



## Minnesota Statewide Quality Reporting and Measurement System Minnesota Stroke Registry Indicators: Data Submission Options

### Introduction

Minnesota's 2008 Health Reform Law requires the Commissioner of Health to establish a standardized set of quality measures for health care providers across the state. To implement the collection and reporting of quality measurement data, the Minnesota Department of Health (MDH) has developed the Minnesota Statewide Quality Reporting and Measurement System (created through Minnesota Rules, Chapter 4654). In 2012, the following two stroke indicators were added to hospital reporting requirements: (1) NIH stroke scale (NIHSS) performed in initial evaluation and (2) Door-to-imaging performed within 25 minutes or less. These data will be collected by MDH's Minnesota Stroke Registry program staff on behalf of the Minnesota Statewide Quality Reporting and Measurement System (SQRMS). Hospitals have three options they may choose from to meet this requirement for data submission to MDH for the stroke registry quality indicators. Below is a description of each data submission option.

#### **Option 1: Join the Minnesota Stroke Registry (MSR)**

Option 1-a: Hospitals are welcome to join the Minnesota Stroke Registry (MSR) program at any time. Participating hospitals collect a full panel of data elements for the registry on all of their stroke and TIA patients, which include stroke core measures and other stroke quality of care measures – which include the two stroke registry quality indicators included in the Minnesota Statewide Quality Reporting and Measurement System (SQRMS). These data are entered into the Minnesota Stroke Registry Tool (**MSRT**), a secure, web-based data reporting platform, and are submitted to the MSR.

Option 1-b: Another data submission alternative for participating hospitals is to participate simultaneously in both the MSR and the American Heart Association Get With The Guidelines-Stroke (GWTG-S)<sup>®</sup> quality improvement program, in which they enter their data through the Patient Management Tool<sup>™</sup> (**PMT**), a secure, web-based data platform developed by Outcome Sciences. Data for both programs (GWTG-S and MSR) need only be entered once into the PMT. Hospitals participating in both the GWTG-S and the MSR will need to authorize the data submitted to Outcome Sciences to be shared with the MSR. Use of the Patient Management Tool does require an annual fee.

Considerations: Participating MSR hospitals will have met the data reporting requirements for SQRMS, regardless of the data collection tool used (option 1-a or option 1-b described above). No additional data will need to be collected or submitted to fulfill the reporting requirements for the two stroke indicators. Hospitals must authorize the calculation and submission of the final summary data to the SQRMS by indicating so on the MSRT Registration Form. Participating MSR hospitals are able to generate “live” data reports on these two stroke quality indicators, but also on several additional quality of care data reports, and are able to benchmark their performance against other hospitals in the state.

NOTE: Hospitals participating in GWTG-S but *not* in the MSR program may meet SQRMS data submission requirements if they also a) ensure that when they run their quarterly reports, their queries meet case inclusion and exclusion requirements and b) submit their quarterly totals through MSRT Summary (described below in Option 3).

### **Option 2: MSRT Quality**

With this option, hospitals submit a limited set of individual case-level data into the secure, web-based Minnesota Stroke Registry Tool (MSRT), through a special “module” named **MSRT Quality**. The MSRT Quality tool includes only the data elements used for calculating the two stroke indicators. Hospitals are still required to follow the indicator specifications for identifying the appropriate cases to be entered. They would then enter required data elements into the MSRT Quality tool. Some data elements (e.g., age, arrival time, last known well time) are also used to exclude ineligible patients if necessary. Hospitals that choose to use the MSRT Quality data submission option will have met the data reporting requirements for the Minnesota Statewide Quality Reporting and Measurement System (SQRMS) provided that they authorize the calculation and submission of the summary data to the SQRMS on the MSRT Registration Form.

Considerations: By selecting this option, users are able to run reports on these two indicators for the patients that they enter. In addition, hospitals using MSRT Quality will be able to do limited customization of these reports. (e.g., restricting time periods, filtering reports by gender, etc.) In March 2012, these hospitals will be able to compare themselves against other hospitals in the state in “real time.”

### **Option 3: MSRT Summary**

Hospitals may choose to only submit summary data (e.g., numerators and denominators) for each indicator to MDH. They would generate their numerators (those who meet indicator goals) and denominators (the eligible patient population) using a software application (e.g., Excel) or another platform of their choosing. In order to do so, they would take responsibility for correctly following the inclusion and exclusion criteria outlined in the measure specifications. Data are submitted once per quarter into a module of the MSRT, named **MSRT Summary**.

Considerations: In March 2012, hospitals using MSRT Summary will be able to compare their quarterly performance against other hospitals in the state. However, no other comparisons will be available, given the limited data that are submitted into MSRT Summary.

## **Data Submission Options Overview**

The table below describes the three options available and various features, benefits, and limitations to each method of data submission for the two stroke measures for 2012.

<b>Feature</b>	<b>MSR</b>	<b>MSRT Quality</b>	<b>MSRT Summary</b>
<b>Level of data submitted</b>	Case-Level <sup>1</sup>	Case-Level	Summary
<b>Data submission frequency</b>	Continuous	Continuous	Quarterly
<b>Secure data submission</b>	Yes	Yes	Yes
<b>Indicator calculation?</b>	Automatically calculated by MSRT and submitted to SQRMS	Automatically calculated by MSRT and submitted to SQRMS	Must be calculated by hospital prior to data submission
<b>Reports available to hospital:</b>	<ul style="list-style-type: none"> <li>• MDH Stroke Indicators</li> <li>• Acute Care Quality Measures</li> <li>• Other Quality of Care Indicators</li> <li>• Core Measures</li> </ul>	<ul style="list-style-type: none"> <li>• MDH Stroke Indicators</li> </ul>	<ul style="list-style-type: none"> <li>• MDH Stroke Indicators</li> </ul>
<b>Live benchmarking</b>	Yes	Yes	Yes
<b>Ability to filter live reports on variables (e.g., gender, race, diagnosis, time period)</b>	Yes, full	Yes, limited	No
<b>Meets standards for stroke core measure reporting (to TJC or CMS)</b>	Yes	No	No
<b>Access to QI Resources offered by Minnesota Stroke Registry program<sup>2</sup></b>	Full	Limited	Limited
<b>Estimated abstraction time per case</b>	30-45 minutes <sup>3</sup>	5-10 minutes	5-10 minutes

<sup>1</sup> Hospitals participating in the Minnesota Stroke Registry are required to abstract data on hemorrhagic stroke patients in addition to ischemic stroke and TIA patients.

<sup>2</sup> QI resources and activities offered by the Minnesota Stroke Registry include performance improvement collaboratives, eligibility for mini-grant awards, and technical assistance consultations. While these services are available to all hospitals, priority is given to hospitals participating in the Minnesota Stroke Registry program.

<sup>3</sup> The Minnesota Stroke Registry collects data elements for core measures and additional quality of care data.

## **How do I get started?**

1. Determine which submission option your hospital will use to submit data for the required stroke indicators. Detailed information will be reviewed on the January 4, 2012 training teleconference hosted by Stratis Health. For information about attending this training, please contact Vicki Olson at [volson@stratishealth.org](mailto:volson@stratishealth.org) or (952) 853-8554.
2. Submit a MSRT Registration Form to the Minnesota Stroke Registry program by **January 28, 2012** indicating the data submission option your hospital has selected.

Special note for hospitals currently participating in the Minnesota Stroke Registry as of December 1, 2011: you will by default be assigned to Option 1. However, you must still complete and submit a registration form so we have all of your current contact information.

*You may submit your Registration Form using one of three methods:*

1. Mail: Jacob Zdon, Minnesota Department of Health, P.O. Box 64882, St. Paul, MN 55164-0882
  2. Fax: Attention: Jacob Zdon, (651) 201-5800
  3. Scan/Email: [jacob.zdon@state.mn.us](mailto:jacob.zdon@state.mn.us)
3. You will receive an email confirmation with username and login information within two business days.
  4. Log into your MSRT account using your username and temporary password, and you will be prompted to immediately change your password. Your MSRT account is now active.  
  
Your password must be a minimum of 8 characters and include a number, a symbol, and a capitalized letter.
  5. You may begin submitting data on January 4, 2012. The first deadline for the stroke indicator data submission is February 15, 2012 for all eligible cases discharged between July 1, 2011 and September 30, 2011.

**Questions? Contact: [albert.tsai@state.mn.us](mailto:albert.tsai@state.mn.us) or (651) 201-5413**