



## 2025 Stroke Data Schedule and Definitions

- Review the notes provided for each field for instructions on entering the data
- Use *2025 Stroke Data Template*.
- Discharge dates to use for entering data:
  - Q1: January 1 – March 31
  - Q2: April 1 – June 30
  - Q3: July 1 – September 30
  - Q4: October 1 – December 31
- Patient inclusion criteria:
  - 18 years and older
  - Admitted to hospital, or **treated in ED and transferred to another hospital for further care**
  - Stroke occurred before admission (do not submit in-patient strokes)
  - Diagnosed with one of four stroke-related diagnoses (Intracerebral Hemorrhage, Ischemic Stroke, Subarachnoid Hemorrhage) **PLEASE NOTE WE ARE NO LONGER COLLECTING TIAs.**
- Data submission schedule:
  - Q1 data due to EMS by Tuesday, July 1, 2025
  - Q2 data due to EMS by Monday, October 6, 2025
  - Q3 data due to EMS by Monday, January 5, 2026
  - Q4 data due to EMS by Monday, April 6, 2026
- Submit questions and data to Paige Schoenheit, MPH, Epidemiologist II, at [paige.schoenheit@sdcounty.ca.gov](mailto:paige.schoenheit@sdcounty.ca.gov)



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# 2025 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#	<ul style="list-style-type: none"><li>• LEMSIS Incident #</li><li>• Illegible</li><li>• Can't find</li></ul>	<ul style="list-style-type: none"><li>• If <b>Arrival Mode=EMS from home/scene</b> the LEMSIS Incident number is entered in this field.</li><li>• If <b>Arrival Mode=Transfer from other hospital</b> and an Incident number is available enter it here.</li><li>• If patient arrives by BLS, EMT, or CCT and has a LEMSIS Incident number, enter it here.</li></ul>
Arrival Mode	<ul style="list-style-type: none"><li>• EMS from home/scene</li><li>• Private transport/taxi/other from home/scene</li><li>• Transfer from other Hospital</li><li>• ND or Unknown</li></ul>	<ul style="list-style-type: none"><li>• These values match the options found in <i>Get With The Guidelines</i>.</li><li>• If patient arrives by Paramedic, 911, ALS, ALS Air, EMT, BLS or CCT record as <b>EMS from home/scene</b>.</li><li>• If patient is transferred from another hospital by Air, ALS, EMT, BLS or CCT record as <b>Transfer from other hospital</b>.</li><li>• If a patient arrives by police, record as <b>Private transport/taxi/other from home/scene</b>.</li></ul>
Arrival DT	<ul style="list-style-type: none"><li>• MM/DD/YYYY</li><li>• Unknown</li></ul>	<ul style="list-style-type: none"><li>• Date patient arrived at the stroke center</li></ul>
Arrival Time	<ul style="list-style-type: none"><li>• hh:mm</li><li>• Unknown</li></ul>	<ul style="list-style-type: none"><li>• Time patient arrived at the stroke center (<b>24 hour format</b>).</li></ul>
Age		Patient's age. Whole numbers only (no decimals).
Gender	<ul style="list-style-type: none"><li>• Female</li><li>• Male</li><li>• Unknown</li></ul>	Patient's gender. These values match the options found in <i>Get With The Guidelines</i> .
LKW DT	<ul style="list-style-type: none"><li>• MM/DD/YYYY</li><li>• Unknown</li></ul>	<ul style="list-style-type: none"><li>• Date the patient was last known to be well.</li><li>• <b>PLEASE DO NOT USE 00:00 FOR UNKNOWN TIMES</b></li><li>• <b>For Patients Transferred Out of ED:</b> this field should be completed by the receiving facility</li></ul>



Field Name	Allowable Values or Format	Notes
LKW Time	<ul style="list-style-type: none"><li>• hh:mm</li><li>• Unknown</li></ul>	<ul style="list-style-type: none"><li>• Time the patient was last known to be well.</li><li>• <b>PLEASE DO NOT USE 00:00 FOR UNKNOWN TIMES</b></li><li>• <b>For Patients Transferred Out of ED: this field should be completed by the receiving facility</b></li></ul>
IV t-PA DT	<ul style="list-style-type: none"><li>• MM/DD/YYYY</li><li>• Unknown</li></ul>	<ul style="list-style-type: none"><li>• Date IV t-PA was initiated.</li><li>• <b>For Patients Transferred Out of ED: complete for all patients that receive t-PA in your ED</b></li></ul>
IV t-PA Time	<ul style="list-style-type: none"><li>• hh:mm</li><li>• Unknown</li></ul>	<ul style="list-style-type: none"><li>• Time IV t-PA was initiated.</li><li>• <b>For Patients Transferred Out of ED: complete for all patients that receive t-PA in your ED</b></li></ul>
IV t-PA from Other Hospital	<ul style="list-style-type: none"><li>• Yes</li><li>• No</li></ul>	<ul style="list-style-type: none"><li>• <b>If Arrival Mode = Transfer from other hospital</b>, this field should be completed.</li></ul>
Stroke Diagnosis	<ul style="list-style-type: none"><li>• Intracerebral Hemorrhage</li><li>• Ischemic Stroke</li><li>• Subarachnoid Hemorrhage</li></ul>	<ul style="list-style-type: none"><li>• These values match the options found in <i>Get With The Guidelines</i>.</li><li>• <b>PLEASE NOTE WE ARE NO LONGER COLLECTING TIAS</b></li></ul>
Race	<ul style="list-style-type: none"><li>• White</li><li>• Black or African American</li><li>• Asian</li><li>• American Indian or Alaska Native</li><li>• Native Hawaiian or Other Pacific Islander</li><li>• Not Known</li></ul>	<p style="color: red;">Please ensure entries match the values listed here</p>
Hispanic Ethnicity	<ul style="list-style-type: none"><li>• Yes</li><li>• No</li><li>• Unknown</li></ul>	<p style="color: red;">Please ensure entries match the values listed here</p>



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Field Name	Allowable Values or Format	Notes
Discharge Disposition	<ul style="list-style-type: none"><li>• 1 Home</li><li>• 2 Hospice - Home</li><li>• 3 Hospice - Health Care Facility</li><li>• 4 Acute Care Facility</li><li>• 5 Other Health Care Facility</li><li>• 6 Expired</li><li>• 7 Left Against Medical Advice/AMA</li><li>• 8 Not Documented or Unable to Determine</li></ul>	These values match the options found in <i>Get With The Guidelines</i> .
Other Health Care Facility	<ul style="list-style-type: none"><li>• Inpatient Rehabilitation Facility (IRF)</li><li>• Intermediate Care Facility (ICF)</li><li>• Long Term Care Hospital (LTCH)</li><li>• Skilled Nursing Facility (SNF)</li><li>• Other</li></ul>	If <b>Discharge Disposition=5 Other Health Care Facility</b> , this field should be completed. These values match the options found in <i>Get With The Guidelines</i> .
Discharge DT	<ul style="list-style-type: none"><li>• MM/DD/YYYY</li><li>• Unknown</li></ul>	<ul style="list-style-type: none"><li>• Date patient was discharged. For Patients Transferred Out of ED: this field should be completed by the sending facility.</li></ul>
Discharge Time	<ul style="list-style-type: none"><li>• hh:mm</li><li>• Unknown</li></ul>	<ul style="list-style-type: none"><li>• Time patient was discharged. For Patients Transferred Out of ED: this field should be completed by the sending facility.</li></ul>
Zip Code	<ul style="list-style-type: none"><li>• Zip Code</li><li>• Homeless</li><li>• ND</li></ul>	OPTIONAL FIELD Please list these as a 5 digit number
Initial NIH Score	<ul style="list-style-type: none"><li>•</li></ul>	If <b>Stroke Diagnosis = Ischemic Stroke</b> , this field should be complete.
Skin Puncture DT	<ul style="list-style-type: none"><li>• MM/DD/YYYY</li><li>• Unknown</li></ul>	Date of skin puncture for eligible patients undergoing embolectomy.



Field Name	Allowable Values or Format	Notes
<b>Skin Puncture Time</b>	<ul style="list-style-type: none"><li>• hh:mm</li><li>• Unknown</li></ul>	Time of skin puncture for eligible patients undergoing embolectomy.
<b>First Pass of Clot Retrieval DT</b>	<ul style="list-style-type: none"><li>• MM/DD/YYYY</li><li>• Unknown</li></ul>	Date of first pass of clot retrieval device if applicable to patient.
<b>Discharged from ED</b>	<ul style="list-style-type: none"><li>• Yes</li><li>• No</li></ul>	If <b>Discharge Disposition=4 Acute Care Facility</b> , 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. <b>For Patients Transferred Out of ED:</b> this field should be completed by the sending facility
<b>Reason for Transfer</b>	<ul style="list-style-type: none"><li>• Post Management of IV tPA (e.g. Drip and Ship)</li><li>• Advanced stroke care (e.g., Neurocritical care, surgical or other time critical therapy)</li><li>• Evaluation for IV tPA up to 4.5 hours</li><li>• Evaluation for Endovascular thrombectomy</li><li>• Insurance</li><li>• Other advanced care (not stroke related)</li><li>• Other</li></ul>	If <b>Discharged from ED=Yes</b> , this field should be completed. <b>For Patients Transferred Out of ED:</b> this field should be completed by the sending facility
<b>Receiving Hospital</b>	<ul style="list-style-type: none"><li>• Text field</li></ul>	<b>For Patients Transferred Out of ED:</b> this field should be completed by the sending facility
<b>Comments</b>		OPTIONAL FIELD
<b>FAST-ED Score</b>		*optional* Assessment performed by EMS providers on field stroke activations to obtain a prehospital stroke severity score



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Field Name	Allowable Values or Format	Notes
Large Vessel Occlusion	<ul style="list-style-type: none"><li>• Yes</li><li>• No</li></ul>	*optional/* Diagnosis that includes an occlusion or comparable injury of a large, proximal cerebral blood vessel(s)



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