

Green - Required

Blue - Optional

Current PCNASP Hospital Inventory Survey (0920-1108; exp. 9/30/2022)

Modified question	Deleted question	New required question	New optional question	Original Data element	Original question
1				RUCA	What is your hospital's Rural-Urban Commuting Area (RUCA) code? To determine this, navigate to the Rural Health Information Hub website (https://www.ruralhealthinfo.org/am-i-rural). Enter your hospital's address in the search bar and click "locate". Then click on the orange "run report" button in the map. Scroll down to find your hospital's RUCA Code by census tract (e.g. 1.1) and provide this number for the inventory survey
		1		AISDsch	Total number of acute ischemic stroke discharges in the most recent calendar year
		1		TIADsch	Total number of TIA discharges in the most recent calendar year
		1		SAHDsch	Total number of subarachnoid hemorrhagic stroke discharges in the most recent calendar year
		1		ICHDSch	Total number of intracerebral hemorrhagic stroke discharges in the most recent calendar year
		1		SNSDsch	Total number of stroke (type unspecified) discharges in the most recent calendar year
			1		
			1		
		1		DysScrn	Dysphagia screening
		1		DschProt	Discharge planning protocols
		1		PostDscF	Post-discharge follow-up care protocols
		1		ContECG	Do all stroke patients receive continuous ECG monitoring for at least 24 hours during admission?
1				Neur_247	If yes to (5), does your hospital have neurosurgical services available 24/7 (may be on-site or at a remote location)?

1				Neur_2hr	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)?
1				Neurint	Does your hospital have stroke neurointerventional capabilities?
	1			Neurint1 Neurint2	Does your hospital provide neurointerventional treatment for
1				EMSPreN	Does pre-notification by EMS regarding a suspected stroke case lead to activation of the stroke team?
1				PreNProt	Does pre-notification lead to activation of written stroke care protocols (e.g. notification to pharmacy, "clearing" of CT scanner)?
		1			
1				EMS_Run	Does your hospital enter EMS run sheets into a Coverdell-specific in-hospital data collection tool (e.g., GWTG, state-based system)?
	1			EMSFeed_1 EMSFeed_2 EMSFeed_3 EMSFeed_4 EMSFeed_5	If yes to (5), how is the feedback provided to EMS agencies?
		1		EMSFd_P1 EMSFd_P2 EMSFd_P3 EMSFd_P4 EMSFd_P5	If yes to (5), for what patient population is feedback provided?
			1		
	1			EMSCord	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 the following: a. Communication
	1			EMSint	
	1			EMSint_d	b. Data exchange
				TOC_S	Do you utilize a transition of care summary with stroke patients during discharge? (The National Transitions of Care Coalition (NTOCC) defines a transition of care summary as a method of communication between sending and receiving providers and patient/family/caregivers. Use of a transition of care summary has been proven to reduce readmission rates and decrease medical errors.)
	1			TOC_F	Does your hospital conduct post-discharge follow-up on patients discharged to home?
	1			TOC_FT	If yes to (2), how long after discharge does this follow-up typically take place?
	1			TOC_FL1 TOC_FL2 TOC_FL3 TOC_FL4 TOC_FL5	Do you follow-up with (select all that apply):
			1		
1				TOC_res	Does your hospital utilize an inventory of community resources to make referrals for post-stroke needs?

			1		
			1		
			1		
			1		
			1		
1				NeurRes	Does your hospital have the following residency or fellowship programs? a. Neurology
	1			OthRes	b. Other residency/ fellowship program
1				JCPSC_1 JCPSC_2 JCPSC_3 JCPSC_4 JCPSC_5 JCPSC_6 JCPSC_7	Is your hospital currently certified as a Joint Commission Acute Stroke Ready Hospital (JC ASRH), Joint Commission Primary Stroke Center (JC PSC), Joint Commission Comprehensive Stroke Center (JC CSC), Joint Commission thrombectomy capable stroke center (TSC) or other similar organization such as Det Norske Veritas (DNV) or Healthcare Facilities Accreditation Program (HFAP)? (select all that apply)
		1		Desn_Y Desn_Reg Desn_No	Does your state/county/region/locality have a stroke designation program?
		1		StDesn1 StDesn2 StDesn3 StDesn4	If yes to (3), is your hospital currently designated by that entity as a stroke center or stroke capable/ready hospital? (select all that apply)

	1			TeleStk1 TeleStk2 TeleStk3	[Optional] If yes to (4), what mode does the telemedicine consult take place? (select all that apply)
	1			TelCon1 TelCon2 TelCon3	[Optional] If yes to (5), what mode does the telemedicine consult take place? (select all that apply)
	1			CommEdu	[Optional] Does your hospital provide community education on stroke signs and symptoms and importance of calling 911?
	1			DataAbs_1 DataAbs_2 DataAbs_3 DataAbs_4 DataAbs_5 DataAbs_6	Who is responsible for data abstraction?
	1			Abs_Mtd	What process is used for data abstraction?
	1			Sample	Does your hospital sample cases to abstract for data that is submitted to Coverdell?
	1			SampleDes	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
	1			EHR	What electronic health record system does your hospital use for stroke cases?
			1		
			1		

		1			
		1		DataRPT1 DataRPT2 DataRPT3 DataRPT4 DataRPT5 DataRPT6 DataRPT7	Who receives data reports on your stroke quality of care?
		1		QI_Imp QI_Text	How many systematic quality improvement interventions were implemented by hospital staff as a result of quality of care data reports? Please briefly describe each one (e.g. if there was one that was particularly successful, and if it addressed a specific problem).
		1		Analyses	[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?
		1		QIPart	Did you participate in any QI activities (e.g. QI training, networking meetings, learning collaboratives) offered through the State health department Coverdell program?
		1		QIPart_N	If yes to (1), how many?
		1		QIPart_S	[Optional, but can be used for process and outcome performance measure (POPM) data collection] 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?
		1		QIPart_P	If yes to (2), Describe the problem(s) addressed
		1		QIPart_R	Briefly describe results

	1			QIPart_H	Was this a helpful way to address the problem?
	1			QIPart_W	Why or why not?
	1			QIPart_C	What challenges did you encounter?
	1			QIPrt_PO	[Optional, but can be used for process and outcome performance measure (POPM) data collection] As a result of participating in the registry the most recent calendar year, what stroke policies or system changes has your hospital implemented?
	1			QIPrt_CH	Have you assessed the impact of any of these changes, for example, by examining changes in data/performance measures?
	1			QIPrt_BU	[Optional] To what extent do you have buy-in from upper management (i.e. hospital CEO/board/upper management) to implement stroke QI initiatives?
	1			QIPrt_OT	[Optional] Do you have other QI initiatives that are not directly related to stroke care at your hospital?
	1			QIPrt_IN	If yes to (5), are your stroke QI initiatives integrated with other QI initiatives in your hospital?
	1			QIPrt_PR	If yes to (5), compared to other QI initiatives, how important/prioritized are QI initiatives around stroke?
	1			QIPrt_AF	If yes to (5), how do you think other hospital QI initiatives affect your stroke QI initiatives?
			1		
			1		
10	47	15	0		

Requested changes		
Response options	Data element	Revised question
Numeric response	RUCA	What is your hospital's Rural-Urban Commuting Area (RUCA) code? To determine this, navigate to the Rural Health Information Hub website (https://www.ruralhealthinfo.org/am-i-rural). Enter your hospital's address in the search bar and click "locate". Then click on "Run Report" button in the map. Scroll down to "Rural Urban Commuting Areas (RUCAs) by census tract" to find your hospital's RUCA Code (two digit number, e.g. 1.1, 1.0) and provide this number for the inventory survey.
Numeric response		
Numeric response		
Numeric response		
Numeric response		
Numeric response		
	SAHAText	Text response for <i>We admit or transfer depending on staff availability or other factors (please describe)</i>
	ICHAText	Text response for <i>We admit or transfer depending on staff availability or other factors (please describe)</i>
Yes No		
Yes No		
Yes No		
Yes No		
Always Sometimes Never	Neur_247	If yes to (4), does your hospital have neurosurgical services available 24/7 (may be on-site or at a remote location)?

Always Sometimes Never	Neur_2hr	If never to (4a), does your hospital have neurosurgical services available within 2 hours of patient arrival (may be on-site or at a remote location)?
Yes No	Neurint	Does your hospital provide neurointerventional treatment/mechanical thrombectomy ?
Intra-arterial alteplase Catheter-based reperfusion/mechanical thrombectomy		
Always Sometimes Never No pre-notification	EMSPreN	How often does pre-notification by EMS regarding a suspected stroke case lead to activation of the stroke team?
Always Sometimes Never No pre-notification	PreNProt	How often does pre-notification lead to activation of written stroke care protocols (e.g. notification to pharmacy, "clearing" of CT scanner)?
	TranProt	Does your hospital have written protocols for stroke patients transferred to and from your hospital?
Always Sometimes Rarely Never	EMS_Run	How often does your hospital upload any EMS data (electronically or manually) into stroke patient's eHR?
Fax Email Phone In-person (for example, at a meeting or during a case review) Other (please specify):		
Patients transported by EMS with a final diagnosis of stroke with pre-notification of possible stroke Patients transported by EMS with a final diagnosis of stroke without pre-notification of possible stroke Possible stroke patients for whom EMS pre-notified the hospital, regardless of the final diagnosis Unknown Other (please specify):		
	Feed_FRQ	How often does your hospital provide feedback to EMS agencies?
Yes No		

Substantial improvement Minimal improvements No improvement Minimal decline Substantial decline		
Substantial improvement Minimal improvements No improvement Minimal decline Substantial decline		
Always Sometimes Rarely Never	TOC_S	How often do you utilize a transition of care summary with stroke patients during discharge? (The National Transitions of Care Coalition (NTOCC) defines a transition of care summary as a method of communication between sending and receiving providers and patient/family/caregivers. Use of a transition of care summary has been proven to reduce readmission rates and decrease medical errors.)
Yes No		
1-7 days 8-14 days 15-21 days 22-30 days >30 days		
All patients discharged home A sample of patients discharged home Only cases that were treated with IV alteplase Only cases that were treated with IV alteplase and/or thrombectomy Other: (text)		
	RefTrack	Has your hospital implemented a system for tracking referrals provided to stroke patients to support their post hospital transition of care?
Yes No	TOC_res	How often does your hospital utilize an inventory of community resources to make referrals for post-stroke needs, including resources that can meet patients' medical, social, and functional needs?

	Partnr_1 Partnr_2 Partnr_3 Partnr_4 Partnr_5	Has your hospital established partnerships with any of the following? Please count any that your hospital participates in or provides resources to as a partnership (provide an estimated number next to each):
	CPACHW	Does your hospital have a Collaborative Practice Agreement (CPA) in place that includes community health workers (CHWs)?
	CPASOP	If yes to (5), specific to CHWs, does the CPA include a CHW scope of practice?
	CPAComm	Does the CPA ensure that CHW scope of practice maintains CHWs' connections to the community?
	CPARefer	How often does your hospital utilize community health workers to refer stroke survivors to resources that can meet their medical, social, and functional needs post-discharge?
Yes No	NeurRes	Does your hospital have a residency or fellowship programs (neurology or other/residency fellowship)?
Yes No		
JC ASRH JC PSC DNV PSC HFAP PSC JC CSC DNV CSC JC thrombectomy-capable stroke center (TSC)	StrkCert	2. Is your hospital currently certified as a Joint Commission Acute Stroke Ready Hospital (JC ASRH), Joint Commission Primary Stroke Center (JC PSC), Joint Commission Comprehensive Stroke Center (JC CSC), Joint Commission thrombectomy capable stroke center (TSC) or other similar organization such as Det Norske Veritas (DNV) or Healthcare Facilities Accreditation Program (HFAP)?
Yes, state stroke designation program Yes, county/regional/local-level stroke designation No, there is no state/county/regional/local-level designation program		
Stroke Center (State designation) Stroke Capable/Ready (State designation) Stroke Center (County/regional/local designation) Stroke Capable/Ready (County/regional/local designation)		

<p>Telephone call Interactive video/videoconference Other (e.g., teleradiology), please specify:</p>		
<p>Telephone call Interactive video/videoconference Other (e.g., teleradiology), please specify:</p>		
<p>Physician Stroke nursing staff/stroke team member Medical records staff QI department staff Other hospital staff (please specify): <hr/>Outsourced</p>		
<p>Mostly or completely concurrent with care Mostly or completely retrospective Roughly equal-- data collected concurrent with care and retrospective</p>		
<p>Yes No</p>		
<p>Open text</p>		
<p>Allscripts Centricity Cerner Computer Programs and Systems Inc (CPSI) eClinicalWorks Epic Systems McKesson Meditech NextGen Healthcare Other (please specify):</p>		
	<p>HIE</p>	<p>Does your hospital contribute data to a state health information exchange (HIE)?</p>
	<p>EHR_Use</p>	<p>Does your hospital use the EHR system and standardized clinical quality measures to track differences between populations at highest risk for stroke events compared to all stroke patients for any of the following?</p>

	<p>DataQI_1 DataQI_2 DataQI_3 DataQI_4 DataQI_5 DataQI_6 DataQI_7 DataQI_8</p>	<p>G2. During the past 12 months, did your hospital conduct data-driven quality improvement initiatives (e.g. the Plan-Do-Study-Act model, small tests of change, lean, six-sigma) related to stroke care to address any of the following?</p>
	DataText	Text response for G2. DataQI_7 if "Other" option selected
<p>Hospital CEO/ upper management Hospital Board Chief Nursing Officer (CNO) Stroke Team Physician Stroke Champion Chief of Medicine Other (please specify):</p>		
<p>Number Description</p>		
<p>Yes No</p>		
<p>Yes No</p>		
<p>numeric</p>		
<p>Yes No</p>		
<p>Text</p>		
<p>Text</p>		

Yes No		
Text		
Text		
Text		
Yes No		
A great deal of support A fair amount of support Little support No support		
Yes No		
Yes No		
Much more important A little more important Equally important A little less important A lot less important		
Complement Hinder Do not affect		
	QI_Rslt	Did your hospital's data-driven quality improvement initiatives lead to a change in hospital stroke policies or systems?
	QI_Imprv	Did your hospital's data-driven quality improvement initiatives lead to an improvement in a performance measure of care (e.g. door-to-needle time, proportion of eligible patients receiving IV tPA)?

Response options	Change description
Numeric response	Modification to add more instructions for clarity and accurate data.
	Optional question deleted as this is data is not core to the program
	Optional question deleted as this is data is not core to the program
	Optional question deleted as this is data is not core to the program
	Optional question deleted as this is data is not core to the program
	Optional question deleted as this is data is not core to the program
Text response	New required data element for text responses
Text response	New required data element for text responses
	Required question deleted to align with program activities and focus under new cooperative agreement.
	Required question deleted to align with program activities and focus under new cooperative agreement.
	Required question deleted to align with program activities and focus under new cooperative agreement.
	Required question deleted as information is not core to the program. Other questions have been modified to align with scientific advancements
Always Sometimes Rarely Never	Modification to add response option for data clarity and response

Always Sometimes Rarely Never	Modification to add response option for data clarity and response
Yes No	Modification to align with stroke care guidelines and provide clarity
	Required question deleted because information is already captured in modified above question.
Always Sometimes Rarely Never No pre-notification	Modification to provide clarity and add respnse option
Always Sometimes Rarely Never No pre-notification	Modification to provide clarity and add respnse option
Yes No	New required question to capture information on stroke patients that are transferred and understand hospital capacity in improving and streamlining care for these patients.
Always Sometimes Rarely Never	Modification to align with recent changes to data systems and capture data more relevant to the program.
	Required question deleted to reduce burden as data is not core to the program
	Required question deleted to reduce burden as data is not core to the program
Always Sometimes Rarely Never	New required question to capture information on EMS feedback to measure improvement and hospital engagement in this area
	Required question deleted as information in not core to program.

	Optional question deleted as the evaluation of these activities are assessed in other better aligned questions in the survey.
	Optional question deleted as the evaluation of these activities are assessed in other better aligned questions in the survey.
Always Sometimes Rarely Never	Modification for clarity
	Required question deleted to align with program activities and focus under new cooperative agreement.
	Required question deleted to align with program activities and focus under new cooperative agreement.
	Required question deleted to align with program activities and focus under new cooperative agreement.
Yes, fully implemented Yes, partially implemented No referral tracking system	New required question to capture data for program evaluation of post stroke hospital transitions
Always Sometimes Rarely Never	Modification to response options and the question to align with program focus and provide additional context for this area of stroke care

<p> <input type="checkbox"/> State or local stroke coalition <input type="checkbox"/> State or local stroke initiatives <input type="checkbox"/> State or local professional organizations <input type="checkbox"/> National stroke initiatives or organizations <input type="checkbox"/> Other (open text – provide number in parenthesis (eg. state coalition (2), national association (2))): </p>	<p>New required question to capture data for program evaluation of stroke partnerships</p>
<p> Yes No </p>	<p>New required question to capture data for program evaluation of post stroke hospital transitions</p>
<p> Yes No </p>	<p>New required question to capture data for program evaluation of post stroke hospital transitions</p>
<p> Yes No </p>	<p>New required question to capture data for program evaluation of post stroke hospital transitions</p>
<p> Always Sometimes Rarely Never Do not utilize community health workers </p>	<p>New required question to capture data for program evaluation of post stroke hospital transitions</p>
<p> Yes No </p>	<p>Modified question to consolidate two question that captured similar information</p>
	<p>Required question deleted to align with modified question above</p>
<p> Yes No </p>	<p>Modified question to consolidate the individual data captured into yes/no question. Also changed data element name.</p>
	<p>Required question deleted because question is not core to the program. Relevant question on certification of hospital is captured elsewhere.</p>
	<p>Required question deleted because question is not core to the program. Relevant question on certification of hospital is captured elsewhere.</p>

	Optional question deleted because question is not core to the program. Relevant information on telestroke is captured elsewhere.
	Optional question deleted because question is not core to the program. Relevant information on telestroke is captured elsewhere.
	Optional question deleted because question is no longer core to the program.
	Question no longer needed as this is not core the program and hospital capacity data.
	Question no longer needed as this is not core the program and hospital capacity data.
	Question no longer needed as this is not core the program and hospital capacity data. States determine sampling methods so this information is not needed at the CDC level.
	Question no longer needed as this is not core the program and hospital capacity data. States determine sampling methods so this information is not needed at the CDC level.
	Question has been removed and replaced with one that will capture data more relevant to the program and stroke data integration.
Yes No	new question to replace previous question to capture relevant state level EHR data integration
Stroke risk factors Acute stroke care Referrals for post-stroke care	New question to capture use of patient data to identify at risk groups to reduce rehabilitation and prevent strokes.

<p>Use of Multidisciplinary Teams for Care Management Electronic Health Record (EHR) and Patient Tracking Systems Self-Management and Care Management Clinical Guidelines Clinical Decision Support and Protocols Patient Education Other (please specify) Did not do any data-driven quality improvement in the past 12 months</p>	<p>New question for program evaluation of quality improvement to better align with scope and focus of program under new cooperative agreement</p>
<p>Text response</p>	<p>Data element to capture text response</p>
	<p>Question removed as this is not core to the program and information will not be used in program evaluation.</p>
	<p>Question removed as other questions (new and modified) help to capture the necessary information needed to evaluate program related quality improvement.</p>
	<p>Optional question removed because evaluation of quality improvement activities is captured elsewhere.</p>
	<p>Optional question removed because evaluation of quality improvement activities is captured elsewhere.</p>
	<p>Optional question removed because evaluation of quality improvement activities is captured elsewhere.</p>
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	Optional question removed because evaluation of quality improvement activities is captured elsewhere.
	Optional question removed because evaluation of quality improvement activities is captured elsewhere.
	Optional question removed because evaluation of quality improvement activities is captured elsewhere.
	Optional question removed as this is not core to the program and data is not used to assess/evaluate program activities.
	Optional question removed as this is not core to the program and data is not used to assess/evaluate program activities.
	Optional question removed as this is not core to the program and data is not used to assess/evaluate program activities.
	Optional question removed as this is not core to the program and data is not used to assess/evaluate program activities.
	Optional question removed as this is not core to the program and data is not used to assess/evaluate program activities.
Yes, please describe. _____	New question for program evaluation of quality improvement to better align with scope and focus of program under new cooperative agreement
No Not applicable	
Yes, please describe the improvement and the measure. _____	New question for program evaluation of quality improvement to better align with scope and focus of program under new cooperative agreement
No Not applicable	

