

Primary Stroke Center Quality & Performance Measures

This section of the manual contains information related to the quality performance of Primary Stroke Centers.

Brain Attack Coalition Definitions

Recognition of Superior Performance: this includes all of the performance indicators that facilities are required to submit to HFAP. What makes this distinction unique is that a facility who demonstrates 95% compliance in all indicators for a period of three consecutive quarters will be recognized as demonstrating superior performance in the care of the stroke patient. They will be awarded a plaque and a certificate that they may display as they choose. They will also be recognized on the HFAP website.

Performance Measure Indicator Definitions: this includes specific definitions for each performance measure that is required to be submitted to HFAP. Seven of these measures are identical to the AHA Get With The Guidelines Performance Measures, which HFAP has adopted.

Data Collection Tool: this tool is being provided to HFAP Primary Stroke Centers to assist in their data collection activities. The use of this tool is not mandatory.

Data Submission Tool: this tool is being provided to HFAP certified Primary Stroke Centers to submit their stroke data. The intent is to provide consistency in the tracking and trending of stroke data. All required data and performance indicators must be submitted electronically, by emailing facility results to: info@hfap.org.

The required quarterly dates for submission are:

- 1st quarter-April 30
- 2nd quarter- July 31
- 3rd quarter-September 30
- 4th quarter-January 31

Primary Stroke Center Quality and Performance Measures

Definitions Established by the Brain Attack Coalition (BAC):

1. Brain Attack Coalition (BAC) – The Brain Attack Coalition is a multidisciplinary organization that includes most major medical organizations involved with stroke care that assembled to establish guidance about the formation and operation of stroke centers.
2. Primary Stroke Center (PSC) - According to the Brain Attack Coalition, the Primary Stroke Center “stabilizes and provides emergency care for patients with acute stroke. Such centers would then either transfer the patient to a comprehensive stroke center or could admit the patient and provide further care depending on the patient’s needs and the center’s capabilities.” (JAMA, 2000) “Their emergency departments should be able to offer approved therapies to appropriately selected patients whether the stroke is ischemic or hemorrhagic.”
3. Comprehensive Stroke Center (CSC):
 - a. According to the Brain Attack Coalition, “A Comprehensive Stroke Center “would provide complete care to patients experiencing the most complex strokes that require specialized testing and other interventions. Such comprehensive stroke centers typically would include tertiary care medical centers and hospitals with the infrastructure and personnel necessary to perform highly technical procedures and provide all needed levels of care.”
Source: Alberts, Mark J., et al., “Recommendations for the Establishment of Primary Stroke Centers,” JAMA, June 21, 2000, Vol. 283, No. 23, 3102-3109.
 - b. In 2005, the Brain Attack Coalition further defined the Comprehensive Stroke Center as “A facility or system with the necessary personnel, infrastructure, expertise, and programs to diagnose and treat stroke patients who require a high intensity of medical and surgical care, specialized tests, or interventional therapies. The types of patients who might use and benefit from a CSC include (but are not limited to) patients with large ischemic strokes or hemorrhagic strokes, those with strokes from unusual etiologies or requiring specialized testing or therapies, or those requiring multispecialty management. Additional functions of a CSC would be to act as a resource center for other facilities in their region, such as PSCs. This might include providing expertise about managing particular cases, offering guidance for triage of patients, making diagnostic tests or treatments available to patients treated initially at a PSC, and being an educational resource for other hospitals and health care professionals in a city or region.”
Source: Alberts, MJ, et al, “Recommendations for Comprehensive Stroke Centers – A Consensus Statement from the Brain Attack Coalition,” Stroke, July 2005, 1597-1618.

STROKE CENTER CERTIFICATION

SUPERIOR PERFORMANCE CRITERIA	EXPLANATION	SCORING PROCEDURE	SCORE
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RECOGNITION OF SUPERIOR PERFORMANCE

A Primary Stroke Center consistently exhibits superior outcomes and explores opportunities for further improvement.

The Primary Stroke Center scores in the 95th percentile or higher for the following:

1. Acute Stroke Team arrives within 15 minutes of notification.
1. Laboratory studies are completed and interpreted within 45 minutes of patient arrival.
2. Neuro-imaging services are completed and interpreted within 45 minutes of patient arrival.
3. Neurosurgical services are available within two (2) hours of need.
4. “Door – to – Needle” time for administration of tPA is within three (3) hours of symptom onset.
5. Patients with ischemic stroke received first dose of antithrombotic medication within 48 hours of hospital arrival if not contraindicated.
6. Patients with ischemic stroke were discharged with prescription for antithrombotic medication if not

Ongoing measurement of performance includes analysis and trending of data. This allows facilities to identify opportunities for improvement and prioritize strategies for reducing delays.

Monthly data is analyzed and trended to determine:

1. Percent of patients arriving in the Emergency Department in less than three hour window for administration of tPA.
2. Percent of patients eligible for tPA therapy received this therapy.
3. Average “Door to needle” time for administration of tPA therapy
4. Average “Door to CT” time
5. Percent of patients requiring transfer to a higher level of care.

DOCUMENT REVIEW

Verify that the Primary Stroke Center:

1. Measures, analyzes, and trends all required elements.
2. **Demonstrates 95% compliance for each performance indicator for three consecutive quarters.**

Facility meets requirements for recognition of superior performance.

STROKE CENTER CERTIFICATION

SUPERIOR PERFORMANCE CRITERIA	EXPLANATION	SCORING PROCEDURE	SCORE
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contraindicated.

7. Patients with ischemic stroke and atrial fibrillation were discharged with a prescription for anticoagulation medication if not contraindicated.
8. Patients with ischemic stroke determined to be a risk for deep vein thrombosis received DVT prophylaxis within 48-hours of hospital arrival if not contraindicated.
9. Patients with ischemic stroke were discharged on a statin.
10. Tobacco using patients with ischemic stroke received smoking cessation advice prior to discharge.
11. Patients with ischemic stroke received a swallow (dysphagia) evaluation prior to receiving anything by mouth.
12. Patients with ischemic stroke received initial physical rehabilitation (OT, PT, and Speech Therapy) evaluation within 48 hours of hospital arrival.
13. Patients with ischemic stroke are assessed by the rehabilitation team prior to discharge and recommendations made as appropriate.

Primary Stroke Center Quality and Performance Measures

Name of Measure:	Stroke Team Arrival
Measure Type:	Response
Numerator / Denominator:	Arrival within 15 minutes / All patients exhibiting or presenting with clinical stroke symptoms.
Inclusion / Exclusion Criteria:	<p>Denominator Inclusion: Patients 18 years of age and older, presenting to the ED with clinical stroke symptoms. Inpatients 18 years of age and older, developing clinical stroke symptoms during hospitalization.</p> <p>Numerator Inclusion: Patients 18 years of age and older, with the stroke team responding to bedside within 15 minutes of arrival in ED Inpatients 18 years of age and older, where the stroke team responded to bedside within 15 minutes of onset of symptomology.</p> <p>Exclusions: Patients under the age of 18.</p>
Data Source:	ED log chief complaints, ED recorded time of patient presentation, ED recorded time of stroke team arrival, discharge diagnoses, documented onset of symptomology of inpatients
Definitions:	<p>Arrival in ED: The time in which the patient, experiencing symptoms of acute stroke arrives in the Emergency Department.</p> <p>Symptoms of acute stroke: Sudden severe headache; sudden loss of vision in one or both eyes; sudden weakness in an arm, leg or face; sudden confusion, trouble speaking, or understanding; and sudden trouble walking, dizziness, or loss of balance or coordination.</p> <p>Response Time: The time between presentation of patient to ED with stroke symptoms and the arrival of the stroke team to the bedside; or the time between the inpatient onset of symptoms to the time of the stroke team arrival to the bedside.</p>
Threshold:	85%

Primary Stroke Center Quality and Performance Measures

Name of Measure:	Laboratory Studies
Measure Type:	Diagnostic
Numerator / Denominator:	Number of patients with labs TAT within 45 min. of arrival / All patients exhibiting or presenting with stroke symptoms
Inclusion / Exclusion Criteria:	<p>Denominator Inclusion: Patients 18 years of age and older, presenting to the ED with clinical stroke symptoms. Inpatients 18 years of age and older, developing clinical stroke symptoms during hospitalization.</p> <p>Numerator Inclusion: Patients 18 years of age and older, where lab testing was drawn and resulted within 45 minutes of arrival in ED. Inpatients 18 years of age and older, where the lab testing was drawn and resulted within 45 minutes of onset of symptomology.</p> <p>Numerator Exclusions: Patients under the age of 18. Laboratory results indicating cell lysis / other erroneous results.</p>
Data Source:	ED log chief complaints, ED recorded time of patient presentation, ED recorded time of stroke team arrival, discharge diagnoses, documented onset of symptomology of inpatients; laboratory orders; laboratory results
Definitions:	TAT: Turnaround time of lab results should be within 45 minutes of arrival in ED or onset of symptomology in inpatients.
Threshold:	85%

Primary Stroke Center Quality and Performance Measures

Name of Measure:	Neuroimaging Studies
Measure Type:	Diagnostic
Numerator / Denominator:	Number of patients with neuro-imaging TAT within 45 min. of arrival / All patients exhibiting or presenting with stroke symptoms
Inclusion / Exclusion Criteria:	<p>Denominator Inclusion: Patients 18 years of age and older, presenting to the ED with clinical stroke symptoms. Inpatients 18 years of age and older, developing clinical stroke symptoms during hospitalization.</p> <p>Numerator Inclusion: Patients 18 years of age and older, where neuro-imaging was completed within 45 minutes of arrival in ED. Inpatients 18 years of age and older, where neuro-imaging was completed within 45 minutes of onset of symptomology.</p> <p>Exclusions: Patients under the age of 18.</p>
Data Source:	ED log chief complaints, ED recorded time of patient presentation, ED recorded time of stroke team arrival, discharge diagnoses, documented onset of symptomology of inpatients; neuro-imaging orders; neuro-imaging results
Definitions:	TAT: Turnaround time of neuro-imaging results should be within 45 minutes of arrival in ED or onset of symptomology in inpatients.
Threshold:	85%

Primary Stroke Center Quality and Performance Measures

Name of Measure:	Neurosurgical Services
Measure Type:	Intervention
Numerator / Denominator:	Number of patients receiving neuro-surgical services within 2 hrs of need / all patients diagnosed with hemorrhagic stroke
Inclusion / Exclusion Criteria:	<p>Denominator Inclusion: Patients 18 years of age and older identified on CT as experiencing a hemorrhagic stroke.</p> <p>Numerator Inclusion: Patients 18 years of age and older identified on CT as experiencing a hemorrhagic stroke, Neuro-surgical services available within 2 hours of identified need for patients 18 years of age and older.</p> <p>Exclusions: Patients with clinical diagnosis of TIA / ischemic stroke</p>
Data Source:	ED log chief complaints, ED recorded time of patient presentation, ED recorded time of stroke team arrival, discharge diagnoses, documented onset of symptomology of inpatients; neuro-imaging orders; neuro-imaging results; consultation orders/notes; time of transfer (if applicable); time to OR (if applicable);
Definitions:	<p>Diagnosis of Hemorrhagic Stroke: Diagnosis should be made on CT scan, within 45 minutes of arrival to ED/onset of symptoms for inpatients.</p> <p>Identified Need: Patient will have a clinical diagnosis of hemorrhagic stroke confirmed by neuro-imaging.</p>
Threshold:	85%

Name of Measure:	tPA Administration (0-3 hr)
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Primary Stroke Center Quality and Performance Measures

Measure Type:	Intervention
Numerator / Denominator:	# of patients received tPA within 3 hours / # of eligible patients
Inclusion / Exclusion Criteria:	<p>Denominator Inclusion: All patients presenting with acute ischemic stroke symptomology, eligible to receive tPA</p> <p>Numerator Inclusion: All patients that received initiation of tPA within 3 hours</p> <p>Exclusions: Patients who left Against Medical Advice Patients transferred to another facility Patients presenting with acute ischemic stroke symptoms which exhibit contraindications to administration of tPA</p>
Data Source:	ED log chief complaints, ED recorded time of symptom on-set; ED recorded time of patient presentation, ED recorded time of stroke team arrival, discharge diagnoses, documented onset of symptomology of inpatients; neuro-imaging results; documentation of contraindications to administration; documented time of initiation of tPA
Definitions:	<p>tPA: thrombolytic medication</p> <p>Contraindications (C) and Warnings (W):</p> <ul style="list-style-type: none"> Evidence of intracranial hemorrhage on pretreatment CT.^C Only minor or rapidly improving stroke symptoms.^W Clinical presentation suggestive of subarachnoid hemorrhage, even with normal CT.^C Active internal bleeding.^C Known bleeding diathesis, including but not limited to: <ul style="list-style-type: none"> Platelet count < 100,000/mm Patient has received heparin within 48 hours and has an elevated aPTT (greater than upper limit of normal for laboratory)
Name of Measure:	tPA Administration (0-3 hr) (Cont'd)
	Current use of oral anticoagulants (e.g., warfarin sodium) or recent use with an elevated Prothrombin time >

Primary Stroke Center Quality and Performance Measures

Name of Measure: tPA Administration (3-4.5 hr)

	<p>15 seconds</p> <p>Patient has had major surgery or serious trauma excluding head trauma in the previous 14 days.^W Within 3 months any intracranial surgery, serious head trauma, or previous stroke.^C History of gastrointestinal or urinary tract hemorrhage within 21 days.^W Recent arterial puncture at a noncompressible site.^W Recent lumbar puncture.^W</p> <p>On repeated measurements, systolic blood pressure greater than 185 mm Hg or diastolic blood pressure greater than 110 mm Hg at the time treatment is to begin, and patient requires aggressive treatment to reduce blood pressure to within these limits.^C History of intracranial hemorrhage.^C Abnormal blood glucose (< 50 or > 400 mg/dL).^W Post myocardial infarction pericarditis.^W Patient was observed to have seizure at the same time the onset of stroke symptoms were observed.^W Known arteriovenous malformation, or aneurysm.^C</p> <p>Resources: Brain Attack Coalition, American College of Emergency Physicians</p>
<p>Threshold:</p>	<p>85%</p>

Primary Stroke Center Quality and Performance Measures

Measure Type:	Intervention
Numerator / Denominator:	# of patients received tPA within 3 - 4.5 hours / # of eligible patients
Inclusion / Exclusion Criteria:	<p>Denominator Inclusion: All patients presenting with acute ischemic stroke symptomology, eligible to receive tPA</p> <p>Numerator Inclusion: All patients that received initiation of tPA within 3 - 4.5 hours</p> <p>Exclusions: Patients who left Against Medical Advice Patients transferred to another facility Patients presenting with acute ischemic stroke symptoms which exhibit contraindications to administration of tPA</p>
Data Source:	ED log chief complaints, ED recorded time of symptom on-set; ED recorded time of patient presentation, ED recorded time of stroke team arrival, discharge diagnoses, documented onset of symptomology of inpatients; neuro-imaging results; documentation of contraindications to administration; documented time of initiation of tPA
Definitions:	<p>tPA: thrombolytic medication</p> <p>Contraindications (C) and Warnings (W): Evidence of intracranial hemorrhage on pretreatment CT.^C Only minor or rapidly improving stroke symptoms.^W Clinical presentation suggestive of subarachnoid hemorrhage, even with normal CT.^C Active internal bleeding.^C Known bleeding diathesis, including but not limited to:</p>
Name of Measure:	tPA Administration (3-4.5 hr) (Cont'd)
	Platelet count < 100,000/mm

Primary Stroke Center Quality and Performance Measures

Patient has received heparin within 48 hours and has an elevated aPTT (greater than upper limit of normal for laboratory)

Current use of oral anticoagulants (e.g., warfarin sodium) or recent use with an elevated prothrombin time > 15 seconds

Patient has had major surgery or serious trauma excluding head trauma in the previous 14 days.^W

Within 3 months any intracranial surgery, serious head trauma, or previous stroke.^C

History of gastrointestinal or urinary tract hemorrhage within 21 days.^W

Recent arterial puncture at a noncompressible site.^W

Recent lumbar puncture.^W

On repeated measurements, systolic blood pressure greater than 185 mm Hg or diastolic blood pressure greater than 110 mm Hg at the time treatment is to begin, and patient requires aggressive treatment to reduce blood pressure to within these limits.^C

History of intracranial hemorrhage.^C

Abnormal blood glucose (< 50 or > 400 mg/dL).^W

Post myocardial infarction pericarditis.^W

Patient was observed to have seizure at the same time the onset of stroke symptoms were observed.^W

Known arteriovenous malformation, or aneurysm.^C

Age > 80 (w)

Prior Stroke **and** Diabetes (w)

Any anticoagulant use prior to admission (even if INR < 1.7) (w)

NIHSS > 25 (w)

Resources: Brain Attack Coalition, American College of Emergency Physicians, Medscape

Threshold:

85%

Name of Measure:

Antithrombotic Therapy

Primary Stroke Center Quality and Performance Measures

Measure Type:	Intervention
Numerator / Denominator:	# of Patients received 1st dose antithrombotic within 48 hrs hospital arrival / Total # eligible patients
Inclusion / Exclusion Criteria:	<p>Denominator Inclusion: All eligible patients presenting with acute ischemic stroke symptoms</p> <p>Numerator Inclusion: All eligible patients who received the 1st dose of antithrombotic with 48 hours of presentation to the hospital.</p> <p>Exclusions: Patients who left Against Medical Advice Patients transferred to another facility Patients with contraindications to antithrombotic therapy. Patients under the age of 18</p>
Data Source:	ED log chief complaints; ED recorded time of patient presentation, ED recorded time of stroke team arrival, discharge diagnoses, documented onset of symptomology of inpatients; neuro-imaging results; documentation of contraindications to administration (if applicable); documented time of administration of 1st dose of antithrombotic
Definitions:	<p>Eligible Patients - Those patients age 18 & older for which antithrombotic therapy is deemed to be indicated.</p> <p>Antithrombotic Therapy - group of medications which would include anti-platelets and anticoagulants</p>
Threshold:	85%
Name of Measure:	Antithrombotic Therapy @ Discharge
Measure Type:	Intervention

Primary Stroke Center Quality and Performance Measures

Numerator / Denominator:	# of patients given prescription for antithrombotic at time of discharge / # patients eligible for antithrombotic therapy @ discharge
Inclusion / Exclusion Criteria:	<p>Denominator Inclusion: All eligible patients presenting with acute ischemic stroke symptoms</p> <p>Numerator Inclusion: All eligible patients who received prescription for antithrombotic at time of discharge</p> <p>Exclusions: Patients who left Against Medical Advice Patients transferred to another facility Patients with contraindications to antithrombotic therapy. Patients under the age of 18</p>
Data Source:	ED log chief complaints; ED recorded time of patient presentation, ED recorded time of stroke team arrival, discharge diagnoses, documented onset of symptomology of inpatients; neuro-imaging results; documentation of contraindications to administration (if applicable); documentation that prescription for antithrombotic given at discharge
Definitions:	<p>Eligible Patients - Those patients age 18 & older with an acute ischemic stroke or TIA diagnosis for which antithrombotic therapy is deemed to be indicated.</p> <p>Antithrombotic Therapy - group of medications which would include anti-platelets and anticoagulants</p> <p>TIA - Transient Ischemic Attack</p>
Threshold:	85%
Name of Measure:	Anticoagulant Therapy @ Discharge
Measure Type:	Intervention

Primary Stroke Center Quality and Performance Measures

Numerator / Denominator:	# of eligible patients with atrial fibrillation given prescription for anticoagulant at time of discharge / # patients eligible for anticoagulant therapy @ discharge
Inclusion / Exclusion Criteria:	<p>Denominator Inclusion: All eligible patients with atrial fibrillation</p> <p>Numerator Inclusion: All eligible patients who received prescription for anticoagulant at time of discharge</p> <p>Exclusions: Patients who left Against Medical Advice Patients transferred to another facility Patients with contraindications to anticoagulant therapy. Patients under the age of 18</p>
Data Source:	ED log chief complaints; ED recorded time of patient presentation, ED recorded time of stroke team arrival, discharge diagnoses, documented onset of symptomology of inpatients; neuro-imaging results; documentation of contraindications to administration (if applicable); documentation that prescription for anticoagulant given at discharge
Definitions:	<p>Eligible Patients - Those patients age 18 & older with an acute ischemic stroke or TIA diagnosis and atrial fibrillation for which anticoagulant therapy is deemed to be indicated.</p> <p>Antithrombotic Therapy - group of medications which would include anti-platelets and anticoagulants</p> <p>TIA - Transient Ischemic Attack</p> <p>Atrial Fibrillation - Clinical diagnosis</p>
Threshold:	85%
Name of Measure:	DVT Prophylaxis
Measure Type:	Intervention

Primary Stroke Center Quality and Performance Measures

Numerator / Denominator:	# of eligible patients received DVT prophylaxis within 48 hrs of hospital arrival / # patients with ischemic stroke determined to be at risk for DVT
Inclusion / Exclusion Criteria:	<p>Denominator Inclusion: All eligible patients determined to be at risk for DVT</p> <p>Numerator Inclusion: All eligible patients who received DVT prophylaxis within 48 hrs of arrival to hospital</p> <p>Exclusions: Patients who left Against Medical Advice Patients transferred to another facility Patients with contraindications to DVT prophylaxis. Patients under the age of 18</p>
Data Source:	ED log chief complaints; ED recorded time of patient presentation, ED recorded time of stroke team arrival, discharge diagnoses, documented onset of symptomology of inpatients; neuro-imaging results; documentation of contraindications to administration (if applicable); documentation that DVT prophylaxis was initiated within 48 hrs of arrival to hospital
Definitions:	<p>Eligible Patients - Those patients age 18 & older with an acute ischemic stroke or TIA diagnosis determined to be at risk for DVT for which prophylaxis is deemed to be indicated.</p> <p>TIA - Transient Ischemic Attack</p> <p>DVT Prophylaxis - treatments given to thwart the development of DVT, to include anticoagulant medications, sequential compression stockings, and early mobilization.</p> <p>DVT - Deep Vein Thrombosis</p>
Threshold:	85%
Name of Measure:	Statin @ Discharge
Measure Type:	Intervention

Primary Stroke Center Quality and Performance Measures

Numerator / Denominator:	# of eligible patients received prescription for statins at discharge / # patients with ischemic stroke or TIA discharged
Inclusion / Exclusion Criteria:	<p>Denominator Inclusion: All discharged patients with ischemic stroke or TIA</p> <p>Numerator Inclusion: All eligible patients who received prescription for statin at the time of discharge.</p> <p>Exclusions: Patients who left Against Medical Advice Patients transferred to another facility Patients with allergies to statin medications Patients under the age of 18</p>
Data Source:	ED log chief complaints; ED recorded time of patient presentation, ED recorded time of stroke team arrival, discharge diagnoses, documented onset of symptomology of inpatients; neuro-imaging results; documentation of contraindications to administration (if applicable); documentation that statin prescription was given at time of discharge
Definitions:	<p>Eligible Patients - Those patients age 18 & older with an acute ischemic stroke or TIA diagnosis</p> <p>TIA - Transient Ischemic Attack</p> <p>Statin - lipid-lowering therapy</p>
Threshold:	85%

Name of Measure:	Smoking Cessation Education
Measure Type:	Education

Primary Stroke Center Quality and Performance Measures

Numerator / Denominator:	# of eligible patients received smoking cessation advice prior to discharge / # patients with ischemic stroke, hemorrhagic stroke or TIA who use tobacco
Inclusion / Exclusion Criteria:	<p>Denominator Inclusion: All discharged patients with ischemic stroke, hemorrhagic stroke or TIA who use tobacco products</p> <p>Numerator Inclusion: All eligible patients who received smoking cessation advice prior to discharge.</p> <p>Exclusions: Patients who left Against Medical Advice Patients transferred to another facility Patients who do not use tobacco Patients under the age of 18</p>
Data Source:	ED log chief complaints; ED recorded time of patient presentation, ED recorded time of stroke team arrival, discharge diagnoses, documented onset of symptomology of inpatients; neuro-imaging results; documentation of contraindications to administration (if applicable); documentation that smoking cessation advice has been provided prior to discharge
Definitions:	<p>Eligible Patients - Those patients age 18 & older with an acute ischemic stroke, hemorrhagic stroke or TIA diagnosis with a history of current tobacco use</p> <p>TIA - Transient Ischemic Attack</p> <p>Tobacco Use - history of smoking cigarettes, cigars and pipes</p>
Threshold:	85%
Name of Measure:	Dysphagia Screening
Measure Type:	Evaluation

Primary Stroke Center Quality and Performance Measures

Numerator / Denominator:	# of eligible patients received dysphagia screen prior to receiving anything by mouth / # patients with acute stroke symptoms who received anything by mouth
Inclusion / Exclusion Criteria:	<p>Denominator Inclusion:</p> <p>All eligible patients who received anything by mouth.</p> <p>Numerator Inclusion:</p> <p>All eligible patients who received dysphagia screen and have received something by mouth.</p> <p>Exclusions:</p> <p>Patients who left AMA Patients transferred to another facility Patients who did not receive anything by mouth. Patients under the age of 18</p>
Data Source:	ED log chief complaints; ED recorded time of patient presentation, ED recorded time of stroke team arrival, discharge diagnoses, documented onset of symptomology of inpatients; neuro-imaging results; documentation that dysphagia screen completed prior to taking anything by mouth
Definitions:	<p>Eligible Patients - Those patients age 18 & older with acute stroke symptoms</p> <p>TIA - Transient Ischemic Attack</p> <p>Dysphagia Screen - simple, valid bedside testing protocol (may be performed by RN)</p>
Threshold:	85%

Name of Measure:	Physical Rehabilitation Evaluation
Measure Type:	Evaluation
Numerator / Denominator:	

Primary Stroke Center Quality and Performance Measures

	# of eligible patients receiving initial physical rehab eval within 48 hrs of hospital arrival / # patients with ischemic or hemorrhagic stroke
Inclusion / Exclusion Criteria:	<p>Denominator Inclusion: All eligible patients</p> <p>Numerator Inclusion: All eligible patients who received initial physical rehabilitation evaluation within 48 hrs</p> <p>Exclusions: Patients who left AMA Patients transferred to another facility Diagnosis of TIA Patients under the age of 18</p>
Data Source:	ED log chief complaints; ED recorded time of patient presentation, ED recorded time of stroke team arrival, discharge diagnoses, documented onset of symptomology of inpatients; neuro-imaging results; documentation that initial physical rehab evaluation completed within 48 hrs
Definitions:	<p>Eligible Patients - Those patients age 18 & older with acute ischemic or hemorrhagic stroke Initial Physical Rehab - PT, OT, ST TIA - Transient Ischemic Attack</p>
Threshold:	85%

Name of Measure:	Discharge Physical Rehabilitation Referral
Measure Type:	Plan
Numerator / Denominator:	

Primary Stroke Center Quality and Performance Measures

	# of eligible patients receiving appropriate physical rehab referral prior to discharge / # discharge patients with ischemic or hemorrhagic stroke
Inclusion / Exclusion Criteria:	<p>Denominator Inclusion:</p> <p>All eligible patients discharged</p> <p>Numerator Inclusion:</p> <p>All eligible patients who received physical rehabilitation referral prior to discharge</p> <p>Exclusions:</p> <p>Patients who left AMA Patients transferred to another facility Diagnosis of TIA Patients under the age of 18</p>
Data Source:	ED log chief complaints; ED recorded time of patient presentation, ED recorded time of stroke team arrival, discharge diagnoses, documented onset of symptomology of inpatients; neuro-imaging results; documentation that physical rehab referral completed prior to discharge
Definitions:	<p>Eligible Patients - Those patients age 18 & older with acute ischemic or hemorrhagic stroke discharged from the hospital</p> <p>Initial Physical Rehab - PT, OT, ST</p> <p>TIA - Transient Ischemic Attack</p> <p>Physical Rehab Referral - PT, OT, ST - to continue post discharge as needed</p>
Threshold:	85%