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

Awardees are to submit de-identified hosptial 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.

Hospital Inventory Questions Reporting Tool

Variable Name	State	Year	HospID	RUCAcode	HospSize	InptDsch	StkDschr	StkDschr_AIS	StkDschr_TIA	StkDschr_SAH
Inventory Question #			A1	A2	A3	A4	A5	A5a	A5b	A5c
Question Description	State name 2-letter code	Year of inventory 4-digit	Coverdell Hospital ID number	What is your hospital's Rural-Urban Commuting Area (RUCA) code?	Current hosptial size (number of licensed beds)	total number of inpatient discharges (not including observation only, ED patients, ED transfers) in most recent calendar year	total number of acute stroke discharges (primary diagnosis only; see list of ICD-9 and ICD-10 codes in the appendix) 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

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Allowed response	alpha	yyyy	alpha	numeric	numeric	numeric	numeric	numeric	numeric	numeric

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StkDschr_ICH	StkDschr_SNS	StkTeam	ISProtcl	ISProtcl_incl	HSProtcl	HSProtS	HSProtcl_admit	ICHProtcl	ICHProtcl_incl
A5d	A5e	B1	B2a	B2ai	B2b	B2bi	B2bii	B2c	B2ci
[Optional] Total number of <u>intracerebral hemorrhagic stroke</u> discharges in the most recent calendar year	*[Optional]* Total number of stroke (type unspecified) discharges in the most recent calendar year	Does your hospital have a designated 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 subarachnoid hemorrhagic strokes (SAH)?	If yes to (2b), does it include (select all that apply):	Does your hospital admit most subarachnoid hemorrhagic (SAH) stroke patients?	Protocol for emergency care of intracerebral hemorrhagic (ICH) strokes?	If yes to (2c), does it include (select all that apply)

numeric	numeric	Y/N	Y/N	Initial stabilization/ Diagnostic imaging/Treatment/Labs	Y/N	Initial stabilization/Diagnostic imaging/Treatment/Labs	We typically transfer SAH patients/We typically admit these patients/We admit or transfer depending on staff availability or other factors	Y/N	Initial stabilization/Diagnostic imaging/Treatment/Labs

ICHProtcl_admi	IVtPA	Endovasc	AdmOrd	DysScrn	DschProt	PostDschF	StkIC	NeuroIntensiv	ContECG
B2cii	B2d	B2e	B2f	B2g	B2h	B2i	B3	B3a	B4
Does your hospital admit most intracerebral hemorrhagic (ICH) stroke patients?	Protocol for IV tPA (alteplase)	Protocol for endovascular therapy	Protocol for admission orders	Protocol for dysphagia screening	Discharge planning protocol	Post-discharge follow-up care protocols	Does your hospital have a neuro-intensive care unit?	If yes to (3) 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?

We typically transfer ICH patients/We typically admit these patients/We admit or transfer depending on staff availability or other factors	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N

Neurosurg	Neurosurg_24	Neurosurg_2h	Neurointerver	Neurointerver	EMSPlan	EMSPreN_Team	EMSPreN_Prot	EMS_RunSheet
B5	B5a	B5b	B6	B7	C1	C2	C3	C4
Does your hospital have neurosurgical services on-staff?	If yes to (5), does your hospital have neurosurgical services available 24/7 (may be on-site or at a remote location)?	If never to (5a), 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 (select all that apply)	Is there a written plan for receiving patients with suspected stroke via EMS	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 a Coverdell-specific in-hospital data collection tool (e.g., GWTG, state-based system)?

Y/N	Always/ Sometimes/ Never	Always/ Sometimes/ Never	Y/N	Intra-arterial alteplase/Catheter-based reperfusion; mechanical thrombectomy	Y/N	Always/ Sometimes/ Never/No pre-notification	Always/ Sometimes/ Never/No pre-notification	Always/ Sometimes/ Rarely/Never

EMSFeed	EMSFeed_Metho	EMSFeed_Pop	EMSCoord	EMSinter_comm	EMSinter_data	TOCSummary	TOC_Follow
C5	C5a	C5b	C6	C7a	C7b	D1	D2
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?	*[Optional]* To what extent has the interaction between the ED and EMS providers changed during the past calendar year, compared to the prior calendar year, with respect to communication	*[Optional]* To what extent has the interaction between the ED and EMS providers changed during the past calendar year, compared to the prior calendar year, with respect to data exchange	Do you utilize a transition of care summary with stroke patients during discharge?	Does your hospital conduct post-discharge follow-up on patients discharged to home?

Y/N	Fax/Email/ Phone/In-person/Other	Patients transported by EMS with final dx of stk with pre-notification/ Patients transported by EMS with final dx of stk w/o pre-notification/Patients with Pre-notification regardless of final dx/Unknown/Other	Y/N	substantial improvement/minimal improvements/no improvements/ minimal decline/substantial decline	substantial improvement/minimal improvements/no improvement/minimal decline/substantial decline	Always/ Sometimes/ Rarely/Never	Y/N

TOC_FollowTime	TOC_PtFollow	TOC_resource	NeuroRes	OthRes	JCPSC	StateDesign
D2a	D2b	D3	E1a	E1b	E2	E3
If yes to (2), how long after discharge does this follow-up typically take place?	Do you follow-up with (select all that apply)	Does your hospital utilize an inventory of community resources to make referrals for post-stroke needs?	Does your hospital have a neurology residency or fellowship program	Does your hospital have other residency or fellowship programs	Is your hospital currently certified as a Joint Commission ASRH, PSC, CSC, TSC, or other similar organization such as DNV or HFAP?	Does your state/county/region/locality have a stroke designation program? (select all that apply)

1-7/8-14/15-21/22-30/>30	All patients discharged home/a sample of patients dischaged home/only cases that were treated with IV alteplase/only cases that were treated with IV alteplase and/or thrombectomy/other	Y/N	Y/N	Y/N	JC ASRH/JC PSC/DNV PSC/HFAP PSC/JC CSC/DNV CSC/JC TSC	State designation/County regional local designation/No

StateDesign_YN	TeleStkR	TeleStkR_Mode	TeleStkR_cons	TeleStkR_ConsMode	CommEdu
E3a	E4	E4a	E5	E5a	E6
If yes to (3), is your hospital current designated by that entity as a stroke center or stroke capable/ready hospital ? (select all that apply)	Does your hospital receive stroke consultation services from another hospital via telemedicine?	[Optional] If yes to (4), what mode does the telemedicine consult take place? (select all that apply)	Does your hospital provide stroke consultation services to other hospitals via telemedicine?	[Optional] If yes to (5), what mode does the telemedicine consult take place? (select all that apply)	[Optional] Does your hospital provide community education on stroke signs and symptoms and importance of calling 911?

Stroke Center (state)/Stroke capable (state)/Stroke center (county regional)/Stroke capable (county regional)	Y when neuro not avail/Y no neuro/N	Telephone call/ interactive video; videoconference/Other	Yes provide telestroke consul services and can receive patients that we provide consul on/Yes provide telestroke consul services but cannot receive patients/No do not provide telestroke consul services	Telephone call/Interactive video; videoconference/other	Y/N

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CaseID	DataAbs	DataAbs_Method	Sample	Sample_Desc	EHR
F1	F2	F3	F4	F4a	F5
What process is used for case identification? (select one best answer)	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?

Pros/Retro/Comb	MD/Stk Team/Med Records/QI/other hospital staff/outsourced/Other	Concurrent/Retro/ Equal	Y/N	alpha	Allscripts/ Centricity/Cerner/ CPSI/ eClinicalWorks/ Epic/McKesson/ Meditech/ NextGen/Other

DataReportsR	QI_Implement	AddAnalyses	QIParticipation	QIParticipation_Num	QIParticipation_strat	QIParticipation_prob
G1	G2	G3	H1	H1a	H2	H2ai
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?	[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?	Did you participate in any QI activities offered through the State health department Coverdell program?	If yes to (1), how many?	[Optional] Has your stroke team implemented structured quality improvement strategies (e.g. PDSA (Plan-Do-Study-Act) cycles, small tests of change, lean, six-sigma) to improve quality of care in the most recent calendar year?	If yes to (2), describe problems addressed

CEO/Board/CNO/ StkTeam/MD/Chief Med/Other	numeric	Y/N	Y/N	numeric	Y/N	alpha

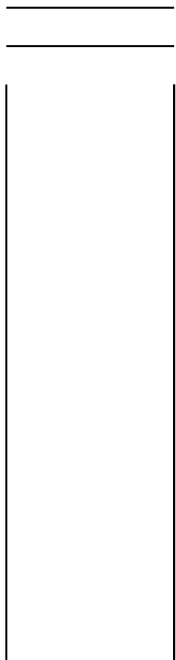| QIParticipation_resul	QIParticipation_help	QIParticipation_help	QIParticipation_chall	QIParticipation_polic	QIParticipation_chan	QIParticipation_buyin
H2aii	H2aiii	H2aiv	H2av	H3	H3a	H4
If yes to (2), briefly describe results	If yes to (2), was this a helpful way to address the problem?	If yes to (2), why or why not [was it or not a helpful way to address the problem]?	If yes to (2), what challenges did you encounter?	[Optional] As a result of participating in the registry the most recent calendar year, what stroke policies or system changes has your hospital implemented?	Have you assessed the impact of any of these changes, for example, by examining changes in data/performance measures?	[Optional] To what extent do you have buy-in from upper management (i.e. hospital CEO/board/upper management) to implement stroke QI initiatives? (select one best answer)

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alpha	Y/N	alpha	alpha	alpha	Y/N	A great deal of support/a fair amount of support/little support/no support

QIParticipation_other	QIParticipation_integ	QIParticipation_prior	QIParticipation_affec	Retention	
H5	H5a	H5b	H5c	I1	
[Optional] Do you have other QI initiatives that are not directly related to stroke care at your hospital?	If yes to (5), are your stroke QI initiatives integrated with other QI initiatives in your hospital?	If yes to (5), compared to other QI initiatives, how important/prioritized are QI initiatives around stroke?	If yes to (5), how do you think other hospital QI initiatives affect your stroke QI initiatives?	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)	

Y/N	Y/N	Much more important/a little more important/equally important/a little less important/a lot less important	complement/ hinder/do not affect	Prof Dev/Networking/Enhance quality/Financial/Stroke designation/GWTG/Upper management/Benchmark/Recognition/Other		

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