Memorandum
Date: April 19, 2012
To: Minnesota Hospitals
From: Albert Tsai, Principal Investigator, Minnesota Stroke Registry and Denise McCabe, Quality Measurement Specialist, Minnesota Statewide Quality Reporting and Measurement System, Minnesota Department of Health
Re: Clarification on stroke indicators for MN Statewide Quality Reporting and Measurement System

This memorandum seeks to clarify a number of issues that have been raised since the launch of the 2012 Emergency Department Stroke Registry Indicators for the Minnesota Statewide Quality Reporting and Measurement System. These clarifications can also be found in the Version 1.1 of the Data Submission Guide, Emergency Department Stroke Registry Process of Care Indicators 2012. Please note that for all hospitals, regardless of the data submission tool you are using (Patient Management Tool™, MSRT, MSRT-Quality, or MSRT-Summary), data may be submitted – and changed, if necessary – for all data submission periods still. In other words, we are NOT shutting off your ability to submit or edit cases discharged in 3rd Quarter 2011 (and 4th Quarter 2011 cases will be allowed to be entered after May 15). If you decide that it is necessary to make corrections after reading these clarifications, you have the ability to do so. However, you are NOT required to go back and make any changes to cases; we are only advising you through this memorandum that you MAY want to make changes, if you deem it necessary.

1. **Case Eligibility, part 1:** Hospitals using “MSRT Quality” and “MSRT Summary” should NOT abstract the following cases, as these are excluded from the indicators.
   a. Patients for whom the time they were last known to be well is:
      i. unknown OR
      ii. missing in the medical record OR
      iii. calculated to be more than 3.5 hours before the time they arrived at the hospital.
   b. Patients who were transferred INTO your facility from another facility – either to your emergency department or as a direct admit to the hospital.
   c. Patients who were determined to be comfort care only – while still in the emergency department. Patients who are determined as comfort care only after being admitted should still be considered eligible (unless deemed ineligible for another reason).

2. **Case Eligibility, part 2:** Hospitals using “MSRT Quality” and “MSRT Summary” should follow the case definition guidelines provided for the MN SQRMS initiative. Hospitals participating in the full Minnesota Stroke Registry (MSR) program, however, should continue using the case definition used by the MSR program. (In other words, the MSR program will automatically include/exclude the correct cases for the SQRMS stroke indicators for you.)

3. **Door to Imaging < 25 minutes**
   a. **Re: “Door” Time:** the clock “starts” at the time that was recorded for when the patient arrived at the hospital.
b. **Re: Imaging Time:** the imaging time, for this metric, should be considered to be the time that the image was initiated. However, we acknowledge that this time is not recorded in some hospitals, or else it is not easily found in the record. It is up to the hospital to decide what time to use that most closely meets the time at which the image was initiated.

The spirit and intent of this SQRMS indicator is to reflect the efficiency of processes in getting the patient to the imaging suite and initiating the imaging procedure. Therefore, we believe the clock should “stop ticking” for this measure when the scan begins, not ends or is ready for interpretation. A second “process” begins at this time – which includes the actual image, packaging the information, and transmitting it to be read and interpreted. This second process should not, in our opinion, be included in this indicator.

We believe that this clarification should result in more of your patients “passing” (appropriately) this measure, as it was intended to be designed.

4. **NIHSS on initial evaluation.** The coding instructions state that any NIHSS conducted (and recorded to be conducted) within 48 hours of presentation to the emergency department on a patient counts as being done (and thus the patient “passes” this measure). This 48 hour time allowance was written in order to allow hospitals a longer period of time to conducting and recording a NIHSS in order to establish a baseline level of severity – for the purpose of helping predict patient outcomes and changes in functional status.

The intent of this SQRMS stroke indicator is to reflect whether or not the NIHSS was conducted as part of the initial evaluation (in the emergency department), as a tool for determining eligibility for treatment options.

**Therefore, our instruction on this indicator is that hospitals should NOT adhere to this 48 hour allowance. We recommend that hospitals count eligible patients as passing this indicator only if they received an NIHSS as part of the initial evaluation in the emergency department.**

5. **NIHSS for unconscious patients:** We received a question on whether a patient will fail the measure if only the Glasgow Coma Scale was done, but not the NIHSS, if the patient arrived unconscious or was in a coma. The answer is yes. The NIHSS can still be done on patients in this condition. In order to learn more about how to do the NIHSS on these patients, there are various online resources to learn more about this. Here is one: [http://learn.heart.org/ihtml/application/student/interface.heart2/nihss.html](http://learn.heart.org/ihtml/application/student/interface.heart2/nihss.html)

6. **Our hospital has no cases to report for 3rd (or 4th) quarter 2011. What do we do?** You still must register and open either a MSRT Quality or MSRT Summary account. if you do not have any cases that were eligible to report during a quarter, here’s what you should do:

   a. **MSRT Quality:** Don’t do anything for now – except have an open MSRT Quality account. We will soon be adding a feature that you will use to attest that your data for the quarter have been submitted - or that you actually have no cases to submit.

   b. **MSRT Summary:** Enter “0” for all of your numerators and denominators. We will soon be adding a feature that you will use to attest that your data for the quarter have been submitted – or that you actually have no cases to submit.

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General questions about SQRMS: [health.stroke@state.mn.us](mailto:health.stroke@state.mn.us)  
Data abstraction questions: [jacob.zdon@state.mn.us](mailto:jacob.zdon@state.mn.us)