

## SCN Quality Metrics – Data Definitions

Stroke Inpatient Measures	Definitions	Refer to Specification Manual	Goal
<b>(PSC ONLY) CSTK-01:</b> NIHSS Performed	Percentage of patients with an ischemic stroke for whom an initial NIHSS score is performed prior to any acute recanalization therapy (i.e., IV thrombolytic (rt-PA) therapy, or IA thrombolytic (rt-PA) therapy, or mechanical endovascular reperfusion therapy) in patients undergoing recanalization therapy and documented in the medical record, <b>OR</b> documented within 12 hours of arrival at the hospital emergency department for patients who do not undergo recanalization therapy		85%
<b>STK-1:</b> Venous Thromboembolism Prophylaxis	Percentage of patients with an ischemic or hemorrhagic stroke who receive VTE prophylaxis by end of hospital day two		85%
<b>STK-2/ASR IP- 3:</b> Discharged On Antithrombotic Therapy	Percentage of patients with an ischemic stroke prescribed antithrombotic therapy at discharge		85%
<b>STK-3:</b> Anticoagulation Therapy for Atrial Fibrillation/Flutter	Percentage of patients with an ischemic stroke with atrial fibrillation/flutter discharged on anticoagulation therapy		85%
<b>STK-4/ASR IP -1:</b> Thrombolytic Therapy	Percentage of acute ischemic stroke patients who arrive at the hospital with 120 minutes of time last known well and for whom IV rt-PA was initiated at the hospital within 180 minutes of time last known well		85%
<b>STK-5/ASR IP -2:</b> Antithrombotic Therapy By End of Hospital Day 2	Percentage of patients with an ischemic stroke who received antithrombotic therapy by end of hospital day two		85%
<b>STK-6:</b> Discharged on Statin Medication	Percentage of ischemic stroke patients who were prescribed statin medication at hospital discharge		85%
<b>STK-8:</b> Stroke Education	Percentage of patients with an ischemic or hemorrhagic stroke or their caregiver who were given education on all of the following: personal risk factors, warning signs of stroke, activation of EMS, medications, and importance of follow-up		85%
<b>STK-10:</b> Assessed for Rehabilitation	Percentage of patients with an ischemic or hemorrhagic stroke who were assessed for rehabilitation services		85%
IV rt-PA Administration	Definitions		Goal
<b>Total Number of IV rt-PA Given</b>	Total number of IV rt-PA given to suspected ischemic stroke patients at your institution - include "drip and ship" and those admitted ( <i>Plus this is the <b>only</b> measure that includes data for strokes that occur while in hospital</i> )		n/a
<b>Door to Needle Time</b> ( ≤ 60 mins)	Percentage of suspected ischemic stroke patients receiving IV rt-PA at your institution who were treated within ( ≤ ) 60 minutes after ED arrival		85%
<b>Door to Needle Time</b> ( ≤ 45 mins)	Percentage of suspected ischemic stroke patients receiving IV rt-PA at your institution who were treated within ( ≤ ) 45 minutes after ED arrival		75%
<b>Door to Needle Time</b> ( ≤ 30 mins)	Percentage of suspected ischemic stroke patients receiving IV rt-PA at your institution who were treated within ( ≤ ) 30 minutes after ED arrival		50%
<b>Door to Needle: Median Time</b>	The median time in minutes from ED arrival of an acute ischemic stroke patient at your institution to the start of IV rt-PA bolus administration		≤ 45/60 mins
<b>Number of rt-PA Complications</b>	1: Symptomatic intracerebral hemorrhage is defined by a completed computed tomography (CT) within 36 hours that shows intracerebral hemorrhage along with a physician's note indicating clinical deterioration due to intracerebral hemorrhage 2: Serious, life-threatening systemic bleeding is defined as bleeding within 36 hours from the administration of IV thrombolytic therapy that required multiple transfusions and was accompanied by a physician's note attributing IV thrombolytic therapy as the reason for multiple transfusions		0
ED Turnaround Times	Definitions		Goal
<b>Physician to Bedside</b>	Percentage of suspected stroke patients at your institution who had an initial MD evaluation within ( ≤ ) 10 minutes after ED arrival		50%
<b>Physician to Bedside: Median Time</b>	The median time in minutes from ED arrival of a suspected stroke patient at your institution to initial MD evaluation		≤ 10 mins
<b>(DNV only) Door to Acute Stroke Team: Median Time</b>	The median time in minutes from ED arrival of a suspected stroke patient at your institution to acute stroke team at bedside		≤ 15 mins
<b>(DNV Only) Door to CT Initiation: Median Time</b>	The median time in minutes from ED arrival of a suspected stroke patient at your institution to the initiation on a CT scan		≤ 20 mins
<b>Door to CT Result</b>	Percentage of suspected stroke patients at your institution who had a CT interpreted within ( ≤ ) 45 minutes after ED arrival		50%
<b>Door to CT Result: Median Time</b>	The median time in minutes from ED arrival of a suspected stroke patient at your institution to the interpretation on a CT scan		≤ 45 mins
<b>Door to Lab Results</b>	Percentage of suspected stroke patients at your institution who had a labs resulted within ( ≤ ) 45 minutes after ED arrival (do not delay for rt-PA unless medically necessary) <ul style="list-style-type: none"> <li>• <b>TJC:</b> if ordered as part of the stroke alert process</li> <li>• <b>DNV:</b> PT/INR only</li> </ul>		50%
<b>Door to Lab Results: Median Time</b>	The median time in minutes from ED arrival of a suspected stroke patient at your institution to the labs resulted (do not delay for rt-PA unless medically necessary)		≤ 45 mins

## SCN Quality Metrics – Data Definitions

Other Measures	Definitions	Goal
<b>Dysphagia Screening</b>	Percentage of <b>ALL</b> patients exhibiting stroke symptoms who were screened for dysphagia prior to receiving any oral intake of medications, fluids, or food ( <i>includes ED arrivals and direct admits</i> ) <ul style="list-style-type: none"> <li>Number Screened = Numerator ; All Suspected Stroke Patients = Denominator</li> </ul>	85%
<b>Order Set Usage</b>	Percentage of <b>ALL</b> patients exhibiting stroke symptoms who accessed your program services and had the <b>appropriate</b> stroke order set(s), as determined by the organization ( <i>includes ED arrivals and direct admits</i> ). This is an all or none measure. <ul style="list-style-type: none"> <li>Number of patients with appropriate order set(s) = Numerator; All Suspected Stroke Patients = Denominator</li> </ul>	85%
<b>(DNV only) Door to In-Patient Bed</b>	The median time in hours from ED arrival of a suspected stroke patient at your institution to monitored bed admission ( <i>only if admitted</i> )	≤ 3 hours
<b>Acute Stroke Ready: Outpatient Measures</b>	<b>Definitions</b> <a href="#">Refer to Specification Manual</a>	<b>Goal</b>
<b>ASR-OP-1: Thrombolytic Therapy</b>	Percentage of acute ischemic stroke patients who arrive at the hospital within 120 minutes of time last known well and for whom IV rt-PA was initiated at the hospital within 180 minutes of time last known well	85%
<b>ASR-OP-2: Door to Transfer to Another Hospital</b>		
<b>2a: Overall Rate (percentage)</b>	Percentage of stroke patients at your institution who were transferred in ≤ two hours from ED arrival	85%
<b>2a: Overall Rate (median time)</b>	The median time (in minutes) from ED arrival to transfer of stroke patients to another hospital	≤ 120 mins
<b>2b: Hemorrhagic Stroke (percentage)</b>	Percentage of hemorrhagic stroke patients at your institution who were transferred in ≤ two hours from ED arrival	85%
<b>2b: Hemorrhagic Stroke (median time)</b>	The median time (in minutes) from ED arrival to transfer of a hemorrhagic stroke patient to another hospital	≤ 120 mins
<b>2c: Ischemic Stroke: Drip and Ship (percentage)</b>	Percentage of ischemic stroke patients (drip and ship) at your institution who were transferred in ≤ two hours from ED arrival	85%
<b>2c: Ischemic Stroke: Drip and Ship (median time)</b>	The median time (in minutes) from ED arrival to transfer of an ischemic stroke patient (drip and ship) to another hospital	≤ 120 mins
<b>2d: Ischemic Stroke: no IV rt-PA (percentage)</b>	Percentage of ischemic stroke patients (no IV rt-PA prior to transfer) at your institution who were transferred in ≤ two hours from ED arrival	85%
<b>2d: Ischemic Stroke: no IV rt-PA (median time)</b>	The median time (in minutes) from ED arrival to transfer of an ischemic stroke patient (no IV rt-PA prior to transfer) to another hospital	≤ 120 mins
<b>Primary Stroke Center: Outpatient Measures</b>	<b>Definitions</b> <a href="#">Refer to Specification Manual</a>	<b>Goal</b>
<b>STK-OP-1: Door to Transfer to Another Hospital</b>		
<b>1a: Overall Rate (percentage)</b>	Percentage of stroke patients at your institution who were transferred in ≤ two hours from ED arrival	85%
<b>1a: Overall Rate (median time)</b>	The median time (in minutes) from ED arrival to transfer of stroke patients to another hospital	≤ 120 mins
<b>1b: Hemorrhagic Stroke (%)</b>	Percentage of hemorrhagic stroke patients at your institution who were transferred in ≤ two hours from ED arrival	85%
<b>1b: Hemorrhagic Stroke (median time)</b>	The median time (in minutes) from ED arrival to transfer of a hemorrhagic stroke patient to another hospital	≤ 120 mins
<b>1c: Ischemic Stroke: Drip and Ship (%)</b>	Percentage of ischemic stroke patients (drip and ship) at your institution who were transferred in ≤ two hours from ED arrival	85%
<b>1c: Ischemic Stroke: Drip and Ship (median time)</b>	The median time (in minutes) from ED arrival to transfer of an ischemic stroke patient (drip and ship) to another hospital	≤ 120 mins
<b>1d: Ischemic Stroke: no IV rt-PA; LVO/MER eligible (%)</b>	Percentage of ischemic stroke patients (no IV t-PA prior to transfer, LVO and MER eligible) at your institution who were transferred in ≤ two hours from ED arrival	85%
<b>1d: Ischemic Stroke: no IV rt-PA; LVO/MER eligible (median time)</b>	The median time (in minutes) from ED arrival to transfer of an ischemic stroke patient (no IV t-PA prior to transfer, LVO and MER eligible) to another hospital	≤ 120 mins
<b>1e: Ischemic Stroke: no IV rt-PA; LVO/not MER eligible (%)</b>	Percentage of ischemic stroke patients (no IV t-PA given prior to transfer, LVO and not MER eligible) at your institution who were transferred in ≤ two hours from ED arrival	85%
<b>1e: Ischemic Stroke: no IV rt-PA; LVO/not MER eligible (median time)</b>	The median time (in minutes) from ED arrival to transfer of an ischemic stroke patient (no IV t-PA given prior to transfer, LVO and not MER eligible) to another hospital	≤ 120 mins
<b>1f: Ischemic: no IV rt-PA; no LVO (%)</b>	Percentage of ischemic stroke patients (no IV t-PA given prior to transfer, no LVO) at your institution who were transferred in ≤ two hours from ED arrival	85%
<b>1f: Ischemic: no IV rt-PA; no LVO (median time)</b>	The median time (in minutes) from ED arrival to transfer of an ischemic stroke patient (no IV t-PA given prior to transfer, no LVO) to another hospital	≤ 120 mins

## SCN Quality Metrics – Data Definitions

Optional Section	Definitions	Goal
<i>The "Optional Section" of the data report and data definitions includes measures that you are not required to report to the Stroke Care Network, but these are measures any stroke program should be looking at for program and system analysis.</i>		
<b>Volume Accessing Services</b>	Total number of <b>ALL</b> patients exhibiting stroke symptoms, regardless of arrival time and final diagnosis. Including those with a stroke differential diagnosis upon arrival that remain out-patient only, those that are admitted, and those that end up ruled-out for stroke. <ul style="list-style-type: none"> <li>• <i>The purpose of this measure is to facilitate analysis of the impact on your organization of diagnosing and caring for stroke</i></li> </ul>	N/A
<b>Principal Coded:</b> ED Outpatient Volume	Total number of outpatients including observation admissions with a <b>final</b> code of either: Transient Ischemic Attack, Acute Ischemic Stroke, or Hemorrhagic Stroke (Intracerebral and Subarachnoid)	N/A
<b>Principal Coded:</b> Inpatient Volume	Total number of inpatients with a <b>final</b> code of either: Transient Ischemic Attack, Acute Ischemic Stroke, or Hemorrhagic Stroke (Intracerebral and Subarachnoid)	N/A
<b>Principal Coded:</b> Average Length of Stay Inpatient	The average length of inpatient hospital stay in days	N/A
<b>Principal Coded:</b> Mortality	Total number of stroke patients who expire at your organization including ED outpatient and inpatient	N/A
Emergency Medical Services (EMS):	Definitions	Goal
<b>EMS Pre-notification</b>	Percentage of suspected stroke patients that arrive by EMS <b>and</b> EMS provided pre-notification to your institution	85%
<b>Patients Arrived by:</b> EMS ground	Percentage of suspected stroke patients that arrive in the Emergency Department at your institution by EMS ground	N/A
<b>Patients Arrived by:</b> EMS air	Percentage of suspected stroke patients that arrive in the Emergency Department at your institution by EMS air	N/A
<b>Patients Arrived by:</b> ED walk-in	Percentage of suspected stroke patients that walked into the Emergency Department at your institution	N/A

### Education Required Section:

#### Staff Stroke Education Offered

Any stroke education that your facility has done which may include, but is not limited to: stroke lectures you provide, CATS lectures, stroke educational in-services (for example Early Recognition of Stroke and Inpatient Stroke Alert), grand rounds (with a stroke focus), health fair, educational posters, one-to-one training of more than 15 minutes, stroke Q&A rounds, etc.

Also, please note "Others" can include: PT, OT, SLP, clerks, nursing assistants, housekeeping, security, etc.

Also, please note this does not have to be accredited education (CE).

\*Specific goals set using references from the Brain Attack Coalition, American Stroke Association, the Joint Commission and Det Norske Veritas (DNV).