

DATA COLLECTION TOOL STROKE

Report Period (Month) Note: Time period for inpatients is based on the patient's discharge date

☐ January ☐ February ☐ March ☐ April ☐ May ☐ June

☐ July ☐ August ☐ September ☐ October ☐ November ☐ December

Year ____ ____ ____ ____

Core Data Elements

1) Case ID # ____ ____ ____ ____ ____

2) Treated at a DSC Certified Primary Stroke Center Program

a) ☐ Yes b) ☐ No (Stop)

3) Gender ☐ Male ☐ Female

4) Birth Date ____ ____ / ____ ____ / ____ ____ ____

5) Age 18 years or older ☐ a) Yes ☐ b) No (Stop)

6) Arrival Date ____ ____ / ____ ____ / ____ ____ ____

7) Arrival Time (military) ____ ____ : ____ ____

8) Admission Date ____ / ____ / ____ 9) Discharge Date ____ / ____ / ____

10) Admitted for Elective Carotid Endarterectomy

☐ a) Yes (Stop) ☐ b) No

11) Discharge Status

- ☐ 01 Discharged to home care or self care (routine discharge)
- ☐ 02 Discharged/transferred to another short term general hospital for inpatient care
- ☐ 03 Discharged/transferred to a skilled nursing facility (SNF) with Medicare certification
- ☐ 04 Discharged/transferred to an intermediate care facility
- ☐ 05 Discharged/transferred to another type of institution for inpatient care
- ☐ 06 Discharged/transferred to home under care of organized home health service organization
- ☐ 07 Left against medical advice or discontinued care
- ☐ 20 Expired
- ☐ 41 Expired in medical facility, such as hospital, SNF, ICF or freestanding hospice (Hospice). Usage Note: For use only on Medicare and CHAMPUS (TRICARE) claims for hospice care.
- ☐ 43 Discharged/transferred to a federal health care facility (e.g., Department of Defense hospital, Veterans Administration hospital or nursing facility)
- ☐ 50 Hospice - home
- ☐ 51 Hospice - medical facility
- ☐ 61 Discharged/transferred within this institution to hospital-based Medicare approved swing bed. Usage Note: Medicare-used for reporting patients discharged/transferred to a SNF level of care within a hospital's approved swing bed arrangement.
- ☐ 62 Discharged/transferred to an inpatient rehabilitation facility (IRF) including rehabilitation distinct part units of a hospital
- ☐ 63 Discharged/transferred to a Medicare certified long term care hospital (LTCH)
- ☐ 64 Discharged/transferred to a nursing facility certified under Medicaid but not certified under Medicare
- ☐ 65 Discharged/transferred to a psychiatric hospital or psychiatric distinct part unit of a hospital
- ☐ 66 Discharged/transferred to a Critical Access Hospital (CAH)
- ☐ --- Unknown ---

12) ICD-9-CM Diagnosis Codes

Principal ____ . ____

Other ____ . ____ ____ . ____ ____ . ____
____ . ____ ____ . ____ ____ . ____
____ . ____ ____ . ____ ____ . ____

ICD-9-CM Principal Diagnosis Codes for Ischemic Stroke: All 10 Measures

ICD-9-CM Principal Diagnosis Codes 430 & 431, Hemorrhagic Stroke: STK-1; STK-7; SKT-8; STK-9; STK-10

(See Appendices Table 1 & Table 2)

DSC STK-1: DVT Prophylaxis

13) Patient discharged before the end of hospital day two ☐ a) Yes (Stop) ☐ b) No

14) Patient ambulatory at end of hospital day two ☐ a) Yes (Stop) ☐ b) No

15) Comfort Measures Only by end of hospital day two ☐ a) Yes (Stop) ☐ b) No

16) DVT prophylaxis initiated by the end of hospital day two

- ☐ a) Yes (This patient is in Category E)
- ☐ b) No (This patient is in Category D)
- ☐ c) NC – a documented reason exists (Stop)

DSC STK-2: Discharged on Antithrombotic Therapy (ICD-9-CM Principal Diagnosis Codes for Ischemic Stroke Only)

17) Discharge Status

☐ a) = 02, 07, 20, 41, 50, 51, 66, Unknown (Stop)

☐ b) = 01, 03, 04, 05, 06, 43, 61, 62, 63, 64, 65

18) Comfort Measures Only ☐ a) Yes (Stop) ☐ b) No

19) Antithrombotic therapy prescribed at discharge

☐ a) Yes (This patient is in Category E)

☐ b) No (This patient is in Category D)

☐ c) NC— a documented reason exists (Stop)

DSC STK-3: Patients with Atrial Fibrillation Receiving Anticoagulation Therapy

(ICD-9-CM Principal Diagnosis Codes for Ischemic Stroke Only)

20) Discharge Status

☐ a) = 02, 07, 20, 41, 50, 51, 66, Unknown (Stop)

☐ b) = 01, 03, 04, 05, 06, 43, 61, 62, 63, 64, 65

21) Comfort Measures Only ☐ a) Yes (Stop) ☐ b) No

22) Atrial Fibrillation (atrial flutter, paroxysmal atrial fibrillation (PAF))

☐ a) Yes

☐ b) No (Stop)

23) Patient discharged on anticoagulation therapy

☐ a) Yes (This patient is in Category E)

☐ b) No (This patient is in Category D)

☐ c) NC— a documented reason exists (Stop)

DSC STK-4: Thrombolytic Therapy Administered (ICD-9-CM Principal Diagnosis Codes for Ischemic Stroke Only)

24) Date Last Known Well (*MM/DD/YYYY*) ☐ a) ____ / ____ / ____

25) Time Last Known Well (*Hour 00-23 / Min. 00-59*) ☐ a) ____ : ____

☐ b) ND (time not documented or unknown at the time the treatment decision was made)

26) Arrival Time (military) ____ : ____ (Question 7)

27) Compute: Arrival Time – (minus) Time Last Known Well: ____ : ____ – (minus) ____ : ____ = ____ : ____

28) Arrival Time – (minus) Time Last Known Well is less than or equal to 2 hrs (120 min) ☐ a) Yes ☐ b) No (Stop)

29) IV thrombolytic administered to the patient at this hospital

☐ a) Yes

☐ b) No (This patient is in Category D)

☐ c) NC– a documented reason exists (Stop)

30) Date IV thrombolytic administered at this hospital ____ / ____ / ____

31) Time IV thrombolytic administered at this hospital (military) ____ : ____ ☐ b) ND (time not documented or unknown at the time the treatment decision was made)

32) Compute: Time IV Thrombolytic Administered at this Hospital – (minus) Time Last Known Well:

____ : ____ – (minus) ____ : ____ = ____ : ____

33) IV thrombolytic administered in less than or equal to 3 hrs (180 min) of time of last known well

☐ a) Yes (This patient is in Category E)

☐ b) No (This patient is in Category D)

DSC STK-5: Antithrombotic Therapy By End of Hospital Day Two

(ICD-9-CM Principal Diagnosis Codes for Ischemic Stroke Only)

- 34) Patient discharged by end of hospital day two ☐ a) Yes (Stop) ☐ b) No
- 35) Comfort Measures Only by end of hospital day two ☐ a) Yes (Stop) ☐ b) No
- 36) Antithrombotic therapy administered by the end of hospital day two
- ☐ a) Yes (This patient is in Category E)
 - ☐ b) No (This patient is in Category D)
 - ☐ c) NC – a documented reason exists (Stop)

DSC STK-6: Discharged on Cholesterol Reducing Medication

(ICD-9-CM Principal Diagnosis Codes for Ischemic Stroke Only)

- 37) Discharge Status
- ☐ a) = 02, 07, 20, 41, 50, 51, 66, Unknown (Stop)
 - ☐ b) = 01, 03, 04, 05, 06, 43, 61, 62, 63, 64, 65
- 38) Comfort Measures Only ☐ a) Yes (Stop) ☐ b) No
- 39) Cholesterol reducing therapy prior to hospitalization ☐ a) Yes (Skip 40 & 41) ☐ b) No
- 40) LDL Measured ☐ a) Yes ☐ b) No (Skip 41)
- 41) LDL \geq 100 mg/dL ☐ a) Yes ☐ b) No (Stop)

42) Cholesterol reducing medication prescribed at discharge

- ☐ a) Yes (This patient is in Category E)
- ☐ b) No (This patient is in Category D)
- ☐ c) NC– a documented reason exists (Stop)

DSC STK-7: Dysphagia Screening

43) No oral intake (NPO) of food, fluid, or medication for entire hospital stay

- ☐ a) Yes (Stop)
- ☐ b) No

44) Dysphagia screen performed prior to oral intake

- ☐ a) Yes (This patient is in Category E)
- ☐ b) No (This patient is in Category D)
- ☐ c) NC– a documented reason exists (Stop)

DSC STK-8: Stroke Education

45) Discharge Status

- ☐ a) = 02, 07, 20, 41, 50, 51, 66, Unknown (Stop)
- ☐ b) = 01, 03, 04, 05, 06, 43, 61, 62, 63, 64, 65

46) Comfort Measures Only

- ☐ a) Yes (Stop)
- ☐ b) No

47) Education addresses activation of EMS (Patient and/or caregiver received education and/or resource materials)

- ☐ a) Yes
- ☐ b) No
- ☐ c) NC– a documented reason exists (Stop)

- 48) Education addresses need for follow-up after discharge from hospital
(Patient and/or caregiver received education and/or resource materials)
- ☐ a) Yes
 - ☐ b) No
 - ☐ c) NC— a documented reason exists (Stop)
- 49) Education addresses medications prescribed (Patient and/or caregiver received education and/or resource materials)
- ☐ a) Yes
 - ☐ b) No
 - ☐ c) NC— a documented reason exists (Stop)
- 50) Education addresses personal risk factors for stroke (Patient and/or caregiver received education and/or resource materials)
- ☐ a) Yes
 - ☐ b) No
 - ☐ c) NC— a documented reason exists (Stop)
- 51) Education addresses warning signs and symptoms of stroke
(Patient and/or caregiver received education and/or resource materials)
- ☐ a) Yes
 - ☐ b) No
 - ☐ c) NC— a documented reason exists (Stop)
- 52) Yes checked for all 5 education questions 47 – 51
- ☐ a) Yes (This patient is in Category E)
 - ☐ b) No (This patient is in Category D)

DSC STK-9: Smoking Cessation / Advice / Counseling

53) Discharge Status

- ☐ a) = 02, 07, 20, 41, 50, 51, 66, Unknown (Stop)
- ☐ b) = 01, 03, 04, 05, 06, 43, 61, 62, 63, 64, 65

54) Comfort Measures Only ☐ a) Yes (Stop) ☐ b) No

55) Adult Smoking History ☐ a) Yes ☐ b) No (Stop)

56) Smoking cessation / advice / counseling was given to the patient or caregiver during the hospital stay

- ☐ a) Yes
- ☐ b) No
- ☐ c) NC– a documented reason exists (Stop)

DSC STK-10: Assessed for Rehabilitation

57) Discharge Status

- ☐ a) = 02, 07, 20, 41, 50, 51, 66, Unknown (Stop)
- ☐ b) = 01, 03, 04, 05, 06, 43, 61, 62, 63, 64, 65

58) Comfort Measures Only ☐ a) Yes (Stop) ☐ b) No

59) Patient assessed for or received rehabilitation services

- ☐ a) Yes (This patient is in Category E)
- ☐ b) No (This patient is in Category D)