2024 Stroke Data Schedule and Definitions

- Review the notes provided for each field for instructions on entering the data

- Use *2024 Stroke Data Template.*

- Discharge dates to use for entering data:

    o Q1: January 1 – March 31

    o Q2: April 1 – June 30

    o Q3: July 1 – September 30

    o Q4: October 1 – December 31

- Patient inclusion criteria:

    o 18 years and older

    o Admitted to hospital, or <mark>treated in ED and transferred to another hospital for further care</mark>

    o Stroke occurred before admission (do not submit in-patient strokes)

    o Diagnosed with one of four stroke-related diagnoses (Intracerebral Hemorrhage, Ischemic Stroke, Subarachnoid Hemorrhage, or Transient Ischemic Attack (< 24 hours))

- Data submission schedule:

    o Q1 data due to EMS by Monday, July 1, 2024

    o Q2 data due to EMS by Monday, October 7, 2024

    o Q3 data due to EMS by Monday, January 6, 2025

    o Q4 data due to EMS by Monday, April 7, 2025

- Submit questions and data to Paige Schoenheit at paige.schoenheit@sdcounty.ca.gov

2024 San Diego County Stroke Receiving System Data Fields and Values

Field Name	Allowable Values or Format	Notes
EMS CASE ID		Prefilled up to 500
LEMSIS#	• LEMSIS Incident # • Illegible • Can't find	• If **Arrival Mode=EMS from home/scene** the LEMSIS Incident number is entered in this field. • If **Arrival Mode=Transfer from other hospital** and an Incident number is available enter it here. • If patient arrives by BLS, EMT, or CCT and has a LEMSIS Incident number, enter it here.
Arrival Mode	• EMS from home/scene • Private transport/taxi/other from home/scene • Transfer from other hospital • ND or unknown	• These values match the options found in Get With The Guidelines. • If patient arrives by Paramedic, 911, ALS, ALS Air, EMT, BLS or CCT record as **EMS from home/scene**. • If patient is transferred from another hospital by Air, ALS, EMT, BLS or CCT record as **Transfer from other hospital**. • If a patient arrives by police, record as **Private transport/taxi/other from home/scene**.
Arrival DT	• MM/DD/YYYY • Unknown	• Date patient arrived at the stroke center
Arrival Time	• hh:mm • Unknown	• Time patient arrived at the stroke center (24 hour format).
Age		Patient's age. Whole numbers only (no decimals).
Gender	• Female • Male • Unknown	Patient's gender. These values match the options found in Get With The Guidelines.
LKW DT	• MM/DD/YYYY • Unknown	• Date the patient was last known to be well. • For Patients Transferred Out of ED: this field should be completed by the receiving facility
LKW Time	• hh:mm • Unknown	• Time the patient was last known to be well. • For Patients Transferred Out of ED: this field should be completed by the receiving facility
IV t-PA DT	• MM/DD/YYYY • Unknown	• Date IV t-PA was initiated. • For Patients Transferred Out of ED: complete for all patients that receive t-PA in your ED
IV t-PA Time	• hh:mm • Unknown	• Time IV t-PA was initiated. • For Patients Transferred Out of ED: complete for all patients that receive t-PA in your ED
IV t-PA from Other Hospital	• Yes • No	• If **Arrival Mode = Transfer from other hospital**, this field should be completed.
Stroke Diagnosis	• Intracerebral Hemorrhage	• These values match the options found in Get With The Guidelines.

Field Name	Allowable Values or Format	Notes
	• Ischemic Stroke • Subarachnoid Hemorrhage • Transient Ischemic Attack (< 24 hours)	
Race	• White • Black or African American • Asian • American Indian or Alaska Native • Native Hawaiian or Other Pacific Islander • Not Known	
Hispanic Ethnicity	• Yes • No • Unknown	
Discharge Disposition	• 1 Home • 2 Hospice - Home • 3 Hospice - Health Care Facility • 4 Acute Care Facility • 5 Other Health Care Facility • 6 Expired • 7 Left Against Medical Advice/AMA • 8 Not Documented or Unable to Determine	These values match the options found in Get With The Guidelines.
Other Health Care Facility	• Inpatient Rehabilitation Facility (IRF) • Intermediate Care Facility (ICF) • Long Term Care Hospital (LTCH) • Skilled Nursing Facility (SNF) • Other	If **Discharge Disposition=5 Other Health Care Facility**, this field should be completed. These values match the options found in Get With The Guidelines.
Discharge DT	• MM/DD/YYYY • Unknown	• Date patient was discharged. For Patients Transferred Out of ED: this field should be completed by the sending facility.
Discharge Time	• hh:mm • Unknown	• Time patient was discharged. For Patients Transferred Out of ED: this field should be completed by the sending facility.
Zip Code	• Zip Code • Homeless	OPTIONAL FIELD

Field Name	Allowable Values or Format	Notes
	• ND	
Initial NIH Score	•	If **Stroke Diagnosis = Ischemic Stroke** or **Stroke Diagnosis = Transient Ischemic Attack (< 24 hours),** this field should be complete.
Skin Puncture DT	• MM/DD/YYYY • Unknown	Date of skin puncture for eligible patients undergoing embolectomy.

Field Name	Allowable Values or Format	Notes
Skin Puncture Time	• hh:mm • Unknown	• Time of skin puncture for eligible patients undergoing embolectomy.
First Pass of Clot Retrieval DT	• MM/DD/YYYY • Unknown	• Date of first pass of clot retrieval device if applicable to patient.
First Pass of Clot Retrieval Time	• hh:mm • Unknown	• Time of first pass of clot retrieval device if applicable to patient.
Discharged from ED	• Yes • No	If **Discharge Disposition=4 Acute Care Facility**, this field should be completed. Answer "Yes" for patients arriving to your hospital's ED, treated, and then transferred to another facility before the patient becoming an inpatient at your facility. For Patients Transferred Out of ED: this field should be completed by the sending facility
Reason for Transfer	• Post Management of IV tPA (e.g. Drip and Ship) • Advanced stroke care (e.g., Neurocritical care, surgical or other time critical therapy) • Evaluation for IV tPA up to 4.5 hours • Evaluation for Endovascular thrombectomy • Insurance • Other advanced care (not stroke related) • Other	If **Discharged from ED=Yes**, this field should be completed. For Patients Transferred Out of ED: this field should be completed by the sending facility
Receiving Hospital	Text field	For Patients Transferred Out of ED: this field should be completed by the sending facility
Comments		OPTIONAL FIELD
FAST-ED Score		Assessment performed by EMS providers on field stroke activations to obtain a prehospital stroke severity score **Only required for those participating in the FAST-ED Study**

March 4, 2024