SoVONet Regional Data Manager’s Monthly Meeting

February, 20th 2018

Carotid Stent Module

Other Business

➢ Discussion regarding projects and the use of a health coach. Rosha discussed submission of a charter and will send out the information to pass along to the Data Managers.
➢ Introduction to new members attending the webinar. Welcome new members and a brief discussion on this forum.
➢ Rosha sent out save the date for Regional meeting. Data Managers meeting will not be held there but Rosha will update everyone after the meeting. Rosha asked for Charters for the meeting. Charters are due the 28th. Points will be given for participation. Projects are encouraged, regional reports just went out. Examples would be increasing discharge meds or sac diameter which are both national projects. Increasing your measurements on these projects will give you points. Charters are explaining the problem, the solution and the outcomes. You can present a charter with a few slides, present at the national meeting and do a poster or additional points. The member’s only website has some examples as well as webinars that walk you through how to do a charter.
➢ Rosha discussed volunteering case studies. The lead managers were asked to submit blinded case studies. This data will be abstracted by all VQI abstractors so that the VQI can review for consistency on what is being extracted. This will help us to improve our extraction as well as improve discussions at the regional module meetings. More information to follow. You can volunteer for as many cases as you can do. We encourage volunteering for these cases.

General Information and History

• Functional Status – This is challenging since it usually is not documented in the patients chart. Ideas are to use case manager notes. Rosha selects full if they are working. Consider adding it to your worksheets. Using ED MRS as a baseline is also a good idea.
• AFIB with a pacemaker discussion – What should be selected? Select what is occurring at the time of treatment. If they are paced then do not select AFIB.

QUESTION: For Patients with a history of AFIB with a pacemaker what should be selected if they are paced at the time of admission and not in AFIB? Answer - Yes, with pacemaker. It’s important to capture the pacemaker. If they are pacing, their underlying rhythm is probably still AFib

• Hypertension – No diagnosis but upon admission they have hypertension. If on 2 occasions B/P >140 select hypertension not controlled.
• Pre-procedure medications – Be aware of the time points on medication collection.

QUESTION: When a physician stops patient medications pre-op, should we select Not taken for medical reason? Yes Is this a patient medical reason or physician or both If medication prescribed and patient doesn’t take for any reason (too expensive, didn’t like the way that felt, forgot), then it’s “non-compliant”.

• Neuro events were discussed, how to determine symptoms and the cortical affected.
• High Risk was discussed and what high risk means. Medical and Anatomical high risk difference.
Symptoms and Pre-Op

QUESTION: If there is an old infarction noted on a CT during this encounter, do you want this information collected in the module or just for this event? Yes, collect it. If we are to collect it where and how do we collect it? Collect under History tab – “Prior TIA/stroke”. Ask the surgeon what type of event it was if you can’t decide where to place it. If you don’t know the date, then leave it blank. This way, it won’t be placed as a “New TIA or Stroke” in Post-op, unless it actually is something that occurred during this admission.

Procedure

QUESTION: In the history we are collecting symptoms, the procedure tab asks for indication. Why are we entering it twice? This is tied to reimbursement, as you know CMS does not pay for asymptomatic but TCAR is approved for asymptomatic

If the patient had a stroke 3 weeks ago, is the indication for the procedure symptomatic? Yes

Can you explain the rationale for collecting it in 2 different places? Support data for TCAR reimbursement

- Discussed the difference between open and percutaneous
- Loading doses of medications was discussed.
- If lesion length is not documented use the length of stent
- Length of stenosis –
- Strokes during procedure are entered in the post procedure tab

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Post-op

Next Meeting: Infra Module