

**Commission
Stroke Performance Measures Oversight Committee (SPOC)**

PURPOSE: This committee will provide strategic direction, development, and oversight of requirements for stroke-related performance, process and outcomes measures for the AHA/ASA.

NUMBER OF MEMBERS: **8-10 voting members** in addition to the chair, appointed by the President with input from the Chair of the Stroke Council and ASA. Most of the members shall have expertise in stroke care (board certified vascular neurologists). In addition to the chair and vice-chair, the committee will consist of the following representatives and liaisons of the AHA/ASA and external stakeholder organizations:

- One member shall be a nurse
- One member shall have expertise in rehabilitation and/or care transitions,
- One member shall have expertise in neurocritical care,
- One member shall have expertise in neuro endovascular/ interventional care,
- One to two representatives shall have methodical expertise in performance measures and may or may not be members of the AHA/ASA,
- Chair of the Stroke Quality subcommittee
- Ad hoc members as necessary
- One liaison from The Joint Commission,
- One liaison from the Centers for Disease Control and Prevention,
- One liaison from the Centers for Medicare and Medicaid Services,
- One liaison from the GWTG-Stroke Science Subcommittee,
- One liaison from the American Academy of Neurology,
- One liaison from the Veterans Health Administration
- One member can concurrently fill more than one role (e.g. a rehabilitation nurse practitioner could account for two of the above requirements).
- Members shall serve a maximum of four years in each position with the original term being two years and the possibility of being reappointed for an additional two years. Terms shall be staggered to insure continuity. Members may not hold appointments on other AHA/ASA or non AHA/ASA

committees during this term which are developing proprietary programs which would use performance measures or the work output from SPOC in their business models.

The vice-chair will work in concert with the Chair to provide continuity in transition of leadership.

The Committee will report to the Stroke Council Chairman and Leadership Committee. Final oversight of Performance Measures documents is via the Stroke Manuscript Oversight Committee (SOC) and then the Science Advisory Coordinating Committee (SACC).

METHOD OF APPOINTMENT:

Members will be appointed by the President with input from the Chair of the Stroke Council and ASA. Most of the members shall have expertise in stroke care (board certified vascular neurologists).

COMPLETION DATE:

On going

TERM OF OFFICE

The chair and vice-chair shall serve a maximum of two years in the leadership positions with the vice-chair automatically becoming chair at the end of the chair's term. Members will serve two year terms. The task force may recommend additional ad-hoc members for appointment to the AHA/ASA President in order to complete specific tasks; these ad hoc members will only serve until these tasks are completed.

FREQUENCY OF MEETINGS:

The committee shall meet quarterly via teleconference (or as necessary to complete its business), and will meet face-to-face at the International Stroke Conference.

Time Commitment: The time commitment will vary, but should not exceed an average of 3-5 hours per month. Special projects may require an additional time commitment

RESPONSIBILITIES:

1. Specify the desirable attributes of quality metrics and potential performance measures including, but not limited to, measures of structures of care, processes of care, inpatient/outpatient care, health outcomes, and efficiency;
2. Develop and refine principles to guide the development, implementation, revision, and reporting of these stroke-related metrics and measures;
3. Specify an explicit process for the development and maintenance of metrics and performance measures that are integrated with the development of AHA/ASA

- clinical practice guidelines related to stroke
4. Develop measure specifications (e.g., numerator/denominator, exclusion criteria) including the data source, unit of analysis and scoring criteria;
 5. Test measures and interpret results to ensure scientific acceptability;
 6. Maintain and consider the refinement of existing, published measure sets;
 7. Partner with other organizations as appropriate (such as the American Academy of Neurology) in the necessary development, maintenance, and field testing of performance measures in high-priority clinical areas;
 8. Review and comment on measures developed by the AHA, by the ACCF/AHA and by other organizations that are relevant to the guidelines, scientific statements and expert consensus documents as per AHA processes (Some comments on measures will go directly from SPOC to the writing groups. On non-AHA documents from external groups, SPOC's comments and insights will be provided to the AHA/ASA medical officers to consider in AHA/ASA's response to these documents).
 9. Formulate an educational strategy about performance measurement; and
 10. Serve as a source of expertise and advice to the AHA/ASA regarding performance measurement.
 11. Assures that all documents are in alignment with any published works that AHA/ASA has authored or contributed to within this field of performance metrics and measurements and actively seeks to add to the literature as appropriate to support promulgation of best practices.

Approved by the AHA Board of Directors, _____, 20____.