	COUNTY OF SACRAMENTO EMERGENCY MEDICAL SERVICES AGENCY	Document #	2528.03
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	Stroke System Data Elements	Last Approval Date:	03/26/24
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EMS Medical Director

EMS Administrator

# Purpose:

A. To standardize data elements collected using Get With The Guidelines-Stroke Registry (GWTG-Stroke Registry) 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

## Definitions:

- A. SCEMSA: Sacramento County Emergency Medical Services Agency
- B. **Primary Stroke Center (PSC):** A hospital, designated by SCEMSA, 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 designated by SCEMSA, 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. SCEMSA 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 required by SCEMSA are compliant with the GWTG-Stroke Registry.

- B. All prehospital agencies and hospitals that receive Stroke patients shall participate in the SCEMSA data collection process in accordance with SCEMSA policy.
- C. SCEMSA will extract the EMS elements from the ICEMA CEMSIS database, and hospitals shall submit their data elements at least quarterly. Hospital data shall be submitted to ImageTrend Patient Registry no later than 90 days following the end of the quarter. 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:
- D. Non-compliance with the data requirements can lead to program suspension.

## **Data Management:**

A. 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

### B. 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

Cross Reference: PD# 2522 – Electronic Health Care Record and Data Policy