Top Ten Things to Know
Clinical Performance Measures for Adults Hospitalized With Intracerebral Hemorrhage

1. Intracerebral hemorrhage (ICH) accounts for about 10-15% of all strokes and has a very high risk of morbidity and mortality.

2. There are multiple causes of ICH including hypertension, coagulopathy, underlying vascular anomalies, drugs of abuse (sympathomimetics) and cerebral amyloid angiopathy.

3. A performance measure (PM) set for ICH was derived from the 2015 AHA/ASA Guidelines for the Management of Spontaneous Intracerebral Hemorrhage.

4. As defined by the Agency for Healthcare Research and Quality, a performance measure is a mechanism for assessing the degree to which a provider competently and safely delivers the appropriate clinical services to the patient within the optimal time period.

5. PMs are different than guidelines (GLs) as GLs describe a desirable treatment or process of care derived from a review of existing medical evidence using standardized criteria and levels of evidence. Guidelines do not take the next step of implementation in a quantitative way.

6. The patient population targeted for these PMs pertain are patients with spontaneous ICH, in the acute hospitalization period for diagnosis and management of new ICH, spanning from the emergency department to discharge from the hospital.

7. Several of these PMs were adopted from other existent measures with three new ones added for ICH and will be eligible for pilot testing.

8. Nine PMs have been assessed and described in this paper, they include:
   • Baseline severity score
   • Coagulopathy reversal
   • Venous thromboembolism prophylaxis
   • Admission unit – new measure
   • Dysphagia screen: assessment
   • Dysphagia screen: management
   • Long-term blood pressure treatment – new measure
   • Assessed for rehabilitation
   • Avoid corticosteroids – new measure

9. For all PMs in this document, the specifications for each are included within.

10. It is hoped that this proposed ICH performance measure set will provide an initial toolkit for assessing quality of care and that it will be revised and expanded as evidence-based care for ICH evolves.