

	COUNTY OF SACRAMENTO EMERGENCY MEDICAL SERVICES AGENCY	Document #	2528.01
	<u>PROGRAM DOCUMENT:</u> Stroke System Data Elements	Initial Date:	01/13/19
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Signature on File

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 EMS Medical Director

 EMS Administrator

Purpose:

- A. To standardize data elements collected from designated Stroke Centers and EMS providers to monitor, review, evaluate, and improve the delivery of prehospital advanced life support and hospital stroke care services.

Authority:

- A. California Health and Safety Code, Division 2.5
- B. California Code of Regulations, Title 22, Division 9

Definitons:

- A. **SCEMSA:** Sacramento County Emergency Medical Services Agency
- B. **Primary Stroke Center (PSC):** A hospital that stabilizes and treats acute stroke patients, providing initial acute care, and may transfer to one or more higher level of care centers when clinically warranted. Primary Stroke Centers must be accredited as such by The Joint Commission and be designated by the SCEMSA.
- C. **Thrombectomy Capable Stroke Center (TCSC):** A primary stroke center with the ability to perform mechanical thrombectomy for the ischemic stroke patient. Thrombectomy Capable Stroke Centers must be accredited as such by The Joint Commission and be designated by the SCEMSA.
- D. **Comprehensive Stroke Center (CSC):** A hospital with specific abilities to receive and treat the most complex stroke cases and provide the highest level of care for stroke patients. Comprehensive Stroke Centers must be accredited as such by The Joint Commission and be designated by the SCEMSA.

Policy:

- A. Sacramento County EMS Agency has a standardized data collection and reporting process for the Sacramento County Stroke Critical Care System.
 - 1. Data collection for both prehospital and hospital Stroke patients is determined by SCEMSA.
 - a) Prehospital Stroke patient care elements selected by SCEMSA are compliant with the most current version of the California EMS Information Systems (CEMSIS) database, and the National EMS Information System (NEMSIS).

- b) Hospital Stroke patient care data elements selected by SCEMSA are compliant with the most current version of U.S. Centers for Disease Control and Prevention, Paul Coverdell National Acute Stroke Program Resource Guide.
- B. All prehospital agencies and hospitals that receive Stroke patients shall participate in the SCEMSA data collection process in accordance with SCEMSA policy.
- C. The patient care data elements shall be collected and submitted to SCEMSA on a predetermined monthly schedule. Data elements to be included for monthly submission to the SCEMSA include (but are not limited to) the following:

Pre-hospital (EMS):

1. Agency
2. Response unit
3. ePCR number
4. Name: Last,
5. Name: First
6. Date of Birth
7. Patient Gender
8. Dispatch Date
9. Dispatch Time
10. Arrive on scene time
11. Time at patient side
12. Depart scene time
13. Arrival time at hospital (from prehospital documentation)
14. Time Last Known Well (TLKW) (eSituation.18)
15. Blood Glucose (eVitals.18)
16. Stroke Scale result (eVitals.29)
17. Destination Stroke Team Pre-arrival Activation (eDisposition.24) [Yes/No]
18. Destination Stroke Team Activation Date Time (eDisposition.25) [mm/dd/yyyy hh:mm]
19. Arrival time at Hospital (from hospital documentation)
20. Hospital code

Stroke Centers:

1. Name: Last,
2. Name: First
3. Date of Birth
4. Patient Age
5. Patient Gender
6. Patient Race
7. Mode of Arrival (EMS ground, EMS air, PVT, Law)
8. If arrival by EMS, was there a Pre-hospital stroke alert notification?
9. Time of Pre-hospital Stroke Alert Notification
10. Date Patient Last Known Well per EMS
11. Time Patient Last Known Well per EMS
12. Pre-hospital Stroke Screen Findings per EMS
13. Hospital Arrival Date
14. Hospital Arrival Time
15. NIHSS Score on Hospital Arrival

16. Diagnosis
17. Thrombolytic Y/N
18. Time of Thrombolytic Administration
19. LVO Stroke Y/N
20. Endovascular Stroke Care Y/N
21. Skin / Groin Puncture Time
22. Discharge disposition (home, SNF, higher level of care, etc)

Additional Data Elements for patients who were INTER-FACILITY Transfers:

23. Was this patient transferred to your facility from another acute care hospital? Y/N
24. Sending Facility Name
25. Sending Facility Departure Time