

Time Critical Diagnosis Stroke Center Registry Data Elements

The following data elements shall be entered into the stroke registry by Level I, II, III and IV stroke centers pursuant to 19 CSR 30-40.730. On pages two (2) through four (4), the bullet symbol is inserted into the columns (Levels I, II, III and IV) for the stroke centers that are required to enter that specific patient related data.

Level I and II Stroke Centers	Level III and IV Stroke Centers
Demographics	
First, middle and last name	First, middle and last name
Date of Birth	Date of Birth
Social Security Number	Social Security Number
Social Security Number Not Available	Social Security Number Not Available
Patient Zip Code	Patient Zip Code
Zip Code Not Available	Zip Code Not Available
Race	Race
Hispanic or Latino Ethnicity	Hispanic or Latino Ethnicity
Gender	Gender
Admission	
Level of Stroke Center for First Facility	Level of Stroke Center for First Facility
Symptom Onset Date/Time	Symptom Onset Date/Time
Symptom Time Estimated	Symptom Time Estimated
First Medical Contact Date and Time	First Medical Contact Date and Time
First Medical Contact Estimated	First Medical Contact Estimated
Means of Transport to First Facility	Means of Transport to First Facility
Date and Time of Arrival at First Facility	Date and Time of Arrival at First Facility
Admit Diagnosis	Admit Diagnosis
International Classification of Diseases, Ninth Revision (ICD-9) Principal Diagnosis	International Classification of Diseases (ICD-9) Principal Diagnosis
Discharge Diagnosis	Discharge Diagnosis
International Classification of Diseases, Ninth Revision (ICD-9) Other Diagnosis	International Classification of Disease, Ninth Revision (ICD-9) Other Diagnosis
Destination /Transferred To	Destination /Transferred To
Stroke Center Level	
Patient Arrival Date/Time at a Level I or II Stroke Center	Patient Arrival Date/Time at a Level III or IV Stroke Center
Patient Received From	
Patient Transferred from Outside Facility Date/Time	
Emergency Medical Service (EMS) Service	
Estimated Transfer Time of Patient	
	Missouri State Designation for each facility Participating in the patient's care Level I Stroke Center Level II Stroke Center Level III Stroke Center Level IV Stroke Center Non-participating Center

Patient Specific Stroke Elements to Measure	I	II	III	IV
1. Documented Initial National Institutes of Health Stroke Scale (NIHSS) score within one (1) hour of hospital arrival	•			
2. Ischemic stroke	•	•	•	•
3. Hemorrhagic stroke	•	•	•	•
4. 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	•			
5. If an ischemic stroke, was intravenous (IV) thrombolytic given	•			
6. If an ischemic stroke, was Intra-arterial (IA) pharmacologic thrombolytic given	•			
7. If an ischemic stroke, was endovascular recanalization procedure done	•			
8. Severity score documented for Subarachnoid Hemorrhage Stroke and Intracranial Hemorrhage Stroke within one (1) hour of hospital arrival	•			
9. Subarachnoid Hemorrhage Stroke	•			
10. Intracranial Hemorrhage Stroke	•			
11. 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.	•			
12. If Intracranial Hemorrhage stroke, was Intracranial Hemorrhage Stroke (INR) greater than (>) four (4)	•			
13. 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	•			
14. Ruptured Aneurysmal Subarachnoid Hemorrhage	•			
15. If ruptured aneurysmal Subarachnoid Hemorrhage, was nimodipine treatment within twenty-four (24) hours of arrival at hospital	•			
16. Stroke or death within seven (7) days or discharge (if earlier) of comprehensive stroke procedure	•			
17. Selected comprehensive stroke procedure done	•			
18. 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	•	•	•	•
19. If ischemic stroke, antithrombotic therapy prescribed at discharge	•	•	•	•
20. If ischemic stroke with atrial fibrillation/flutter, anticoagulation therapy prescribed at discharge	•	•	•	•
21. Ischemic stroke with documented atrial fibrillation/flutter	•	•	•	•
22. 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	•	•	•	•
23. 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	•	•	•	•

24. If ischemic stroke, antithrombotic therapy given by end of hospital day two (2)	•	•	•	•
25. If ischemic stroke, is Low-density Lipoprotein (LDL) greater than (>) or equal to (=) one hundred (100) mg/dL	•	•	•	•
26. If ischemic stroke, on lipid-lowering medication prior to hospitalization	•	•	•	•
27. If ischemic stroke patient, Low-density Lipoprotein (LDL) not measured	•	•	•	•
28. If ischemic stroke patient, prescribed statin medication therapy at discharge	•	•	•	•
29. If ischemic or hemorrhagic stroke, discharged to home, homecare, or court/law enforcement	•	•	•	•
30. 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	•	•	•	•
31. If ischemic or hemorrhagic stroke, assessed for or received rehabilitative services	•	•	•	•
32. 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	•	•	•	
33. 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	•	•	•	
34. If inter-hospital stroke patient transfer, was the patient admitted	•	•		
35. Did the patient come following a request for transfer from an outside facility	•	•		
36. 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				•
37. If ischemic stroke, is the patient eligible for thrombolytic	•	•	•	
38. If suspected stroke, arrival at hospital within two (2) hours of time last known well.				•
39. If ischemic stroke patient, did they present within the treatment window	•	•	•	
40. If eligible ischemic stroke patient, were they treated with thrombolytics	•	•	•	
41. Door to needle time	•	•	•	
42. 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		•	•	•
43. 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		•	•	•
44. If patient came following a request for transfer, time from sending hospital's first request for transfer to time receiving hospital provided notification to initiate transfer	•	•		
45. Time from arrival to femoral artery puncture for intra-arterial (IA) thrombolytic infusion and mechanical recanalization therapy	•			

