# The Northeast AFIB Collaborative's $CHA_2DS_2$-VASc Assessment QI Toolkit

There is strong evidence to indicate that failure to assess thromboembolic risk factors using the $CHA_2DS_2$-VASc risk criteria on eligible AFIB patients reduces the likelihood of optimal patient outcomes. The following steps can be taken to evaluate hospital compliance to this process of care, to drilldown on non-compliant cases, and to document details on non-compliant cases for further review & quality improvement.

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## How to Evaluate Hospital Compliance to Assessing Thromboembolic Risk Factors Using the $CHA_2DS_2$-VASc Risk Criteria

1. Log in to your hospital's GWTG-AFIB Patient Management Tool (PMT), and enter the Reports tab by clicking on the AtrialFib bar graph icon in the "Get Started!" box of the Community Page. From the next page, click "Configurable Measure Reports".
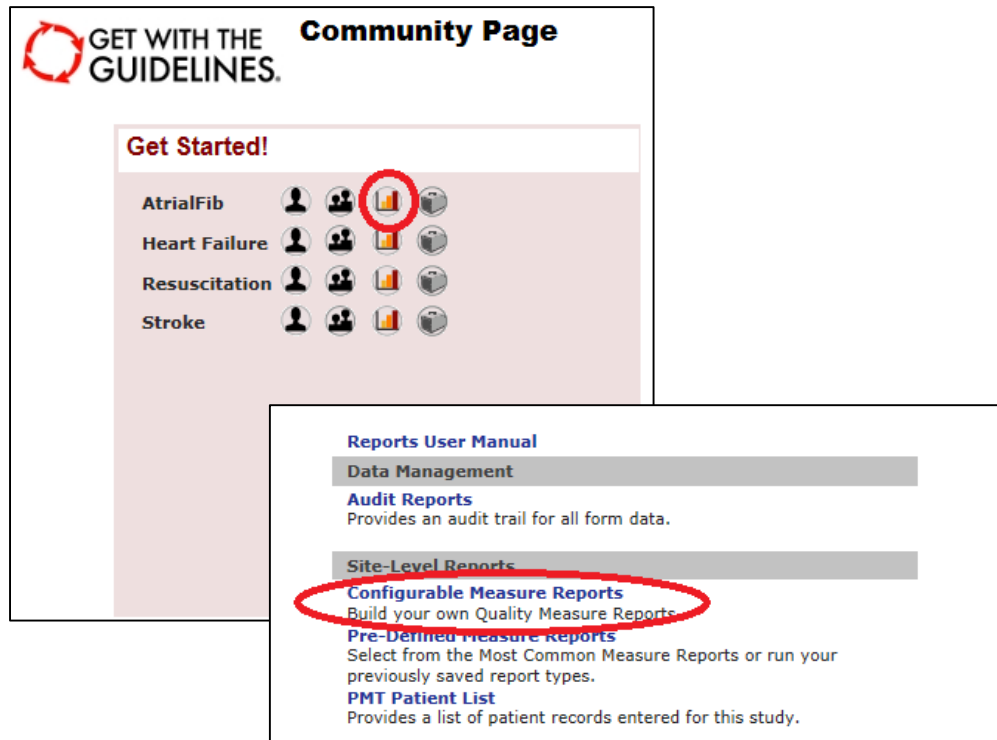


2. Select your desired time frame. Select the "Aggregate" box to combine all months within the time frame into one aggregate compliance.

3. From the Measure dropdown box, select "Assessment of Thromboembolic Risk Factors" under the Achievement heading. From the Format dropdown box, select "Bar Chart".



4. Click the "Generate Report" button. The resulting report will include a bar graph indicating, for the desired time frame, the percent of patients with nonvalvular Atrial Fibrillation or Atrial Flutter in who assessment of thromboembolic risk factors using the $CHA_2DS_2$-VASc risk criteria has been documented.



**Assessment of Thromboembolic Risk Factors**
Percent of patients with nonvalvular Atrial Fibrillation or Atrial Flutter in who assessment of thromboembolic risk factors using the CHADS2-VASc risk criteria has been documented.

Data For: Assessment of Thromboembolic Risk Factors

| Benchmark Group | Time Period | Numerator | Denominator | % of Patients |
|---|---|---|---|---|
| My Hospital | | 5 | 7 | 71.4% |
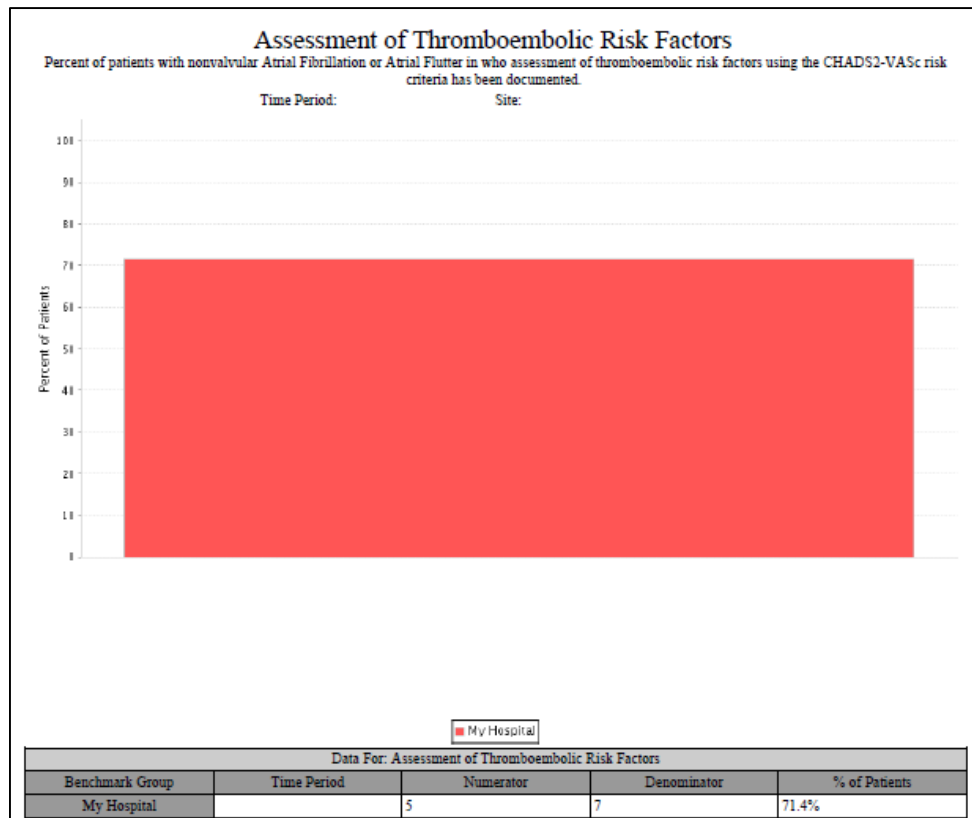
5. To benchmark your hospital compliance against other hospital comparison groups, begin by following Steps 1 through 3. Next, within the Compare to selection box, select "My Hospital", hold the ctrl button on your keyboard, and select the desired comparison group.
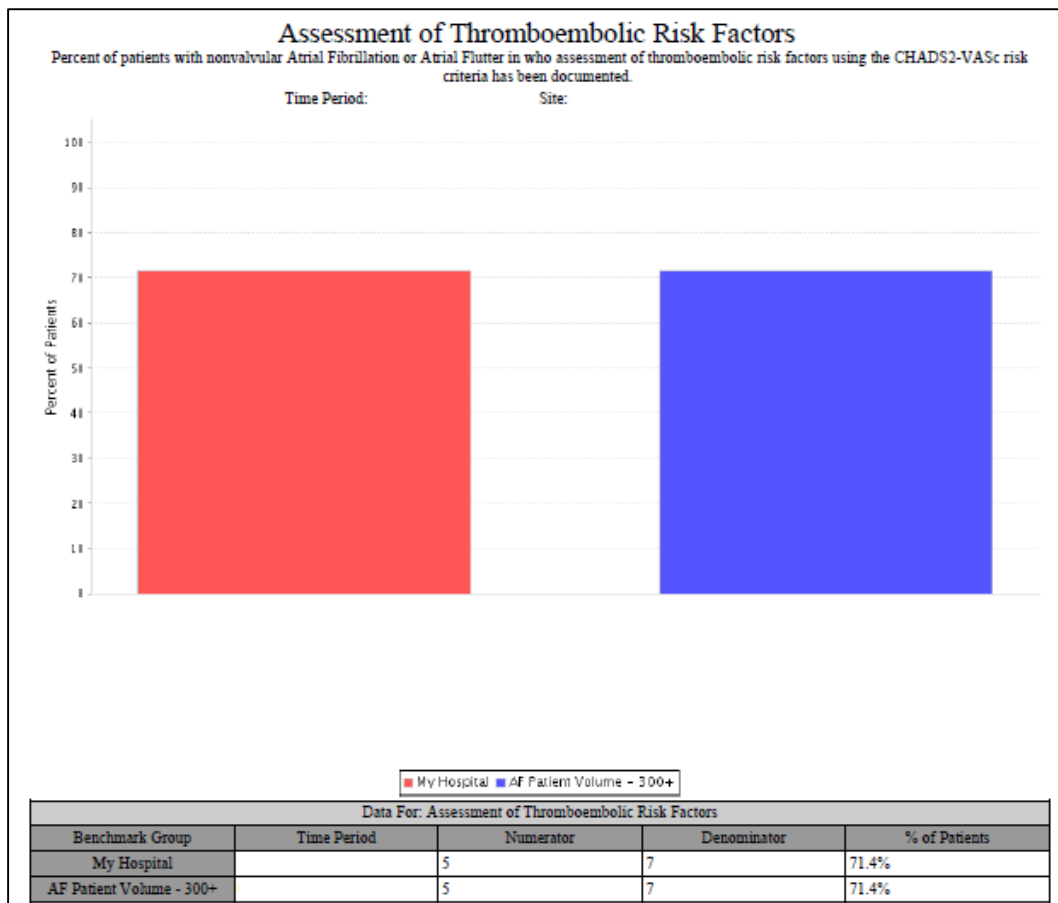


6. Click the "Generate Report" button. The resulting report will include, for both your hospital and the desired comparison group, a bar graph indicating the percent of patients with nonvalvular Atrial Fibrillation or Atrial Flutter in who assessment of thromboembolic risk factors using the $CHA_2DS_2$-VASc risk criteria has been documented.



Assessment of Thromboembolic Risk Factors
Percent of patients with nonvalvular Atrial Fibrillation or Atrial Flutter in who assessment of thromboembolic risk factors using the CHADS2-VASc risk criteria has been documented.

| Benchmark Group | Time Period | Numerator | Denominator | % of Patients |
|---|---|---|---|---|
| My Hospital | | 5 | 7 | 71.4% |
| AF Patient Volume - 300+ | | 5 | 7 | 71.4% |

# How to Drill-down on Non-compliant Cases for the $CHA_2DS_2$-VASc Risk Criteria Assessment

1. Follow Steps 1 through 2 above. Next, from the Measure dropdown box, select "Assessment of Thromboembolic Risk Factors" under the Achievement heading. From the Format dropdown box, select "Patient Records".



2. Click the "Generate Report" button. The resulting report will include a row for each patient record within the time frame. Each record will show the abstracted data for that case for all data elements that are part of the "Assessment of Thromboembolic Risk Factors" measure. Each row will also show the measure population that the case belongs to (ie, numerator, denominator, or excluded).



The "Included in Results" column indicates whether each case is included or excluded from the measure population.

The "In Numerator" column indicates whether each included case is in the numerator ("Yes") or not in the numerator ("No").

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3. Click the "Show filters" option. From the In Numerator dropdown box, select "No". The report will then show only cases that are included in the measure, but not in the numerator (ie, the non-compliant cases).



**Patient Records Report**
Percent of patients with nonvalvular Atrial Fibrillation or Atrial
Time Period

Show filters This report shows all records. 28 of 28

Hide filters **This report is currently filtered: 4 of 28 shown**

| Patient ID | Included in Results? | In Numerator? | Atrial Arrhythmia Type | Date of Birth | Admit Date | If not admitted, reason: | Comfort Measures only | First detected on this admission | Procedures this hosp: Heart Valve |
|---|---|---|---|---|---|---|---|---|---|
| | no filter ⌄ | no filter / Yes / No | no filter ⌄ | | | no filter ⌄ | no filter ⌄ | no filter ⌄ | no filter ⌄ |
| | Included | No | Atrial Fibrillation | | 02/15/2015 | | Not Documented/UTD | | |
| | Included | No | Atrial Fibrillation | | 02/28/2015 | | Not Documented/UTD | | |
| | Included | No | Atrial Fibrillation | | 03/02/2015 | | Not Documented/UTD | | |
| | Included | No | Atrial Fibrillation | | 03/18/2015 | | Not Documented/UTD | | |

4. For each non-compliant case, compare the abstracted data to the "Assessment of Thromboembolic Risk Factors" algorithm, to determine why the case was included in the measure but did not meet the numerator criteria. The measure algorithm can be found by clicking on the AtrialFib gray suitcase icon within the "Get Started!" box of the Community page, and then clicking on the "Atrial Fibrillation Achievement Measures" option.

# Sample Tracking & Follow-up on Non-compliant Cases for the CHA$_2$DS$_2$-VASc Risk Criteria Assessment

1. Follow Steps 1 through 3 of the above section, "How to Drill-down on Non-compliant Cases for the CHA$_2$DS$_2$-VASc Risk Criteria Assessment". From the top right corner of that Patient Records Report, click "Export to excel".



2. The resulting excel file will include a row for each patient record within the time frame that is non-compliant to the "Assessment of Thromboembolic Risk Factors" measure. Each record will have a column for each data element that is a part of the "Assessment of Thromboembolic Risk Factors" measure. Insert a new column, as needed, for each piece of data that you feel is important to track on the non-compliant cases, but is not already included in the report.

   Manual entry of new columns may include:
   - Hospital Patient ID
   - Principal ICD-10 Diagnosis Code
   - Admitting Physician
   - Discharge Date
   - Discharging Physician
   - New Onset of AF or History of AF
   - Comments/Notes



| Patient ID | Atrial Arrhythmia Type | Date of Birth | Admit Date | Admitting Physician | Discharge Date | Discharging Physician | History of AF or New Onset AF? | If not admitted, reason: | Comfort Measures only | First detected on this admission | Procedures this hosp: | Medical History: Mitral Stenosis | Medical History: Mechanical Prosthetic Heart Valve | Medical reason for not assessing factor | Anticoagulation Therapy: Contraindicated | Prior stroke or TIA assessed (CHADS2-VASc) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 123456 | Atrial Fibrillation | 02/01/1940 | 01/02/2014 | | | | | | Not Documented/UTD | | | | | | No | |
| maaafib001 | Atrial Fibrillation | 01/29/1955 | 10/10/2014 | | | | | | Not Documented/UTD | Ischemic Stroke | | | | | | |

The yellow highlighted columns indicate examples of columns that can be manually added to the non-compliant patient records report.

3. Manually enter data into the inserted columns. Save the finalized spreadsheet, and share with your AF care team for follow-up and review of patterns of care.

*Last updated May 2016*