

Data Dictionary/Coding Instructions -

Suggested Sources

Admission Data may include:

- Admission sheet
- Physician documentation (including Admitting physician notes, consultation notes, ED physician notes, Physician's hospital admission, transfer, or ED discharge notes, progress notes)
- ED documentation (including ED nurse notes, ED order sets or pathway documentation, ED physician notes, ED record, ED triage sheet, Registration form, ED vital signs graphical record)
- Inpatient documentation (including physician notes, history and physical, medication documentation, nurse progress notes, nursing admission assessment note, physical or occupational therapy consultation or progress notes, speech pathology consultation or progress notes, diet or nutrition services consultation or progress notes)

Hospitalization Data may include:

- Physician documentation (including Acute physician or nursing notes, Acute Stroke Pathway documentation, Consultation progress notes, Diagnostic report, Physician progress notes, Progress notes)
- Inpatient documentation (including physician notes, history and physical, medication documentation, nurse progress notes, nursing admission assessment note, physical or occupational therapy consultation or progress notes, speech pathology consultation or progress notes, diet or nutrition services consultation or progress notes)
- Medication Results (including Medication order sheets, Medication ordering system in the computer)
- Operating Room, Pre-Op, Post-Op documentation
- Orders (including Physician order sheets, Printed or Electronic order sheets, rt-PA Protocol Sheets)
- Lab Results
- Social services notes

Discharge Data may include:

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|------------------------------------|---|
| • Care plans | • Nursing discharge notes |
| • Clinical logs | • Physician summary |
| • Clinician encounter sheets | • Referral notes |
| • Consultant reports | • Teaching sheets |
| • Discharge face sheet | • Transfer note |
| • Discharge form | • Transfer record |
| • Discharge instruction sheet | • Physical or occupational therapy consultation or progress notes |
| • Discharge orders | • Diet or nutrition services consultation or progress notes |
| • Discharge summary | |
| • Flow sheets | |
| • Multidisciplinary progress notes | |

Admission Date

Definition: The month, day, and year of admission to acute inpatient care.

Question: What is the date the patient was admitted to acute inpatient care?

Allowable Values:

- MM = Month (01-12)
- DD = Day (01-31)
- YYYY = Year (20XX)

Age

Definition: Indicate the patient's age (in years) by calculating the following: Admission Date minus Birthdate.

Question: What is the patient's age?

Allowable Values:

- Numerical Value

Arrival Date/Time

Definition: The earliest documented month, day, year and time the patient arrived at the hospital.

Question: What was the earliest documented date and time the patient arrived at the hospital?

Allowable Values:

- Date: MM/DD/YYYY
 - MM = Month (01-12)
 - DD = Day (01-31)
 - YYYY = Year (2012 – Current Year)
- Time: 24 Hour Clock (Military Time)
 - HH = Hour (00-23)
 - MM = Minutes (00-59)
- Unknown

Date/Time IV Thrombolytic Initiated (At this Hospital or ED)

Definition: The month, date, year, and time that IV thrombolytic was initiated to a patient with ischemic stroke at this hospital.

Question: What is the date and time that IV thrombolytic was initiated for this patient at this hospital?

Allowable Values:

- Date: MM/DD/YYYY
 - MM = Month (01-12)
 - DD = Day (01-31)
 - YYYY = Year (2012 – Current Year)
- Time: 24 Hour Clock (Military Time)
 - HH = Hour (00-23)
 - MM = Minutes (00-59)
- Unknown

Discharge Date/Time

Definition: Record the month, day, year, and time the patient was discharged from your hospital, pronounced brain dead, expired, left against medical advice, or transferred to a location outside of your hospital.

Question: What is the discharge date and time?

Allowable Values:

- Date: MM/DD/YYYY
 - MM = Month (01-12)

- DD = Day (01-31)
- YYYY = Year (20XX)
- Time: 24 Hour Clock (Military Time)
 - HH = Hour (00-23)
 - MM = Minutes (00-59)

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)?

Definition: Documentation 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)

Question: 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)?

Allowable Values:

- Yes
- No

Eligibility or Medical Reasons IV Thrombolytic was Initiated Greater than 60, 45, or 30 Minutes After Arrival

Definition: Documentation of medical or eligibility reasons causing the delay in IV thrombolytic administration.

Question: If IV thrombolytic was initiated greater than 60, 45, or 30 minutes after arrival, were eligibility or medical reasons documented?

Allowable Values:

- Yes
- No

Final Clinical Diagnosis Related to Stroke

Definition: This field is used to define patient populations in the GWTG-Stroke Measures and is the stroke or TIA diagnosis documented by a physician following and evaluation of the patient. The *Final Clinical Diagnosis Related to Stroke* (Stroke or TIA diagnosis) may be a principal or secondary diagnosis assigned at discharge.

Question: What is the final clinical diagnosis related to stroke?

Allowable Values:

- Ischemic Stroke
- Transient Ischemic Attack
- Subarachnoid Hemorrhage
- Intracerebral Hemorrhage
- Stroke Not Otherwise Specified
- No Stroke Related Diagnosis
- Elective Carotid Intervention Only
- Elective Aneurysm Repair

How patient arrived at your hospital

Definition: Recording the method of transfer (private vehicle, ground or air ambulance), distance traveled, and duration of transfer is useful for determining patient and system costs. For this element, indicate the type of transport used to bring the patient to your facility.

Question: How did the patient arrive at your hospital for treatment of their stroke?

Allowable Values:

- EMS from Home/ Scene
- Mobile Stroke Unit

- Private Transportation/ Taxi/ Other from Home/ Scene
- Transfer from Other Hospital
- ND or Unknown

IV Thrombolytic Administered at Outside Hospital or Mobile Stroke Unit

Definition: Documentation of prior IV thrombolytic administration at an outside hospital prior to transfer or in a mobile stroke unit.

Question: Indicate if IV thrombolytic was initiated at an outside hospital

Allowable Values:

- Yes
- No

IV Thrombolytic Initiated at this Hospital

Definition: Intravenous (IV) thrombolytic was initiated at this hospital.

Question: Is there documentation that IV thrombolytic was initiated at this hospital?

Allowable Values:

- Yes
- No

Patient location when stroke symptoms discovered:

Definition: Indicate the type of facility or setting from which the patient came from when stroke like symptoms were discovered

Question: Where was the patient when stroke was detected or when symptoms were discovered?

Allowable Values:

- Not in a Healthcare Setting
- Another Acute Care Facility
- Chronic Healthcare Facility
- Outpatient Healthcare Setting
- Stroke Occurred After Hospital Arrival (in ED/Obs/Inpatient)
- ND or Cannot be Determined

Specific Eligibility or Medical Reasons Documented for Delay of IV Thrombolytic Administration

Definition: Documentation of the specific eligibility or medical reason for delay in IV thrombolytic administration.

Question: If IV Alteplase was initiated greater than 60, 45, or 30 minutes after arrival, were eligibility or medical reasons documented?

Allowable Values:

- Eligibility:
 - Social/ Religious
 - Initial Refusal
 - Care-Team Unable to Determine Eligibility
 - Specify eligibility reason: _____
- Medical Reasons:
 - Hypertension requiring Aggressive control with IV medications
 - Further diagnostic evaluation to confirm stroke for patients with hypoglycemia (blood glucose < 50), seizures, or major metabolic disorders Management of concomitant emergent/acute conditions such as cardiopulmonary arrest, respiratory failure (requiring intubation)
 - Investigational or experimental protocol for thrombolysis
 - Need for additional PPE for suspected/ confirmed infectious disease.
 - Specify medical reason: _____

When was the patient last known to be well?

Definition: The date and time at which the patient was last known to be without the signs and symptoms of the current stroke or at his or her prior baseline.

Question: What was the date and time patient was last known to be well?

Allowable Values:

- Date: MM/DD/YYYY
 - MM = Month (01-12)
 - DD = Day (01-31)
 - YYYY = Year (2012 – Current Year)
- Time: 24 Hour Clock (Military Time)
 - HH = Hour (00-23)
 - MM = Minutes (00-59)
- Unknown

Characteristics of Patients with Ischemic Stroke who could be treated with rtPA in the 0-3-hour time window

- Diagnosis of ischemic stroke causing measurable neurological deficit
- The neurological signs should not be clearing spontaneously.
- The neurological signs should not be minor and isolated.
- Caution should be exercised in treating a patient with major deficits.
- The symptoms of stroke should not be suggestive of subarachnoid hemorrhage.
- Onset of symptoms <3 hours before beginning treatment
- No head trauma or prior stroke in previous 3 months
- No myocardial infarction in the previous 3 months
- No gastrointestinal or urinary tract hemorrhage in previous 21 days
- No major surgery in the previous 14 days
- No arterial puncture at a non-compressible site in the previous 7 days
- No history of previous intracranial hemorrhage
- Blood pressure not elevated (systolic <185 mm Hg and diastolic <110 mm Hg)
- No evidence of active bleeding or acute trauma (fracture) on examination
- Not taking an oral anticoagulant or, if anticoagulant being taken, INR ≤ 1.7
- If receiving heparin in previous 48 hours, aPTT must be in normal range.
- Platelet count ≥ 100 000/mm³
- Blood glucose concentration ≥ 50 mg/dL (2.7 mmol/L)
- No seizure with postictal residual neurological impairments
- CT does not show a multilobar infarction (hypodensity >1/3 cerebral hemisphere).
- The patient or family members understand the potential risks and benefits from treatment.
- INR indicates international normalized ratio; aPTT, activated partial thromboplastin