

Please complete one survey for each TCD designation you have in your facility. There would be a maximum of three surveys completed if your facility was designated as a trauma, stroke and STEMI center. This is the STROKE survey.

1. Contact Information

Hospital

Name of Person
Completing Survey

Email

2. Does your facility use the state registry for Stroke or a national registry?

State

National

3. If national, which one?

4. Which survey program does your facility use to get your program designated by the state?

State

National

Both

5. If your program is nationally designated, which national program do you use?

6. Which data elements are essential to have in order to evaluate quality performance? Check all that apply.

First, middle and last name

Date of Birth

Social Security Number

Social Security Number Not Available

Patient Zip Code

- Zip Code Not Available
- Race
- Hispanic or Latino Ethnicity
- Gender
- Level of Stroke Center for First Facility
- Symptom Onset Date/Time
- Symptom Time Estimated
- First Medical Contact Date and Time
- First Medical Contact Estimated
- Means of Transport to First Facility
- Date and Time of Arrival at First Facility
- Admit Diagnosis
- International Classification of Diseases, Ninth Revision (ICD-9) Principal Diagnosis
- Discharge Diagnosis
- Internal Classification of Diseases, Ninth Revision (ICD-9) Other Diagnosis
- Destination/Transferred To
- Patient Arrival Date/Time at a Level I or II Stroke Center
- Patient Received From
- Patient Transferred from Outside Facility Date/Time
- Emergency Medical Services (EMS) Service
- Estimated Transfer Time of Patient
- Documented Initial National Institutes of Health Stroke Scale (NIHSS) score within one (1) hour of hospital arrival
- Ischemic stroke
- Hemorrhagic stroke
- Thirty (30) day (greater than (>) twenty-one (21) days and less than (<) thirty-seven (37) days) Modified Rankin Scale (mRS) obtained via telephone or in-person and documented if ischemic stroke and received intravenous (IV) thrombolytic (t-PA) or endovascular recanalization procedure
- If an ischemic stroke, was intravenous (IV) thrombolytic given
- If an ischemic stroke, was intra-arterial (IA) pharmacologic thrombolytic given

- If an ischemic stroke, was endovascular recanalization procedure done
- Severity score documented for Subarachnoid Hemorrhage Stroke and Intracranial Hemorrhage Stroke within one (1) hour of hospital arrival
- Subarachnoid Hemorrhage Stroke
- Intracranial Hemorrhage Stroke
- If Intracranial Hemorrhage Stroke, treatment to reverse International Normalized Ratio (INR) with procoagulant (e.g. fresh frozen plasma, recombinant factor VIIa, prothrombin complex concentrates) was initiated within two (2) hours (120 minutes) of hospital arrival.
- If Intracranial Hemorrhage stroke, was Intracranial Hemorrhage Stroke (INR) greater than (>) four (4)
- Symptomatic intracranial hemorrhage (clinical deterioration greater than (>) four (4) point increase on National Institutes of Health Stroke Scale (NIHSS) and finding of parenchymal hematoma on Computed Tomography (CT) or Magnetic Resonance Imaging (MRI) scan) within thirty-six (36) hours of onset of treatment with intravenous (IV) or Intra-arterial (IA) thrombolytic therapy, or endovascular reperfusion procedure
- Ruptured Aneurysmal Subarachnoid Hemorrhage
- If ruptured aneurysmal Subarachnoid Hemorrhage, was nimodipine treatment within twenty-four (24) hours of arrival at hospital
- Stroke or death within seven (7) days or discharge (if earlier) of comprehensive stroke procedure
- Selected comprehensive stroke procedure done
- If ischemic or hemorrhagic stroke, was Venous Thromboembolism (VTE) prophylaxis given or documentation why not given on the day of or the day after hospital admission
- If ischemic stroke, antithrombotic therapy prescribed at discharge
- If ischemic stroke and atrial fibrillation/flutter, anticoagulation therapy prescribed at discharge
- Ischemic stroke with documented atrial fibrillation/flutter
- If acute ischemic stroke, arrival at hospital within two (2) hours of time last known well and intravenous (IV) t-PA started within three (3) hours of time last known well
- If acute ischemic stroke, arrival at hospital within two (2) hours (less than or equal to one hundred twenty (120) minutes) of time last known well

- If ischemic stroke, antithrombotic therapy given by end of hospital day two (2)
- If ischemic stroke, Low-density Lipoprotein (LDL) greater than (>) or equal to (=) one hundred (100) mg/dL
- If ischemic stroke, on lipid-lowering medication prior to hospitalization
- If ischemic stroke patient, Low-density Lipoprotein (LDL) not measured
- If ischemic stroke patient, prescribed statin medication therapy at discharge
- If ischemic or hemorrhagic stroke, discharged to home, homecare, or court/law enforcement
- If ischemic or hemorrhagic stroke patient, documentation that patient or caregiver given educational material addressing activation of emergency medical system, follow-up after discharge, medications prescribed at discharge, risk factors for stroke, and warning signs and symptoms of stroke
- If ischemic or hemorrhagic stroke, assessed for or received rehabilitative services
- If acute ischemic or hemorrhagic stroke patient that arrives at Emergency Department (ED) within two (2) hours of time last known well, head Computed Tomography (CT) or Magnetic Resonance Imaging (MRI) ordered
- If acute ischemic or hemorrhagic stroke patient that arrives at Emergency Department (ED) within two (2) hours of time last known well, time from Emergency Department (ED) arrival to head Computed Tomography (CT) interpretation is within forty-five (45) minutes of arrival
- If inter-hospital stroke patient transfer, was the patient admitted
- Did the patient come following a request for transfer from an outside facility
- If suspected stroke and arrival at hospital within two (2) hours of time last known well, transfer to higher level hospital is within sixty (60) minutes of Emergency Department (ED) arrival
- If ischemic stroke, is the patient eligible for thrombolytic
- If suspected stroke, arrival at hospital within two (2) hours of time last known well
- If ischemic stroke patient, did they present within the treatment window
- If eligible ischemic stroke patient, were they treated with thrombolytics
- Door to needle time

If suspected acute stroke patient that arrives within two (2) hours of time last known well, time from Emergency Department (ED) arrival to stroke team assessment

If suspected acute stroke patient that arrives within two (2) hours of time last known well, time from Emergency Department (ED) arrival to first contact with higher level hospital

If patient came following a request from transfer, time from sending hospital's first request for transfer to time receiving hospital provided notification to initiate transfer

Time from arrival to femoral artery puncture for intra-arterial (IA) thrombolytic infusion and mechanical recanalization therapy

7. How do you currently loop other stakeholders into data outcomes to make quality changes?

Quality meetings

Routine reports

Third Party (i.e. ESO)

8. If third party, which one?

9. Comments