Stroke Center Data Dictionary

Los Angeles County

Emergency Medical Services Agency

LANCET TECHNOLOGY

Innovative Data Solutions

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INCLUSION CRITERIA

WAS THE PATIENT TRANSPORTED BY EMS VIA 9-1-1 SYSTEM?

Definition

Checkbox indicating whether the patient was transported to your facility by EMS via the 9-1-1 system

Field Values

- **Y:** Yes
- **N:** No

Additional Information

- This does not apply to patients who suffer a stroke while they are an inpatient at your facility and whose initial presentation was not stroke related

Uses

- Identify patients for inclusion into database
- System evaluation and monitoring

Data Source Hierarchy

- EMS Report Form
- Base Hospital Form
- Stroke Center Log
- ED Records

DID THE PATIENT MEET THE PREHOSPITAL CARE STROKE POLICY?

Definition

Checkbox indicating whether the patient met Los Angeles County's Prehospital Care Policy Reference No. 1251, Stroke/Acute Neurological Deficits or Reference No. 1232 Stroke/CVA/TIA

Field Values
- **Y:** Yes
- **N:** No

Additional Information
- Providers who have not completed EMS Update 2018 training are utilizing Reference No. 1251
- Providers that have received EMS Update 2018 training are utilizing Reference No. 1232

Uses
- Identify patients for inclusion into database
- System evaluation and monitoring

Data Source Hierarchy
- EMS Report Form
- Base Hospital Form
- Stroke Center Log

WAS THE FINAL HOSPITAL OR ED DIAGNOSIS STROKE RELATED?

Definition

Checkbox indicating whether the patient had a final hospital (if admitted) or ED (if not admitted) diagnosis that was stroke related

Field Values
- **ISC:** Ischemic Stroke
- **TIA:** Transient Ischemic Attack
- **ICH:** Intracerebral Hemorrhage
- **IVH:** Intraventricular Hemorrhage
- **SAH:** Subarachnoid Hemorrhage

Additional Information
- Leave the field blank if the patient did not have a final hospital (if admitted) or ED (if not admitted) diagnosis that was stroke related

Uses
- Identify patients for inclusion into the database
- Assists with determination of appropriate treatment
- Provides documentation of assessment and/or care
- System evaluation and monitoring

Data Source Hierarchy
- ED Records
- Billing Sheet/Medical Records Coding Summary Sheet
- Other Hospital Records
- Base Hospital Form
- Stroke Center Log

WAS THE PATIENT TRANSPORTED TO YOUR FACIILTY BECAUSE FACILITY IS A STROKE CENTER?

Definition

Checkbox indicating whether the patient was transported to your facility by EMS via the 9-1-1 system because your facility is a stroke center

Field Values

- **Y:** Yes
- **N:** No

Uses

- Identify patients for inclusion into the database
- Assists with determination of appropriate destination
- System evaluation and monitoring

Data Source Hierarchy

- EMS Report Form
- Base Hospital Form
- Stroke Center Log
- ED Records

WAS PATIENT TRANSFERRED FROM ANOTHER FACILITY FOR STROKE CARE?

Definition
Checkbox indicating whether the patient was transferred from an acute care facility to your facility for stroke care

Field Values
- **Y:** Yes
- **N:** No

Additional Information
- This only applies for patients who were transported by EMS via the 9-1-1 system to the transferring facility
- Utilize the sequence number generated during the initial transport to the transferring facility for data entry

Uses
- Identify patients for inclusion into the database
- Assists with determination of appropriate destination
- System evaluation and monitoring

Data Source Hierarchy
- Stroke Center Log
- ED Records
- Billing Sheet/Medical Records Coding Summary Sheet
- Other Hospital Records

TRANSFERRING FACILITY

Definition

Acute care facility from which the patient was transferred

Field Values

	LOS ANGELES COUNTY 9-1-1 RECEIVING HOSPITALS		
ACH	Alhambra Hospital Medical Center	LBM	Long Beach Memorial Medical Center
AHM	Catalina Island Medical Center	LCH	Palmdale Regional Medical Center
AMH	Methodist Hospital of Southern California	LCM	Providence Little Co. of Mary M.C. -Torrance
AVH	Antelope Valley Hospital	MCP	Mission Community Hospital
BEV	Beverly Hospital	MHG	Memorial Hospital of Gardena
BMC	Southern California Hospital at Culver City	MID	Olympia Medical Center
CAL	Dignity Health - California Hospital Medical Center	MLK	Martin Luther King Jr. Community Hospital
CHH	Children's Hospital Los Angeles	MPH	Monterey Park Hospital
CHP	Community Hospital of Huntington Park	NOR	LA Community Hospital at Norwalk
CNT	Centinela Hospital Medical Center	NRH	Dignity Health - Northridge Hospital Medical Center
CPM	Coast Plaza Doctors Hospital	OTH	Other (FACILITY NOT LISTED)
CSM	Cedars-Sinai Medical Center	OVM	LAC Olive View - UCLA Medical Center
DCH	PIH Health Hospital - Downey	PAC	Pacifica Hospital of the Valley
DFM	Marina Del Rey Hospital	PIH	PIH Health Hospital - Whittier
DHL	Lakewood Regional Medical Center	PLB	College Medical Center
ELA	East Los Angeles Doctors Hospital	PVC	Pomona Valley Hospital Medical Center
ENH	Encino Hospital Medical Center	QOA	Hollywood Presbyterian Medical Center
FPH	Foothill Presbyterian Hospital	QVH	Citrus Valley M.C. - Queen of the Valley Campus
GAR	Garfield Medical Center	SDC	San Dimas Community Hospital
GEM	Greater El Monte Community Hospital	SFM	St. Francis Medical Center
GMH	Dignity Health - Glendale Memorial Hospital and Health Center	SGC	San Gabriel Valley Medical Center
GSH	Good Samaritan Hospital	SJH	Providence Saint John's Health Center
GWT	Adventist Health - Glendale	SJS	Providence Saint Joseph Medical Center
HCH	Providence Holy Cross Medical Center	SMH	Santa Monica - UCLA Medical Center
HEV	Glendora Community Hospital	SMM	Dignity Health - St. Mary Medical Center
HGH	LAC Harbor-UCLA Medical Center	SOC	Sherman Oaks Hospital
HMH	Huntington Hospital	SPP	Providence Little Co. of Mary M.C. - San Pedro
HMN	Henry Mayo Newhall Hospital	SVH	St. Vincent Medical Center
HWH	West Hills Hospital & Medical Center	TOR	Torrance Memorial Medical Center
ICH	Citrus Valley M.C. - Intercommunity Campus	TRM	Providence Tarzana Medical Center
KFA	Kaiser Foundation Hospital - Baldwin Park	UCL	Ronald Reagan UCLA Medical Center
KFB	Kaiser Foundation Hospital - Downey	USC	LAC+USC Medical Center
KFH	Kaiser Foundation Hospital - South Bay	VHH	USC Verdugo Hills Hospital
KFL	Kaiser Foundation Hospital - Sunset (LA)	VPH	Valley Presbyterian Hospital
KFO	Kaiser Foundation Hospital - Woodland Hills	WHH	Whittier Hospital Medical Center
KFP	Kaiser Foundation Hospital - Panorama City	WMH	Adventist Health - White Memorial
KFW	Kaiser Foundation Hospital - West Los Angeles		

ORANGE COUNTY 9-1-1 RECEIVING HOSPITALS			
ANH	Anaheim Regional Medical Center	LPI	La Palma Intercommunity Hospital
CHO	Children's Hospital of Orange County	PLH	Placentia Linda Hospital
FHP	Fountain Valley Regional Hospital & Medical Center	SJD	St. Jude Medical Center
KHA	Kaiser Foundation Hospital - Anaheim	UCI	University of California - Irvine Medical Center
KFI	Kaiser Foundation Hospital - Irvine	WMC	Western Medical Center Santa Ana
LAG	Los Alamitos Medical Center		
SAN BERNADINO COUNTY 9-1-1 RECEIVING HOSPITALS			
ARM	Arrowhead Regional Medical Center	KFN	Kaiser Foundation Hospital - Ontario
CHI	Chino Valley Medical Center	LLU	Loma Linda University Hospital
DHM	Montclair Hospital Medical Center	SAC	San Antonio Community Hospital
KFF	Kaiser Foundation Hospital - Fontana		
OTHER COUNTY 9-1-1 RECEIVING HOSPITALS			
LRR	Los Robles Hospital & Med Ctr (Ventura)	SIM	Adventist Health - Simi Valley (Ventura)
RCC	Ridgecrest Regional Hospital (Kern)	SJO	St. John Regional Medical Center (Ventura)

- **ND:** Not documented

Uses
- Assists with determination of appropriate treatment and transport
- System evaluation and monitoring

Data Source Hierarchy
- EMS Report Form
- Base Hospital Form
- Stroke Center Log
- ED Records
- Progress Notes

911 PREHOSPITAL DATA

SEQUENCE NUMBER

Definition

Unique, alphanumeric EMS record number provided by the EMS provider. Found pre-printed at the top right corner of EMS report form hard copies, or electronically assigned to electronic patient care records (ePCRs) from approved providers

Additional Information

- Data entry cannot begin without this number
- Consists of two letters and six digits on pre-printed EMS Report Forms; or two letters, ten digits if obtained from an approved ePCR provider
- If sequence number is missing or incorrectly documented, every effort must be taken to obtain it – by reviewing the patient's medical record, or by contacting either the Prehospital Care Coordinator of the applicable base hospital or the EMS provider that transported the patient

Uses

- Unique patient identifier

Data Source Hierarchy

- EMS Report Form
- Base Hospital Form
- Base Hospital Log
- Fire Station Logs

PROVIDER

Definition

Two-letter code for the EMS provider primarily responsible for the patient's prehospital care

Field Values

PUBLIC PROVIDERS			
AF	Arcadia Fire	MB	Manhattan Beach Fire
AH	Alhambra Fire	MF	Monrovia Fire
AV	Avalon Fire	MO	Montebello Fire
BA	Burbank Airport Fire	MP	Monterey Park Fire
BF	Burbank Fire	ND	Not Documented
BH	Beverly Hills Fire	OT	Other Provider
CB	LA County Beaches	PF	Pasadena Fire
CC	Culver City Fire	RB	Redondo Beach Fire
CF	LA County Fire	SA	San Marino Fire
CG	US Coast Guard	SG	San Gabriel Fire
CI	LA City Fire	SI	Sierra Madre Fire
CM	Compton Fire	SM	Santa Monica Fire
CS	LA County Sheriff	SP	South Pasadena Fire
DF	Downey Fire	SS	Santa Fe Springs Fire
ES	El Segundo Fire	TF	Torrance Fire
FS	U.S. Forest Service	UF	Upland Fire
GL	Glendale Fire	VE	Ventura County Fire
LB	Long Beach Fire	VF	Vernon Fire
LH	La Habra Heights Fire	WC	West Covina Fire
LV	La Verne Fire		
PRIVATE PROVIDERS			
AA	American Professional Ambulance Corp.	MA	Mauran Ambulance
AB	AmbuLife Ambulance, Inc.	MI	MedResponse, Inc.
AN	Antelope Ambulance Service	MR	MedReach Ambulance
AR	American Medical Response	MT	MedCoast Ambulance
AT	All Town Ambulance, LLC	MY	Mercy Air
AU	AmbuServe Ambulance	PE	Premier Medical Transport
AW	AMWest Ambulance	PN	PRN Ambulance, Inc.
AZ	Ambulnz Health, Inc.	RE	REACH Air Medical Service
CA	CARE Ambulance	RO	Rescue One Ambulance
CL	CAL-MED Ambulance	RR	Rescue Services (Medic-1)
EA	Emergency Ambulance	RY	Royalty Ambulance
EX	Explorer 1 Ambulance & Medical Services	SC	Schaefer Ambulance
FC	First Care Ambulance	SO	Southern California Ambulance
FM	Firstmed Ambulance Services, Inc.	SY	Symons Ambulance
GU	Guardian Ambulance Service	TR	Trinity Ambulance
LE	Lifeline Ambulance	VA	Viewpoint Ambulance, Inc.
LT	Liberty Ambulance	WE	Westcoast Ambulance
LY	Lynch EMS Ambulance	WM	West Med/McCormick Ambulance Service

Uses
- System evaluation and monitoring

Data Source Hierarchy
- EMS Report Form
- Base Hospital Form

ALS UNIT

Definition

Numeric unit number of the Advanced Life Support (ALS) provider that transported the patient

Field Values

- Up to three-digit numeric field
- **ND**: Not Documented

Additional Information

- This is a free-text field

Uses

- System evaluation and monitoring

Data Hierarchy

- EMS Report Form
- Base Hospital Form
- Base Hospital Log
- ED Records

DISPATCH DATE

Definition

Date the provider was notified by dispatch of the incident

Field Values

- Collected as MMDDYYYY
- **ND**: Not Documented

Uses

- Establishes care intervals and incident timelines

Data Source Hierarchy

- EMS Report Form

DISPATCH TIME

Definition

Time of day the provider was notified by dispatch of the incident

Field Values

- Collected as HHMM
- Use 24-hour clock
- **ND**: Not Documented

Uses

- Establishes care intervals and incident timelines

Data Source Hierarchy

- EMS Report Form

911 ARRIVAL AT PATIENT DATE

Definition
Date 9-1-1 EMS personnel arrived at the patient

Field Values
- Collected as MMDDYYYY
- **ND**: Not Documented

Uses
- Establishes care intervals and incident timelines

Data Source Hierarchy
- EMS Report Form

911 ARRIVAL AT PATIENT TIME

Definition

Time of day that 9-1-1 EMS personnel arrived at the patient

Field Values

- Collected as MMDDYYYY
- **ND**: Not Documented

Uses

- Establishes care intervals and incident timelines

Data Source Hierarchy

- EMS Report Form

PATIENT'S INITIAL COMPLAINT CODE

Definition

Two-letter code(s) representing the patient's most significant medical or trauma complaints

Field Values – Medical Codes

MEDICAL CODES	
AD	Agitated Delirium
AP	Abdominal/Pelvic Pain
AR	Allergic Reaction
AL	Altered LOC
AE	Apneic Episode
EH	Behavioral
OS	Bleeding Other Site (NOT associated with trauma, e.g., dialysis shunt)
CA	Cardiac Arrest (NOT associated with trauma)
CP	Chest Pain (NOT associated with trauma)
CH	Choking/Airway Obstruction
CC	Cough/Congestion
DC	Device Complaint (associated with an existing medical device – e.g., G-Tube, AICD, ventilator, etc.)
DI	Dizzy
DY	Dysrhythmia
FE	Fever
FB	Foreign Body (anywhere in body)
GI	Gastrointestinal Bleeding
HP	Head Pain (NOT associated with trauma)
HY	Hypoglycemia
IM	Inpatient Medical Interfacility Transfer (IFT) of an admitted, ill (NOT injured) patient, from one facility to another facility
LA	Labor (>20 weeks pregnant with signs or symptoms of labor)
LN	Local Neuro Signs (weakness, numbness, paralysis – including slurred speech, facial droop, aphasia)
NV	Nausea/Vomiting
ND	Near-Drowning/Drowning (submersion causing water inhalation, unconsciousness, or death)
NB	Neck/Back Pain (NOT associated with trauma)
NC	No Medical Complaint, or signs or symptoms of illness (NOT associated with trauma)
NO	Nosebleed (NOT associated with trauma)
OB	Obstetrics (any complaints which may be related to a known pregnancy)
OP	Other Pain (pain at a site not listed, NOT associated with trauma – e.g., toothache, ear pain, etc.)
OD	Overdose (dose greater than recommended or generally given)

PO	Poisoning (ingestion of, or contact with, a toxic substance)
PS	Palpitations
RA	Respiratory Arrest (cessation of breathing NOT associated with trauma)
SE	Seizure (NOT associated with trauma)
SB	Shortness of Breath
SY	Syncope
VA	Vaginal Bleeding
WE	Weakness
OT	Other (signs or symptoms not listed above, NOT associated with trauma)
TRAUMA CODES	
NA	No Apparent Injury (no complaint or injury following a traumatic event)
BA	Blunt Abdomen
BB	Blunt Back
BC	Blunt Chest
BE	Blunt Extremities
BF	Blunt Face/Mouth (from/including the eyebrows, down to/including the angle of the jaw and the ears)
BG	Blunt Genitals
BH	Blunt Head (from above the eyebrows to behind the ears; and facial injuries when brain injury is suspected)
BK	Blunt Buttocks
BL	Blunt Minor Lacerations (superficial abrasions/contusions to skin or subcutaneous tissue)
BN	Blunt Neck (between the angle of the jaw and clavicles, including suspected cervical spine injuries)

- **ND:** Not documented

Additional Information
- Enter up to three complaints
- If the patient has multiple complaints, enter in order of significance
- Do not enter more than one copy of the same chief complaint code

Uses
- System evaluation and monitoring
- Epidemiological statistics

Data Source Hierarchy
- EMS Report Form
- Stroke Center Log
- Base Hospital Form
- Base Hospital Log

PROVIDER IMPRESSION

Definition

Four-letter code(s) representing the paramedic's primary impression of the patient's presentation

Field Values

ABOP	Abdominal Pain/Problems	**ELCT**	Electrocution	**PALP**	Palpitations
AGDE	Agitated Delirium	**ENTP**	ENT/Dental Emergencies	**PREG**	Pregnancy Complications
CHOK	Airway Obstruction/Choking	**NOBL**	Epistaxis	**LABR**	Pregnancy/Labor
ETOH	Alcohol Intoxication	**EXNT**	Extremity Pain/Swelling – Non-Traumatic	**RARF**	Respiratory Arrest/Failure
ALRX	Allergic Reaction	**EYEP**	Eye Problem – Unspecified	**SOBB**	Resp. Distress/Bronchospasm
ALOC	ALOC – Not Hypoglycemia or Seizure	**FEVR**	Fever	**RDOT**	Resp. Distress/Other
ANPH	Anaphylaxis	**GUDO**	Genitourinary Disorder – Unspecified	**CHFF**	Resp. Distress/Pulmonary Edema/CHF
PSYC	Behavioral/Psychiatric Crisis	**HPNT**	Headache – Non-Traumatic	**SEAC**	Seizure – Active
BPNT	Body Pain – Non Traumatic	**HYPR**	Hyperglycemia	**SEPI**	Seizure – Postictal
COMO	Carbon Monoxide	**HYTN**	Hypertension	**SEPS**	Sepsis
CANT	Cardiac Arrest– Non-Traumatic	**HEAT**	Hyperthermia	**SHOK**	Shock
DYSR	Cardiac Dysrhythmia	**HYPO**	Hypoglycemia	**SMOK**	Smoke Inhalation
CPNC	Chest Pain – Not Cardiac	**HOTN**	Hypotension	**STNG**	Stings/Venomous Bites
CPMI	Chest Pain – STEMI	**COLD**	Hypothermia/Cold Injury	**STRK**	Stroke/CVA/TIA
CPSC	Chest Pain – Suspected Cardiac	**INHL**	Inhalation Injury	**DRWN**	Submersion/Drowning
BRTH	Childbirth (Mother)	**LOGI**	Lower GI Bleeding	**SYNC**	Syncope/Near Syncope
COFL	Cold/Flu Symptoms	**FAIL**	Medical Device Malfunction – Fail	**TRMA**	Traumatic Injury
DRHA	Diarrhea	**NAVM**	Nausea/Vomiting	**UPGI**	Upper GI Bleeding
DIZZ	Dizziness/Vertigo	**NOMC**	No Medical Complaint	**VABL**	Vaginal Bleeding
DYRX	Dystonic Reaction	**ODPO**	Overdose/Poisoning/Ingestion	**WEAK**	Weakness – General

- **ND:** Not documented

Additional Information
- Enter up to two Provider Impression codes
- Do not enter more than one copy of the same Provider Impression code

Uses
- System evaluation and monitoring
- Epidemiological statistics

Data Source Hierarchy
- EMS Report Form
- Stroke Center Log
- Base Hospital Form
- Base Hospital Log

LAST KNOWN WELL DATE/TIME DOCUMENTED?

Definition
 Checkbox indicating whether EMS personnel documented the patient's last known well date and/or time

Field Values
- **Y:** Yes
- **N:** No
- **U:** Unknown

Additional Information
- A "Yes" value indicates that the patient's last known well date and/or time was documented by EMS personnel
- A "No" value indicates that the patient's last known well date and/or time was left blank by EMS personnel
- A "Unknown" value indicates that EMS personnel documented the patient's last known well date/time as "Unk"

Uses
- Assists with determination of appropriate treatment and transport
- System evaluation and monitoring

Data Source Hierarchy
- Stroke Center Log
- EMS Report Form
- Base Hospital Form

LAST KNOWN WELL DATE

Definition
>Date when the patient was last known to be well, symptom-free, or at baseline or usual state of health, per EMS personnel documentation

Field Values
- Collected as MMDDYYYY
- **ND**: Not Documented

Additional Information
- A "Not Documented" value indicates that the patient's last known well date was not documented by EMS personnel

Uses
- Assists with determination of appropriate treatment and transport
- System evaluation and monitoring

Data Source Hierarchy
- Stroke Center Log
- EMS Report Form
- Base Hospital Form

LAST KNOWN WELL TIME

Definition
> Time of day when the patient was last known to be well, symptom-free, or at baseline or usual state of health per EMS personnel documentation

Field Values
- Collected as HHMM
- Use 24-hour clock
- **ND**: Not Documented

Additional Information
- Estimates to within nearest 15 minutes are acceptable
- A "Not Documented" value indicates that the patient's last known well time was not documented by EMS personnel

Uses
- Assists with determination of appropriate treatment and transport
- System evaluation and monitoring

Data Source Hierarchy
- Stroke Center Log
- EMS Report Form
- Base Hospital Form

BLOOD GLUCOSE

Definition
Initial alpha or numeric value of the patient's blood glucose measurement obtained by EMS personnel

Field Values
- Up to three-digit numeric or two-digit alpha value
- **LO:** Alpha reading indicating blood sugar level is lower than manufacturer's numeric low value threshold
- **HI:** Alpha reading indicating blood sugar level is higher than manufacturer's numeric high value threshold
- **ND:** Not Documented

Additional Information
- Measured in milligrams per deciliter (mg/dl)

Uses
- Provides documentation of assessment and/or care
- System evaluation and monitoring

Data Source Hierarchy
- EMS Report Form
- Base Hospital Form
- ED Records
- Other Hospital Records

mLAPSS DOCUMENTED?

Definition

Checkbox indicating whether EMS personnel documented that the Modified Los Angeles
Prehospital Stroke Screen (mLAPSS) was used to assess the patient

Field Values

- **Y:** Yes
- **N:** No

Uses

- Provides documentation of assessment and/or care
- Assists with determination of appropriate treatment and transport
- System evaluation and monitoring

Data Source Hierarchy

- EMS Report Form
- Base Hospital Form
- Stroke Center Log
- ED Records
- Other Hospital Records

mLAPSS MET

Definition
Checkbox indicating whether or not patient met all mLAPSS criteria

Field Values
- **Y**: Yes, patient met all mLAPSS criteria
- **N**: No, patient did not meet all mLAPSS criteria

Additional Information
- mLAPSS criteria include:
    - No history of seizures or epilepsy
    - Age ≥ 40
    - At baseline, patient is not wheelchair bound or bedridden
    - Blood glucose value between 60 and 400mg/dL
    - Obvious asymmetry or unilateral weakness is observed in one or more of the following:
        - Facial Smile/Grimace
        - Grip
        - Arm Strength
- Blood glucose value must also be documented to determine whether all criteria are met

Uses
- Provides documentation of assessment and/or care
- Assists with determination of appropriate treatment and transport
- System evaluation and monitoring

Data Source Hierarchy
- EMS Report Form
- Base Hospital Form
- Stroke Center Log

LAMS PERFORMED?

Definition

Checkbox indicating whether EMS personnel performed the Los Angeles Motor Scale (LAMS) to assess the patient

Field Values

- **Y:** Yes
- **N:** No
- **ND:** Not Documented

Uses

- Provides documentation of assessment and/or care
- Assists with determination of appropriate treatment and transport
- System evaluation and monitoring

Data Source Hierarchy

- EMS Report Form
- Base Hospital Form
- ED Records
- Other Hospital Records

LAMS SCORE

Definition

    Sum of the three numerical values documented for the LAMS

Field Values

- One-digit numeric value between 0 and 5

Additional Information

- LAMS includes 3 components:
  - Facial Droop
    - Absent=0
    - Present=1
  - Arm Drift
    - Absent=0
    - Drifts Down=1
    - Falls Rapidly=2
  - Grip Strength
    - Normal=0
    - Weak Grip=1
    - No Grip=2
- A large vessel occlusion should be suspected in patients with a score of ≥ 4, therefore these patients should be transported to the closest comprehensive stroke center
- Patients with a score < 4 should be transported to the closest primary stroke center

Uses

- Provides documentation of assessment and/or care
- Assists with determination of appropriate treatment and transport
- System evaluation and monitoring

Data Source Hierarchy

- EMS Report Form
- Base Hospital Form
- ED Records
- Other Hospital Records

PREHOSPITAL RESEARCH STUDY ENROLLMENT?

Definition
Checkbox indicating whether the patient was enrolled in a prehospital research study

Field Values
- **Y:** Yes
- **N:** No
- **ND:** Not documented

Uses
- System evaluation and monitoring

Data Source Hierarchy
- EMS Report Form
- Base Hospital Form
- Base Hospital Log
- Stroke Center Log

ED NOTIFIED?

Definition
Checkbox indicating whether the receiving hospital was notified prior to the patient's arrival

Field Values
- **Y:** Yes
- **N:** No
- **ND:** Not documented

Uses
- Establishes care intervals and incident timelines
- Assists with determination of appropriate treatment
- System evaluation and monitoring

Data Source Hierarchy
- Stroke Center Log
- ED Records
- EMS Report Form
- Base Hospital Form
- Base Hospital Log

FIELD TRIAGE DECISION

Definition

Checkbox indicating the destination decision made by EMS personnel in the field

Field Values

- **M:** Most Accessible Receiving Facility (MAR)
- **A:** Primary Stroke Center (PSC)
- **K:** Comprehensive Stroke Center (CSC)
- **U:** Unknown
- **ND:** Not documented

Additional Information

- Enter "Unknown" if the destination checked on the EMS Report Form is anything other than MAR, PSC, or CSC or if the EMS Report Form is unavailable
- Enter "Not documented" if no destination is checked

Uses

- Assists with determination of appropriate treatment and transport
- System evaluation and monitoring

Data Source Hierarchy

- EMS Report Form

HOSPITAL-BASED DATA

PATIENT AGE

Definition

Numeric value for the patient's age in years (actual or best approximation)

Field Values

- Up to three-digit numeric value
- **ND:** Not documented

Uses

- Allows for data sorting and tracking by age
- Assists with patient identification
- Epidemiological statistics

Data Source Hierarchy

- Stroke Center Log
- Facesheet
- ED Records
- EMS Report Form
- Base Hospital Form
- Base Hospital Log
- History and Physical
- Billing Sheet / Medical Records Coding Summary Sheet

GENDER

Definition

Checkbox indicating the patient's gender

Field Values
- **F:** Female
- **M:** Male
- **N:** Nonbinary
- **ND:** Not documented

Additional Information
- Nonbinary refers to patients whose gender identity isn't exclusively male or female
- Patients who are undergoing or have undergone a hormonal and/or surgical sex reassignment should be coded using their stated preference
- Patients unable to state their preference should be coded according to best medical observation/judgment

Uses
- Assists with patient identification
- Epidemiological statistics
- System evaluation and monitoring

Data Source Hierarchy
- EMS Report Form
- Base Hospital Form
- ED Records
- Stroke Center Log
- Base Hospital Log
- Facesheet
- History and Physical
- Billing Sheet / Medical Records Coding Summary Sheet

DATE OF BIRTH

Definition
    The patient's date of birth

Field Values
- Collected as MMDDYYYY
- **ND:** Not documented

Uses
- Used to calculate patient age in years
- Assists with patient identification
- System evaluation and monitoring

Data Source Hierarchy
- Facesheet
- ED Records
- Billing Sheet / Medical Records Coding Summary Sheet
- EMS Report Form

RACE

Definition
    Checkbox indicating the race of the patient

Field Values
- **A:** Asian/Non Pacific Islander: person having origins in any of the original peoples of the Far East, southeast Asia, or the Indian subcontinent, including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam
- **B:** Black/African American: person having origins in any of the Black racial groups of Africa (includes Haitians)
- **H:** Latino/Hispanic: person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race
- **N:** Native American/Alaska Native: person having origins in any of the original peoples of North, Central, and South American and who maintains tribal affiliation or community attachment
- **P:** Pacific Islander/Native Hawaiian: person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands
- **W:** White: person having origins in any of the original peoples of Europe, the Middle East, or North Africa
- **O:** Other
- **U:** Unable to determine
- **ND:** Not Documented: race is not documented

Additional Information
- Patient race should be coded as stated by patient or family member

Uses
- Epidemiological statistics
- System evaluation and monitoring

Data Source Hierarchy
- Facesheet
- ED Records
- History and Physical
- Billing Sheet / Medical Records Coding Summary Sheet

HISPANIC?

Definition
Checkbox indicating whether the patient is of Hispanic or Latino ethnicity

Field Values
- **Y:** Yes
- **N:** No
- **UTD:** Unable to determine
- **ND:** Not documented

Additional Information
- Patient ethnicity should be coded as stated by patient or family member

Uses
- Epidemiological statistics
- System evaluation and monitoring

Data Source Hierarchy
- Facesheet
- ED Records
- History and Physical
- Billing Sheet / Medical Records Coding Summary Sheet

MODE OF ARRIVAL

Definition
Checkbox indicating the patient's mode of transport to your facility

Field Values
- **A:** 9-1-1 air
- **G:** 9-1-1 ground
- **PA:** Private provider - air
- **PG:** Private provider - ground
- **MU:** Mobile stroke unit
- **ND:** Not Documented

Additional Information
- 9-1-1 refers to patients brought in by fire department paramedics
- Private provider refers to patients brought in by critical care transport teams
- Mobile stroke unit refers to patients brought in by an EMS vehicle equipped with a CT scanner and IV tPA

Uses
- Provides documentation of care
- Assists with determination of appropriate treatment
- System evaluation and monitoring

Data Source Hierarchy
- EMS Report Form
- Stroke Center Log
- ED Records

ARRIVAL TO HOSPITAL DATE

Definition
The date the patient arrived at your facility

Field Values
- Collected as MMDDYYYY
- **ND:** Not documented

Uses
- Establishes care intervals and incident timelines

Data Source Hierarchy
- Stroke Center Log
- Facesheet
- ED Records
- History and Physical

ARRIVAL AT HOSPITAL TIME

Definition
  The time of day that the patient arrived at your facility

Field Values
  - Collected as HHMM
  - Use 24-hour clock
  - **ND:** Not documented

Uses
  - Establishes care intervals and incident timelines

Data Source Hierarchy
  - Stroke Center Log
  - Facesheet
  - ED Records
  - History and Physical

FINAL LAST KNOWN WELL DATE

Definition
Date when the patient was last known to be well, symptom-free, or at baseline or usual state of health, per hospital documentation

Field Values
- Collected as MMDDYYYY
- **ND:** Not documented

Uses
- Assists with determination of appropriate treatment
- Establishes care intervals and incident timelines
- System evaluation and monitoring

Data Source Hierarchy
- ED Records
- History and Physical
- Other hospital records

FINAL LAST KNOWN WELL TIME

Definition
Time when the patient was last known to be well, symptom-free, or at baseline or usual state of health, per hospital documentation

Field Values
- Collected as HHMM
- Use 24-hour clock
- **ND:** Not documented

Additional Information
- Estimates to within nearest 15 minutes are acceptable

Uses
- Establishes care intervals and incident timelines
- System evaluation and monitoring

Data Source Hierarchy
- ED Records
- History and Physical
- Other hospital records

PRIOR AMBULATORY STATUS

Definition

Checkbox indicating the patient's ambulatory status prior to current event

Field Values

- **A:** With assistance from another person
- **I:** Ambulates independently without assistance from another person (with or without device)
- **U:** Unable to ambulate
- **ND:** Not Documented

Uses

- Establishes patient's baseline ambulatory status
- Assists with determining the severity of the event and the patient's response to treatment

Data Source Hierarchy

- ED Records
- History and Physical
- Other hospital records

INIT NIH STROKE SCALE PERFORMED?

Definition

Checkbox indicating whether the National Institutes of Health (NIH) Stroke Scale was performed on the patient at your facility

Field Values
- **Y:** Yes
- **N:** No

Additional Information
- Only enter "Yes" if the complete NIH Stroke Scale was performed within 48 hours of presentation
- If another stroke scale was performed instead, including the Modified NIH Stroke Scale, enter "No"

Uses
- Provides documentation of assessment and/or care
- Assists with determination of appropriate treatment
- System evaluation and monitoring

Data Source Hierarchy
- ED records
- History and Physical
- Other hospital records

NIH STROKE SCALE

Definition

The numerical value of the NIH Stroke Scale

Field Values

- Numeric value from 0 to 32

Uses

- Provides documentation of assessment/care
- Assists with determination of severity of event

Data Source Hierarchy

- ED records
- History and Physical
- Other hospital records

BRAIN IMAGING PERFORMED AT YOUR FACILITY?

Definition
Checkbox indicating whether a CT or MRI of the head was performed at your facility for this episode of care

Field Values
- **Y:** Yes
- **N:** No
- **ND:** Not Documented

Uses
- Provides documentation of assessment and/or care
- Assists with determination of appropriate treatment
- System evaluation and monitoring

Data Source Hierarchy
- ED records
- Radiology report
- Progress notes
- Other hospital records

INITIAL BRAIN IMAGING DATE

Definition

Date of the initial CT/MRI of the head performed at your facility from the DICOM header information for this episode of care. This is the date printed on the hard copy of the film, or available when reviewing the image digitally

Field Values

- Collected as MMDDYYYY
- **ND:** Not Documented

Additional Information

- Use the date indicated on the radiology report only if it clearly indicates the date of study initiation or completion (date of initiation preferred) and NOT date of scheduling, dictation or reporting

Uses

- Provides documentation of assessment/care
- Establishes care intervals and incident timelines
- System evaluation and monitoring

Data Source Hierarchy

- Radiology report
- ED records
- History and Physical
- Other hospital records

INITIAL BRAIN IMAGING TIME

Definition

Time of day of the initial CT/MRI of the head performed at your facility from the DICOM header information for this episode of care. This is the time printed on the hard copy of the film, or available when reviewing the image digitally

Field Values

- Collected as HHMM
- Use 24-hour clock
- **ND:** Not Documented

Additional Information

- Use the time indicated on the radiology report only if it clearly indicates the time of study initiation or completion (time of initiation preferred) and NOT time of scheduling, dictation or reporting

Uses

- Provides documentation of assessment/care
- Establishes care intervals and incident timelines
- System evaluation and monitoring

Data Source Hierarchy

- ED records
- History and Physical
- Other hospital records

WAS ANGIOGRAPHIC IMAGING PERFORMED?

Definition

Was angiographic imaging (CTA or MRA) performed on initial evaluation at your facility, or prior to arrival at your facility for transfers?

Field Values

- **Y:** Yes
- **N:** No
- **ND:** Not Documented

Additional Information

- Angiographic study is defined as: Computed Tomography Angiography (CTA) or Magnetic Resonance Angiogram (MRA)

Uses

- Provides documentation of assessment and/or care
- System evaluation and monitoring

Data Source Hierarchy

- Radiologic reports
- Hospital discharge summary
- ED records
- Progress notes
- Other hospital records

LARGE VESSEL ACUTE OCCLUSION?

Definition
> Checkbox indicating whether there was a large vessel acute occlusion based upon initial angiographic study

Field Values
- **Y:** Yes
- **N:** No
- **ND:** Not Documented

Additional Information
- Examples include clots located in the following locations: basilar, posterior or anterior cerebral artery; internal cerebral artery; or spenoidal (M1) or insula (M2) branch of the middle cerebral artery

Uses
- Provides documentation of assessment and/or care
- System evaluation and monitoring

Data Source Hierarchy
- Radiologic reports
- Hospital discharge summary
- Progress notes
- Other hospital records

THERAPIES/INTERVENTIONS

IV THROMBOLYTIC THERAPY AT TRANSFERRING FACILITY?

Definition
  Checkbox indicating whether IV thrombolytic therapy was initiated at the transferring facility

Field Values
- **Y:** Yes
- **N:** No
- **ND:** Not Documented

Uses
- Provides documentation of assessment and/or care
- System evaluation and monitoring

Data Source Hierarchy
- ED records
- Other hospital records

IV THROMBOLYTIC THERAPY AT YOUR FACILITY?

Definition
Checkbox indicating whether IV thrombolytic therapy was initiated at your facility

Field Values
- **Y:** Yes
- **N:** No
- **ND:** Not Documented

Additional Information
- If IV thrombolytic therapy was initiated at another facility, document "No"

Uses
- Provides documentation of assessment and/or care
- System evaluation and monitoring

Data Source Hierarchy
- ED records
- Other hospital records

IV THROMB. THERAPY DATE

Definition
Date that the patient received IV thrombolytic therapy

Field Values
- Collected as MMDDYYYY
- **ND:** Not documented

Uses
- Establishes care intervals and incident timelines
- System evaluation and monitoring

Data Source Hierarchy
- ED records
- Other hospital records

IV THROMB. THERAPY TIME

Definition
　　Time of day that the patient received IV thrombolytic therapy

Field Values
- Collected as HHMM
- Use 24-hour clock
- **ND:** Not documented

Uses
- Establishes care intervals and incident timelines
- System evaluation and monitoring

Data Source Hierarchy
- ED records
- Other hospital records

COMPLICATIONS OF THROMBOLYTIC THERAPY?

Definition

Checkbox indicating whether the patient experienced any serious complications related to thrombolytic therapy

Field Values

- **Y:** Yes
- **N:** No
- **ND:** Not documented

Additional Information

- Serious complications are defined as an intracranial or systemic hemorrhage < 36 hours from initiation of therapy that resulted in a prolonged length of stay or the need for additional medical interventions or higher level of care

Uses

- Provides documentation of assessment and/or care
- System evaluation and monitoring

Data Source Hierarchy

- Other hospital records

COMPLICATIONS

Definition

Checkbox indicating serious complications that occurred that were unexpected or out of proportion to the patient's expected course, and that were documented as complications of thrombolytic therapy

Field Values

- **ICH:** Intracranial hemorrhage <36 hours from initiation of therapy – a CT within 36 hours shows intracranial hemorrhage AND physician's notes indicate clinical deterioration due to hemorrhage
- **HEM:** Systemic hemorrhage <36 hours from initiation of therapy – bleeding within 36 hours of therapy and > 3 transfused units of blood within 7 days, or before discharge (whichever is earlier) AND physician note attributing bleeding problem as reason for transfusion
- **OTH:** Other

Additional Information

- If "Other" is marked, must document reason in 'Complication, If Other' field

Uses

- Provides documentation of assessment and/or care
- System evaluation and monitoring

Data Source Hierarchy

- Other hospital records

COMPLICATION, IF OTHER

Definition
Field provided to specify why "Other" was selected as the type of complication that occurred

Field Values
- Free text comment field

Additional Information
- Required field if "Other" is chosen in the "Complications" field

Uses
- Provides documentation of care
- Assists with determination of appropriate treatment
- System evaluation and monitoring

Data Source Hierarchy
- OR records
- Billing sheet / Medical records coding summary sheet
- Progress notes
- Other hospital records

CONTRAINDICATIONS

Definition

    Reasons IV thrombolytic therapy was not initiated

Field Values

AB	Active internal bleeding	BS50	Glucose <50 mg/dL
ART	Arterial puncture at noncompressible site in previous 7 days	MCA	CT findings of >1/3 Middle Cerebral Artery (MCA) infarction
BLD	Platelets <100,000, PTT >40 sec. after heparin use, PT >15, INR >1.7, or known bleeding tendencies	OR	Recent intracranial or spinal surgery, head trauma, or stroke (<3 mo.)
BP	SBP > 185 or DBP > 110mmHG despite treatment	SAH	Suspicion of subarachnoid hemorrhage
BRAIN	History of previous intracranial hemorrhage, intracranial neoplasm, arteriovenous malformation, or aneurysm		

- **ND:** Not Documented

Additional Information

- Use Ctrl key to select all that apply

Uses

- Provides documentation of assessment and/or care
- Assists with determination of appropriate treatment
- System evaluation and monitoring

Data Source Hierarchy

- ED records
- History and Physical
- Other hospital records

WARNINGS

Definition

   Risk factors associated with IV thrombolytic therapy

Field Values

AGE	Advanced age	MOR	Life expectancy <1 year, severe co-morbid illness, or Comfort Measures Only (CMO) on admission
BS400	Glucose > 400 mg/dL	OTH	Other
CT	CT findings of ICH, SAH, or major infarct signs	PRG	Pregnancy
DX	Delay in stroke diagnosis	PTA	Delay in patient arrival
HEM	Recent gastrointestinal or urinary tract hemorrhage (within previous 21 days)	REF	Patient/family refused
HOSP	In hospital time delay	SE	Seizure at onset
HTH	Left heart thrombus	SMD	Stroke severity too mild
HX	Prior stroke and diabetes	SSV	Stroke severity too severe (e.g. NIHSS >25)
IMP	Rapid improvement	tPA	IV or IA tPA given at outside hospital
IRB	Increased risk of bleeding	TR	Recent surgery/trauma (<15 days)
IV	No IV access	UTD	Care team unable to determine eligibility
MI	MI in previous 3 months	WAR	Currently taking oral anticoagulants (e.g., Warfarin)

- **ND:** Not Documented

Additional Information
- Use Ctrl key to select all that apply

Uses
- Provides documentation of assessment and/or care
- Assists with determination of appropriate treatment
- System evaluation and monitoring

Data Source Hierarchy
- ED records
- History and Physical
- Other hospital records

ENDOVASCULAR PROCEDURE PERFORMED?

Definition

Checkbox indicating whether an endovascular procedure for clot treatment was performed at your facility

Field Values
- **Y:** Yes
- **N:** No
- **ND:** Not Documented

Additional Information
- If an endovascular procedure for clot treatment was initiated at another facility, enter "No"
- Endovascular procedure includes any therapy that requires arterial puncture including intra-arterial TPA and mechanical endovascular reperfusion

Uses
- Provides documentation of assessment and/or care
- System evaluation and monitoring

Data Source Hierarchy
- IR records
- OR records
- Other hospital records

ARTERIAL PUNCTURE DATE

Definition

Date that arterial puncture was performed on the patient for clot treatment at your facility

Field Values

- Collected as MMDDYYYY
- **ND:** Not documented

Uses

- Establishes care intervals and incident timelines
- System evaluation and monitoring

Data Source Hierarchy

- IR records
- OR records
- Other hospital records

ARTERIAL PUNCTURE TIME

Definition
Time of day that arterial puncture was performed on the patient for clot treatment at your facility

Field Values
- Collected as HHMM
- Use 24-hour clock
- **ND:** Not documented

Uses
- Establishes care intervals and incident timelines
- System evaluation and monitoring

Data Source Hierarchy
- IR records
- OR records
- Other hospital records

IA THROMBOLYTIC THERAPY?

Definition
Checkbox indicating whether intra-arterial (IA) thrombolytic therapy was initiated at your facility

Field Values
- **Y:** Yes
- **N:** No
- **ND:** Not Documented

Additional Information
- If IA thrombolytic therapy was initiated at another facility, enter "No"

Uses
- Provides documentation of assessment and/or care
- System evaluation and monitoring

Data Source Hierarchy
- OR records
- Other hospital records

IA THROMB. THERAPY DATE

Definition
Date that the patient received IA thrombolytic therapy at your facility

Field Values
- Collected as MMDDYYYY
- **ND:** Not documented

Uses
- Establishes care intervals and incident timelines
- System evaluation and monitoring

Data Source Hierarchy
- OR records
- Other hospital records

IA THROMB. THERAPY TIME

Definition

Time of day that the patient received IA thrombolytic therapy at your facility

Field Values

- Collected as HHMM
- Use 24-hour clock
- **ND:** Not documented

Uses

- Establishes care intervals and incident timelines
- System evaluation and monitoring

Data Source Hierarchy

- OR records
- Other hospital records

MER TREATMENT?

Definition

Checkbox indicating whether mechanical endovascular reperfusion (MER) therapy was initiated at your facility

Field Values

- **Y:** Yes
- **N:** No
- **ND:** Not documented

Uses

- Provides documentation of care
- Assists with determination of appropriate treatment
- System evaluation and monitoring

Data Source Hierarchy

- OR records
- Billing sheet / Medical records coding summary sheet
- Progress notes
- Other hospital records

MER DATE

Definition
Date that the patient received MER therapy at your facility

Field Values
- Collected as MMDDYYYY
- **ND:** Not documented

Additional Information
- MER date should be the date when reperfusion was accomplished

Uses
- Establishes care intervals and incident timelines
- System evaluation and monitoring

Data Source Hierarchy
- OR records
- Other hospital records

MER TIME

Definition
Time of day that the patient received MER therapy at your facility

Field Values
- Collected as HHMM
- Use 24-hour clock
- **ND:** Not documented

Additional Information
- MER time should be the time when reperfusion was accomplished

Uses
- Establishes care intervals and incident timelines
- System evaluation and monitoring

Data Source Hierarchy
- OR records
- Other hospital records

TYPE OF MER TREATMENT

Definition
Checkbox indicating the type of MER treatment that was used

Field Values
- **ER:** Endovascular clot retrieval device
- **EA:** Endovascular aspiration device (clot suction)
- **AN:** Intracranial angioplasty with/without permanent stenting
- **OT:** Other
- **ND:** Not Documented

Additional Information
- Clot retrieval devices include Stentriever, MERCI and similar devices
- Aspiration or clot suction devices include Penumbra and similar devices
- If "Other" is marked, must document reason in 'MER Treatment Type, If Other' field

Uses
- Provides documentation of care
- Assists with determination of appropriate treatment
- System evaluation and monitoring

Data Source Hierarchy
- Radiology records
- OR records
- Billing sheet / Medical records coding summary sheet
- Progress notes
- Other hospital records

MER TREATMENT TYPE, IF OTHER

Definition

Field provided to specify type of MER therapy not identified in the "Type of MER Treatment" picklist

Field Values

- Free text comment field

Additional Information

- Required field if "Other" is chosen in the "Type of MER Treatment" field

Uses

- Provides documentation of care
- Assists with determination of appropriate treatment
- System evaluation and monitoring

Data Source Hierarchy

- OR records
- Billing sheet / Medical records coding summary sheet
- Progress notes
- Other hospital records

TICI SCORE

Definition

Checkbox indicating the thrombolysis in cerebral infarction (TICI) post-treatment score after IA thrombolytic therapy or MER

Field Values
- **0:** no perfusion
- **1:** perfusion past the initial occlusion but no distal branch filling
- **2a:** perfusion with incomplete or slow distal branch filling
- **2b:** full perfusion, filling is slower than normal
- **3:** full perfusion with filling of all distal branches
- **ND:** Not Documented

Additional Information
- Used only in patients with a diagnosis of ischemic stroke

Uses
- Provides documentation of care
- Assists with determination of appropriate treatment

Data Source Hierarchy
- OR records
- Progress notes
- Other hospital records

OUTCOMES

ED DISPOSITION

Definition

Checkbox indicating the patient's next phase of care after the Emergency Department (ED)

Field Values

- **OR:** Patient went to the OR from the ED
- **ICU:** Patient was admitted to the ICU from the ED
- **Stepdown/Tele:** Patient was admitted to Stepdown/Tele Unit from the ED
- **Ward:** Patient was admitted to a Ward unit from the ED
- **<24 Obs:** Patient was admitted to <24 Obs. unit from the ED
- **Neuro IR Rad:** Patient went to Neuro IR Radiology from the ED
- **Post Hosp:** Patient was discharged from the ED or died in the ED
- **ND:** Not Documented

Additional Information

- If "Post Hosp" is checked, "Hosp. Disposition" field is required

Uses

- Provides documentation of care
- System evaluation and monitoring

Data Source Hierarchy

- ED records
- Billing sheet / Medical records coding summary sheet
- Other hospital records
- Hospital discharge summary

HOSP. DISCHARGE DATE

Definition

Date the patient was discharged from the acute care unit at your facility

Field Values

- Collected as MMDDYYYY
- **ND:** Not Documented

Additional Information

- Applicable when the patient:
    - Expires
    - Is discharged
    - Leaves against medical advice (AMA)
    - Leaves without being seen (LWBS) or elopes
    - Is transferred to a rehabilitation, skilled nursing, or hospice unit (at your facility or another facility)
    - Is transferred to an acute inpatient unit at another facility

Uses

- Provides documentation of care
- Assists with determination of appropriate treatment
- System evaluation and monitoring

Data Source Hierarchy

- Hospital discharge summary
- Progress notes
- Billing sheet / Medical records coding summary sheet

HOSP. DISPOSITION

Definition
> Checkbox indicating the patient's destination upon discharge from the acute care unit at your facility

Field Values
- **HOM:** Home/Previous place of residence
- **ACF:** Acute care facility
- **SNF:** Extended Care/Skilled nursing facility
- **REH:** Rehab center
- **HOS:** Hospice
- **AMA:** AMA/Eloped/LWBS
- **MOR:** Morgue/Mortuary
- **ND:** Not documented

Additional Information
- Disposition of rehab includes rehabs located within an acute care facility
- If "ACF" is entered, "Rationale for Disposition to an Acute Care Facility" field is required

Uses
- Provides documentation of care
- Assists with determination of appropriate treatment
- System evaluation and monitoring
- Epidemiological statistics

Data Source Hierarchy
- Hospital discharge summary
- Progress notes
- Billing sheet / Medical records coding summary sheet

RATIONALE FOR DISPOSITION TO AN ACUTE CARE FACILITY

Definition

Checkbox indicating the primary reason for hospital disposition to an acute care facility

Field Values

- **F:** Financial health plan
- **H:** Higher level or specialized care
- **OT:** Other
- **ND:** Not documented

Additional Information

- Required field if "Acute Care Facility" is entered in the 'Hosp. Disposition' field
- If "Other" is selected, must document reason in 'Rationale for Disposition, If Other' field

Uses

- Provides documentation of assessment and/or care
- Assists with determination of appropriate treatment
- System evaluation and monitoring

Data Source Hierarchy

- Hospital discharge summary
- Progress notes
- Billing sheet / Medical records coding summary sheet

RATIONALE FOR DISPOSITION, IF OTHER

Definition

Field provided to specify the rationale for disposition to an acute care facility not identified in the "Rationale for Disposition to an Acute Care Facility" picklist

Field Values

- Free text comment field

Additional Information

- Required field if "Other" is entered in the "Rationale for Disposition to an Acute Care Facility" field

Uses

- Provides documentation of care
- Assists with determination of appropriate treatment
- System evaluation and monitoring

Data Source Hierarchy

- Hospital discharge summary
- Progress notes
- Billing sheet / Medical records coding summary sheet

TRANSFERRED TO

Definition

Code indicating to which acute care facility the patient was transferred to

Field Values

LOS ANGELES COUNTY 9-1-1 RECEIVING HOSPITALS			
ACH	Alhambra Hospital Medical Center	KFW	Kaiser Foundation Hospital - West Los Angeles
AHM	Catalina Island Medical Center	LBM	Long Beach Memorial Medical Center
AMH	Methodist Hospital of Southern California	LCH	Palmdale Regional Medical Center
AVH	Antelope Valley Hospital	LCM	Providence Little Co. of Mary Medical Center - Torrance
BEV	Beverly Hospital	MCP	Mission Community Hospital
BMC	Southern California Hospital at Culver City	MHG	Memorial Hospital of Gardena
CAL	Dignity Health - California Hospital Medical Center	MID	Olympia Medical Center
CHH	Children's Hospital Los Angeles	MLK	Martin Luther King Jr. Community Hospital
CHP	Community Hospital of Huntington Park	MPH	Monterey Park Hospital
CNT	Centinela Hospital Medical Center	NOR	LA Community Hospital at Norwalk
CPM	Coast Plaza Doctors Hospital	NRH	Dignity Health - Northridge Hospital Medical Center
CSM	Cedars-Sinai Medical Center	OVM	LAC Olive View - UCLA Medical Center
DCH	PIH Health Hospital - Downey	PAC	Pacifica Hospital of the Valley
DFM	Marina Del Rey Hospital	PIH	PIH Health Hospital- Whittier
DHL	Lakewood Regional Medical Center	PLB	College Medical Center
ELA	East Los Angeles Doctors Hospital	PVC	Pomona Valley Hospital Medical Center
ENH	Encino Hospital Medical Center	QOA	Hollywood Presbyterian Medical Center
FPH	Foothill Presbyterian Hospital	QVH	Citrus Valley M.C. - Queen of the Valley Campus
GAR	Garfield Medical Center	SDC	San Dimas Community Hospital
GEM	Greater El Monte Community Hospital	SFM	St. Francis Medical Center
GMH	Dignity Health - Glendale Memorial Hospital and Health Center	SGC	San Gabriel Valley Medical Center
GSH	Good Samaritan Hospital	SJH	Providence Saint John's Health Center
GWT	Adventist Health - Glendale	SJS	Providence Saint Joseph Medical Center
HCH	Providence Holy Cross Medical Center	SMH	Santa Monica - UCLA Medical Center
HEV	Glendora Community Hospital	SMM	Dignity Health - St. Mary Medical Center
HGH	LAC Harbor-UCLA Medical Center	SOC	Sherman Oaks Hospital
HMH	Huntington Hospital	SPP	Providence Little Co. of Mary Medical Center - San Pedro
HMN	Henry Mayo Newhall Hospital	SVH	St. Vincent Medical Center
HWH	West Hills Hospital & Medical Center	TOR	Torrance Memorial Medical Center
ICH	Citrus Valley M.C. - Intercommunity Campus	TRM	Providence Tarzana Medical Center
KFA	Kaiser Foundation Hospital - Baldwin Park	UCL	Ronald Reagan UCLA Medical Center
KFB	Kaiser Foundation Hospital - Downey	USC	LAC+USC Medical Center
KFH	Kaiser Foundation Hospital - South Bay	VHH	USC Verdugo Hills Hospital
KFL	Kaiser Foundation Hospital - Sunset (LA)	VPH	Valley Presbyterian Hospital
KFO	Kaiser Foundation Hospital - Woodland Hills	WHH	Whittier Hospital Medical Center
KFP	Kaiser Foundation Hospital - Panorama City	WMH	Adventist Health - White Memorial

ORANGE COUNTY 9-1-1 RECEIVING HOSPITALS			
ANH	Anaheim Regional Medical Center	LPI	La Palma Intercommunity Hospital
CHO	Children's Hospital of Orange County	PLH	Placentia Linda Hospital
FHP	Fountain Valley Regional Hospital & Medical Center	SJD	St. Jude Medical Center
KHA	Kaiser Foundation Hospital - Anaheim	UCI	University of California - Irvine Medical Center
KFI	Kaiser Foundation Hospital - Irvine	WMC	Western Medical Center Santa Ana
LAG	Los Alamitos Medical Center		
SAN BERNADINO COUNTY 9-1-1 RECEIVING HOSPITALS			
ARM	Arrowhead Regional Medical Center	KFN	Kaiser Foundation Hospital- Ontario
CHI	Chino Valley Medical Center	LLU	Loma Linda University Hospital
DHM	Montclair Hospital Medical Ctr.	SAC	San Antonio Community Hospital
KFF	Kaiser Foundation Hospital- Fontana		
OTHER COUNTY 9-1-1 RECEIVING HOSPITALS			
LRR	Los Robles Hospital & Med Ctr (Ventura)	SIM	Adventist Health - Simi Valley (Ventura)
RCC	Ridgecrest Regional Hospital (Kern)	SJO	St. John Regional Medical Center (Ventura)

- **ND:** Not documented

Uses
- Assists with determination of appropriate treatment
- System evaluation and monitoring

Data Source Hierarchy
- Facesheet
- ED records
- History and Physical
- Billing Sheet / Medical Records Coding Summary Sheet

MODIFIED RANKIN PERFORMED AT DISCHARGE?

Definition

Checkbox indicating whether the Modified Rankin Scale was performed on the patient at discharge from the acute care unit at your facility

Field Values

- **Y:** Yes
- **N:** No
- **ND:** Not Documented

Uses

- Provides documentation of assessment and/or care
- Assists with determination of outcome
- System evaluation and monitoring

Data Source Hierarchy

- Hospital discharge summary
- Progress notes
- Billing sheet / Medical records coding summary sheet
- Other hospital records

MODIFIED RANKIN SCALE

Definition

The numerical value of the Modified Rankin Scale

Field Values

- **0:** No disability
- **1:** No significant disability despite symptoms, able to carry out all usual duties and activities
- **2:** Slight disability, unable to carry out all routine activities, but able to look after own affairs without assistance
- **3:** Moderate Disability, requiring some help, but able to walk without assistance from a person
- **4:** Moderate-Severe disability, unable to walk without assistance, OR, unable to attend to own bodily needs without assistance from a person
- **5:** Severe disability, bedridden, incontinent, and requiring constant nursing care
- **6:** Dead

Uses

- Provides documentation of assessment and/or care
- Assists with determination of outcome
- System evaluation and monitoring

Data Source Hierarchy

- Hospital discharge summary
- Progress notes
- Billing sheet / Medical records coding summary sheet
- Other hospital records

AMBULATORY STATUS AT DISCHARGE

Definition

   Checkbox indicating the patient's ambulatory status at discharge

Field Values

- **A:** With assistance from another person
- **I:** Ambulates independently without assistance from another person (with or without device)
- **U:** Unable to ambulate
- **ND:** Not Documented

Uses

- Assists with determining the severity of the event and the patient's response to treatment

Data Source Hierarchy

- ED Records
- History and Physical
- Other hospital records

FINAL CLINICAL DIAGNOSIS

Definition

Checkbox indicating the condition thought to be chiefly responsible for the patient's current event

Field Values

- **ISC:** Ischemic Stroke
- **TIA:** Transient ischemic attack
- **SAH:** Subarachnoid hemorrhage
- **ICH:** Intracerebral hemorrhage
- **STR:** Stroke, not otherwise specified
- **NO:** No stroke-related diagnosis
- **ND:** Not Documented

Additional Information

- Select most significant option based on the clinical information found in the medical record

Uses

- Assists with determination of appropriate treatment
- Provides documentation of assessment and/or care
- System evaluation and monitoring

Data Source Hierarchy

- ED records
- Hospital discharge summary
- Progress notes

STROKE RELATED ICD10 CODE

Definition

Indicates the patient's clinical hospital diagnosis or diagnoses related to stroke

Field Values

- G45.0-G45.2 – TIA and related syndromes
- G45.8-G45.9 – Other TIAs and related syndromes
- I60.00-I60.9 - Non-traumatic subarachnoid hemorrhage
- I61.0-I61.9 - Non-traumatic intracerebral hemorrhage
- I63.0-I63.9 - Cerebral infarction (occlusion and stenosis of cerebral and precerebral arteries, resulting in cerebral infarction)
- O99.411-O99.43 – Diseases of the circulatory system complicating pregnancy, childbirth, and puerperium
- **ND:** Not Documented

Uses

- Provides documentation of assessment and/or care
- System evaluation and monitoring

Data Source Hierarchy

- Hospital discharge summary
- Progress notes
- Other hospital records