

STROKE SURVEY

Q1 Contact Information

Answered: 26 Skipped: 0

ANSWER CHOICES	RESPONSES	
Hospital	100.00%	26
Name of Person Completing Survey	100.00%	26
Email	100.00%	26

#	HOSPITAL	DATE
1	Capital Region Medical Center	9/26/2018 1:34 PM
2	Ozarks Medical Center	9/26/2018 12:22 PM
3	Hedrick Medical Center	9/26/2018 8:38 AM
4	Wright Memorial Hospital	9/26/2018 7:57 AM
5	Centerpoint Medical Center	9/26/2018 7:29 AM
6	Pike County Memorial Hospital	9/25/2018 7:44 AM
7	Saint Luke's Hospital of Kansas City	9/24/2018 5:03 PM
8	Ste. Genevieve County Memorial Hospital	9/24/2018 10:56 AM
9	Salem Memorial District Hospital	9/24/2018 10:46 AM
10	Cox Monett Hospital	9/24/2018 6:36 AM
11	St. Anthony's Medical Center	9/21/2018 11:32 AM
12	SSM St Joseph Hospital Lake Saint Louis	9/20/2018 1:44 PM
13	Cox Medical Center South	9/20/2018 1:40 PM
14	Saint Francis Healthcare System	9/20/2018 12:53 PM
15	Phelps County Regional Medical Center	9/20/2018 12:46 PM
16	Harrison County Community Hospital	9/20/2018 12:41 PM
17	Western Missouri Medical Center	9/20/2018 12:35 PM
18	Missouri Baptist Medical Center	9/20/2018 12:35 PM
19	Hannibal Regional Hospital	9/20/2018 12:28 PM
20	Texas County Memorial Hospital	9/20/2018 12:26 PM
21	Ray County Memorial Hospital	9/20/2018 12:24 PM
22	Barnes-Jewish St. Peters	9/20/2018 12:12 PM
23	St. Mary's Medical Center	9/20/2018 11:38 AM
24	Barnes Jewish Hospital	9/20/2018 11:36 AM
25	Carroll County Memorial Hospital	9/20/2018 11:21 AM
26	SSM SLUH	9/20/2018 11:18 AM

#	NAME OF PERSON COMPLETING SURVEY	DATE
1	Jennifer Thomas, RN	9/26/2018 1:34 PM
2	Quintin Adolphson, RN Stroke Coordinator	9/26/2018 12:22 PM
3	Aimee Aukshun	9/26/2018 8:38 AM

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4	Danny Perry	9/26/2018 7:57 AM
5	Jamie Newland, Stroke Coordinator	9/26/2018 7:29 AM
6	Reesa Vanhooser	9/25/2018 7:44 AM
7	Joann Paul	9/24/2018 5:03 PM
8	Laura Bailey	9/24/2018 10:56 AM
9	Jason Mayberry, RN-BSN	9/24/2018 10:46 AM
10	Shannon Hobson RN	9/24/2018 6:36 AM
11	Elizabeth Schelp	9/21/2018 11:32 AM
12	Cynthia Grant	9/20/2018 1:44 PM
13	Grace Potter, RN, BSN, SCRN	9/20/2018 1:40 PM
14	April Ostendorf-Morris	9/20/2018 12:53 PM
15	Suzanne Weckman	9/20/2018 12:46 PM
16	Keri A Barclay	9/20/2018 12:41 PM
17	Patricia Richey	9/20/2018 12:35 PM
18	Rachel Sargent	9/20/2018 12:35 PM
19	Randy Epley	9/20/2018 12:28 PM
20	Connie Brooks	9/20/2018 12:26 PM
21	Susan McCorkendale	9/20/2018 12:24 PM
22	Jennifer Iborg	9/20/2018 12:12 PM
23	Barb Miller, Stroke Coordinator	9/20/2018 11:38 AM
24	Jo-Ann Burns	9/20/2018 11:36 AM
25	Deborah Smith	9/20/2018 11:21 AM
26	Jessica Dickman	9/20/2018 11:18 AM
#	EMAIL	DATE
1	jthomas6@crmc.org	9/26/2018 1:34 PM
2	quintin.adolphson@ozarksmedicalcenter.com	9/26/2018 12:22 PM
3	aaukshun@saint-lukes.org	9/26/2018 8:38 AM
4	jperry@saint-lukes.org	9/26/2018 7:57 AM
5	jamie.newland@hcamidwest.com	9/26/2018 7:29 AM
6	rvanhooser@pcmhmo.org	9/25/2018 7:44 AM
7	jpaul@saint-lukes.org	9/24/2018 5:03 PM
8	lbailey@sgcmh.org	9/24/2018 10:56 AM
9	jmayberry@smdh.net	9/24/2018 10:46 AM
10	shannon.hobson@coxhealth.com	9/24/2018 6:36 AM
11	elizabeth.schelp@mercy.net	9/21/2018 11:32 AM
12	cynthia.grant@ssmhealth.com	9/20/2018 1:44 PM
13	grace.potter@coxhealth.xom	9/20/2018 1:40 PM
14	amorris@sfmc.net	9/20/2018 12:53 PM
15	sweckman@pcrhc.com	9/20/2018 12:46 PM
16	kbarclay@hcchospital.org	9/20/2018 12:41 PM
17	Prichey@wmmc.com	9/20/2018 12:35 PM

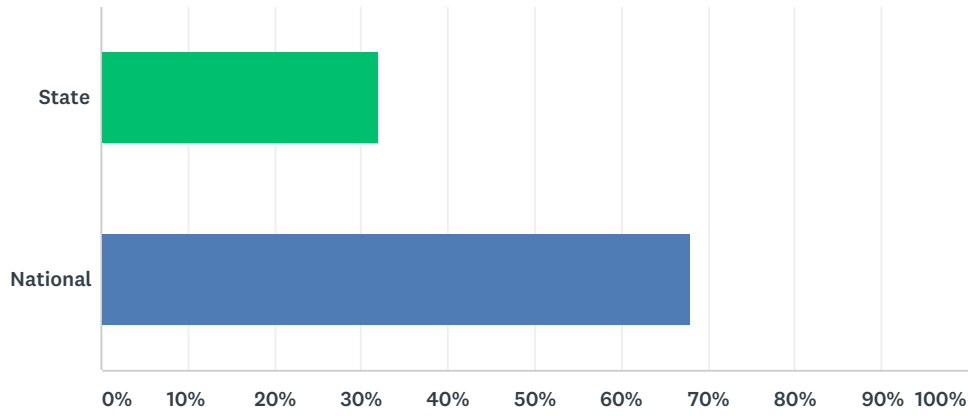
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18	rachel.sargent@bjc.org	9/20/2018 12:35 PM
19	randy.epley@hrhonline.org	9/20/2018 12:28 PM
20	cbrooks@tcmh.org	9/20/2018 12:26 PM
21	smccorkendale@raycountyhospital.com	9/20/2018 12:24 PM
22	jennifer.iborg@bjc.org	9/20/2018 12:12 PM
23	barbara.miller@phsi.us	9/20/2018 11:38 AM
24	jmb062@bjc.org	9/20/2018 11:36 AM
25	deborahs@ccmhospital.org	9/20/2018 11:21 AM
26	Jessica.Dickman@ssmhealth.com	9/20/2018 11:18 AM

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Q2 Does your facility use the state registry for Stroke or a national registry?

Answered: 25 Skipped: 1



ANSWER CHOICES	RESPONSES	
State	32.00%	8
National	68.00%	17
TOTAL		25

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Q3 If national, which one?

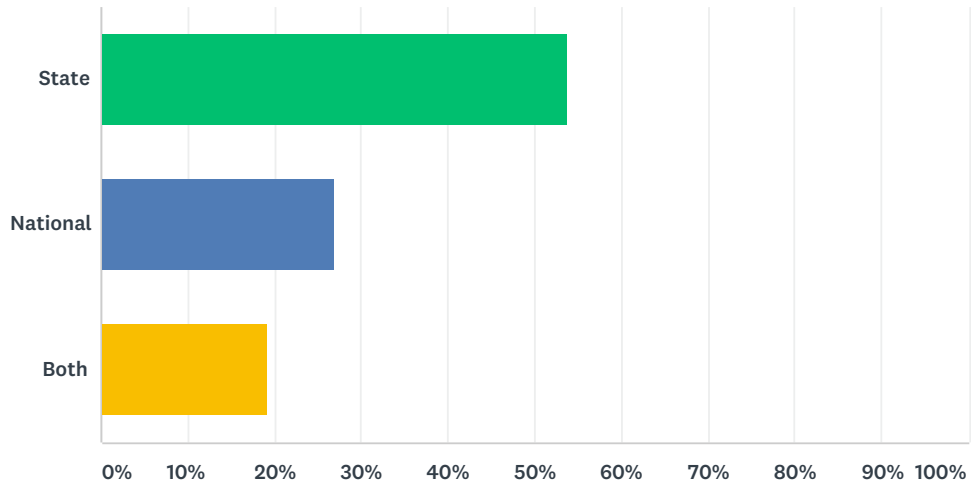
Answered: 19 Skipped: 7

#	RESPONSES	DATE
1	Quintiles Outomes- Stroke GWTG	9/26/2018 1:34 PM
2	Get With The Guidelines	9/26/2018 8:38 AM
3	Get with the guidlines	9/26/2018 7:57 AM
4	Get With the Guidelines	9/26/2018 7:29 AM
5	AHA GWTG	9/24/2018 5:03 PM
6	NA	9/24/2018 10:46 AM
7	GWTG	9/24/2018 6:36 AM
8	Get with the Guidelines	9/21/2018 11:32 AM
9	GWTG	9/20/2018 1:44 PM
10	GWTG	9/20/2018 1:40 PM
11	Get With The Guidelines - Midas - TJC	9/20/2018 12:53 PM
12	GWTG-Stroke	9/20/2018 12:46 PM
13	Get With the Guidelines	9/20/2018 12:35 PM
14	The Joint Commission	9/20/2018 12:35 PM
15	n/a	9/20/2018 12:28 PM
16	GWTG	9/20/2018 12:12 PM
17	Get with the Guidelines AHA	9/20/2018 11:38 AM
18	Get With The Guidelines	9/20/2018 11:36 AM
19	GWTG	9/20/2018 11:18 AM

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Q4 Which survey program does your facility use to get your program designated by the state?

Answered: 26 Skipped: 0



ANSWER CHOICES	RESPONSES
State	53.85% 14
National	26.92% 7
Both	19.23% 5
Total Respondents: 26	

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Q5 If your program is nationally designated, which national program do you use?

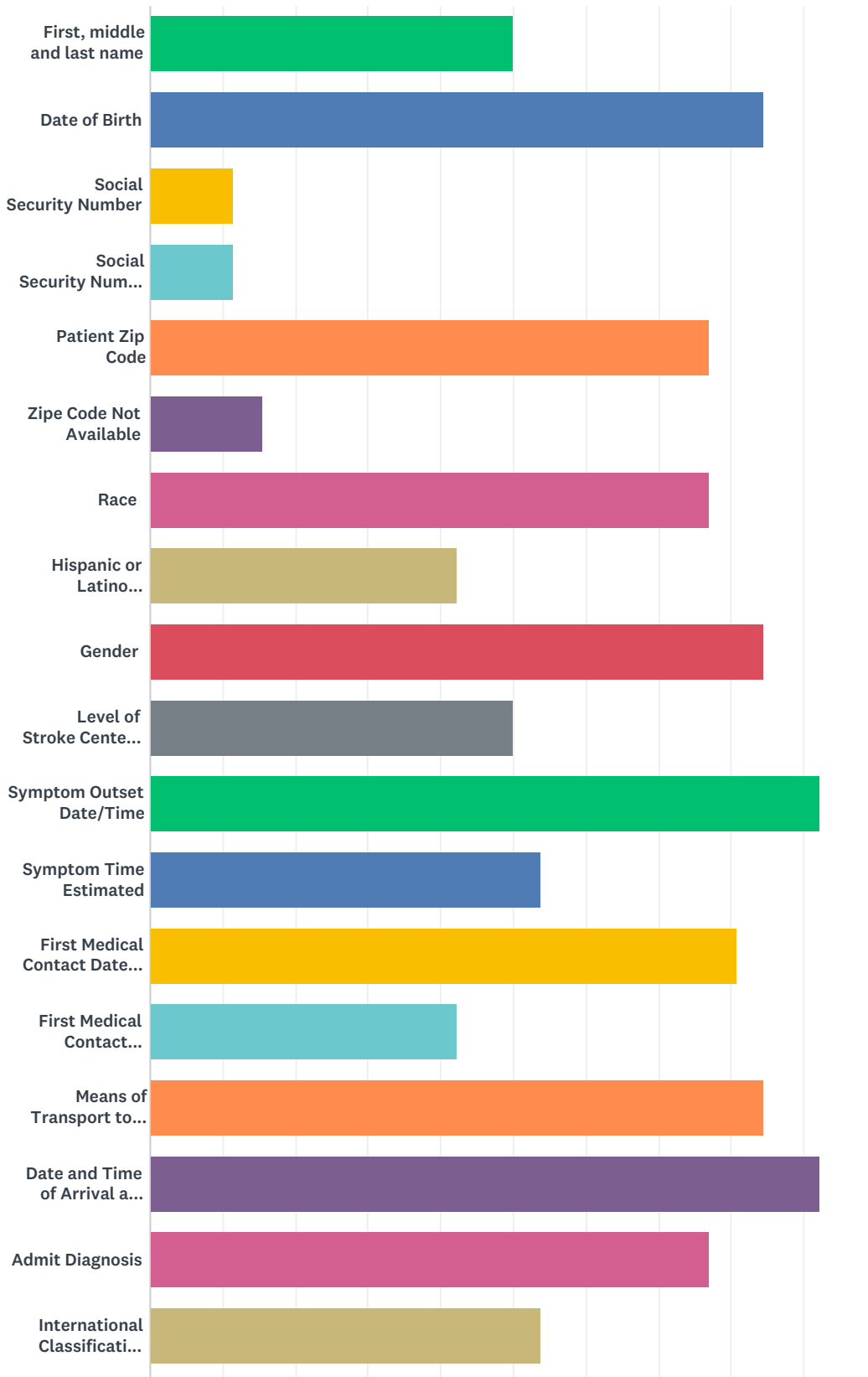
Answered: 15 Skipped: 11

#	RESPONSES	DATE
1	TJC	9/26/2018 8:38 AM
2	The Joint Commission	9/26/2018 7:29 AM
3	The Joint Commission Advanced Comprehensive Stroke	9/24/2018 5:03 PM
4	NA	9/24/2018 10:46 AM
5	Joint Commission	9/21/2018 11:32 AM
6	Joint Commission	9/20/2018 1:44 PM
7	DNV-GL HealthCare Comprhensive Stroke Center	9/20/2018 1:40 PM
8	The Joint Commission	9/20/2018 12:53 PM
9	N/A	9/20/2018 12:46 PM
10	The Joint Commission	9/20/2018 12:35 PM
11	n/a	9/20/2018 12:28 PM
12	Joint Commission Primary Stroke Center	9/20/2018 12:12 PM
13	Joint Commission	9/20/2018 11:38 AM
14	The Joint Commission	9/20/2018 11:36 AM
15	Joint Commission	9/20/2018 11:18 AM

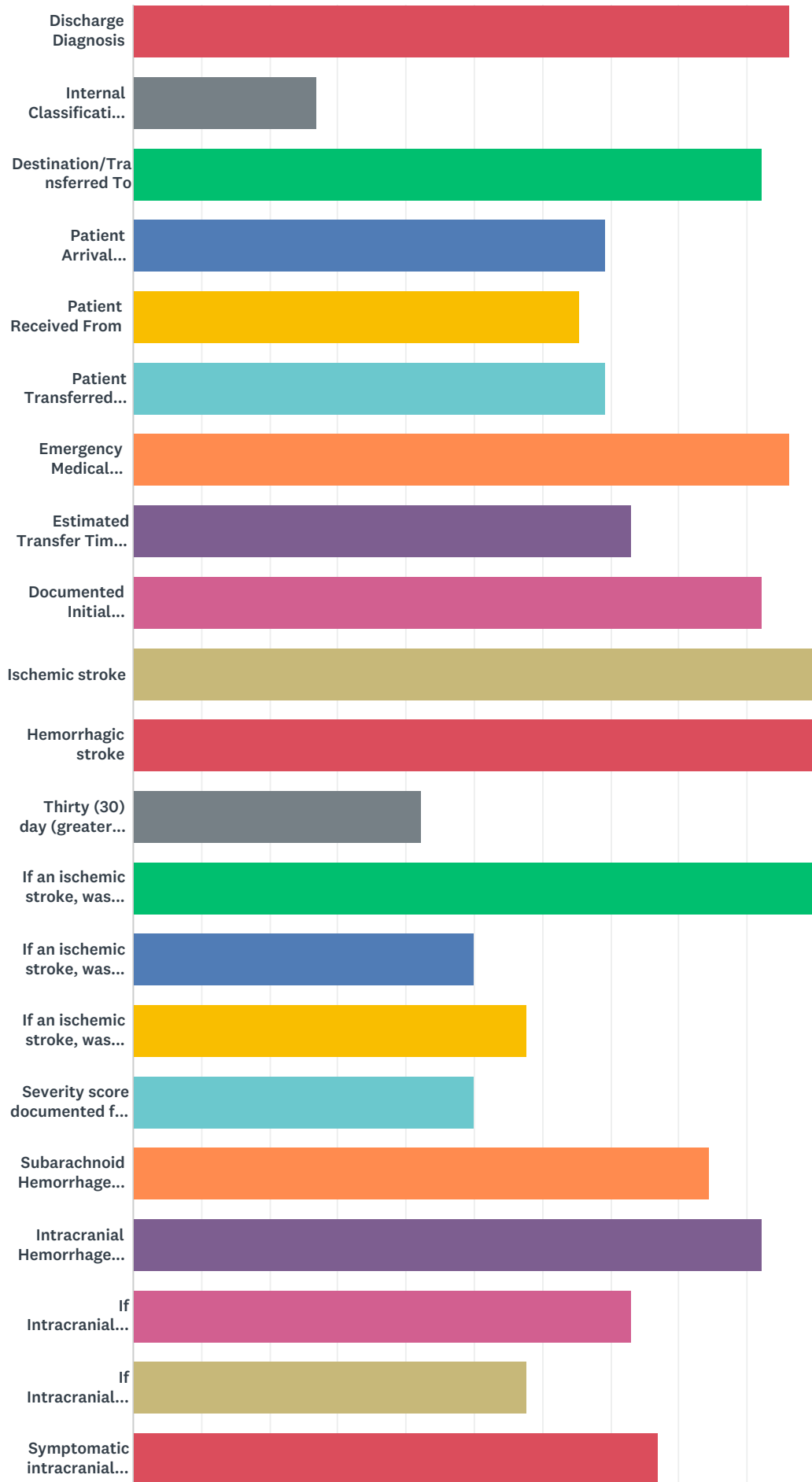
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Q6 Which data elements are essential to have in order to evaluate quality performance? Check all that apply.

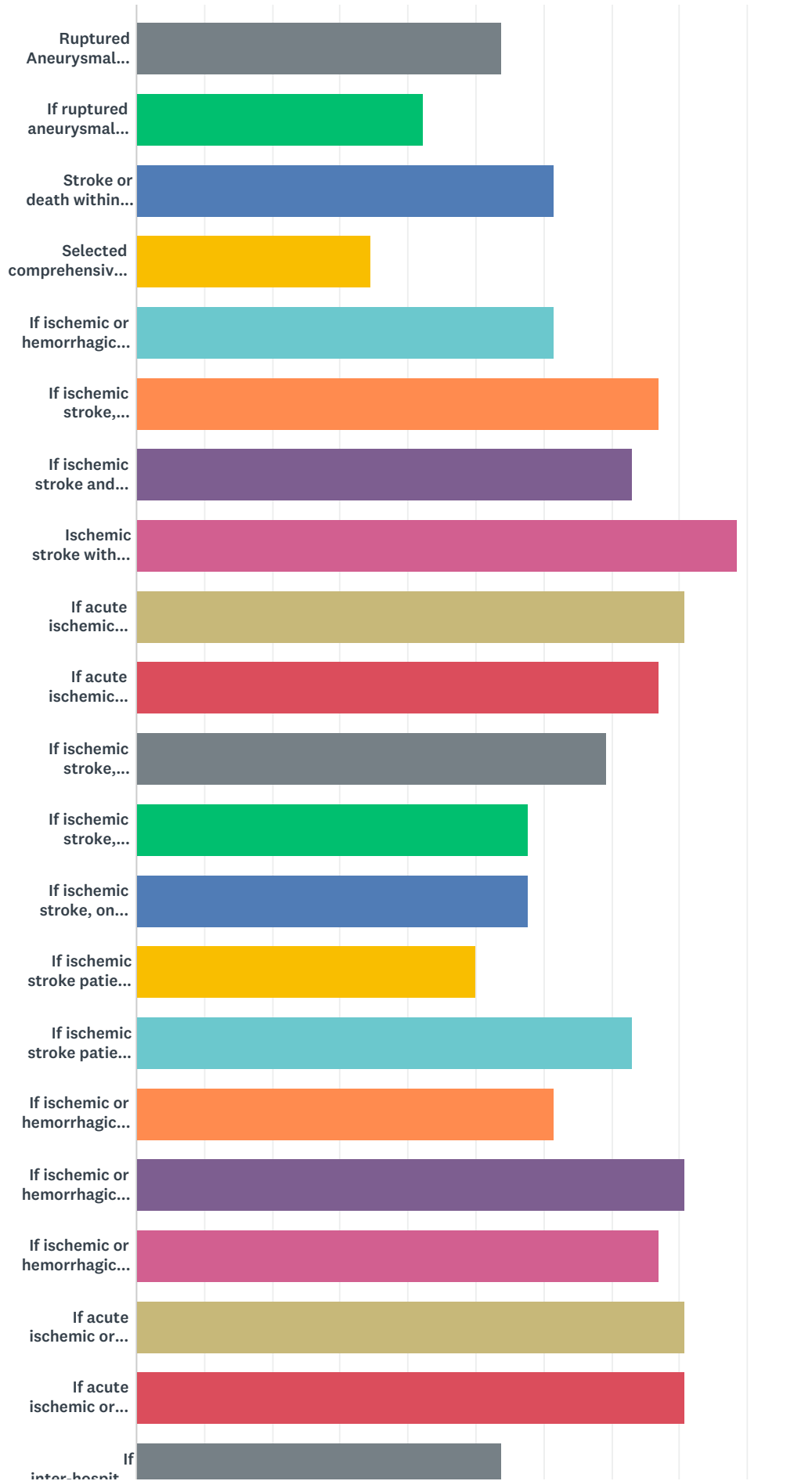
Answered: 26 Skipped: 0



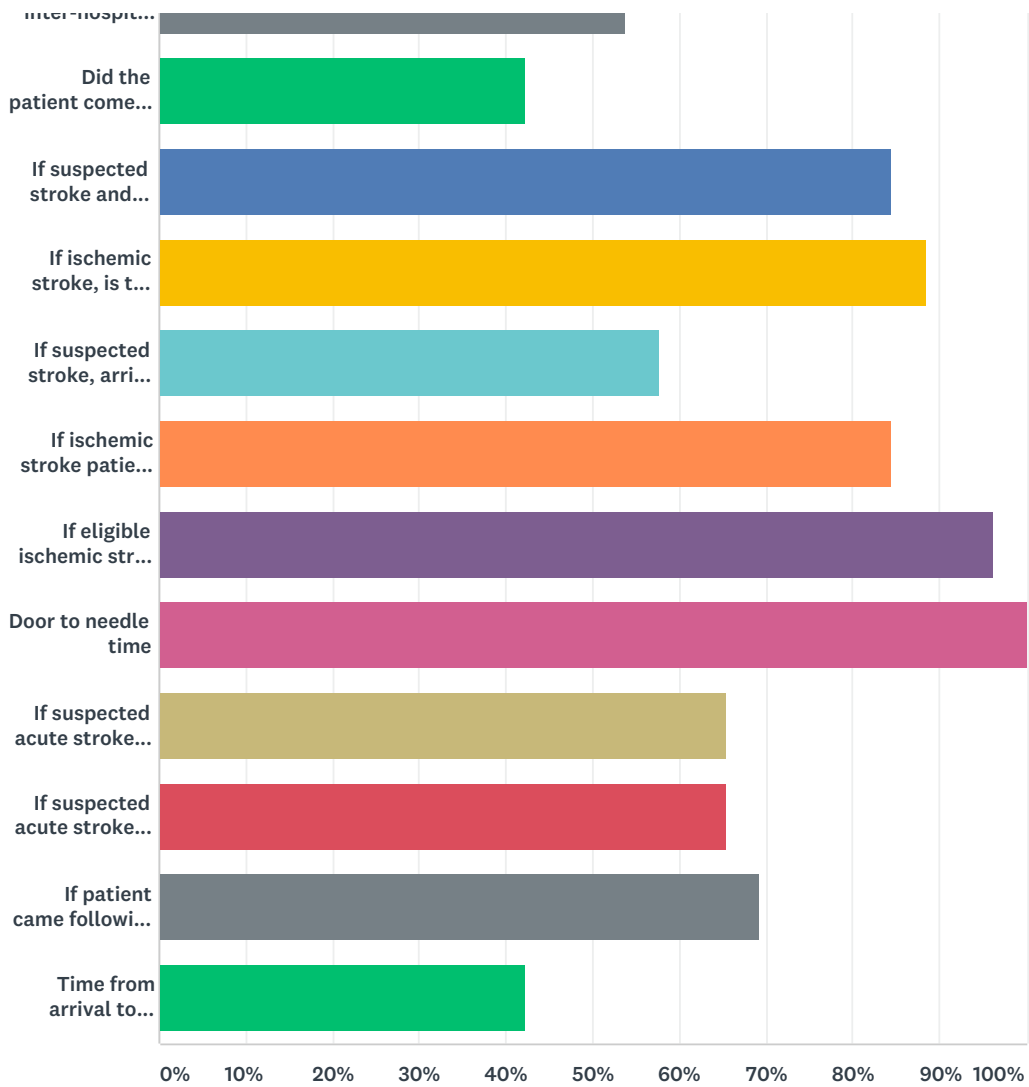
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ANSWER CHOICES	RESPONSES	
First, middle and last name	50.00%	13
Date of Birth	84.62%	22
Social Security Number	11.54%	3
Social Security Number Not Available	11.54%	3
Patient Zip Code	76.92%	20
Zipe Code Not Available	15.38%	4
Race	76.92%	20
Hispanic or Latino Ethnicity	42.31%	11
Gender	84.62%	22
Level of Stroke Center for First Facility	50.00%	13
Symptom Outset Date/Time	92.31%	24
Symptom Time Estimated	53.85%	14
First Medical Contact Date and Time	80.77%	21

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First Medical Contact Estimated	42.31%	11
Means of Transport to First Facility	84.62%	22
Date and Time of Arrival at First Facility	92.31%	24
Admit Diagnosis	76.92%	20
International Classification of Diseases, Ninth Revision (ICD-9) Principal Diagnosis	53.85%	14
Discharge Diagnosis	96.15%	25
Internal Classification of Diseases, Ninth Revision (ICD-9) Other Diagnosis	26.92%	7
Destination/Transferred To	92.31%	24
Patient Arrival Date/Time at a Level I or II Stroke Center	69.23%	18
Patient Received From	65.38%	17
Patient Transferred from Outside Facility Date/Time	69.23%	18
Emergency Medical Services (EMS) Service	96.15%	25
Estimated Transfer Time of Patient	73.08%	19
Documented Initial National Institutes of Health Stroke Scale (NIHSS) score within one (1) hour of hospital arrival	92.31%	24
Ischemic stroke	100.00%	26
Hemorrhagic stroke	100.00%	26
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	42.31%	11
If an ischemic stroke, was intravenous (IV) thrombolytic given	100.00%	26
If an ischemic stroke, was intra-arterial (IA) pharmacologic thrombolytic given	50.00%	13
If an ischemic stroke, was endovascular recanalization procedure done	57.69%	15
Severity score documented for Subarachnoid Hemorrhage Stroke and Intracranial Hemorrhage Stroke within one (1) hour of hospital arrival	50.00%	13
Subarachnoid Hemorrhage Stroke	84.62%	22
Intracranial Hemorrhage Stroke	92.31%	24
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.	73.08%	19
If Intracranial Hemorrhage stroke, was Intracranial Hemorrhage Stroke (INR) greater than (>) four (4)	57.69%	15
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	76.92%	20
Ruptured Aneurysmal Subarachnoid Hemorrhage	53.85%	14
If ruptured aneurysmal Subarachnoid Hemorrhage, was nimodipine treatment within twenty-four (24) hours of arrival at hospital	42.31%	11
Stroke or death within seven (7) days or discharge (if earlier) of comprehensive stroke procedure	61.54%	16
Selected comprehensive stroke procedure done	34.62%	9

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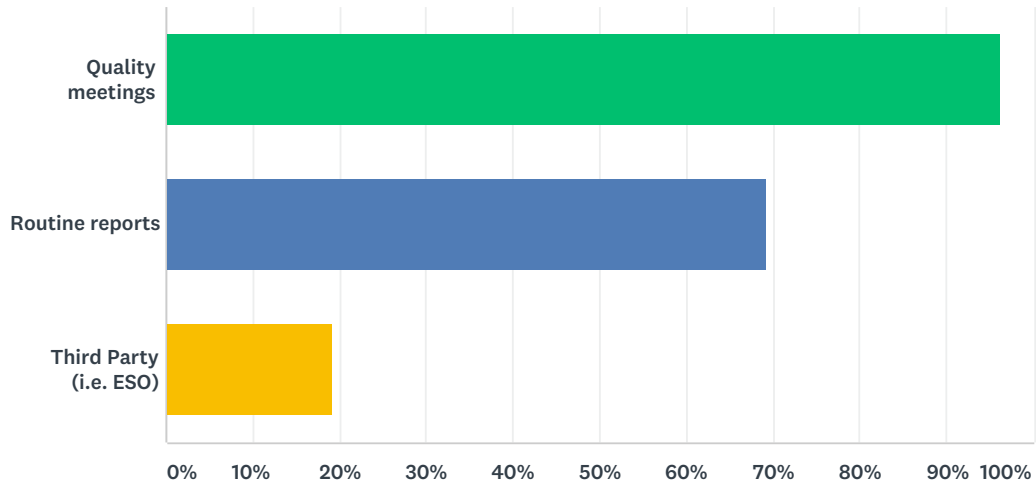
If ischemic or hemorrhagic stroke, was Venous Thromboembolism (VTE) prophylaxis given or documentation why not given on the day of or the day after hospital admission	61.54%	16
If ischemic stroke, antithrombotic therapy prescribed at discharge	76.92%	20
If ischemic stroke and atrial fibrillation/flutter, anticoagulation therapy prescribed at discharge	73.08%	19
Ischemic stroke with documented atrial fibrillation/flutter	88.46%	23
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	80.77%	21
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	76.92%	20
If ischemic stroke, antithrombotic therapy given by end of hospital day two (2)	69.23%	18
If ischemic stroke, Low-density Lipoprotein (LDL) greater than (>) or equal to (=) one hundred (100) mg/dL	57.69%	15
If ischemic stroke, on lipid-lowering medication prior to hospitalization	57.69%	15
If ischemic stroke patient, Low-density Lipoprotein (LDL) not measured	50.00%	13
If ischemic stroke patient, prescribed statin medication therapy at discharge	73.08%	19
If ischemic or hemorrhagic stroke, discharged to home, homecare, or court/law enforcement	61.54%	16
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	80.77%	21
If ischemic or hemorrhagic stroke, assessed for or received rehabilitative services	76.92%	20
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	80.77%	21
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	80.77%	21
If inter-hospital stroke patient transfer, was the patient admitted	53.85%	14
Did the patient come following a request for transfer from an outside facility	42.31%	11
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	84.62%	22
If ischemic stroke, is the patient eligible for thrombolytic	88.46%	23
If suspected stroke, arrival at hospital within two (2) hours of time last known well	57.69%	15
If ischemic stroke patient, did they present within the treatment window	84.62%	22
If eligible ischemic stroke patient, were they treated with thrombolytics	96.15%	25
Door to needle time	100.00%	26
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	65.38%	17
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	65.38%	17
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	69.23%	18
Time from arrival to femoral artery puncture for intra-arterial (IA) thrombolytic infusion and mechanical recanalization therapy	42.31%	11

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Total Respondents: 26

Q7 How do you currently loop other stakeholders into data outcomes to make quality changes?

Answered: 26 Skipped: 0



ANSWER CHOICES	RESPONSES	
Quality meetings	96.15%	25
Routine reports	69.23%	18
Third Party (i.e. ESO)	19.23%	5
Total Respondents: 26		

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Q8 If third party, which one?

Answered: 8 Skipped: 18

#	RESPONSES	DATE
1	CMS	9/26/2018 1:34 PM
2	na	9/26/2018 8:38 AM
3	ESO	9/24/2018 5:03 PM
4	NA	9/24/2018 10:46 AM
5	n/a	9/20/2018 12:28 PM
6	ESO	9/20/2018 11:38 AM
7	EMS, hospitals transferred from, state and national data	9/20/2018 11:36 AM
8	ESO	9/20/2018 11:18 AM

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Q9 Comments

Answered: 4 Skipped: 22

#	RESPONSES	DATE
1	ICD9 Codes are obsolete, use ICD 10 codes	9/26/2018 1:34 PM
2	This is more for the regulations. What is your hospital supposed to do when TCD shuts down days before your designation expires? Also, where does it mention 4.5 hour LKW?	9/26/2018 12:22 PM
3	Any state created registry needs to have very specific specifications and definitions for any data point requested. Somehow the registry would need to remain consistent with current evidenced-based practices. The state registry should also align with the national registries which can then provide risk adjusted metrics for evaluating a stroke program. Please note that several of the metrics posited above are incorrect per the newest evidenced based practice. For example, the LDL measurement needs to be less than 70 rather than 100.	9/24/2018 5:03 PM
4	This is from a Level IV Center. The tracking the trends for the larger stroke centers probably important to them.	9/24/2018 10:46 AM