, the types of devices used during the operation, and the interpretation of reperfusion status. However, despite the difficulty with this metric, strategies can be implemented at the institutional level to effect change and allow for accurate measurement. GWTG is planning to develop a data collection tool to facilitate accurate documentation and data collection. Updates are forthcoming. For now, we would encourage your site to continue to collect the date and time of first pass within GWTG-Stroke and to continue to monitor your site performance. There will be no immediate changes to these data elements within the GWTG-Stroke Patient Management Tool (PMT) system.

Since CSTK-07 has been suspended for certification purposes, if your site is contracted with Quintiles to submit your CSTK measure data quarterly to TJC, starting with January 2016 discharges, the first pass data elements associated with CSTK-07 will no longer be submitted to TJC. If you have any further

questions on the CSTK-07 data elements or measure within GWTG-Stroke, please reach out to your local AHA field staff.

Regards,
The American Heart Association/American Stroke Association

Reference:

Sacks D, Black CM, Cognard C, Connors JJ III, Frei D, Gupta R, Jovin TG, Kluck B, Meyers PM, Murphy KJ, Ramee S, Rüfenacht DA, Stallmeyer MJB, Vorwerk D. Multisociety consensus quality improvement guidelines for intraarterial catheter directed treatment of acute ischemic stroke from the American Society of Neuroradiology, Canadian Interventional Radiology Association, Cardiovascular and interventional Radiological Society of Europe, Society for Cardiovascular Angiography and Interventions, Society of Interventional Radiology, Society of NeuroInterventional Surgery, European Society of Minimally Invasive Neurological Therapy, and Society of Vascular and Interventional Neurology. J Vasc Interv Radiol.
2013;24:151-163.