American Heart Association.

Hemorrhagic Stroke Initiative

American Heart Association.
Get With The Guidelines.
Stroke

In early 2023, the American Heart Association launched a new Intracerebral Hemorrhage (ICH) measure set in Get With The Guidelines®-Stroke. This opportunity allows participating hospitals to expand focus and address the need for improved identification and treatment of hemorrhagic stroke patients at no cost through their existing registry platform.

WHY INTRACEREBRAL HEMORRHAGE?

- ICH accounts for ≈10% to 15% of all strokes and carries an exceptionally high risk of early death and long-term disability
- Evidence for optimal treatment of ICH has lagged behind that for ischemic stroke
- The number of outcome data elements specific to ICH patients historically are limited
- Translation of guidelines into actionable metrics for data collection will further enhance outcomes for ICH patients

WHO SHOULD PARTICIPATE?

- Any hospital participating in Get With The Guidelines®-Stroke that would benefit from tracking timeliness and guideline driven care of ICH patients
- Those who wish to learn more about specific ICH data abstraction, model share events, policy, and protocol contribution
- Hospitals seeking an enhanced understanding of the "why" behind ICH clinical performance measures
- Hospitals seeking education on operationalizing and improving compliance of ICH performance measures

HOW TO PARTICIPATE?

- Any active Get With The Guidelines®-Stroke hospital may request the ICH Measure set be added to their registry
- No additional fees or contracting involved
- Reach out to your AHA Program Consultant-Health Care Quality or email **GWTGSupport@heart.org**

[1]Clinical Performance Measures for Adults Hospitalized With Intracerebral Hemorrhage-Performance Measures for Healthcare Professionals From the American Heart Association/American Stroke Association

WHAT MEASURES ARE COLLECTED?

- **Baseline Severity Score:** Percentage of patients with Intracerebral hemorrhage in whom a baseline severity score is measured and a total score recorded as part of initial evaluation on arrival at the hospital
- **Coagulopathy Reversal (Warfarin):** Percentage of patients with Intracerebral hemorrhage and an INR > 1.4 resulting from warfarin treatment who receive therapy to replace vitamin K-dependent clotting factors within 90 minutes of emergency department (ED) presentation and who also receive intravenous Vitamin K
- **Anticoagulant Reversal (DOACs):** Percentage of patients with life-threatening Intracerebral hemorrhage who are taking Rivaroxaban, Apixaban or Dabigatran prior to arrival and who are treated with the appropriate reversal agent within 90 minutes of arrival
- **Venous Thromboembolism (VTE) Prophylaxis:** Percentage of patients with Intracerebral hemorrhage who receive lower limb pneumatic compression on hospital day 0 or 1
- **Admission Unit:** Percentage of patients with Intracerebral hemorrhage who are admitted to an intensive care unit or dedicated stroke unit with physician and nursing neuroscience acute care expertise
- **Inappropriate Platelet Transfusion:** Percentage of patients with intracerebral hemorrhage being treated with an antiplatelet who do not undergo intracranial surgery who are administered a platelet transfusion within 48 hours of arrival
- **Dysphagia Screening within 24 Hours:** Percentage of patients with Intracerebral hemorrhage for whom there is documentation that a dysphagia screening was performed within 24 hours of admission using a dysphagia screening tool approved by the institution in which the patient is receiving care
- **Passed Dysphagia Screening Before First Oral Intake:** Percentage of patients with Intracerebral hemorrhage who were documented to have passed the most recent dysphagia screen before oral intake of fluids, nutrition, or medications
- **Blood Pressure Treatment at Discharge:** Percentage of patients with Intracerebral hemorrhage who are prescribed an antihypertensive medication or who have a documented blood pressure off medications less than 130/80 at the time of hospital discharge
- **Assessed for Rehabilitation:** Percentage of patients with Intracerebral hemorrhage who were assessed for, or who received, rehabilitation services
- **Avoidance of Corticosteroid Use:** Percentage of patients with Intracerebral hemorrhage who do not receive Corticosteroids for elevated Intracranial pressure or brain edema during acute hospitalization
- **Post Discharge Follow Up:** 90-day mRS