

DATA COLLECTION AND DATA REPORTING TOOLS STROKE

Introduction

These tools have been developed as one option for collecting and reporting DSC stroke measure data. Your organization may choose to design manual data collection and reporting tools of your own or develop an electronic format for data collection and data reporting. These data tools have been created with the following objectives:

- Minimize unnecessary entries;
- Expedite and streamline the data collection process; and
- Facilitate data aggregation for measure rate calculations and report submission.

The data elements included in these tools could be added to an existing data collection tool or program within your organization or your organization may wish to add other data elements to these forms with a goal of avoiding duplicative or multiple data abstraction activities. Combining data collection efforts may support additional performance improvement initiatives as well.

Guide to Use

- 1) Always complete the report period information. This is critical since a single patient/participant might be included in multiple report periods.
- 2) Always complete questions 1-12. These data elements capture fundamental population inclusion criteria and will avoid the collection of data for patients who are not eligible for any measure populations.
- 3) Always complete one data collection tool per patient case.
- 4) Aggregate Category D and Category E responses from each ***Data Collection Tool*** and complete the ***Data Reporting Tool*** to calculate rates.
- 5) **It is very important that the data definitions and abstraction guidelines included in the Data Element Dictionary (Section 5) of the *Stroke Performance Measurement Implementation Guide* be used when abstracting data for these measures.**

Refer to Section 5 of the ***Stroke Performance Measurement Implementation Guide*** for detailed data element definitions and abstraction guidelines.

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)

Refer to Section 5 of the **Stroke Performance Measurement Implementation Guide** for detailed data element definitions and abstraction guidelines.

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)