

Instructions for Paul Coverdell National Acute Stroke Program (PCNASP) Hospital Inventory Data Elements

Awardees are to submit de-identified hospital inventory data from their hospital partners as an electronic Excel file. The "Inventory" tab of this document has the data elements and format for awardees to transmit this hospital inventory data to CDC.

Public reporting of this collection of information is estimated to average 30 minutes/hours per response, including the time for reviewing instructions and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a current valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-xxxx)

Hospital Inventory Questions Reporting Tool

Variable Name	State	Year	HospID	HospSize	InptDschr	StkDschr	StkDschr_AIS	StkDschr_TIA	StkDschr_SAH	StkDschr_ICH
Inventory Question #			A1	A2	A3	A4	A4a	A4b	A4c	A4d
Question Description	State name 2-letter code	Year of inventory 4-digit	Coverdell Hospital ID number	Number of licensed beds	total number of inpatient discharges in most recent calendar year	total number of acute stroke discharges (see list of ICD9 and ICD10 codes) in most recent calendar year	[Optional] Total number of acute ischemic stroke discharges in the most recent calendar year	[Optional] Total number of TIA discharges in the most recent calendar year	[Optional] Total number of subarachnoid hemorrhagic stroke discharges in the most recent calendar year	[Optional] Total number of intracerebral hemorrhagic stroke discharges in the most recent calendar year
Allowed response	alpha	yyyy	alpha	numeric	numeric	numeric	numeric	numeric	numeric	numeric

StkDschr_SNS	StkTeam	ISProtcl	ISProtcl_incl	HSProtcl	HSProtS	IVtPA	Endovasc	AdmOrd	DysScrn	DschProt
A4e	B1	B2a	B2ai	B2b	B2bi	B2c	B2d	B2e	B2f	B2g
<i>[Optional] Total number of stroke (type unspecified) discharges in the most recent calendar year</i>	Does your hospital have an acute stroke team?	Written protocol for emergency care of ischemic stroke?	If yes to (2a), does it include (select all that apply):	Written protocol for emergency care of hemorrhagic stroke?	If yes to (2b), does it include (select all that apply):	Protocol for alteplase (IV tPA)	Protocol for endovasc ular therapy	Protocol for admission orders	Protocol for dysphagia screening	Discharge planning protocol
numeric	Y/N	Y/N	Initial stabilization/ Diagnostic imaging/Treat ment/Labs	Y/N	Initial stabilization/Di agnostic imaging/Treat ment/Labs	Y/N	Y/N	Y/N	Y/N	Y/N

DRAFT ONLY

PostDschF	StkIC	NeuroIntensiv	ContECG	Neurosurg	Neurosurg_24	Neurosurg_2h	Neurointerve	Neurointerve	EMSPlan
B2h	B3	B4	B5	B6	B6a	B6b	B7	B8	C1
Post-discharge follow-up care protocols	Does hospital provide stroke-specific or neurointensive care unit?	Does your hospital have a neurointensivist to manage care for stroke patients?	Do all stroke patients receive continuous ECG monitoring for at least 24 hours during admission?	Does your hospital have neurosurgical services on-staff?	If yes to (6), does your hospital have neurosurgical services available 24/7 (may be on-site or at a remote location)?	If never to (6a), does your hospital have neurosurgical services available within 2 hours of patient arrival (may be on-site or at a remote location)?	Does your hospital have stroke neurointerventional capabilities?	Does your hospital provide neurointerventional treatment for stroke (capability to give intra-arterial tPA or use of catheter-based neurointerventional reperfusion)?	Is there a written plan for receiving patients with suspected stroke via EMS
Y/N	Y/N	Y/N	Y/N	Y/N	Always/Some	Always/Some	Y/N	Y/N	Y/N

DRAFT ONLY

EMSPreN_Team	EMSPreN_Prot	EMS_RunSheet	EMSFeed	EMSFeed_Metho	EMSFeed_Pop	EMSCoord	TOCSummary
C2	C3	C4	C5	C5a	C5b	C6	D1
Does pre-notification by EMS regarding a suspected stroke case lead to activation of the stroke team?	Does EMS notification lead to activation of written stroke care protocol	Does your hospital enter EMS run sheets into the Coverdell in-hospital record?	Do you have a formal process for data feedback to EMS agencies?	If yes to (5), how is the feedback provided to EMS agencies? (select all that apply)	If yes to (5), for what patient population is feedback provided? (select all that apply)	Does your hospital have an EMS coordinator?	Do you utilize a transition of care summary with stroke patients during discharge?
Always/ Sometimes/ Never/No pre-notification	Always/ Sometimes/ Never/No pre-notification	Always/ Sometimes/ Rarely/Never	Y/N	Fax/Email/ Phone/In-person/Other	Final dx stk pre-notification/Pre-notification/Unknown/Other	Y/N	Always/ Sometimes/ Rarely/Never

DRAFT ONLY

TOC_Follow	TOC_FollowTime	NeuroRes	OthRes	JCPSC	PSCDate	StateDesign
D2	D2a	E1	E1a	E2	E2a	E3
Does your hospital conduct post-discharge follow-up on patients discharged to home?	If yes to (2), how long after discharge does this follow-up typically take place?	Does your hospital have a neurology residency or fellowship program	Does your hospital have other residency or fellowship programs	Is your hospital certified as a Joint Commission ASRH, PSC, CSC, or other similar organization such as DNV or HFAP?	If yes, year of most recent certification or recertification	Does your state/county/region/locality have a stroke designation program? (select all that apply)
Y/N	1-7/8-14/15-21/22-30/>30	Y/N	Y/N	JC ASRH/JC PSC/DNV PSC/HFAP PSC/JC CSC/DNV CSC	Year (yyyy)	State designation/County regional local designation/No

DRAFT ONLY

StateDesign_YN	StateDesign_Date	TeleStkR	TeleStkR_Mode	CommEdu	CaseID
E3a	E3b	E4	E4a	E5	F1
<p>If yes to (3), is your hospital designated by that entity as a stroke center or stroke capable/ready hospital ? (select all that apply)</p>	<p>If designated in 3a, what is the date of the most recent certification?</p>	<p>Does your hospital receive stroke consultation services from another hospital via telemedicine?</p>	<p>[Optional] If yes to (4), what mode does the telemedicine consult take place? (select all that apply)</p>	<p>[Optional] Does your hospital provide community education on stroke signs and symptoms and importance of calling 911?</p>	<p>What process is used for case identification? (select one best answer)</p>
<p>Stroke Center (state)/Stroke capable (state)/Stroke center (county regional)/Stroke capable (county regional)</p>	<p>Date (mm/dd/yyyy)</p>	<p>Y when neuro not avail/Y no neuro/N</p>	<p>Telephone/Video/Other</p>	<p>Y/N</p>	<p>Pros/Retro/Comb</p>

DRAFT ONLY

DataAbs	DataAbs_Method	Sample	Sample_Desc	EHR	DataReportsR	QI_Implement
F2	F3	F4	F4a	F5	G1	G2
Who is responsible for data abstraction? (select all that apply)	What process is used for data abstraction? (select one best answer)	Does your hospital sample cases to abstract for data that is submitted to Coverdell?	If yes to (4), please briefly describe your sampling method (e.g. following The Joint Commission's requirements), including the percentage of cases that are sampled	What electronic health record system does your hospital use for stroke care?	Who receives data reports on your stroke quality of care? (select all that apply)	How many systematic quality improvement interventions were implemented by hospital staff as a result of quality of care data reports?
MD/Stk Team/Med Records/QI/Other	Concurrent/Retro/Equal	Y/N	alpha	Allscripts/ Centricity/Cerner/ CPSI/ eClinicalWorks/ Epic/McKesson/ Meditech/ NextGen/Other	CEO/Board/CNO/ StkTeam/MD/Chief Med/Other	numeric

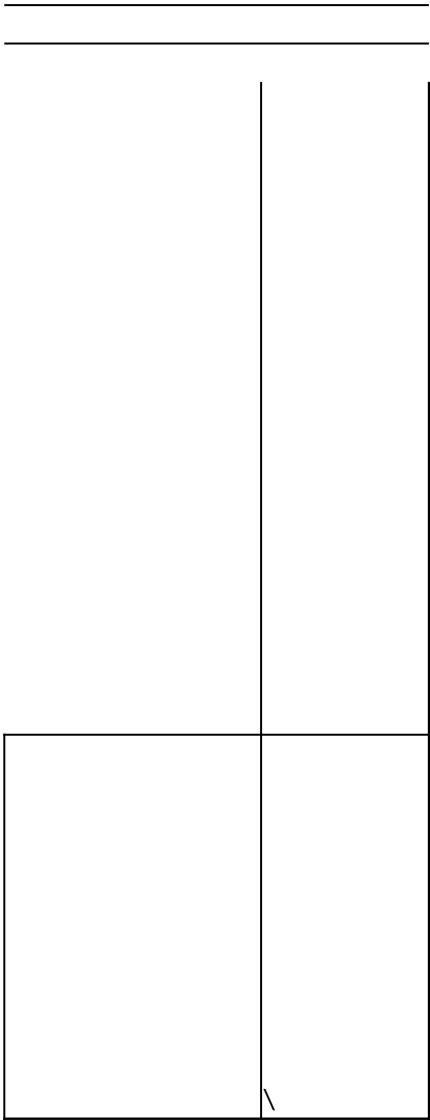
DRAFT ONLY

AddAnalyses	AddAnalyses_Freq	AddAnalyses_Desc	AddAnalyses_Use	AddAnalyses_No	DataPresent	DataPresent_Topic
G3	G4a	G4b	G4c	G5a	G6	G6a
[Optional] In the most recent calendar year, have you run additional analyses (beyond what was required for reporting) on your hospital's own stroke data?	[Optional] If yes to (3), in the most recent calendar year, how frequently have you run and used the analyses generated? (select one best answer)	[Optional] In the most recent calendar year, what reports did you run? (select all that apply)	[Optional] How do you use these analyses/reports	[Optional] If no to (3), what is the main reason you do not run your own analyses? (select one best answer)	[Optional] In this past year, approximately how many presentations (either using state-provided reports or data reports you have run internally) were made?	[Optional] What were the topics of the presentations?
Y/N	Weekly/Monthly/ Less than monthly/1-2 times	Pre-programmed/ Additional beyond	Inform QI/Report to management/Other	Not sure how/Not sure what needed/Lack of time/Lack of interest/All provided/Other	None/1/2-4/5-12/ >12	Alpha

DRAFT ONLY

DataPresent_Who	DataPresent_Mtg	DataNeed	QIParticipation	QIParticipation_Num	Retention	
G6b	G7	G8	H1	H1a	I1	
[Optional] To whom were presentations made (including abstracts presented at meetings)? (select all that apply)	[Optional] Are data presentations a standing agenda item during your "Stroke Team Meetings"?	[Optional] What other data or information do you need (that current data reports/queries are not providing) in order to help you plan QI efforts at your hospital?	Did you participate in any QI activities offered through the State health department Coverdell program?	If yes to (1), how many?	What reasons or incentives are most important in your hospital's decision to participate in (if new) or continue to participate in the Coverdell Stroke Registry? (select the 3 most important reasons)	
Stk Team/Grand Rounds/CEO/Board/Regional Mtg/National Mtg	Y/N	Alpha	Y/N	numeric	Prof Dev/Networking/Enhance quality/Financial/Stroke designation/GWTG/ Upper management/Benchmark/Recognition/Other	

DRAFT ONLY



DRAFT ONLY