



**Get with the Guidelines® - Stroke PMT**  
**Abstraction Guidelines for Arkansas Form Group**  
**Updated November 2019**

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**General Information:**

The Arkansas data elements below will only appear for your hospital if you have the “Arkansas” form group enabled. Otherwise, the fields below will not display.

To check if the form group is enabled for your hospital, look for “**Active Element Groups.**” This header displays at the top of all patient records.



Figure 1: PMT - Top of Patient Record displays the form group enabled for the site

**Stroke Band ID**  
**Required Field**

**Definition:** Unique number included on blue patient band and input for all stroke patients confirmed by the hospital.

**Data Collection Question:** What is the Stroke Band Identification Number (ID) associated with the patient?

**Format:**

- Alpha-numeric field

**Allowable values:**

- “Stroke Band ID” starts with letter “S” followed by 6 digits (0-9) for a total of 7 characters.
- Not Documented (ND)

**Notes for Abstraction:**

- Blue stroke bands are provided by the Arkansas Department of Health to all EMS services and hospitals. These bands are NOT to be shared with any hospital or EMS service other than the intended recipient.
- EMS are to apply these bands to all suspected stroke patients, regardless if the hospital later confirms the diagnosis is not stroke.
- If the band was not applied by EMS and the hospital confirms the patient has had a stroke, hospital staff are to ensure a band is applied.
- If patient arrives via private vehicle and a stroke case is confirmed, hospital staff are to apply the band to the patient. If EMS suspects stroke and applies the band but the hospital confirms it was not a stroke, the band is removed. The ID on the band (an 'S' followed by a six-digit number) for all confirmed stroke patients is to be input to the "Stroke Band ID" data field.
- Stroke band IDs need to be recorded for all confirmed stroke patients. In the event the documentation for the band ID cannot be located, "not documented" should be checked.

**Examples:**

- *Example A:* Patient arrives via EMS to emergency department with blue stroke band on arm (ID: S123456). Hospital confirms stroke diagnosis. Identification number S123456 on blue band is input to "Stroke Band ID" field.
- *Example B:* Patient arrives via private vehicle. Hospital confirms stroke diagnosis. Identification number on blue band is input on "Stroke Band ID" field.
- *Example C:* Patient arrives via EMS with blue stroke band on arm. Hospital confirms the diagnosis is not stroke and provides this feedback to the EMS service. For Stroke Band ID, please select "not applicable" because the goal is to only enter a Stroke Band ID for patients with a confirmed diagnosis of stroke.

**Admin Tab:**

**EMS Agency Transporting Patient from Referring Hospital**

**Required Field**

**Note:** The field is required and enabled only when the field, "Reason Not Admitted" has the response option, "Transferred from your ED to another acute care hospital" selected. e Otherwise, the field will remain greyed out.

**Definition:** Name of EMS Service transporting patient from your referring hospital to receiving hospital.

**Data Collection Question:** What is the name of the EMS service transporting patient from the referring hospital out to the receiving hospital?

**Format:**

- Single select drop-down box
  - Displays list of 130 EMS Agencies
  - Other
  - Not Documented

**Allowable values:**

- Any one selection available on drop down menu
- "Other" is only selected if the EMS service provider name is not included on drop down menu.
- When "Other" is selected, the field, "If Other, please specify" will be enabled and required. Enter the name of the EMS service provider that transported the patient to the receiving hospital.
- "Not documented" is selected only in the event the documentation for the EMS service transporting the patient from your referring hospital to the receiving hospital cannot be located.

**Examples:**

- *Example A:* Confirmed stroke patient has been transported to a larger facility from your facility for additional observation and treatment by EMS service name “MEMS.” The name “MEMS” is selected from the “EMS Agency Transporting Patient from Referring Hospital” drop-down box.
- *Example B:* Confirmed stroke patient has been transported to a larger facility from your facility for additional observation and treatment. EMS Service name is not listed on drop-down box and “Other” is to be selected. The name of the EMS service is then specified in the data field.
- *Example C:* Patient is not transferred to another acute care facility. Field is grayed out and not specified.

**If Other, Please Specify:****Conditionally Required Field**

**Note:** The field is required and enabled if the field, “EMS Agency Transporting Patient from Referring Hospital” has the response option “Other” selected. Otherwise, the field will remain greyed out.

**Definition:** Name of EMS Service not listed in the current list of AR EMS Agencies that transported the patient from the referring hospital.

**Data Collection Question:** What is the name of the other EMS Service that transported the patient from the referring hospital?

**Format:**

- Text Field

**Allowable values:**

- Enter the name of the other EMS Agency not listed in the current drop-down menu.
- If the name of the “other” EMS agency is unknown or not available in the medical record, update the response option for the field “EMS Agency Transporting Patient from Referring Hospital” to “Not Documented (ND).” Please note this action will grey-out this field (If other, please specify).

**Admission Tab:****EMS Agency Transporting Patient to Receiving Hospital****Required Field**

**Note:** The field is required and enabled if the field, “How patient arrived at your hospital” has the response option “EMS from Home/Scene” OR “Transfer from another hospital” selected. Otherwise, the field will remain greyed out.

**Definition:** Name of EMS Service transporting patient to your the receiving hospital.

**Data Collection Question:** What is the name of the EMS Service transporting the patient to the receiving hospital?

**Format:**

- Single select drop-down box
  - Displays list of 130 EMS Agencies
  - Other
  - Not Documented

**Allowable values:**

- Any one selection available on drop down menu.
- “Other” is only selected if the EMS service provider name is not included on drop down menu. When “Other” is selected, the field, “If Other, please specify” will be enabled and required. Enter the name of the EMS service provider that transported the patient to the receiving hospital.
- “Not documented” is selected only in the event the documentation for the “EMS Agency Transporting Patient to Receiving Hospital” cannot be located.

**Examples:**

- *Example A:* Patient arrives to emergency room via EMS service name “MEMS” with blue stroke band on arm. Hospital confirms stroke diagnosis. EMS Service name “MEMS” is selected from drop-down box.
- *Example B:* Patient arrives to emergency room via EMS with blue stroke band on patient arm. Hospital confirms stroke diagnosis. EMS Service name is not listed on drop-down box and “Other” is to be selected. The name of the EMS service is then specified in the text box.
- *Example C:* Patient arrives to emergency room via EMS with blue stroke band on arm. Hospital confirms diagnosis is NOT stroke and is to provide this feedback of a false positive to the EMS service. EMS Agency Transporting Patient to Receiving Hospital is NOT input for this patient as only hospital confirmed stroke cases are input into the GWTG-Stroke Patient Management Tool.
- *Example D:* Patient arrives via private vehicle and not via EMS. Field is grayed out and not specified.

**If Other, Please Specify:**

**Conditionally Required Field**

**Note:** The field is required and enabled if the field, “EMS Agency Transporting Patient to Receiving Hospital” has the response option “Other” selected. Otherwise, the field will remain greyed out.

**Definition:** Name of EMS Service not listed in the current list of AR EMS Agencies that transported the patient to the receiving hospital.

**Data Collection Question:** What is the name of the other EMS Service that transported the patient to the receiving hospital?

**Format:**

- Text Field

**Allowable values:**

- Enter the name of the other EMS Agency not listed in the current drop-down menu.
- If the name of the “other” EMS agency is unknown or not available in the medical record, update the response option for the field “EMS Agency Transporting Patient to Receiving Hospital” to “Not Documented (ND).” Please note this action will grey-out this field (If other, please specify).