



Hemorrhagic Stroke Initiative ICH

NC Stroke Coordinator Meeting June 26, 2024





Why ICH?

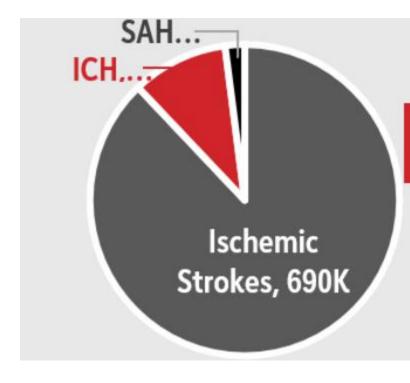
- ICH accounts for ≈10% to 15% of all strokes and carries a disproportionately high risk of early death and long-term disability
- Evidence for optimal treatment of ICH has lagged behind that for ischemic stroke
- Translation of guidelines into actionable metrics for data collection will further enhance outcomes for ICH patients





Population Health Implications

Annual Ischemic Stroke & ICH Incidence



Total Strokes: ~795K

Early-term ICH Mortality is 30-40%







Incidence of ICH by Race

- ≈1.6-fold greater among Black than White people
- ≈1.6-fold greater among Mexican American than non-Hispanic White people



Stroke

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AHA/ASA GUIDELINE

2022 Guideline for the Management of Patients With Spontaneous Intracerebral Hemorrhage: A Guideline From the American Heart Association/American Stroke Association

Steven M. Greenberg, MD, PhD, FAHA, Chair, Wendy C. Ziai, MD, MPH, FAHA, Vice Chair, Charlotte Cordonnier, MD, PhD, Dar Dowlatshahi, MD, PhD, FAHA, Brandon Francis, MD, MPH, Joshua N. Goldstein, MD, PhD, FAHA, J. Claude Hemphill III, MD, MAS, FAHA, Ronda Johnson, MBA, Kiffon M. Keigher, MSN, ACNP-BC, RN, SCRN, William J. Mack, MD, MS, FAHA*, J. Mocco, MD, MS, FAHA*, Eileena J. Newton, MD, Ilana M. Ruff, MD*, Lauren H. Sansing, MD, MS, FAHA, Sam Schulman, MD, PhD, Magdy H. Selim, MD, PhD, FAHA, Kevin N. Sheth, MD, FAHA*, Nikola Sprigg, MD, Katharina S. Sunnerhagen, MD, PhD, and on behalf of the American Heart Association/American Stroke Association

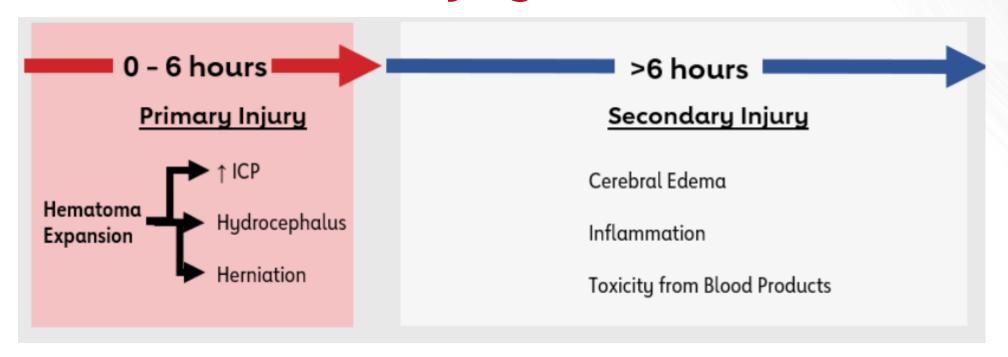
Acknowledgments

Gusler, M., Joseph, N., Quin, S., Ravishankar, K., Srinivas, M., Teitcher, M., Ulep, R., Bezanson, J. L., & Antman, E. M. (2022). Clinical Update; Adapted from: 2022 Guideline for the Management of Patients With Spontaneous Intracerebral Hemorrhage: A Guideline From the American Heart Association/American Stroke Association [PowerPoint slides].





Mechanism of ICH Injury



Acute ICH management targets these mechanisms





Goals and Objectives Phase I

20 Hospitals participated in a 3-year learning collaborative

Promote ICH specific education, model share events, policy & protocol contribution, hospital level improvements, testing of new Get With The Guidelines® data elements National
Hemorrhagic
Stroke Initiative
Phase 1

Initiative built on existing quality improvement stroke work hospitals were already engaged in

These hospitals informed feasibility, created national education all to improve stroke outcomes for ICH patients





Goals and Objectives Phase II

National expansion of ICH measures to all those using GWTG -Stroke

Potential Abstract and Manuscript Development



December 2022-November 2025 Phase I sites assist in National develop of educational offerings, resources, model share and mentorship

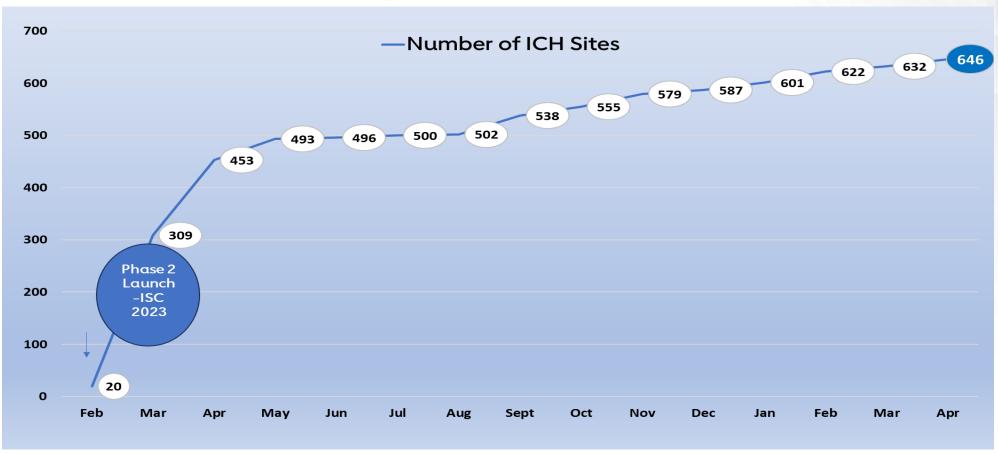








Hospitals with ICH Layer







ICH Form Group Measures

Performance Measures (Rate Based)

- AHASTR155: Admission Unit
- AHASTR296: Anticoagulant Reversal (DOACs)
- AHASTR156: Assessed for Rehabilitation
- AHASTR157: Avoidance of Corticosteroid Use
- AHASTR158: Baseline Severity Score
- AHASTR159: Blood Pressure Treatment at Discharge
- AHASTR160: Coagulopathy Reversal (Warfarin)
- AHASTR161: Dysphagia Screening within 24 Hours
- AHASTR163: Passed Dysphagia Screen Before First Oral Intake
- AHASTR164: Venous Thromboembolism (VTE) Prophylaxis

Descriptive Measures

- AHSTR162: ICH Records with Missing Times
- AHASTR299: Anticoagulant Reversal Agents
- AHASTR300: Reasons No Anticoagulant Reversal was Administered
- AHASTR301: Time to Anticoagulant Reversal

Case Report Form

ICH Form Group = Existing GWTG-Stroke & CSTK elements + New ICH elements

- 24 new ICH elements related to the evaluation and treatment of ICH patients
- Form logic enables and requires capture of pertinent ICH elements based on "Final Clinical Diagnosis of Stroke" = Intracerebral Hemorrhage

ntracerebral Hemorrhage (ICH)					
"Was an initial ICH score done at this hospital?	● Yes ○ No				
^^If yes, ICH score: (1)	2				
"What is the date and time that the ICH score was first	MM/DD/YYYY HH:MM				
performed at this hospital?	01 / 31 / 2023 12 : 54 mm				
ICH Volume: (1)	26				
ICH Volume Not Documented ()					
IVH ③	H 1 O Present Not present				
Lobar Hemorrhage present on imaging? ()	○ Yes ® No				
Was the ICH etiology documented in the patient medical record? ()	● Yes ○ No				
Documented ICH etiology (select all that apply) : 0	✓ Hypertension				
	 □ Anticoagulant-associated (warfarin, DOACs) □ Coagulopathy (liver cirrhosis hemophilia, sickle cell anemia, DIC, thrombocytopenia) ☑ Vascular malformations (cerebral aneurysms, AVM, dural AV fistula, capillary telangiectasia, cavernous malformation) □ Tumor 				
	Substance use (cocaine, stimulants)				
	□ Amyloid angiopathy □ Spontaneous/Idiopathic □ Cortical vein thrombosis and venous sinus thrombosis				
	☐ Other determined cause				





Case Report Form

Enhancement-Aug 2023

- Added 'Prior Antithrombotic Class (1), 'Prior Antithrombotic Class (2), and 'Prior Antithrombotic Class (3)
- Added 'What is the first platelet count obtained prior to or after hospital arrival?'
- Added 'Was the patient administered a platelet transfusion at your hospital and 'Initial platelet transfusion date/time'
- Added validation to require 'Blood Pressure (Systolic) Initial' and 'Blood Pressure (Diastolic) –Initial'
- Added 'BP lowering agent administered at your hospital', 'Date/time of first administration of a BP lowering agent at your hospital', and 'Date/time Systolic BP first sustained at <= 149 for >=5 minutes'

ICH Form Group Benchmark

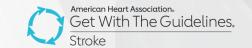
Benchmark group including all sites enrolled in the ICH Form Group







Standard Exclusions



Common exclusions present in ICH Form Group Measures

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CMO Day 0 or 1

CMO Before Arrival

- Blood Pressure Treatment at Discharge
- · Assessed for Rehabilitation
- VTE Prophylaxis
- Baseline Severity Score
- Coagulopathy Reversal (Warfarin)
- Anticoagulant Reversal (DOACs)
- Admission Unit

Stroke Occurred After Arrival

All Measures

Patient Not Admitted As Inpatient

All Measures

Length of Stay > 120 Days

All Measures

Clinical Trial

- Anticoagulant Reversal (DOACs)
- Assessed for Rehabilitation
- Avoidance of Corticosteroid Use
- Blood Pressure Treatment at Discharge
- Coagulopathy Reversal (Warfarin)
- Dysphagia Screening with 24 Hours
- Passed Dysphagia Screen Before First Oral Intake
- VTE Prophylaxis



Potential Registry Updates: Promoting Systems of Care Work

Opportunities to leverage GWTG-Stroke to promote ICH SOC work Many referring facilities participate in ICH Layer for data collection, however Performance Measures exclude Not Admitted patients

ICH Referring Center
Performance
Measures

GWTG-Stroke has existing Ischemic Stroke SOC tools that can be updated for ICH purposes

ICH Details Added to:

Metrics At A Glance
Transfer-In Feedback Report
Time Tracker Report

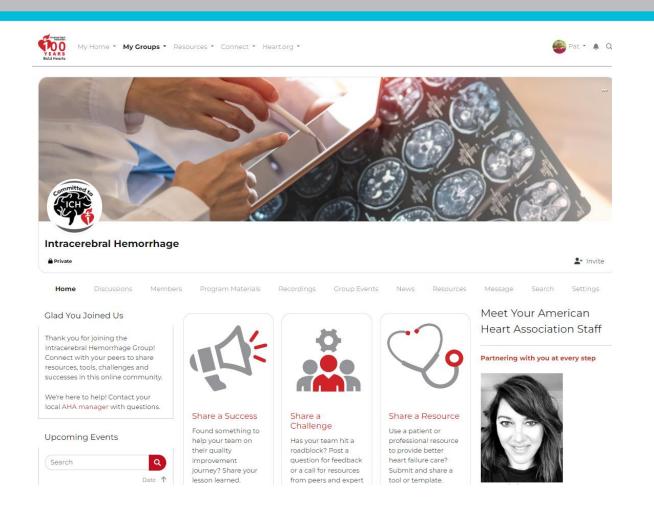
Advanced Analytic reports allow for comparison of performance of a hospital to other blinded hospitals within their transfer system

Formalize "Regions" for Advanced Analytics



AHA Healthcare Network for Intracerebral Hemorrahge

- Launched May 2nd for Stroke Month
- Connect with peers to share resources, tools, challenges, and success in an online community
- Initial invite was to the 20 Phase 2 Mentor Sites
- Invitation will be sent in the next few weeks to all participating ICH hospitals









ICH Resources

https://www.heart.org/en/professional/quality-improvement

