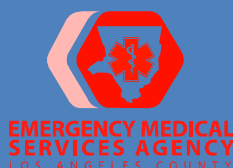


Stroke Center Data Dictionary

Los Angeles County
Emergency Medical Services Agency



*REVISED:
May 2025*

SUBJECT: **STROKE CENTER DATA DICTIONARY**

REFERENCE NO. 650

TABLE OF CONTENTS

DEMOGRAPHICS TAB.....	3
SEX	4
PATIENT GENDER IDENTITY	5
DATE OF BIRTH.....	6
AGE	7
RACE.....	8
HISPANIC ETHNICITY	10
ADMIN TAB	11
FINAL CLINICAL DIAGNOSIS RELATED TO STROKE	12
ARRIVAL DATE/TIME.....	13
DISCHARGE DATE/TIME.....	14
CLINICAL CODES TAB.....	15
ICD-10-CM PRINCIPAL DIAGNOSIS CODE	16
ADMISSION TAB.....	17
AMBULATORY STATUS PRIOR TO THE CURRENT EVENT	18
INITIAL NIHSS SCORE PERFORMED.....	19
DATE/ TIME INITIAL NIHSS	20
TOTAL SCORE / NIH STROKE SCALE.....	21
INITIAL ICH SCORE DONE AT THIS HOSPITAL.....	22
IF YES, ICH SCORE.....	23
ICH VOLUME.....	24
HOSPITALIZATION TAB.....	25
DATE/ TIME PATIENT LAST KNOWN WELL.....	26
BRAIN IMAGING COMPLETED AT YOUR HOSPITAL FOR THIS EPISODE OF CARE.....	27
DATE/ TIME BRAIN IMAGING FIRST INITIATED AT YOUR HOSPITAL	28
ACUTE VASCULAR IMAGING OR PERFUSION IMAGING PERFORMED?.....	29
TARGET LESION/ LVO VISUALIZED.....	30
IV THROMBOLYTIC INITIATED AT THIS HOSPITAL	31
DATE/ TIME IV THROMBOLYTIC INITATED (AT THIS HOSPITAL OR ED).....	32
DOCUMENTED EXCLUSIONS OR RELATIVE EXCLUSIONS (CONTRAINDICATIONS OR WARNINGS) FOR NOT INITIATING IV THROMBOLYTIC IN THE 0-3 HOUR TREATMENT WINDOW	33
DOCUMENTED EXCLUSIONS OR RELATIVE EXCLUSIONS (CONTRAINDICATIONS OR WARNINGS) FOR NOT INITIATING IV THROMBOLYTIC IN THE 3-4.5 HOUR TREATMENT WINDOW	34

CONTRAINDICATIONS AND/ OR WARNINGS (0-3-HOUR AND 3-4.5-HOUR TREATMENT WINDOWS).....	35
ADDITIONAL WARNINGS 3-4.5-HOURS	37
HOSPITAL RELATED OR OTHER REASONS (0-3-HOUR and 3-4.5-HOUR TREATMENT WINDOWS)	38
IV THROMBOLYTIC ADMINISTERED AT OUTSIDE HOSPITAL OR MOBILE STROKE UNIT?	40
CATHETER BASED STROKE TREATMENT AT THIS HOSPITAL?.....	41
ADVANCED STROKE CARE TAB	42
IS THERE DOCUMENTATION THAT IA THROMBOLYTIC THERAPY WAS INITIATED AT THIS HOSPITAL?.....	43
WHAT IS THE DATE AND TIME THAT IA THROMBOLYTIC THERAPY WAS INITIATED FOR THIS PATIENT AT THIS HOSPITAL?	44
WHAT IS THE DATE AND TIME OF SKIN PUNCTURE AT THIS HOSPITAL TO ACCESS THE ARTERIAL SITE SELECTED FOR ENDOVASCULAR TREATMENT OF A CEREBRAL ARTERY OCCLUSION?	45
WAS A MECHANICAL ENDOVASCULAR REPERFUSION PROCEDURE ATTEMPTED DURING THIS EPISODE OF CARE (AT THIS HOSPITAL)?	46
WHAT IS THE DATE AND TIME OF THE FIRST PASS OF A CLOT RETRIEVAL DEVICE AT THIS HOSPITAL?.....	47
THROMBOLYSIS IN CEREBRAL INFARCTION (TICI) POST-TREATMENT REPERFUSION GRADE	48
IF SURGICAL TREATMENT FOR ICH AT THIS HOSPITAL, TYPE?	49
IF SURGICAL TREATMENT FOR ICH AT THIS HOSPITAL IS YES, WHAT WAS THE PROCEDURE DATE/TIME?	50
DISCHARGE TAB.....	51
MODIFIED RANKIN SCALE AT DISCHARGE	52
IF YES - MODIFIED RANKIN SCALE AT DISCHARGE.....	53
AMBULATORY STATUS AT DISCHARGE	54
SPECIAL INITIATIVES TAB	55
DATE/TIME TRANSPORT REQUESTED	56
DATE/TIME TRANSPORT ARRIVED	57
DATE/TIME TRANSFER REQUESTED BY REFERRING HOSPITAL.....	58
DATE/TIME TRANSFER ACCEPTED BY RECEIVING HOSPITAL	59
MODE OF TRANSPORT	60
LA EMS TAB	61
INCLUSION CRITERIA: PATIENTS TRANSPORTED BY 9-1-1 TO YOUR FACILITY OR ARRIVAL TO PRIOR FACILITY WAS BY 9-1-1	62

DID THE PATIENT MEET THE PREHOSPITAL CARE STROKE POLICY?	63
WAS THE FINAL HOSPITAL OR ED DIAGNOSIS ISCHEMIC STROKE, TRANSIENT ISCHEMIC ATTACK, INTRACEREBRAL HEMORRHAGE, INTRAVENTRICULAR HEMORRHAGE, OR SUBARACHNOID HEMORRHAGE?.....	64
WAS THE PATIENT TRANSPORTED TO YOUR FACILITY BECAUSE FACILITY IS A STROKE CENTER?.....	65
WAS PATIENT TRANSFERRED FROM ANOTHER FACILITY FOR STROKE CARE?	66
TRANSFER FROM A HOSPITAL (DIFFERENT FACILITY).....	67
PROVIDER AGENCY/CODE	69
SEQUENCE NUMBER	70
ALS UNIT #.....	71
DISPATCH DATE/TIME	72
MODE OF ARRIVAL	73
PROVIDER IMPRESSION	74
ADVANCED NOTIFICATION BY EMS?.....	76
FIELD TRIAGE DECISION	77
LAST KNOWN WELL DATE/TIME DOCUMENTED BY EMS?	78
DATE/TIME PATIENT LAST KNOWN WELL PER EMS	79
DATE/TIME OF EMS ARRIVAL AT PATIENT.....	80
MLAPSS DOCUMENTED?	81
MLAPSS CRITERIA MET	82
LAMS PERFORMED?	83
LAMS SCORE	84
PREHOSPITAL RESEARCH STUDY ENROLLMENT?	85
BLOOD GLUCOSE (MG/DL) DOCUMENTED BY EMS.....	86
COMPLICATIONS OF THROMBOLYTIC THERAPY?.....	87
COMPLICATIONS	88
SPECIFY OTH - OTHER	89
ED DISPOSITION.....	90
HOSPITAL DISPOSITION	91
RATIONALE FOR DISPOSITION TO AN ACUTE CARE FACILITY	92
SPECIFY OT – OTHER	93
TRANSFER TO.....	94
IF IA CATHETER-BASED REPERFUSION INITIATED AT THIS HOSPITAL, TYPE:	96
SPECIFY OTHER IA CATHETER-BASED REPERFUSION	97

DEMOGRAPHICS TAB

SEX

GWTG Definition

The patient's sex at birth.

Field Values

- Male
- Female
- Unknown

Additional Information

- Select "Unknown" if the sex is not known or undocumented.
- Consider the sex to be unable to be determined and select "Unknown" if:
 - The patient refuses to provide their sex.
 - Documentation is contradictory.

GWTG Location

- Demographics Tab

Uses

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

Data Source Hierarchy

- ED Records
- History and Physical
- Electronic Patient Care Record (ePCR)
- Stroke Center Log
- Base Hospital Log
- Facesheet
- Billing Sheet / Medical Records Coding Summary Sheet

PATIENT GENDER IDENTITY

GWTG Definition

The patient's gender identity, self-identified by the patient. This may or may not match sex assigned at birth.

Field Values

- Male
- Female
- Female-to-Male (FTM) / Transgender Male / Trans Male
- Male-to-Female (MTF) / Transgender Female / Trans Female
- Genderqueer, neither exclusively male nor female
- Additional gender category or other: ____
- Did not disclose

Additional Information

- Select "Additional gender category or other" if the patient self-identifies with any other gender that is not listed above, then specify in the section provided
- Reference: CDC terminology: Derived from APA's Definitions Related to Sexual Orientation and Gender Diversity and WHO's Gender, Equity and Human Rights: <https://www.cdc.gov/healthyyouth/terminology/sexual-and-gender-identity-terms.htm>
- ONC (HealthIT.gov): Includes LOINC and SNOMED Codes – Representing Sexual Orientation and Gender Identity: <https://www.healthit.gov/isa/section/sex-birth-sexualorientation-and-gender-identity>
- US Dept of Health & Human Services / CDC – Sexual Orientation Survey: A Quality Assessment: https://www.cdc.gov/nchs/data/series/sr_02/sr02_169.pdf

GWTG Location

- Demographics Tab

Uses

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

Data Source Hierarchy

- ED Records
- History and Physical
- Electronic Patient Care Record (ePCR)
- Stroke Center Log
- Base Hospital Log
- Facesheet
- Base Hospital Form
- Billing Sheet / Medical Records Coding Summary Sheet

DATE OF BIRTH

GWTG Definition

The month, day, and year the patient was born.

Field Values

- Collected as MM/DD/YYYY

GWTG Location

- Demographics Tab

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
- Electronic Patient Care Record (ePCR)

AGE

GWTG Definition

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

Field Values

- Auto calculates if Date of Birth is completed.
- Integer 0 –125

GWTG Location

- Demographics Tab

Uses

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

Data Source Hierarchy

- Hospital Records
- Facesheet
- Stroke Center Log
- Electronic Patient Care Record (ePCR)
- Base Hospital Form
- Base Hospital Log
- History and Physical
- Billing Sheet / Medical Records Coding Summary Sheet

RACE

GWTG Definition

Select the patient's self-assessed race/ ethnicity, or if not available, the physician or institution's assessment.

Field Values

- American Indian/Alaska native
- Asian
- Black or African American
- Native Hawaiian/ Pacific Islander
- White
- UTD (Unable to Determine)

Additional Information

- Patient race should be coded as stated by patient or family member
- American Indian/ Alaska Native – A person having origins in any of the original peoples of North and South American (including Central America) and who maintains tribal affiliation or community attachment (e.g. any recognized tribal entity in North and Southern American including Central America, Native American)
- Asian – A person having origins in any of the original peoples of the Far East, southeast Asia, or the Indian subcontinent, including for example, India, China, Philippines, Japan, Korea, Vietnam, or Other including, but not limited to Cambodia, Malaysia, Hmong, and Thailand. If Asian, select the specific sub-category (or sub-categories) that apply from the list provided:
- Black or African American – A person having origins in any of the black racial groups of Africa. Terms such as “Haitian” or “Negro” can be used in addition to “Black or African American.”
- Native Hawaiian/ Pacific Islander – A person having origins in any of the other original peoples of Hawaii, Guam or Mariana Islands, Samoa, or other Pacific Islands. If Native Hawaiian/ Pacific Islander, select the specific sub-category (or sub-categories). Select all that apply from the list provided.
- White – Patients' race is White or a person having origins in any of the original peoples of Europe, Middle East or North Africa (e.g., Caucasian, Iranian, White)
- UTD (Unable to Determine) – Unable to determine the patient's race or not stated (e.g., not documented, conflicting documentation or patient unwilling to provide). The data element Hispanic Ethnicity is required in addition to this Race data element.

GWTG Location

- Demographics Tab

Uses

- Epidemiological statistics
- System evaluation and monitoring

Data Source Hierarchy

- Facesheet

- ED Records
- History and Physical

HISPANIC ETHNICITY

GWTG Definition

Documentation that the patient is of Hispanic, Latino, or Spanish ethnicity

Field Values

- Yes: Patient is of Hispanic, Latino, or Spanish ethnicity
- No/ UTD: Patient is not of Hispanic, Latino, or Spanish ethnicity or unable to determine from medical record documentation

Additional Information

- Patient ethnicity should be coded as stated by patient or family member.
- Inclusion: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term “Spanish origin” can be used in addition to “Hispanic or Latino.”

GWTG Location

- Demographics Tab

Uses

- Epidemiological statistics
- System evaluation and monitoring

Data Source Hierarchy

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

ADMIN TAB

FINAL CLINICAL DIAGNOSIS RELATED TO STROKE

GWTG 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.

Field Values

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

Additional Information

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

GWTG Location

- Admin Tab

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

ARRIVAL DATE/TIME

GWTG Definition

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

Field Values

- MM/DD/YYYY HH:MM where HH:MM is formatted as a 24-hour clock
- MM/DD/YYYY if no time documented
- Unknown

GWTG Location

- Admin Tab

Uses

- Establishes care intervals and incident timelines.

Data Source Hierarchy

- ED Record
- Stroke Center Log
- Facesheet
- ED Records
- History and Physical

DISCHARGE DATE/TIME

GWTG Definition

Record the month, day, year and time the patient was discharged from acute care, left against medical advice, or expired during this stay.

Field Values

- MM/DD/YYYY HH:MM where HH:MM is formatted as a 24-hour clock
- MM/DD/YYYY if no time documented
- Unknown

Additional Information

- Applicable when the patient:
 - Expired
 - Discharged
 - Left against medical advice (AMA)
 - Eloped
 - Is transferred to a rehabilitation, skilled nursing, or hospice unit (at your facility or another facility)
 - Transferred to an acute inpatient unit at another facility
- Time: 24-hour clock (Military Time)

GWTG Location

- Admin Tab

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

CLINICAL CODES TAB

ICD-10-CM PRINCIPAL DIAGNOSIS CODE

GWTG Definition

The ICD-10-CM diagnosis code that is primarily responsible for the admission of the patient to the hospital for care during this hospitalization.

Field Values

- Any valid diagnosis code per the CMS ICD-10CM master code table (Code Descriptions in Tabular Order):
<https://www.cms.gov/Medicare/Coding/ICD10/index.html>

GWTG Location

- Clinical Codes Tab

Uses

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

Data Source Hierarchy

- Hospital Discharge Summary
- Progress Notes
- Other Hospital Records

ADMISSION TAB

AMBULATORY STATUS PRIOR TO THE CURRENT EVENT

GWTG Definition

Documentation of the patient's ambulatory status prior to admission for the current event.

Field Values

- Able to ambulate independently (no help from another person) with or without device
- With assistance (from person)
- Unable to ambulate
- ND (not documented)

GWTG Location

- Admission Tab

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

INITIAL NIHSS SCORE PERFORMED

GWTG Definition

Documentation of the first National Institutes of Health Stroke Scale (NIHSS) score that was done at this hospital.

Field Values

- Yes
- No

Additional Information

- The NIHSS score may be documented by the physician/APA/PA or nurse (RN).
- If a total NIHSS score (i.e., sum of the category scores) is documented, select “Yes”.
- If components are scored but the total NIHSS score is not documented or left blank, select “No”. Do not infer a total NIHSS score from documented category scores.

GWTG Location

- Admission Tab

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
- Consultation Notes
- Other Hospital Records

DATE/ TIME INITIAL NIHSS

GWTG Definition

The month, date, and year that the NIHSS score was first performed at this hospital and the time (military time) for which the NIHSS score was first performed at this hospital.

Field Values

- MM/DD/YYYY HH:MM where HH:MM is formatted as a 24-hour clock
- MM/DD/YYYY if no time documented
- Unknown

Additional Information

- Use the date that the NIHSS score was first performed. If a discrepancy exists in date documentation from different sources, choose the earliest date. If there are two or more initial NIHSS score dates (either different NIHSS assessments or corresponding with the same assessment), enter the earliest date.

GWTG Location

- Admission Tab

Uses

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

Data Source Hierarchy

- ED Records
- History and Physical
- Other Hospital Records

TOTAL SCORE / NIH STROKE SCALE

GWTG Definition

The total NIHSS score.

Field Values

- Integer 0 – 42

Additional Information

- Enter the total score of the first NIHSS performed prior to treatment with thrombolytic therapy or acute endovascular procedure at your hospital or within 48 hours of hospital arrival for those patients that did not undergo treatment with thrombolytics or an acute endovascular procedure.

GWTG Location

- Admission Tab

Uses

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

Data Source Hierarchy

- ED Records
- History and Physical
- Other Hospital Records

INITIAL ICH SCORE DONE AT THIS HOSPITAL

GWTG Definition

Documentation of the first ICH score that was done at this hospital.

Field Values

- Yes
- No

Additional Information

- The ICH Score is a clinical grading scale composed of factors related to a basic neurological examination (GCS), a baseline patient characteristic (age), and initial neuroimaging (ICH volume, IVH, infratentorial/supratentorial origin). Score documentation may range from 0 to 6.
- If components are scored but the total ICH score is not documented or left blank, select "No". Do not infer a total ICH score from documented component scores.

GWTG Location

- Admission Tab

Uses

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

Data Source Hierarchy

- ED Records
- History and Physical
- Other Hospital Records

IF YES, ICH SCORE

GWTG Definition

The ICH Score is a clinical grading scale composed of factors related to a basic neurological examination (GCS), a baseline patient characteristic (age), and initial neuroimaging (ICH volume, IVH, infratentorial/supratentorial origin). Score documentation may range from 0 to 6. The purpose of this grading scale is to provide a standard assessment tool that can be easily and rapidly determined at the time of ICH presentation by physicians without special training in stroke neurology and that will allow consistency in communication and treatment selection in clinical care and clinical research.

Field Values:

- Integer 0 – 6

Additional Information

- Enter the total score of the first ICH score performed within 24 hours of hospital arrival and prior to the initiation of any invasive intracranial procedure.
- First ICH score can be recorded by a physician/APN/PA or nurse.

Component	Criteria	Points
GCS	3-4	2
	5-12	1
	13-15	0
ICH Volume	≥ 30	1
	< 30	0
Intraventricular Hemorrhage	Yes	1
	No	0
Infratentorial Origin	Yes	1
	No	0
Age	≥ 80	1
	≤ 80	0
Total ICH Score		0 - 6

GWTG Location

- Admission Tab

Uses

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

Data Source Hierarchy:

- ED Records
- History and Physical
- Other Hospital Records

ICH VOLUME

GWTG Definition

The documented Intracerebral Hemorrhage volume (cm³) in the medical record.

Field Values

- _____ cm³
- ND

Additional Information

- This value is calculated by a provider who reviews the scans. May also be seen on radiology report.
- The formula $ABC/2$ was used, where A is the greatest hemorrhage diameter by CT, B is the diameter 90° to A, and C is the approximate number of CT slices with hemorrhage multiplied by the slice thickness.
- If multiple volumes are recorded, then enter the first volume recorded.

GWTG Location

- Admission Tab (Must have ICH Layer activated)

Uses

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

Data Source Hierarchy

- ED Records
- History and Physical
- Other Hospital Records

HOSPITALIZATION TAB

DATE/ TIME PATIENT LAST KNOWN WELL

GWTG 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.

Field Values

- MM/DD/YYYY HH:MM where HH:MM is formatted as a 24-hour clock
- MM/DD/YYYY if no time documented
- Unknown

Additional Information

- The time last known well should be the time closest to the time of discovery for which we have clear evidence that the patient was at their previous baseline.

GWTG Location

- Hospitalization Tab

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

BRAIN IMAGING COMPLETED AT YOUR HOSPITAL FOR THIS EPISODE OF CARE

GWTC Definition

Documentation that brain imaging was performed at your hospital as part of the initial evaluation.

Field Values

- Yes
 - CT
 - MRI
- No/ ND
- NC (None-Contraindicated)

Additional Information

- If both a CT and MRI are completed at your hospital as part of the initial evaluation, select “Yes” and select both “CT” and “MRI”. This should only include imaging that was completed to inform acute treatment decision-making
- If a second brain image is completed at your hospital, after initial imaging has been completed at an outside hospital, you would select NC here and would record the findings of the initial brain image that was performed at the outside facility under Interpretation of first brain image after symptom onset, done at any facility.
- For inpatient stroke, use the initial brain imaging performed after discovery of stroke symptoms in the hospital. If patient had brain imaging performed in the hospital prior to stroke symptom onset, use the brain imaging performed after discovery of stroke symptoms in the hospital.

GWTC Location

- Hospitalization Tab

Uses

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

Data Source Hierarchy

- ED Records
- Radiology Reports
- Progress Notes
- Other Hospital Records

DATE/ TIME BRAIN IMAGING FIRST INITIATED AT YOUR HOSPITAL

GWTG Definition

The date and time of the initial first non-contrast CT/ MRI of the head performed at your institution.

Field Values

- MM/DD/YYYY HH:MM where HH:MM is formatted as a 24-hour clock
- MM/DD/YYYY if no time documented
- Unknown

Additional Information

- This is the date and time printed on the hard copy of the film or available when reviewing the image digitally.
- For CT studies, use the date-time stamp on the non-contrast CT, not from CT-angiography or CT-perfusion studies, if they were done.
- Record only CT/MRI date/time if the first study was performed at your hospital.
- Use the date indicated on the radiology report only if it clearly indicates the date of study initiation or completion (time of initiation preferred) and NOT time of scheduling, dictation or reporting.

GWTG Location

- Hospitalization Tab

Uses

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

Data Source Hierarchy

- Radiology Reports
- ED Records
- History and Physical
- Other Hospital Records

ACUTE VASCULAR IMAGING OR PERFUSION IMAGING PERFORMED?

GWTG Definition

Record if additional imaging was performed in the acute evaluation for the purpose of diagnosing large vessel occlusion (LVO) for the patient. Intent of the element is to determine if detection of large-vessel occlusion by means of intracranial vascular imaging was performed prior to initiating clinical decisions for treatment. Most large strokes are caused by occlusion in ≥ 1 large vessel.

Field Values

- Yes
- No

Additional Information

- Select "Yes" if patient had intracranial vascular imaging performed for diagnosing large vessel occlusion(s) prior to initiating treatment for acute ischemic stroke.
- Select "No" if there was no advanced imaging assessed at your hospital for diagnosing large vessel occlusion(s) prior to initiating treatment for the patient.
- Select "No" if no documentation in the patient's medical record or unknown.

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

TARGET LESION/ LVO VISUALIZED

GWTG Definition

Record if a proximal large vessel occlusion (LVO) was identified upon reviewing the advanced brain imaging (e.g. CTA, MRA, DSA). Intent of the question is to determine if patient had a large vessel intracranial occlusion in the imaging.

Field Values

- Yes
- No/ ND

Additional Information

- Examples include clots located in the following locations: basilar, posterior or anterior cerebral artery; internal cerebral artery; or sphenoidal (M1) or insula (M2) branch of the middle cerebral artery
- **Yes:** There was presence of large vessel occlusions identified (or visualized) upon reviewing the vascular imaging.
- **No/ND:** There were no large vessel occlusions identified (or visualized) upon reviewing the vascular imaging OR No documentation in the medical record that indicates presence of large vessel occlusion for vascular imaging completed for this episode of care.
- An occlusion is complete or near complete blockage of the artery.
- A "target lesion" is referring to a proximal large vessel occlusion.
- A large-vessel occlusion typically causes severe stroke and independently predicts poor neurological outcome and is a stronger predictor of "neurological deterioration." Thus, detection of large-vessel occlusion by means of noninvasive intracranial vascular imaging greatly improves the ability to make appropriate clinical decisions.

GWTG Location

- Hospitalization Tab

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

IV THROMBOLYTIC INITIATED AT THIS HOSPITAL

GWTG Definition

Intravenous (IV) thrombolytic was initiated at this hospital.

Field Values

- Yes
- No

Additional Information

- When a "hang time" or "infusion time" for IV thrombolytic is documented in the medical record, select "Yes".
- If IV thrombolytic therapy was administered at another hospital and patient was subsequently transferred to this hospital, select "No".
- If the patient was transferred to this hospital with IV thrombolytic infusing, select "No".
- If a patient begins treatment with IV thrombolytic but does not get the full dose due to a medical reason like an elevated INR or a newly discovered history element, select "Yes".
- Thrombolytic Therapy for stroke includes:
 - Activase
 - Alteplase
 - IV alteplase
 - Recombinant alteplase Tissue plasminogen activator
 - Tenecteplase
 - TNK
 - TNKase

GWTG Location

- Hospitalization Tab

Uses

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

Data Source Hierarchy

- ED Records
- Other Hospital Records

DATE/ TIME IV THROMBOLYTIC INITATED (AT THIS HOSPITAL OR ED)

GWTG Definition

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

Field Values

- MM/DD/YYYY HH:MM where HH:MM is formatted as a 24-hour clock
- MM/DD/YYYY if no time documented
- Unknown

Additional Information

- Use the date at which initiation of IV thrombolytic was first documented. If a discrepancy exists in date documentation from different sources, choose nursing documentation first before other sources. If multiple dates are documented by the same individual, use the earliest date recorded by that person.

GWTG Location

- Hospitalization Tab

Uses

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

Data Source Hierarchy

- ED Records
- Other Hospital Records

DOCUMENTED EXCLUSIONS OR RELATIVE EXCLUSIONS (CONTRAINDICATIONS OR WARNINGS) FOR NOT INITIATING IV THROMBOLYTIC IN THE 0-3 HOUR TREATMENT WINDOW

GTWG Definition

Documentation of any exclusions or relative exclusions for not initiating IV Thrombolytics in the 0-3 hour treatment window.

Field Values

- Yes
- No

Additional Information

- In order to select "Yes" reasons for not initiating IV thrombolytic therapy must be documented by a physician/APN/PA and mentioned in the context of IV thrombolytics and fall on the Exclusion Criteria (contraindications) and/or Relative Exclusion criteria.
- If the reason documented for non-treatment with IV thrombolytics does not fall into one of the response options on the Exclusion Criteria (0- 3hr) or Relative Exclusion Criteria(0-3hr) lists below, select "No" here.

GTWG Location

- Hospitalization Tab

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

DOCUMENTED EXCLUSIONS OR RELATIVE EXCLUSIONS (CONTRAINDICATIONS OR WARNINGS) FOR NOT INITIATING IV THROMBOLYTIC IN THE 3-4.5 HOUR TREATMENT WINDOW

GTWG Definition

Documentation of any exclusions or relative exclusions for not initiating IV Thrombolytics in the 3-4.5 hour treatment window.

Field Values

- Yes
- No

Additional Information

- In order to select "Yes", reasons for not initiating IV thrombolytic therapy must be documented by a physician/APN/PA and mentioned in the context of IV thrombolytics and fall on the Exclusion Criteria (contraindications) and/or Relative Exclusion criteria.
- If the reason documented for non-treatment with IV thrombolytics does not fall into one of the response options on the Exclusion Criteria (0- 3hr) or Relative Exclusion Criteria(0-3hr) lists below, select "No" here.

GTWG Location

- Hospitalization Tab

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

CONTRAINDICATIONS AND/ OR WARNINGS (0-3-HOUR AND 3-4.5-HOUR TREATMENT WINDOWS).

GWTG Definition

The following lists include warnings which have been taken from the clinical practice guidelines and is to be used to select the specific reason(s) documented in the medical record for not administering IV alteplase at the hospital.

Field Values

- **Exclusion Criteria (Contraindications)**
 - Elevated blood pressure (systolic > 185 mm Hg or diastolic > 110 mm Hg) despite treatment
 - Recent intracranial or spinal surgery or significant head trauma, or prior stroke in previous 3 months
 - History of previous intracranial hemorrhage, intracranial neoplasm, arteriovenous malformation, or aneurysm
 - Active internal bleeding
 - Acute bleeding diathesis (low platelet count, increased PTT, $\text{INR} \geq 1.7$ or use of NOAC). This includes: Platelet count <100 000/mm³;
 - Heparin received within 48 hours, resulting in abnormally elevated aPTT greater than the limit or normal; current use of anticoagulant with $\text{INR} > 1.7$ or $\text{PT} > 15$ seconds; current use of direct thrombin inhibitors or direct factor Xa inhibitors with elevated sensitive laboratory tests (such as aPTT, INR, platelet count, and ECT; TT; or appropriate factor Xa activity essays)
 - Symptoms suggest subarachnoid hemorrhage
 - CT demonstrates multilobar infarction (hypodensity >1/3 cerebral hemisphere)
 - Arterial puncture at non-compressible site in previous 7 days
 - Blood glucose concentration <50 mg/dL (2.7 mmol/L)
- **Relative Exclusion Criteria (Warnings)**
 - Care-team unable to determine eligibility
 - IV or IA thrombolysis/thrombectomy at an outside hospital prior to arrival
 - Life expectancy < 1 year or severe co-morbid illness or CMO on admission
 - Pregnancy
 - Patient/family refusal
 - Stroke severity too mild (non-disabling)
 - Recent acute myocardial infarction (within previous 3 months)
 - Seizure at onset with postictal residual neurological impairments
 - Major surgery or serious trauma within previous 14 days
 - Recent gastrointestinal or urinary tract hemorrhage (within previous 21 days)

Additional Information

- Exclusions and/or relative exclusions (contraindications and/or warnings) must be mentioned in the context of IV thrombolytics. It is the intent that the abstractor will not make inference as to the reason for non-treatment based upon the presence of certain patient clinical characteristics and conditions in the record, but will only

abstract reasons that are specifically documented in the medical record as the reason for not giving thrombolytic therapy. If reasons are not mentioned in the context of IV thrombolytics, do not make inferences (e.g., do not assume that IV thrombolytic was not initiated because of a bleeding disorder unless documentation explicitly states so.)

GWTG Location

- Hospitalization Tab

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

ADDITIONAL WARNINGS 3-4.5-HOURS

GWTG Definition

Additional documentation in the medical record for not administering IV alteplase at the hospital.

Field Values

- Age>80
- History of Both Diabetes and Prior Ischemic Stroke
- Taking an Oral Anticoagulant Regardless of INR
- Severe Stroke (NIHSS > 25)

Additional Information

- Only select “Additional Warnings” if any of these reasons for no IV alteplase are explicitly documented in the context of the 3-4.5 hour treatment window. (i.e. the physician documented “no IV alteplase after 3 hours of symptom onset due to NIHSS=27”, Select “NIHSS>`25”.

GWTG Location

- Hospitalization Tab

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

HOSPITAL RELATED OR OTHER REASONS (0-3-HOUR and 3-4.5-HOUR TREATMENT WINDOWS)

GWTG Definition

Documentation of hospital-related or other reasons for not administering IV alteplase.

Field Values

- 0-3 Hour Treatment Window
 - Delay in Patient Arrival
 - In-Hospital Time Delay
 - Delay in Stroke Diagnosis
 - No IV Access
 - Rapid or Early Improvement
 - Advanced Age
 - Stroke Too Severe
 - Other
- 3-4.5 Hour Treatment Window
 - Delay in Patient Arrival
 - Delay in Stroke Diagnosis
 - In-hospital Time Delay
 - No IV Access
 - Rapid or Early Improvement
 - Other

Additional Information

- This is the only section where it may be proper to infer reasons for non-treatment and is provided to assist in quality improvement activities.
- If there is a delay in getting the CT done or read, or a delay in patient evaluation, then select "In-hospital Time Delay".
- If "Documented Contraindications or Warnings for not initiating IV thrombolytic?" is "No", "Hospital-Related or Other Factors" can be selected. This is the **ONLY** section where it may be acceptable to infer reasons for non-treatment and is provided to assist in quality improvement activities.
- Do not select the code "Other" if you have already selected a Contraindication or Warning. The choices under "Hospital Related and Other Factor for non-treatment" including "Other" will NOT exclude patients from the denominator of the IV alteplase measures.

GWTG Location

- Hospitalization Tab

Uses

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

Data Source Hierarchy

- ED Records
- History and Physical
- Other Hospital Records

IV THROMBOLYTIC ADMINISTERED AT OUTSIDE HOSPITAL OR MOBILE STROKE UNIT?

GWTG Definition

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

Field Values

- Yes
- No

Additional Information

- Select "Yes" when a patient was transferred from another hospital where IV thrombolytic was started, even if the infusion continues after the patient arrives at your facility.

GWTG Location

- Hospitalization Tab

Uses

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

Data Source Hierarchy

- ED Records
- Other Hospital Records

CATHETER BASED STROKE TREATMENT AT THIS HOSPITAL?

GTWG Definition

IA catheter-based treatment therapy includes all uses of IA delivery of pharmacologic thrombolytic therapy, as well as mechanical devices such as "Clot retrieval devices" for acute ischemic stroke. Mechanical devices may be used alone or in conjunction with IA thrombolytic therapy. This field does not apply to endovascular treatments for other cerebrovascular conditions, such as stenting or angioplasty for subarachnoid hemorrhage induced vasospasm or elective carotid stenting for ischemic stroke prevention.

Field Values

- Yes
- No

Additional Information

- If catheter-based treatment for planned therapeutic intervention is initiated, but there is no visualized occlusion, then select "No".
- If IA thrombolytic therapy is given regionally (remote from clot due to an inability to access the clot), select "Yes."
- This data element is looking to capture patients that receive IA catheter-based reperfusion for acute stroke events only, and not those that undergo carotid revascularization for secondary prevention.
- Select "No" for patients that undergo treatment for secondary prevention.
- Select "No" for patients that undergo purely diagnostic angio or elective stenting.

GTWG Location

- Hospitalization Tab

Uses

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

Data Source Hierarchy

- Procedure Notes
- Operative Notes
- Diagnostic Test Reports
- Other Hospital Records

ADVANCED STROKE CARE TAB

IS THERE DOCUMENTATION THAT IA THROMBOLYTIC THERAPY WAS INITIATED AT THIS HOSPITAL?

GWTG Definition

Intra-arterial (IA) thrombolytic therapy was initiated at this hospital. IA thrombolytics convert plasminogen to plasmin, which in turn breaks down fibrin and fibrinogen, thereby dissolving thrombus.

Field Values

- Yes
- No

Additional Information

- When a “start time” or “infusion time” for IA thrombolytic is documented in the medical record, select “Yes”.
- If the data element "IA Route of t-PA Administration" is "Yes", select "Yes" for this data element.
- If IA thrombolytic initiation is unable to be determined from medical record documentation, select “No”.

GWTG Location

- Advanced Stroke Care Tab

Uses

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

Data Source Hierarchy

- Procedure Notes
- Operative Notes
- Diagnostic Test Reports
- Other Hospital Records

WHAT IS THE DATE AND TIME THAT IA THROMBOLYTIC THERAPY WAS INITIATED FOR THIS PATIENT AT THIS HOSPITAL?

GWTG Definition

The date and time associated with the time that Intra-arterial (IA) thrombolytic therapy was initiated to a patient with ischemic stroke at this hospital.

Field Values

- MM/DD/YYYY HH:MM where HH:MM is formatted as a 24-hour clock
- MM/DD/YYYY if no time documented
- Unknown

Additional Information

- If the date IA thrombolytic therapy was initiated is unable to be determined from medical record documentation, select "UTD".

GWTG Location

- Advanced Stroke Care Tab

Uses

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

Data Source Hierarchy

- Procedure Notes
- Operative Notes
- Diagnostic Test Reports
- Other Hospital Records

WHAT IS THE DATE AND TIME OF SKIN PUNCTURE AT THIS HOSPITAL TO ACCESS THE ARTERIAL SITE SELECTED FOR ENDOVASCULAR TREATMENT OF A CEREBRAL ARTERY OCCLUSION?

GWTG Definition

The date and time associated with the time of skin puncture at this hospital to access the arterial site selected for endovascular treatment of a cerebral artery occlusion.

Field Values

- MM/DD/YYYY HH:MM where HH:MM is formatted as a 24-hour clock
- MM/DD/YYYY if no time documented
- Unknown

Additional Information

- If the date of skin puncture at this hospital is unable to be determined from medical record documentation, select “UTD”.

GWTG Location

- Advanced Stroke Care Tab

Uses

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

Data Source Hierarchy

- Procedure Notes
- Operative Notes
- Diagnostic Test Reports
- Other Hospital Records

WAS A MECHANICAL ENDOVASCULAR REPERFUSION PROCEDURE ATTEMPTED DURING THIS EPISODE OF CARE (AT THIS HOSPITAL)?

GWTG Definition

Mechanical endovascular reperfusion procedures include the use mechanical clot disruption or retrieval and intracranial angioplasty.

Field Values

- Yes
- No

Additional Information

- Yes – Patient taken to the procedure suite with the intent of performing endovascular thrombectomy and at minimum arterial puncture was performed.
- No – Patient was taken to the procedure suite, but did not proceed with endovascular thrombectomy (e.g. improvement in patient condition or clot dissolved, thus procedure aborted).
- Examples of mechanical endovascular devices include, but not limited to:
 - Solitaire
 - Trevo
 - Merci Retrieval System
 - Penumbra Stroke System
 - A Direct Aspiration First Pass Technique (ADAPT)

GWTG Location

- Advanced Care Tab

Uses

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

Data Source Hierarchy

- Procedure Notes
- Operative Notes
- Diagnostic Test Reports
- Radiology Reports
- Other Hospital Records

WHAT IS THE DATE AND TIME OF THE FIRST PASS OF A CLOT RETRIEVAL DEVICE AT THIS HOSPITAL?

GWTG Definition

The date and time associated with the time of the first pass (i.e., mechanical deployment) of a clot retrieval device at this hospital.

Field Values

- MM/DD/YYYY HH:MM where HH:MM is formatted as a 24-hour clock
- MM/DD/YYYY if no time documented
- Unknown

Additional Information

- If the date of the first pass is unable to be determined from medical record documentation, select “Unknown”.

GWTG Location

- Advanced Stroke Care Tab

Uses

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

Data Source Hierarchy

- Procedure Notes
- Operative Notes
- Diagnostic Test Reports
- Other Hospital Records

THROMBOLYSIS IN CEREBRAL INFARCTION (TICI) POST-TREATMENT REPERFUSION GRADE

GWTG Definition

The Thrombolysis in Cerebral Infarction (TICI) Reperfusion Grade is used to measure cerebral reperfusion. Results with this scoring system range between zero and three: 0 (no perfusion); 1 (perfusion past the initial occlusion, but no distal branch filling); 2 (perfusion with incomplete or slow distal branch filling); and 3 (full perfusion with filling of all distal branches).

Field Values

- Grade 0
- Grade 1
- Grade 2a
- Grade 2b
- Grade 3
- ND

Additional Information

- Used only in patients with a diagnosis of ischemic stroke
- Grade 2a: Partial tissue reperfusion in < 50% of the occluded artery.
- Grade 2b: Partial reperfusion in ≥50% of the occluded artery territory.
- TICI grade must be documented by a Physician/APN/PA, or a nurse (RN), circulating nurse, operating room technician, radiology technician or other individual designated to scribe during the procedure.

GWTG Location

- Advanced Stroke Care Tab

Uses

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

Data Source Hierarchy

- Procedure Notes
- Operative Notes
- Diagnostic Test Reports
- Other Hospital Records

IF SURGICAL TREATMENT FOR ICH AT THIS HOSPITAL, TYPE?

GWTG Definition

Patients with cerebellar hemorrhage who are deteriorating neurologically or who have brainstem compression and/or hydrocephalus from ventricular obstruction should undergo surgical removal of the hemorrhage as soon as possible.

Field Values

- Clot evacuation
- Craniotomy
- Endoscopic evacuation
- External Ventricular Drain (EVD)
- Fibrinolytic infusion via catheter
- Hemicraniectomy
- Intrathecal thrombolytic
- Endoscopic Evacuation
- Stereotaxic evacuation
- Suboccipital decompression
- Other

GWTG Location

- Advanced Stroke Care Tab

Uses

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

Data Source Hierarchy

- ED Records
- Progress Notes
- Medication Reconciliation Form
- Consultation Notes
- Discharge Summary

IF SURGICAL TREATMENT FOR ICH AT THIS HOSPITAL IS YES, WHAT WAS THE PROCEDURE DATE/TIME?

GWTG Definition

The date and time of the surgical treatment for ICH at this hospital.

Field Values

- MMDDYYYY HH:MM where HH:MM is formatted as a 24-hour clock
- MMDDYYYY if no time documented
- Unknown

GWTG Location

- Advanced Stroke Care Tab

Uses

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

Data Source Hierarchy

- ED Records
- Progress Notes
- Medication Reconciliation Form
- Medication Administration Record (MAR)

DISCHARGE TAB

MODIFIED RANKIN SCALE AT DISCHARGE

GWTG Definition

Documentation in the medical record of a Modified Rankin Scale (mRS) completed at time of discharge. The Modified Rankin Score (mRS) is a 6- point disability scale with possible scores ranging from 0 to 5. A separate category of 6 is usually added for patients who expire.

Field Values

- Yes
- No/ND

Additional Information

- Yes – A Modified Rankin Scale was performed at discharge
- No/ND – A Modified Rankin Scale was not performed or was performed but the total score is not available.
- This mRS assessment is intended to measure disability at the time of discharge. If there is more than 1 measured, use the mRS measured closest to hospital discharge. Ideally the mRS will be measured at discharge.
- If a mRS measurement has not been documented in the medical record, but sufficient information is available from the physical therapy (PT) notes, occupational therapy (OT) notes, and/or other sources to allow a mRS to be assigned retrospectively assigned mRS score may be entered into the case report form. Select "Yes" to this data element and enter the findings under Total Score.
- If the mRS is not measured or documented and a mRS cannot be assigned retrospectively, then select "No/ND."

GWTG Location

- Discharge Tab

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

IF YES - MODIFIED RANKIN SCALE AT DISCHARGE

GWTG Definition

If a Modified Rankin Scale was measured at discharge, record the total score for this patient.

Field Values

- Integer 0 – 6

Additional Information

- The values 0 – 6 correspond to the mRS documented at the time of discharge
 - 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.
 - 4 = Moderately severe disability: unable to walk without assistance, and unable to attend to own bodily needs without assistance.
 - 5 = Severe disability: bedridden, incontinent and requiring constant nursing care and attention.
 - 6 = Dead

GWTG Location

- Discharge Tab

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

GWTG Definition

Indicate the patient's ambulatory status at discharge.

Field Values

- Able to ambulate independently (no help from another person) w/ or w/o device
- With assistance (from person)
- Unable to ambulate
- ND

GWTG Location

- Discharge Tab

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

SPECIAL INITIATIVES TAB

DATE/TIME TRANSPORT REQUESTED

GWTG Definition

The date and time that the EMS transport agency was contacted by the referring center to request a transport unit for transfer of this patient.

Field Values:

- MMDDYYYY HH:MM where HH:MM is formatted as a 24-hour clock
- MMDDYYYY if no time documented
- Unknown

Additional Information

- If the referring center contacts the EMS agency directly to request transport enter the date/time of that communication.
- If the referring center contacts a transfer center for coordination of requesting EMS transport as well as transfer acceptance by the receiving hospital, enter the date/time that the referring center contacted the transfer center to initiate that process.
- If multiple agencies are contacted to secure transport, enter the date/time of the first communication.

GWTG Location

- Special Initiatives Tab

Uses

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

Data Source Hierarchy

- Medical Records
- ED Records
- Transfer Center Call Log
- Electronic Patient Care Record (ePCR)

DATE/TIME TRANSPORT ARRIVED

GWTG Definition

The date and time that the requested EMS transport unit arrived at the referring center.

Field Values

- MMDDYYYY HH:MM where HH:MM is formatted as a 24-hour clock
- MMDDYYYY if no time documented
- Unknown

GWTG Location

- Special Initiatives Tab

Uses

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

Data Source Hierarchy

- Medical Records
- ED Records
- Transfer Center Call Log
- Electronic Patient Care Record (ePCR)

DATE/TIME TRANSFER REQUESTED BY REFERRING HOSPITAL

GWTG Definition

The date and time that the referring center initiated the request for transferring the patient to the receiving center through direct contact or through a call center.

Field Values

- MMDDYYYY HH:MM where HH:MM is formatted as a 24-hour clock
- MMDDYYYY if no time documented
- Unknown

Additional Information

- If the referring center contacts the receiving center directly, enter the date/time of that communication.
- If the referring center contacts a transfer center for coordination of requesting transfer to the receiving hospital, enter the date/time that the referring center contacted the transfer center to initiate the process.

GWTG Location

- Special Initiatives Tab

Uses

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

Data Source Hierarchy

- Medical Records
- ED Records
- Transfer Center Call Log
- Electronic Patient Care Record (ePCR)

DATE/TIME TRANSFER ACCEPTED BY RECEIVING HOSPITAL

GWTG Definition

The date and time that the receiving center accepted or approved the patient for transfer.

Field Values

- MMDDYYYY HH:MM where HH:MM is formatted as a 24-hour clock
- MMDDYYYY if no time documented
- Unknown

Additional Information

- If the referring center contacts the receiving center directly, enter the date/time of that communication.
- If the referring center contacts a transfer center for coordination of requesting transfer to the receiving hospital, enter the date/time that the referring center contacted the transfer center to initiate the process.

GWTG Location

- Special Initiatives Tab

Uses

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

Data Source Hierarchy

- Medical Records
- ED Record
- Transfer Center Call Log
- Electronic Patient Care Record (ePCR)

MODE OF TRANSPORT

GWTC Definition

The mode of transport used by the inter-facility EMS agency for transfer of this patient.

Field Values

- Air
- Ground Ambulance

GWTC Location

- Special Initiatives Tab

Uses

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

Data Source Hierarchy:

- Medical Records
- ED Record
- Transfer Center Call Log
- Electronic Patient Care Record (ePCR)

LA EMS TAB

INCLUSION CRITERIA: PATIENTS TRANSPORTED BY 9-1-1 TO YOUR FACILITY OR ARRIVAL TO PRIOR FACILITY WAS BY 9-1-1

Definition

Indicates whether the patient was initially transported by EMS via the 9-1-1 system.

Field Values

- Yes
- 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.

GWTG Location

- LA EMS Tab

Uses

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

Data Source Hierarchy

- Electronic Patient Care Record (ePCR)
- 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 Reference No.1232/1232-P, Stroke/CVA/TIA.

Field Values

- Checkbox – Select or Leave Blank.

Additional Information

- Documentation for this element will be found under the element "Protocol" on the Electronic Patient Care Record (ePCR) or Base Hospital Form.

GWTG Location

- LA EMS Tab

Uses

- Identifies the reason why patients met the inclusion criteria.
- System evaluation and monitoring.

Data Source Hierarchy

- Electronic Patient Care Record (ePCR)
- Base Hospital Form
- Stroke Center Log

WAS THE FINAL HOSPITAL OR ED DIAGNOSIS ISCHEMIC STROKE, TRANSIENT ISCHEMIC ATTACK, INTRACEREBRAL HEMORRHAGE, INTRAVENTRICULAR HEMORRHAGE, OR SUBARACHNOID HEMORRHAGE?

Definition

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

Field Values

- Checkbox – Select or Leave Blank.

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.

GWTG Location

- LA EMS Tab

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 FACILITY 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

- Checkbox – Select or Leave Blank

Additional Information

- County of Los Angeles Prehospital Care Manual Reference No.521, Stroke Patient Destination, provides guidelines to EMS providers on proper identification and destination for stroke patients.

GWTG Location

- LA EMS Tab

Uses

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

Data Source Hierarchy

- EMS Report Form/Electronic Patient Care Record (ePCR)
- 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 to your facility for stroke care from another acute care facility where the patient initially arrived via 9-1-1 EMS transportation.

Field Values

- Checkbox – Select or Leave Blank

Additional Information

- Utilize the sequence number generated during the initial transport to the transferring facility for data entry
- If there is no documentation for dispatch date, select “Unknown” under Dispatch Date/Time.

GWTG Location

- LA EMS Tab

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

TRANSFER FROM A HOSPITAL (DIFFERENT 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	KFW	Kaiser Foundation Hospital - West LA
AHM	Catalina Island Medical Center	LBM	MemorialCare Long Beach Medical Center
AMH	USC Arcadia Hospital	LCH	Palmdale Regional Medical Center
AVH	Antelope Valley Medical Center	LCM	Providence Little Company of Mary Medical Center Torrance
BEV	Adventist Health White Memorial Montebello	LMC	Los Angeles General Medical Center
BMC	Southern California Hospital at Culver City	MCP	Mission Community Hospital
CAL	Dignity Health - California Hospital Medical Center	MHG	Memorial Hospital of Gardena
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	Norwalk Community Hospital
CPM	Coast Plaza Hospital	NRH	Dignity Health - Northridge Hospital Medical Center
CSM	Cedars-Sinai Medical Center	OTH	Other (FACILITY NOT LISTED)
DCH	PIH Health Downey Hospital	OVM	Olive View-UCLA Medical Center
DFM	Cedars-Sinai Marina Del Rey Hospital	PAC	Pacifica Hospital of the Valley
DHL	UCI Health Lakewood	PIH	PIH Health Whittier Hospital
ELA	East Los Angeles Doctors Hospital	PLB	College Medical Center
ENH	Encino Hospital Medical Center	PVC	Pomona Valley Hospital Medical Center
FPH	Emanate Health Foothill Presbyterian Hospital	QOA	Hollywood Presbyterian Medical Center
GAR	Garfield Medical Center	QVH	Emanate Health Queen of the Valley Hospital
GEM	Greater El Monte Community Hospital	SDC	San Dimas Community Hospital
GMH	Dignity Health - Glendale Memorial Hospital & Health Center	SFM	St. Francis Medical Center
GSH	PIH Health Good Samaritan Hospital	SGC	San Gabriel Valley Medical Center
GWT	Adventist Health Glendale	SJH	Providence Saint John's Health Center
HCH	Providence Holy Cross Medical Center	SJS	Providence Saint Joseph Medical Center
HGH	Harbor-UCLA Medical Center	SMH	Santa Monica - UCLA Medical Center and Orthopedic Hospital
HMH	Huntington Hospital	SMM	Dignity Health - St. Mary Medical Center
HMN	Henry Mayo Newhall Hospital	SOC	Sherman Oaks Hospital
HWH	UCLA Health West Valley Medical Center	SPP	Providence Little Company of Mary Medical Center San Pedro
ICH	Emanate Health Inter-Community Hospital	TOR	Torrance Memorial Medical Center
KFA	Kaiser Foundation Hospital - Baldwin Park	TRM	Providence Cedars-Sinai Tarzana Medical Center
KFB	Kaiser Foundation Hospital - Downey	UCL	Ronald Reagan UCLA Medical Center
KFH	Kaiser Foundation Hospital - South Bay	VHH	USC Verdugo Hills Hospital
KFL	Kaiser Foundation Hospital - Los Angeles	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	UCI Health – Placentia Linda
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	UCI Health - Los Alamitos		
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 Medical Center
DHM	Montclair Hospital Medical Center	SAC	San Antonio Regional 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

Additional Information

- Long text names may differ from the ones above if a hospital changes its name and updates have not yet been reflected in GWTG.
- The three-letter codes are specific to LA EMS and will remain the same, even if the hospital changes. In very rare cases, the three-letter code may change:
 - USC LAC+USC Medical Center is now LMC Los Angeles General Medical Center

GWTG Location

- LA EMS Tab

Uses

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

Data Source Hierarchy

- Electronic Patient Care Record (ePCR)
- Base Hospital Form
- Stroke Center Log
- ED Records
- Progress Notes

PROVIDER AGENCY/CODE

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
BF	Burbank Fire	MP	Monterey Park Fire
BH	Beverly Hills Fire	ND	Not Documented
CC	Culver City Fire	OT	Other Provider
CF	LA County Fire	PF	Pasadena Fire
CG	US Coast Guard	RB	Redondo Beach Fire
CI	LA City Fire	SA	San Marino Fire
CM	Compton Fire	SG	San Gabriel Fire
CS	LA County Sheriff	SI	Sierra Madre Fire
DF	Downey Fire	SM	Santa Monica Fire
ES	El Segundo Fire	SP	South Pasadena Fire
FS	U.S. Forest Service	SS	Santa Fe Springs Fire
GL	Glendale Fire	TF	Torrance Fire
LB	Long Beach Fire	UF	Upland Fire
LH	La Habra Heights Fire	VE	Ventura County Fire
LV	La Verne Fire	WC	West Covina Fire

GWTG Location

- LA EMS Tab

Uses

- System evaluation and monitoring

Data Source Hierarchy

- Electronic Patient Care Record (ePCR)
- Base Hospital Form

SEQUENCE NUMBER

Definition

Unique, alphanumeric EMS record number electronically assigned to electronic patient care records (ePCRs) by the EMS provider's electronic capture device.

Field Values

- 12 alpha-numeric value, always beginning with the two-letter provider code followed by the two-digit year to correlate with the incident year

Additional Information

- 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.

GWTG Location

- LA EMS Tab

Uses

- Unique patient identifier
- Critical for System evaluation and monitoring to match prehospital care records with outcomes.

Data Source Hierarchy

- Electronic Patient Care Record (ePCR)
- Base Hospital Form
- Base Hospital Log

ALS UNIT

Definition

Number assigned to the Advanced Life Support (ALS) provider unit that transported the patient.

Field Values

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

Additional Information

- This is a free-text field that only accepts integers.

GWTG Location

- LA EMS Tab

Uses

- System evaluation and monitoring

Data Hierarchy

- Electronic Patient Care Record (ePCR)
- Base Hospital Form
- Base Hospital Log
- ED Records

DISPATCH DATE/TIME

Definition

Record the date and time the responding EMS unit was notified by dispatch.

Field Values

- MMDDYYYY HH:MM where HH:MM is formatted as a 24-hour clock
- MMDDYYYY if no time documented

Additional Information

- The “Unknown” option is available, but it cannot be used as it triggers a critical error. This error occurs because the dispatch date year must match the first two digits of the sequence number.

GWTG Location

- LA EMS Tab

Uses

- Establishes care intervals and incident timelines

Data Source Hierarchy

- Electronic Patient Care Record (ePCR)

MODE OF ARRIVAL

Definition

Indicate the patient's mode of transport to your facility.

Field Values

- 9-1-1 air
- 9-1-1 ground
- Air private
- Ground private
- Mobile Stroke Unit
- ND

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

GWTG Location

- LA EMS Tab

Uses

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

Data Source Hierarchy

- Electronic Patient Care Record (ePCR)
- Stroke Center Log
- ED Records

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

Additional Information

- Enter up to two Provider Impression codes

GWTG Location

- LA EMS Tab

Uses

- System evaluation and monitoring
- Epidemiological statistics

Data Source Hierarchy

- Electronic Patient Care Record (ePCR)
- Stroke Center Log
- Base Hospital Form
- Base Hospital Log

ADVANCED NOTIFICATION BY EMS?

Definition

Selection indicating whether the receiving hospital was notified prior to the patient's arrival.

Field Values

- Yes
- No
- ND

GWTG Location

- LA EMS Tab

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
- Electronic Patient Care Record (ePCR)
- Base Hospital Form
- Base Hospital Log

FIELD TRIAGE DECISION

Definition

Selection 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 “M - Most Accessible Receiving Facility (MAR)” if any of the following is documented on the ePCR:
 - Hospital (General)
 - Most Accessible Receiving (MAR) – Hospital (General)
 - MAR
 - No Specialty Center Required
- Enter “K - Comprehensive Stroke Center (CSC)” if “Stroke-Thrombectomy-Capable Stroke Center (TSC)” is documented on the ePCR.
- Enter “Unknown” if the destination documented on the ePCR is anything other than “Hospital (General)”, “Stroke-Primary Stroke Center (PSC)”, “Stroke-Thrombectomy-Capable Stroke Center (TSC)”, or “Stroke-Comprehensive Stroke Center (CSC)”.
- Enter “Not documented” if no destination is checked.

GWTG Location

- LA EMS Tab

Uses

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

Data Source Hierarchy

- Electronic Patient Care Record (ePCR)

LAST KNOWN WELL DATE/TIME DOCUMENTED BY EMS?

Definition

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

Field Values

- Yes
- No
- 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.

GWTG Location

- LA EMS Tab

Uses

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

Data Source Hierarchy

- Stroke Center Log
- Electronic Patient Care Record (ePCR)
- Base Hospital Form

DATE/TIME PATIENT LAST KNOWN WELL PER EMS

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

- MMDDYYYY HH:MM where HH:MM is formatted as a 24-hour clock
- MMDDYYYY if no time documented
- Unknown
- Not Documented

Additional information

- Enter “Unknown” if EMS was unable to determine the date/time patient was last known to be well.

GWTG Location

- LA EMS Tab

Uses

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

Data Source Hierarchy

- Stroke Center Log
- Electronic Patient Care Record (ePCR)
- Base Hospital Form

DATE/TIME OF EMS ARRIVAL AT PATIENT

Definition

Date and time 9-1-1 EMS personnel arrived at the patient.

Field Values

- MMDDYYYY HH:MM where HH:MM is formatted as a 24-hour clock
- MMDDYYYY if no time documented
- Unknown

GWTG Location

- LA EMS Tab

Uses

- Establishes care intervals and incident timelines.

Data Source Hierarchy

- Electronic Patient Care Record (ePCR)

MLAPSS DOCUMENTED?

Definition

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

Field Values

- Yes
- No

GWTG Location

- LA EMS Tab

Uses

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

Data Source Hierarchy

- Electronic Patient Care Record (ePCR)
- Base Hospital Form
- Stroke Center Log
- ED Records
- Other Hospital Records

MLAPSS CRITERIA MET

Definition

Selection indicating whether or not patient met all mLAPSS criteria.

Field Values

- Met
- Not Met

Additional Information

- mLAPSS criteria include:
 - No history of seizures or epilepsy
 - Age \geq 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
- Enter “Met” if patient met all mLAPSS criteria.
- Enter “Not Met” if patient did not meet all mLAPSS criteria.
- Blood glucose value must also be documented to determine whether all criteria are met.

GWTG Location

- LA EMS Tab

Uses

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

Data Source Hierarchy

- Electronic Patient Care Record (ePCR)
- Base Hospital Form
- Stroke Center Log

LAMS PERFORMED?

Definition

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

Field Values

- Yes
- No
- ND

GWTG Location

- LA EMS Tab

Additional Information

- If “Yes” then a LAMS Score should be entered.

Uses

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

Data Source Hierarchy

- Electronic Patient Care Record (ePCR)
- 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
- ND

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.

GWTG Location

- LA EMS Tab

Uses

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

Data Source Hierarchy

- Electronic Patient Care Record (ePCR)
- Base Hospital Form
- ED Records
- Other Hospital Records

PREHOSPITAL RESEARCH STUDY ENROLLMENT?

Definition

Selection indicating whether the patient was enrolled in a prehospital research study.

Field Values

- Yes
- No

GWTG Location

- LA EMS Tab

Uses

- System evaluation and monitoring

Data Source Hierarchy

- Electronic Patient Care Record (ePCR)
- Base Hospital Form
- Base Hospital Log
- Stroke Center Log

BLOOD GLUCOSE (MG/DL) DOCUMENTED BY EMS

Definition

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

Field Values

- Integer 40 – 1000

Additional Information

- Measured in milligrams per deciliter (mg/dl)

GWTG Location

- LA EMS Tab

Uses

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

Data Source Hierarchy

- Electronic Patient Care Record (ePCR)
- Base Hospital Form
- ED Records
- Other Hospital Records

COMPLICATIONS OF THROMBOLYTIC THERAPY?

Definition

Selection indicating whether there are documented complications from IV thrombolytic therapy.

Field Values

- Yes
- No
- ND

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.

GWTG Location

- LA EMS Tab

Uses

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

Data Source Hierarchy

- Other Hospital Records

COMPLICATIONS

Definition

Indicates any 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 ‘Specify OTH – Other’ field

GWTG Location

- LA EMS Tab

Uses

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

Data Source Hierarchy

- Other Hospital Records

SPECIFY OTH - 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

- This question populates in GWTG when "Other" is selected as type of complication from thrombolytic therapy.
- Other serious complications are those that require additional medical interventions or prolonged length of stay. Serious complications include those that are unexpected or out of proportion to the patient's expected course and that are documented as complications of reperfusion therapy. For example, rapid development of malignant edema, angioedema, or recurrent stroke. If complications do not require additional medical interventions or prolong the length of stay, select "No serious complications".

GWTG Location

- LA EMS Tab

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

ED DISPOSITION

Definition

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

Field Values

- Admitted to OR
- Admitted to ICU
- Admitted to Tele/Step-down
- Admitted to Ward
- Admitted to < 24 hour observation unit
- Neuro Interventional Radiology
- Post Hospital (Complete hospital disposition)

Additional Information

- If "Post Hospital" is checked, 'Hospital Disposition' field is required.

GWTG Location

- LA EMS Tab

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

HOSPITAL DISPOSITION

Definition

Indicates the patient's destination upon discharge from the acute care unit at your facility.

Field Values

- Acute Care Facility
- Home/Previous place of residence
- Hospice
- Morgue/Mortuary
- Rehab center
- SNF
- AMA/Eloped/LWBS

Additional Information

- Disposition of "Rehab center" includes rehabs located within an acute care facility.
- If "Acute Care Facility" is entered, "Transfer to" and "Rationale for Disposition to an Acute Care Facility" fields are required.

GWTG Location

- LA EMS Tab

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

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

Field Values

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

Additional Information

- Required field if “Acute Care Facility” is entered in the ‘Hospital Disposition’ field
- If “Other” is selected, must document reason in ‘Specify OT - Other’

GWTG Location

- LA EMS Tab

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

SPECIFY OT – 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

GWTG Location

- LA EMS Tab

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

TRANSFER 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 LA
AHM	Catalina Island Medical Center	LBM	MemorialCare Long Beach Medical Center
AMH	USC Arcadia Hospital	LCH	Palmdale Regional Medical Center
AVH	Antelope Valley Medical Center	LCM	Providence Little Company of Mary Medical Center Torrance
BEV	Adventist Health White Memorial Montebello	LMC	Los Angeles General Medical Center
BMC	Southern California Hospital at Culver City	MCP	Mission Community Hospital
CAL	Dignity Health - California Hospital Medical Center	MHG	Memorial Hospital of Gardena
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	Norwalk Community Hospital
CPM	Coast Plaza Hospital	NRH	Dignity Health - Northridge Hospital Medical Center
CSM	Cedars-Sinai Medical Center	OTH	Other (FACILITY NOT LISTED)
DCH	PIH Health Downey Hospital	OVM	Olive View-UCLA Medical Center
DFM	Cedars-Sinai Marina Del Rey Hospital	PAC	Pacifica Hospital of the Valley
DHL	UCI Health Lakewood	PIH	PIH Health Whittier Hospital
ELA	East Los Angeles Doctors Hospital	PLB	College Medical Center
ENH	Encino Hospital Medical Center	PVC	Pomona Valley Hospital Medical Center
FPH	Emanate Health Foothill Presbyterian Hospital	QOA	Hollywood Presbyterian Medical Center
GAR	Garfield Medical Center	QVH	Emanate Health Queen of the Valley Hospital
GEM	Greater El Monte Community Hospital	SDC	San Dimas Community Hospital
GMH	Dignity Health - Glendale Memorial Hospital & Health Center	SFM	St. Francis Medical Center
GSH	PIH Health Good Samaritan Hospital	SGC	San Gabriel Valley Medical Center
GWT	Adventist Health Glendale	SJH	Providence Saint John's Health Center
HCH	Providence Holy Cross Medical Center	SJS	Providence Saint Joseph Medical Center
HGH	Harbor-UCLA Medical Center	SMH	Santa Monica - UCLA Medical Center and Orthopedic Hospital
HMH	Huntington Hospital	SMM	Dignity Health - St. Mary Medical Center
HMN	Henry Mayo Newhall Hospital	SOC	Sherman Oaks Hospital
HWH	UCLA Health West Valley Medical Center	SPP	Providence Little Company of Mary Medical Center San Pedro
ICH	Emanate Health Inter-Community Hospital	TOR	Torrance Memorial Medical Center
KFA	Kaiser Foundation Hospital - Baldwin Park	TRM	Providence Cedars-Sinai Tarzana Medical Center
KFB	Kaiser Foundation Hospital - Downey	UCL	Ronald Reagan UCLA Medical Center
KFH	Kaiser Foundation Hospital - South Bay	VHH	USC Verdugo Hills Hospital
KFL	Kaiser Foundation Hospital - Los Angeles	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
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	UCI Health - 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	UCI Health - Los Alamitos		
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)

- Hospital 1
- Hospital 2
- Hospital 3
- Hospital 4

Additional Information

- Long text names may differ from the ones above if a hospital changes its name and updates have not yet been reflected in GWTG.
- The three-letter codes are specific to LA EMS and will remain the same, even if the hospital changes. In very rare cases, the three-letter code may change:
 - USC LAC+USC Medical Center is now LMC Los Angeles General Medical Center

GWTG Location

- LA EMS Tab

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

IF IA CATHETER-BASED REPERFUSION INITIATED AT THIS HOSPITAL, TYPE:

Definition

Checkbox indicating the type of MER treatment that was used.

Field Values

- IA Thrombolysis
- Endovascular Retrieval Device
- Endovascular Aspiration Device
- Angioplasty and/or Stenting
- Other

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 ‘Specify other IA catheter-based reperfusion’ field

GWTG Location

- LA EMS Tab

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

SPECIFY OTHER IA CATHETER-BASED REPERFUSION

Definition

Field provided to specify the “Other” type of reperfusion treatment initiated at this hospital.

Field Values

- Free text comment field
- Up to 100-character limit

Additional Information

- Required field if “Other” is chosen as in the ‘If IA catheter-based reperfusion initiated at this hospital, type’ field.

GWTG Location

- LA EMS Tab

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