

HOTRAC Regional Stroke P/I Summary Report

1st Quarter
Jan-Feb-Mar

2nd Quarter
Apr-May-June

3rd Quarter
Jul-Aug-Sept

4th Quarter
Oct-Nov-Dec

Facility Name: _____ Person Submitting Report: _____

- **Total # of patients (admits, transfers, deaths – 1st & 2nd diagnosis; from discharge date):** _____
Ischemic _____ ICH _____ SAH _____ TIA _____ <18 years old _____
- Total # of patients arriving via: EMS (ground/air): _____ POV/Other: _____ Transfer: _____ UNK: _____
- Total # of stroke patients arriving by EMS w/ onset < 4.5 hours? _____ by POV w/ onset <4.5 hours? _____
- Total # of patients NOT receiving a prehospital stroke screening: _____ Did NOT get LVO scale: _____
- Total # of patients with NIHSS not documented: _____
- How many “Code Stroke” initiated by EMS? _____ AND went straight to CT: _____
- Total # of Level A transfers > 1 hour: _____
- Total # of Level A – Door to CT time > 20 minutes _____ Door to CT results > 45 minutes _____
- Total # of Level A – Door to Lab results > 45 minutes: _____
- **Total # of “Code Stroke” admissions:** _____ **# of Stroke Level B admissions:** _____

Total # of patients eligible for IV alteplase (patients arriving within 0-4.5 hours of onset): _____

Total # received IV alteplase: _____ =or<60 Min? _____ 0 - 4.5 hours? _____

Total # of Exclusions: _____ Total # of “not documented”: _____

Total # of dispositions for alteplase patients: Home _____ Rehab _____ NH/LTAC _____ Hospice _____
Transfers _____ Other _____ Death _____ (Ischemic _____, Hemorrhagic _____, Other _____, Not related _____)

- **Total # of patients receiving endovascular treatment in HOTRAC** _____ **or Transfers** _____
- Total # of patients admitted within 72 hours of ED discharge: _____
- Total # of dispositions: _____
Home _____ Rehab _____ NH/LTAC _____ Hospice _____ **Transfers** _____ Other _____
Deaths _____ (Ischemic _____, Hemorrhagic _____, Other _____)
- Insurance Status: Insured: _____ Not Insured: _____ Not Recorded: _____
- How many stroke patients did not receive follow-up after transfer to higher level of care? _____
- Total # of transfers *outside of TSA M* (please list each case below and give reason): _____