

S STROKE FACT SHEET

30-DAY MEASURES

Get With The GuidelinesSM - Stroke (GWTG-S) is the American Heart Association/American Stroke Association's collaborative performance improvement program, demonstrated to improve adherence to evidence-based care of patients hospitalized with stroke.

The program provides hospitals with a Web-based Patient Management ToolTM (powered by Outcome Sciences, Inc.), decision support, a robust registry, real-time benchmarking capabilities and other performance improvement methodologies toward the goal of enhancing patient outcomes and saving lives.

To further support the continuity of care for those patients discharged from the hospital, the AHA/ASA created the 30-day follow-up form. This form allows hospitals to capture patient data in the 30-day period after hospitalization, such as mortality, re-hospitalization, follow-up visits, medication adherence, rehabilitation, patient education, etc.

THE BENEFITS OF THE 30-DAY FORM ARE THAT IT:

- **Ensures consistency:** The form allows for the collection of 30-day post-discharge information in a consistent fashion from hospital to hospital.
- **Avoids duplication:** The form reduces administrative burden by auto-populating relevant fields from the PMT.
- **Allows for flexibility:** The form includes only a few mandatory fields, but provides access to numerous optional fields,
- **Provides real-time feedback:** The form allows hospitals to determine how they are doing on high-interest data elements.

STROKE 30-DAY MEASURES

- **30-day antithrombotic therapy:** Percent of patients with an ischemic stroke or TIA who are receiving antithrombotic Therapy or who are prescribed it at the conclusion of the 30-day visit.
- **30-day anticoagulation therapy for atrial fibrillation/flutter:** Percent of patients with an ischemic stroke or TIA with atrial fibrillation/flutter who are receiving anticoagulation Therapy or who are prescribed it at the conclusion of the 30-day visit.
- **30-day lipid-lowering therapy for LDL>100 or ND:** Percent of ischemic stroke or TIA patients with LDL > 100, or LD not measured who are receiving cholesterol-reducing drugs or who are prescribed it at the conclusion of the 30-day visit.
- **30-day antihypertensive therapy:** Percent of patients stroke (all subtypes) and TIA who are prescribed one or more antihypertensives at the conclusion of the 30-day visit.
- **30-day antihypertensive therapy meds:** Rate of prescription of different types of antihypertensive medications for stroke (all subtypes) or TIA patients at discharge or at the conclusion of the 30-day visit.
- **30-day hypertension control:** Percent of patients with stroke (all subtypes) or TIA who have a recorded blood pressure of <140/90 in their latest reading by the conclusion of the 30-day visit.
- **30-day diabetes therapy:** Percent of stroke (all subtypes) or TIA patients who have diabetes mellitus who are on diabetic medication at the conclusion of the 30-day visit.
- **30-day assessment for rehabilitation:** Percent of patients with stroke (all subtypes) who were appropriate for rehabilitation services and who received at least one rehabilitation service that underwent at least

one rehab visit at an inpatient facility, outpatient treatment facility, or at home at the conclusion of the 30-day visit.

- **30-day smoking-cessation counseling (including pharmacologic therapy):** Percent of patients with stroke (all subtypes) or TIA who are current smokers and who are, or whose caregivers are, given smoking-cessation advice or counseling by the conclusion of the 30-day visit
- **30-day smoking cessation:** Percent of patients with a history of smoking cigarettes at time of hospitalization that have not smoked by the conclusion of the 30-day visit.
- **30-day functional status:** Percentage of stroke (all subtypes) or TIA patients for whom a functional status assessment was conducted closest to the end of the 30-day period.
- **30-day mortality:** Breakdown by diagnosis for stroke patients who died in the first 30 days since admission, including in-hospital deaths.
- **30-day mortality post discharge:** Breakdown by diagnosis for stroke patients who died in the first 30 days post discharge.
- **30-day mortality by location:** Breakdown by discharge location for stroke (all subtypes) or TIA patients who died in the first 30 days post discharge.
- **30-day re-hospitalization:** Percent of patients with one or more re-hospitalization.
- **30-day re-hospitalization for DVT/PE:** Percentage of patients with stroke (all subtypes) who were re-hospitalized with a DVT or PE between day of discharge and 30 days after discharge.
- **30-day re-hospitalization for pneumonia:** Percent of stroke patients (all subtypes) who were re-hospitalized for pneumonia within 30 days of hospital discharge.
- **30-day re-hospitalization for AMI:** Percent of stroke patients (all subtypes) who were re-hospitalized for an acute myocardial infarction (AMI) within 30 days of hospital discharge.
- **30-day re-hospitalization for recurrent stroke/ TIA:** Percent of ischemic or hemorrhagic stroke and TIA patients who were re-hospitalized for a recurrent stroke or TIA within 30 days of hospital discharge.

Visit americanheart.org/getwiththeguidelines for more information.
Web-based Patient Management ToolTM provided by Outcome, Cambridge, Mass.


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