SETRAC Stroke Data Points

This data dictionary has been created to assist stroke facilities with their SETRAC stroke data submissions.

As many of the SETRAC member stroke facilities use the American Heart Association's Get With The Guidelines ® - Stroke registry, many of the definitions and examples are based off of the coding instructions for that registry. This will enable a consistent data collection among all hospitals in the SETRAC region, including those facilities not currently using the GWTG® - Stroke registry.

Question	Definition
ITEM 1 **Total number of patients discharged with a final clinical diagnosis of stroke:**	Final Clinical Diagnosis – The diagnosis defined in the Uniform Hospital Discharge Data Set (UHDDS) as "that condition established after study to be chiefly responsible for occasioning the admission of the patient to the hospital for care." Usually, this diagnosis is equivalent to the final ICD-10-CM code. Exclude: Inpatient strokes - A patient in your hospital ED, radiology suite, or observation unit experiences a new onset of stroke symptoms. - Stroke symptoms are first discovered after a patient was already admitted to your hospital as an inpatient. **Aggregate numbers to be submitted are for:** **(1a) Total number of Ischemic Strokes.** **(1b) Total number of Intracerebral Hemorrhages.** **(1c) Total number of Subarachnoid Hemorrhages.** **(1d) Total number of Transient Ischemic Attacks (<24 hours)** Patients who arrive with symptoms of stroke and have complete resolution after Alteplase/TNK is administered and have no evidence for an infarct on imaging should be diagnosed with "aborted stroke" and should be considered to have a final clinical diagnosis of ischemic stroke. Those with evidence of an infarct should be categorized as an ischemic stroke. The ICD-10-CM Code Tables can be found on the Centers for Medicare & Medicaid Services website. https://www.cms.gov/medicare/icd-10/2021-icd-10-cm

Question	Definition
ITEM 2 **Of the patients reported in #1a, how many were greater than or equal to 18 years of age and were not enrolled in a clinical trial for stroke?**	During this hospital stay, was the patient enrolled in a clinical trial in which patients with the same condition as the measure set were being studied (i.e. STK, VTE) To answer "Yes", BOTH of the following must be true: • There must be a signed consent form for clinical trial. For the purposes of abstraction, a clinical trial is defined as an experimental study in which research subjects are recruited and assigned a treatment/intervention and their outcomes are measured based on the intervention received. Treatments/interventions most often include use of drugs, surgical procedures, and devices. Often a control group is used to compare with the treatment/intervention. Allocation of different interventions to participants is usually randomized. • There must be documentation on the signed consent form that during this hospital stay the patient was enrolled in a clinical trial in which patients with the same condition as the measure set were being studied (i.e. STK, VTE). Patients may either be newly enrolled in a clinical t rial during the hospital stay or enrolled in a clinical trial prior to arrival and continued active participation in that clinical trial during this hospital stay. • Observational studies in which data are being collected on patients without a specific intervention would not qualify for a clinical trial.
ITEM 3 **Of the patients reported in #1a, 1b and 1c, how many received endovascular treatments, including IA mechanical thrombectomy or lytic (Alteplase/TNK), at your facility?**	Endovascular treatments include all uses of intra-arterial (IA) delivery of pharmacologic thrombolytic therapy, as well as the endovascular mechanical devices such as "clot retrieval devices", for acute ischemic stroke. Examples include: • IA Thrombolytic • Retrievable stent • Other mechanical clot retriever device (not retrievable stent) • Clot suction/aspiration device • Intracranial angioplasty, with or without permanent (non-retrieved stent) • Cervical carotid angioplasty, with or without stent • Other

Question	Definition
	Mechanical devices may be used alone or in conjunction with IA thrombolytic therapy. This data element is looking to capture patients that receive IA catheter-based reperfusion therapy for acute ischemic stroke events only, and not those that undergo carotid revascularization for secondary prevention, elective stenting, or purely diagnostic angio. If IA thrombolytic therapy is given regionally (remote from clot due to an inability to access the clot), include the patient in this count.
ITEM 4 **Of the patients reported in #2:** The following are included: • Activase • Alteplase • IV t-PA (Intravenous Tissue Plasminogen Activator) • Recombinant t-PA Tissue plasminogen activator • TNK	**(4a) How many received Alteplase/TNK at your facility?** The following patients should be included in the count: • patients who begin treatment with Alteplase/TNK but do not get the full dose due to a medical reason like an elevated INR or a newly discovered history element. • patients who received Alteplase/TNK in the ED in your hospital and then were transferred from your ED (without hospital admission) to another acute care hospital. **(4b) How many received Alteplase/TNK at an outside facility?** The following patients should be included in the count: • patients who had Alteplase/TNK initiated at outside facility and not initiated at your facility. • patients transferred from another hospital where Alteplase/TNK was started, even if the infusion continues after the patient arrives at your facility. **(4c) How many did NOT receive Alteplase/TNK?**
ITEM 5 **Of the patients reported in #4a, how many received IV Alteplase/TNK:**	Time of IV t-PA administration is based on arrival time of patient. Consider the date/time that Alteplase/TNK is administered to be the date/time Alteplase/TNK is initiated, i.e., the date/time of bolus administration. Exclude: • Missing or unknown values for arrival date/time or for date/time Alteplase/TNK initiated • Date/time Alteplase/TNK initiated < arrival date/time

Question	Definition
	Indicate the aggregate number of patients that receive Alteplase/TNK within: (5a) ≤ 30 minutes after ED arrival. (5b) Between 31 to 45 minutes after ED arrival. (5c) Between 46 to 60 minutes after ED arrival. (5d) > 60 minutes after ED arrival.
ITEM 6 **Of the patients reported in #5d, document the reason(s) for delay:**	**Acceptable Reasons for Delay in IV Lytic Therapy** • **Social / Religious reasons** There is a documentation that the patient and/or family refused Alteplase/TNK treatment due to their cultural or religious beliefs, even if they later changed their mind and Alteplase/TNK was administered. • **Initial Refusal** If there is documentation that the patient and/or family initially refused treatment with Alteplase/TNK for any reason other than a social/religious reason. If the physician documents that the patient declines IV alteplase in favor of catheter-based reperfusion or other investigational therapy, select "Pt./Family refused" If the patient could not participate in shared decision making or provide consent, and there is documentation that the delay in treatment with IV rt-PA was due to reasonable attempts to contact a proxy decision maker to obtain consent. • **Care-team unable to determine eligibility** If the diagnosis of stroke was made but eligibility for Alteplase/TNK could not be established or verified by the clinician. e.g., time last known well unknown; lack of accurate medical history; timing of recent surgery cannot be definitively established, multiple TIAs that could make uncertain as to when the stroke actually started, would raise concerns about Alteplase/TNK eligibility. Example: Physician requests CTA of chest prior to administering Alteplase/TNK due to possible chest dissection. • **Hypertension requiring aggressive controls with IV medications**

Question	Definition
	Treatment with intravenous Alteplase/TNK was delayed because aggressive measures (such as continuous infusion or the use of two or more intravenous antihypertensive agents) were first needed to reduce BP to a treatable range. *Elevated blood pressure (systolic > 185 mm Hg or diastolic > 110 mm Hg) despite treatment* • **Further diagnostic evaluation to confirm stroke for patients with hypoglycemia** (Blood glucose < 50), seizures, or major metabolic disorders that could potentially mimic stroke symptoms. • **Management of concomitant emergent / acute conditions** Such as CPR, respiratory failure (including intubation) • **Investigational or experimental protocol for thrombolysis** If an investigational or experimental protocol for thrombolysis was used, there should be a signed IRB consent form in the medical record. • **Need for additional PPE for suspected / confirmed infectious disease** Select this option when there is documentation in the patient medical record that treatment was delayed so that health care providers could obtain additional Personal Protection Equipment (PPE) because the patient had a confirmed or suspected infection **Not Acceptable Reasons for Delay in IV Lytic Therapy** • **Delay in stroke diagnosis** Example Patient presents with headache that has persisted for 1 hour and 45 minutes. The patient is seen by an ED physician who believes that the patient has a migraine. The patient is seen by a neurologist several hours later, and after further work-up, is determined to have an ischemic stroke. Medical record documentation by the neurologist states “patient was not a candidate for IV alteplase, as by the time he was diagnosed with an ischemic stroke, 8 hours had passed since he was last known to be well.” • **In-hospital time delay** If there is a delay in getting the CT done or read, or a delay in patient evaluation, and/or need for additional imaging (e.g., IV access)

Question	Definition
	• **Equipment-related** Examples of equipment-related delays include a telemedicine equipment issue, CAT Scan/MRI availability, or IV pump malfunction. • **Other** Providing "Other" will automatically be considered an unacceptable delay. A specific reason must be given why there was a delay.
ITEM 7 **Of the patients reported in #4c, how many arrived at your facility within 4.5 hours of last known well?**	Time last known well (LKW) – When the patient was last known to be in his/her usual state of health (without the signs and symptoms of the current stroke) or at his/her baseline state of health. The time last known well might be established by a telephone or in person conversation and should be the time closest to the time of discovery for which there is clear evidence that the patient was at their previous baseline. This is not the same as the time of symptom discovery unless the start of stroke symptoms is clearly witnessed. If the patient's "last known well" date or time cannot be determined, then LKW is considered to be unknown, and the patient should be excluded from this measure. If there is documentation of one or more symptomatic episodes of transient stroke symptoms **and** documentation of symptom resolution between episodes (e.g., patient returns to baseline), use the time of the most recent (last) episode prior to arrival, regardless of all symptoms resolving prior to arrival. If the most recent episode occurs after hospital arrival, the patient is considered to have an inpatient stroke and should be excluded from this measure. If time LKW is documented as a range of time prior to hospital or ED arrival (e.g., "2 - 3 hours ago"), assume the maximum time in that range (e.g., 3 hours). If multiple times LKW are documented, either because subsequent more accurate information became available or because of different levels of expertise in sorting out the actual LKW time, use the time recorded according to the following hierarchy: • neurologist • admitting physician • emergency department physician

Question	Definition
	• ED nursing notes • EMS
ITEM 8 **Of the patients reported in #7, document the contraindications/warnings or hospital – related reasons why Alteplase/TNK was not given** Contraindications/warnings must be mentioned in the context of IV thrombolytics and must be documented by a physician/APN/PA or pharmacist with three exceptions: patient/family refusal, NIHSS score of zero, and initiation of IV or IA thrombolytic at a transferring hospital. These three exceptions may be documented by a nurse. "Additional Warnings 3-4.5 hr." must be explicitly documented in the context of the 3-4.5-hour treatment window	**ACCEPTABLE REASONS** • **Active internal bleeding** Active internal bleeding (<22 days) • **Pt. refused** If there is documentation that the patient and/or family initially refused treatment with Alteplase/TNK for any reason other than a social/religious reason. If the physician documents that the patient declines IV alteplase in favor of catheter-based reperfusion or other investigational therapy, select "Pt./Family refused" • ***Too severe*** *– field retired June 2022. Use the "**Additional warnings for patients treated between 3 and 4.5hrs: NIHSS > 25"** category instead.* • **CT findings** ICH, SAH, or major infarct signs • **Hx of ICH, etc.** History of intracranial hemorrhage or brain aneurysm or vascular malformation or brain tumor • **Platelets PT INR Levels** Low count, Platelets < 100,000, PTT > 40 sec after heparin use, or PT > 15 or INR > 1.7, or use of NOAC. • **Surgery < 3mo** Recent intracranial or spinal surgery, head trauma, or stroke (<3 mo.) • **SBP, DBP (Hypertension requiring aggressive controls with IV medications)** Treatment with intravenous Alteplase/TNK was delayed because aggressive measures (such as continuous infusion or the use of two or more intravenous antihypertensive agents) were first needed to reduce BP to a treatable range.

Elevated blood pressure (systolic > 185 mm Hg or diastolic > 110 mm Hg) despite treatment

- **Suspicion SAH**

- ***Advanced age*** *– field retired June 2022. Use the "**Additional warnings for patients treated between 3 and 4.5hrs: Age > 80"** category instead.*

- **IV or IA thrombolysis/thrombectomy at an outside hospital prior to arrival**
  IV or IA Alteplase/TNK given or thrombectomy performed at another facility prior to arriving at your hospital.

- **Glucose levels**
  Glucose < 50 or > 400 mg/dL

- ***Patient returned to baseline*** *– field retired June 2022*
  Use the "Too mild (non-disabling)" category instead.

- **Hospital-related or other reasons: Delay in patient arrival**
  Patient arrives to facility > 4.5 hours from last known well

- **Additional warnings for patients treated between 3 and 4.5hrs: Age > 80**
  Include patients previously included in the "Advanced Age" category.

- **Additional warnings for patients treated between 3 and 4.5hrs: Prior Stroke and Diabetes**
  Include patients with a history of both diabetes and prior ischemic stroke.

- **Additional warnings for patients treated between 3 and 4.5hrs: Any prior anticoagulant**
  Include patients taking an oral anticoagulant regardless of INR.

- **Additional warnings for patients treated between 3 and 4.5hrs: NIHSS > 25**
  Select "Severe Stroke NIHSS >25" when the physician notes document "alteplase was withheld due to the severity of the stroke symptoms". Include patients previously listed in the "too severe" category.

  Note: Severe stroke is not an exclusion or relative exclusion to treatment at 0-3 hours of onset of symptoms.

- ***Additional warnings for patients treated between 3 and 4.5hrs: CT findings >1/3 MCA*** *– field retired June*

*2022. Use the "**CT Findings"** category instead.*

AREAS OF OPPORTUNITY

Recent experience suggests that under some circumstances- with careful consideration and weighting of risk to benefit- patients may receive fibrinolytic therapy despite 1 or more relative contraindications. Consider risk to benefit of IV alteplase administration carefully if any of these relative exclusion criteria are present:
Added from GWTG

- **Stroke severity too mild (non-disabling)**

  Select this category when there is minimal to no disability associated with the stroke symptoms (e.g., numbness, mild weakness, lack of gait impairment). Note that there is no lower limit to NIHSS score that prohibits the use of IV alteplase.

  If the physician documents "no IV alteplase due to low NIHSS or NIHSS = 3," then this would appropriately be categorized as stroke severity too mild.

  If documentation indicates an NIHSS score of zero, then this may be considered the equivalent of documentation that the stroke was too mild, and an explicit statement linking this as the reason for non-treatment is not required.

- **Pregnancy**
  Includes women who are currently pregnant, or within six weeks postpartum

- **Comorbid conditions / life expectancy < 1 year**
  Select when patients are not treated due to coexisting terminal cancer, advanced dementia, severe cardiopulmonary disease, or other conditions which severely limit quality of life or life expectancy.

- **Seizure at onset**
  Ischemic stroke patient has a history of seizures and is taking an anti-convulsant. Example: The family states that the patient had twitching of his arm before he became aphasic.

- ***Left heart thrombus*** *– field retired June 2022. This category is no longer considered a reason for not administering Alteplase/TNK.*

- ***Life expectancy < 1 yr.*** *– field retired June 2022. Use the "**Comorbid conditions"** category instead.*

	• **Surgery < 15 days** Major surgery or serious trauma within previous 14 days • **MI in previous 3 months** • **Care-team unable to determine eligibility** If the diagnosis of stroke was made but eligibility for Alteplase/TNK could not be established or verified by the clinician. e.g., time last known well unknown; lack of accurate medical history; timing of recent surgery cannot be definitively established, multiple TIAs that could make uncertain as to when the stroke actually started, would raise concerns about Alteplase/TNK eligibility. **NOT ACCEPTABLE REASONS** • **Rapid Improvement** • **Hospital-related or other reasons: Delay in stroke diagnosis** Example: Patient presents with headache that has persisted for 1 hour and 45 minutes. The patient is seen by an ED physician who believes that the patient has a migraine. The patient is seen by a neurologist several hours later, and after further work-up, is determined to have an ischemic stroke. Medical record documentation by the neurologist states "patient was not a candidate for IV alteplase, as by the time he was diagnosed with an ischemic stroke, 8 hours had passed since he was last known to be well." • **Hospital-related or other reasons: In-hospital time delay** If there is a delay in getting the CT done or read, or a delay in patient evaluation, and/or need for additional Imaging • **Hospital-related or other reasons: No IV access** Unable to establish IV access. • **Hospital-related or other reasons: Other** Only use the "Other" field if there is no reason specified that can be accurately captured by the listed choices under Contraindications and Warnings.

ITEM 9 **Of the patients transferred from your facility to another acute care facility for higher level of care, how many were:**	This measure includes: • Patients who were transferred before being admitted to your facility. • Patents who were admitted to your facility and then discharged to another acute care hospital. **(9a) Ischemic strokes** **(9b) Subarachnoid hemorrhages** **(9c) Intracerebral hemorrhages**
ITEM 10 **Of the patients reported in #4a, how many were transferred to another acute care facility AFTER receiving Alteplase/TNK at your facility?**	This measure includes the following: • Patients that arrived at the reporting facility's emergency department with signs and symptoms of stroke (no in-house stroke patients.) • Drip-and-ship patients (those who received Alteplase/TNK at your facility but were never actually admitted as an inpatient). Exclude the following: • Patients who were admitted to your facility, received Alteplase/TNK, and then were discharged to another acute care hospital.
ITEM 11 **Of the patients transferred from your facility to another acute care facility, how many patients had door-in and door-out times:**	Door-out time is the time the patient has been discharged from your facility (not EMS hand-off time.) Door-In Door-Out (DIDO) time is for all ischemic strokes, subarachnoid hemorrhages, and intracerebral hemorrhages. This is the time it takes for a patient to leave your facility, once they initially enter, to another acute care facility for a higher level of care. **(11a) ≤ 120 minutes** **(11b) > 120 minutes. Of these patients, what were the reasons for the delays?**

	(11c) Unknown
ITEM 12 **Of the patients reported in #1a, 1b, 1c and 1d, how did the patients arrive at your facility?**	The total patients recorded in #12 must equal the total patients reported in #1, which includes stroke patients with a final clinical diagnosis of "TIA". **(12a) Number arriving via EMS from home/scene** Patients brought to your hospital from home/scene by EMS, whether by ground EMS or Air EMS. Private ambulance transport would be included in this EMS category. Patients brought by EMS from an Urgent Care Facility, or private physician office are also included in this category. **(12b) Number arriving via Mobile Stroke Unit (MSU)** Patients were brought to your hospital from home/scene by MSU. A Mobile Stroke Unit is a transport unit capable of diagnosing and treating acute strokes in the field. It contains highly specialized staff, imaging capabilities (CT scanner), mobile lab and the ability to administer IV alteplase. **(12c) Number arriving via private transportation/taxi/other from home/scene** Patients arriving from home/scene via cab, bus, car, walk-in, Uber/Lyft etc. **(12d) Number arriving via transfer from another hospital** Patients are transferred from another hospital or satellite/free-standing ED. **(12e) Number with arrival mode not documented or unknown** The medical record or the EMS run sheet does not specify how patient arrived at your hospital.
ITEM 13 **Of the patients reported in #12a, what stroke severity scale was used?**	Indicate the stroke severity scale used by EMS personnel as indicated on the EMS run sheet. The total number of patients recorded for #13 must equal the total recorded in #12a. **(13a) RACE –** Rapid Arterial Occlusion Evaluation **(13b) LAMS –** Los Angeles Motor Scale **(13c) CSTAT –** Cincinnati Prehospital Stroke Scale. CPSSS is included in this category.

	(13d) VAN – Vision, Aphasia, and Neglect **(13e) FAST ED –** Field Assessment Stroke Triage for Emergency Destination **(13f) MPSS –** Maria Prehospital Stroke Scale **(13g) Unknown –** Select this category when it is known that a prehospital stroke severity scale was used but the type is unknown. **(13h) No stroke scale used –** use this category if it is known that no prehospital stroke severity scale was used for the patient. **(13i) Not documented –** Select this category if there is no documentation of a prehospital stroke severity scale being used. Also select this category if no run sheet is available and it is not known if a stroke severity scale was used for the patient. **(13j) Other –** If the type of severity scale used is not listed in the choices above, record the patient in this category and indicate the scale used in the text box.
ITEM 14 **Based on the prehospital stroke severity scale used, was the patient's score LVO positive?**	Indicate the number of patients that were documented by EMS to be LVO positive and LVO negative based on the use of a prehospital severity scale. If no scale was used or if it is unknown if EMS determined the patient was LVO positive or negative, select "N/A". The total patients recorded in #14 must equal the total number of patients recorded in #13. **(14a) Yes** **(14b) No** **(14c) N/A (unknown or no scale used)**
ITEM 15 **How many patients were transferred to your hospital for the following:**	Indicate the primary reason a patient was transferred to your facility.

	The total patients recorded in #15 must be equal to the total patients recorded #12d **(15a) Evaluation for IV alteplase up to 4.5 hours** Patient transferred to your hospital within 4.5 hours of time last known well and patient has not received IV thrombolytics (alteplase or tenecteplase). **(15b) Post management of IV alteplase (e.g., Drip and Ship)** Patient received IV thrombolytics (alteplase or tenecteplase) at the referring (initial) hospital and was transferred to a higher-level facility (your hospital) for acute therapy. **(15c) Evaluation for endovascular thrombectomy** Patient was evaluated for EVT, but referring hospital did not have the means to carry out the procedure. **(15d) Advanced stroke care (e.g., neurocritical care, surgical or other time critical therapy)** Reasons may include the following: severe deficits, large-volume infarcts with the potential for significant cerebral edema, significant comorbidities, blood pressure that is difficult to control, or prior to intravenous and intra-arterial recanalization interventions. **(15e) Patient/family request** Transfer of patient per family/patient request. Includes administrative reason, such as insurance coverage/no coverage **(15f) Other advanced care (not stroke related)** Management of an emergent condition that is not stroke related (e.g., trauma). **(15g) Not documented** Reason for transferring is not documented in the patient's medical record and/or reason for transfer is unknown.
ITEM 16 **Of the patients reported in #15, was CT or other brain/vascular imaging performed prior to transferring the patient to your facility?**	For stroke patients transferred to your facility, indicate if brain/vascular imaging was performed. The total patients recorded in #16 must equal the total patients recorded in #15. (Note: this information may not be available in GWTG®-Stroke if your facility is not performing thrombectomies.)

	(16a) Yes **(16b) No**
ITEM 17 **Of the patients reported in #16a, which imaging tests were performed?**	The total patients recorded in #17 must equal the total patients recorded in #16a. If multiple imaging selected, please select one image type for the patient. **(17a) CT** – non-contrast computed tomography **(17b) CTA** – computed tomography angiography **(17c) CT perfusion** – computed tomography perfusion **(17d) MRI** – magnetic resonance imaging **(17e) MRA** – magnetic resonance angiography **(17f) MR perfusion** – magnetic resonance with perfusion **(17g) Image type not documented** – use this option for patients where it is known they received imaging prior to transfer but the image type is not recorded.
ITEM 18 - No data currently.	No data currently. Saving for future use.
ITEM 19 **How many ischemic stroke patients received a thrombectomy at your facility?**	Indicate the total number of patients where a mechanical endovascular reperfusion procedure was attempted during the episode of care at your facility. Mechanical endovascular reperfusion procedures include the use mechanical clot disruption or retrieval and intracranial angioplasty. Patients should receive endovascular therapy with a stent retriever if they meet all the following criteria (Class I; Level of Evidence A):

	a. Pre-stroke mRS score 0 to 1, b. Acute ischemic stroke receiving IV alteplase within 4.5 hours of onset according to the guidelines from professional medical societies, c. Causative occlusion of the ICA or proximal MCA (M1), d. Age ≥18 years, e. NIHSS score of ≥6, f. ASPECTS of ≥6, g. Treatment can be initiated (groin puncture) within 6 hours of symptom onset **(19a) Yes** Include patients taken to the procedure suite with the intent of performing endovascular thrombectomy and at minimum arterial puncture was performed. **(19b) No** Included patients taken to the procedure suite, but did not proceed with endovascular thrombectomy (e.g., improvement in patient condition or clot dissolved, thus procedure aborted). Also include patients taken to the procedure suite and at minimum no arterial puncture was made.
ITEM 20 **Of the patients reported in #19a, how many arrived via:**	For the patients that received a thrombectomy at your facility, indicate the method of arrival for the patient. The total patients recorded in #20 must equal the total reported in #19a. **(20a) EMS from home/scene** Patients brought to your hospital from home/scene by EMS, whether by ground EMS or Air EMS. Private ambulance transport would be included in this EMS category. Patients brought by EMS from an Urgent Care Facility, or private physician office are also included in this category. **(20b) Mobile Stroke Unit** Patients were brought to your hospital from home/scene by MSU. A Mobile Stroke Unit is a transport unit capable of diagnosing and treating acute strokes in the field. It contains highly specialized staff, imaging capabilities (CT scanner), mobile lab and the ability to administer IV alteplase. **(20c) private transportation/taxi/other from home/scene** Patients arriving from home/scene via cab, bus, car, walk-in, Uber/Lyft etc. **(20d) transfer from another hospital**

	Patients are transferred from another hospital or satellite/free-standing ED. **(20e) arrival mode not documented or unknown** The medical record or the EMS run sheet does not specify how patient arrived at your hospital.
ITEM 21 **Of the patients reported in #20a, how many had door-to-puncture times:**	Door-to-puncture time is calculated as: [date/time of skin puncture to access the arterial site selected for endovascular treatment of a cerebral artery occlusion] ***minus*** [arrival date/time at your facility] If multiple skin puncture times are documented for the same endovascular procedure, then select the earliest time. Total patients recorded in #21 must be equal to total patients recorded in #20a. (21a) ≤ 90 minutes – include patients with D2P times less than or equal to 90 minutes. (21b) > 90 minutes – include patients with D2P times greater than 90 minutes and if puncture time is not documented or unable to determine.
ITEM 22 **Of the patients reported in #20c, how many had door-to-puncture times:**	Door-to-puncture time is calculated as: [date/time of skin puncture to access the arterial site selected for endovascular treatment of a cerebral artery occlusion] ***minus*** [arrival date/time at your facility] If multiple skin puncture times are documented for the same endovascular procedure, then select the earliest time. Total patients recorded in #22 must be equal to total patients recorded in #20c. (22a) ≤ 90 minutes – include patients with D2P times less than or equal to 90 minutes. (22b) > 90 minutes – include patients with D2P times greater than 90 minutes and if puncture time is not documented or unable to determine.

ITEM 23 **Of the patients reported in #20d, how many had door-to-puncture times:**	Door-to-puncture time is calculated as: [date/time of skin puncture to access the arterial site selected for endovascular treatment of a cerebral artery occlusion] ***minus*** [arrival date/time at your facility] If multiple skin puncture times are documented for the same endovascular procedure, then select the earliest time. Total patients recorded in #23 must be equal to total patients recorded in #20d. (23a) ≤ 90 minutes – include patients with D2P times less than or equal to 90 minutes. (23b) > 90 minutes – include patients with D2P times greater than 90 minutes and if puncture time is not documented or unable to determine.
ITEM 24 **Of the patients reported in #19b, document the reasons why a thrombectomy was not performed:**	For the patients indicated as not having received a thrombectomy, indicate the number of patients with reasons based on the list below. The reasons listed below are not intended to supersede physician judgment but serve as a guideline to abstractors for acceptable reasons why MER was not initiated. As always, the physician must exercise due caution in providing treatment, given the risks and benefits to the individual patient and the available information at the time of treatment decision. Documentation in the medical record must be by a physician/ANP/PA. Inferences for the following three reasons can be made for not initialing endovascular therapy: o No evidence of proximal occlusion o NIHSS < 6) o Brain imaging not favorable/hemorrhage transformation (ASPECTS score < 6) All other reasons require documentation by a physician/APN/PA. The total patients recorded in #24 must equal the total patients recorded in #19b.

	(24a) Significant pre-stroke disability (pre-stroke mRS > 1) **(24b) No evidence of proximal occlusion** **(24c) NIHSS < 6** **(24d) Brain imaging not favorable/hemorrhage transformation (ASPECTS score < 6)** **(24e) Groin puncture could not be initiated within 6 hours of symptom onset** **(24f) Anatomical reason – unfavorable vascular anatomy that limits access to the occluded artery** **(24g) Patient/family refusal** **(24h) MER performed at outside hospital** **(24h) Allergy to contrast material** **(24i) Equipment related delay** **(24j) No endovascular specialist available** **(24k) Delay in stroke diagnosis** **(24l) Vascular imaging not performed** **(24m) Advanced age – field retired June 2022** **(24n) Other** **(24o) Not Documented**
<u>ITEM 25</u> **Of the total stroke patients shown in #1, how many had a discharge disposition of:**	Indicate the number of patients with the discharge dispositions listed below. Only use documentation written on the day prior to discharge through 30 days after discharge when

	abstracting this data element. The medical record must be abstracted as documented (taken at "face value"). Inferences should not be made based on internal knowledge. If there is documentation that further clarifies the level of care, that documentation should be used to determine the correct value to abstract. If documentation is contradictory, use the latest documentation. If documentation is contradictory, and you are unable to determine the latest documentation, select the disposition ranked highest (top to bottom) in the following list. o Acute Care Facility o Hospice - Health Care Facility o Hospice - Home o Other Health Care Facility o Home Hospice includes discharges with hospice referrals and evaluations. If the medical record states only that the patient is being discharged to another hospital and does not reflect the level of care that the patient will be receiving, select "Acute Care Facility". If the patient is being discharged to assisted living care or an assisted living facility (ALF) that is located within a skilled nursing facility, and documentation in the medical record also includes nursing home, intermediate care or skilled nursing facility select "Home". If the medical record states the patient is being discharged to nursing home, intermediate care or skilled nursing facility without mention of assisted living care or assisted living facility (ALF), select "Other Health Care Facility". If the medical record identifies the facility the patient is being discharged to by name only (e.g., "Park Meadows"), and does not reflect the type of facility or level of care, select "Other Health Care Facility". If the medical record states only that the patient is being "discharged" and does not address the place or setting to which the patient was discharged, select "Home". The total patients recorded for #25 must equal the total patients recorded for #1, including those with a final clinical diagnosis of "TIA".

	(25a) Home o Assisted Living Facilities (ALFs) - Includes ALFs and assisted living care at nursing home, intermediate care, and skilled nursing facilities o Court/Law Enforcement - includes detention facilities, jails, and prison o Home - includes board and care, foster or residential care, group or personal care homes, retirement communities, and homeless shelters o Home with Home Health Services o Outpatient Services including outpatient procedures at another hospital, Outpatient Chemical Dependency Programs and Partial Hospitalization **(25b) Hospice – Home** o Hospice in the home (or other "Home" setting as above) **(25c) Hospice – Health Care Facility** o Hospice – General Inpatient and Respite o Hospice – Residential and Skilled Facilities o Hospice – Other Health Care Facilities **(25d) Acute Care Facility** o Acute Short Term General and Critical Access Hospitals o Cancer and Children's Hospitals o Department of Defense and Veteran's Administration Hospitals **(25e) Other Health Care Facility** o Extended or Intermediate Care Facility (ECF/ICF) o Long Term Acute Care Hospital (LTACH) o Nursing Home or Facility including Veteran's Administration Nursing Facility o Psychiatric Hospital or Psychiatric Unit of a Hospital o Rehabilitation Facility including, but not limited to: Inpatient Rehabilitation Facility/ Hospital, Rehabilitation Unit of a Hospital, Chemical Dependency/ Alcohol Rehabilitation Facility o Skilled Nursing Facility (SNF), Sub-Acute Care or Swing Bed o Transitional Care Unit (TCU) o Veterans Home **(25f) Expired**

	(25g) Left Against Medical Advice/AMA When determining whether to select "Left Against Medical Advice/AMA": o Explicit "left against medical advice" documentation is not required. E.g., "Patient is refusing to stay for continued care" – "Left Against Medical Advice/AMA". o Documentation suggesting that the patient left before discharge instructions could be given does not count. o A signed AMA form is not required, for the purposes of this data element. o Do not consider AMA documentation and other disposition documentation as "contradictory". If any source states the patient left against medical advice, select "Left Against Medical Advice/AMA", regardless of whether the AMA documentation was written last. E.g., AMA form signed and discharge instruction sheet states "Discharged home with belongings" – select "Left Against Medical Advice/AMA". **(25h) Not documented or Unable to Determine (UTD)**
ITEM 26 **If patient was discharged to Other Healthcare Facility how many were discharged to:**	If patient had a discharge disposition recorded as "other healthcare facility" (#25e), indicate the type of facility from the selections below. The total patients reported in #26 must equal the total reported in #25e. **(26a) Skilled Nursing Facility (SNF)** This category includes patients discharged to: o Skilled nursing facility (SNF) o SNF rehabilitation unit (a unit within the SNF) o Sub-Acute Care o Transitional Care Unit (TCU) o Swing Bed (patients discharged/ transferred to a SNF level of care within the hospital's approved swing bed arrangement) o Skilled nursing facility with hospice referral only (has not accepted hospice care by a hospice organization) **(26b) Inpatient Rehabilitation Facility (IRF)** Include patients discharged or transferred to an inpatient rehabilitation facility (IRF) including rehabilitation distinct part units of a hospital. **(26c) Long Term Care Hospital (LTCH)**

	Include patients discharged or transferred to a Medicare certified long term care hospital (LTCH or LTACH) or a nursing facility certified under Medicaid but not certified under Medicare. LTCH Usage Note: For hospitals that meet the Medicare criteria for LTCH certification. A long-term care hospital or long-term care facilities provide acute inpatient care with an average length of stay greater than 25 days. **(26d) Intermediate Care Facility (ICF)** This category includes patients discharged to: o ECF (Extended Care Facility) o ICF (Intermediate Care Facility) o Nursing Home o Nursing facility for non-skilled/custodial/residential level of care o Veteran's Administration Nursing Facility o Nursing facility with neither Medicare nor Medicaid certification o Nursing facility with hospice referral only (has not accepted hospice care by a hospice organization) **(26e) Other** Include patients discharged or transferred to a Psychiatric Hospital or Psychiatric Unit of a Hospital.