

# STUDY PURPOSE

- ☐ Validate data elements for three electronic Stroke measures:
  - STK2 Discharged on Antithrombotic Therapy
  - STK3 Anticoagulation Therapy on Discharge for Atrial Fibrillation/Flutter
  - STK6 Discharged on Statin Therapy



# **DATA ELEMENTS**

- Various familiar data elements
  - admdt
  - aumut
  - dcdate
  - princode...
  - dcdispo
  - cmo (comfort)
  - cIntrial
  - Idlc
  - statindc
  - nostatin



Qua Insig

dcanthrm

anticoag

nocoag

ynoanthrm

# **DATA ELEMENTS**

- ☐ New data elements to validate prepopulated data supplied by
- ☐ New data elements to validate location of data elements in record



# **IMPORTANT**

# For ANY review/focused study:

- ☐ The VHA regards us as abstraction experts
- ☐ Please read the questions carefully, review all appropriate data sources, and enter data accurately
- ☐ The abstracted data will be compared with the data captured electronically
- ☐ Measures will be scored based on abstracted data
- □ DACs and Exit Reports no formal Exit Conference



# **REVIEW OF QUESTIONS**

Q1 admdt - Prepopulated - can be modified
Q2 dcdate - Prepopulated - <u>Cannot</u> be modified
Q3 princode - Prepopulated - <u>Cannot</u> be modified



# **Q4 VPRINCODE - Validation Question**

Is the diagnosis of ischemic stroke confirmed by physician documentation?

- 1. Yes
- 2. No if No, case is excluded

If the physician documents a diagnosis of ischemic stroke in the discharge summary or elsewhere in the medical record and ischemic stroke is coded as the principal diagnosis, the diagnosis would be confirmed. Select "Yes". D/D Rules have other terms for ischemic stroke.

If documentation clearly indicates the stroke was a hemorrhagic stroke, select "No". D/D Rules have other terms for hemorrhagic stroke.



# Q5 DCDISPO - Prepopulated - Cannot be Modified Q6 DCDISPOM - Validation question

Does the prepopulated discharge disposition (computer to display dcdispo value and description) match the discharge disposition

- documented in the medical record?

  1. Yes
- 2 No

If yes, will go to vdcdispo to validate the location(s) of the discharge disposition documentation.

If no, will go to dcdispo2 and enter the discharge disposition documented in the medical record. (This is same question as in all inpatient instruments.)



# Q7 DCDISPO2

If you answered "no" to DCDISPOM (prepopulated dc disposition did not match what you found in record) you will answer this question:

Enter the patient's discharge disposition on the day of discharge documented in the medical record.

Same question as in all inpatient instruments.



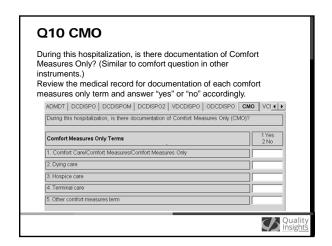
# 

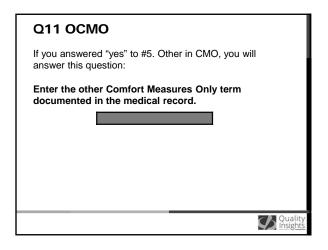
# **Q9 ODCDISPO**

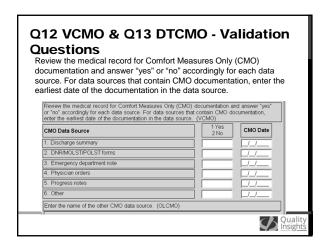
If you answered "yes" to #10. Other in VDCDISPO, you will answer this question:

Enter the name of the other discharge disposition data source.

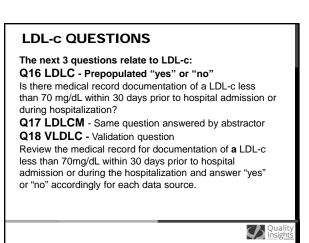


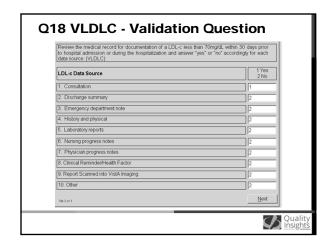


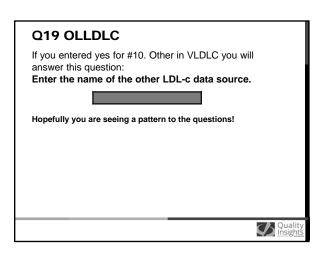




# Q14 OLCMO & Q15 CLNTRIAL Q14 OLCMO If you entered yes for #6 Other in VCMO, you will answer this question: Enter the name of the other CMO data source. Q15 CLNTRIAL (familiar question) During this hospital stay, was the patient enrolled in a clinical trial in which patients with stroke were being studied? 1. Yes 2. No







# Q20 through Q48

Questions 20 through 48 relate to the following medications:

- statins
- antithrombotics
- · anticoagulants

For each category of medications you will have a similar set of questions. Let's follow the statin medication questions first.





# **STATIN MEDICATIONS**

**Q20 STATINDC2 - Prepopulated "yes" or "no"** Was a statin medication prescribed at discharge?

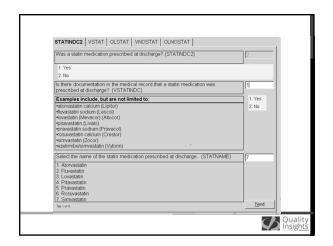
 $\ensuremath{\mathbf{Q21}}$   $\ensuremath{\mathbf{VSTATINDC}}$  - Basically same question answered by abstractor.

Is there documentation in the medical record that a statin medication was prescribed at discharge? Yes or No (Examples listed.) If No, will go to nostatin2.

# **Q22 STATNAME**

Select the name of the statin medication prescribed at discharge.





# **Q23 VSTAT & Q24 DTSTAT**

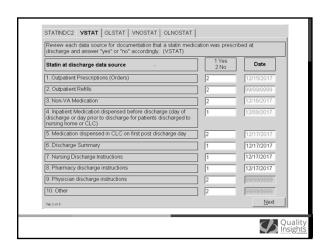
Review each data source for documentation that a statin medication was prescribed at discharge and answer "yes" or "no" accordingly.

The computer will flag the data source and prepopulate the date for each data source 1 – 5 as applicable based on data from the Pull List.

For prepopulated date fields, the abstractor will review the data source for documentation that a statin medication was prescribed and answer "yes" or "no."

For date fields that are not prepopulated, the abstractor will review the data source for documentation that a statin medication was prescribed, answer "yes" or "no" and enter the date of the documentation.







If you entered "Yes" for value 10 in VSTAT, you will answer this question:

Enter the other location where documentation of prescription of statin medication at discharge was found in the medical record.

Progress Note



# **Q26 NOSTATIN2**

If there was no documentation of a statin prescribed (vstatindc = 2), you will answer a somewhat familiar question:

Is there physician/APN/PA or pharmacist documentation of a reason for not prescribing a statin medication at discharge?

- 1. Allergy to statin medication
- Physician/APN/PA or pharmacist documentation of a reason for not prescribing a statin medication at discharge
- 95. Not applicable
- 98. Patient/family refusal
- 99. No documented reason

Use your D/D rules to determine if there is documentation of a reason for not prescribing statin therapy at discharge.



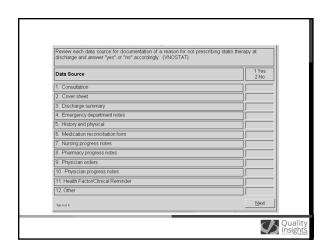
# **Q27 VNOSTAT**

If there was a documented reason for not prescribing a statin medication at discharge then you will answer the validation question:

Review each data source for documentation of a reason for not prescribing statin therapy at discharge and answer "yes" or "no" accordingly.

In order to answer this question accurately, it is necessary to review ALL relevant data sources for documentation of a reason for not prescribing a statin medication at discharge.





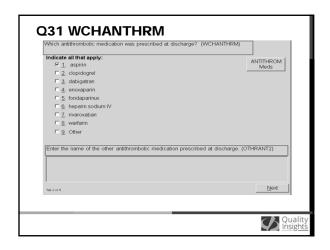
# **Q28 OLNOSTAT**

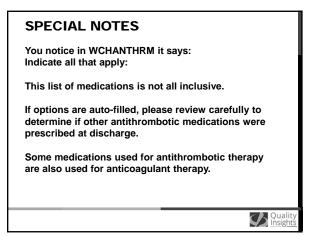
If you entered "yes" for value 12 in VNOSTAT, you will answer:

Enter the other location where documentation of a reason for not prescribing statin therapy at discharge was found in the medical record.



# 

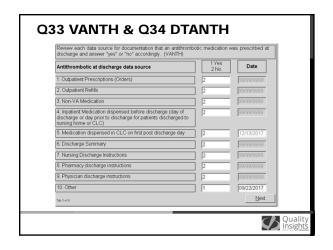




ANTITHROMBOTIC MEDICATIONS

Q32 OTHRANT2 - If the antithrombotic medication was not one listed in wchanthrm, you will enter the name of the other antithrombotic medication prescribed at discharge.

Q33 VANTH and Q34 DTANTH - questions to validate the location and date of documentation that an antithrombotic was prescribed at discharge.

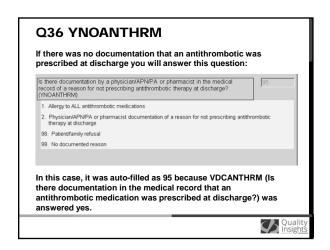


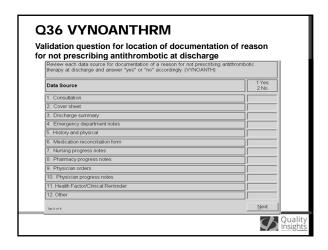
Q35 OLANTH

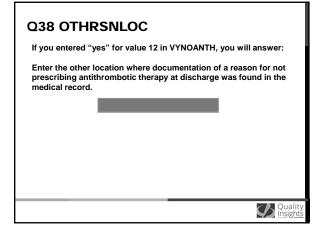
If you entered "yes" for value 10 in VANTH, you will answer:

Enter the other location where documentation of prescription of an antithrombotic medication at discharge was found in the medical record. (OLANTH)

Progress note!







# ANTICOAGULANT MEDICATIONS

Questions 39 - 48 similar to the questions on antithrombotics, but are related to anticoagulant medications prescribed at discharge

Q39 ANTICOAG - Prepopulated "yes" or "no"

Q40 VANTICOAG - Abstractor validates "yes" or "no"

Q41 WCHCOAG - Which anticoagulant medication



# SPECIAL NOTES

### **Q41 WCHCOAG**

Which anticoagulant medication was prescribed at discharge? **Indicate all that apply:** 

This list of medications is not all inclusive.

If options are auto-filled, please review carefully to determine if other anticoagulant medications were prescribed at discharge.

Some medications used for anticoagulant therapy are also used for antithrombotic therapy.



# **ANTICOAGULANT MEDICATIONS**

Q42 OTHCOAG - If the anticoagulant medication was not one listed in wchcoag, you will enter the name of the other anticoagulant medication prescribed at discharge.

Q43 VCOAG and Q44 DTCOAG - questions to validate the location and date of documentation that an anticoagulant was prescribed at discharge.



Q45 OLCOAG - question to enter the other location where documentation of prescription of an anticoagulant medication at discharge was found in the medical record.

Q46 NOCOAG - documentation of a reason for not prescribing anticoagulant at discharge.

Q47 VNOCOAG - validation question for location of documentation of reason for not prescribing anticoagulant at discharge

Q48 OLNOCOAG - question to enter the other location where documentation of a reason for not prescribing anticoagulant at discharge was found



# **SCORING**

# STROKE MEASURES:

- STK2 Discharged on Antithrombotic Therapy
- STK3 Anticoagulation Therapy on Discharge for Atrial Fibrillation/Flutter
- STK6 Discharged on Statin Medication

Scoring for all 3 measures based on abstracted data



# **SCORING**

Exclusions common to all 3 measures:

- Acute-care admission is elective
- Date of discharge is <11/01/17 or after 11/30/17
- Length of stay is >120 days
- Patient age <18
- Principal Diagnosis Code (ICD-10-CM) is not Ischemic Stroke
- Discharge disposition:
  - to another hospital
  - left AMA
- expired
- \* to home for hospice care
- \* to health care facility for hospice care
- Documentation of comfort measures only any time during the hospital stay
- Enrolled in a clinical trial in which patients with stroke are being studied during the hospital stay



# **SCORING**

# STK2 - Discharged on Antithrombotic Therapy

Documented reason for not prescribing antithrombotic therapy at discharge

## Case passes if:

Antithrombotic therapy was prescribed at discharge



# **SCORING**

# STK3 - Anticoagulation Therapy on Discharge for Atrial Fibrillation/Flutter

Specific Exclusions:

- No Diagnosis Code of atrial fibrillation/flutter
- Documented reason for not prescribing anticoagulation therapy at discharge

Anticoagulation therapy was prescribed at discharge



# **SCORING**

# STK6 Discharged on Statin Medication

Specific Exclusions:

- LDL-c of <70mg/dL <30 days prior to arrival or any time during the hospital stay
- Documented reason for not prescribing statin medication at discharge

· Statin medication was prescribed at discharge



# **CONCLUSION**

- ☐ Anticipate the Pull list to be released February 1,
- ☐ Complete abstraction by February 28, 2018
- ☐ Please send any questions to;

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