Measure #413: Door to Puncture Time for Endovascular Stroke Treatment – National Quality Strategy Domain: Effective Clinical Care

2017 OPTIONS FOR INDIVIDUAL MEASURES:
REGISTRY ONLY

MEASURE TYPE:
Intermediate Outcome

DESCRIPTION:
Percentage of patients undergoing endovascular stroke treatment who have a door to puncture time of less than two hours

INSTRUCTIONS:
This measure is to be reported each time a patient undergoes a procedure for treatment of a cerebral vascular accident during the performance period. This measure may be reported by eligible clinicians who perform the quality actions described in the measure based on the services provided and the measure-specific denominator coding.

Measure Reporting:
The listed denominator criteria is used to identify the intended patient population. The numerator options included in this specification are used to submit the quality actions allowed by the measure. The quality-data codes listed do not need to be submitted for registry-based submissions; however, these codes may be submitted for those registries that utilize claims data.

DENOMINATOR:
All patients with CVA undergoing endovascular stroke treatment

Denominator Criteria (Eligible Cases):
All patients, regardless of age
AND
Diagnosis for ischemic stroke (ICD-10-CM): I63.00, I63.011, I63.012, I63.013, I63.019, I63.02, I63.031, I63.032, I63.033, I63.039, I63.09, I63.10, I63.111, I63.112, I63.113, I63.119, I63.12, I63.131, I63.132, I63.133, I63.139, I63.19, I63.20, I63.211, I63.212, I63.213, I63.219, I63.22, I63.231, I63.232, I63.233, I63.239, I63.29, I63.30, I63.311, I63.312, I63.313, I63.319, I63.321, I63.322, I63.323, I63.329, I63.331, I63.332, I63.333, I63.339, I63.341, I63.342, I63.349, I63.39, I63.40, I63.411, I63.412, I63.413, I63.419, I63.421, I63.422, I63.423, I63.429, I63.431, I63.432, I63.433, I63.439, I63.441, I63.442, I63.449, I63.49, I63.50, I63.511, I63.512, I63.513, I63.519, I63.521, I63.522, I63.523, I63.529, I63.531, I63.532, I63.533, I63.539, I63.541, I63.542, I63.543, I63.549, I63.59, I63.6, I63.8, I63.9
AND
Patient procedure during the performance period (CPT): 36223, 36224, 36225, 36226, 36228, 61645
AND NOT
DENOMINATOR EXCLUSIONS:
Patients who are transferred from one institution to another with a known diagnosis of CVA for endovascular stroke treatment: G9766
OR
Hospitalized patients with newly diagnosed CVA considered for endovascular stroke treatment: G9767

NUMERATOR:
Patients with CVA undergoing endovascular stroke treatment who have a door to puncture time of less than 2 hours

Numerator Options:
*Performance Met:* Door to puncture time of less than 2 hours (G9580)

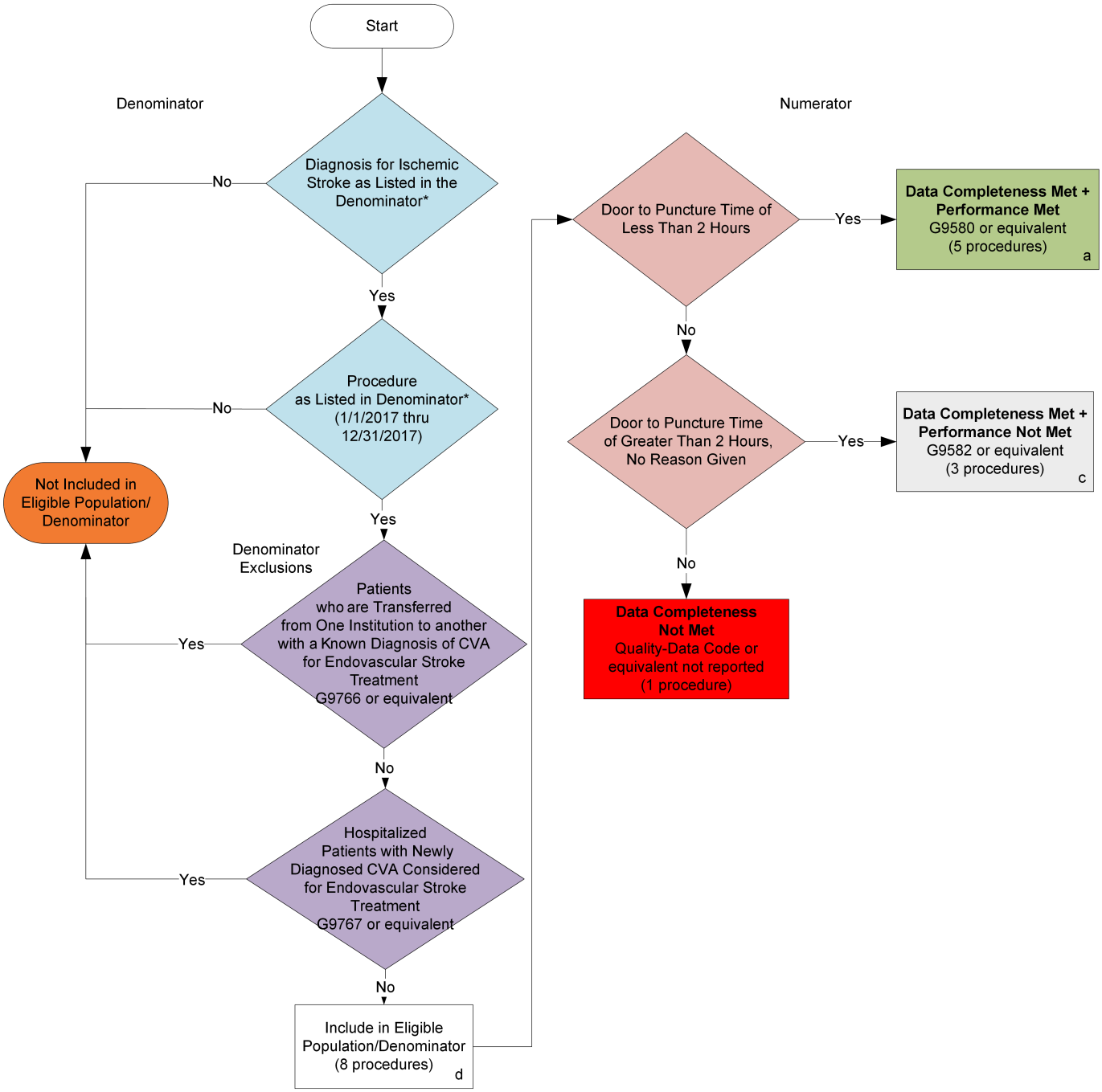
OR

| | |
|---|---|
| *Performance Not Met:* | Door to puncture time of greater than 2 hours, no reason given (G9582) |

RATIONALE:
Acknowledgment of the critical importance of time to reperfusion for obtaining favorable outcomes in myocardial revascularization has led to the formation of similar initiatives as a measure of effective systems to enable an endovascular treatment program for acute stroke. Multiple hospital systems must interact effectively to enable patients presenting from any location to be assessed clinically and undergo imaging to ascertain if they are candidates for endovascular therapies. By ensuring a door to puncture time of less than 2 hours, stroke patients are given the best chance of functional recovery.

CLINICAL RECOMMENDATION STATEMENTS:
This measure is supported by the multispecialty guidelines for intra-arterial catheter directed stroke treatment published in 2013.

# 2017 Registry Individual Measure Flow
# #413: Door to Puncture Time for Endovascular Stroke Treatment




**SAMPLE CALCULATIONS:**

**Data Completeness=**

Performance Met (a=5 procedures) + Performance Not Met (c=3 procedures) = 8 procedures = **100.00%**
Eligible Population / Denominator (d=8 procedures) = 8 procedure

**Performance Rate=**

Performance Met (a=5 procedures) = 5 procedures = **62.50%**
Data Completeness Numerator (8 procedures) = 8 procedures

*See the posted Measure Specification for specific coding and instructions to report this measure.

NOTE: Reporting Frequency: Procedure



v1

## 2017 Registry Individual Measure Flow
## #413: Door to Puncture Time for Endovascular Stroke Treatment

Please refer to the specific section of the Measure Specification to identify the denominator and numerator information for use in reporting this Individual Measure.

1. Start with Denominator
2. Check Patient Diagnosis:
    a. If Diagnosis for Ischemic Stroke as Listed in the Denominator equals No, do not include in Eligible Patient Population. Stop Processing.
    b. If Diagnosis for Ischemic Stroke as Listed in the Denominator equals Yes, proceed to check Current Encounter Performed.
3. Check Procedure Performed:
    a. If Procedure as Listed in the Denominator equals No, do not include in Eligible Patient Population. Stop Processing.
    b. If Procedure as Listed in the Denominator equals Yes, proceed to check Patient Transfer.
4. Check Patient Transfer:
    a. If Patients who are Transferred from One Institution to another with a Known Diagnosis of CVA for Endovascular Stroke Treatment equals Yes, do not include in Eligible Patient Population. Stop Processing.
    b. If Patients who are Transferred from One Institution to another with a Known Diagnosis of CVA for Endovascular Stroke Treatment equals No, proceed to check Hospitalized Patient with New CVA Diagnosis.
5. Check Hospitalized Patient with New CVA Diagnosis:
    a. If Hospitalized Patients with Newly Diagnosed CVA Considered for Endovascular Stroke Treatment equals Yes, do not include in Eligible Patient Population. Stop Processing.
    b. If Hospitalized Patients with Newly Diagnosed CVA Considered for Endovascular Stroke Treatment equals No, include in Eligible Patient Population.
6. Denominator Population:
    a. Denominator population is all Eligible Patients in the denominator. Denominator is represented as Denominator in the Sample Calculation listed at the end of this document. Letter d equals 8 procedures in the sample calculation.
7. Start Numerator
8. Check Door to Puncture Time of Less Than 2 Hours:
    a. If Door to Puncture Time of Less Than 2 Hours equals Yes, include in Data Completeness Met and Performance Met.
    b. Data Completeness Met and Performance Met letter is represented in the Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter a equals 5 procedures in Sample Calculation.

c. If Door to Puncture Time of Less Than 2 Hours equals No, proceed to Door to Puncture Time of Greater Than 2 Hours, No Reason Given.

9. Check Door to Puncture Time of Greater Than 2 Hours, No Reason Given:

   a. If Door to Puncture Time of Greater Than 2 Hours, No Reason Given equals Yes, include in Data Completeness Met and Performance Not Met.

   b. Data Completeness Met and Performance Not Met letter is represented in the Data Completeness in the Sample Calculation listed at the end of this document. Letter c equals 3 procedures in the Sample Calculation.

   c. If Door to Puncture Time of Greater Than 2 Hours, No Reason Given equals No Reason Given equals No, proceed to Data Completeness Not Met.

10. Check Data Completeness Not Met:

    a. If Data Completeness Not Met equals No, Quality Data Code or equivalent not reported. 0 procedures has been subtracted from the data completeness numerator in the sample calculation.

**SAMPLE CALCULATIONS:**

**Data Completeness=**

Performance Met (a=5 procedures) + Performance Not Met (c=3 procedures) = 8 procedures = **100.00%**
Eligible Population / Denominator (d=8 procedures) = 8 procedure

**Performance Rate=**

Performance Met (a=5 procedures) = 5 procedures = **62.50%**
Data Completeness Numerator (8 procedures) = 8 procedures