

Cerebral vascular accident (CVA) & Transient cerebral ischemia (TIA)

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NS-I

9000010 Patient(s) with a recent emergency room encounter for a transient cerebral ischemic event that had any physician visit within 14 days of the acute event.

Patients diagnosed with a TIA during an ER encounter would benefit from an outpatient follow-up assessment, ideally within a week (1). ICSI stroke guidelines recommend an outpatient follow-up evaluation within 48 hours (2). These guideline recommendations were considered by the EBM Connect consultant panel when this measure was developed. For this measure, patients were identified if they were diagnosed with a TIA during an ER encounter within the last 12 months of the report period (last 14 days of the report period excluded). A person was adherent to this measure if there was a follow-up provider encounter within 14 days of the ER encounter with any one of the following diagnosis: occlusive vascular disease, non-hemorrhagic stroke, or TIA. If a patient had more than one TIA during the time frame of interest, then they are adherent to the rule if they met the intervention criteria (a provider encounter within 14 days of the ER encounter) at least once.

This measure is endorsed by the National Quality Forum (NQF).

1. *Scottish Intercollegiate Guidelines Network. Management of patients with stroke. I: Assessment, investigation, immediate management and secondary prevention. A national clinical guideline recommended for use in Scotland. Pilot edition May 1997. www.sign.ac.uk/guidelines/published/index.html (Accessed June 20, 2008)*
2. *Institute for Clinical Systems Improvement (ICSI). Health Care Guideline: Diagnosis and Treatment of Ischemic Stroke (June 2008). Accessed June 20, 2008. URL: <http://www.icsi.org>*

Patient Safety

S-M

9000005 Patient(s) taking warfarin that had three or more prothrombin time tests in last 6 reported months.

The international normalization ratio (INR) should be determined at least weekly during the initiation of warfarin therapy and monthly when the patient is stable (1). For the purpose of this rule, it is assumed that all patients receiving warfarin therapy are taking maintenance therapy; monthly INR determination at minimum would be recommended. This is a Class I* recommendation from the ACC/AHA/ESC Guidelines for the Management of Patients with Atrial Fibrillation (1). The consensus opinion of experts was the primary source of our recommendation for three or more prothrombin time tests at minimum every 6 months for patients taking warfarin.

*The ACC/AHA guideline recommendation format for classifying indications and summarizing both the evidence and expert opinions is as follows (1):

Class I: Conditions for which there is evidence for and/or general agreement that the procedure or treatment is useful and effective.

Class II: Conditions for which there is conflicting evidence and/or divergence of opinion about the usefulness/efficacy of a procedure or treatment.

Class IIa: The weight of evidence or opinion is in favor of the procedure or treatment.

Class IIb: Usefulness/efficacy is less well established by evidence or opinion.

Class III: Conditions for which there is evidence and/or general agreement that the procedure or treatment is not useful/effective and in some cases may be harmful.

1. *Fuster V, Rydén LE, Asinger RW, Cannom DS, Crijns HJ, Frye RL, Halperin JL, Kay GN, Klein WW, Lévy S, McNamara RL, Prystowsky EN, Wann LS, Wyse DG. ACC/AHA/ESC guidelines for the management of patients with atrial fibrillation: a report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines and the European*

Society of Cardiology Committee for Practice Guidelines and Policy Conferences (Committee to Develop Guidelines for the Management of Patients With Atrial Fibrillation). J Am Coll Cardiol 2001;38:1266i-lxx.