

**STROKE
CORE MEASURE SET
SELECTION FORM**

HCO ID#
HCO NAME
ADDRESS
CITY, STATE, ZIP

Fax Completed Forms to (630) 792-4599
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MEASUREMENT SYSTEM SELECTED

MEASUREMENT SYSTEM NAME	SYSTEM ID#	DATA COLLECTION START DATE
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*Data **MUST** be collected on **EACH MEASURE** and submitted to *The Joint Commission* ..*

16000	STK-1	Stroke Patients with Deep Vein Thrombosis (DVT) Prophylaxis
16001	STK-2	Discharged on Antithrombotic Therapy
16002	STK-3	Anticoagulation Therapy for Atrial Fibrillation/Flutter
16003	STK-4	Thrombotic Therapy
16004	STK-5	Antithrombotic Therapy by End of Hospital Day Two
16005	STK-6	Discharged on Statin Medications
16007	STK-8	Stroke Education
16009	STK-10	Assessed for Rehabilitation

Joint Commission policy requires that your organization provide written confirmation of the performance measurement system(s) and performance measures your organization has selected to meet performance measurement requirements for accreditation.

Primary Contact

Phone

Date

Chief Executive Officer

Signature

Date