

Confidential For Peer Review Purposes Only
HOTRAC Regional Stroke Performance Indicators
(Report by Month of Discharge Date)

Facility: _____ Name of person completing form: _____

MR Number: _____ Admit date: _____ Discharge date: _____ LOS: _____ Patient Age: _____ Male Female

Race/Ethnicity: Caucasian (non-Hispanic) Hispanic African American American Indian Asian Native Pacific Islander

Insured: Yes No Not documented

Mode of Arrival:

Admitting Diagnosis: Ischemic Stroke Intracerebral Hemorrhage Subarachnoid Hemorrhage TIA

Ground: _____

Chief complaint: _____

Air: _____

Past Medical History: _____

POV

Other: _____

STROKE LEVEL (based on last known well):

CODE STROKE - Level A (4.5 hrs)

Stroke Level B (4.5-24 hrs)

Stroke Level C (>24 hrs)

PI FILTER	YES	NO	NA	COMMENTS
1. Did patient arrive via EMS (<input type="checkbox"/> ground or <input type="checkbox"/> air)?				Was Cincinnati Stroke Scale <input type="checkbox"/> completed AND <input type="checkbox"/> reported? Was LVO scale <input type="checkbox"/> completed AND <input type="checkbox"/> reported? Was onset of symptoms <input type="checkbox"/> 0-4.5: hours <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Was NIH Stroke Scale NOT documented?				NIHSS not performed due to: <input type="checkbox"/> Non-stroke admitting diagnosis <input type="checkbox"/> Not documented <input type="checkbox"/> Patient condition <input type="checkbox"/> Other: _____
3. Was time to transfer the CODE STROKE patient greater than 1 hour from referring hospital to appropriate certified stroke facility?				
4. Was the Door to CT time for CODE STROKE greater than 20 mins?				If Code Stroke, delay caused by: <input type="checkbox"/> Process issue <input type="checkbox"/> Patient condition <input type="checkbox"/> Other: _____
5. Was the Door to CT results for CODE STROKE greater than 45mins?				
6. Was the Door to lab results for CODE STROKE greater than 45 mins?				
7. Was patient eligible for IV alteplase (arrived at facility 0-4.5 hours of onset of symptoms)? Check if not documented: <input type="checkbox"/>				IV alteplase administered: 0-4.5 hrs? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, why?
8. Did patient receive endovascular treatment (no matter where it was received)?				If so, where?
9. Was stroke patient transferred outside of TSA M?				If so, where? _____
10. Did patient die?				Death not related to Stroke; why?
11. Disposition?	N/A	N/A		<input type="checkbox"/> Home <input type="checkbox"/> Rehab <input type="checkbox"/> NH / LTAC <input type="checkbox"/> Hospice <input type="checkbox"/> Transfer Out <input type="checkbox"/> Death <input type="checkbox"/> Other: _____
12. Was follow-up/loop closure received on this patient?				If not, which facility?
13. Other issues for review.				

****ALL "YES" RESULTS ARE FALLOUTS AND REQUIRE REVIEW**

Stroke Coordinator signature: _____