Stroke Patient Management Tool™ Coding Instructions

New York State Additional Data Elements

Updated April 2012

New York State is looking to capture information as to why any stroke patients were transferred out of your hospital to another acute care hospital. You must collect this information on all transferred stroke patients, regardless of whether or not they are transferred directly out of your ED or if you are transferring out patients that have already been admitted (i.e. all admitted patients with a discharge status of 02 – Discharged/Transferred to a short term general hospital for inpatient care)

Was patient transferred from an inpatient floor to another acute care hospital?

- Select Yes if a stroke patient is transferred from an inpatient unit at your hospital to another acute care hospital. This would include all stroke patients with a discharge status of 02 – Discharged/Transferred to a short term general hospital for inpatient care
- Select No if the patient was not transferred

If patient was transferred from your ED or from an inpatient floor to another acute care hospital, select reason for transfer (check all that apply):

- Ischemic Stroke (for IV tPA within the 3 hr treatment window)
- Ischemic Stroke (for IV tPA within the 3-4.5 hr treatment window)
- Ischemic Stroke (for reperfusion interventions only; not IV tPA)
- Ischemic Stroke neurocritical or neurosurgical care
- ICH interventional procedure, neurocritical, or neurosurgical care
- SAH interventional procedure, neurocritical, or neurosurgical care
- Patient/Family requests transfer
- Transferred for a procedure or treatment not related to stroke
- Reason for transfer not documented
- Other, please specify_____

Notes for Abstraction: If you answered "Yes" for either of the following data elements, you must select a reason for transfer:

> **Not admitted, Transferred from your ED to another acute care hospital?**
> **Was patient transferred from an inpatient unit to another acute care hospital?**

Reasons for transfer must be specifically documented in by a MD. If the reason is not documented do not infer. *CHECK ALL THAT APPLY*

- Ischemic Stroke (for IV tPA within the 3 hr treatment window):
  - Select this reason if the patient is an ischemic stroke patient that is being transferred to another acute care facility for IV tPA within the 3 hr treatment window. This does NOT include patients being transferred to receive IV tPA in the expanded treatment window 3-4.5 hours. Do not select this option if the patient received IV tPA at your facility prior to transfer. If selecting this option, be sure to document the reasons why the transfer occurred, perhaps in the notes section of the PMT.
- Ischemic Stroke (for IV tPA within the 3-4.5 hr treatment window):
  - Select this reason if the patient is an ischemic stroke patient that is being transferred to another acute care facility for IV tPA treatment within the 3-4.5 hr treatment window.
- Ischemic Stroke (for reperfusion interventions only; not IV tpa):
  - Select this reason if the patient is an ischemic stroke patient that is being transferred to another acute care facility for an interventional procedure for reperfusion that is not available at your own facility (i.e. IA thrombolysis or catheter-based clot retraction).
- Ischemic Stroke neurocritical or neurosurgical care: Select this reason if the patient is an ischemic stroke patient that is being transferred to another acute care facility for neurocritical or neurosurgical care (i.e. for acute blood pressure management, hemicraniectomy, endarterectomy or angioplasty/stenting)-- that is not available at your own facility.
- ICH interventional procedure, neurocritical, or neurosurgical care: Select this reason if the patient is an Intracerebral Hemorrhage patient that is being transferred for a stroke related interventional procedure or neurocritical or neurosurgical care that is not available at your own facility (i.e.. surgical evacuation of hemorrhage, intracranial pressure monitoring, continuous EEG monitoring).
- SAH interventional procedure, neurocritical, or neurosurgical care: Select this reason if the patient is a Subarachnoid Hemorrhage patient that is being transferred for a stroke related interventional procedure or neurocritical or neurosurgical care that is not available at your own facility (i.e. aneurysm coiling or clipping, endovascular management of vasospasm, or management of intractable seizures).
- Patient/Family requests transfer: Select this reason is the patient and/or a family member requests a transfer to a different facility.
- Transferred for a procedure not related to stroke: Select this reason if the patient was transferred to another facility for an intervention not directly related to their stroke that could not be handled at your facility (such as angiogram, surgical repair for a dissection, some type of general surgery not related to stroke).
- Reason for transfer not documented: Select this reason, if a patient is transferred to another acute care hospital, but the reason for transfer is not specifically documented.
- Other (Please Specify): Select this option only if a reason for transfer is documented, but cannot be classified into one of the categories above. Please also specify reason in the space provided.

Date/Time MD Assessment: Enter the date and time of the initial or first physician evaluation performed at your institution. This assessment might be done by the ED physician, neurologist or other physician. The purpose of this data element is to identify the date & time that the patient was first evaluated by a physician at your hospital. If this is an inpatient stroke, document the date/time of the first patient assessment by a physician following the discovery of stroke symptoms.

- Date:MM/DD/YYYY
- Time: HH:MM
- 24-hour clock (military time)

Examples:

- Patient 100a arrived in the ED via EMS on 12/10/2008 at 9:30am and was evaluated by an ED physician at 9:45am. Data entry would be 12/10/2008 9:45
- Patient 100b was admitted on 2/13/2009 with tachycardia. On 2/14/2009 he developed aphasia. The hospitalist was paged and evaluated the patient at 11:15am. Data entry would be 2/14/2009 11:15

Date/Time Stroke Team Arrival (treatment decision maker): Enter the date and time of arrival of the stroke team care provider **responsible for making the tPA treatment decision** (could be ED physician or neurologist) Arrival may be classified as either being present at the patient bedside or contacted by telephone (per your acute stroke protocol). Response time adherence may be accomplished through telemedicine and/or by having the resident or other care provider making contact with a physician with "stoke expertise."

- Date:MM/DD/YYYY
- Time: HH:MM
- 24-hour clock (military time)

Examples:

- Patient 99a presents to the ED on 8/31/2009 and is seen by the triage nurse and then the ED resident, who is NOT responsible for the treatment decision. The resident makes the decision to activate the stroke alert. The stroke team is paged. The stroke team nurse arrives in the ED at 9:05am and the Neurologist who will make the treatment decision arrives at 9:10am. The date time/time of stroke team arrival should be documented as 8/31/2009 9:10
- Patient 99b arrived in the ED on 4/23/2009 at 8:50am. The ED physician evaluated the patient at 9:05am and called the neurologist at home at 9:15am. The date/time stroke team arrival should be documented as 4/23/2009 9:15.

Notes for abstraction:

- Please note, this data element is specifically designed to track the arrival of the team member responsible for the tPA treatment decision (and NOT any member of the stroke team).

Date/Time Brain Image Reported/Read: Enter the date and time the results of the initial brain image performed at your hospital were reported to or reviewed by the care provider responsible for making the treatment decision. Results must be interpreted by a physician such as a radiologist, neurologist, or others with experience and expertise in interpreting CT and/or MRI. The brain image can be obtained by CT or MRI and needs to definitively rule out/detect intra-cranial hemorrhage, or other causes of the stroke syndrome. Review of the images does not have to be done on site. Evaluation can be performed off site by telemedicine technology. Record only CT/MRI date/time if the first study was performed at your hospital.

- Date:MM/DD/YYYY
- Time: HH:MM
- 24-hour clock (military time)

For example:

- The radiology time stamp on the imaging report is 7/5/2009 10:15 am. The physician responsible for making the treatment decision is off-site and needs to be called with the results. The radiology tech reads the results of the brain image to the physician responsible for making the treatment decision at 10:22am. Data entry would be 7/5/2009 10:22
- Patient 98b is transported to the radiology suite accompanied by the physician making the treatment decision. While the CT is performed, the physician remains in the radiology suite. The physician reads the scan as it is generated at 10:00 am. The physician documents the time the he reads the results which is 10:05 am, since he read the results as they were being generated.   Note that this time must be documented. It cannot be inferred that the date/time of brain image reported/read is the same as the brain imaging complete time due to physician presence in the radiology suite while the scan is being performed.

Notes for abstraction:

- What is being requested is the Date/Time that the results of the brain image were communicated to/read by the physician responsible for making the treatment decision, as opposed to the time noted on the actual brain image to indicate that it has been completed. Look to physician progress notes or specific areas in your established order sets where this is being captured.

Reason for Delay in IV Thrombolytic Therapy (beyond 60 minutes)

If IV thrombolytic was initiated greater than 60 minutes after arrival, select if any of the following were reason(s) for delay in treatment.

- Delay in Stroke diagnosis:
- Delay in Door to MD
- Delay in Door to Stroke Team
- Delay in Door to Brain Imaging
- Delay in Door to Brain Imaging Read
- Delay in Door to Lab Results
- Delay in IV tPA order to initiated
- Difficult IV access
- Patient/Family Consent
- Equipment-related delay
- Management of Concomitant Emergent/Acute Condition
- Change in Patient Clinical Status/Condition
- Other
  Please specify_____

Notes for Abstraction

- Only select reason(s) for delay in initiation of IV thrombolytic therapy if it was administered greater than 60 minutes after arrival.
- Reason(s) for delay in IV thrombolytic therapy DO NOT need to be specifically documented in the medical record. Reasons that may not be documented but are apparent to the abstractor as the reason(s) for delay in treatment are acceptable. HOWEVER, if reason(s) for delay are specifically documented, ONLY select the reasons documented, do not infer additional reasons.

- The following may help abstractors to classify reasons for delay in IV thrombolytic therapy
  - Delay in Door to Brain Imaging may include patients who receive further imaging studies to determine eligibility for acute interventions such as multimodal CT Imaging (CTA, PCT)?
  - Management of Concomitant Emergent/Acute Condition may include:
    - Intubation (Endotracheal intubation (ETI), Mechanical ventilation, Nasotracheal intubation (NTI), Orotracheal intubation)
    - Cardiopulmonary arrest (Cardiac arrest, Cardiopulmonary resuscitation (CPR), Code, Defibrillation, Respiratory arrest, Ventricular fibrillation (V-fib)
    - Myocardial Infarction
  - Change in Patient Clinical Status/Condition may include:
    - NIHSS initially out of range (too mild or too severe)
    - Glucose initially out of range
    - Blood pressure initially out of range (SBP> 185 or DBP > 110 mmHg)
    - Initial Patient/Family refusal

Note: This is provided to assist in quality improvement activities and selection of one or more of these reasons does NOT exclude patients from the denominator of the Door To IV rt-PA in 60 Min or the Door To IV rt-PA Times measures.

NIH Stroke Scale on discharge (within 24 hours prior to discharge)

Respond to this question by filling in the NIHSS score that has been performed within 24 hours prior to the patient's discharge. You should be looking for the _last_ NIHSS that is performed as part of the patient's stay within 24 hours prior to discharge (whether done in the ED or not). If there is no documentation that the scale has been performed, you should leave this question blank*.

NIHSS on discharge needs to be performed on all _ischemic stroke_ whose symptoms did not resolve at time of initial presentation.

Please note that hospitals have the option to collect NIHSS at discharge on TIA patients, hemorrhagic stroke patients and patients whose stroke symptoms have resolved at time of initial presentation; however, it is not required (field may be left blank) and these patients will be excluded from the NIHSS at discharge measures.

Notes:

*If comprehensive neurological findings are outlined in the medical record that enable you to abstract the complete NIHSS, you may answer this question by filling in the extrapolated NIHSS score.

If another stroke scale was performed instead, including the Modified NIH Stroke Scale, this will not suffice and you should leave this question blank.

Leave the field blank for any patients made CMO, those who leave AMA or expire.

NIHSS can be recorded by any practitioner certified to conduct the NIHSS.

NIHSS Reported on discharge: Percent of Ischemic stroke, TIA, and Stroke not otherwise specified patients with a score reported for NIH Stroke Scale (at discharge)

Description Pertinent Form Fields

Include	**Final clinical diagnosis related to stroke:**
• Patients with a diagnosis of Ischemic Stroke	Ischemic Stroke
Exclude • Stroke symptoms resolved at time of presentation • TIAs • Hemorrhagic Strokes • Stroke not otherwise specifed • Patients made CMO; • Patients who leave AMA or expire.	**Had stroke symptoms resolved at time of presentation?:** Yes
NUMERATOR	
• NIHSS at discharge is reported	**NIHSS at Discharge Score:** is NOT blank