

OMB Number: 0920-1108

Expiration Date: 09/30/2024



Coverdell Program

Data Elements Manual

Edition 2.0

Public reporting burden of this collection of information for data elements is estimated to average 72 hours per program (46 hours per program for pre-hospital data and 26 hours per program for in-hospital data) including the time for reviewing instructions, searching existing data sources, gathering, maintaining, and transmitting the data needed, 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 currently 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, GA 30333. Attn: PRA (0920-0612). Do not send the completed form to this address.

Contents

Data Elements Manual	1
INTRODUCTION	9
PRE-HOSPITAL DATA ELEMENTS	11
<i>Administrative Data</i>	12
Item Pre-1a: SCNARRD	13
Item Pre-1b: SCNARRT	14
Item Pre-2a: SCNDPTD	15
Item Pre-2b: SCNDPTT	16
Item Pre-3a: PREAGE	17
Item Pre-4a: PREGEND	18
Item Pre-5a: STKSCN	19
Item Pre-5b: EMSGLU	20
IN-HOSPITAL DATA ELEMENTS	21
<i>Administrative Data</i>	22
Item IN-0A: STFIPS	23
Item IN-0B: PATID	24
Item IN-0C: ZIP	25
Item IN-0D: HOSPID	26
<i>Demographic Data</i>	27
Item IN-1a: AGE	28
Item IN-1b: GENDER	29
Item IN-1c: RACEW	30
Item IN-1d: RACEAA	31
Item IN-1e: RACEAS	32
Item IN-1f: RACEHPI	33
Item IN-1g: RACEAIAN	34
Item IN-1h: RACEUNK	35
Item IN-1i: HISP	36
Item IN-1j: HLTHINSM	37
Item IN-1k: HLTHINSC	38
Item IN-1l: HLTHINSP	39
Item IN-1m: HLTHINSN	40

Item IN-1n: HLTHINND.....	41
<i>Pre-Hospital/Emergency Medical System (EMS) Data</i>	42
Item IN-2a: PLCOCCUR	43
Item IN-2b: ARRMODE	44
Item IN-2c: EMSNOTE	45
<i>Date and Time of Arrival at your Hospital</i>	46
Item IN-3a: EDTRIAGD	47
Item IN-3b: EDTRIAGT.....	48
<i>Patient Not Admitted</i>	49
Item IN-4a: NOTADMIT	50
<i>Comfort Measures</i>	51
Item IN-5a: CMODOC.....	52
<i>Medications Currently Taking Prior to Admission</i>	53
Item IN-6a: LIPADMYN	54
<i>Documented Past Medical History</i>	55
Item IN-7a: MEDHISDM	56
Item IN-7b: MEDHISST	57
Item IN-7c: MEDHISTI.....	58
Item IN-7d: MEDHISCS.....	59
Item IN-7e: MEDHISMI.....	60
Item IN-7f: MEDHISPA	61
Item IN-7g: MEDHISVP.....	62
Item IN-7h: MEDHISHF	63
Item IN-7i: MEDHISSS	64
Item IN-7j: MEDHISPG.....	65
Item IN-7k: MEDHISAF	66
Item IN-7l: MEDHISSM.....	67
Item IN-7m: MEDHISEC.....	68
Item IN-7n: MEDHISDL	69
Item IN-7o: MEDHISHT	70
Item IN-7p: MEDHISDT	71
Item IN-7q: MH_EID.....	72
Item IN-7r: MH_COV1	73

Item IN-7s: MH_COV2.....	74
Item IN-7t: MH_MERS.....	75
Item IN-7u: MH_OTH.....	76
<i>Hospital Admission Data</i>	77
Item IN-8a: HOSPADD.....	78
Item IN-8b: AMBSTATA.....	79
Item IN-8c: SXRESOLV.....	80
<i>Telestroke</i>	81
Item IN-9a: TELEYN.....	82
<i>Imaging</i>	83
Item IN-10a: IMAGEYN.....	84
Item IN-10b: IMAGEYCT.....	85
Item IN-10c: IMAGEYMR.....	86
Item IN-10d: IMAGED.....	87
Item IN-10e: IMAGET.....	88
Item IN-10f: IMAGERES.....	89
Item IN-11a: IMAGEVAS.....	90
<i>Date and Time the Patient was Last Known to be Well Prior to the Beginning of the Current Stroke or Stroke-like Symptoms</i>	91
Item IN-12a: LKWD.....	92
Item IN-12b: LKWT.....	93
<i>Date and Time the Patient First Discovered to Have the Current Stroke or Stroke-like Symptoms</i>	94
Item IN-13a: DISCD.....	95
Item IN-13b: DISCT.....	96
<i>NIH Stroke Scale Score</i>	97
Item IN-14a: NIHSSYN.....	98
Item IN-14b: NIHSTRKS.....	99
<i>Stroke Treatment</i>	100
Item IN-15a: TRMIVM.....	101
Item IN-15b: TRMIVMD.....	102
Item IN-15c: TRMIVMT.....	103
Item IN-15d: TRMALT.....	104
Item IN-15e: TRMALDS.....	105

Item IN-15f: TRMTNK.....	106
Item IN-15g: TRMTNDS.....	107
Item IN-15h: TRMTNRSN.....	108
Item IN-15i: TRMEXTND.....	109
Item IN-15j: TRMIVT.....	110
Item IN-15k: TRMIVTAT.....	111
Item IN-15l: CATHTX.....	112
Item IN-15m: CATHTXD.....	113
Item IN-15n: CATHTXT.....	114
Item IN-16a: THRMCMP.....	115
Item IN-16b: THRMCMPT.....	116
Item IN-17a: TPANC.....	117
Item IN-18a: TPA4NC.....	118
Item IN-19a: TPADELAY.....	119
Item IN-19b: TPADEL45.....	120
Item IN-19c: DELAYRSN.....	121
Item IN-20a: ATHR2DAY.....	122
Item IN-21a: VTELDUH.....	123
Item IN-21b: VTELMWH.....	124
Item IN-21c: VTEIPC.....	125
Item IN-21d: VTEGCS.....	126
Item IN-21e: VTEXAI.....	127
Item IN-21f: VTEWAR.....	128
Item IN-21g: VTEVFP.....	129
Item IN-21h: VTEOXAI.....	130
Item IN-21i: VTEASPRN.....	131
Item IN-21j: VTEND.....	132
Item IN-21k: VTEDATE.....	133
Item IN-21l: NOVTEDOC.....	134
Item IN-21m: OFXAVTE.....	135
Item IN-22a: LDUHIV.....	136
Item IN-22b: DABIGAT.....	137
Item IN-22c: ARGATRO.....	138

Item IN-22d: DESIRUD.....	139
Item IN-22e: ORALXAI	140
Item IN-22f: LEPIRUD	141
Item IN-22g: OTHACOAG.....	142
Item IN-23a: NPO.....	143
Item IN-23b: DYSPHAYN.....	144
Item IN-23c: DYSPHAPF	145
<i>Other Complications</i>	146
Item IN-24a: PNEUMYN.....	147
Item IN-25a: DVTDOCYN	148
<i>Active Bacterial or Viral Infection at Admission or During Hospitalization</i>	149
Item IN-26a: INF_COLD.....	150
Item IN-26b: INF_FLU	151
Item IN-26c: INF_BAC.....	152
Item IN-26d: INF_OTH	153
Item IN-26e: INF_EMID.....	154
Item IN-26f: INF_COV1	155
Item IN-26g: INF_COV2.....	156
Item IN-26h: INF_MERS	157
Item IN-26i: INF_OEID	158
Item IN-26j: INF_NONE.....	159
<i>Date of discharge from hospital</i>	160
Item IN-27a: DSCHRGD	161
<i>Principal discharge ICD-10-CM diagnosis</i>	162
Item IN-28a: ICD10DX.....	163
<i>Clinical diagnosis related to stroke that was ultimately responsible for this admission</i>	164
Item IN-29a: ADMDXSH.....	165
Item IN-29b: ADMDXIH	166
Item IN-29c: ADMDXIS.....	167
Item IN-29d: ADMDXTIA.....	168
Item IN-29e: ADMDXSNS.....	169
Item IN-29f: ADMDXNOS.....	170
Item IN-29g: ADMCE	171

Item IN-29h: CLNTRIAL	172
<i>Discharge disposition</i>	173
Item IN-30a: DSCHDISP	174
Item IN-30b: OHFTYPE.....	175
<i>Functional Status at Discharge</i>	176
Item IN-31a: MRSSCORE	177
Item IN-31b: AMBSTATD.....	178
<i>Antihypertensive Treatment at Discharge</i>	179
Item IN-32a: HBPTREAT	180
<i>Lipid Treatment</i>	181
Item IN-33a: LIPNONE	182
Item IN-33b: LIPSTATN	183
Item IN-33c: LIPOTHNC.....	184
Item IN-33d: LIPFIBRT	185
Item IN-33e: LIPOTHRX.....	186
Item IN-33f: LIPNIACN	187
Item IN-33g: LIPABSIN	188
Item IN-33h: LIPPCSK.....	189
Item IN-33i: STATNNC	190
Item IN-33j: STATNINT	191
Item IN-33k: STATNWHY	192
<i>Atrial Fibrillation</i>	193
Item IN-34a: AFIBYN	194
Item IN-34b: AFIBRX.....	195
<i>Antithrombotics at Discharge</i>	196
Item IN-35a: ATHDSCYN.....	197
Item IN-35b: DC_PLT	198
Item IN-35c: DC_COAG	199
<i>Smoking Counseling</i>	200
Item IN-36a: SMKCESYN	201
<i>Stroke Education</i>	202
Item IN-37a: EDUCRF	203
Item IN-37b: EDUCSSX	204

Item IN-37c: EDUCEMS.....	205
Item IN-37d: EDUCCC	206
Item IN-37e: EDUCMEDS.....	207
<i>Rehabilitation</i>	208
Item IN-38a: REHAPLAN	209
APPENDIX	210
Appendix A: Data Elements Submission Timeline.....	211
Appendix B: Technical Assistance Resources	212
Appendix C: Data Element Tables	215
Appendix D: Data Submission Instructions	223

INTRODUCTION

This Coverdell Data Elements Manual was written to provide guidance on the collection and submission of data elements (DEs) for the Paul Coverdell National Acute Stroke Program (PCNASP). The Program currently funds 13 recipients of the cooperative agreement (“recipients”) across the United States. Recipients are required to collect and report DEs as part of standardized data reporting for the Coverdell Program. DEs are used by the CDC and its recipients to describe, monitor, and assess progress and performance of the program.

The DEs in this manual (Edition 2) received approval in September 2021 from the Federal Office of Management and Budget. This manual pertains to the cooperative agreement DP21-2102. Data for the 163 DEs can be separated into two sections: *Pre-Hospital* and *In-Hospital*. There are 4 additional administrative DEs that will precede the *In-Hospital* data section. These 4 administrative DE variables, bring the total number of DEs to 167.

The DE manual includes information about technical specifications for the DE variables included in each of the categories, guidance for their submission, and conventions for processing the data. Specifications for each DE include variable name, prompt, format, source of data, denominator population, acceptable values, description, and use for data analysis. **Please note that the format provided is relevant for data submitted by recipients for a four-month reporting period, which corresponds to three submissions per year.** Variables are reported for each patient. The values for each patient establish a record for their hospital visit. The manual is organized as follows:

Pre-Hospital. This section includes 8 DE variables. It includes data about the *Pre-Hospital* aspect within the stroke continuum of care. It includes Emergency Medical System (EMS) arrival, EMS departure, patient age and gender, as well as the performance of a stroke screen and glucose level.

In-Hospital. This section contains 155 DE variables. It includes data about the *In-Hospital* aspect within the stroke continuum of care. It includes demographic information that includes age, gender, race, ethnicity, and insurance status. Additional information includes EMS information, data and time of hospital arrival, hospital admission status, comfort measures, medications taken prior to admission, medical history, admission data, telestroke, imaging, patient last known to be well, first discovery of stroke-like symptoms, NIH Stroke Scale score, stroke treatment, other complications, active bacterial or viral infection at admission or during hospitalization, date of discharge from hospital, principal discharge ICD-10-CM diagnosis, clinical diagnosis related to stroke that was ultimately responsible for this admission, discharge disposition, functional status at discharge, antihypertensive treatment at discharge, lipid treatment, atrial fibrillation, antithrombotics at discharge, smoking counseling, stroke education, and rehabilitation.

Administrative. This section contains 4 DE variables. These DE variables are integrated into the *In-Hospital* section. Collection is necessary for analytical utility, data quality, and monitoring program fidelity, where the expectation is to serve participants disproportionately impacted by high prevalence of risk factors for stroke events, as well as stroke outcomes. These DE variables are State FIPS, unique patient identifier, residential zip code, and unique hospital identifier.

This manual is a living document that will be updated occasionally. When modifications are necessary, CDC will notify recipients that the updated manual is available on the Awards Management Platform (AMP).

PRE-HOSPITAL DATA ELEMENTS

Administrative Data

Item Pre-1a: SCNARRD	Scene Arrival Date This variable indicates the scene arrival date
FORMAT	Type: Date Item Length: 8 Leading Zeros: Yes Valid Range: Valid date
SOURCE	Not applicable; COVERDELL-specific variable
DENOMINATOR POPULATION	The denominator includes all patients
VALUES AND DESCRIPTION	Valid date in SAS MMDDYY10. format (MM/DD/YYYY) MM= Month (01-12), DD=Day (01-31) and YYYY = Year (20XX)

Item Pre-1b: SCNARRT	Scene Arrival Time This variable indicates the scene arrival time
FORMAT	Type: Time Item Length: 4 Leading Zeros: Yes Valid Range: Valid time
SOURCE	Not applicable; COVERDELL-specific variable
DENOMINATOR POPULATION	The denominator includes all patients
VALUES AND DESCRIPTION	Valid time in SAS TIME8. format (HH:MM) Time must be recorded in military time. HH=Hour (00-23) and MM=Minutes (00-59)

Item Pre-2a: SCNDPTD	Scene Departure Date This variable indicates the scene departure date
FORMAT	Type: Date Item Length: 8 Leading Zeros: Yes Valid Range: Valid date
SOURCE	Not applicable; COVERDELL-specific variable
DENOMINATOR POPULATION	The denominator includes all patients
VALUES AND DESCRIPTION	Valid date in SAS MMDDYY10. format (MM/DD/YYYY) MM= Month (01-12), DD=Day (01-31) and YYYY = Year (20XX)

Item Pre-2b: SCNDPTT	Scene Departure Time This variable indicates the scene departure time
FORMAT	Type: Time Item Length: 4 Leading Zeros: Yes Valid Range: Valid time
SOURCE	Not applicable; COVERDELL-specific variable
DENOMINATOR POPULATION	The denominator includes all patients
VALUES AND DESCRIPTION	Valid time in SAS TIME8. format (HH:MM) Time must be recorded in military time. HH=Hour (00-23) and MM=Minutes (00-59)

Item Pre-3a: PREAGE	Age This variable indicates the patient's age
FORMAT	Type: Numeric Item Length: 3 Leading Zeros: No Valid Range: 0-125; values cannot be blank
SOURCE	Not applicable; COVERDELL-specific variable
DENOMINATOR POPULATION	The denominator includes all patients
VALUES AND DESCRIPTION	

Item Pre-4a: PREGEND	Gender This variable indicates the patient's gender
FORMAT	Type: Numeric Item Length: 1 Leading Zeros: No Valid Range: See values; cannot be blank
SOURCE	Not applicable; COVERDELL-specific variable
DENOMINATOR POPULATION	The denominator includes all patients
VALUES AND DESCRIPTION	1 Male 2 Female 3 Unknown

Item Pre-5a: STKSCN	Did EMS perform a pre-hospital stroke screen? This variable indicates whether EMS performed a pre-hospital stroke screen
FORMAT	Type: Numeric Item Length: 1 Leading Zeros: No Valid Range: See values; cannot be blank
SOURCE	Not applicable; COVERDELL-specific variable
DENOMINATOR POPULATION	The denominator includes all patients
VALUES AND DESCRIPTION	1 Yes 2 No 3 Not Documented

Item Pre-5b: EMSGLU	Glucose level This variable indicates the patient's glucose level
FORMAT	Type: Numeric Item Length: 3 Leading Zeros: No Valid Range: See values; cannot be blank
SOURCE	Not applicable; COVERDELL-specific variable
DENOMINATOR POPULATION	The denominator includes all patients
VALUES AND DESCRIPTION	Valid glucose value

IN-HOSPITAL DATA ELEMENTS

Administrative Data

Item IN-0A: STFIPS	State FIPS Code State FIPS Code
FORMAT	Type: Character Item Length: 2 Leading Zeros: Yes Valid Range: Specific Values
SOURCE	National FIPS Code ID List
DENOMINATOR POPULATION	The denominator includes all patients
VALUES AND DESCRIPTION	05 Arkansas 12 Florida 13 Georgia 15 Hawaii 21 Kentucky 25 Massachusetts 26 Michigan 27 Minnesota 36 New York 37 North Carolina 39 Ohio 51 Virginia 55 Wisconsin

Item IN-0B: PATID	Unique Participant ID Number Unique Participant ID Number
FORMAT	Type: Character Item Length: 15 Leading Zeros: Yes Valid Range: Unique Coded Values
SOURCE	Not applicable; State-specific variable
DENOMINATOR POPULATION	The denominator includes all patients
VALUES AND DESCRIPTION	

Item IN-0C: ZIP	Residence Zip Code Zip Code of Residence
FORMAT	Type: Character Item Length: 5 Leading Zeros: Yes Valid Range: Valid Zip Code
SOURCE	National ZIP Code ID List
DENOMINATOR POPULATION	The denominator includes all patients
VALUES AND DESCRIPTION	Valid Zip Code

Item IN-0D: HOSPID	Unique Hospital ID Assigned by State A Hospital ID Number generated by State. State Keeps Key
FORMAT	Type: Alphanumeric Item Length: 5 Leading Zeros: Yes Valid Range: Unique Coded Values
SOURCE	Not applicable; State-specific variable
DENOMINATOR POPULATION	The denominator includes all patients
VALUES AND DESCRIPTION	Confidential Value Assigned by State
OTHER INFORMATION	Historically, Coverdell funded recipients have used a "unique hospital identifier", which was a random 5-digit code generated by state health departments and the key was retained at the state level. For the purposes of this data manual, this practice will be continued. These randomized hospital identifiers will be submitted in the data file.

Demographic Data

Item IN-1a: AGE	Age This variable indicates the patient's age
FORMAT	Type: Numeric Item Length: 3 Leading Zeros: No Valid Range: 0-125; cannot be blank
SOURCE	Not applicable; COVERDELL-specific variable
DENOMINATOR POPULATION	The denominator includes all patients
VALUES AND DESCRIPTION	

Item IN-1b: GENDER	Gender This variable indicates the patient's gender
FORMAT	Type: Numeric Item Length: 1 Leading Zeros: No Valid Range: See values; cannot be blank
SOURCE	Not applicable; COVERDELL-specific variable
DENOMINATOR POPULATION	The denominator includes all patients
VALUES AND DESCRIPTION	1 Male 2 Female 3 Unknown

Item IN-1c: RACEW	White This variable indicates the patient identifies White as a race (select all response options that apply)
FORMAT	Type: Numeric Item Length: 1 Leading Zeros: No Valid Range: See values; cannot be blank
SOURCE	Not applicable; COVERDELL-specific variable
DENOMINATOR POPULATION	The denominator includes all patients
VALUES AND DESCRIPTION	0 No 1 Yes

Item IN-1d: RACEAA	Black or African American This variable indicates the patient identifies Black or African American as a race (select all response options that apply)
FORMAT	Type: Numeric Item Length: 1 Leading Zeros: No Valid Range: See values; cannot be blank
SOURCE	Not applicable; COVERDELL-specific variable
DENOMINATOR POPULATION	The denominator includes all patients
VALUES AND DESCRIPTION	0 No 1 Yes

Item IN-1e: RACEAS	<p>Asian This variable indicates the patient identifies Asian as a race (select all response options that apply)</p>
FORMAT	<p>Type: Numeric Item Length: 1 Leading Zeros: No Valid Range: See values; cannot be blank</p>
SOURCE	Not applicable; COVERDELL-specific variable
DENOMINATOR POPULATION	The denominator includes all patients
VALUES AND DESCRIPTION	<p>0 No 1 Yes</p>

Item IN-1f: RACEHPI	Native Hawaiian or Other Pacific Islander This variable indicates the patient identifies Native Hawaiian or Other Pacific Islander as a race (select all response options that apply)
FORMAT	Type: Numeric Item Length: 1 Leading Zeros: No Valid Range: See values; cannot be blank
SOURCE	Not applicable; COVERDELL-specific variable
DENOMINATOR POPULATION	The denominator includes all patients
VALUES AND DESCRIPTION	0 No 1 Yes

Item IN-1g: RACEAIAN	American Indian or Alaskan Native This variable indicates the patient identifies American Indian or Alaskan Native as a race (select all response options that apply)
FORMAT	Type: Numeric Item Length: 1 Leading Zeros: No Valid Range: See values; cannot be blank
SOURCE	Not applicable; COVERDELL-specific variable
DENOMINATOR POPULATION	The denominator includes all patients
VALUES AND DESCRIPTION	0 No 1 Yes

Item IN-1h: RACEUNK	<p>Unknown or unable to determine This variable indicates the patient identifies Unknown or Unable to Determine as a race (select all response options that apply)</p>
FORMAT	<p>Type: Numeric Item Length: 1 Leading Zeros: No Valid Range: See values; cannot be blank</p>
SOURCE	Not applicable; COVERDELL-specific variable
DENOMINATOR POPULATION	The denominator includes all patients
VALUES AND DESCRIPTION	<p>0 No 1 Yes</p>

Item IN-1i: HISP	Hispanic or Latino Ethnicity This variable indicates whether the participant is of Hispanic or Latino origin
FORMAT	Type: Numeric Item Length: 1 Leading Zeros: No Valid Range: See values; cannot be blank
SOURCE	Not applicable; COVERDELL-specific variable
DENOMINATOR POPULATION	The denominator includes all patients
VALUES AND DESCRIPTION	0 Not Hispanic or Latino, or unknown 1 Hispanic or Latino

Item IN-1j: HLTHNSM	Medicare/Medicare Advantage This variable indicates Medicare/Medicare Advantage as their health insurance
FORMAT	Type: Numeric Item Length: 1 Leading Zeros: No Valid Range: See values; cannot be blank
SOURCE	Not applicable; COVERDELL-specific variable
DENOMINATOR POPULATION	The denominator includes all patients
VALUES AND DESCRIPTION	0 No 1 Yes

Item IN-1k: HLTHINSC	Medicaid This variable indicates Medicaid as their health insurance
FORMAT	Type: Numeric Item Length: 1 Leading Zeros: No Valid Range: See values; cannot be blank
SOURCE	Not applicable; COVERDELL-specific variable
DENOMINATOR POPULATION	The denominator includes all patients
VALUES AND DESCRIPTION	0 No 1 Yes

Item IN-1I: HLTHINSP	Private/VA/Champus/Other This variable indicates Private/VA/Champus/Other as their health insurance
FORMAT	Type: Numeric Item Length: 1 Leading Zeros: No Valid Range: See values; cannot be blank
SOURCE	Not applicable; COVERDELL-specific variable
DENOMINATOR POPULATION	The denominator includes all patients
VALUES AND DESCRIPTION	0 No 1 Yes

Item IN-1m: HLTHINSN	Self-Pay/No Insurance This variable indicates Self-Pay/No Insurance as their health insurance
FORMAT	Type: Numeric Item Length: 1 Leading Zeros: No Valid Range: See values; cannot be blank
SOURCE	Not applicable; COVERDELL-specific variable
DENOMINATOR POPULATION	The denominator includes all patients
VALUES AND DESCRIPTION	0 No 1 Yes

Item IN-1n: HLTHINND	Not Documented This variable indicates Not Documented as their health insurance
FORMAT	Type: Numeric Item Length: 1 Leading Zeros: No Valid Range: See values; cannot be blank
SOURCE	Not applicable; COVERDELL-specific variable
DENOMINATOR POPULATION	The denominator includes all patients
VALUES AND DESCRIPTION	0 No 1 Yes

*Pre-Hospital/Emergency Medical System
(EMS) Data*

Item IN-2a: PLCOCCUR	<p>Where was the patient when stroke was detected or when symptoms were discovered? In the case of a patient transferred to your hospital where they were an inpatient, ED patient, or NH/long-term care resident, from where was the patient transferred?</p> <p>This variable indicates the location of the patient when the stroke was detected</p>
FORMAT	<p>Type: Numeric</p> <p>Item Length: 1</p> <p>Leading Zeros: No</p> <p>Valid Range: See values; cannot be blank</p>
SOURCE	Not applicable; COVERDELL-specific variable
DENOMINATOR POPULATION	The denominator includes all patients
VALUES AND DESCRIPTION	<ul style="list-style-type: none"> 1 Not in a healthcare setting 2 Another acute care facility 3 Chronic health care facility 4 Stroke occurred while patient was an inpatient in your hospital 5 Outpatient healthcare setting 9 Not documented or cannot be determined

Item IN-2b: ARRMODE	How did the patient get to your hospital for treatment of their stroke? This variable indicates the means of transportation to get to the hospital for treatment of their stroke
FORMAT	Type: Numeric Item Length: 2 Leading Zeros: No Valid Range: See values; cannot be blank
SOURCE	Not applicable; COVERDELL-specific variable
DENOMINATOR POPULATION	The denominator includes all patients
VALUES AND DESCRIPTION	<ul style="list-style-type: none"> 1 EMS from home or scene 2 Private transportation/taxi/other 3 Transfer from another hospital 9 Not documented or unknown 10 Mobile Stroke Unit

Item IN-2c: EMSNOTE	Advance notification by EMS This variable indicates whether there was an advance notification by EMS
FORMAT	Type: Numeric Item Length: 1 Leading Zeros: No Valid Range: See values; cannot be blank
SOURCE	Not applicable; COVERDELL-specific variable
DENOMINATOR POPULATION	The denominator includes all patients
VALUES AND DESCRIPTION	0 No/Not documented 1 Yes 9 Not applicable

Date and Time of Arrival at your Hospital

Item IN-3a: EDTRIAGD	Date of arrival at your hospital This variable indicates the date of arrival at the hospital
FORMAT	Type: Date Item Length: 8 Leading Zeros: Yes Valid Range: Valid date
SOURCE	Not applicable; COVERDELL-specific variable
DENOMINATOR POPULATION	The denominator includes all patients
VALUES AND DESCRIPTION	Valid date in SAS MMDDYY10. format (MM/DD/YYYY) MM= Month (01-12), DD=Day (01-31) and YYYY = Year (20XX)

Item IN-3b: EDTRIAGT	Time of arrival at your hospital This variable indicates the time of arrival at the hospital
FORMAT	Type: Time Item Length: 4 Leading Zeros: Yes Valid Range: Valid time
SOURCE	Not applicable; COVERDELL-specific variable
DENOMINATOR POPULATION	The denominator includes all patients
VALUES AND DESCRIPTION	Valid time in SAS TIME8. format (HH:MM) Time must be recorded in military time. HH=Hour (00-23) and MM=Minutes (00-59)

Patient Not Admitted

Item IN-4a: NOTADMIT	Was the patient not admitted? This variable indicates whether the patient was not admitted to the hospital
FORMAT	Type: Numeric Item Length: 1 Leading Zeros: No Valid Range: See values; cannot be blank
SOURCE	Not applicable; COVERDELL-specific variable
DENOMINATOR POPULATION	The denominator includes all patients
VALUES AND DESCRIPTION	0 No, patient admitted as inpatient 1 Not admitted

Comfort Measures

Item IN-5a: CMODOC	<p>When is the earliest time that the physician, advanced practice nurse, or PA documented that patient was on comfort measures only?</p> <p>This variable indicates the earliest time the physician, advanced practice nurse, or PA documented that patient was on comfort measures only</p>
FORMAT	<p>Type: Numeric</p> <p>Item Length: 1</p> <p>Leading Zeros: No</p> <p>Valid Range: See values; cannot be blank</p>
SOURCE	Not applicable; COVERDELL-specific variable
DENOMINATOR POPULATION	The denominator includes all patients
VALUES AND DESCRIPTION	<ol style="list-style-type: none"> 1 Day of arrival or first day after arrival 2 2nd day after arrival or later 3 Timing unclear 4 Not documented/Unable to determine

Medications Currently Taking Prior to Admission

Item IN-6a: LIPADMYN	Statin or other cholesterol reducer medication This variable indicates whether a statin or other cholesterol reducer medication is currently being taken prior to admission
FORMAT	Type: Numeric Item Length: 1 Leading Zeros: No Valid Range: See values; cannot be blank
SOURCE	Not applicable; COVERDELL-specific variable
DENOMINATOR POPULATION	The denominator includes only patients that were admitted
VALUES AND DESCRIPTION	0 No/Not documented 1 Yes

Documented Past Medical History

Item IN-7a: MEDHISDM	Is there a history of Diabetes Mellitus (DM)? This variable indicates whether the patient has a medical history of Diabetes Mellitus (DM)
FORMAT	Type: Numeric Item Length: 1 Leading Zeros: No Valid Range: See values; cannot be blank
SOURCE	Not applicable; COVERDELL-specific variable
DENOMINATOR POPULATION	The denominator includes only patients that were admitted
VALUES AND DESCRIPTION	0 No/Not documented 1 Yes

Item IN-7b: MEDHISST	Is there a history of prior Stroke? This variable indicates whether the patient has a medical history of prior Stroke
FORMAT	Type: Numeric Item Length: 1 Leading Zeros: No Valid Range: See values; cannot be blank
SOURCE	Not applicable; COVERDELL-specific variable
DENOMINATOR POPULATION	The denominator includes only patients that were admitted
VALUES AND DESCRIPTION	0 No/Not documented 1 Yes

Item IN-7c: MEDHISTI	<p>Is there a history of TIA/Transient ischemic attack/VBI?</p> <p>This variable indicates whether the patient has a medical history of TIA/Transient ischemic attack/VBI</p>
FORMAT	<p>Type: Numeric</p> <p>Item Length: 1</p> <p>Leading Zeros: No</p> <p>Valid Range: See values; cannot be blank</p>
SOURCE	Not applicable; COVERDELL-specific variable
DENOMINATOR POPULATION	The denominator includes only patients that were admitted
VALUES AND DESCRIPTION	<p>0 No/Not documented</p> <p>1 Yes</p>

Item IN-7d: MEDHISCS	Is there a history of carotid stenosis? This variable indicates whether the patient has a medical history of carotid stenosis
FORMAT	Type: Numeric Item Length: 1 Leading Zeros: No Valid Range: See values; cannot be blank
SOURCE	Not applicable; COVERDELL-specific variable
DENOMINATOR POPULATION	The denominator includes only patients that were admitted
VALUES AND DESCRIPTION	0 No/Not documented 1 Yes

Item IN-7e: MEDHISMI	Is there a history of myocardial infarction (MI) or coronary artery disease (CAD)? This variable indicates whether the patient has a medical history of myocardial infarction (MI) or coronary artery disease (CAD)
FORMAT	Type: Numeric Item Length: 1 Leading Zeros: No Valid Range: See values; cannot be blank
SOURCE	Not applicable; COVERDELL-specific variable
DENOMINATOR POPULATION	The denominator includes only patients that were admitted
VALUES AND DESCRIPTION	0 No/Not documented 1 Yes

Item IN-7f: MEDHISPA	Is there a history of peripheral arterial disease (PAD)? This variable indicates whether the patient has a medical history of peripheral arterial disease (PAD)
FORMAT	Type: Numeric Item Length: 1 Leading Zeros: No Valid Range: See values; cannot be blank
SOURCE	Not applicable; COVERDELL-specific variable
DENOMINATOR POPULATION	The denominator includes only patients that were admitted
VALUES AND DESCRIPTION	0 No/Not documented 1 Yes

Item IN-7g: MEDHISVP	Does the patient have a valve prosthesis (heart valve)? This variable indicates whether the patient has a valve prosthesis (heart valve)
FORMAT	Type: Numeric Item Length: 1 Leading Zeros: No Valid Range: See values; cannot be blank
SOURCE	Not applicable; COVERDELL-specific variable
DENOMINATOR POPULATION	The denominator includes only patients that were admitted
VALUES AND DESCRIPTION	0 No/Not documented 1 Yes

Item IN-7h: MEDHISHF	Is there a history of Heart Failure (CHF)? This variable indicates whether the patient has a medical history of Heart Failure (CHF)
FORMAT	Type: Numeric Item Length: 1 Leading Zeros: No Valid Range: See values; cannot be blank
SOURCE	Not applicable; COVERDELL-specific variable
DENOMINATOR POPULATION	The denominator includes only patients that were admitted
VALUES AND DESCRIPTION	0 No/Not documented 1 Yes

Item IN-7i: MEDHISS	Does the patient have a history of sickle cell disease (sickle cell anemia)? This variable indicates whether the patient has a medical history of sickle cell disease (sickle cell anemia)
FORMAT	Type: Numeric Item Length: 1 Leading Zeros: No Valid Range: See values; cannot be blank
SOURCE	Not applicable; COVERDELL-specific variable
DENOMINATOR POPULATION	The denominator includes only patients that were admitted
VALUES AND DESCRIPTION	0 No/Not documented 1 Yes

Item IN-7j: MEDHISPG	<p>Did this event occur during pregnancy or within 6 weeks after a delivery or termination of pregnancy?</p> <p>This variable indicates whether this event occurred during pregnancy or within 6 weeks after a delivery or termination of pregnancy</p>
FORMAT	<p>Type: Numeric</p> <p>Item Length: 1</p> <p>Leading Zeros: No</p> <p>Valid Range: See values; cannot be blank</p>
SOURCE	Not applicable; COVERDELL-specific variable
DENOMINATOR POPULATION	The denominator includes only patients that were admitted
VALUES AND DESCRIPTION	<p>0 No/Not documented</p> <p>1 Yes</p>

Item IN-7k: MEDHISAF	Is there documentation in the patient's medical history of atrial fibrillation/flutter? This variable indicates whether the patient has a medical history of atrial fibrillation/flutter
FORMAT	Type: Numeric Item Length: 1 Leading Zeros: No Valid Range: See values; cannot be blank
SOURCE	Not applicable; COVERDELL-specific variable
DENOMINATOR POPULATION	The denominator includes only patients that were admitted
VALUES AND DESCRIPTION	0 No/Not documented 1 Yes

Item IN-7I: MEDHISSM	<p>Is there documented past medical history of Smoking (at least one cigarette during the year prior to hospital arrival)?</p> <p>This variable indicates whether the patient has a history of smoking within the past year</p>
FORMAT	<p>Type: Numeric</p> <p>Item Length: 1</p> <p>Leading Zeros: No</p> <p>Valid Range: See values; cannot be blank</p>
SOURCE	Not applicable; COVERDELL-specific variable
DENOMINATOR POPULATION	The denominator includes only patients that were admitted
VALUES AND DESCRIPTION	<p>0 No/Not documented</p> <p>1 Yes</p>

Item IN-7m: MEDHISEC	<p>Is there history of E-Cigarette Use (Vaping)? (Use of electronic nicotine delivery system or electronic cigarettes (e-cigarettes))</p> <p>This variable indicates whether the patient has medical history of e-Cigarette Use (Vaping) (Use of electronic nicotine delivery system or electronic cigarettes (e-cigarettes))</p>
FORMAT	<p>Type: Numeric</p> <p>Item Length: 1</p> <p>Leading Zeros: No</p> <p>Valid Range: See values; cannot be blank</p>
SOURCE	Not applicable; COVERDELL-specific variable
DENOMINATOR POPULATION	The denominator includes only patients that were admitted
VALUES AND DESCRIPTION	<p>0 No/Not documented</p> <p>1 Yes</p>

Item IN-7n: MEDHISDL	Is there a medical history of Dyslipidemia? This variable indicates whether the patient has a medical history of Dyslipidemia
FORMAT	Type: Numeric Item Length: 1 Leading Zeros: No Valid Range: See values; cannot be blank
SOURCE	Not applicable; COVERDELL-specific variable
DENOMINATOR POPULATION	The denominator includes only patients that were admitted
VALUES AND DESCRIPTION	0 No/Not documented 1 Yes

Item IN-7o: MEDHISHT	Is there a documented past medical history of hypertension? This variable indicates whether the patient has a medical history of hypertension
FORMAT	Type: Numeric Item Length: 1 Leading Zeros: No Valid Range: See values; cannot be blank
SOURCE	Not applicable; COVERDELL-specific variable
DENOMINATOR POPULATION	The denominator includes only patients that were admitted
VALUES AND DESCRIPTION	0 No/Not documented 1 Yes

Item IN-7p: MEDHISDT	Is there a history of dementia? This variable indicates whether the patient has a medical history of dementia
FORMAT	Type: Numeric Item Length: 1 Leading Zeros: No Valid Range: See values; cannot be blank
SOURCE	Not applicable; COVERDELL-specific variable
DENOMINATOR POPULATION	The denominator includes only patients that were admitted
VALUES AND DESCRIPTION	0 No/Not documented 1 Yes

Item IN-7q: MH_EID	<p>Is there a history of Emerging Infectious Disease?</p> <p>This variable indicates whether the patient has a medical history of Emerging Infectious Disease</p>
FORMAT	<p>Type: Numeric</p> <p>Item Length: 1</p> <p>Leading Zeros: No</p> <p>Valid Range: See values; cannot be blank</p>
SOURCE	Not applicable; COVERDELL-specific variable
DENOMINATOR POPULATION	The denominator includes only patients that were admitted
VALUES AND DESCRIPTION	<p>0 No/Not documented</p> <p>1 Yes</p>

Item IN-7r: MH_COV1	Is there a history of SARS-COV-1? This variable indicates whether the patient has a medical history of SARS-COV-1
FORMAT	Type: Numeric Item Length: 1 Leading Zeros: No Valid Range: See values; cannot be blank
SOURCE	Not applicable; COVERDELL-specific variable
DENOMINATOR POPULATION	The denominator includes only patients that were admitted
VALUES AND DESCRIPTION	0 No/Not documented 1 Yes

Item IN-7s: MH_COV2	Is there a history of SARS-COV-2 (COVID-19)? This variable indicates whether the patient has a medical history of SARS-COV-2 (COVID-19)
FORMAT	Type: Numeric Item Length: 1 Leading Zeros: No Valid Range: See values; cannot be blank
SOURCE	Not applicable; COVERDELL-specific variable
DENOMINATOR POPULATION	The denominator includes only patients that were admitted
VALUES AND DESCRIPTION	0 No/Not documented 1 Yes

Item IN-7t: MH_MERS	Is there a history of MERS? This variable indicates whether the patient has a medical history of MERS
FORMAT	Type: Numeric Item Length: 1 Leading Zeros: No Valid Range: See values; cannot be blank
SOURCE	Not applicable; COVERDELL-specific variable
DENOMINATOR POPULATION	The denominator includes only patients that were admitted
VALUES AND DESCRIPTION	0 No/Not documented 1 Yes

Item IN-7u: MH_OTH	<p>Is there a history of other infectious respiratory pathogen? This variable indicates whether the patient has a medical history of other infectious respiratory pathogen</p>
FORMAT	<p>Type: Numeric Item Length: 1 Leading Zeros: No Valid Range: See values; cannot be blank</p>
SOURCE	Not applicable; COVERDELL-specific variable
DENOMINATOR POPULATION	The denominator includes only patients that were admitted
VALUES AND DESCRIPTION	<p>0 No/Not documented 1 Yes</p>

Hospital Admission Data

Item IN-8a: HOSPADD	Date of hospital admission This variable indicates the date of hospital admission
FORMAT	Type: Date Item Length: 8 Leading Zeros: Yes Valid Range: Valid date
SOURCE	Not applicable; COVERDELL-specific variable
DENOMINATOR POPULATION	The denominator includes only patients that were admitted
VALUES AND DESCRIPTION	Valid date in SAS MMDDYY10. format (MM/DD/YYYY) MM= Month (01-12), DD=Day (01-31) and YYYY = Year (20XX)

Item IN-8b: AMBSTATA	Was patient ambulatory prior to the current stroke/TIA? This variable indicates whether the patient was ambulatory prior to the current stroke/TIA
FORMAT	Type: Numeric Item Length: 1 Leading Zeros: No Valid Range: See values; cannot be blank
SOURCE	Not applicable; COVERDELL-specific variable
DENOMINATOR POPULATION	The denominator includes only patients that were admitted
VALUES AND DESCRIPTION	<ul style="list-style-type: none"> 1 Able to ambulate independently with or without device 2 Yes, but with assistance from another person 3 Unable to ambulate 9 Not documented

Item IN-8c: SXRESOLV	Did symptoms completely resolve prior to presentation? This variable indicates whether the symptoms completely resolve prior to presentation
FORMAT	Type: Numeric Item Length: 1 Leading Zeros: No Valid Range: See values; cannot be blank
SOURCE	Not applicable; COVERDELL-specific variable
DENOMINATOR POPULATION	The denominator includes only patients that were admitted
VALUES AND DESCRIPTION	0 No 1 Yes 9 Not documented

Telestroke

Item IN-9a: TELEYN	Was telestroke consultation performed? This variable indicates whether a telestroke consultation was performed
FORMAT	Type: Numeric Item Length: 1 Leading Zeros: No Valid Range: See values; cannot be blank
SOURCE	Not applicable; COVERDELL-specific variable
DENOMINATOR POPULATION	The denominator includes only patients that were admitted
VALUES AND DESCRIPTION	<ul style="list-style-type: none"> 1 Yes, the patient received telestroke consultation from my hospital staff when the patient was located at another hospital 2 Yes, the patient received telestroke consultation from someone other than my staff when the patient was located at another hospital 3 Yes, the patient received telestroke consultation from a remotely located expert when the patient was located at my hospital 4 No telestroke consult performed 9 Not documented

Imaging

Item IN-10a: IMAGEYN	<p>Was brain imaging performed at your hospital after arrival as part of the initial evaluation for this episode of care or this event?</p> <p>This variable indicates whether a brain imaging was performed at the hospital after arrival as part of the initial evaluation for this episode of care or this event</p>
FORMAT	<p>Type: Numeric</p> <p>Item Length: 1</p> <p>Leading Zeros: No</p> <p>Valid Range: See values; cannot be blank</p>
SOURCE	Not applicable; COVERDELL-specific variable
DENOMINATOR POPULATION	The denominator includes all patients
VALUES AND DESCRIPTION	<p>0 No/Not documented</p> <p>1 Yes</p> <p>9 Not collected</p>

Item IN-10b: IMAGEYCT	If brain imaging performed, was it a CT scan? This variable indicates whether the brain imaging performed was a CT scan
FORMAT	Type: Numeric Item Length: 1 Leading Zeros: No Valid Range: See values; cannot be blank
SOURCE	Not applicable; COVERDELL-specific variable
DENOMINATOR POPULATION	The denominator includes patients with a brain imaging performed at the hospital after arrival as part of the initial evaluation for this episode of care
VALUES AND DESCRIPTION	0 No/Not documented 1 Yes

Item IN-10c: IMAGEYMR	If brain imaging performed, was it an MRI? This variable indicates whether the brain imaging performed was an MRI
FORMAT	Type: Numeric Item Length: 1 Leading Zeros: No Valid Range: See values; cannot be blank
SOURCE	Not applicable; COVERDELL-specific variable
DENOMINATOR POPULATION	The denominator includes patients with a brain imaging performed at the hospital after arrival as part of the initial evaluation for this episode of care
VALUES AND DESCRIPTION	0 No/Not documented 1 Yes

Item IN-10d: IMAGED	Date brain imaging first initiated at your hospital This variable indicates the date brain imaging first initiated at the hospital
FORMAT	Type: Date Item Length: 8 Leading Zeros: Yes Valid Range: Valid date
SOURCE	Not applicable; COVERDELL-specific variable
DENOMINATOR POPULATION	The denominator includes patients with a brain imaging performed at the hospital after arrival as part of the initial evaluation for this episode of care
VALUES AND DESCRIPTION	Valid date in SAS MMDDYY10. format (MM/DD/YYYY) MM= Month (01-12), DD=Day (01-31) and YYYY = Year (20XX)

Item IN-10e: IMAGET	Time brain imaging first initiated at your hospital This variable indicates the time brain imaging first initiated at the hospital
FORMAT	Type: Time Item Length: 4 Leading Zeros: Yes Valid Range: Valid time
SOURCE	Not applicable; COVERDELL-specific variable
DENOMINATOR POPULATION	The denominator includes patients with a brain imaging performed at the hospital after arrival as part of the initial evaluation for this episode of care
VALUES AND DESCRIPTION	Valid time in SAS TIME8. format (HH:MM) Time must be recorded in military time. HH=Hour (00-23) and MM=Minutes (00-59)

Item IN-10f: IMAGERES	What were the initial brain imaging findings? This variable indicates the initial brain imaging findings
FORMAT	Type: Numeric Item Length: 1 Leading Zeros: No Valid Range: See values; cannot be blank
SOURCE	Not applicable; COVERDELL-specific variable
DENOMINATOR POPULATION	The denominator includes patients with a brain imaging performed at the hospital after arrival as part of the initial evaluation for this episode of care
VALUES AND DESCRIPTION	0 No acute hemorrhage 1 Acute hemorrhage 9 Not documented or not available

Item IN-11a: IMAGEVAS	<p>Was acute vascular or perfusion imaging (e.g., CTA, MRA, DSA) performed at your hospital?</p> <p>This variable indicates whether acute vascular or perfusion imaging (e.g., CTA, MRA, DSA) was performed at the hospital</p>
FORMAT	<p>Type: Numeric</p> <p>Item Length: 1</p> <p>Leading Zeros: No</p> <p>Valid Range: See values; cannot be blank</p>
SOURCE	Not applicable; COVERDELL-specific variable
DENOMINATOR POPULATION	The denominator includes all patients
VALUES AND DESCRIPTION	<p>0 No/Not documented</p> <p>1 Yes</p>

*Date and Time the Patient was Last Known to
be Well Prior to the Beginning of the Current
Stroke or Stroke-like Symptoms*

Item IN-12a: LKWD	<p>What date was the patient last known to be well, i.e., in their usual state of health or at their baseline, prior to the beginning of the current stroke or stroke-like symptoms? (recording within 15 minutes of exact time is acceptable)</p> <p>This variable indicates the date the patient was last known to be well</p>
FORMAT	<p>Type: Date</p> <p>Item Length: 8</p> <p>Leading Zeros: Yes</p> <p>Valid Range: Valid date</p>
SOURCE	Not applicable; COVERDELL-specific variable
DENOMINATOR POPULATION	The denominator includes all patients
VALUES AND DESCRIPTION	<p>Valid date in SAS MMDDYY10. format (MM/DD/YYYY)</p> <p>MM= Month (01-12), DD=Day (01-31) and YYYY = Year (20XX)</p>

Item IN-12b: LKWT	<p>What time was the patient last known to be well, i.e., in their usual state of health or at their baseline, prior to the beginning of the current stroke or stroke-like symptoms? (recording within 15 minutes of exact time is acceptable)</p> <p>This variable indicates the time the patient was last known to be well</p>
FORMAT	<p>Type: Time</p> <p>Item Length: 4</p> <p>Leading Zeros: Yes</p> <p>Valid Range: Valid time</p>
SOURCE	Not applicable; COVERDELL-specific variable
DENOMINATOR POPULATION	The denominator includes all patients
VALUES AND DESCRIPTION	<p>Valid time in SAS TIME8. format (HH:MM)</p> <p>Time must be recorded in military time. HH=Hour (00-23) and MM=Minutes (00-59)</p>

*Date and Time the Patient First Discovered to
Have the Current Stroke or Stroke-like
Symptoms*

Item IN-13a: DISCD	<p>What date was the patient first discovered to have the current stroke or stroke-like symptoms? (recording within 15 minutes of exact time of discovery is acceptable)</p> <p>This variable indicates the date the patient first discovered to have the current stroke or stroke-like symptoms</p>
FORMAT	<p>Type: Date</p> <p>Item Length: 8</p> <p>Leading Zeros: Yes</p> <p>Valid Range: Valid date</p>
SOURCE	Not applicable; COVERDELL-specific variable
DENOMINATOR POPULATION	The denominator includes all patients
VALUES AND DESCRIPTION	<p>Valid date in SAS MMDDYY10. format (MM/DD/YYYY)</p> <p>MM= Month (01-12), DD=Day (01-31) and YYYY = Year (20XX)</p>

Item IN-13b: DISCT	<p>What time was the patient first discovered to have the current stroke or stroke-like symptoms? (recording within 15 minutes of exact time of discovery is acceptable)</p> <p>This variable indicates the time the patient first discovered to have the current stroke or stroke-like symptoms</p>
FORMAT	<p>Type: Time</p> <p>Item Length: 4</p> <p>Leading Zeros: Yes</p> <p>Valid Range: Valid time</p>
SOURCE	Not applicable; COVERDELL-specific variable
DENOMINATOR POPULATION	The denominator includes all patients
VALUES AND DESCRIPTION	<p>Valid time in SAS TIME8. format (HH:MM)</p> <p>Time must be recorded in military time. HH=Hour (00-23) and MM=Minutes (00-59)</p>

NIH Stroke Scale Score

Item IN-14a: NIHSSYN	Was NIH Stroke Scale score performed as part of the initial evaluation of the patient? This variable indicates whether a NIH Stroke Scale score was performed as part of the initial evaluation of the patient
FORMAT	Type: Numeric Item Length: 1 Leading Zeros: No Valid Range: See values; cannot be blank
SOURCE	Not applicable; COVERDELL-specific variable
DENOMINATOR POPULATION	The denominator includes all patients
VALUES AND DESCRIPTION	0 No 1 Yes

Item IN-14b: NIHSTRKS	If performed, what is the first NIH Stroke Scale total score recorded by hospital personnel? This variable indicates the first NIH Stroke Scale total score recorded by hospital personnel
FORMAT	Type: Numeric Item Length: 2 Leading Zeros: No Valid Range: 0-42; cannot be blank
SOURCE	Not applicable; COVERDELL-specific variable
DENOMINATOR POPULATION	The denominator includes patients with a NIH Stroke Scale performed as part of the initial evaluation of the patient
VALUES AND DESCRIPTION	Valid NIH Stroke Scale Score

Stroke Treatment

Item IN-15a: TRMIVM	Was IV thrombolytic initiated for this patient at this hospital? This variable indicates whether the IV thrombolytic therapy was initiated for this patient at this hospital
FORMAT	Type: Numeric Item Length: 1 Leading Zeros: No Valid Range: See values; cannot be blank
SOURCE	Not applicable; COVERDELL-specific variable
DENOMINATOR POPULATION	The denominator includes all patients
VALUES AND DESCRIPTION	0 No 1 Yes

Item IN-15b: TRMIVMD	What date was IV thrombolytic initiated for this patient at this hospital? This variable indicates the date the IV thrombolytic therapy was initiated for this patient at this hospital
FORMAT	Type: Date Item Length: 8 Leading Zeros: Yes Valid Range: Valid date
SOURCE	Not applicable; COVERDELL-specific variable
DENOMINATOR POPULATION	The denominator includes patients with IV thrombolytic therapy initiated at this hospital
VALUES AND DESCRIPTION	Valid date in SAS MMDDYY10. format (MM/DD/YYYY) MM= Month (01-12), DD=Day (01-31) and YYYY = Year (20XX)

Item IN-15c: TRMIVMT	What time was IV thrombolytic initiated for this patient at this hospital? This variable indicates the time the IV thrombolytic therapy was initiated for this patient at this hospital
FORMAT	Type: Time Item Length: 4 Leading Zeros: Yes Valid Range: Valid time
SOURCE	Not applicable; COVERDELL-specific variable
DENOMINATOR POPULATION	The denominator includes patients with IV thrombolytic therapy initiated at this hospital
VALUES AND DESCRIPTION	Valid time in SAS TIME8. format (HH:MM) Time must be recorded in military time. HH=Hour (00-23) and MM=Minutes (00-59)

Item IN-15d: TRMALT	Thrombolytic used: Alteplase (Class 1 evidence) This variable indicates whether the thrombolytic Alteplase (Class 1 evidence) therapy was initiated for this patient at this hospital
FORMAT	Type: Numeric Item Length: 1 Leading Zeros: No Valid Range: See values; cannot be blank
SOURCE	Not applicable; COVERDELL-specific variable
DENOMINATOR POPULATION	The denominator includes patients with IV thrombolytic therapy initiated at this hospital
VALUES AND DESCRIPTION	0 No 1 Yes

Item IN-15e: TRMALDS	Alteplase, total dose (mg) This variable indicates the total Alteplase dose in milligrams (mg)
FORMAT	Type: Numeric Item Length: 4 Leading Zeros: No Valid Range: Valid dosage
SOURCE	Not applicable; COVERDELL-specific variable
DENOMINATOR POPULATION	The denominator includes patients with thrombolytic alteplase (Class 1 evidence) initiated at this hospital
VALUES AND DESCRIPTION	--.- (up to 1 decimal place)

Item IN-15f: TRMTNK	Thrombolytic used: Tenecteplase (Class 2b evidence) This variable indicates whether the thrombolytic Tenecteplase (Class 2b evidence) therapy was initiated for this patient at this hospital
FORMAT	Type: Numeric Item Length: 1 Leading Zeros: No Valid Range: See values; cannot be blank
SOURCE	Not applicable; COVERDELL-specific variable
DENOMINATOR POPULATION	The denominator includes patients with IV thrombolytic therapy initiated at this hospital
VALUES AND DESCRIPTION	0 No 1 Yes

Item IN-15g: TRMTNDS	Tenecteplase, total dose (mg) This variable indicates the total Tenecteplase dose in milligrams (mg)
FORMAT	Type: Numeric Item Length: 4 Leading Zeros: No Valid Range: Valid dosage
SOURCE	Not applicable; COVERDELL-specific variable
DENOMINATOR POPULATION	The denominator includes patients with thrombolytic tenecteplase (Class 2b evidence) initiated at this hospital
VALUES AND DESCRIPTION	--.- (up to 1 decimal place)

Item IN-15h: TRMTNRSN	Reason for selecting tenecteplase instead of alteplase This variable indicates the reason for selecting tenecteplase instead of alteplase
FORMAT	Type: Numeric Item Length: 1 Leading Zeros: No Valid Range: See values; cannot be blank
SOURCE	Not applicable; COVERDELL-specific variable
DENOMINATOR POPULATION	The denominator includes patients with thrombolytic tenecteplase (Class 2b evidence) initiated at this hospital
VALUES AND DESCRIPTION	<ul style="list-style-type: none"> 1 Large Vessel Occlusion (LVO) with potential thrombectomy 2 Mild stroke 3 Other

Item IN-15i: TRMEXTND	If IV thrombolytic administered beyond 4.5-hour, was imaging used to identify eligibility? This variable indicates whether imaging was used to identify eligibility for patients to whom IV thrombolytic was administered beyond 4.5-hour
FORMAT	Type: Numeric Item Length: 1 Leading Zeros: No Valid Range: See values; cannot be blank
SOURCE	Not applicable; COVERDELL-specific variable
DENOMINATOR POPULATION	The denominator includes patients with IV thrombolytic therapy initiated at this hospital beyond 4.5 hours
VALUES AND DESCRIPTION	<ul style="list-style-type: none"> 1 Yes, Diffusion-FLAIR mismatch 2 Yes, Core-Perfusion mismatch 3 None 4 Other

Item IN-15j: TRMIVT	IV thrombolytic at an outside hospital or EMS / mobile stroke unit? This variable indicates whether IV thrombolytic was initiated at an outside hospital or EMS/mobile stroke unit
FORMAT	Type: Numeric Item Length: 1 Leading Zeros: No Valid Range: See values; cannot be blank
SOURCE	Not applicable; COVERDELL-specific variable
DENOMINATOR POPULATION	The denominator includes patients with IV thrombolytic therapy initiated at this hospital
VALUES AND DESCRIPTION	0 No 1 Yes

Item IN-15k: TRMIVTAT	<p>If yes, select thrombolytic administered at outside hospital or Mobile Stroke Unit</p> <p>This variable indicates the thrombolytic treatment administered to patients to whom the treatment was administered outside the hospital or Mobile Stroke Unit</p>
FORMAT	<p>Type: Numeric</p> <p>Item Length: 1</p> <p>Leading Zeros: No</p> <p>Valid Range: See values; cannot be blank</p>
SOURCE	Not applicable; COVERDELL-specific variable
DENOMINATOR POPULATION	The denominator includes patients with IV thrombolytic therapy initiated at outside hospital or Mobile Stroke Unit
VALUES AND DESCRIPTION	<p>1 Alteplase</p> <p>2 Tenecteplase</p>

Item IN-15I: CATHTX	Was catheter-based treatment administered at this hospital? This variable indicates whether a catheter-based treatment was administered at this hospital
FORMAT	Type: Numeric Item Length: 1 Leading Zeros: No Valid Range: See values; cannot be blank
SOURCE	Not applicable; COVERDELL-specific variable
DENOMINATOR POPULATION	The denominator includes all patients
VALUES AND DESCRIPTION	0 No 1 Yes

Item IN-15m: CATHTXD	Date of IA alteplase or MER initiation at this hospital This variable indicates the date of IA alteplase or MER initiation at this hospital
FORMAT	Type: Date Item Length: 8 Leading Zeros: Yes Valid Range: Valid date
SOURCE	Not applicable; COVERDELL-specific variable
DENOMINATOR POPULATION	The denominator includes patients with catheter-based treatment administered at the hospital
VALUES AND DESCRIPTION	Valid date in SAS MMDDYY10. format (MM/DD/YYYY) MM= Month (01-12), DD=Day (01-31) and YYYY = Year (20XX)

Item IN-15n: CATHTXT	Time of IA alteplase or MER initiation at this hospital This variable indicates the time of IA alteplase or MER initiation at this hospital
FORMAT	Type: Time Item Length: 4 Leading Zeros: Yes Valid Range: Valid time
SOURCE	Not applicable; COVERDELL-specific variable
DENOMINATOR POPULATION	The denominator includes patients with catheter-based treatment administered at the hospital
VALUES AND DESCRIPTION	Valid time in SAS TIME8. format (HH:MM) Time must be recorded in military time. HH=Hour (00-23) and MM=Minutes (00-59)

Item IN-16a: THRMCMP	Complication of reperfusion therapy (Thrombolytic or MER) This variable indicates the complications of reperfusion therapy (Thrombolytic or MER)
FORMAT	Type: Numeric Item Length: 1 Leading Zeros: No Valid Range: See values; cannot be blank
SOURCE	Not applicable; COVERDELL-specific variable
DENOMINATOR POPULATION	The denominator includes patients with thrombolytic or MER therapy initiated at this hospital
VALUES AND DESCRIPTION	<ul style="list-style-type: none"> 0 None 1 Symptomatic ICH within 36 hours (< 36 hours) of tPA 2 Life threatening, serious systemic hemorrhage within 36 hours of tPA 3 Other serious complications 9 Unknown/Unable to Determine

Item IN-16b: THRMCMPT	Were there bleeding complications in a patient transferred after IV tPA (alteplase)? This variable indicates whether there were bleeding complications in a patient transferred after IV tPA (alteplase)
FORMAT	Type: Numeric Item Length: 1 Leading Zeros: No Valid Range: See values; cannot be blank
SOURCE	Not applicable; COVERDELL-specific variable
DENOMINATOR POPULATION	The denominator includes patients with IV tPA (alteplase) initiated at this hospital
VALUES AND DESCRIPTION	<ul style="list-style-type: none"> 1 Yes and detected prior to transfer 2 Yes but detected after transfer 3 Unable to determine 9 Not applicable

Item IN-17a: TPANC	Documented exclusions or relative exclusions (contraindications or warnings) were recorded for not initiating IV thrombolytic in the 0-3 hour treatment window This variable indicates whether exclusions or relative exclusions (contraindications or warnings) were documented for not initiating IV thrombolytic in the 0-3 hour treatment window
FORMAT	Type: Numeric Item Length: 1 Leading Zeros: No Valid Range: See values; cannot be blank
SOURCE	Not applicable; COVERDELL-specific variable
DENOMINATOR POPULATION	The denominator includes all patients
VALUES AND DESCRIPTION	0 No 1 Yes

Item IN-18a: TPA4NC	<p>Documented exclusions or relative exclusions (contraindications or warnings) were recorded for not initiating IV thrombolytic in the 3-4.5 hour treatment window</p> <p>This variable indicates whether exclusions or relative exclusions (contraindications or warnings) were documented for not initiating IV thrombolytic in the 3-4.5 hour treatment window</p>
FORMAT	<p>Type: Numeric</p> <p>Item Length: 1</p> <p>Leading Zeros: No</p> <p>Valid Range: See values; cannot be blank</p>
SOURCE	Not applicable; COVERDELL-specific variable
DENOMINATOR POPULATION	The denominator includes all patients
VALUES AND DESCRIPTION	<p>0 No</p> <p>1 Yes</p>

Item IN-19a: TPADELAY	<p>If IV thrombolytic was initiated greater than 60 minutes after hospital arrival, were eligibility or medical reasons documented as the cause for delay?</p> <p>This variable indicates whether there were eligibility or medical reasons documented as the cause for delay for patients to whom IV thrombolytic was initiated greater than 60 minutes after hospital arrival</p>
FORMAT	<p>Type: Numeric</p> <p>Item Length: 1</p> <p>Leading Zeros: No</p> <p>Valid Range: See values; cannot be blank</p>
SOURCE	Not applicable; COVERDELL-specific variable
DENOMINATOR POPULATION	The denominator includes patients to whom IV thrombolytic was initiated greater than 60 minutes after hospital arrival
VALUES AND DESCRIPTION	<p>0 No</p> <p>1 Yes</p>

Item IN-19b: TPADEL45	<p>If IV thrombolytic was initiated greater than 45 minutes after hospital arrival, were eligibility or medical response documented as the cause for delay?</p> <p>This variable indicates whether there were eligibility or medical response documented as the cause for delay for patients to whom IV thrombolytic was initiated greater than 45 minutes after hospital arrival</p>
FORMAT	<p>Type: Numeric</p> <p>Item Length: 1</p> <p>Leading Zeros: No</p> <p>Valid Range: See values; cannot be blank</p>
SOURCE	Not applicable; COVERDELL-specific variable
DENOMINATOR POPULATION	The denominator includes patients to whom IV thrombolytic was initiated greater than 45 minutes after hospital arrival
VALUES AND DESCRIPTION	<p>0 No</p> <p>1 Yes</p>

Item IN-19c: DELAYRSN	<p>Eligibility or Medical reason(s) were documented as the cause for delay in thrombolytic administration: Need for additional PPE for suspected/ confirmed infectious disease</p> <p>This variable indicates whether the eligibility or medical reason(s) were documented as the cause for delay in thrombolytic administration.</p>
FORMAT	<p>Type: Numeric</p> <p>Item Length: 1</p> <p>Leading Zeros: No</p> <p>Valid Range: See values; cannot be blank</p>
SOURCE	Not applicable; COVERDELL-specific variable
DENOMINATOR POPULATION	The denominator includes patients to whom thrombolytic therapy was delayed
VALUES AND DESCRIPTION	<p>0 No</p> <p>1 Yes</p>

Item IN-20a: ATHR2DAY	Was antithrombotic therapy received by the end of hospital day 2? This variable indicates whether antithrombotic therapy was received by the end of hospital day 2
FORMAT	Type: Numeric Item Length: 1 Leading Zeros: No Valid Range: See values; cannot be blank
SOURCE	Not applicable; COVERDELL-specific variable
DENOMINATOR POPULATION	The denominator includes all patients
VALUES AND DESCRIPTION	0 No 1 Yes 2 Not collected

Item IN-21a: VTELDUH	VTE Prophylaxis. Low dose unfractionated heparin (LDUH) This variable indicates low dose unfractionated heparin (LDUH) as the type of VTE Prophylaxis
FORMAT	Type: Numeric Item Length: 1 Leading Zeros: No Valid Range: See values; cannot be blank
SOURCE	Not applicable; COVERDELL-specific variable
DENOMINATOR POPULATION	The denominator includes all patients
VALUES AND DESCRIPTION	0 No 1 Yes

Item IN-21b: VTELMWH	VTE Prophylaxis. Low molecular weight heparin (LMWH) This variable indicates low molecular weight heparin (LMWH) as the type of VTE Prophylaxis
FORMAT	Type: Numeric Item Length: 1 Leading Zeros: No Valid Range: See values; cannot be blank
SOURCE	Not applicable; COVERDELL-specific variable
DENOMINATOR POPULATION	The denominator includes all patients
VALUES AND DESCRIPTION	0 No 1 Yes

Item IN-21c: VTEIPC	VTE Prophylaxis. Intermittent pneumatic compression devices This variable indicates intermittent pneumatic compression devices as the type of VTE Prophylaxis
FORMAT	Type: Numeric Item Length: 1 Leading Zeros: No Valid Range: See values; cannot be blank
SOURCE	Not applicable; COVERDELL-specific variable
DENOMINATOR POPULATION	The denominator includes all patients
VALUES AND DESCRIPTION	0 No 1 Yes

Item IN-21d: VTEGCS	VTE Prophylaxis. Graduated compression stockings (GCS) This variable indicates graduated compression stockings (GCS) as the type of VTE Prophylaxis
FORMAT	Type: Numeric Item Length: 1 Leading Zeros: No Valid Range: See values; cannot be blank
SOURCE	Not applicable; COVERDELL-specific variable
DENOMINATOR POPULATION	The denominator includes all patients
VALUES AND DESCRIPTION	0 No 1 Yes

Item IN-21e: VTEXAI	VTE Prophylaxis. Factor Xa Inhibitor This variable indicates factor Xa Inhibitor as the type of VTE Prophylaxis
FORMAT	Type: Numeric Item Length: 1 Leading Zeros: No Valid Range: See values; cannot be blank
SOURCE	Not applicable; COVERDELL-specific variable
DENOMINATOR POPULATION	The denominator includes all patients
VALUES AND DESCRIPTION	0 No 1 Yes

Item IN-21f: VTEWAR	VTE Prophylaxis. Warfarin This variable indicates Warfarin as the type of VTE Prophylaxis
FORMAT	Type: Numeric Item Length: 1 Leading Zeros: No Valid Range: See values; cannot be blank
SOURCE	Not applicable; COVERDELL-specific variable
DENOMINATOR POPULATION	The denominator includes all patients
VALUES AND DESCRIPTION	0 No 1 Yes

Item IN-21g: VTEVFP	VTE Prophylaxis. Venous foot pumps This variable indicates Venous foot pumps as the type of VTE Prophylaxis
FORMAT	Type: Numeric Item Length: 1 Leading Zeros: No Valid Range: See values; cannot be blank
SOURCE	Not applicable; COVERDELL-specific variable
DENOMINATOR POPULATION	The denominator includes all patients
VALUES AND DESCRIPTION	0 No 1 Yes

Item IN-21h: VTEOXAI	VTE Prophylaxis. Oral Factor Xa Inhibitor This variable indicates Oral Factor Xa Inhibitor as the type of VTE Prophylaxis
FORMAT	Type: Numeric Item Length: 1 Leading Zeros: No Valid Range: See values; cannot be blank
SOURCE	Not applicable; COVERDELL-specific variable
DENOMINATOR POPULATION	The denominator includes all patients
VALUES AND DESCRIPTION	0 No 1 Yes

Item IN-21i: VTEASPRN	VTE Prophylaxis. Aspirin This variable indicates Aspirin as the type of VTE Prophylaxis
FORMAT	Type: Numeric Item Length: 1 Leading Zeros: No Valid Range: See values; cannot be blank
SOURCE	Not applicable; COVERDELL-specific variable
DENOMINATOR POPULATION	The denominator includes all patients
VALUES AND DESCRIPTION	0 No 1 Yes

Item IN-21j: VTEND	VTE Prophylaxis. Not Documented or none of the above This variable indicates Not documented or none of the above as the type of VTE Prophylaxis
FORMAT	Type: Numeric Item Length: 1 Leading Zeros: No Valid Range: See values; cannot be blank
SOURCE	Not applicable; COVERDELL-specific variable
DENOMINATOR POPULATION	The denominator includes all patients
VALUES AND DESCRIPTION	0 No 1 Yes

Item IN-21k: VTEDATE	What date was the initial VTE prophylaxis administered? This variable indicates the date the initial VTE prophylaxis was administered
FORMAT	Type: Date Item Length: 8 Leading Zeros: Yes Valid Range: Valid date
SOURCE	Not applicable; COVERDELL-specific variable
DENOMINATOR POPULATION	The denominator includes all patients
VALUES AND DESCRIPTION	Valid date in SAS MMDDYY10. format (MM/DD/YYYY) MM= Month (01-12), DD=Day (01-31) and YYYY = Year (20XX)

Item IN-211: NOVTEDOC	<p>If not documented or none of the above types of prophylaxis apply, is there documentation why prophylaxis was not administered at hospital admission?</p> <p>This variable indicates whether there is documentation on why prophylaxis was not administered at hospital admission</p>
FORMAT	<p>Type: Numeric</p> <p>Item Length: 1</p> <p>Leading Zeros: No</p> <p>Valid Range: See values; cannot be blank</p>
SOURCE	Not applicable; COVERDELL-specific variable
DENOMINATOR POPULATION	The denominator includes patients to whom prophylaxis was not administered at hospital admission
VALUES AND DESCRIPTION	<p>0 No</p> <p>1 Yes</p>

Item IN-21m: OFXAVTE	<p>Is there a documented reason for using Oral Factor Xa Inhibitor for VTE?</p> <p>This variable indicates whether there is a documented reason for using Oral Factor Xa Inhibitor for VTE</p>
FORMAT	<p>Type: Numeric</p> <p>Item Length: 1</p> <p>Leading Zeros: No</p> <p>Valid Range: See values; cannot be blank</p>
SOURCE	Not applicable; COVERDELL-specific variable
DENOMINATOR POPULATION	The denominator includes all patients
VALUES AND DESCRIPTION	<p>0 No</p> <p>1 Yes</p>

Item IN-22a: LDUHIV	Other Therapeutic Anticoagulation. Unfractionated heparin IV This variable indicates Unfractionated heparin IV as other therapeutic anticoagulation
FORMAT	Type: Numeric Item Length: 1 Leading Zeros: No Valid Range: See values; cannot be blank
SOURCE	Not applicable; COVERDELL-specific variable
DENOMINATOR POPULATION	The denominator includes all patients
VALUES AND DESCRIPTION	0 No 1 Yes

Item IN-22b: DABIGAT	Other Therapeutic Anticoagulation. Dabigatran (Pradaxa) This variable indicates Dabigatran (Pradaxa) as other therapeutic anticoagulation
FORMAT	Type: Numeric Item Length: 1 Leading Zeros: No Valid Range: See values; cannot be blank
SOURCE	Not applicable; COVERDELL-specific variable
DENOMINATOR POPULATION	The denominator includes all patients
VALUES AND DESCRIPTION	0 No 1 Yes

Item IN-22c: ARGATRO	Other Therapeutic Anticoagulation. Argatroban This variable indicates Argatroban as other therapeutic anticoagulation
FORMAT	Type: Numeric Item Length: 1 Leading Zeros: No Valid Range: See values; cannot be blank
SOURCE	Not applicable; COVERDELL-specific variable
DENOMINATOR POPULATION	The denominator includes all patients
VALUES AND DESCRIPTION	0 No 1 Yes

Item IN-22d: DESIRUD	Other Therapeutic Anticoagulation. Desirudin (Iprivask) This variable indicates Desirudin (Iprivask) as other therapeutic anticoagulation
FORMAT	Type: Numeric Item Length: 1 Leading Zeros: No Valid Range: See values; cannot be blank
SOURCE	Not applicable; COVERDELL-specific variable
DENOMINATOR POPULATION	The denominator includes all patients
VALUES AND DESCRIPTION	0 No 1 Yes

Item IN-22e: ORALXAI	Other Therapeutic Anticoagulation. Oral Factor Xa Inhibitors (e.g., rivaroxaban/Xarelto) This variable indicates Oral Factor Xa Inhibitors (e.g., rivaroxaban/Xarelto) as other therapeutic anticoagulation
FORMAT	Type: Numeric Item Length: 1 Leading Zeros: No Valid Range: See values; cannot be blank
SOURCE	Not applicable; COVERDELL-specific variable
DENOMINATOR POPULATION	The denominator includes all patients
VALUES AND DESCRIPTION	0 No 1 Yes

Item IN-22f: LEPIRUD	Other Therapeutic Anticoagulation. Lepirudin (Refludan) This variable indicates Lepirudin (Refludan) as other therapeutic anticoagulation
FORMAT	Type: Numeric Item Length: 1 Leading Zeros: No Valid Range: See values; cannot be blank
SOURCE	Not applicable; COVERDELL-specific variable
DENOMINATOR POPULATION	The denominator includes all patients
VALUES AND DESCRIPTION	0 No 1 Yes

Item IN-22g: OTHACOAG	Other Therapeutic Anticoagulation. Other Anticoagulant This variable indicates other coagulants as other therapeutic anticoagulation
FORMAT	Type: Numeric Item Length: 1 Leading Zeros: No Valid Range: See values; cannot be blank
SOURCE	Not applicable; COVERDELL-specific variable
DENOMINATOR POPULATION	The denominator includes all patients
VALUES AND DESCRIPTION	0 No 1 Yes

Item IN-23a: NPO	<p>Was the patient NPO throughout the entire hospital stay? (That is, this patient never received food, fluids, or medication by mouth at any time. This includes any medications delivered in the Emergency Room phase of care.)</p> <p>This variable indicates whether the patient was NPO throughout the entire hospital stay, meaning the patient never received food, fluids, or medication by mouth at any time, including any medications delivered in the Emergency Room phase of care</p>
FORMAT	<p>Type: Numeric</p> <p>Item Length: 1</p> <p>Leading Zeros: No</p> <p>Valid Range: See values; cannot be blank</p>
SOURCE	Not applicable; COVERDELL-specific variable
DENOMINATOR POPULATION	The denominator includes all patients
VALUES AND DESCRIPTION	<p>0 No/Not documented</p> <p>1 Yes</p>

Item IN-23b: DYSPHAYN	<p>Was patient screened for dysphagia prior to any oral intake, including food, fluids or medications?</p> <p>This variable indicates whether the patient was screened for dysphagia prior to any oral intake, including food, fluids or medications</p>
FORMAT	<p>Type: Numeric</p> <p>Item Length: 1</p> <p>Leading Zeros: No</p> <p>Valid Range: See values; cannot be blank</p>
SOURCE	Not applicable; COVERDELL-specific variable
DENOMINATOR POPULATION	The denominator includes all patients
VALUES AND DESCRIPTION	<p>0 No or Not documented</p> <p>1 Yes</p> <p>2 NC - a documented reason for not screening exists in the medical record</p>

Item IN-23c: DYSPHAPF	<p>If patient was screened for dysphagia, what were the results of the most recent screen prior to oral intake?</p> <p>This variable indicates the results of the most recent dysphagia screening prior to oral intake for patients</p>
FORMAT	<p>Type: Numeric</p> <p>Item Length: 1</p> <p>Leading Zeros: No</p> <p>Valid Range: See values; cannot be blank</p>
SOURCE	Not applicable; COVERDELL-specific variable
DENOMINATOR POPULATION	The denominator includes patients that were screened for dysphagia
VALUES AND DESCRIPTION	<p>1 Pass</p> <p>2 Fail</p> <p>9 Not documented</p>

Other Complications

Item IN-24a: PNEUMYN	<p>Was there documentation that the patient was treated for hospital acquired pneumonia (pneumonia not present at admission) during this admission?</p> <p>This variable indicates whether there was documentation that the patient was treated for hospital acquired pneumonia (pneumonia not present at admission) during this admission</p>
FORMAT	<p>Type: Numeric</p> <p>Item Length: 1</p> <p>Leading Zeros: No</p> <p>Valid Range: See values; cannot be blank</p>
SOURCE	Not applicable; COVERDELL-specific variable
DENOMINATOR POPULATION	The denominator includes only patients that were admitted
VALUES AND DESCRIPTION	<p>0 No or Not documented</p> <p>1 Yes</p> <p>2 NC - a documented reason for not screening exists in the medical record</p>

Item IN-25a: DVTDOCYN	Did patient experience a DVT or pulmonary embolus (PE) during this admission? This variable indicates whether the patient experienced a DVT or pulmonary embolus (PE) during this admission
FORMAT	Type: Numeric Item Length: 1 Leading Zeros: No Valid Range: See values; cannot be blank
SOURCE	Not applicable; COVERDELL-specific variable
DENOMINATOR POPULATION	The denominator includes only patients that were admitted
VALUES AND DESCRIPTION	0 No/Not documented 1 Yes

*Active Bacterial or Viral Infection at Admission
or During Hospitalization*

Item IN-26a: INF_COLD	Active bacterial or viral infection at admission or during hospitalization. Seasonal cold or flu This variable indicates whether the patient contracted seasonal cold or flu at admission or during hospitalization
FORMAT	Type: Numeric Item Length: 1 Leading Zeros: No Valid Range: See values; cannot be blank
SOURCE	Not applicable; COVERDELL-specific variable
DENOMINATOR POPULATION	The denominator includes only patients that were admitted
VALUES AND DESCRIPTION	0 No 1 Yes

Item IN-26b: INF_FLU	Active bacterial or viral infection at admission or during hospitalization. Influenza This variable indicates whether the patient contracted influenza at admission or during hospitalization
FORMAT	Type: Numeric Item Length: 1 Leading Zeros: No Valid Range: See values; cannot be blank
SOURCE	Not applicable; COVERDELL-specific variable
DENOMINATOR POPULATION	The denominator includes only patients that were admitted
VALUES AND DESCRIPTION	0 No 1 Yes

Item IN-26c: INF_BAC	<p>Active bacterial or viral infection at admission or during hospitalization. Bacterial infection</p> <p>This variable indicates whether the patient contracted a bacterial infection at admission or during hospitalization</p>
FORMAT	<p>Type: Numeric</p> <p>Item Length: 1</p> <p>Leading Zeros: No</p> <p>Valid Range: See values; cannot be blank</p>
SOURCE	Not applicable; COVERDELL-specific variable
DENOMINATOR POPULATION	The denominator includes only patients that were admitted
VALUES AND DESCRIPTION	<p>0 No</p> <p>1 Yes</p>

Item IN-26d: INF_OTH	Active bacterial or viral infection at admission or during hospitalization. Other viral infection This variable indicates whether the patient contracted another viral infection at admission or during hospitalization
FORMAT	Type: Numeric Item Length: 1 Leading Zeros: No Valid Range: See values; cannot be blank
SOURCE	Not applicable; COVERDELL-specific variable
DENOMINATOR POPULATION	The denominator includes only patients that were admitted
VALUES AND DESCRIPTION	0 No 1 Yes

Item IN-26e: INF_EMID	Active bacterial or viral infection at admission or during hospitalization. Emerging Infectious Disease This variable indicates whether the patient contracted an emerging infectious disease at admission or during hospitalization
FORMAT	Type: Numeric Item Length: 1 Leading Zeros: No Valid Range: See values; cannot be blank
SOURCE	Not applicable; COVERDELL-specific variable
DENOMINATOR POPULATION	The denominator includes only patients that were admitted
VALUES AND DESCRIPTION	0 No 1 Yes

Item IN-26f: INF_COV1	Active bacterial or viral infection at admission or during hospitalization. SARS-COV-1 This variable indicates whether the patient contracted SARS-COV-1 at admission or during hospitalization
FORMAT	Type: Numeric Item Length: 1 Leading Zeros: No Valid Range: See values; cannot be blank
SOURCE	Not applicable; COVERDELL-specific variable
DENOMINATOR POPULATION	The denominator includes only patients that were admitted
VALUES AND DESCRIPTION	0 No 1 Yes

Item IN-26g: INF_COV2	Active bacterial or viral infection at admission or during hospitalization. SARS-COV-2 (COVID-19) This variable indicates whether the patient contracted SARS-COV-2 (COVID-19) at admission or during hospitalization
FORMAT	Type: Numeric Item Length: 1 Leading Zeros: No Valid Range: See values; cannot be blank
SOURCE	Not applicable; COVERDELL-specific variable
DENOMINATOR POPULATION	The denominator includes only patients that were admitted
VALUES AND DESCRIPTION	0 No 1 Yes

Item IN-26h: INF_MERS	Active bacterial or viral infection at admission or during hospitalization. MERS This variable indicates whether the patient contracted MERS at admission or during hospitalization
FORMAT	Type: Numeric Item Length: 1 Leading Zeros: No Valid Range: See values; cannot be blank
SOURCE	Not applicable; COVERDELL-specific variable
DENOMINATOR POPULATION	The denominator includes only patients that were admitted
VALUES AND DESCRIPTION	0 No 1 Yes

Item IN-26i: INF_OEID	Active bacterial or viral infection at admission or during hospitalization. Other Emerging Infectious Disease This variable indicates whether the patient contracted another emerging infectious disease at admission or during hospitalization
FORMAT	Type: Numeric Item Length: 1 Leading Zeros: No Valid Range: See values; cannot be blank
SOURCE	Not applicable; COVERDELL-specific variable
DENOMINATOR POPULATION	The denominator includes only patients that were admitted
VALUES AND DESCRIPTION	0 No 1 Yes

Item IN-26j: INF_NONE	Active bacterial or viral infection at admission or during hospitalization. None/Not documented This variable indicates whether the patient had not contracted an active bacterial or viral infection or was not documented at admission or during hospitalization
FORMAT	Type: Numeric Item Length: 1 Leading Zeros: No Valid Range: See values; cannot be blank
SOURCE	Not applicable; COVERDELL-specific variable
DENOMINATOR POPULATION	The denominator includes only patients that were admitted
VALUES AND DESCRIPTION	0 No 1 Yes

Date of discharge from hospital

Item IN-27a: DSCHRGD	What date was the patient discharged from hospital? This variable indicates the date the patient was discharged from hospital
FORMAT	Type: Date Item Length: 8 Leading Zeros: Yes Valid Range: Valid date
SOURCE	Not applicable; COVERDELL-specific variable
DENOMINATOR POPULATION	The denominator includes only patients that were admitted
VALUES AND DESCRIPTION	Valid date in SAS MMDDYY10. format (MM/DD/YYYY) MM= Month (01-12), DD=Day (01-31) and YYYY = Year (20XX)

Principal discharge ICD-10-CM diagnosis

Item IN-28a: ICD10DX	Principal discharge ICD-10-CM code This variable indicates the principal discharge ICD-10-CM code
FORMAT	Type: Character Item Length: 8 Leading Zeros: No Valid Range: See values; cannot be blank
SOURCE	Not applicable; COVERDELL-specific variable
DENOMINATOR POPULATION	The denominator includes only patients that were admitted
VALUES AND DESCRIPTION	Alphanumeric, 3 before decimal, 4 after decimal

Clinical diagnosis related to stroke that was ultimately responsible for this admission

Item IN-29a: ADMDXSH	<p>Clinical diagnosis related to stroke that was ultimately responsible for this admission. Subarachnoid hemorrhage</p> <p>This variable indicates subarachnoid hemorrhage as the clinical diagnosis related to the stroke that was ultimately responsible for this admission</p>
FORMAT	<p>Type: Numeric</p> <p>Item Length: 1</p> <p>Leading Zeros: No</p> <p>Valid Range: See values; cannot be blank</p>
SOURCE	Not applicable; COVERDELL-specific variable
DENOMINATOR POPULATION	The denominator includes only patients that were admitted
VALUES AND DESCRIPTION	<p>0 No</p> <p>1 Yes</p>

Item IN-29b: ADMDXIH	<p>Clinical diagnosis related to stroke that was ultimately responsible for this admission. Intracerebral hemorrhage</p> <p>This variable indicates intracerebral hemorrhage as the clinical diagnosis related to the stroke that was ultimately responsible for this admission</p>
FORMAT	<p>Type: Numeric</p> <p>Item Length: 1</p> <p>Leading Zeros: No</p> <p>Valid Range: See values; cannot be blank</p>
SOURCE	Not applicable; COVERDELL-specific variable
DENOMINATOR POPULATION	The denominator includes only patients that were admitted
VALUES AND DESCRIPTION	<p>0 No</p> <p>1 Yes</p>

Item IN-29c: ADMDXIS	<p>Clinical diagnosis related to stroke that was ultimately responsible for this admission. Ischemic stroke</p> <p>This variable indicates ischemic stroke as the clinical diagnosis related to the stroke that was ultimately responsible for this admission</p>
FORMAT	<p>Type: Numeric</p> <p>Item Length: 1</p> <p>Leading Zeros: No</p> <p>Valid Range: See values; cannot be blank</p>
SOURCE	Not applicable; COVERDELL-specific variable
DENOMINATOR POPULATION	The denominator includes only patients that were admitted
VALUES AND DESCRIPTION	<p>0 No</p> <p>1 Yes</p>

Item IN-29d: ADMDXTIA	<p>Clinical diagnosis related to stroke that was ultimately responsible for this admission. Transient ischemic attack</p> <p>This variable indicates transient ischemic attack as the clinical diagnosis related to the stroke that was ultimately responsible for this admission</p>
FORMAT	<p>Type: Numeric</p> <p>Item Length: 1</p> <p>Leading Zeros: No</p> <p>Valid Range: See values; cannot be blank</p>
SOURCE	Not applicable; COVERDELL-specific variable
DENOMINATOR POPULATION	The denominator includes only patients that were admitted
VALUES AND DESCRIPTION	<p>0 No</p> <p>1 Yes</p>

Item IN-29e: ADMDXSNS	Clinical diagnosis related to stroke that was ultimately responsible for this admission. Stroke not otherwise specified This variable indicates stroke not otherwise specified as the clinical diagnosis related to the stroke that was ultimately responsible for this admission
FORMAT	Type: Numeric Item Length: 1 Leading Zeros: No Valid Range: See values; cannot be blank
SOURCE	Not applicable; COVERDELL-specific variable
DENOMINATOR POPULATION	The denominator includes only patients that were admitted
VALUES AND DESCRIPTION	0 No 1 Yes

Item IN-29f: ADMDXNOS	Clinical diagnosis related to stroke that was ultimately responsible for this admission. No stroke related diagnosis This variable indicates whether there was no stroke related diagnosis
FORMAT	Type: Numeric Item Length: 1 Leading Zeros: No Valid Range: See values; cannot be blank
SOURCE	Not applicable; COVERDELL-specific variable
DENOMINATOR POPULATION	The denominator includes only patients that were admitted
VALUES AND DESCRIPTION	0 No 1 Yes

Item IN-29g: ADMCE	Was patient admitted for the sole purpose of performance of a carotid intervention? This variable indicates whether the patient was admitted for the sole purpose of performance of a carotid intervention
FORMAT	Type: Numeric Item Length: 1 Leading Zeros: No Valid Range: See values; cannot be blank
SOURCE	Not applicable; COVERDELL-specific variable
DENOMINATOR POPULATION	The denominator includes only patients that were admitted
VALUES AND DESCRIPTION	0 No or Unable to determine 1 Yes

Item IN-29h: CLNTRIAL	Was the patient enrolled in a stroke clinical trial? This variable indicates whether the patient was enrolled in a stroke clinical trial
FORMAT	Type: Numeric Item Length: 1 Leading Zeros: No Valid Range: See values; cannot be blank
SOURCE	Not applicable; COVERDELL-specific variable
DENOMINATOR POPULATION	The denominator includes only patients that were admitted
VALUES AND DESCRIPTION	0 No or Unable to determine 1 Yes

Discharge disposition

Item IN-30a: DSCHDISP	Discharge disposition This variable indicates the discharge disposition
FORMAT	Type: Numeric Item Length: 1 Leading Zeros: No Valid Range: See values; cannot be blank
SOURCE	Not applicable; COVERDELL-specific variable
DENOMINATOR POPULATION	The denominator includes only patients that were admitted
VALUES AND DESCRIPTION	<ul style="list-style-type: none"> 1 Discharged to home or self-care (routine discharge), with or without home health, discharged to jail or law enforcement, or to assisted living facility 2 Discharged to home hospice 3 Discharged to hospice in a health care facility 4 Discharged to an acute care facility (includes critical access hospitals, cancer and children's hospitals, VA, and DOD hospitals) 5 Discharged to another healthcare facility 6 Expired 7 Left against medical advice or discontinued care 8 Not documented or unable to determine

Item IN-30b: OHFTYPE	If discharged to another healthcare facility above (option 5), what type of facility was it? This variable indicates the type of healthcare facility the patient was discharged to
FORMAT	Type: Numeric Item Length: 1 Leading Zeros: No Valid Range: See values; cannot be blank
SOURCE	Not applicable; COVERDELL-specific variable
DENOMINATOR POPULATION	The denominator includes all patients that were discharged to another healthcare facility
VALUES AND DESCRIPTION	<ul style="list-style-type: none"> 1 Skilled nursing facility 2 Inpatient rehabilitation 3 Long-term care facility, or hospital 4 Intermediate care facility 5 Other

Functional Status at Discharge

Item IN-31a: MRSSCORE	Modified Rankin Scale Score This variable indicates the modified Rankin Scale Score for the patient
FORMAT	Type: Numeric Item Length: 1 Leading Zeros: No Valid Range: See values; cannot be blank
SOURCE	Not applicable; COVERDELL-specific variable
DENOMINATOR POPULATION	The denominator includes only patients that were admitted
VALUES AND DESCRIPTION	<ul style="list-style-type: none"> 0 No symptoms 1 No significant disability despite symptoms 2 Slight disability 3 Moderate disability, can walk without assistance 4 Moderate to severe disability, needs assistance to walk 5 Severe disability, bedridden 6 Death

Item IN-31b: AMBSTATD	Ambulatory status at discharge This variable indicates the ambulatory status at discharge
FORMAT	Type: Numeric Item Length: 1 Leading Zeros: No Valid Range: See values; cannot be blank
SOURCE	Not applicable; COVERDELL-specific variable
DENOMINATOR POPULATION	The denominator includes only patients that were admitted
VALUES AND DESCRIPTION	<ul style="list-style-type: none"> 1 Able to ambulate independently with or without device 2 With assistance from another person 3 Unable to ambulate 9 Not documented

Antihypertensive Treatment at Discharge

Item IN-32a: HBPTREAT	Is there documentation that antihypertensive medication was prescribed at discharge? This variable indicates whether there was documentation that antihypertensive medication was prescribed at discharge
FORMAT	Type: Numeric Item Length: 1 Leading Zeros: No Valid Range: See values; cannot be blank
SOURCE	Not applicable; COVERDELL-specific variable
DENOMINATOR POPULATION	The denominator includes only patients that were admitted
VALUES AND DESCRIPTION	0 No/Not documented 1 Yes 2 A documented reason for not screening exists in the medical record

Lipid Treatment

Item IN-33a: LIPNONE	No cholesterol reducing treatment prescribed at discharge This variable indicates whether no cholesterol reducing treatment was prescribed at discharge
FORMAT	Type: Numeric Item Length: 1 Leading Zeros: No Valid Range: See values; cannot be blank
SOURCE	Not applicable; COVERDELL-specific variable
DENOMINATOR POPULATION	The denominator includes only patients that were admitted
VALUES AND DESCRIPTION	0 No/Not documented 1 Yes

Item IN-33b: LIPSTATN	Was a statin medication prescribed at discharge? This variable indicates whether statin medication was prescribed at discharge
FORMAT	Type: Numeric Item Length: 1 Leading Zeros: No Valid Range: See values; cannot be blank
SOURCE	Not applicable; COVERDELL-specific variable
DENOMINATOR POPULATION	The denominator includes only patients that were admitted
VALUES AND DESCRIPTION	0 No/Not documented 1 Yes

Item IN-33c: LIPOTHNC	<p>If other lipid lowering medications not prescribed, was there a documented contraindication to other lipid lowering medication?</p> <p>This variable indicates whether there was a documented contraindication to other lipid lowering medication when other lipid lowering medications were not prescribed</p>
FORMAT	<p>Type: Numeric</p> <p>Item Length: 1</p> <p>Leading Zeros: No</p> <p>Valid Range: See values; cannot be blank</p>
SOURCE	Not applicable; COVERDELL-specific variable
DENOMINATOR POPULATION	The denominator includes patients to whom lipid lowering medications was not prescribed
VALUES AND DESCRIPTION	<p>0 No/Not documented</p> <p>1 Yes</p>

Item IN-33d: LIPFIBRT	Cholesterol reducing treatment prescribed. Fibrate This variable indicates whether Fibrate was prescribed as a cholesterol reducing treatment
FORMAT	Type: Numeric Item Length: 1 Leading Zeros: No Valid Range: See values; cannot be blank
SOURCE	Not applicable; COVERDELL-specific variable
DENOMINATOR POPULATION	The denominator includes only patients to whom a cholesterol reducing treatment was prescribed
VALUES AND DESCRIPTION	0 No/Not documented 1 Yes

Item IN-33e: LIPOTHRX	Other cholesterol reducing medication This variable indicates whether other cholesterol reducing medication was prescribed
FORMAT	Type: Numeric Item Length: 1 Leading Zeros: No Valid Range: See values; cannot be blank
SOURCE	Not applicable; COVERDELL-specific variable
DENOMINATOR POPULATION	The denominator includes only patients to whom a cholesterol reducing treatment was prescribed
VALUES AND DESCRIPTION	0 No/Not documented 1 Yes

Item IN-33f: LIPNIACN	Cholesterol reducing treatment prescribed. Niacin This variable indicates whether Niacin was prescribed as a cholesterol reducing treatment
FORMAT	Type: Numeric Item Length: 1 Leading Zeros: No Valid Range: See values; cannot be blank
SOURCE	Not applicable; COVERDELL-specific variable
DENOMINATOR POPULATION	The denominator includes only patients to whom a cholesterol reducing treatment was prescribed
VALUES AND DESCRIPTION	0 No/Not documented 1 Yes

Item IN-33g: LIPABSIN	Cholesterol reducing treatment prescribed. Absorption inhibitor This variable indicates whether an absorption inhibitor was prescribed as a cholesterol reducing treatment
FORMAT	Type: Numeric Item Length: 1 Leading Zeros: No Valid Range: See values; cannot be blank
SOURCE	Not applicable; COVERDELL-specific variable
DENOMINATOR POPULATION	The denominator includes only patients to whom a cholesterol reducing treatment was prescribed
VALUES AND DESCRIPTION	0 No/Not documented 1 Yes

Item IN-33h: LIPPCSK	Cholesterol reducing treatment prescribed. PCSK9 inhibitor This variable indicates whether PCSK9 inhibitor was prescribed as a cholesterol reducing treatment
FORMAT	Type: Numeric Item Length: 1 Leading Zeros: No Valid Range: See values; cannot be blank
SOURCE	Not applicable; COVERDELL-specific variable
DENOMINATOR POPULATION	The denominator includes only patients to whom a cholesterol reducing treatment was prescribed
VALUES AND DESCRIPTION	0 No/Not documented 1 Yes

Item IN-33i: STATNNC	<p>If statin not prescribed, was there a documented contraindication to statins?</p> <p>This variable indicates whether there was a documented contraindication to statins for patients to whom statin was not prescribed</p>
FORMAT	<p>Type: Numeric</p> <p>Item Length: 1</p> <p>Leading Zeros: No</p> <p>Valid Range: See values; cannot be blank</p>
SOURCE	Not applicable; COVERDELL-specific variable
DENOMINATOR POPULATION	The denominator includes patients to whom statin was not prescribed
VALUES AND DESCRIPTION	<p>0 No/Not documented</p> <p>1 Yes</p>

Item IN-33j: STATNINT	What intensity was the statin that was prescribed at discharge? This variable indicates the intensity of the statin prescribed at discharge
FORMAT	Type: Numeric Item Length: 1 Leading Zeros: No Valid Range: See values; cannot be blank
SOURCE	Not applicable; COVERDELL-specific variable
DENOMINATOR POPULATION	The denominator includes patients to whom statin was prescribed
VALUES AND DESCRIPTION	<ul style="list-style-type: none"> 1 High-intensity statin 2 Moderate-intensity statin 3 Low-intensity statin 9 Unknown

Item IN-33k: STATNWHY	<p>Was there a documented reason for not prescribing the guideline recommended statin dose?</p> <p>This variable indicates whether there was a documented reason for not prescribing the guideline recommended statin dose</p>
FORMAT	<p>Type: Numeric</p> <p>Item Length: 1</p> <p>Leading Zeros: No</p> <p>Valid Range: See values; cannot be blank</p>
SOURCE	Not applicable; COVERDELL-specific variable
DENOMINATOR POPULATION	The denominator includes patients that were not prescribed the guideline recommended statin dose
VALUES AND DESCRIPTION	<ul style="list-style-type: none"> 1 Intolerant to moderate (>75 years) or high (<=75 years) intensity statin 2 No evidence of atherosclerosis (cerebral, coronary, or peripheral vascular disease) 3 Other documented reason 9 Unknown

Atrial Fibrillation

Item IN-34a: AFIBYN	<p>Was atrial fibrillation/flutter or paroxysmal atrial fibrillation (PAF), documented during this episode of care?</p> <p>This variable indicates whether atrial fibrillation/flutter or paroxysmal atrial fibrillation (PAF) was documented during this episode of care</p>
FORMAT	<p>Type: Numeric</p> <p>Item Length: 1</p> <p>Leading Zeros: No</p> <p>Valid Range: See values; cannot be blank</p>
SOURCE	Not applicable; COVERDELL-specific variable
DENOMINATOR POPULATION	The denominator includes only patients that were admitted
VALUES AND DESCRIPTION	<p>0 No/Not documented</p> <p>1 Yes</p>

Item IN-34b: AFIBRX	<p>If a history of atrial fibrillation/flutter or PAF is documented in the medical history or if the patient experienced atrial fibrillation/flutter or PAF during this episode of care, was patient prescribed anticoagulation medication upon discharge?</p> <p>This variable indicates whether the patient was prescribed anticoagulation medication upon discharge atrial fibrillation/flutter or PAF during this episode of care</p>
FORMAT	<p>Type: Numeric</p> <p>Item Length: 1</p> <p>Leading Zeros: No</p> <p>Valid Range: See values; cannot be blank</p>
SOURCE	Not applicable; COVERDELL-specific variable
DENOMINATOR POPULATION	The denominator includes patients with a history of atrial fibrillation/flutter or PAF or patients that experienced atrial fibrillation/flutter or PAF during this episode of care
VALUES AND DESCRIPTION	<p>0 No/Not documented</p> <p>1 Yes</p> <p>2 A documented reason for not screening exists in the medical record</p>

Antithrombotics at Discharge

Item IN-35a: ATHDSCYN	Was antithrombotic (antiplatelet or anticoagulant) medication prescribed at discharge? This variable indicates whether antithrombotic (antiplatelet or anticoagulant) medication was prescribed at discharge
FORMAT	Type: Numeric Item Length: 1 Leading Zeros: No Valid Range: See values; cannot be blank
SOURCE	Not applicable; COVERDELL-specific variable
DENOMINATOR POPULATION	The denominator includes only patients that were admitted
VALUES AND DESCRIPTION	0 No/Not documented 1 Yes 2 A documented reason for not screening exists in the medical record

Item IN-35b: DC_PLT	If patient was discharged on an antithrombotic medication, was it an antiplatelet? This variable indicates whether the patient was discharged with an antiplatelet medication
FORMAT	Type: Numeric Item Length: 1 Leading Zeros: No Valid Range: See values; cannot be blank
SOURCE	Not applicable; COVERDELL-specific variable
DENOMINATOR POPULATION	The denominator includes patients discharged on antithrombotic medication
VALUES AND DESCRIPTION	0 No/Not documented 1 Yes

Item IN-35c: DC_COAG	If patient was discharged on an antithrombotic medication, was it an anticoagulant? This variable indicates whether the patient was discharged with an anticoagulant medication
FORMAT	Type: Numeric Item Length: 1 Leading Zeros: No Valid Range: See values; cannot be blank
SOURCE	Not applicable; COVERDELL-specific variable
DENOMINATOR POPULATION	The denominator includes patients discharged on antithrombotic medication
VALUES AND DESCRIPTION	0 No/Not documented 1 Yes

Smoking Counseling

Item IN-36a: SMKCESYN	<p>If past medical history of smoking is checked as yes, was the adult patient or their caregiver given smoking cessation advice or counseling during the hospital stay?</p> <p>This variable indicates whether the adult patient or their caregiver was given smoking cessation advice or counseling during the hospital stay</p>
FORMAT	<p>Type: Numeric</p> <p>Item Length: 1</p> <p>Leading Zeros: No</p> <p>Valid Range: See values; cannot be blank</p>
SOURCE	Not applicable; COVERDELL-specific variable
DENOMINATOR POPULATION	The denominator includes patients with past medical history of smoking
VALUES AND DESCRIPTION	<p>0 No or not documented in the medical record</p> <p>1 Yes</p> <p>2 A documented reason exists for not performing counseling</p>

Stroke Education

Item IN-37a: EDUCRF	Stroke Education. Risk factors for stroke This variable indicates whether the patient received education regarding risk factors for stroke
FORMAT	Type: Numeric Item Length: 1 Leading Zeros: No Valid Range: See values; cannot be blank
SOURCE	Not applicable; COVERDELL-specific variable
DENOMINATOR POPULATION	The denominator includes only patients that were admitted
VALUES AND DESCRIPTION	0 No/Not documented 1 Yes

Item IN-37b: EDUCSSX	Stroke Education. Stroke Warning Signs and Symptoms This variable indicates whether the patient received education regarding stroke warning signs and symptoms
FORMAT	Type: Numeric Item Length: 1 Leading Zeros: No Valid Range: See values; cannot be blank
SOURCE	Not applicable; COVERDELL-specific variable
DENOMINATOR POPULATION	The denominator includes only patients that were admitted
VALUES AND DESCRIPTION	0 No/Not documented 1 Yes

Item IN-37c: EDUCEMS	Stroke Education. How to activate EMS for stroke This variable indicates whether the patient received education regarding how to activate EMS for stroke
FORMAT	Type: Numeric Item Length: 1 Leading Zeros: No Valid Range: See values; cannot be blank
SOURCE	Not applicable; COVERDELL-specific variable
DENOMINATOR POPULATION	The denominator includes only patients that were admitted
VALUES AND DESCRIPTION	0 No/Not documented 1 Yes

Item IN-37d: EDUCCC	Stroke Education. Need for follow-up after discharge This variable indicates whether the patient received education regarding need for follow-up after discharge
FORMAT	Type: Numeric Item Length: 1 Leading Zeros: No Valid Range: See values; cannot be blank
SOURCE	Not applicable; COVERDELL-specific variable
DENOMINATOR POPULATION	The denominator includes only patients that were admitted
VALUES AND DESCRIPTION	0 No/Not documented 1 Yes

Item IN-37e: EDUCMEDS	Stroke Education. Medications prescribed at discharge This variable indicates whether the patient received education regarding medications prescribed at discharge
FORMAT	Type: Numeric Item Length: 1 Leading Zeros: No Valid Range: See values; cannot be blank
SOURCE	Not applicable; COVERDELL-specific variable
DENOMINATOR POPULATION	The denominator includes only patients that were admitted
VALUES AND DESCRIPTION	0 No/Not documented 1 Yes

Rehabilitation

Item IN-38a: REHAPLAN	<p>Is there documentation in the record that the patient was assessed for or received rehabilitation services?</p> <p>This variable indicates whether there is documentation that the patient was assessed for or received rehabilitation services</p>
FORMAT	<p>Type: Numeric</p> <p>Item Length: 1</p> <p>Leading Zeros: No</p> <p>Valid Range: See values; cannot be blank</p>
SOURCE	Not applicable; COVERDELL-specific variable
DENOMINATOR POPULATION	The denominator includes only patients that were admitted
VALUES AND DESCRIPTION	<p>0 No</p> <p>1 Yes</p>

APPENDIX

Appendix A

Data Elements Submission* Timeline

February 15, 2022

Data collected from: October 2021 to December 2021

June 15, 2022

Data collected from: January 2022 to April 2022

October 17, 2022[#]

Data collected from: May 2022 to August 2022

February 15, 2023

Data collected from: September 2022 to December 2022

June 15, 2023

Data collected from: January 2023 to April 2023

October 16, 2023[#]

Data collected from: May 2023 to August 2023

February 15, 2024

Data collected from: September 2023 to December 2023

June 17, 2024[#]

Data collected from: January 2024 to April 2024

July 29, 2024

Cooperative Agreement Closeout Data Submission

***All Data Elements files submitted to CDC are expected to be cumulative files from the beginning of the current cooperative agreement.**

As the 15th falls on a weekend, the date has been adjusted to reflect the next regularly occurring weekday.

Appendix B

TECHNICAL ASSISTANCE RESOURCES

CDC has developed several strategies and tools to provide technical assistance and support in collecting and submitting data. This appendix describes the various types of technical assistance available to Coverdell recipients

Types of Data Technical Assistance Available

Technical assistance available to recipients can be broadly categorized as individualized technical assistance, group technical assistance, and tools. Below, specific types of technical assistance/tools within these categories are described. The table at the end of this subsection summarizes the types of technical assistance/tools by category, provider, and timeline.

Individualized Technical Assistance

- **Data Review Calls.** After each data element submission, data reports are generated and may be reviewed with recipients during a data review call. As needed, data quality reports and other materials may also be reviewed.
- **Helpdesk Requests.** Recipients can request individualized technical assistance through the Helpdesk (coverdell@rti.org). A health scientist from the CDC data team will collaborate with the data contractor to respond to technical assistance requests. This type of assistance is tailored to the recipient and the request. More information is provided in the following subsections of this appendix, “Requesting Individualized Technical Assistance” and “Helpdesk for Technical Assistance Requests.”

Group Technical Assistance

- **Ad Hoc Data Calls and Trainings.** Throughout the course of the year, data issues affecting a majority of or all recipients may be identified, either through individualized technical assistance or as a result of changes to the data elements submission process and specifications (e.g., modification of data elements specifications, added data elements variables). As a result, trainings or group communications may be needed, which can be fulfilled by holding ad hoc data calls and/or training seminars.

Tools

- **Coverdell Data Manual.** This manual is a technical assistance tool for recipients. It provides detailed guidance on the data element submission process and data element specifications, and it will be updated as necessary to stay current with the data submission and collection requirements. Recipients can access the current edition in the Awards Management Platform (AMP).

Summary of Types of Technical Assistance and Tools Available

TA Type	Provider	Timeline
<i>Individual</i>		
Data review calls	Project officers and/or data contractor	Tri-annually, after data element submission and release of data reports
Helpdesk requests	Data contractor	As needed
<i>Group</i>		
Ad hoc data calls and trainings	Data contractor	As needed
<i>Tools</i>		
Coverdell Data Manual	Data contractor	Ongoing

Helpdesk for Individualized Data Technical Assistance Requests

Technical assistance may be requested by emailing the data contractor at coverdell@rti.org. Once a request for technical assistance related to a data element is received, Helpdesk will automatically confirm receipt of the request and collaborate with the Health Scientists to resolve the request. For more complex requests or those requiring project officer input, responses may take more than 24 hours. All requests are tracked by Helpdesk staff and the health scientists to ensure that follow-up is completed for all requests and that responses are satisfactory to the requester. In addition, project officers will be kept abreast of the technical

assistance needs of their programs. The tracking of technical assistance requests by the Helpdesk, health scientists, and project officers allows CDC to identify common issues to inform Program-wide technical assistance.

Appendix C

DATA ELEMENT TABLES

Item No.	Variable Name	Question Prompt	Type	Values
Pre-1a	SCNARRD	Scene Arrival Date	Date	Valid date in SAS MMDDYY10. format (MM/DD/YYYY). MM= Month (01-12), DD=Day (01-31) and YYYY = Year (20XX)
Pre-1b	SCNARRT	Scene Arrival Time	Time	Valid time in SAS TIME8. format (HH:MM). Time must be recorded in military time. HH=Hour (00-23) and MM=Minutes (00-59)
Pre-2a	SCNDPTD	Scene Departure Date	Date	Valid date in SAS MMDDYY10. format (MM/DD/YYYY). MM= Month (01-12), DD=Day (01-31) and YYYY = Year (20XX)
Pre-2b	SCNDPTT	Scene Departure Time	Time	Valid time in SAS TIME8. format (HH:MM). Time must be recorded in military time. HH=Hour (00-23) and MM=Minutes (00-59)
Pre-3a	PREAGE	Age	Numeric	0-125
Pre-4a	PREGEND	Gender	Numeric	1 Male;2 Female;3 Unknown
Pre-5a	STKSCN	Did EMS perform a pre-hospital stroke screen?	Numeric	1 Yes;2 No;3 Not Documented
Pre-5b	EMSGLU	Glucose level	Numeric	Valid glucose value
IN-0A	STFIPS	State FIPS Code	Character	05 Arkansas; 12 Florida; 13 Georgia;15 Hawaii; 21 Kentucky; 25 Massachusetts; 26 Michigan; 27 Minnesota; 36 New York; 37 North Carolina; 39 Ohio; 51 Virginia; 55 Wisconsin
IN-0B	PATID	Unique Participant ID Number	Character	State Assigns Unique Identifier up to 15 characters
IN-0C	ZIP	Residence Zip Code	Character	Valid Zip Code
IN-0D	HOSPID	Unique Hospital ID Assigned by State	Alphanumeric	Confidential Value Assigned by State
IN-1a	AGE	Age	Numeric	0-125
IN-1b	GENDER	Gender	Numeric	1 Male;2 Female;3 Unknown
IN-1c	RACEW	White	Numeric	1 Yes;0 No
IN-1d	RACEAA	Black or African American	Numeric	1 Yes;0 No
IN-1e	RACEAS	Asian	Numeric	1 Yes;0 No
IN-1f	RACEHPI	Native Hawaiian or Other Pacific Islander	Numeric	1 Yes;0 No
IN-1g	RACEAIAN	American Indian or Alaskan Native	Numeric	1 Yes;0 No
IN-1h	RACEUNK	Unknown or unable to determine	Numeric	1 Yes;0 No
IN-1i	HISP	Hispanic or Latino Ethnicity	Numeric	1 Hispanic or Latino;0 Not Hispanic or Latino, or unknown
IN-1j	HLTHINSM	Medicare/Medicare Advantage	Numeric	1 Yes;0 No
IN-1k	HLTHINSC	Medicaid	Numeric	1 Yes;0 No
IN-1l	HLTHINSP	Private/VA/Champus/Other	Numeric	1 Yes;0 No
IN-1m	HLTHINSN	Self-Pay/No Insurance	Numeric	1 Yes;0 No
IN-1n	HLTHINND	Not Documented	Numeric	1 Yes;0 No

Item No.	Variable Name	Question Prompt	Type	Values
IN-2a	PLCOCCUR	Where was the patient when stroke was detected or when symptoms were discovered? In the case of a patient transferred to your hospital where they were an inpatient, ED patient, or NH/long-term care resident, from where was the patient transferred?	Numeric	1 Not in a healthcare setting;2 Another acute care facility;3 Chronic health care facility;4 Stroke occurred while patient was an inpatient in your hospital;5 Outpatient healthcare setting;9 Not documented or cannot be determined
IN-2b	ARRMODE	How did the patient get to your hospital for treatment of their stroke?	Numeric	1 EMS from home or scene;2 Private transportation/taxi/other;3 Transfer from another hospital;10 Mobile Stroke Unit;9 Not documented or unknown
IN-2c	EMSNOTE	Advance notification by EMS	Numeric	1 Yes;0 No/Not documented;9 Not applicable
IN-3a	EDTRIAGD	Date of arrival at your hospital	Date	Valid date in SAS MMDDYY10. format (MM/DD/YYYY). MM= Month (01-12), DD=Day (01-31) and YYYY = Year (20XX)
IN-3b	EDTRIAGT	Time of arrival at your hospital	Time	Valid time in SAS TIME8. format (HH:MM). Time must be recorded in military time. HH=Hour (00-23) and MM=Minutes (00-59)
IN-4a	NOTADMIT	Was the patient not admitted?	Numeric	1 Not admitted;0 No, patient admitted as inpatient
IN-5a	CMODOC	When is the earliest time that the physician, advanced practice nurse, or PA documented that patient was on comfort measures only?	Numeric	1 Day of arrival or first day after arrival ;2 2nd day after arrival or later;3 Timing unclear;4 Not documented/Unable to determine
IN-6a	LIPADMYN	Statin or other cholesterol reducer medication	Numeric	1 Yes;0 No/Not documented
IN-7a	MEDHISDM	Is there a history of Diabetes Mellitus (DM)?	Numeric	1 Yes;0 No/Not documented
IN-7b	MEDHISST	Is there a history of prior Stroke?	Numeric	1 Yes;0 No/Not documented
IN-7c	MEDHISTI	Is there a history of TIA/Transient ischemic attack/VBI?	Numeric	1 Yes;0 No/Not documented
IN-7d	MEDHISCS	Is there a history of carotid stenosis?	Numeric	1 Yes;0 No/Not documented
IN-7e	MEDHISMI	Is there a history of myocardial infarction (MI) or coronary artery disease (CAD)?	Numeric	1 Yes;0 No/Not documented
IN-7f	MEDHISPA	Is there a history of peripheral arterial disease (PAD)?	Numeric	1 Yes;0 No/Not documented
IN-7g	MEDHISVP	Does the patient have a valve prosthesis (heart valve)?	Numeric	1 Yes;0 No/Not documented
IN-7h	MEDHISHF	Is there a history of Heart Failure (CHF)?	Numeric	1 Yes;0 No/Not documented
IN-7i	MEDHISSS	Does the patient have a history of sickle cell disease (sickle cell anemia)?	Numeric	1 Yes;0 No/Not documented
IN-7j	MEDHISPG	Did this event occur during pregnancy or within 6 weeks after a delivery or termination of pregnancy?	Numeric	1 Yes;0 No/Not documented
IN-7k	MEDHISAF	Is there documentation in the patient's medical history of atrial fibrillation/flutter?	Numeric	1 Yes;0 No/Not documented
IN-7l	MEDHISSM	Is there documented past medical history of Smoking (at least one cigarette during the year prior to hospital arrival)?	Numeric	1 Yes;0 No/Not documented
IN-7m	MEDHISEC	Is there history of E-Cigarette Use (Vaping)? (Use of electronic nicotine delivery system or electronic cigarettes (e-cigarettes))	Numeric	1 Yes;0 No/Not documented
IN-7n	MEDHISDL	Is there a medical history of Dyslipidemia?	Numeric	1 Yes;0 No/Not documented
IN-7o	MEDHISHT	Is there a documented past medical history of hypertension?	Numeric	1 Yes;0 No/Not documented
IN-7p	MEDHISDT	Is there a history of dementia?	Numeric	1 Yes;0 No/Not documented
IN-7q	MH_EID	Is there a history of Emerging Infectious Disease?	Numeric	1 Yes;0 No/Not documented

Item No.	Variable Name	Question Prompt	Type	Values
IN-7r	MH_COV1	Is there a history of SARS-COV-1?	Numeric	1 Yes;0 No/Not documented
IN-7s	MH_COV2	Is there a history of SARS-COV-2 (COVID-19)?	Numeric	1 Yes;0 No/Not documented
IN-7t	MH_MERS	Is there a history of MERS?	Numeric	1 Yes;0 No/Not documented
IN-7u	MH_OTH	Is there a history of other infectious respiratory pathogen?	Numeric	1 Yes;0 No/Not documented
IN-8a	HOSPADD	Date of hospital admission	Date	Valid date in SAS MMDDYY10. format (MM/DD/YYYY). MM= Month (01-12), DD=Day (01-31) and YYYY = Year (20XX)
IN-8b	AMBSTATA	Was patient ambulatory prior to the current stroke/TIA?	Numeric	1 Able to ambulate independently with or without device;2 Yes, but with assistance from another person;3 Unable to ambulate;9 Not documented
IN-8c	SXRESOLV	Did symptoms completely resolve prior to presentation?	Numeric	1 Yes;0 No;9 Not documented
IN-9a	TELEYN	Was telestroke consultation performed?	Numeric	1 Yes, the patient received telestroke consultation from my hospital staff when the patient was located at another hospital;2 Yes, the patient received telestroke consultation from someone other than my staff when the patient was located at another hospital;3 Yes, the patient received telestroke consultation from a remotely located expert when the patient was located at my hospital;4 No telestroke consult performed;9 Not documented
IN-10a	IMAGEYN	Was brain imaging performed at your hospital after arrival as part of the initial evaluation for this episode of care or this event?	Numeric	1 Yes;0 No/Not documented;9 Not collected
IN-10b	IMAGEYCT	If brain imaging performed, was it a CT scan?	Numeric	1 Yes;0 No/Not documented
IN-10c	IMAGEYMR	If brain imaging performed, was it an MRI?	Numeric	1 Yes;0 No/Not documented
IN-10d	IMAGED	Date brain imaging first initiated at your hospital	Date	Valid date in SAS MMDDYY10. format (MM/DD/YYYY). MM= Month (01-12), DD=Day (01-31) and YYYY = Year (20XX)
IN-10e	IMAGET	Time brain imaging first initiated at your hospital	Time	Valid time in SAS TIME8. format (HH:MM). Time must be recorded in military time. HH=Hour (00-23) and MM=Minutes (00-59)
IN-10f	IMAGERES	What were the initial brain imaging findings?	Numeric	1 Acute hemorrhage;0 No acute hemorrhage;9 Not documented or not available
IN-11a	IMAGEVAS	Was acute vascular or perfusion imaging (e.g., CTA, MRA, DSA) performed at your hospital?	Numeric	1 Yes;0 No/Not documented
IN-12a	LKWD	What date was the patient last known to be well, i.e., in their usual state of health or at their baseline, prior to the beginning of the current stroke or stroke-like symptoms? (recording within 15 minutes of exact time is acceptable)	Date	Valid date in SAS MMDDYY10. format (MM/DD/YYYY). MM= Month (01-12), DD=Day (01-31) and YYYY = Year (20XX)
IN-12b	LKWT	What time was the patient last known to be well, i.e., in their usual state of health or at their baseline, prior to the beginning of the current stroke or stroke-like symptoms? (recording within 15 minutes of exact time is acceptable)	Time	Valid time in SAS TIME8. format (HH:MM). Time must be recorded in military time. HH=Hour (00-23) and MM=Minutes (00-59)
IN-13a	DISCD	What date was the patient first discovered to have the current stroke or stroke-like symptoms? (recording within 15 minutes of exact time of discovery is acceptable)	Date	Valid date in SAS MMDDYY10. format (MM/DD/YYYY). MM= Month (01-12), DD=Day (01-31) and YYYY = Year (20XX)

Item No.	Variable Name	Question Prompt	Type	Values
IN-13b	DISCT	What time was the patient first discovered to have the current stroke or stroke-like symptoms? (recording within 15 minutes of exact time of discovery is acceptable)	Time	Valid time in SAS TIME8. format (HH:MM). Time must be recorded in military time. HH=Hour (00-23) and MM=Minutes (00-59)
IN-14a	NIHSSYN	Was NIH Stroke Scale score performed as part of the initial evaluation of the patient?	Numeric	1 Yes;0 No
IN-14b	NIHSTRKS	If performed, what is the first NIH Stroke Scale total score recorded by hospital personnel?	Numeric	0-42
IN-15a	TRMIVM	Was IV thrombolytic initiated for this patient at this hospital?	Numeric	1 Yes;0 No
IN-15b	TRMIVMD	What date was IV thrombolytic initiated for this patient at this hospital?	Date	Valid date in SAS MMDDYY10. format (MM/DD/YYYY). MM= Month (01-12), DD=Day (01-31) and YYYY = Year (20XX)
IN-15c	TRMIVMT	What time was IV thrombolytic initiated for this patient at this hospital?	Time	Valid time in SAS TIME8. format (HH:MM). Time must be recorded in military time. HH=Hour (00-23) and MM=Minutes (00-59)
IN-15d	TRMALT	Thrombolytic used: Alteplase (Class 1 evidence)	Numeric	1 Yes;0 No
IN-15e	TRMALDS	Alteplase, total dose (mg)	Numeric	-- (up to 1 decimal place)
IN-15f	TRMTNK	Thrombolytic used: Tenecteplase (Class 2b evidence)	Numeric	1 Yes;0 No
IN-15g	TRMTNDS	Tenecteplase, total dose (mg)	Numeric	-- (up to 1 decimal place)
IN-15h	TRMTNRSN	Reason for selecting tenecteplase instead of alteplase	Numeric	1 Large Vessel Occlusion (LVO) with potential thrombectomy;2 Mild stroke;3 Other
IN-15i	TRMEXTND	If IV thrombolytic administered beyond 4.5-hour, was imaging used to identify eligibility?	Numeric	1 Yes, Diffusion-FLAIR mismatch;2 Yes, Core-Perfusion mismatch;3 None;4 Other
IN-15j	TRMIVT	IV thrombolytic at an outside hospital or EMS / mobile stroke unit?	Numeric	1 Yes;0 No
IN-15k	TRMIVTAT	If yes, select thrombolytic administered at outside hospital or Mobile Stroke Unit	Numeric	1 Alteplase;2 Tenecteplase
IN-15l	CATHTX	Was catheter-based treatment administered at this hospital?	Numeric	1 Yes;0 No
IN-15m	CATHTXD	Date of IA alteplase or MER initiation at this hospital	Date	Valid date in SAS MMDDYY10. format (MM/DD/YYYY). MM= Month (01-12), DD=Day (01-31) and YYYY = Year (20XX)
IN-15n	CATHTXT	Time of IA alteplase or MER initiation at this hospital	Time	Valid time in SAS TIME8. format (HH:MM). Time must be recorded in military time. HH=Hour (00-23) and MM=Minutes (00-59)
IN-16a	THRMCMP	Complication of reperfusion therapy (Thrombolytic or MER)	Numeric	0 None;1 Symptomatic ICH within 36 hours (< 36 hours) of tPA;2 Life threatening, serious systemic hemorrhage within 36 hours of tPA;3 Other serious complications;9 Unknown/Unable to Determine
IN-16b	THRMCMPT	Were there bleeding complications in a patient transferred after IV tPA (alteplase)?	Numeric	1 Yes and detected prior to transfer;2 Yes but detected after transfer;3 Unable to determine;9 Not applicable
IN-17a	TPANC	Documented exclusions or relative exclusions (contraindications or warnings) were recorded for not initiating IV thrombolytic in the 0-3 hour treatment window	Numeric	1 Yes;0 No
IN-18a	TPA4NC	Documented exclusions or relative exclusions (contraindications or warnings) were recorded for not initiating IV thrombolytic in the 3-4.5 hour treatment window	Numeric	1 Yes;0 No

Item No.	Variable Name	Question Prompt	Type	Values
IN-19a	TPADELAY	If IV thrombolytic was initiated greater than 60 minutes after hospital arrival, were eligibility or medical reasons documented as the cause for delay?	Numeric	1 Yes;0 No
IN-19b	TPADEL45	If IV thrombolytic was initiated greater than 45 minutes after hospital arrival, were eligibility or medical response documented as the cause for delay?	Numeric	1 Yes;0 No
IN-19c	DELAYRSN	Eligibility or Medical reason(s) were documented as the cause for delay in thrombolytic administration: Need for additional PPE for suspected/ confirmed infectious disease	Numeric	1 Yes;0 No
IN-20a	ATHR2DAY	Was antithrombotic therapy received by the end of hospital day 2?	Numeric	1 Yes;0 No;2 Not collected
IN-21a	VTELDUH	VTE Prophylaxis. Low dose unfractionated heparin (LDUH)	Numeric	1 Yes;0 No
IN-21b	VTELMWH	VTE Prophylaxis. Low molecular weight heparin (LMWH)	Numeric	1 Yes;0 No
IN-21c	VTEIPC	VTE Prophylaxis. Intermittent pneumatic compression devices	Numeric	1 Yes;0 No
IN-21d	VTEGCS	VTE Prophylaxis. Graduated compression stockings (GCS)	Numeric	1 Yes;0 No
IN-21e	VTEXAI	VTE Prophylaxis. Factor Xa Inhibitor	Numeric	1 Yes;0 No
IN-21f	VTEWAR	VTE Prophylaxis. Warfarin	Numeric	1 Yes;0 No
IN-21g	VTEVFP	VTE Prophylaxis. Venous foot pumps	Numeric	1 Yes;0 No
IN-21h	VTEOXAI	VTE Prophylaxis. Oral Factor Xa Inhibitor	Numeric	1 Yes;0 No
IN-21i	VTEASPRN	VTE Prophylaxis. Aspirin	Numeric	1 Yes;0 No
IN-21j	VTEND	VTE Prophylaxis. Not Documented or none of the above	Numeric	1 Yes;0 No
IN-21k	VTEDATE	What date was the initial VTE prophylaxis administered?	Date	Valid date in SAS MMDDYY10. format (MM/DD/YYYY). MM= Month (01-12), DD=Day (01-31) and YYYY = Year (20XX)
IN-21l	NOVTEDOC	If not documented or none of the above types of prophylaxis apply, is there documentation why prophylaxis was not administered at hospital admission?	Numeric	1 Yes;0 No
IN-21m	OFXAVTE	Is there a documented reason for using Oral Factor Xa Inhibitor for VTE?	Numeric	1 Yes;0 No
IN-22a	LDUHIV	Other Therapeutic Anticoagulation. Unfractionated heparin IV	Numeric	1 Yes;0 No
IN-22b	DABIGAT	Other Therapeutic Anticoagulation. Dabigatran (Pradaxa)	Numeric	1 Yes;0 No
IN-22c	ARGATRO	Other Therapeutic Anticoagulation. Argatroban	Numeric	1 Yes;0 No
IN-22d	DESIRUD	Other Therapeutic Anticoagulation. Desirudin (Iprivask)	Numeric	1 Yes;0 No
IN-22e	ORALXAI	Other Therapeutic Anticoagulation. Oral Factor Xa Inhibitors (e.g., rivaroxaban/Xarelto)	Numeric	1 Yes;0 No
IN-22f	LEPIRUD	Other Therapeutic Anticoagulation. Lepirudin (Refludan)	Numeric	1 Yes;0 No
IN-22g	OTHACOAG	Other Therapeutic Anticoagulation. Other Anticoagulant	Numeric	1 Yes;0 No

Item No.	Variable Name	Question Prompt	Type	Values
IN-23a	NPO	Was the patient NPO throughout the entire hospital stay? (That is, this patient never received food, fluids, or medication by mouth at any time. This includes any medications delivered in the Emergency Room phase of care.)	Numeric	1 Yes;0 No/Not documented
IN-23b	DYSPHAYN	Was patient screened for dysphagia prior to any oral intake, including food, fluids or medications?	Numeric	1 Yes;0 No or Not documented;2 NC - a documented reason for not screening exists in the medical record
IN-23c	DYSPHAPF	If patient was screened for dysphagia, what were the results of the most recent screen prior to oral intake?	Numeric	1 Pass;2 Fail;9 Not documented
IN-24a	PNEUMYN	Was there documentation that the patient was treated for hospital acquired pneumonia (pneumonia not present at admission) during this admission?	Numeric	1 Yes;0 No or Not documented;2 NC - a documented reason for not screening exists in the medical record
IN-25a	DVTDOCYN	Did patient experience a DVT or pulmonary embolus (PE) during this admission?	Numeric	1 Yes;0 No/Not documented
IN-26a	INF_COLD	Active bacterial or viral infection at admission or during hospitalization. Seasonal cold or flu	Numeric	1 Yes;0 No
IN-26b	INF_FLU	Active bacterial or viral infection at admission or during hospitalization. Influenza	Numeric	1 Yes;0 No
IN-26c	INF_BAC	Active bacterial or viral infection at admission or during hospitalization. Bacterial infection	Numeric	1 Yes;0 No
IN-26d	INF_OTH	Active bacterial or viral infection at admission or during hospitalization. Other viral infection	Numeric	1 Yes;0 No
IN-26e	INF_EMID	Active bacterial or viral infection at admission or during hospitalization. Emerging Infectious Disease	Numeric	1 Yes;0 No
IN-26f	INF_COV1	Active bacterial or viral infection at admission or during hospitalization. SARS-COV-1	Numeric	1 Yes;0 No
IN-26g	INF_COV2	Active bacterial or viral infection at admission or during hospitalization. SARS-COV-2 (COVID-19)	Numeric	1 Yes;0 No
IN-26h	INF_MERS	Active bacterial or viral infection at admission or during hospitalization. MERS	Numeric	1 Yes;0 No
IN-26i	INF_OEID	Active bacterial or viral infection at admission or during hospitalization. Other Emerging Infectious Disease	Numeric	1 Yes;0 No
IN-26j	INF_NONE	Active bacterial or viral infection at admission or during hospitalization. None/Not documented	Numeric	1 Yes;0 No
IN-27a	DSCHRGD	What date was the patient discharged from hospital?	Date	Valid date in SAS MMDDYY10. format (MM/DD/YYYY). MM= Month (01-12), DD=Day (01-31) and YYYY = Year (20XX)
IN-28a	ICD10DX	Principal discharge ICD-10-CM code	Character	Alphanumeric, 3 before decimal, 4 after decimal
IN-29a	ADMDXSH	Clinical diagnosis related to stroke that was ultimately responsible for this admission. Subarachnoid hemorrhage	Numeric	1 Yes;0 No
IN-29b	ADMDXIH	Clinical diagnosis related to stroke that was ultimately responsible for this admission. Intracerebral hemorrhage	Numeric	1 Yes;0 No
IN-29c	ADMDXIS	Clinical diagnosis related to stroke that was ultimately responsible for this admission. Ischemic stroke	Numeric	1 Yes;0 No

Item No.	Variable Name	Question Prompt	Type	Values
IN-29d	ADMDXTIA	Clinical diagnosis related to stroke that was ultimately responsible for this admission. Transient ischemic attack	Numeric	1 Yes;0 No
IN-29e	ADMDXSNS	Clinical diagnosis related to stroke that was ultimately responsible for this admission. Stroke not otherwise specified	Numeric	1 Yes;0 No
IN-29f	ADMDXNOS	Clinical diagnosis related to stroke that was ultimately responsible for this admission. No stroke related diagnosis	Numeric	1 Yes;0 No
IN-29g	ADMCE	Was patient admitted for the sole purpose of performance of a carotid intervention?	Numeric	1 Yes; 0 No or Unable to determine
IN-29h	CLNTRIAL	Was the patient enrolled in a stroke clinical trial?	Numeric	1 Yes; 0 No or Unable to determine
IN-30a	DSCHDISP	Discharge disposition	Numeric	1 Discharged to home or self-care (routine discharge), with or without home health, discharged to jail or law enforcement, or to assisted living facility;2 Discharged to home hospice;3 Discharged to hospice in a health care facility;4 Discharged to an acute care facility (includes critical access hospitals, cancer and children's hospitals, VA, and DOD hospitals;5 Discharged to another healthcare facility;6 Expired;7 Left against medical advice or discontinued care;8 Not documented or unable to determine
IN-30b	OHFTYPE	If discharged to another healthcare facility above (option 5), what type of facility was it?	Numeric	1 Skilled nursing facility;2 Inpatient rehabilitation;3 Long-term care facility, or hospital;4 Intermediate care facility;5 Other
IN-31a	MRSSCORE	Modified Rankin Scale Score	Numeric	0 No symptoms;1 No significant disability despite symptoms;2 Slight disability;3 Moderate disability, can walk without assistance;4 Moderate to severe disability, needs assistance to walk;5 Severe disability, bedridden;6 Death
IN-31b	AMBSTATD	Ambulatory status at discharge	Numeric	1 Able to ambulate independently with or without device;2 With assistance from another person;3 Unable to ambulate;9 Not documented
IN-32a	HBPTREAT	Is there documentation that antihypertensive medication was prescribed at discharge?	Numeric	1 Yes;0 No/Not documented;2 A documented reason for not screening exists in the medical record
IN-33a	LIPNONE	No cholesterol reducing treatment prescribed at discharge	Numeric	1 Yes;0 No/Not documented
IN-33b	LIPSTATN	Was a statin medication prescribed at discharge?	Numeric	1 Yes;0 No/Not documented
IN-33c	LIPOTHNC	If other lipid lowering medications not prescribed, was there a documented contraindication to other lipid lowering medication?	Numeric	1 Yes;0 No/Not documented
IN-33d	LIPFIBRT	Cholesterol reducing treatment prescribed. Fibrate	Numeric	1 Yes;0 No/Not documented
IN-33e	LIPOTHRX	Other cholesterol reducing medication	Numeric	1 Yes;0 No/Not documented
IN-33f	LIPNIACN	Cholesterol reducing treatment prescribed. Niacin	Numeric	1 Yes;0 No/Not documented
IN-33g	LIPABSIN	Cholesterol reducing treatment prescribed. Absorption inhibitor	Numeric	1 Yes;0 No/Not documented
IN-33h	LIPPCSK	Cholesterol reducing treatment prescribed. PCSK9 inhibitor	Numeric	1 Yes;0 No/Not documented

Item No.	Variable Name	Question Prompt	Type	Values
IN-33i	STATNNC	If statin not prescribed, was there a documented contraindication to statins?	Numeric	1 Yes;0 No/Not documented
IN-33j	STATNINT	What intensity was the statin that was prescribed at discharge?	Numeric	1 High-intensity statin;2 Moderate-intensity statin;3 Low-intensity statin;9 Unknown
IN-33k	STATNWHY	Was there a documented reason for not prescribing the guideline recommended statin dose?	Numeric	1 Intolerant to moderate (>75 years) or high (<=75 years) intensity statin;2 No evidence of atherosclerosis (cerebral, coronary, or peripheral vascular disease);3 Other documented reason;9 Unknown
IN-34a	AFIBYN	Was atrial fibrillation/flutter or paroxysmal atrial fibrillation (PAF), documented during this episode of care?	Numeric	1 Yes;0 No/Not documented
IN-34b	AFIBRX	If a history of atrial fibrillation/flutter or PAF is documented in the medical history or if the patient experienced atrial fibrillation/flutter or PAF during this episode of care, was patient prescribed anticoagulation medication upon discharge?	Numeric	1 Yes;0 No/Not documented;2 A documented reason for not screening exists in the medical record
IN-35a	ATHDSCYN	Was antithrombotic (antiplatelet or anticoagulant) medication prescribed at discharge?	Numeric	1 Yes;0 No/Not documented;2 A documented reason for not screening exists in the medical record
IN-35b	DC_PLT	If patient was discharged on an antithrombotic medication, was it an antiplatelet?	Numeric	1 Yes;0 No/Not documented
IN-35c	DC_COAG	If patient was discharged on an antithrombotic medication, was it an anticoagulant?	Numeric	1 Yes;0 No/Not documented
IN-36a	SMKCESYN	If past medical history of smoking is checked as yes, was the adult patient or their caregiver given smoking cessation advice or counseling during the hospital stay?	Numeric	1 Yes;0 No or not documented in the medical record;2 A documented reason exists for not performing counseling
IN-37a	EDUCRF	Stroke Education. Risk factors for stroke	Numeric	1 Yes;0 No/Not documented
IN-37b	EDUCSSX	Stroke Education. Stroke Warning Signs and Symptoms	Numeric	1 Yes;0 No/Not documented
IN-37c	EDUCEMS	Stroke Education. How to activate EMS for stroke	Numeric	1 Yes;0 No/Not documented
IN-37d	EDUCCC	Stroke Education. Need for follow-up after discharge	Numeric	1 Yes;0 No/Not documented
IN-37e	EDUCMEDS	Stroke Education. Medications prescribed at discharge	Numeric	1 Yes;0 No/Not documented
IN-38a	REHAPLAN	Is there documentation in the record that the patient was assessed for or received rehabilitation services?	Numeric	1 Yes;0 No

Appendix D

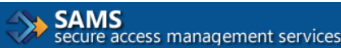
DATA SUBMISSION INSTRUCTIONS

This document contains the instructions for the submission of the Data Elements (DEs):

- The DE submission is due by 11:59pm Eastern Standard Time on the submission deadlines in Appendix A.
- Data files will be submitted to the Secure Access Data Management Services (SAMS) System located at <https://sams.cdc.gov>



CDC A-Z INDEX ▾





Warning: This warning banner provides privacy and security notices consistent with applicable federal laws, directives, and other federal guidance for accessing this Government system, which includes all devices/storage media attached to this system. This system is provided for Government-authorized use only. Unauthorized or improper use of this system is prohibited and may result in disciplinary action and/or civil and criminal penalties. At any time, and for any lawful Government purpose, the government may monitor, record, and audit your system usage and/or intercept, search and seize any communication or data transiting or stored on this system. Therefore, you have no reasonable expectation of privacy. Any communication or data transiting or stored on this system may be disclosed or used for any lawful Government purpose.

Step 1 - Log into the system with your SAMS Username and Password

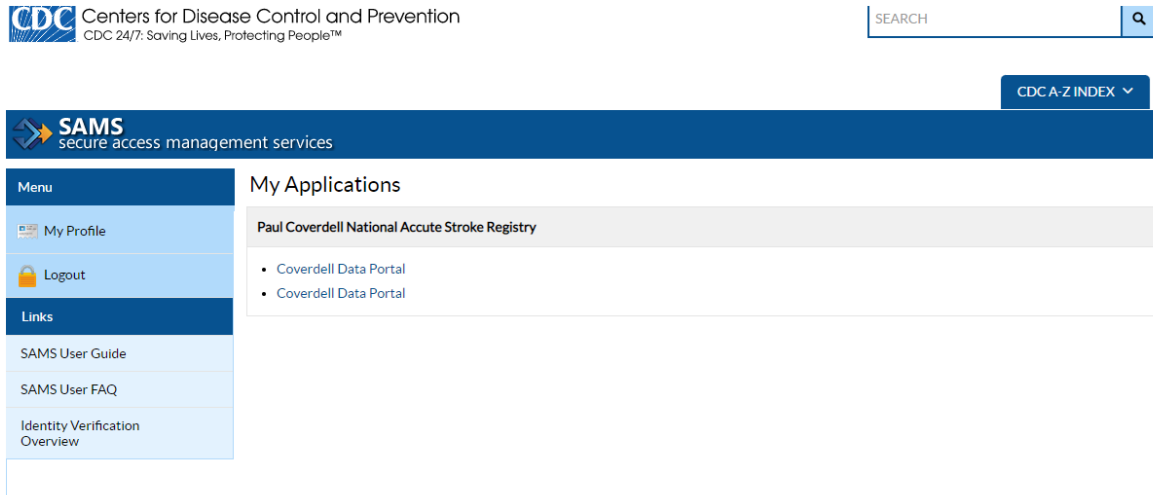
Choose a login option

External Partners

<h5>SAMS Credentials</h5>  <p>SAMS Username <input type="text"/></p> <p>SAMS Password <input type="password"/></p> <p><input type="submit" value="Login"/></p> <p>Forgot Your Password?</p> <p>For External Partners who login with <u>only</u> a SAMS issued UserID and Password.</p>	<h5>SAMS Multi-factor Login</h5>  <p>OR</p> <p>Sign on with a SAMS Grid Card or Mobile Soft Token</p> <p><input type="submit" value="Login"/></p> <p>For External Partners who have been issued a SAMS Multi-factor token(s).</p>
---	---

[SAMS User Guide](#) / [Frequently Asked Questions](#) / [Identity Verification Overview](#)

Step 2: Click on either of the two blue “Coverdell Data Portal” links under the “Paul Coverdell National Acute Stroke Registry” header in the “My Applications” section.

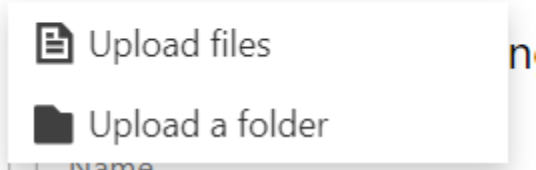
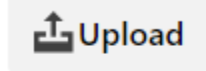


Step 3: Click the “Upload” icon and choose Upload files.



SAMS Secure Data eXchange - eAuth 1

<input type="checkbox"/>	Name	Updated ▾	Size	
<input type="checkbox"/>	Coverdell Data Portal - Upload	Jan 14, 2022	0 item	⋮



- Submit ALL data for all cases. It is important to account for all Coverdell services provided throughout the continuum of stroke care.
 - If your Coverdell Program does not have a DE file to submit, please notify your CDC project officer and data team immediately.
- For each submission, submit one SAS dataset that contains both pre-hospital and in-hospital records that took place within the date range indicated in Appendix A.
- Upload the submission to the SAMS system as a SAS dataset (sas7bdat). File should be named using the following format:
 - Two-character state abbreviation followed by an underscore
 - Date of submission in the form of 4-digit year, 2-digit month, 2-digit day
 - For example, Washington State uploaded file will be named: WA_20221015.sas7bdat.
- Ensure the data are complete and accurate prior to the submission date. The Coverdell TA team will contact recipients about any errors or inconsistencies identified in the submitted data. Recipients will be asked to update their data, at a later date, to address these issues. Then recipients will upload their data again into SAMS. The Data TA team may follow-up about additional issues such as duplicate records, missing data, incomplete records, and out-of-range, invalid, or discordant values.
- For purposes of DE data reporting and analysis, CDC considers records to be “final” after a 12-month period (three four-month time periods) has elapsed starting from the initial time period associated with the record. For example, a DE record submitted on October 15, 2022, could be updated until and including October 15, 2023.
- If you need technical assistance, please e-mail coverdell@rti.org. Do not utilize the SAMS e-mail feature to communicate on Coverdell data portal issues.
- For questions or concerns about submissions please reach out the Coverdell TA team at coverdell@rti.org and copy your project officer and CDC data team (eblum@cdc.gov and isam.void@cdc.hhs.gov)
- **Helpful resources:**
 - **DE Manual:** This manual specifies each of the data elements, including the description, formatting, and how the item is used. Appendices contain guidance on data validation, submission, and data quality. The Coverdell Data Elements Manual is posted to AMP and can be found under the *Resources Tab* in *Data*.

Timeline for DE Submission and Corrections

Date	Activities conducted
------	----------------------

By the submission deadline	Submit the data file including pre- and in-hospital data elements.
~ 2 weeks after the submission deadline	The Data TA team contacts data managers with questions about potential data quality issues noted above. Recipients have 1 – 2 weeks to respond to inquiries about their DE file
~ 2 weeks after receiving the data edit report.	Recipients may be asked to upload corrected files, if required.