Disease-Specific Care Certification Programs Abstraction Worksheets

Discharge Dates: January 1, 2017 through December 31, 2017
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**Acknowledgement:** Quantros’ abstraction manual content is derived from The Joint Commission’s National Quality Measures (2016B1). The abstraction content is used Quantros with permission from The Joint Commission.
Introduction

Quantros has developed a web-based data collection tool to capture abstracted data for participation in The Joint Commission’s Advanced Certification initiatives. It is an on-line data entry form with built in skip logic to minimize the number of data elements required per patient as well as a comprehensive help system to answer any questions related to the abstracted elements.

This abstraction manual is a companion to the on-line data collection tool and intended to be a guide. There may be slight differences between this manual and the on-line tool in order to accommodate the skip logic in the tool. The abstraction manual pertains to the following advanced certification measure set:

- Advanced Certification for Heart Failure (ACHF)
- Comprehensive Stroke (CSTK)
- Stroke (STK)

Performance Measurement and Improvement for Disease-Specific Care Certification Programs

The standards for Performance Measurement and Improvement focus on four key areas:

- Creating an organized comprehensive approach to performance improvement
- Utilizing comparative data to evaluate program processes and patient outcomes
- Evaluating participants’ perception of care quality, and
- Maintaining data quality and integrity

The performance measurement requirements for Disease-Specific Care (DSC) Certification programs comprise two stages:

**Stage I – Non-Standardized Measures**: DSC certification programs and services are required to collect and analyze data on 4 or more performance measures. At least 2 of the 4 should be clinical measures related to or identified in clinical practice guidelines for that program or service. Measures selected by the program or service should be evidence-based, relevant, valid and reliable. The Joint Commission is not prescriptive during Stage I regarding the specific measures that are implemented; the emphasis is on the use of performance measures for improving care.

**Stage II – Standardized Measures**: Standardized performance measures have precisely defined specifications, standardized data collection protocols, meet established evaluation criteria and can be uniformly adopted for use. Standardized sets of measures are identified and specified by The Joint Commission and external performance measurement experts. When available, standardized measures replace non-standardized measures and are uniformly adopted by all certified programs, as well as programs seeking initial certification. Standardized performance measures are currently available for the
following advanced certification programs: Advanced Certification for Heart Failure, Comprehensive Stroke Certification, and Primary Stroke Center Certification.

Performance Measurement Requirements for DSC Certification
The standards require the DSC program to demonstrate that it:

- Routinely applies the cycle for performance improvement to identify and address improvement opportunities
- Implements a plan for improvement and graphically depicts measurement results over time to demonstrate improvement in the measured areas
- Reports data to The Joint Commission
- Reviews the effectiveness of the interventions implemented in response to improvement opportunities identified by the measurement activity
- Specific performance measurement requirements for all certified programs include:
  - Collection of monthly data points for both standardized and non-standardized measures
  - Prior to initial certification, collection of a minimum of 4 months of performance measure data for each standardized and/or non-standardized measure submitted at the time of application
  - Utilization of the Certification Measure Information Process (CMIP) available through The Joint Commission Connect™ to electronically report data to The Joint Commission
    - Submission of non-standardized measure data required prior to the time of the intra-cycle review and recertification
  - Core measure data submission for certification purposes using CMIP or through a core measure vendor selected by the organization (NOTE: The same vendor must be used if the core measure set is used by the organization to meet both certification and hospital accreditation performance measure requirements).
    - Quarterly submission of monthly data points required for standardized measure data
  - Completion of Performance Measure Data Report questions in CMIP for each measure collected prior to intra-cycle review and recertification*

*Source: The Joint Commission website
## Hospital Measure List

<table>
<thead>
<tr>
<th>Measure ID</th>
<th>Measure Name</th>
<th>TJC ID</th>
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<tbody>
<tr>
<td><strong>Advanced Certification for Heart Failure</strong></td>
<td></td>
<td></td>
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<tr>
<td>ACHF-01</td>
<td>Beta-Blocker Therapy for LVSD Prescribed at Discharge</td>
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<tr>
<td>ACHF-02</td>
<td>Post-Discharge Appointment for Heart Failure Patients</td>
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<td>ACHF-03</td>
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<tr>
<td>ACHF-04</td>
<td>Discussion of Advance Directives/Advance Care Planning</td>
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<tr>
<td>ACHF-05</td>
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<td>ACHF-06</td>
<td>Post-Discharge Evaluation for Heart Failure Patients</td>
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<td><strong>Comprehensive Stroke</strong></td>
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<td>CSTK-01</td>
<td>National Institutes of Health Stroke Scale (NIHSS) Performed for Ischemic Stroke Patients</td>
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<tr>
<td>CSTK-02</td>
<td>Modified Rankin Score (mRS) at 90 Days</td>
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<tr>
<td>CSTK-03</td>
<td>Severity Measurement Performed for SAH and ICH Patients</td>
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<td>CSTK-04</td>
<td>Procoagulant Reversal Agent Initiation for Intracerebral Hemorrhage (ICH)</td>
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<td>CSTK-05</td>
<td>Hemorrhagic Transformation</td>
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<td>CSTK-06</td>
<td>Nimodipine Treatment Administered</td>
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<td>CSTK-07</td>
<td>Median Time to Revascularization - Suspended</td>
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<td>CSTK-08</td>
<td>Thrombolysis in Cerebral Infarction (TICI) Post-Treatment Reperfusion Grade</td>
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<td>CSTK-09</td>
<td>Arrival Time to Skin Puncture</td>
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<td><strong>Stroke</strong></td>
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<td>STK-1</td>
<td>Stroke Patients with Deep Vein Thrombosis (DVT) Prophylaxis</td>
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<td>STK-2</td>
<td>Discharged on Antithrombotic Therapy</td>
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<td>STK-3</td>
<td>Anticoagulation Therapy for Atrial Fibrillation/Flutter</td>
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<td>STK-4</td>
<td>Thrombolytic Therapy</td>
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<td>STK-5</td>
<td>Antithrombotic Therapy by End of Hospital Day Two</td>
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<td>Discharged on Statin Medication</td>
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<td>STK-8</td>
<td>Stroke Education</td>
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<tr>
<td>STK-10</td>
<td>Assessed for Rehabilitation</td>
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**Calendar of Events**

The following provides you with deadlines applicable to The Joint Commission Certification program for 2017 data.

<table>
<thead>
<tr>
<th>Q1 2017</th>
<th>UB-04 Data due to Quantros</th>
<th>Pt. Discharge List Available in Data Collection Tool</th>
<th>Data Collection Tool Lock Date</th>
<th>Joint Commission Deadline</th>
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<tr>
<td>February</td>
<td>April 17, 2017</td>
<td>April 21, 2017</td>
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<tr>
<td>March</td>
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<td>Q2 2017</td>
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<td>September 29, 2017</td>
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<td>June 15, 2017</td>
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<tr>
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<td>June</td>
<td>August 15, 2017</td>
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<td>Q3 2017</td>
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<td>January 2, 2018*</td>
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<td>July</td>
<td>September 15, 2017</td>
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<td>August</td>
<td>October 16, 2017</td>
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<tr>
<td>September</td>
<td>November 15, 2017</td>
<td>November 21, 2017</td>
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<td>March 30, 2018</td>
<td>April 30, 2018</td>
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<td>October</td>
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<td>November</td>
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<tr>
<td>December</td>
<td>February 15, 2018</td>
<td>February 21, 2018</td>
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</tbody>
</table>

*Quantros’ offices will be closed December 22, 2017 through January 2, 2018.*
Abstraction Worksheets: Advanced Certification Heart Failure (ACHF)

Patient Control Number: __________________________ Medical Record Number: ________________

Patient Name: _________________________________ Encounter Date: _______________________

DOB: _________________________________ Discharge Disposition: _______________________

Race: ________________________________ Hispanic Ethnicity: _______________________

Payment Source: ________________________________ Patient HIC#: _______________________

ICD-10 Principal Diagnosis Code: _______________ ICD-10 Other Diagnosis Code: _______________

1. During this hospital stay, was the patient enrolled in a clinical trial in which patients with the same condition as the measure set were being studied? Y N

2. What was the patient’s discharge disposition on the day of discharge?

1 = Home  
2 = Hospice - Home  
3 = Hospice – Health Care Facility  
4 = Acute Care Facility  
5 = Other Health Care Facility  
6 = Expired  
7 = Left Against Medical Advice/AMA  
8 = Not Documented or Unable to Determine (UTD)
Abstraction Worksheets: Advanced Certification Heart Failure (ACHF)

3. When is the earliest physician/APN/PA documentation of comfort measures only?
   1 = Day 0 or 1
   2 = Day 2 or after
   3 = Timing Unclear
   4 = Not Documented/UTD

4. Is the left ventricular systolic function (LVSF) documented as an ejection fraction (EF) less than 40% or a narrative description consistent with moderate or severe systolic dysfunction?  
   Y   N

5. Was bisoprolol, carvedilol, or sustained-release metoprolol succinate prescribed for LVSD at discharge?  
   Y   N

6. Is there documentation of a reason for not prescribing bisoprolol, carvedilol, or sustained-release metoprolol succinate at discharge?  
   Y   N

7. Was a follow-up appointment for an office or home health visit for management of heart failure scheduled within 7 days post-discharge and documented including location, date, and time?  
   Y   N

8. Is there documentation by a physician/APN/PA in the medical record of a reason for not scheduling a post-discharge appointment within 7 days?  
   Y   N

9. Is there documentation in the medical record of a care transition record which includes the discharge medications, dosage and indication for use of that no medications were prescribed at discharge?  
   Y   N

10. Is there documentation in the medical record of the care transition record which includes follow-up treatment and services needed?  
    Y   N

11. Is there documentation in the medical record of a care transition record which includes procedures performed during hospitalization?  
    Y   N
**Abstraction Worksheets: Advanced Certification Heart Failure (ACHF)**

12. Is there documentation in the medical record of a care transition record which includes the reason for hospitalization?  
   - Y  
   - N

13. Is there documentation in the medical record of a care transition record which includes treatments and services provided during the hospitalization?  
   - Y  
   - N

14. Was a care transition record transmitted to the next level of care provider no later than the seventh post discharge day?  
   - Y  
   - N

15. Was documentation present in the medical record of a one-time discussion of advance directives/advance care planning with a healthcare provider?  
   - Y  
   - N

16. Was documentation present in the medical record that the patient has an advance directive?  
   - Y  
   - N

17. Was there documentation that the post-discharge evaluation was conducted with the patient and/or caregiver(s) within 72 hours following hospital discharge.  
   - Y  
   - N

**Custom Fields**

User Field 1: ____________________________________________________

User Field 2: ____________________________________________________

User Field 3: ____________________________________________________

User Field 4: ____________________________________________________

User Field 5: ____________________________________________________
**Abstraction Worksheets: Comprehensive Stroke (CSTK)**

Patient Control Number: ______________________ Medical Record Number: ________________

Patient Name: ______________________________ Encounter Date: ______________________

DOB: ______________________________ Discharge Disposition: ______________________

Race: ______________________________ Hispanic Ethnicity: ______________________

Payment Source: ________________________ Patient HIC#: ______________________

ICD-10 Principal Diagnosis Code: __________ ICD-10 Other Diagnosis Code: __________

1. Was the patient an **ED patient** at the facility? Y N

2. Was the patient a **direct admission** to the hospital? Y N

3. When is the earliest physician/APN/PA documentation of **comfort measures only**?
   
   1 = Day 0 or 1
   
   2 = Day 2 or after
   
   3 = Timing Unclear
   
   4 = Not Documented/UTD

4. Was this admission for the sole purpose of performance of an **elective carotid intervention**? Y N

5. Is there documentation that an **initial NIHSS score was done at this hospital**? Y N

6. What is the **date that the NIHSS score was first performed at this hospital**? _____UTD

7. What is the **time for which the NIHSS score was first performed at this hospital**? _____UTD

8. What is the **earliest procedure date that a thrombolytic agent or mechanical endovascular reperfusion was performed**? _____UTD
Abstraction Worksheets: Comprehensive Stroke (CSTK)

9. What is the earliest procedure time that a thrombolytic agent or mechanical endovascular reperfusion was performed? _____ UTD

10. What is the time the patient was discharged from acute care, left AMA, or expired? _____ UTD

11. What was the earliest documented date the patient arrived at the hospital? _____ UTD

12. What was the earliest documented time the patient arrived at the hospital? _____ UTD

13. What was the patient’s discharge disposition on the day of discharge?

1 = Home
2 = Hospice - Home
3 = Hospice – Health Care Facility
4 = Acute Care Facility
5 = Other Health Care Facility
6 = Expired
7 = Left Against Medical Advice/AMA
8 = Not Documented or Unable to Determine (UTD)
**Abstraction Worksheets: Comprehensive Stroke (CSTK)**

14. What is the patient’s Modified Rankin Score (mRS) at 90 days post discharge?

0 = The patient has no residual symptoms.

1 = The patient has no significant disability; able to carry out all pre-stroke activities.

2 = The patient has slight disability; unable to carry out all pre-stroke activities but able to look after self without daily help.

3 = The patient has moderate disability; requiring some external help but able to walk without the assistance of another individual.

4 = The patient has moderately severe disability; unable to walk or attend to bodily functions without assistance of another individual.

5 = The patient has severe disability; bedridden, incontinent, requires continuous care.

6 = The patient has expired (during the hospital stay or after discharge from the hospital).

7 = Unable to contact patient/caregiver.

8 = Modified Rankin Score not performed, OR unable to determine (UTD) from the medical record documentation.

15. What is the date that the Modified Rankin Score (mRS) was obtained post-discharge? _____ UTD

16. Was an initial Hunt and Hess scale done at this hospital? Y N

17. What is the date that the Hunt and Hess scale was first performed at this hospital? _____ UTD

18. What is the time for which the Hunt and Hess scale was first performed at this hospital? _____ UTD

19. Was an initial ICH score done at this hospital? Y N

20. What is the date that the ICH score was first performed at this hospital? _____ UTD

21. What is the time for which the ICH score was first performed at this hospital? _____ UTD

22. What is the earliest procedure date that an aneurysm repair or surgical intervention was performed? _____ UTD
Abstraction Worksheets: Comprehensive Stroke (CSTK)

23. What is the earliest procedure time that an aneurysm repair or surgical intervention was performed? _____UTD

24. Is there documentation in the medical record that the INR value performed closest to hospital arrival was greater than 1.4? Y  N

25. During this hospital stay, was the patient enrolled in a clinical trial in which patients with the same clinical condition as the measure set were being studied? Y  N

26. What was the ICD-10-CM diagnosis code selected as the admitting diagnosis for this record? _____UTD

27. Is there documentation that a procoagulant reversal agent was initiated at this hospital? Y  N

28. Is there documentation by a physician/APN/PA or pharmacist in the medical record of a reason for not administering a procoagulant reversal agent? Y  N

29. Is there documentation that the route of thrombolytic (t-PA) administration was intra-arterial (IA)? Y  N

30. What is the date associated with the time that IA t-PA or MER was initiated at this hospital? _____UTD

31. What was the time of IA t-PA or MER initiation? _____UTD

32. Was there a positive finding on brain imaging of parenchymal hematoma, subarachnoid hemorrhage, and/or interventricular hemorrhage following IV or IA thrombolytic (t-PA) therapy, or mechanical endovascular reperfusion therapy initiation? Y  N

33. What was the date of the positive brain image finding? _____UTD

34. What was the time of the positive brain image? _____UTD

35. What is the last NIHSS score documented prior to initiation of IA t-PA or MER at this hospital? _____UTD

36. What is the highest NIHSS score documented within 36 hours following IA t-PA or MER initiation? _____UTD
Abstraction Worksheets: Comprehensive Stroke (CSTK)

37. What is the date that IV thrombolytic therapy was initiated for this patient at this hospital? _____ UTD

38. What was the time of initiation for IV thrombolytic therapy? _____ UTD

39. What is the last NIHSS score documented prior to initiation of IV thrombolytic therapy at this hospital? _____ UTD

40. What is the highest NIHSS score documented within 36 hours following IA t-PA or MER initiation? _____ UTD

41. Is there documentation that Nimodipine was administered at this hospital? Y N

42. What is the date that Nimodipine was first administered to this patient at this hospital? _____ UTD

43. What is the time of Nimodipine administration for this patient at this hospital? _____ UTD

44. Is there documentation by a physician/APN/PA or pharmacist in the medical record of a reason for not administering Nimodipine treatment? Y N

45. Is there documentation in the medical record of the first pass of a mechanical reperfusion device to remove a clot occluding a cerebral artery at this hospital? Y N

46. What is the date associated with the time of the first pass of a clot retrieval device at this hospital? _____ UTD

47. What is the time of the first pass of a clot retrieval device at this hospital? _____ UTD

48. Is there documentation that IA thrombolytic therapy was initiated at this hospital? Y N

49. What is the date associated with the time that IA thrombolytic therapy was initiated for this patient at this hospital? _____ UTD

50. What was the time of initiation for IA thrombolytic therapy? _____ UTD
**Abstraction Worksheets: Comprehensive Stroke (CSTK)**

51. Is there a documented TICI reperfusion grade post-treatment?
   
   1 = A TICI reperfusion grade greater than or equal to 2B was documented post-treatment
   
   2 = A TICI reperfusion grade less than 2B was documented post-treatment
   
   3 = A TICI reperfusion grade was not done post-treatment, or UTD

52. Did the patient receive intravenous (IV) thrombolytic (t-PA) therapy at this hospital or a transferring hospital prior to receiving intra-arterial (IA) thrombolytic therapy or mechanical reperfusion therapy at this hospital? Y N

53. What is the first blood glucose value obtained prior to or after hospital arrival? ______ UTD

54. What is the first blood pressure obtained prior to or after hospital arrival? ______ UTD

55. What is the first NIHSS score obtained prior to or after hospital arrival? ______ UTD

56. What is the first platelet count obtained prior to or after hospital arrival? ______ UTD

57. What is the location of the clot in the cerebral circulation?
   
   1 = Proximal cerebral occlusion
   
   2 = Distal cerebral occlusion
   
   3 = Neither proximal or distal or UTD from medical record documentation
Abstraction Worksheets: Comprehensive Stroke (CSTK)

58. What cerebral artery is occluded?

1 = Anterior cerebral artery (ACA)
2 = A1 ACA
3 = Anterior communicating artery
4 = Internal carotid artery (ICA)
5 = ICA terminus (T-lesion; T-occlusion)
6 = Middle cerebral artery (MCA)
7 = M1 MCA
8 = M2 MCA
9 = M3/M4 MCA
10 = Vertebral artery (VA)
11 = Basilar artery (BA)
12 = Posterior communicating artery (PCA)
13 = Other cerebral artery branch/segment
14 = The clinical location of the primary occluded vessel was not documented or UTD
Abstraction Worksheets: Comprehensive Stroke (CSTK)

59. Is there documentation in the medical record that the first endovascular treatment procedure was initiated greater than 24 hours after arrival at this hospital?  
   Y  N

60. Is there documentation of skin puncture at this hospital to access the arterial site selected for endovascular treatment of a cerebral artery occlusion?  
   Y  N

61. What is the date associated with the time of skin puncture at this hospital to access the arterial site selected for endovascular treatment of a cerebral artery occlusion?  
   _____ UTD

62. What is the time of skin puncture at this hospital to access the arterial site selected for endovascular treatment of a cerebral artery occlusion?  
   _____ UTD

Custom Fields

User Field 1: ____________________________________________

User Field 2: ____________________________________________

User Field 3: ____________________________________________

User Field 4: ____________________________________________

User Field 5: ____________________________________________
Abstraction Worksheets: Stroke (STK)

Patient Control Number: __________________________ Medical Record Number: __________________

Patient Name: ___________________________ Encounter Date: __________________

DOB: ___________________________ Discharge Disposition: __________________

Race: ___________________________ Hispanic Ethnicity: __________________

Payment Source: ___________________________ Patient HIC#: __________________

ICD-10 Principal Diagnosis Code: _______________ ICD-10 Other Diagnosis Code: _______________

1. When is the earliest physician/APN/PA documentation of comfort measures only?

   1 = Day 0 or 1
   2 = Day 2 or after
   3 = Timing unclear
   4 = Not Documented/UTD

2. During this hospital stay, was the patient enrolled in a clinical trial in which patients with the same condition as the measure set were being studied (i.e. STK, VTE)?

   Y      N

3. Was this admission for the sole purpose of performance of an elective carotid intervention?

   Y      N
Abstraction Worksheets: Stroke (STK)

4. What type of VTE Prophylaxis was documented in the medical record?

1 = Low dose unfractionated heparin (LDUH)
2 = Low molecular weight heparin (LMWH)
3 = Intermittent pneumatic compression devices (IPC)
5 = Factor Xa Inhibitor
6 = Warfarin
7 = Venous foot pumps (VFP)
8 = Oral Factor Xa Inhibitor
A = None of the above or not documented or UTD

5. Is there physician/APN/PA or pharmacist documentation why Oral Factor Xa Inhibitor was administered for VTE prophylaxis? Y N

6. Is there physician/APN/PA or pharmacist documentation why VTE prophylaxis was not administered at hospital admission? Y N

7. What date was the VTE prophylaxis administered after hospital admission? _____ UTD
Abstraction Worksheets: Stroke (STK)

8. What was the patient’s discharge disposition on the day of discharge?  
   1 = Home  
   2 = Hospice - Home  
   3 = Hospice - Health Care Facility  
   4 = Acute Care Facility  
   5 = Other Health Care Facility  
   6 = Expired  
   7 = Left Against Medical Advice/AMA  
   8 = Not Documented or UTD

9. Was antithrombotic therapy prescribed at hospital discharge?  
   Y   N

10. Is there documentation by a physician/advanced practice nurse/physician assistant (physician/APN/PA) or pharmacist in the medical record of a reason for not prescribing antithrombotic therapy at hospital discharge?  
    Y   N

11. Was there physician/APN/PA documentation of a diagnosis, signed ECG tracing, or history of ANY atrial fibrillation/flutter in the medical record?  
    Y   N

12. Was anticoagulation therapy prescribed at hospital discharge?  
    Y   N

13. Is there documentation by a physician/advanced practice nurse/physician assistant (physician/APN/PA) or pharmacist in the medical record of a reason for not prescribing anticoagulation therapy at hospital discharge?  
    Y   N

14. Was the patient an ED patient at the facility?  
    Y   N

15. What was the earliest documented date the patient arrived at the hospital?  
    _____ UTD

16. The earliest documented time (military time) the patient arrived at the hospital.  
    _____ UTD
**Abstraction Worksheets: Stroke (STK)**

17. Is there documentation that the date and time of last known well was witnessed or reported? Y N

18. What was the date associated with the time at which the patient was last known to be well or at his or her baseline state of health? 

19. At what time was the patient last known to be well or at his or her prior baseline state of health? 

20. Is there documentation that IV thrombolytic therapy was initiated at this hospital? Y N

21. Is there documentation on the day of or the day after hospital arrival of a reason for not initiating IV thrombolytic? Y N

22. What is the date that IV thrombolytic therapy was initiated for this patient at this hospital? 

23. What was the time of initiation for IV thrombolytic therapy? 

24. Is there documentation on the day of or the day after hospital arrival of a reason for extending the initiation of IV thrombolytic to 3 to 4.5 hours of Time Last Known Well? Y N

25. Did the patient receive IV or IA thrombolytic (t-PA) therapy at this hospital or within 24 hours prior to arrival? Y N

26. Was antithrombotic therapy administered by the end of hospital day 2? Y N

27. Is there documentation by a physician/advanced practice nurse/physician assistant (physician/APN/PA) or pharmacist in the medical record of a reason for not administering antithrombotic therapy by end of hospital day 2? Y N

28. Was a statin medication prescribed at discharge? Y N

29. Is there documentation of a reason for not prescribing a statin medication at discharge? Y N
Abstraction Worksheets: Stroke (STK)

Did the **WRITTEN discharge instructions** or other documentation of educational material given to the patient/caregiver address:

30. **Emergency Medical System?**
   - Y
   - N

31. **Follow-up after Discharge?**
   - Y
   - N

32. **Medications**
   - Y
   - N

33. **Risk Factors**
   - Y
   - N

34. **Warning Signs/Symptoms**
   - Y
   - N

35. Was the patient assessed for and/or did the patient receive rehabilitation services during this hospitalization?
   - Y
   - N

**Custom Fields**

User Field 1: _______________________________________________________

User Field 2: _____________________________

User Field 3: _____________________________

User Field 4: _____________________________

User Field 5: _____________________________