IDAHO TIME-SENSITIVE EMERGENCY REGISTRY – STROKE REPORTING STANDARDS
Version 2024 – 01.1

Applicable to reportable strokes occurring during 2024.

A Publication of the
Idaho Time-Sensitive Emergency Registry

Idaho TSE Registry
Trauma, Stroke, STEMI

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VERSION INFORMATION

Version	Date	Change
2024 – v1.0	2024-01-03	None. Date released.
2024 – v1.1	2024-01-12	Included APPENDIX C: DATA ELEMENTS IN IMAGETREND IMPORT MAPPING and APPENDIX D: IMAGETREND IMPORT TOOL DATA ELEMENT MAPPING VALUES

Updated data item #023. Removed "Requesting the addition of "Not applicable-In house stroke" currently not available but requesting addition from ImageTrend". ImageTrend has made this change and "Not applicable-In house stroke" currently available in drop-down menu. |
| | 2024-01-16 | Changed AHA import template CSV from in-document link to link to TSE Registry website.

Other Cosmetic changes. |

PREFACE

The Idaho "Time-Sensitive Emergency Registry – Stroke Reporting Standards" outlines data reporting and submission standards for reportable strokes, including state inclusion/exclusion criteria, for all facilities in Idaho that participate in the TSE Registry.

The Time-Sensitive Emergency Registry, a program of the Idaho Hospital Association, collects and analyzes data describing incidence, severity, causes and outcomes of reportable traumatic injury, stroke, and ST-elevation myocardial infarction (STEMI) (time-sensitive emergencies). The TSE Registry also collects data elements required to evaluate the health system's response to time-sensitive emergencies. The Idaho Hospital Association is an authorized contractor of the Idaho Department of Health and Welfare for stroke registry in Idaho.

Per Title 57, Chapter 20 of Idaho code, the Time-Sensitive Emergency Registry is also responsible for:
1. Establishing the data elements and data dictionary, including child-specific data elements that hospitals must report, and the time frame and format for reporting by adoption of rules in the manner provided in chapter 52, title 67, Idaho Code; and
2. Supporting, where necessary, data collection and abstraction by providing:
    a. A data collection system and technical assistance to each hospital; and
    b. Funding or, at the discretion of the department, personnel for collection and abstraction for each hospital.

Additional information about Title 57, Chapter 20 may be found here: https://legislature.idaho.gov/statutesrules/idstat/Title57/T57CH20/.

The Idaho Department of Health and Welfare, Bureau of Emergency Medical Services and Preparedness (BEMSP) contracts with, and provides funding to, the Idaho Hospital Association (IHA) to maintain a statewide stroke registry.

SUGGESTED CITATION: Morawski BM, Dzaferovic E. Time-Sensitive Emergency Registry – Stroke Reporting Standards, Version 2024 – 01.1. Boise, ID: Idaho Hospital Association Time-Sensitive Emergency Registry; January 2024.

SUBMISSION GUIDANCE

Idaho code requires that each licensed hospital shall report qualifying instances of stroke to the Time-Sensitive Emergency (TSE) Registry within 180 days of treatment.

However, to improve the timeliness and overall utility of time-sensitive emergency data, the TSE Registry requests that licensed hospitals report qualifying cases of stroke to the TSE Registry **within 90 days of treatment**, i.e., on a quarterly basis. Facilities are responsible for entering all required and appliable data on reportable cases of stroke in ImageTrend. There are two primary mechanisms by which to report stroke data to the TSE Registry in ImageTrend: one at a time (manually) or in bulk using pre-formatted import (uploading). NB: the bulk upload is only available for cases treated/admitted in 2024 and forward.

MANUALLY ENTERING DATA IN IMAGETREND

For reportable stroke cases treated in an Idaho facility in 2024 and forward, facilities should complete information on the "Required Stroke Form (v2024 AHA aligned)" form. For cases treated in an Idaho facility during 2019–2023, facilities should complete information on the "Required Stroke Form (2023 and earlier cases)" form. Data elements for the "Required Stroke Form (v2024 AHA aligned)" are described in the sections below.

UPLOADING STROKE DATA IN IMAGETREND

All information included in the "Manually Entering Data in ImageTrend" section also applies when facilities are bulk uploading cases. In the case of the bulk upload, facilities may use the "Data Exchange" tool in ImageTrend to upload a file that conforms with the "aha_stroke_new_template.csv" format. (See Appendix A for CSV file template.) To use this tool in ImageTrend, facilities should click on "Data Exchange" as pictured below.

They should then select "AHA Stroke – NEW" from the "Import" drop-down menu (pictured below).
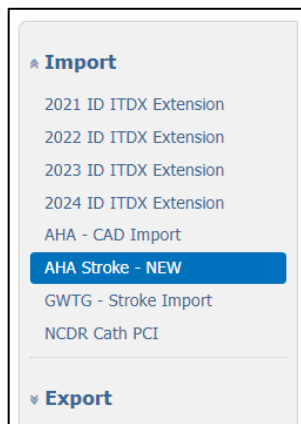
The import screen should be configured to import to the "Required Stroke Form (v2024 AHA aligned); and we recommend that entrants select an email notification preference to alert them when the imported file is finished processing.

For facilities participating in the American Heart Association's Get With The Guidelines program, a "DDR" file may be exported that conforms to the import requirements and nearly satisfies reporting requirements for the Idaho TSE Registry. For hospitals that do not participate in Get With The Guidelines, you may wish to work with your Health Information Management or other appropriate department to generate a CSV from your medical record that conforms with the ImageTrend "AHA Stroke – NEW" import specifications. You do not need to have a Get With The Guidelines license to use the ImageTrend import tool. If you have questions about the stroke import tool, please contact Elmira Dzaferovic at EDzaferovic@teamiha.org and the general TSE Registry mailbox at IdahoTSE@teamiha.org.

SHARING CONFIDENTIAL DATA WITH THE TSE REGISTRY

For any data transfer outside of ImageTrend that includes PHI/PII, files must be shared via secure means. The TSE Registry prefers that data are shared via the TSE Registry's secure email service NeoCertified, but you may also use your facility's secure email service. Please contact IdahoTSE@teamiha.org with any questions about establishing a NeoCertified account. More information regarding NeoCertified can be found at https://neocertified.com/sso/.

INCLUSION/EXCLUSION CRITERIA

Effective 01/01/2024

As part of requirements from the Idaho Department of Health and Welfare, the TSE Registry collects data on two types of stroke or acute stroke care-related events:

1. Data on patients diagnosed with a stroke as described below in the "Stroke Patients Treated in an Idaho Acute Care Facility" box.
   a. These cases are included in data characterizing stroke burden in Idaho, and in TSE Metrics that characterize stroke care in Idaho. (See "Metrics" section below.)

2. Data on patients treated for acute stroke based on clinical presentation that ultimately received another diagnosis, i.e., "stroke mimics," as described below in the "Stroke Mimic Patients Treated in an Idaho Acute Care Facility" box.
   a. These cases are ONLY included in TSE Metrics that characterize stroke care in Idaho. (See "Metrics" section below.)

Stroke Patients Treated in an Idaho Acute Care Facility	
Patient has a final discharge diagnosis of at least one of the following stroke diagnosis codes:*	**ICD-10-CM**
Nontraumatic subarachnoid hemorrhage (SAH)	I60.00–I60.9
Nontraumatic intracerebral hemorrhage	I61.0–I61.9
Nontraumatic intracranial hemorrhage, unspecified	I62.9
Cerebral infarction	I63.00–I63.9
And	
	Was admitted to your facility (includes patients transferred in by ground or air ambulance)
OR	Died
OR	Was transferred out by ground or air ambulance

Stroke Mimic Patients Treated in an Idaho Acute Care Facility	
The patient has received thrombolytics as part of treatment for a presumed acute stroke based on clinical presentation of stroke-like neurologic deficits. However, upon additional diagnostics, clinical findings, discovery of additional medical history unknown at time of treatment, or because the patient has received thrombolytics aborting the stroke/prevented infarction of cerebral tissue, none of the above qualifying stroke ICD-10-CM codes are assigned to the patient.	
And	
Patient medical record documents receipt of thrombolytics. Below we have listed some of the primary thrombolytics codes, but this list may not be exhaustive. **Please consult with your medical coders to identify thrombolytics and/or "stroke mimic" codes that are most appropriate for your facility.**	
	CPT Code
Alteplase recombinant (tPA)	J2997
Tenecteplase injection	J3101
	ICD-10-PCS
Introduction of Other Thrombolytic into Peripheral Vein, Open Approach	3E03017
Introduction of Other Thrombolytic into Peripheral Vein, Percutaneous Approach	3E03317

Introduction of Other Thrombolytic into Central Vein, Open Approach	3E04017
Introduction of Other Thrombolytic into Central Vein, Percutaneous Approach	3E04317
Introduction of Other Thrombolytic into Peripheral Artery, Open Approach	3E05017
Introduction of Other Thrombolytic into Peripheral Artery, Percutaneous Approach	3E05317
Introduction of Other Thrombolytic into Central Artery, Open Approach	3E06017
Introduction of Other Thrombolytic into Central Artery, Percutaneous Approach	3E06317
Introduction of Other Thrombolytic into Coronary Artery, Open Approach	3E07017
Introduction of Other Thrombolytic into Coronary Artery, Percutaneous Approach	3E07317
Introduction of Other Thrombolytic into Heart, Open Approach	3E08017
Introduction of Other Thrombolytic into Heart, Percutaneous Approach	3E08317
	ICD-10-CM
Status post administration of tPA (rtPA) in a different facility within the last 24 hours prior to admission to current facility	Z92.82
And	
	Was admitted to your facility (includes patients transferred in by ground or air ambulance)
OR	Died
OR	Was transferred out by ground or air ambulance

***Patients who meet inclusion criteria and require acute stroke treatment/therapy but for whom stroke is not their primary reason for admission/acute care, i.e., non-reportable stroke primary diagnosis code with secondary reportable stroke diagnosis code(s), are reportable to the TSE Registry.**

As of 8/27/2021, admissions with the following ICD-10-CM codes are no longer reportable:
Nontraumatic subdural hemorrhage***   I62.00 - I62.03
Nontraumatic extradural hemorrhage***   I62.1
Traumatic subarachnoid hemorrhage   S06.6X0A
Traumatic intracranial hemorrhage   S06.360A

However, we recommend that these codes be included in database/medical record queries for the purposes of case finding. Review any cases that are coded as I62.XX or I62.1 to make sure these are not actually reportable strokes that have been miscoded. Facilities may enter encounters with the following ICD-10-CM codes into the state stroke database if desired, but they are not reportable.

Non-STROKE diagnosis code descriptions reported by some facilities (Optional)	ICD-10
Transient cerebral ischemic attack, unspecified (TIA)	G45.9
Patients who are admitted for other clinical conditions and subsequently develop a stroke during their hospitalization are not reportable to the TSE Registry. You may, however, enter and track these patients in ImageTrend if your facility wishes to do so.	In-house strokes, any ICD-10-CM

DESCRIPTION OF TSE REQUIREMENT DESIGNATION VALUES FOR TSE TRAUMA DATA ELEMENTS

The table below describes how data elements or fields are to be reported to the Time-Sensitive Emergency Registry. The reporting requirements for trauma data elements range from "required," i.e., those that must be completed for each reportable stroke event submitted to the Time-Sensitive Emergency Registry, to "optional" elements that are provided in the XML specification only. The "TSE Requirement" is reflected in the "2024 Data Elements Table" and in the "2024 Data Dictionary" in the description of each element. All possible requirements are listed in the **first column** of the table below. The **second column** of the table below describes each "TSE Requirement" designation in detail.

TSE Requirement	Designation Description
Required	Fields that are required to calculate programmatic metrics and to conduct population-level trauma surveillance, including linking patient events across data sources, e.g., linking stroke data reported by a facility with death certificate data. Examples of these fields include patient name, injury date and time and arrival date and time, and patient date of birth.
Conditionally required (or required only if applicable)	Fields that are required to calculate programmatic metrics and to conduct population-level trauma surveillance, including linking patient events across data sources, e.g., linking stroke data from a single stroke event for a patient transferred between facilities, BUT that are only applicable in specific situations. Examples of these fields include facility transfer name, which would only be reported when a patient is transferred in or out of a facility, and thrombolytics given activation date/time, which would only be reported in the event that a patient received thrombolytics.
Optional	Optional fields are elements that are on the State of Idaho's stroke form but are <u>not required</u>. Facilities can complete these fields if they want to provide additional data to the TSE Registry or track these items for their facility.
Calculated	Calculated fields are populated using values provided in other fields, e.g., the field "age" will be calculated from required fields DOB and arrival date if age is not entered manually. Some calculated fields may be overwritten or populated manually, e.g., age when date of birth is unknown or unavailable.
Assigned	Assigned fields are those that are populated by the database or data entry system and cannot be overwritten manually, e.g., date and time of last record update.

2024 DATA ELEMENTS TABLE

Stroke Element Number	ImageTrend Data Element	Element Name	Required Status
001	TR1.9	Last Name	Required
002	TR1.8	First Name	Required
003	TR1.10	Middle Initial	Required
004	N/A	Favorite location	Assigned
005	TR1.19	Country	Assigned
006	TR1.20	Postal code	Required
007	TR1.21	City	Assigned
008	TR1.22	County	Assigned
009	TR1.23	State	Assigned
010	TR1.13	Alternate Residence	Optional
011	TR1.7	Birthdate	Required
012	TR1.15	Sex	Required
013	TR1.16	Race	Required
014	TR1.28	Other Race	Optional
015	SK38.143	Hispanic Ethnicity	Required
016	TR1.12	Age (at date of incident)	Required
017	TR1.14	Age (units)	Conditionally required
018	tr33.1	Referring Facility	Conditionally required
019	SK36.36	Date Stroke discovered	Conditionally required
020	SK36.35	Time Stroke Discovered	Conditionally required
021	TR38.20.1	Last known well date	Conditionally required
022	TR38.20.2	Last Known Well Time	Conditionally required
023	SK38.9	How Patient Arrived at Your Hospital	Required
024	SK38.4	Pre-arrival Stroke Notification	Conditionally required
025	TR18.55	Date Arrived at your Facility	Required
026	TR18.56	Time Arrived at your Facility	Required
027	TR17.30	Direct Admit/Bypassed ED	Required
028	TR17.25	Transferred out of Emergency Department Date	Conditionally required
029	TR17.26	Transferred out of Emergency Department Time	Conditionally required
030	TR17.99	Length of Stay in ED	Conditionally required
031	SK38.5	Not Admitted	Required
032	SK38.7	Reason Not Admitted	Conditionally required
033	SK36.66	Stroke ED Discharge Disposition for Admitted Patients	Conditionally required
034	TR17.59	Destination Determination (under "ED Discharge Disposition")	Optional
035	TR17.61	Hospital Transferred To	Conditionally required
036	TR17.60	Discharge Transport Mode	Conditionally required
037	SK36.57	Level of Stroke Team Activated	Optional
038	SK36.58	Stroke Team Activated Date	Optional
039	SK36.59	Stroke Team Activated Time	Optional

Stroke Element Number	ImageTrend Data Element	Element Name	Required Status
040	TR17.9	Team Member (Under Stroke Team Activation)	Optional
041	TR17.13	Service Type	Optional
042	TR17.10	Date Physician Called	Optional
043	TR17.14	Time Physician Called	Optional
044	TR17.15	Date Physician Arrived	Optional
045	TR17.11	Time Physician Arrived	Optional
046	TR17.12	Timely Arrival	Optional
047	TR17.29	Consulting Services	Optional
048	TR17.32	Consulting Service Type	Optional
049	TR17.33	Consulting Staff	Optional
050	TR17.7	Date Consulting Practitioner Requested	Optional
051	TR17.8	Time Consulting Practitioner Requested	Optional
052	SK38.12	Was NIH Stroke Scale score performed as part of the initial evaluation of the patient?	Required
053	SK38.12.date	Initial NIHSS Score Date	Conditionally required
054	SK38.12.time	Initial NIHSS Score Time	Conditionally required
055	SK38.50	Initial NIH Stroke Scale total score	Conditionally required
056	SK3.81	NIH Stroke Scale Date	Optional
057	SK3.82	NIH Stroke Scale Time	Optional
058	SK3.80	NIH Stroke Scale Score Manual	Optional
059	SK38.68	Date of Brain Imaging	Conditionally required
060	SK38.69	Time of Brain Imaging	Conditionally required
061	TR18.164	Date BI Results Interpreted	Conditionally required
062	TR18.164.1	Time BI Results Interpreted	Conditionally required
063	TR18.165	Was a Target Lesion (Large Vessel Occlusion) Visualized	Conditionally required
064	TR17.ED_Date	Date of Initial Assessment	Conditionally required
065	TR17.ED_Time	Time of Initial Assessment	Conditionally required
066	TR25.33	Admission Date	Conditionally required
067	TR25.47	Admission Time	Conditionally required
068	SK38.210	Hospital Discharge Date	Conditionally required
069	SK38.210.5	Hospital Discharge Time	Conditionally required
070	SK12.14	Stroke Discharge Disposition	Conditionally required
071	SK12.14.1	Other Facility	Optional
072	TR25.36	Date of Death	Optional
073	TR25.36.1	Time of Death	Optional
074	TR25.30	Location of Death	Optional
075	TR25.32	Death Circumstance	Optional
076	TR25.53	Circumstances of Death	Optional
077	TR25.29	Organ Donation	Optional
078	TR25.37	Autopsy Performed	Optional
079	TR25.28	Advanced Directive Details	Optional
080	SK36.71	Was TPA Drug Administered?	Required
081	SK36.72	Date Thrombolytics	Conditionally required

Stroke Element Number	ImageTrend Data Element	Element Name	Required Status
		Administered	
082	SK36.73	Time Thrombolytics Administered	Conditionally required
083	SK36.97	Thrombolytic Used	Conditionally required
084	SK36.29	In Hospital IA catheter-based reperfusion Date:	Conditionally required
085	SK36.30	In Hospital IA catheter-based reperfusion time:	Conditionally required
086	SK8.1.1	Reason thrombolytics not given	Conditionally required
087	SK38.238	Exclusion Criteria (contraindications) 0-3 hr. treatment window	Conditionally required
088	SK38.241	Relative Exclusion Criteria (Warnings) 0-3 hr. treatment window	Conditionally required
089	SK15.1	Door to Needle	Calculated
090	SK44.1	TICI Grade	Conditionally required
091	SK45.10	First Device Activation Date	Conditionally required
092	SK45.10.1	First Device Activation Time	Conditionally required
093	TR200.1	ICD 10 Diagnosis	Required
094	SK38.309	Modified Rankin Scale at Discharge Stroke	Conditionally required
095	SK11.2	Modified Rankin Scale Date	Optional
096	SK11.3	Modified Rankin Scale Time	Optional
097	SK11.4	Modified Rankin Scale	Optional
098	TR18.104	Initial Vital Signs Date	Optional
099	TR18.110	Initial Vital Signs Time	Optional
100	TR18.11	Sys. BP	Optional
101	TR18.13	Dia. BP	Optional
102	TR18.2	Pulse Rate	Optional
103	TR18.30	Temperature (Celsius)	Optional
104	TR18.30.1	Temperature (Fahrenheit)	Optional
105	TR18.31	O2Sat	Optional
106	TR18.7	Resp. Rate	Optional
107	TR38.7	INR	Optional
108	ST13.43	INR Date	Optional
109	ST13.44	INR Time	Optional
110	TR18.130	Blood Glucose	Optional
111	ST13.labcpdate	Date Lab Tests Completed	Optional
112	ST13.labcptime	Time Lab Tests Completed	Optional
113	TR38.11	LDL	Optional
114	SK38.ldlmeas_documented	LDL-cholesterol (LDL-c) measured within the first 48 hours or 30 days prior to hospital arrival	Optional
115	SK38.102	Antithrombotic end of day 2	Optional
116	SK38.149	Antithrombotic Medication	Optional
117	SK38.232	Antithrombotic at Discharge	Optional
118	SK38.41	Anticoagulant at Discharge	Optional

Stroke Element Number	ImageTrend Data Element	Element Name	Required Status
119	SK43.4	Statin at Discharge	Optional
120	ST14.106	Statin at Discharge Dose	Optional
121	SK10.4.1	VTE Prophylaxis Administered	Optional
122	SK10.4.10	Initial VTE prophylaxis Administered Date	Optional
123	SK10.4.10.1	Initial VTE prophylaxis Administered Time	Optional
124	SK10.4.11	Reason No VTE Prophylaxis	Optional
125	SK38.81	If t-PA delay that was >60 min. was a medical reason documented?	Optional
126	SK.38.MedicalReason	Medical Reason(s) for t-PA >60 minutes	Optional
127	SK38.94	Dysphagia Screening Prior to any Oral Intake	Optional
128	SK38.95	Dysphagia screening results (If screening = Yes)	Optional
129	SK38.31	Assessed for Rehabilitation Services?	Optional
130	TR200.2	ICD-10 PCS Procedure code	Optional
131	TR200.8	Date Procedure Performed	Optional
132	TR200.9	Time Procedure Performed	Optional
133	SK36.23	Stroke Education or Resource Material?	Optional
134	SK36.49	Smoking Cessation Education:	Optional

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Last Name

Item #	Element Name	Image Trend Label	Year Introduced	Required Status
001	Patient's Last Name	Patient's LastName	2019	Required

Description
The patient's Last Name

Coding Instructions
Cannot be blank; Hyphenated names should be recorded with hyphen.

Format or Allowable Values
See coding instructions.

Used in Metrics
No

AHA GWTG Element Name (OR Name of Mapping Element for Idaho-specific Field)
jc_lastname

Notes
This is an Idaho specific field.

First Name

Item #	Element Name	Image Trend Label	Year Introduced	Required Status
002	Patient's First Name	Patient's FirstName	2019	Required

Description
The patient's First Name

Coding Instructions
Cannot be blank.

Format or Allowable Values
See coding instructions.

Used in Metrics
No

AHA GWTG Element Name (OR Name of Mapping Element for Idaho-specific Field)
jc_firstname

Notes
This is an Idaho specific field.

Middle Initial

Item #	Element Name	Image Trend Label	Year Introduced	Required Status
003	Patient's Middle Initial	Patient's Middle Initial	2019	Required

Description
Patient's Middle Initial

Coding Instructions
Required only when patient provides middle name/initial.

Format or Allowable Values
Blank; Alpha characters

Used in Metrics
No

AHA GWTG Element Name (OR Name of Mapping Element for Idaho-specific Field)
jc_middleinitial

Notes
This is an Idaho specific field.

Favorite location

Item #	Element Name	Image Trend Label	Year Introduced	Required Status
004	Favorite location	N/A	2022	Assigned

Description
This was a recent feature added to ImageTrend. It is Supplementary. If you use a location frequently, you can add it here. Allows frequently used zip codes.

Coding Instructions

Format or Allowable Values
Derived. Zip code (#####)

Used in Metrics
No

AHA GWTG Element Name (OR Name of Mapping Element for Idaho-specific Field)
N/A

Notes

Country

Item #	Element Name	Image Trend Label	Year Introduced	Required Status
005	Country	Patient's Home Country	2019	Assigned

Description
The patient's home country, i.e., where they reside.

Coding Instructions

Format or Allowable Values
Derived from zip code.

Used in Metrics
No

AHA GWTG Element Name (OR Name of Mapping Element for Idaho-specific Field)
N/A

Notes

Postal code

Item #	Element Name	Image Trend Label	Year Introduced	Required Status
006	Postal code	Patient's Zip Code	2019	Required

Description
The patient's home zip code of primary residence

Coding Instructions
Cannot be blank Zip code of primary residence at the time of the stroke.

Format or Allowable Values
5-digit ZIP code

Used in Metrics
No

AHA GWTG Element Name (OR Name of Mapping Element for Idaho-specific Field)
zip

Notes

City

Item #	Element Name	Image Trend Label	Year Introduced	Required Status
007	City	Patient's City	2019	Assigned

Description
The patient's home city (or township, village) of primary residence

Coding Instructions

Format or Allowable Values
Derived from zip code.

Used in Metrics
No

AHA GWTG Element Name (OR Name of Mapping Element for Idaho-specific Field)
N/A

Notes

County

Item #	Element Name	Image Trend Label	Year Introduced	Required Status
008	County	Patient's County	2019	Assigned

Description
The patient's home county (or parish) of primary residence

Coding Instructions

Format or Allowable Values
Derived from zip code.

Used in Metrics
No

AHA GWTG Element Name (OR Name of Mapping Element for Idaho-specific Field)

Notes

State

Item #	Element Name	Image Trend Label	Year Introduced	Required Status
009	State	Patient's State	2019	Assigned

Description
The patient's home state (territory, province, or District of Columbia) of primary residence

Coding Instructions

Format or Allowable Values
Derived from zip code.

Used in Metrics
No

AHA GWTG Element Name (OR Name of Mapping Element for Idaho-specific Field)

Notes

Alternate Residence

Item #	Element Name	Image Trend Label	Year Introduced	Required Status
010	Alternate Home Residence	Alternate Home Residence	2019	Optional

Description
Definition: Documentation of the type of patient without a home zip code.

Coding Instructions

Format or Allowable Values
Not Applicable
Homeless
Undocumented Citizen
Migrant
Foreign Visitor

Used in Metrics
No

AHA GWTG Element Name (OR Name of Mapping Element for Idaho-specific Field)
homeless

Notes

GWTG imports will only collect information on "homeless."

Birthdate

Item #	Element Name	Image Trend Label	Year Introduced	Required Status
011	Birthdate	PatientDateofBirth	2019	Required

Description
The Patient's date of birth

Coding Instructions
Required if known. If not known estimate Age and Age Units below. MM/DD/YYYY

Format or Allowable Values
Blank; MM/DD/YYYY

Used in Metrics
Yes
Used to calculate and verify patient age in years.

AHA GWTG Element Name (OR Name of Mapping Element for Idaho-specific Field)
DOB

Notes

Sex

Item #	Element Name	Image Trend Label	Year Introduced	Required Status
012	Patient's Sex	Gender	2019	Required

Description
The Patient's sex.

Coding Instructions
The Patient's sex. The biological sex assigned at birth or the current sex assignment for patients who have undergone a surgical and/or hormonal sex reassignment.

Format or Allowable Values
Male
Female
Non-binary
Not known
Not recorded

Used in Metrics
No

AHA GWTG Element Name (OR Name of Mapping Element for Idaho-specific Field)
sex

Notes

Race

Item #	Element Name	Image Trend Label	Year Introduced	Required Status
013	Race	Race	2019	Required

Description
The patient's race.

Coding Instructions
You can select more than one category by clicking CTRL and holding the left mouse button.

Format or Allowable Values
White
Black or African American
Asian
American Indian
Native Hawaiian or Other Pacific Islander
Unable To Determine
Other Race
Patient Refused
Not Collected
Not Known

Used in Metrics
No

AHA GWTG Element Name (OR Name of Mapping Element for Idaho-specific Field)
race

Notes
If "Other Race" is chosen, you will have a box open up that you can type in the Race.

Other Race

Item #	Element Name	Image Trend Label	Year Introduced	Required Status
014	Other Race	Other Race	2019	Optional

Description

Patient race that is not specified in the race dropdown.

Coding Instructions

Format or Allowable Values

Used in Metrics

AHA GWTG Element Name (OR Name of Mapping Element for Idaho-specific Field)

N/A

Notes

Hispanic Ethnicity

Item #	Element Name	Image Trend Label	Year Introduced	Required Status
015	Hispanic Ethnicity	Ethnicity	2024	Required

Description

The patient's Ethnicity. Indicate if the patient is of Hispanic or Latino ethnicity.

Coding Instructions

Cannot be blank.

Format or Allowable Values

Yes
No/UTD

Used in Metrics

No

AHA GWTG Element Name (OR Name of Mapping Element for Idaho-specific Field)

hisethni

Notes

Age (at date of incident)

Item #	Element Name	Image Trend Label	Year Introduced	Required Status
016	Age (at date of incident)	Patient's Age	2019	Required

Description
The patient's age at the time of injury. This is auto calculated based on "Birthdate". If "Birthdate" is not known, you can manually enter an approximated age here. (Best approximation 0-120)

Coding Instructions
Complete this only when birthdate is not known. Otherwise ImageTrend auto-calculates it.

Format or Allowable Values
0-120

Used in Metrics
No

AHA GWTG Element Name (OR Name of Mapping Element for Idaho-specific Field)
age

Notes
May also be calculated based on DOB.

Age (units)

Item #	Element Name	Image Trend Label	Year Introduced	Required Status
017	Age (units)	Age Units	2019	Conditionally required

Description
The units used to document the patient's age. This will autofill based on "Birthdate". If Birthdate is unknown, you can manually choose from one of the following: Years, Months, Days, Hours, or Not Known

Coding Instructions
Complete this only when birthdate is not known. Otherwise ImageTrend auto-calculates it.

Format or Allowable Values
Years
Months
Days
Hours
Not Known

Used in Metrics
No

AHA GWTG Element Name (OR Name of Mapping Element for Idaho-specific Field)
N/A

Notes
Only needed when DOB unknown or age in years unable to be calculated.

Referring Facility

Item #	Element Name	Image Trend Label	Year Introduced	Required Status
018	Referring Facility	Referring Hospital Name	2019	Conditionally required

Description
This is the name of the referring health care facility (acute care) in which the patient originated from PRIOR to arrival at YOUR facility.

Coding Instructions
Required only when patient is a transfer from another facility.

Format or Allowable Values
Values selected from the dropdown menu.

Used in Metrics
Yes

AHA GWTG Element Name (OR Name of Mapping Element for Idaho-specific Field)
jc_referringFacility

Notes
This is an Idaho specific field. Could also use header: Transfername:transfer_fac_hos_name.

Date Stroke discovered

Item #	Element Name	Image Trend Label	Year Introduced	Required Status
019	Date Stroke discovered	Date Stroke discovered	2024	Conditionally required

Description
Date Stroke discovered.

Coding Instructions

Format or Allowable Values
MM/DD/YYYY

Used in Metrics
Yes

AHA GWTG Element Name (OR Name of Mapping Element for Idaho-specific Field)
symptomdt

Notes

Time Stroke Discovered

Item #	Element Name	Image Trend Label	Year Introduced	Required Status
020	Time Stroke Discovered	Time Stroke Discovered	2024	Conditionally required

Description
Time Stroke Discovered

Coding Instructions

Format or Allowable Values
HH:MM (military time)

Used in Metrics
Yes

AHA GWTG Element Name (OR Name of Mapping Element for Idaho-specific Field)
symptomdt

Notes

Last known well date

Item #	Element Name	Image Trend Label	Year Introduced	Required Status
021	Last known well date	Last known well date	2019	Conditionally required

Description
The date prior to hospital arrival at which the patient was last known to be without the signs and symptoms of the current stroke or at their baseline state of health.

Coding Instructions
Required if available. MM/DD/YYYY

Format or Allowable Values
MM/DD/YYYY

Used in Metrics
Yes

AHA GWTG Element Name (OR Name of Mapping Element for Idaho-specific Field)
lastknownwell

Notes

Last Known Well Time

Item #	Element Name	Image Trend Label	Year Introduced	Required Status
022	Last Known Well Time	Last Known Well Time	2019	Conditionally required

Description

The time prior to hospital arrival at which the patient was last known to be without the signs and symptoms of the current stroke or at their baseline state of health.

Coding Instructions

Required if available.

Format or Allowable Values

HH:MM (military time)

Used in Metrics

Yes

AHA GWTG Element Name (OR Name of Mapping Element for Idaho-specific Field)

lastknownwell

Notes

How Patient Arrived at Your Hospital

Item #	Element Name	Image Trend Label	Year Introduced	Required Status
023	How Patient Arrived at Your Hospital	How Patient Arrived at Your Hospital	2024	Required

Description
Indicate the mode of transportation to your facility.

Coding Instructions
Required.

Format or Allowable Values
EMS from home/scene
Private transportation/taxi/other from home/scene
Transfer from another hospital
Mobile Stroke Unit
ND or Unknown
Not applicable-In house stroke

Used in Metrics
Yes

AHA GWTG Element Name (OR Name of Mapping Element for Idaho-specific Field)
patientarrival

Notes

Pre-arrival Stroke Notification

Item #	Element Name	Image Trend Label	Year Introduced	Required Status
024	Pre-arrival Stroke Notification	Advanced Notification by EMS	2019	Conditionally required

Description
Did the transporting EMS agency notify the emergency department of an incoming stroke patient?

Coding Instructions
Required only when EMS transports patient.

Format or Allowable Values
Yes
No
NA
Not Known/Not Recorded

Used in Metrics
No

AHA GWTG Element Name (OR Name of Mapping Element for Idaho-specific Field)
advnotice

Notes

Date Arrived at your Facility

Item #	Element Name	Image Trend Label	Year Introduced	Required Status
025	Date Arrived at your Facility	ED Admission Date	2019	Required

Description
Indicate the date the patient arrived at your facility.

Coding Instructions
Cannot be blank.

Format or Allowable Values
MM/DD/YYYY

Used in Metrics
Yes

AHA GWTG Element Name (OR Name of Mapping Element for Idaho-specific Field)
arrdt

Notes

Time Arrived at your Facility

Item #	Element Name	Image Trend Label	Year Introduced	Required Status
026	Time Arrived at your Facility	ED Admission Time	2019	Required

Description
Indicate the time the patient arrived at your facility.

Coding Instructions
Cannot be blank.

Format or Allowable Values
HH:MM (Military Time)

Used in Metrics
Yes

AHA GWTG Element Name (OR Name of Mapping Element for Idaho-specific Field)
arrdt

Notes

Direct Admit/Bypassed ED

Item #	Element Name	Image Trend Label	Year Introduced	Required Status
027	Direct Admit/Bypassed ED	Direct Admit	2019	Required

Description
Was the patient admitted to hospital directly (Bypassed ED)?

Coding Instructions
Required.

Format or Allowable Values
No
Yes
Not Applicable
Not Known
Not Known/Not Recorded

Used in Metrics
Yes

AHA GWTG Element Name (OR Name of Mapping Element for Idaho-specific Field)
jc_directAdmit

Notes
This is an Idaho specific field.

Transferred out of Emergency Department Date

Item #	Element Name	Image Trend Label	Year Introduced	Required Status
028	Transferred out of Emergency Department Date	ED Discharge Date	2019	Conditionally required

Description
Indicate the date the patient was moved out of the emergency department, either to another location within your facility (i.e., IR suite) or to another acute care center.

Coding Instructions
Required for all patients that do not bypass the ED.

Format or Allowable Values
MM/DD/YYYY

Used in Metrics
Yes

AHA GWTG Element Name (OR Name of Mapping Element for Idaho-specific Field)
jc_EDDischargeDate

Notes
This is an Idaho specific field.

Transferred out of Emergency Department Time

Item #	Element Name	Image Trend Label	Year Introduced	Required Status
029	Transferred out of Emergency Department Time	ED Discharge Time	2019	Conditionally required

Description
The time at which the patient was discharged as an inpatient from the hospital for stroke symptoms.

Coding Instructions
Required only when patient is admitted to your facility.

Format or Allowable Values
HH:MM

Used in Metrics
Yes

AHA GWTG Element Name (OR Name of Mapping Element for Idaho-specific Field)
jc_EDDischargeTime

Notes

Length of Stay in ED

Item #	Element Name	Image Trend Label	Year Introduced	Required Status
030	Length of Stay in ED	Length of Stay in ED (Total Minutes) (Physical D/C)	2019	Conditionally required

Description
Length of Stay in ED. This is auto-calculated and is based on the date/time transferred out of ED - Date/time arrive at your facility. (Day/Hours/Total Minutes)

Coding Instructions
Required only for patients that do not bypass the ED.

Format or Allowable Values
Auto-calculated (Day/Hours/Total Minutes)

Used in Metrics
No

AHA GWTG Element Name (OR Name of Mapping Element for Idaho-specific Field)
N/A

Notes

Not Admitted

Item #	Element Name	Image Trend Label	Year Introduced	Required Status
031	Patient Not Admitted	Patient Not Admitted	2024	Required

Description
Patient Not Admitted

Coding Instructions

Format or Allowable Values
Yes, not admitted.
No, patient admitted as inpatient.

Used in Metrics
No

AHA GWTG Element Name (OR Name of Mapping Element for Idaho-specific Field)
notadm

Notes

Reason Not Admitted

Item #	Element Name	Image Trend Label	Year Introduced	Required Status
032	Reason Not Admitted	Reason Not Admitted	2024	Conditionally required

Description
Indicate the reason that the patient was not admitted to hospital.

Coding Instructions
Required for patients who did not bypass ED but were not admitted to hospital.

Format or Allowable Values
Transferred from your ED to another acute care hospital
Discharge directly from ED to home or other location that is not an acute care hospital
Left from ED AMA
Died in ED
Discharged from observation status without an inpatient admission
Other

Used in Metrics
Yes

AHA GWTG Element Name (OR Name of Mapping Element for Idaho-specific Field)
notadmreas

Notes

Stroke ED Discharge Disposition for Admitted Patients

Item #	Element Name	Image Trend Label	Year Introduced	Required Status
033	Stroke ED Discharge Disposition	Stroke ED Discharge Disposition for Admitted Patients	2024	Conditionally required

Description
Indicate where admitted patients went from the Emergency Department.

Coding Instructions
Only applicable if patient admitted to your facility from ED.

Format or Allowable Values
Operating Room
Floor bed (general admission, non-specialty unit bed)
Observation unit (unit that provides < 24-hour stays)
Telemetry/step-down unit (less acuity than ICU)
Cath Lab
Intensive Care Unit   De-Activate
Floor (Labor & Delivery)
Not Known/Not Recorded

Used in Metrics
Yes

AHA GWTG Element Name (OR Name of Mapping Element for Idaho-specific Field)
N/A

Notes

Destination Determination (under "ED Discharge Disposition")

Item #	Element Name	Image Trend Label	Year Introduced	Required Status
034	Destination Determination (under "ED Discharge Disposition")	ED Destination Determination	2019	Optional

Description
Indicate the reason the facility was chosen as the destination.

Coding Instructions
Only applicable when "Reason Not Admitted" is "Transferred from your ED to another acute care hospital."

Format or Allowable Values
Advanced stroke care
Evaluation for Endovascular thrombectomy
Evaluation for IV tPA up to 4.5 hours
Other advanced care (not stroke related)
Patient/family request
Post management of IV tPA (e.g., Drip and Ship)
Not Applicable
Not Known/Not Recorded

Used in Metrics
No

AHA GWTG Element Name (OR Name of Mapping Element for Idaho-specific Field)
N/A

Notes

Hospital Transferred To

Item #	Element Name	Image Trend Label	Year Introduced	Required Status
035	Hospital Transferred To (under "Destination Determination")	Hospital Transferred To	2019	Conditionally required

Description

The name of the facility to which the patient was transferred to after receiving initial hospital care at your facility.

Coding Instructions

Required only when patient is transferred out of ED to another facility. Select facility name from drop-down menu choices.

Format or Allowable Values

See coding instructions.

Used in Metrics

AHA GWTG Element Name (OR Name of Mapping Element for Idaho-specific Field)

N/A

Notes

Discharge Transport Mode

Item #	Element Name	Image Trend Label	Year Introduced	Required Status
036	Discharge Transport Mode	Transport Mode	2019	Conditionally required

Description
The type of transportation used to transfer the patient.

Coding Instructions
Required only when patient is transferred out of ED to another facility. Patients who are transferred by private vehicle are considered to have been discharged and referred. These cases need not be reported.

Format or Allowable Values
Private Vehicle
Other
Helicopter
Fixed Wing
Ambulance
Not Known/Not Recorded

Used in Metrics
No

AHA GWTG Element Name (OR Name of Mapping Element for Idaho-specific Field)
N/A

Notes

Level of Stroke Team Activated

Item #	Element Name	Image Trend Label	Year Introduced	Required Status
037	Level of Stroke Team Activated	Level of Stroke Team Activated	2024	Optional

Description
At what level was the stroke team activated?

Coding Instructions

Format or Allowable Values
Not activated, Level 1, Level 2, Level 3

Used in Metrics
No

AHA GWTG Element Name (OR Name of Mapping Element for Idaho-specific Field)
N/A

Notes

Stroke Team Activated Date

Item #	Element Name	Image Trend Label	Year Introduced	Required Status
038	Stroke Team Activated Date	Stroke Team Activated Date	2019	Optional

Description

Coding Instructions

Format or Allowable Values
MM/DD/YYYY

Used in Metrics
No

AHA GWTG Element Name (OR Name of Mapping Element for Idaho-specific Field)
teamactivatedt

Notes

Stroke Team Activated Time

Item #	Element Name	Image Trend Label	Year Introduced	Required Status
039	Stroke Team Activated Time	Stroke Team Activated Time	2019	Optional

Description

Coding Instructions

Format or Allowable Values
HH:MM (military time)

Used in Metrics
No

AHA GWTG Element Name (OR Name of Mapping Element for Idaho-specific Field)
teamactivatedt

Notes

Team Member (Under Stroke Team Activation)

Item #	Element Name	Image Trend Label	Year Introduced	Required Status
040	Team Member (Under Stroke Team Activation)	ED Physician	2019	Optional

Description

Enter the name of physician or nurse by clicking on the people icon to enter data and search or look in drop down to see if it has already been added.

Coding Instructions

Enter the name of physician or nurse by clicking on the people icon to enter data and search or look in drop down to see if it has already been added.

Format or Allowable Values

See coding instructions.

Used in Metrics

No

AHA GWTG Element Name (OR Name of Mapping Element for Idaho-specific Field)

N/A

Notes

Service Type

Item #	Element Name	Image Trend Label	Year Introduced	Required Status
041	Service Type (Under Stroke Team Activation)	ED Physician Service Type	2019	Optional

Description
Select from drop down the service type the team member is from, e.g., Neurosurgery, Cardiologist, Radiology.

Coding Instructions

Format or Allowable Values
N/A
RN
Internal Medicine
Nephrologist
Nephrology
Neuro-Service
Pulmonology
Surgery/Trauma
Surgery Senior Resident
Neurosurgery
Ortho Surgery
Emergency Medicine
Anesthesia
Family Practice
Nurse Practitioner
Physician Assistant
Laboratory
Radiology
ED Physician
Cardiologist
Not Known/Not Recorded

Used in Metrics
No

AHA GWTG Element Name (OR Name of Mapping Element for Idaho-specific Field)
N/A

Notes

Date Physician Called

Item #	Element Name	Image Trend Label	Year Introduced	Required Status
042	Date Called (Under Stroke Team Activation)	Date Physician Called	2019	Optional

Description
The date that the physician or nurse was called.

Coding Instructions

Format or Allowable Values
MM/DD/YYYY

Used in Metrics
No

AHA GWTG Element Name (OR Name of Mapping Element for Idaho-specific Field)
N/A

Notes

Time Physician Called

Item #	Element Name	Image Trend Label	Year Introduced	Required Status
043	Time Called	Time Physician Called	2019	Optional

Description
The time that the physician or nurse was called.

Coding Instructions

Format or Allowable Values
HH:MM (military time)

Used in Metrics
No

AHA GWTG Element Name (OR Name of Mapping Element for Idaho-specific Field)
N/A

Notes

Date Physician Arrived

Item #	Element Name	Image Trend Label	Year Introduced	Required Status
044	Date Arrived (Under Stroke Team Activation)	Date Physician Arrived	2019	Optional

Description

Date physician or nurse arrived.

Coding Instructions

Format or Allowable Values

MM/DD/YYYY

Used in Metrics

No

AHA GWTG Element Name (OR Name of Mapping Element for Idaho-specific Field)

N/A

Notes

Time Physician Arrived

Item #	Element Name	Image Trend Label	Year Introduced	Required Status
045	Time Arrived (Under Stroke Team Activation)	Time Physician Arrived	2019	Optional

Description

Time physician or nurse arrived.

Coding Instructions

Format or Allowable Values

HH:MM (military time)

Used in Metrics

No

AHA GWTG Element Name (OR Name of Mapping Element for Idaho-specific Field)

N/A

Notes

Timely Arrival

Item #	Element Name	Image Trend Label	Year Introduced	Required Status
046	Timely Arrival (Under Stroke Team Activation)	Was Trauma Surgeon Arrival in ED Timely	2019	Optional

Description
Was the physician or nurse arrival timely?

Coding Instructions

Format or Allowable Values
N/A
No
Yes
Pending
Not Applicable
Not Known
Not Known/Not Recorded

Used in Metrics
No

AHA GWTG Element Name (OR Name of Mapping Element for Idaho-specific Field)
N/A

Notes

Consulting Services

Item #	Element Name	Image Trend Label	Year Introduced	Required Status
047	Consulting Services?	Consulting Service	2019	Optional

Description

Were consulting services needed for this patient?

Coding Instructions

Format or Allowable Values

Not applicable
Yes
No
Not Known/Not Recorded

Used in Metrics

No

AHA GWTG Element Name (OR Name of Mapping Element for Idaho-specific Field)

N/A

Notes

Consulting Service Type

Item #	Element Name	Image Trend Label	Year Introduced	Required Status
048	Consulting Service Type (Under Consulting Services)	Consulting Service Type	2019	Optional

Description
The type of consulting service.

Coding Instructions
Select from the dropdown the Consulting service type the team member is from.

Format or Allowable Values
See drop-down list for choice as there are 59 currently listed.

Used in Metrics
No

AHA GWTG Element Name (OR Name of Mapping Element for Idaho-specific Field)
N/A

Notes

Consulting Staff

Item #	Element Name	Image Trend Label	Year Introduced	Required Status
049	Consulting Staff (Under Consulting Services)	Consulting Staff	2019	Optional

Description
Staff consulted for the service.

Coding Instructions
Enter the name of staff consulted by clicking on the people icon to enter data and search or look in drop down to see if it has already been added.

Format or Allowable Values
See coding instructions.

Used in Metrics
No

AHA GWTG Element Name (OR Name of Mapping Element for Idaho-specific Field)
N/A

Notes

Date Consulting Practitioner Requested

Item #	Element Name	Image Trend Label	Year Introduced	Required Status
050	Date Consulting Practitioner Requested	Date Consulting Practitioner Requested	2019	Optional

Description
Date Consulting Practitioner Requested

Coding Instructions

Format or Allowable Values
MM/DD/YYYY

Used in Metrics
No

AHA GWTG Element Name (OR Name of Mapping Element for Idaho-specific Field)
N/A

Notes

Time Consulting Practitioner Requested

Item #	Element Name	Image Trend Label	Year Introduced	Required Status
051	Time Consulting Practitioner Requested	Time Consulting Practitioner Requested	2019	Optional

Description
Time Consulting Practitioner Requested

Coding Instructions

Format or Allowable Values
HH:MM (military time)

Used in Metrics
No

AHA GWTG Element Name (OR Name of Mapping Element for Idaho-specific Field)
N/A

Notes

Was NIH Stroke Scale score performed as part of the initial evaluation of the patient?

Item #	Element Name	Image Trend Label	Year Introduced	Required Status
052	Was NIH Stroke Scale score performed as part of the initial evaluation of the patient?	Was NIH Stroke Scale score performed as part of the initial evaluation of the patient?	2019	Required

Description
Was NIH Stroke Scale score performed as part of the initial evaluation of the patient (before any recanalization therapy OR performed within 12 hours of arrival for patients not undergoing recanalization therapy). Feedback from meeting was to define the

Coding Instructions

Format or Allowable Values
Yes
No/not documented
N/A (assessment performed at transfer facility)

Used in Metrics
No

AHA GWTG Element Name (OR Name of Mapping Element for Idaho-specific Field)
nihssperf

Notes

Initial NIHSS Score Date

Item #	Element Name	Image Trend Label	Year Introduced	Required Status
053	Initial NIHSS Score Date	Initial NIHSS Score Date	2024	Conditionally required

Description
Initial National Institute of Health Stroke Scale Date

Coding Instructions

Format or Allowable Values
MM/DD/YYYY

Used in Metrics
No

AHA GWTG Element Name (OR Name of Mapping Element for Idaho-specific Field)
nihssdt

Notes

Initial NIHSS Score Time

Item #	Element Name	Image Trend Label	Year Introduced	Required Status
054	Initial NIHSS Score Time	Initial NIHSS Score Time	2024	Conditionally required

Description
Initial National Institute of Health Stroke Scale Time

Coding Instructions

Format or Allowable Values
HH:MM (Military Time)

Used in Metrics
No

AHA GWTG Element Name (OR Name of Mapping Element for Idaho-specific Field)
nihssdt

Notes

Initial NIH Stroke Scale total score

Item #	Element Name	Image Trend Label	Year Introduced	Required Status
055	Initial NIH Stroke Scale total score	Total Score	2024	Conditionally required

Description
If performed, what is the first NIH Stroke Scale total score recorded by hospital personnel?

Coding Instructions

Format or Allowable Values
This is a numeric score (0-42) that is manually entered in. Each record must include date, time, score. Must collect one score at initial presentation (before any recanalization therapy OR performed within 12 hours of arrival for patients not undergoing recanalization therapy). Feedback from meeting was to define the initial evaluation portion of this definition to within 12 hours of arrival. For additional information, refer to Joint Commission core measure CSTK-01.

Used in Metrics
No

AHA GWTG Element Name (OR Name of Mapping Element for Idaho-specific Field)
nihssscore

Notes

NIH Stroke Scale Date

Item #	Element Name	Image Trend Label	Year Introduced	Required Status
056	NIH Stroke Scale Date	Date Additional NIH Stroke Scale	2019	Optional

Description

Date of any additional NIH Stroke Scale measures (after initial).

Coding Instructions

Optional entry for NIH stroke scale score measures taken after initial measure.

Format or Allowable Values

DD/MM/YYYY

Used in Metrics

No

AHA GWTG Element Name (OR Name of Mapping Element for Idaho-specific Field)

Notes

NIH Stroke Scale Time

Item #	Element Name	Image Trend Label	Year Introduced	Required Status
057	NIH Stroke Scale Time	Time Additional NIH Stroke Scale	2019	Optional

Description
Time of any additional NIH Stroke Scale measures (after initial).

Coding Instructions
Optional entry for NIH stroke scale score measures taken after initial measure.

Format or Allowable Values
HH:MM (military time)

Used in Metrics
No

AHA GWTG Element Name (OR Name of Mapping Element for Idaho-specific Field)

Notes

NIH Stroke Scale Score Manual

Item #	Element Name	Image Trend Label	Year Introduced	Required Status
058	NIH Stroke Scale Score Manual	Additional NIH Stroke Scale Score (Manual entry)	2019	Optional

Description

This is a numeric score (0-42) that is manually entered in.

Coding Instructions

Multiple NIHSS score records can be reported; each record must include date, time, score.

Format or Allowable Values

0-42

Used in Metrics

No

AHA GWTG Element Name (OR Name of Mapping Element for Idaho-specific Field)

Notes

Date of Brain Imaging

Item #	Element Name	Image Trend Label	Year Introduced	Required Status
059	Date of Brain Imaging	Brain Imaging Initiation Date	2019	Conditionally required

Description
The date patient first received brain imaging (CT or MRI) (date of first image, not date of entry to room, etc.)

Coding Instructions
Required only when your facility performs the first head CT or MRI AND if last known well time to time arrived at first facility is <=24 hours.

Format or Allowable Values
MM/DD/YYYY

Used in Metrics
Yes

AHA GWTG Element Name (OR Name of Mapping Element for Idaho-specific Field)
ctcompdt

Notes

Time of Brain Imaging

Item #	Element Name	Image Trend Label	Year Introduced	Required Status
060	Time of Brain Imaging	Brain Imaging Initiation Time	2019	Conditionally required

Description
The time patient first received brain imaging (CT or MRI) (time of first image, not time of entry to room, etc.)

Coding Instructions
Required only when your facility performs the first head CT or MRI AND If last known well time to time arrived at first facility is <=24 hours.

Format or Allowable Values
HH:MM (military time)

Used in Metrics
Yes

AHA GWTG Element Name (OR Name of Mapping Element for Idaho-specific Field)
ctcompdt

Notes

Date BI Results Interpreted

Item #	Element Name	Image Trend Label	Year Introduced	Required Status
061		Date Results Read	2024	Conditionally required

Description

Date radiologist communicates imaging results to ED Provider/Neurologist. This may include, but is not limited to, the date/time the report is signed by radiologist, the date/time radiologist communicated to ED Provider or Neurologist (verbal wet read time), or documented date/time Neurologist read time. "1st axial image time" and "first image available/SCOUT time in PACS" are not appropriate for radiologist read timestamps.

Coding Instructions

Required when your facility performs the first head CT or MRI. "1st axial image time" and "first image available/SCOUT time in PACS" are not appropriate for radiologist read timestamps.

Format or Allowable Values

DD/MM/YYYY

Used in Metrics

Yes

AHA GWTG Element Name (OR Name of Mapping Element for Idaho-specific Field)

ctrepdt

Notes

Time BI Results Interpreted

Item #	Element Name	Image Trend Label	Year Introduced	Required Status
062		Time Results Read	2024	Conditionally required

Description
Time radiologist communicates imaging results to ED Provider/Neurologist. This may include, but is not limited to, the date/time the report is signed by radiologist, the date/time radiologist communicated to ED Provider or Neurologist (verbal wet read time), or documented date/time Neurologist read time. "1st axial image time" and "first image available/SCOUT time in PACS" are not appropriate for radiologist read timestamps.

Coding Instructions
Required when your facility performs the first head CT or MRI. "1st axial image time" and "first image available/SCOUT time in PACS" are not appropriate for radiologist read timestamps.

Format or Allowable Values
HH:MM (military time)

Used in Metrics
Yes

AHA GWTG Element Name (OR Name of Mapping Element for Idaho-specific Field)
ctrepdt

Notes

Was a Target Lesion (Large Vessel Occlusion) Visualized

Item #	Element Name	Image Trend Label	Year Introduced	Required Status
063	Was a target lesion (Large Vessel Occlusion) Visualized?	Was a Target Lesion (Large Vessel Occlusion) Visualized?	2024	Conditionally required

Description

Does the medical record document a large vessel cerebral occlusion (or LVO) effecting a vessel that can be reached by thrombectomy i.e., internal carotid artery (ICA) or ICA terminus (T-lesion; T-occlusion), middle cerebral artery (MCA) M1 or M2, basilar artery) or PCA?

Coding Instructions

Required only when your facility performs the first head CT or MRI AND If last known well time to time arrived at first facility is ≤ 24 hours.

Format or Allowable Values

Yes
No/ND

Used in Metrics

Yes

AHA GWTG Element Name (OR Name of Mapping Element for Idaho-specific Field)

targles

Notes

Date of Initial Assessment

Item #	Element Name	Image Trend Label	Year Introduced	Required Status
064	Date of Initial Assessment	Date of ED Physician Assessment	2019	Conditionally required

Description
Date of initial provider evaluation (ED physician, Physician assistant, Nurse Practitioner, Neurologist, etc.)

Coding Instructions
Required if you are the first receiving facility AND if last known well time is <= 24 hours from time arrived at first facility.

Format or Allowable Values
MM/DD/YYYY

Used in Metrics
No

AHA GWTG Element Name (OR Name of Mapping Element for Idaho-specific Field)
edassessdt

Notes

Time of Initial Assessment

Item #	Element Name	Image Trend Label	Year Introduced	Required Status
065	Time of Initial Assessment	Time of ED Physician Assessment	2019	Conditionally required

Description
Time of initial provider evaluation (ED physician, Physician assistant, Nurse Practitioner, Neurologist, etc.)

Coding Instructions
Required if you are the first receiving facility AND if last known well time is <= 24 hours from time arrived at first facility.

Format or Allowable Values
HH:MM (military time)

Used in Metrics
No

AHA GWTG Element Name (OR Name of Mapping Element for Idaho-specific Field)
edassessdt

Notes

Admission Date

Item #	Element Name	Image Trend Label	Year Introduced	Required Status
066	Hospital Admission Date	Hospital Admission Date	2019	Conditionally required

Description
The date on which the patient was admitted as an inpatient to the hospital.

Coding Instructions
Required only when patient is admitted to your facility.

Format or Allowable Values
MM/DD/YYYY

Used in Metrics
No

AHA GWTG Element Name (OR Name of Mapping Element for Idaho-specific Field)
admdt

Notes

Admission Time

Item #	Element Name	Image Trend Label	Year Introduced	Required Status
067	Hospital Admission Time	Hospital Admission Time	2019	Conditionally required

Description
The time at which the patient was admitted as an inpatient to the hospital.

Coding Instructions
Required only when patient is admitted to your facility.

Format or Allowable Values
HH:MM (military time)

Used in Metrics
No

AHA GWTG Element Name (OR Name of Mapping Element for Idaho-specific Field)
admdt

Notes

Hospital Discharge Date

Item #	Element Name	Image Trend Label	Year Introduced	Required Status
068	Hospital Discharge Date	Hospital Discharge Date	2024	Conditionally required

Description
The date on which the patient was discharged as an inpatient from the hospital for stroke symptoms.

Coding Instructions
Required only when patient is admitted to your facility.

Format or Allowable Values
MM/DD/YYYY

Used in Metrics
No

AHA GWTG Element Name (OR Name of Mapping Element for Idaho-specific Field)
disdate

Notes

Hospital Discharge Time

Item #	Element Name	Image Trend Label	Year Introduced	Required Status
069	Hospital Discharge Time	Hospital Discharge Time	2024	Conditionally required

Description
The time at which the patient was discharged as an inpatient from the hospital for stroke symptoms.

Coding Instructions
Required only when patient is admitted to your facility.

Format or Allowable Values
HH:MM (military time)

Used in Metrics
No

AHA GWTG Element Name (OR Name of Mapping Element for Idaho-specific Field)
disdate

Notes

Stroke Discharge Disposition

Item #	Element Name	Image Trend Label	Year Introduced	Required Status
070	Hospital Discharge Disposition	Hospital Discharge Disposition	2024	Conditionally required

Description
Stroke Hospital Discharge Disposition

Coding Instructions
Required only when patient is admitted to your facility.

Format or Allowable Values
Acute Care Facility
Expired
Home
Hospice - Health Care Facility
Hospice – Home
Left Against Medical Advice/AMA
Not Documented or Unable to Determine (UTD)
Not Known
Other Health Care Facility

Used in Metrics
No

AHA GWTG Element Name (OR Name of Mapping Element for Idaho-specific Field)
dschstat

Notes

Other Facility

Item #	Element Name	Image Trend Label	Year Introduced	Required Status
071	Destination Determination	Hospital Discharge Destination Determination	2019	Optional

Description
Other Facility Type when discharged from hospital to another facility.

Coding Instructions
Only entered when hospital discharge disposition is "Other Health Care Facility."

Format or Allowable Values
Not Applicable
Hospital of Choice
Specialty Resource Center
Not Known
Not Known/Not Recorded

Used in Metrics

AHA GWTG Element Name (OR Name of Mapping Element for Idaho-specific Field)
N/A

Notes

Date of Death

Item #	Element Name	Image Trend Label	Year Introduced	Required Status
072	Date of Death	Date Death Occurred	2019	Optional

Description
Date the patient died.

Coding Instructions
Only applicable if Hospital D/C disposition is "Expired."

Format or Allowable Values
MM/DD/YYYY

Used in Metrics
No

AHA GWTG Element Name (OR Name of Mapping Element for Idaho-specific Field)
N/A

Notes

Time of Death

Item #	Element Name	Image Trend Label	Year Introduced	Required Status
073	Time of Death	Time Death Occurred	2019	Optional

Description
Time the patient died.

Coding Instructions
Only applicable if Hospital D/C disposition is "Expired."

Format or Allowable Values
HH:MM (military time)

Used in Metrics
No

AHA GWTG Element Name (OR Name of Mapping Element for Idaho-specific Field)
N/A

Notes

Location of Death

Item #	Element Name	Image Trend Label	Year Introduced	Required Status
074	Location of Death	Location of Death	2019	Optional

Description
The location where the patient died.

Coding Instructions
Only applicable if Hospital D/C disposition is "Expired."

Format or Allowable Values
ICU
Operating Room
Floor
Prior to Arrival
ED
PICU
Not Applicable
Not Known
Not Known/Not Recorded

Used in Metrics
No

AHA GWTG Element Name (OR Name of Mapping Element for Idaho-specific Field)
N/A

Notes

Death Circumstance

Item #	Element Name	Image Trend Label	Year Introduced	Required Status
075	Death Circumstance	Death Circumstance	2019	Optional

Description
The circumstance under which the patient died.

Coding Instructions
Only applicable if Hospital D/C disposition is "Expired."

Format or Allowable Values
Not Known
Not Known/Not Recorded
Treatment Withheld
Burn Shock
Pulmonary Failure/Sepsis
Cardiovascular Failure
Multiple Organ Failure/Metabolic
Pre-existing Illness
Trauma Shock
Sepsis
Pulmonary Failure
Brain Injury
Thoracic aortic transection
Drowning
Heart Laceration
Liver laceration
Electrocution
Other
Cardiac Arrest due to strangulation
Code 99
Family D/C life support
Medical
Multisystem trauma
Trauma wound
Brain Death
Gastrointestinal
Neurologic
Renal

Used in Metrics
No

AHA GWTG Element Name (OR Name of Mapping Element for Idaho-specific Field)
N/A

Notes

Circumstances of Death

Item #	Element Name	Image Trend Label	Year Introduced	Required Status
076	Circumstances of Death	Circumstances of Death	2019	Optional

Description
Circumstances of Death Comment

Coding Instructions
Only applicable if Hospital D/C disposition is "Expired."

Format or Allowable Values
Alpha-numeric characters

Used in Metrics
No

AHA GWTG Element Name (OR Name of Mapping Element for Idaho-specific Field)
N/A

Notes

Organ Donation

Item #	Element Name	Image Trend Label	Year Introduced	Required Status
077	Organ Donation	Organ Donation	2019	Optional

Description

Organ Donation

Coding Instructions

Only applicable if Hospital D/C disposition is "Expired."

Format or Allowable Values

Not Applicable
Yes
No
Tissue Donation
Not known/Not Recorded

Used in Metrics

No

AHA GWTG Element Name (OR Name of Mapping Element for Idaho-specific Field)

N/A

Notes

Autopsy Performed

Item #	Element Name	Image Trend Label	Year Introduced	Required Status
078	Autopsy Performed	Autopsy Performed	2019	Optional

Description
Was autopsy performed?

Coding Instructions
Only applicable if Hospital D/C disposition is "Expired."

Format or Allowable Values
Yes
No
Not Known/Not Recorded

Used in Metrics
No

AHA GWTG Element Name (OR Name of Mapping Element for Idaho-specific Field)
N/A

Notes

Advanced Directive Details

Item #	Element Name	Image Trend Label	Year Introduced	Required Status
079	DNR	Is the patient Do Not Resuscitate status?	2024	Optional

Description
Is the patient Do Not Resuscitate status?

Coding Instructions

Format or Allowable Values
Yes
No
Not Known/Not Recorded

Used in Metrics
No

AHA GWTG Element Name (OR Name of Mapping Element for Idaho-specific Field)
N/A

Notes

Was TPA Drug Administered?

Item #	Element Name	Image Trend Label	Year Introduced	Required Status
080	Thrombolytics initiated at this hospital?	Was TPA Drug Administered?	2019	Required

Description
Was a thrombolytic Drug Administered at this hospital?

Coding Instructions

Format or Allowable Values
Yes
Yes - stroke mimic
Yes - delayed due to initial symptom resolution
No/not performed
No-Contraindications - Documented reason exists for not giving thrombolytics
Not applicable
Not Known/Not Recorded

Used in Metrics
Yes

AHA GWTG Element Name (OR Name of Mapping Element for Idaho-specific Field)
ivthroinit

Notes

Date Thrombolytics Administered

Item #	Element Name	Image Trend Label	Year Introduced	Required Status
081	Date Thrombolytics Administered	Date Administered	2019	Conditionally required

Description
The date on which thrombolytic was administered to the patient.

Coding Instructions
Required if a thrombolytic was administered.

Format or Allowable Values
MM/DD/YYYY.

Used in Metrics
Yes

AHA GWTG Element Name (OR Name of Mapping Element for Idaho-specific Field)
ivthrodt

Notes

Time Thrombolytics Administered

Item #	Element Name	Image Trend Label	Year Introduced	Required Status
082	Time Thrombolytics Administered	Time Administered	2019	Conditionally required

Description
The time at which thrombolytic was administered to the patient.

Coding Instructions
Required if a thrombolytic was administered.

Format or Allowable Values
HH:MM (military time)

Used in Metrics
Yes

AHA GWTG Element Name (OR Name of Mapping Element for Idaho-specific Field)
ivthrodt

Notes

Thrombolytic Used

Item #	Element Name	Image Trend Label	Year Introduced	Required Status
083	Thrombolytic Used	Type Thrombolytic Used	2023	Conditionally required

Description
Specifies which thrombolytic was administered.

Coding Instructions
Required if a thrombolytic was administered.

Format or Allowable Values
TNK (Tenecteplase)
t-PA (Tissue Plasminogen Activator)

Used in Metrics
No

AHA GWTG Element Name (OR Name of Mapping Element for Idaho-specific Field)
thromboused

Notes

In Hospital IA catheter-based reperfusion Date:

Item #	Element Name	Image Trend Label	Year Introduced	Required Status
084	In Hospital Catheter Reperfusion Date	In Hospital IA catheter-based reperfusion Date	2024	Conditionally required

Description
The date on which skin puncture at this hospital to access arterial site selected for endovascular treatment of a cerebral artery occlusion.

Coding Instructions
Required only when endovascular procedure performed.

Format or Allowable Values
MM/DD/YYYY

Used in Metrics
Yes

AHA GWTG Element Name (OR Name of Mapping Element for Idaho-specific Field)
iatpadt

Notes

In Hospital IA catheter-based reperfusion time:

Item #	Element Name	Image Trend Label	Year Introduced	Required Status
085	In Hospital Catheter Reperfusion Time	In Hospital IA catheter-based reperfusion Time	2024	Conditionally required

Description
The time at which skin puncture at this hospital to access arterial site selected for endovascular treatment of a cerebral artery occlusion.

Coding Instructions
Required only when endovascular procedure performed.

Format or Allowable Values
HH:MM (military time)

Used in Metrics
Yes

AHA GWTG Element Name (OR Name of Mapping Element for Idaho-specific Field)
iatpadt

Notes

Reason thrombolytics not given

Item #	Element Name	Image Trend Label	Year Introduced	Required Status
086	Were the following reasons for not administering IV thrombolytic therapy explicitly documented?	If thrombolytics not given, exclusion criteria (Check all that apply)	2019	Conditionally required

Description
The reason for which the patient was not given thrombolytics. Were one or more of the following reasons for not administering IV thrombolytic therapy at this hospital explicitly documented by a physician, advanced practice nurse, or physician assistant's notes in the chart?

Coding Instructions
Required only when the question was a thrombolytic administered is answered "No"

Format or Allowable Values
Warnings: conditions that might lead to unfavorable outcomes
Thrombolytics given at outside hospital
Stroke severity too mild
Rapid Improvement
Pt./Family refused
Not known/not recorded
Life expectancy <1 year or severe co-morbid illness or CMO on admission
CT findings (ICH, SAH, or major infarct signs)
Contraindications
Care team unable to determine eligibility
Advanced Age
Time Protocol Not Met (Out of Window)

Used in Metrics
No

AHA GWTG Element Name (OR Name of Mapping Element for Idaho-specific Field)
N/A

Notes
This is an Idaho specific field.

Exclusion Criteria (contraindications) 0-3 hr. treatment window

Item #	Element Name	Image Trend Label	Year Introduced	Required Status
087	Exclusion Criteria (contraindications) 0-3 hr. treatment window	Specific reasons documented in the medical record for not administering IV tPA in the 0 to 3-hour tr	2024	Conditionally required

Description
Exclusion Criteria (contraindications) for the 0-3 hr. treatment window. Reasons as documented in the medical record for why thrombolytics were not administered in the 0-3 hr. window (i.e., reason for delay)

Coding Instructions
Check all that apply. Multiple selections can be made by holding down the <Control> key while selecting.

Format or Allowable Values
C9: Blood glucose concentration <50 mg/dl (2.7 mmol/L)
C8: Arterial puncture at noncompressible site in previous 7 days
C7: CT demonstrates multilobar infarction (hypodensity >1/3 cerebral hemisphere)
C6: Symptoms suggest subarachnoid hemorrhage
C5: Acute bleeding diathesis (low platelet count, increased PTT, INR >= 1.7 or use of NOAC)
C4: Active internal bleeding
C3: History of previous intracranial hemorrhage, intracranial neoplasm, arteriovenous malformation, or aneurysm
C2: Recent intracranial or spinal surgery or significant head trauma, or prior stroke in previous 3 months
C1: Elevated blood pressure (systolic > 185 mm Hg or diastolic > 110 mm Hg) despite treatment

Used in Metrics
Yes

AHA GWTG Element Name (OR Name of Mapping Element for Idaho-specific Field)
exclusion2

Notes

Relative Exclusion Criteria (Warnings) 0-3 hr. treatment window

Item #	Element Name	Image Trend Label	Year Introduced	Required Status
088	Relative Exclusion Criteria (Warnings) 0-3 hr. treatment window	Relative Exclusion Criteria (Warnings) 0-3 hr. treatment window	2024	Conditionally required

Description
Exclusion Criteria (contraindications) for the 0-3 hr. treatment window. Reasons as documented in the medical record for why thrombolytics were not administered in the 0-3 hr. window (i.e., reason for delay)

Coding Instructions

Format or Allowable Values
W11: Recent gastrointestinal or urinary tract hemorrhage (within previous 21 days)
W10: Major surgery or serious trauma within previous 14 days
W9: Seizure at onset with postictal residual neurological impairments
W8: Recent acute myocardial infarction (within previous 3 months)
W7: Stroke severity too mild
W6: Rapid improvement
W5: Patient/family refusal
W4: Pregnancy
W3: Life expectancy < 1 year or severe co-morbid illness or CMO on admission
W2: IV or IA thrombolysis/thrombectomy at an outside hospital prior to arrival
W1: Care-team unable to determine eligibility

Used in Metrics
Yes

AHA GWTG Element Name (OR Name of Mapping Element for Idaho-specific Field)
relexclusion2

Notes

Door to Needle

Item #	Element Name	Image Trend Label	Year Introduced	Required Status
089	Door to Needle Time	Door to Needle Interval	2019	Calculated

Description
This is an auto-calculation in ImageTrend. Time difference between the "Date/Time Arrived at your facility" and "Date/Time t-PA Administered".

Coding Instructions
Required only when patient receives thrombolytic

Format or Allowable Values
Auto-calculated (Minutes)

Used in Metrics
No

AHA GWTG Element Name (OR Name of Mapping Element for Idaho-specific Field)

Notes

TICI Grade

Item #	Element Name	Image Trend Label	Year Introduced	Required Status
090	TICI Grade	TICI Grade	2023	Conditionally required

Description
Thrombolysis in cerebral infarction (TICI) score.

Coding Instructions
Required only if endovascular intervention was performed.

Format or Allowable Values
Grade 0
Grade 1
Grade 2a
Grade 2b
Grade 3

Used in Metrics
No

AHA GWTG Element Name (OR Name of Mapping Element for Idaho-specific Field)
thromticigrade

Notes

First Device Activation Date

Item #	Element Name	Image Trend Label	Year Introduced	Required Status
091	First Pass of a Clot Retrieval Device Date	First Device Activation Date	2023	Conditionally required

Description

Indicate the date the first device was activated regardless of the type of device used. Including but not limited to 1) time of first balloon inflation; 2) time of first stent deployment; or 3) time of the first treatment of lesion (AngjoJet or other thrombectomy/aspiration device, laser, rotational atherectomy). When the lesion is unable to be crossed with a guidewire or device, the time of guidewire introduction is not an allowable date/time for this field.

Coding Instructions

Format or Allowable Values
MM/DD/YYYY

Used in Metrics
Yes

AHA GWTG Element Name (OR Name of Mapping Element for Idaho-specific Field)
firstpass

Notes

First Device Activation Time

Item #	Element Name	Image Trend Label	Year Introduced	Required Status
092	First Pass of a Clot Retrieval Device Time	First Device Activation Time	2023	Conditionally required

Description

Indicate the time the first device was activated regardless of the type of device used. Including but not limited to 1) time of first balloon inflation; 2) time of first stent deployment; or 3) time of the first treatment of lesion (AngjoJet or other thrombectomy/aspiration device, laser, rotational atherectomy). When the lesion is unable to be crossed with a guidewire or device, the time of guidewire introduction is not an allowable date/time for this field.

Coding Instructions

Format or Allowable Values
HH:MM (military time)

Used in Metrics
Yes

AHA GWTG Element Name (OR Name of Mapping Element for Idaho-specific Field)
firstpass

Notes

ICD 10 Diagnosis

Item #	Element Name	Image Trend Label	Year Introduced	Required Status
093	ICD-10 Diagnosis code	ICD 10 Diagnosis	2019	Required

Description
ICD-10 stroke diagnosis codes included in the Idaho TSE Registry Stroke Inclusion Criteria: I60.00-I60.9, I61.0-I61.9, I62.9, I63.00-I63.9. See inclusion criteria here: https://idahotseregistry.org/assets//docs/2024/Stroke_Inclusion_Criteria_2024.pdf.

Coding Instructions
Note - Any cases recorded with I62.00-I62.03 or I62.1 are no longer reportable and should be reviewed for miscoding. Please leave these codes in the data query for case finding.
Optional Non-Stroke Dx code G45.9 can be entered in ImageTrend but are not reportable. At least one code is required but multiple codes may be captured.

Format or Allowable Values
Optional Non-Stroke Dx code G45.9 can be included for some facilities. Note - Any cases recorded with I62.00-I62.03 or I62.1 are no longer reportable and should be reviewed for miscoding. After review, please leave them in the data query for case finding.

Used in Metrics
Yes

AHA GWTG Element Name (OR Name of Mapping Element for Idaho-specific Field)
I10dschstkdx; I10prindx; I10otherdx

Notes

Modified Rankin Scale at Discharge Stroke

Item #	Element Name	Image Trend Label	Year Introduced	Required Status
094	Modified Rankin Scale at Discharge Stroke	Modified Rankin Scale at Discharge Stroke	2022	Conditionally required

Description
Rankin Scale Score at Time of Discharge as collected in AHA GWTG and required by Idaho TSE Registry.
Modified Rankin Scale is a 6-point disability scale for stroke patients.

Coding Instructions
Other dates/time can be captured as well (Optional), but the discharge score is mandatory.
Additional optional Rankin Scale measurements may be entered below.

Format or Allowable Values
0-No symptoms at all
1-No significant disability: despite symptoms, able to carry out all usual duties and activities
2-Slight disability: unable to carry out all previous activities but able to look after own affairs without assistance
3-Moderate disability: requiring some help, but able to walk without assistance
4-Moderately severe disability: unable to walk without assistance and unable to attend to own bodily needs without assistance
5-Severe disability: bedridden, incontinent, and requiring constant nursing care and attention.
6-Dead: The patient has expired
Not Applicable
Not Available
Not Known/Not Recorded

Used in Metrics
No

AHA GWTG Element Name (OR Name of Mapping Element for Idaho-specific Field)
rankindschscale

Notes

Modified Rankin Scale Date

Item #	Element Name	Image Trend Label	Year Introduced	Required Status
095	Modified Rankin Scale Date	Modified Rankin Scale Date	2022	Optional

Description
Date of Modified Rankin Scale Score for measurements *besides* Rankin Scale at time of discharge.

Coding Instructions
Does not apply to initial facility if patient transfers to a higher level of care. Score at discharge is captured in SK38.309. Only additional optional measurements are captured here.
Record this only when your facility provided the stroke treatment.

Format or Allowable Values
MM/DD/YYYY

Used in Metrics
No

AHA GWTG Element Name (OR Name of Mapping Element for Idaho-specific Field)
N/A

Notes

Modified Rankin Scale Time

Item #	Element Name	Image Trend Label	Year Introduced	Required Status
096	Modified Rankin Scale Time	Modified Rankin Scale Time	2022	Optional

Description
Time of Modified Rankin Scale Score for measurements *besides* Rankin Scale at time of discharge.

Coding Instructions
Does not apply to initial facility if patient transfers to a higher level of care. Score at discharge is captured in SK38.309. Only additional optional measurements are captured here.
Record this only when your facility provided the stroke treatment.

Format or Allowable Values
HH:MM (military time)

Used in Metrics
No

AHA GWTG Element Name (OR Name of Mapping Element for Idaho-specific Field)
N/A

Notes

Modified Rankin Scale

Item #	Element Name	Image Trend Label	Year Introduced	Required Status
097	Modified Rankin Scale	Modified Rankin Scale	2022	Optional

Description
Modified Rankin Scale is a 6-point disability scale for stroke patients. Starting in 2024, this field collects optional additional Rankin Scale Scores that facilities may collect as needed. The required Rankin Scale at time of diagnosis is collected in SK38.309.

Coding Instructions
Record this only when your facility provided the stroke treatment. Do not capture this if you are triage and transfer. Does not apply to initial facility if patient transfers to a higher level of care.

Format or Allowable Values
0-No symptoms at all.
1-No significant disability despite symptoms: able to carry out all usual duties and activities.
2-Slight disability: unable to carry out all previous activities but able to look after own affairs without assistance.
3-Moderate disability: requiring some help, but able to walk without assistance.
4-Moderately severe disability; unable to walk without assistance and unable to attend to own bodily needs without assistance.
5-Severe disability: bedridden, incontinent, and requiring constant nursing care and attention.
6-Dead: The patient has expired.
Not Applicable
Not Available
Not Known/Not Recorded

Used in Metrics
No

AHA GWTG Element Name (OR Name of Mapping Element for Idaho-specific Field)
N/A

Notes

Initial Vital Signs Date

Item #	Element Name	Image Trend Label	Year Introduced	Required Status
098	Initial Vital Signs Date	Vitals Date	2019	Optional

Description
The Date the Initial Vital Signs were Performed.

Coding Instructions
Multiple vital signs may be recorded. Code the date for each set of vitals.

Format or Allowable Values
MM/DD/YYYY

Used in Metrics
No

AHA GWTG Element Name (OR Name of Mapping Element for Idaho-specific Field)

Notes

Initial Vital Signs Time

Item #	Element Name	Image Trend Label	Year Introduced	Required Status
099	Initial Vital Signs Time	Vitals Time	2019	Optional

Description
The Time the Initial Vital Signs were Performed.

Coding Instructions
Multiple vital signs may be recorded. Code the time for each set of vitals.

Format or Allowable Values
HH:MM (military time)

Used in Metrics
No

AHA GWTG Element Name (OR Name of Mapping Element for Idaho-specific Field)

Notes

Systolic BP

Item #	Element Name	Image Trend Label	Year Introduced	Required Status
100	Sys. BP	Initial Assessment Systolic Blood Pressure	2019	Optional

Description

First recorded Systolic Blood Pressure in ED/hospital. You can also capture other additional BP measurements.

Coding Instructions

Format or Allowable Values

Numeric characters

Used in Metrics

No

AHA GWTG Element Name (OR Name of Mapping Element for Idaho-specific Field)

Notes

Diastolic BP

Item #	Element Name	Image Trend Label	Year Introduced	Required Status
101	Dia. BP	Initial Assessment Diastolic Blood Pressure	2019	Optional

Description

First recorded Diastolic Blood Pressure in ED/hospital. You can also capture other additional BP measurements.

Coding Instructions

Format or Allowable Values

Numeric characters

Used in Metrics

No

AHA GWTG Element Name (OR Name of Mapping Element for Idaho-specific Field)

Notes

Pulse Rate

Item #	Element Name	Image Trend Label	Year Introduced	Required Status
102	Pulse Rate	Initial ED/Hospital Pulse Rate	2019	Optional

Description

First recorded pulse rate in ED/hospital (palpated or auscultated, expressed as a number per minute). You can also capture other additional Pulse Rates

Coding Instructions

Format or Allowable Values

Number per minute

Used in Metrics

No

AHA GWTG Element Name (OR Name of Mapping Element for Idaho-specific Field)

Notes

Temperature (Celsius)

Item #	Element Name	Image Trend Label	Year Introduced	Required Status
103	Temperature (Celsius)	Initial Assessment Temperature Celsius	2019	Optional

Description

First recorded Temperature (Celsius) in the ED/Hospital. You can also capture other additional Temperature measurements.

Coding Instructions

Format or Allowable Values

Degrees in Celsius

Used in Metrics

No

AHA GWTG Element Name (OR Name of Mapping Element for Idaho-specific Field)

Notes

Temperature (Fahrenheit)

Item #	Element Name	Image Trend Label	Year Introduced	Required Status
104	Temperature (Fahrenheit)	Initial ED/Hospital Temperature in Fahrenheit	2019	Optional

Description

First recorded Temperature (Fahrenheit) in the ED/Hospital. You can also capture other additional Temperature measurements.

Coding Instructions

Format or Allowable Values

Degrees in Fahrenheit

Used in Metrics

No

AHA GWTG Element Name (OR Name of Mapping Element for Idaho-specific Field)

Notes

O2Sat

Item #	Element Name	Image Trend Label	Year Introduced	Required Status
105	O2Sat	Initial Assessment Oxygen Saturation	2019	Optional

Description

First recorded Oxygen Saturation in the ED/Hospital. You can also capture other additional Oxygen Saturation rates.

Coding Instructions

Format or Allowable Values

Percentage

Used in Metrics

No

AHA GWTG Element Name (OR Name of Mapping Element for Idaho-specific Field)

Notes

Resp. Rate

Item #	Element Name	Image Trend Label	Year Introduced	Required Status
106	Resp. Rate	Initial ED/Hospital Respiratory Rate	2019	Optional

Description

First recorded respiratory rate in the ED/hospital. You can also capture other additional Respiratory Rates

Coding Instructions

Format or Allowable Values

Number per minute

Used in Metrics

No

AHA GWTG Element Name (OR Name of Mapping Element for Idaho-specific Field)

Notes

INR

Item #	Element Name	Image Trend Label	Year Introduced	Required Status
107	INR	International Normalized Ratio	2019	Optional

Description
Measured INR (International Normalized Ratio) Lab Value

Coding Instructions

Format or Allowable Values
Numeric value

Used in Metrics
No

AHA GWTG Element Name (OR Name of Mapping Element for Idaho-specific Field)

Notes

INR Date

Item #	Element Name	Image Trend Label	Year Introduced	Required Status
108	INR Date	INR Date	2019	Optional

Description
Indicate the date the international normalized ratio (INR) sample was resulted.

Coding Instructions

Format or Allowable Values
MM/DD/YYYY

Used in Metrics
No

AHA GWTG Element Name (OR Name of Mapping Element for Idaho-specific Field)

Notes

INR Time

Item #	Element Name	Image Trend Label	Year Introduced	Required Status
109	INR Time	INR Time	2019	Optional

Description
Indicate the time the international normalized ratio (INR) sample was resulted.

Coding Instructions

Format or Allowable Values
HH:MM (military time)

Used in Metrics
No

AHA GWTG Element Name (OR Name of Mapping Element for Idaho-specific Field)

Notes

Blood Glucose

Item #	Element Name	Image Trend Label	Year Introduced	Required Status
110	Blood Glucose	Blood Glucose	2019	Optional

Description
Measured Blood Glucose Lab Value

Coding Instructions

Format or Allowable Values
Numeric value

Used in Metrics
No

AHA GWTG Element Name (OR Name of Mapping Element for Idaho-specific Field)

Notes

Date Lab Tests Completed

Item #	Element Name	Image Trend Label	Year Introduced	Required Status
111	Date Lab Tests Completed	Date Lab Tests Completed	2023	Optional

Description
Date Lab Test Completed

Coding Instructions

Format or Allowable Values
MM/DD/YYYY

Used in Metrics
No

AHA GWTG Element Name (OR Name of Mapping Element for Idaho-specific Field)
N/A

Notes

Time Lab Tests Completed

Item #	Element Name	Image Trend Label	Year Introduced	Required Status
112	Time Lab Tests Completed	Time Lab Tests Completed	2023	Optional

Description
Time Lab Tests Completed

Coding Instructions

Format or Allowable Values
HH:MM (military time)

Used in Metrics
No

AHA GWTG Element Name (OR Name of Mapping Element for Idaho-specific Field)
N/A

Notes

LDL

Item #	Element Name	Image Trend Label	Year Introduced	Required Status
113	LDL	Low Density Lipoprotein cholesterol	2019	Optional

Description

Measured LDL (Low-Density Lipoprotein) cholesterol.

Coding Instructions

Format or Allowable Values

Numeric value mg/dL

Used in Metrics

No

AHA GWTG Element Name (OR Name of Mapping Element for Idaho-specific Field)

Notes

LDL-cholesterol (LDL-c) measured within the first 48 hours or 30 days prior to hospital arrival

Item #	Element Name	Image Trend Label	Year Introduced	Required Status
114	LDL-cholesterol (LDL-c) measured within the first 48 hours or 30 days prior to hospital arrival	LDL-cholesterol (LDL-c) measured within the first 48 hours or 30 days prior to hospital arrival	2023	Optional

Description

Was the LDL-cholesterol (LDL-c) measured within the first 48 hours or 30 days prior to hospital arrival?

Coding Instructions

Format or Allowable Values

No
Yes

Used in Metrics

No

AHA GWTG Element Name (OR Name of Mapping Element for Idaho-specific Field)

Notes

Antithrombotic end of day 2

Item #	Element Name	Image Trend Label	Year Introduced	Required Status
115	Antithrombotic end of day 2	Antithrombotic end of day 2	2023	Optional

Description

Was patient administered antithrombotic therapy by the end of day 2 (excludes patients that were discharged to "other acute care hospital", left AMA, receive hospice, or deceased/expired)?

Coding Instructions

Format or Allowable Values

Yes
No
No-Contraindications

Used in Metrics

No

AHA GWTG Element Name (OR Name of Mapping Element for Idaho-specific Field)

Notes

Antithrombotic Medication

Item #	Element Name	Image Trend Label	Year Introduced	Required Status
116	Antithrombotic if yes	Antithrombotic end of day 2	2019	Optional

Description
If Antithrombotic Therapy by Day 2 = Yes, then select all that apply.

Coding Instructions

Format or Allowable Values
Antiplatelet
 Anticoagulant

Used in Metrics
No

AHA GWTG Element Name (OR Name of Mapping Element for Idaho-specific Field)

Notes

Antithrombotic at Discharge

Item #	Element Name	Image Trend Label	Year Introduced	Required Status
117	Antithrombotic at Discharge	Antithrombotic Medication(s) at Discharge	2019	Optional

Description

Was antithrombotic (antiplatelet or anticoagulant) medication prescribed at discharge (excludes patients that were discharged to "other acute care hospital," left AMA, receive hospice, or deceased/expired)?

Coding Instructions

Format or Allowable Values
Yes
No
Not Known/Not Recorded
Not Applicable

Used in Metrics
No

AHA GWTG Element Name (OR Name of Mapping Element for Idaho-specific Field)

Notes

Anticoagulant at Discharge

Item #	Element Name	Image Trend Label	Year Introduced	Required Status
118	Anticoagulant at Discharge	If atrial fib/flutter or history of PAF documented, was patient discharged on anticoagulation?	2019	Optional

Description

If patient has atrial fib/flutter or history of PAF documented, were they discharged on anticoagulation (excludes patients that were discharged to "other acute care hospital," left AMA, receive hospice, or deceased/expired)?

Coding Instructions

Format or Allowable Values
Yes
No
No/ND

Used in Metrics
No

AHA GWTG Element Name (OR Name of Mapping Element for Idaho-specific Field)

Notes

Statin at Discharge

Item #	Element Name	Image Trend Label	Year Introduced	Required Status
119	Statin at Discharge	Whether or not the patient was prescribed a Statin medication at discharge.	2019	Optional

Description

Was patient prescribed a Statin at discharge (excludes patients that were discharged to "other acute care hospital," left AMA, receive hospice, or deceased/expired)?

Coding Instructions

Format or Allowable Values
Yes
No
Not Known/Not Recorded
Not Applicable

Used in Metrics
No

AHA GWTG Element Name (OR Name of Mapping Element for Idaho-specific Field)

Notes

Statin at Discharge Dose

Item #	Element Name	Image Trend Label	Year Introduced	Required Status
120	Statin at Discharge Dose	Statin at Discharge Dose	2019	Optional

Description
Indicate the dose of statin prescribed at discharge.

Coding Instructions

Format or Allowable Values
Intensive Statin Therapy
Less than Intensive Statin Therapy

Used in Metrics
No

AHA GWTG Element Name (OR Name of Mapping Element for Idaho-specific Field)

Notes

VTE Prophylaxis Administered

Item #	Element Name	Image Trend Label	Year Introduced	Required Status
121	VTE Prophylaxis Administered (Check all that apply)	Please check all of the following regarding type of VTE prophylaxis provided:	2019	Optional

Description
Please check all of the following regarding the type(s) of Venous Thromboembolism (VTE) Prophylaxis administered.

Coding Instructions

Format or Allowable Values
N/A
Factor Xa inhibitor
Graduated compression stockings (GCS)
Intermittent pneumatic compression devices
Low dose unfractionated heparin (LDUH)
Low molecular weight heparin
Not documented or none of the options
Oral factor Xa inhibitor
Venous foot pumps
Warfarin
Patient refused

Used in Metrics
No

AHA GWTG Element Name (OR Name of Mapping Element for Idaho-specific Field)

Notes

Initial VTE prophylaxis Administered Date

Item #	Element Name	Image Trend Label	Year Introduced	Required Status
122	Initial VTE prophylaxis administered Date	What date was the initial VTE prophylaxis administered	2019	Optional

Description
Indicate the Date the patient's initial VTE prophylaxis was administered.

Coding Instructions

Format or Allowable Values
MM/DD/YYYY

Used in Metrics
No

AHA GWTG Element Name (OR Name of Mapping Element for Idaho-specific Field)

Notes

Initial VTE prophylaxis Administered Time

Item #	Element Name	Image Trend Label	Year Introduced	Required Status
123	Initial VTE prophylaxis administered Time	VTE prophylaxis Time	2019	Optional

Description
Indicate the Time the patient's initial VTE prophylaxis was administered.

Coding Instructions

Format or Allowable Values
HH:MM (military time)

Used in Metrics
No

AHA GWTG Element Name (OR Name of Mapping Element for Idaho-specific Field)

Notes

Reason No VTE Prophylaxis

Item #	Element Name	Image Trend Label	Year Introduced	Required Status
124	Documentation why VTE Prophylaxis not Administered?	If not documented or none apply, why prophylaxis was not administered at hospital admission?	2019	Optional

Description

If not documented or none of the above types of prophylaxis apply, is there documentation as to why prophylaxis was not administered at hospital admission?

Coding Instructions

Format or Allowable Values

Placeholder

Used in Metrics

No

AHA GWTG Element Name (OR Name of Mapping Element for Idaho-specific Field)

Notes

If t-PA delay that was >60 min. was a medical reason documented?

Item #	Element Name	Image Trend Label	Year Introduced	Required Status
125	No IV thrombolytic in 60 minutes	If t-PA delay that was >60 min. was a medical reason documented?	2019	Optional

Description

Was there a documented medical delay of initiation greater than 60 minutes for an IV Tissue Plasminogen Activator (t-PA)?

Coding Instructions

Format or Allowable Values

Yes
No

Used in Metrics

No

AHA GWTG Element Name (OR Name of Mapping Element for Idaho-specific Field)

Notes

Medical Reason(s) for t-PA >60 minutes

Item #	Element Name	Image Trend Label	Year Introduced	Required Status
126	Medical Reason(s) for t-PA >60 minutes	Medical Reason for tPA administered >60 minutes after arrival	2019	Optional

Description

Medical Reason for tPA administered > 60 minutes after arrival.

Coding Instructions

Check all that apply.

Format or Allowable Values

Further diagnostic evaluation to confirm stroke for patients with hypoglycemia (blood glucose <50), seizures, or major metabolic disorders
Hypertension requiring aggressive control with IV medications
Investigational or experimental protocol for thrombolysis
Management of concomitant emergent/acute conditions such as cardiopulmonary arrest
respiratory failure (requiring intubation)
Need for additional PPE for suspected/confirmed infectious disease
specify medical reason

Used in Metrics

No

AHA GWTG Element Name (OR Name of Mapping Element for Idaho-specific Field)

Notes

Dysphagia Screening Prior to any Oral Intake

Item #	Element Name	Image Trend Label	Year Introduced	Required Status
127	Dysphagia Screening Prior to any Oral Intake	Prior screening for dysphagia	2019	Optional

Description

Did your facility perform a screening of patient for dysphagia prior to oral intake of anything (Medication, Food, Liquid, etc.)?

Coding Instructions

Format or Allowable Values
Yes
No/ND
NC

Used in Metrics
No

AHA GWTG Element Name (OR Name of Mapping Element for Idaho-specific Field)

Notes

Dysphagia screening results (If screening = Yes)

Item #	Element Name	Image Trend Label	Year Introduced	Required Status
128	Dysphagia screening results (If screening = Yes)	Results after screening patient for dysphagia	2019	Optional

Description
If a patient had a Dysphagia screening, what were the results?

Coding Instructions
Record only when question "Dysphagia screening prior to any oral intake (med, food, liquid)" = "YES"

Format or Allowable Values
Pass
Fail
ND

Used in Metrics
No

AHA GWTG Element Name (OR Name of Mapping Element for Idaho-specific Field)

Notes

Assessed for Rehabilitation Services?

Item #	Element Name	Image Trend Label	Year Introduced	Required Status
129	Assessed for Rehabilitation Services?	Patient assessed for and/or received rehabilitation services during this hospitalization?	2019	Optional

Description

Patient was Assessed for and/or Received Rehabilitation Services During this Hospitalization?

Coding Instructions

Format or Allowable Values

No
Yes

Used in Metrics

No

AHA GWTG Element Name (OR Name of Mapping Element for Idaho-specific Field)

Notes

ICD-10 PCS Procedure code

Item #	Element Name	Image Trend Label	Year Introduced	Required Status
130	ICD-10 PCS Procedure code	ICD 10 Procedure	2019	Optional

Description
ICD-10 PCS (Procedural Coding System) code. Indicate the Procedure performed using the ICD-10 PCS coding system.

Coding Instructions

Format or Allowable Values
Alpha-numeric characters

Used in Metrics
No

AHA GWTG Element Name (OR Name of Mapping Element for Idaho-specific Field)

Notes

Date Procedure Performed

Item #	Element Name	Image Trend Label	Year Introduced	Required Status
131	Date Procedure Performed	The date Procedure Performed	2019	Optional

Description
Indicate the date on which the procedure was performed.

Coding Instructions

Format or Allowable Values
MM/DD/YYYY

Used in Metrics
No

AHA GWTG Element Name (OR Name of Mapping Element for Idaho-specific Field)

Notes

Time Procedure Performed

Item #	Element Name	Image Trend Label	Year Introduced	Required Status
132	Time Procedure Performed	Time Procedure Performed	2019	Optional

Description
Indicate the Time at which the Procedure was Performed.

Coding Instructions

Format or Allowable Values
HH:MM (military time)

Used in Metrics
No

AHA GWTG Element Name (OR Name of Mapping Element for Idaho-specific Field)

Notes

Stroke Education or Resource Material?

Item #	Element Name	Image Trend Label	Year Introduced	Required Status
133	Stroke Education or Resource Material?	Educational Material	2019	Optional

Description
Did the Patient or Care Giver Receive Stroke Educational or Resource Material?

Coding Instructions

Format or Allowable Values
Yes
No/Not Documented
N/A
Not Known/Not Recorded
Not performed

Used in Metrics
No

AHA GWTG Element Name (OR Name of Mapping Element for Idaho-specific Field)

Notes

Smoking Cessation Education:

Item #	Element Name	Image Trend Label	Year Introduced	Required Status
134	Smoking Counseling	Smoking Cessation Education:	2019	Optional

Description
Was smoking cessation education provided?

Coding Instructions

Format or Allowable Values
Yes
No/Not Documented
N/A
Not Known/Not Recorded
Not performed

Used in Metrics
No

AHA GWTG Element Name (OR Name of Mapping Element for Idaho-specific Field)

Notes

2024 Data Dictionary Change Log Notes

General changes in 2024
- Multiple changes made to fields to accommodate AHA GWTG import tool.

Element specific changes in 2024
- None noted.

New elements added in 2024
- SK38.143 – Hispanic Ethnicity
- SK36.36 – Date Stroke discovered
- SK36.35 – Time Stroke Discovered
- SK38.9 – How Patient Arrived at Your Hospital
- SK38.5 – Not Admitted
- SK38.7 – Reason Not Admitted
- SK36.66 – Stroke ED Discharge Disposition for Admitted Patients
- SK36.57 – Level of Stroke Team Activated
- SK38.12.date – Initial NIHSS Score Date
- SK38.12.time – Initial NIHSS Score Time
- SK38.50 – Initial NIH Stroke Scale total score
- TR18.164 – Date BI Results Interpreted
- TR18.164.1 – Time BI Results Interpreted
- TR18.165 – Was a Target Lesion (Large Vessel Occlusion) Visualized
- SK38.210 – Hospital Discharge Date
- SK38.210.5 – Hospital Discharge Time
- SK12.14 – Stroke Discharge Disposition
- TR25.28 – Advanced Directive Details
- SK36.29 – In Hospital IA catheter-based reperfusion Date:
- SK36.30 – In Hospital IA catheter-based reperfusion time:
- SK38.238 – Exclusion Criteria (contraindications) 0-3 hr treatment window
- SK38.241 – Relative Exclusion Criteria (Warnings) 0-3 hr treatment window

Retired elements in 2024
- TR1.17 – Hispanic Ethnicity
- SK38.63 – Symptom Discovery Date
- SK38.64 – Symptom Discovery Time
- TR8.8 – EMS Transport Party
- TR17.27 – ED Discharge Disposition
- SK3.81 – NIH Stroke Scale Date
- SK3.82 – NIH Stroke Scale Time
- SK3.17 - NIH Stroke Scale Score
- TR18.124 – Date Brain Imaging Reported
- TR18.125 – Time Brain Imaging Reported
- SK38.lvo_documented – Was a Target Lesion (Large Vessel Occlusion) Visualized?
- TR25.27 – Hospital discharge disposition
- SK38.85 – IA catheter date
- SK38.86 – IA catheter time
- SK38.77.1 – Reasons for not administering IV tPA in the 0 to 3-hour window

Elements not changed beyond general changes in 2024
- None noted.

Element specific changes made from Jan 2019 through December 2023
- TR1.13 – Addition of alternate residence in the demographics section. (Required data element)
- SK38.50, SK38.12.date, SK38.12.time – Changed NIH stroke scale to only require date, time, and a manual score. Only score at the initial presentation is required. (Required data element)
- TR18.165 – Updated 'Was a target lesion (Large Vessel Occlusion) Visualized?' definition. (See above.) (Required data element)
- SK44.1 – Added TICI grade element. (Required data element)
- SK45.10, SK45.10.1 – Added First Device Activation date and time elements. (Required data element)
- ST13.labcpdate, ST13.labcptime - Added "Date/Time Lab Test Completed" elements under blood glucose in optional tab. (Optional data element)
- SK38.ldlmeasdocumented - Added "LDL-cholesterol (LDL-c) measured within the first 48 hours or 30 days prior to hospital arrival" element in optional tab. (Optional data element)
- SK36.49 – Added "Smoking Cessation Education" element in optional tab.

General changes made from Jan 2019 through December 2023
- Changed abbreviations from NC to No-Contraindications and ND to Not Documented.

DESCRIPTION OF METRICS CALCULATIONS

The below table describes metrics calculations as of December 31, 2023 and applied to 2021 data. "Fac_" denotes facility-specific metric. "Bch_" denotes metric for facility category, or benchmarking data.

Workbook sheet name	Metric
'Fac_Imaging'	Time from ED arrival to brain imaging among non-transfer patients by facility and year (tdoor2BI_min)
'Bch_Imaging'	Time from ED arrival to brain imaging among non-transfer patients by facility type (CAH, Tert. care, Community care) and year (tdoor2BI_min)
'Fac_ImageRead'	Time from ED arrival to brain imaging read among non-transfer patients by facility and year (tdoor2Read_min)
'Bch_ImageRead'	Time from ED arrival to brain imaging read among non-transfer patients by facility type (CAH, Tert. care, Community care) and year (tdoor2Read_min)
'Fac_t2Thrombolytics'	Time from ED arrival to thrombolytics administration, excluding "non-hospital delays" ('Care-team unable to determine','Pending,Stroke severity too mild','Pt./Family refused','Stroke severity too mild') by facility and year (tdoor2tPA_min)
'Bch_t2Thrombolytics'	Time from ED arrival to thrombolytics administration, excluding "non-hospital delays" ('Care-team unable to determine','Pending,Stroke severity too mild','Pt./Family refused','Stroke severity too mild') by facility type (CAH, Tert. care, Community care) and year (tdoor2tPA_min)
'Fac_t2DC_LVO'	Time from arrival to ED discharge among patients transferred out of CAH and Community care hospitals OR time from arrival at first facility to ED discharge at 2nd facility for patients transferred within hospital system who have an LVO by facility and year (tdoor2DC_LVO_min)
'Bch_t2DC_LVO'	Time from arrival to ED discharge among patients transferred out of CAH and Community care hospitals OR time from arrival at first facility to ED discharge at 2nd facility for patients transferred within hospital system who have an LVO by facility type (CAH, Tert. care, Community care) and year (tdoor2DC_LVO_min)
'Fac_t2DC_nLVO'	Time from arrival to ED discharge among patients transferred out of CAH and Community care hospitals OR time from arrival at first facility to ED discharge for transferred out (different hospital system) or transferred elsewhere in facility for non-LVO LVO patients by facility and year (tdoor2DC_nonLVO_min)
'Bch_t2DC_nLVO'	Time from arrival to ED discharge among patients transferred out of CAH and Community care hospitals OR time from arrival at first facility to ED discharge for transferred out (different hospital system) or transferred elsewhere in facility for non-LVO LVO patients by facility type (CAH, Tert. care, Community care) and year (tdoor2DC_nonLVO_min)
'Fac_NonThrom_t2IACath'	Time from ED arrival to groin puncture in facilities that are *not* thrombectomy ready 24/7 by facility and year (tdoor2IACathNT_min)
'Bch_NonThrom_t2IACath'	Time from ED arrival to groin puncture in facilities that are *not* thrombectomy ready 24/7 by facility type (CAH, Tert. care, Community care) and year (tdoor2IACathNT_min)
'Fac_ThromR_t2IACath'	Time from ED arrival to groin puncture in facilities that are thrombectomy ready 24/7 by facility and year (tdoor2IACathT_min)
'Bch_ThromR_t2IACath'	Time from ED arrival to groin puncture in facilities that are thrombectomy ready 24/7 by facility type (CAH, Tert. care, Community care) and year (tdoor2IACathT_min)
'Fac_Stroke_Type'	Counts of stroke type (hemorrhagic, ischemic, mixed, I62.9) by facility and year
'Bch_Stroke_Type'	Counts of stroke type (hemorrhagic, ischemic, mixed, I62.9) by facility type (CAH, Tert. care, Community care) and year
'Fac_Volumes'	Overall reportable stroke volumes by facility and year
'Bch_Volumes'	Overall reportable stroke volumes by facility type (CAH, Tert. Care, Community care) and year
'Fac_Sex'	Overall reportable stroke volumes by sex facility and year
'Bch_Sex'	Overall reportable stroke volumes by sex facility type (CAH, Tert. care, Community care) and year
'Fac_Age_Cat'	Overall reportable stroke volumes by age category, facility, and year
'Bch_Age_Cat'	Overall reportable stroke volumes by age category, facility type (CAH, Tert. care, Community care) and year

APPENDIX A: IMAGETREND STROKE IMPORT CSV TEMPLATE

https://idahotseregistry.org/assets//docs/2024/aha_stroke_new_template.csv

APPENDIX B: TABLE OF EMS AGENCY NAMES AND CODES

EMS Agency License Number	EMS Agency Name
5601	Aberdeen / Springfield Fire District
6800	Acute Rescue and Transport, Inc.
8407	Ada County Paramedics
3100	Agrium CPO Emergency Response Team
8426	Air St. Luke's
3524	Albion Quick Response
5109	Alert 2 Up River Ambulance
4138	American Medical Response
7185	Asotin County Fire District #1
8799	Atlanta Emergency Medical Services
6228	Back Country Medics
8611	Bannock County Ambulance District
3473	Bannock County Sheriff
9619	Bannock County Sheriff's Search & Rescue
7602	Bear Lake County Ambulance Service
7605	Bingham County Search & Rescue
7603	Blackfoot Fire Department
2425	Boise BLM Smokejumpers
2499	Boise National Forest
8142	Bonner County Emergency Medical Services
4725	Bonneville County Sheriff's Search & Rescue
7102	Boundary Volunteer Ambulance Service
3324	Bruneau QRU
3502	Buhl Fire Department EMS Division
3507	Burley Fire Department
10002	BYU-Idaho Emergency Medical Services
7503	Camas County Ambulance
4311	Cambridge Ambulance
7527	Carey Quick Response Unit
5604	Caribou County Emergency Medical Services
10005	Caribou-Targhee National Forest
7410	Cascade Rural Fire & EMS
3528	Castleford Quick Response Unit
3719	Central Fire District
9928	City of Bliss Department of QRU
7601	City of Chubbuck Fire Department
3330	City of Fruitland / Payette County Paramedics
8705	City of Idaho Falls Ambulance Service
9535	City of Jerome Fire Department
7213	City of Riggins Ambulance
3517	City of Rocks / Almo QRU Inc.
2544	City of Sun Valley Fire Department
7702	Clark County Ambulance
6103	Clark Fork Valley Ambulance Service, Inc.

EMS Agency License Number	EMS Agency Name
10011	Classic Air Care, LLC - dba Classic Air Medical
7219	Clearwater County Ambulance
6723	Clearwater Paper Fire Department
5210	Clearwater Quick Response Unit
5310	Council Valley Ambulance
3225	Craigmont Quick Response and Extrication
3229	Culdesac Q R U
7212	Deary Ambulance
3539	Declo Q R U
3515	Dietrich Quick Response Unit, Inc.
7423	Donnelly Ambulance – ILS
5430	East Boise County Ambulance District
1730	Elk Bend Quick Response Unit
5201	Elk City Ambulance Inc.
6919	Elmore Ambulance Service-ALS
7511	Elmore County Ambulance
7522	Emergency Response Ambulance-ALS
3325	Emmett Fire Department
3538	Filer Quick Response Unit
4429	Fireline Medics LLC
2626	Fort Hall Fire & EMS District
7614	Franklin County Ambulance Association
3612	Franklin County Fire District
7704	Fremont County Emergency Medical Services
10015	Front Line EMS, LLC
7391	Garden Valley Fire Protection District
8144	Gateway Fire Protection District-Amb
7306	Gem County Emergency Medical Services
7218	Genesee Community Ambulance
5415	Gibbonsville Quick Response
8867	Glenwood Caribel Volunteer Fire District
7504	Gooding County Emergency Medical Services
9508	Gooding Fire Department
2551	Gowen Field Fire Department
7305	Grand View Ambulance Service
5710	Greater Swan Valley Fire Protection Dist. #2
3954	Hagerman Fire Protection District
2541	Hailey Fire Department
10009	Hall Mountain Volunteer Fire Department
7104	Harrison Community Ambulance
5302	Homedale Ambulance
5402	Horseshoe Bend Ambulance
4733	Idaho Army National Guard (IDARNG) Emergency Medical Services
8310	Idaho Bureau of Land Management
6480	Injury Care EMS
7727	INL Fire Department-ALS

EMS Agency License Number	EMS Agency Name
7216	J-K Ambulance
7202	Kamiah Ambulance
7506	Ketchum Fire Department
2422	Kiewit Mining Group, Inc.
7215	Kooskia Ambulance
8146	Kootenai County Emergency Medical Services
7403	Kuna Rural Fire District
5706	Leadore EMTs, Inc.
6559	Lemhi Inter-Facility Transfer (LIFT)
8210	Lewiston Fire Department – ALS
1036	Life Flight Network, LLC
7507	Life Run Ambulance-ALS
10006	Lifestar EMS & Rescue, Inc.
7509	Lincoln County EMS
7707	Lost River EMT's Inc
3219	Lowell QRU
7708	Madison County Ambulance
8520	Magic Valley Paramedics
5312	Marsing Ambulance Service Inc.
7427	McCall Fire & Emergency Medical Services
3216	McCall Smokejumpers
3512	Meadows Valley Emergency Services
3431	Micron Technology, Inc.
5317	Midvale Ambulance
1539	Mini-Cassia Search and Rescue Unit, Inc.
3505	Minidoka County Fire Protection Dist
4638	Monsanto Fire & Rescue
7203	Moscow Fire Department-AMB
7818	MRW EMS
7714	Mud Lake Ambulance
3321	New Plymouth QRU
7204	Nezperce Ambulance Inc.
7709	North Custer Hospital District
10003	Northern Idaho National Forests, USFS
3120	Northside Fire District
3530	Oakley Quick Response Unit Inc.
4610	Oneida County Ambulance
88888	Out of State Known
5918	PACT EMS
7303	Parma Ambulance Service
10008	Patronus Medical Services at Gozzer Ranch
3645	Payette City Fire
6356	Portneuf Medical Center
7206	Potlatch Ambulance
5221	Powell QRU
7620	Power County Emergency Medical Services

EMS Agency License Number	EMS Agency Name
3501	Prairie QRU and Fire, Inc.
2147	Prichard / Murray Volunteer Fire Dept
7114	Priest Lake Emergency Medical Technicians, Inc.
5509	Raft River Fire Protection District
3720	Roberts Fire District QRU
3529	Rock Creek Quick Response Unit
8728	Rocky Mountain Holdings, LLC
9540	Rupert City Fire / Rescue
4120	Sagle Fire District
7711	Salmon Advanced EMT's
9703	Salmon Search & Rescue
6615	Salmon-Challis National Forest
5945	Sam Owen Fire District
2130	Sandpoint Fire Department
10004	Sawtooth National Forest
2145	Schweitzer Fire District
4612	SERV 1
7617	Shelley - Firth QRU
7807	Shoshone County EMS Corporation-ILS
3124	Shoshone County Fire Protection District #1
3135	Shoshone County Fire Protection District #2
3111	Silver Mountain Ski Patrol
7712	South Custer County Ambulance
2126	St. Joe EMS Inc.
7113	St. Maries Ambulance
3116	St. Maries Fire Protection District
7207	St. Mary's Hospital Ambulance – ALS
5510	Stanley Ambulance
7208	Syringa General Hospital Ambulance – ILS
6232	Tahoe QRU
6665	Tamarack Ski Patrol
3705	Teton County Fire Protection District
6034	Teton County Sheriff's Search & Rescue
4701	Thompson Creek Ambulance
7479	Treasure Valley Emergency Medical Services System
8327	Treasure Valley Paramedics
7217	Troy Volunteer Ambulance
2542	Twin Falls Fire & Rescue
3770	USDA
10014	Victory EMS
8304	Weiser Ambulance District
3543	Wendell Rural Fire District EMS Division
3545	West Cassia Q R U
3503	West End Fire & Rescue
8730	West Pend Oreille Fire District
5618	Westside Fire District

EMS Agency License Number	EMS Agency Name
2230	White Bird Quick Response Unit
4018	Wilderness Medics, Inc.
3434	Wilderness Ranch Fire Protection District
3231	Winchester Quick Response Unit
5855	Wolf EMS and Rescue
7512	Wood River Fire & Rescue
88888	**Out-of-State – Known**
9999	**Unknown**

APPENDIX C: DATA ELEMENTS IN IMAGETREND IMPORT MAPPING

ImageTrend Data Element	Mapping Name	Element Description
TR1.15	sex	Gender
TR200.1	l10dschstkdx	ICD 10 Diagnosis
TR1.7	dob	Patient Date of Birth
TR1.12	age	Patient's Age
TR1.13	homeless	Alternate Home Residence
TR1.20	zip	Patient's Zip Code
TR1.16	race	Race
SK38.143	hisethni	Hispanic Ethnicity
TR18.56	arrdt	ED Admission Time
TR25.33	admdt	Hospital Admission Date
SK38.5	notadm	Patient Not Admitted
SK38.7	notadmreas	Reason Not Admitted
TR17.59	reastransfer	ED Destination Determination
SK38.210.5	disdate	Time
SK12.14	dschstat	Stroke Discharge Disposition
SK12.14.1	dschothfac	Stroke Other Facility
TR200.1	l10prindx	ICD 10 Diagnosis
TR200.1	l10otherdx	ICD 10 Diagnosis
SK38.9	patientarrival	How Patient Arrived at Your Hospital
SK38.4	advnotice	Advanced Notification by EMS
SK38.12	nihssyn	Initial NIH Stroke Scale
SK38.50	nihssscore	Total Score
SK38.12	nihssperf	Initial NIH Stroke Scale
SK38.12.time	nihssdt	Initial NIH Stroke Scale Time
TR38.20.2	lastknownwell	Last Known Well Time
SK36.35	symptomdt	Date Time Stroke Discovered
SK38.69	ctcompdt	Brain Imaging Initiation Time
TR18.165	targles	Was a Target Lesion (Large Vessel Occlusion) Visualized
SK36.58	teamactivatedt	Stroke Team Activated Date
TR17.15	teamarrivedt	Date Physician Arrived
TR17.ED_Time	edassessdt	Time of ED Physician Assessment
TR17.8	neuroassessdt	Time Consulting Practitioner Requested
TR18.164.1	ctrepdt	Time Results Read
ST13.labcptime	labcompdt	Time Lab Tests Completed
SK36.71	ivthroinit	Was TPA Drug Administered?
SK36.97	thromboused	Thrombolytic Used
SK38.238	exclusion	Exclusion Criteria (contraindications) 0-3 hr treatment window
SK38.241	relexclusion	Relative Exclusion Criteria (Warnings) 0-3 hr treatment window
SK38.81	ivtpadelay	No IV thrombolytic in 60 minutes
SK36.30	iatpadt	In Hospital Catheter Reperfusion Time
SK10.4.1	vteproplduh	Please check all of the following regarding type of VTE prophylaxis provided:
SK10.4.1	vteproplmwh	Please check all of the following regarding type of VTE prophylaxis provided:

ImageTrend Data Element	Mapping Name	Element Description
SK10.4.1	vtepropipc	Please check all of the following regarding type of VTE prophylaxis provided:
SK10.4.1	vtepropgcs	Please check all of the following regarding type of VTE prophylaxis provided:
SK10.4.1	vtepropfactorxa	Please check all of the following regarding type of VTE prophylaxis provided:
SK10.4.1	vtepropwarfarin	Please check all of the following regarding type of VTE prophylaxis provided:
SK10.4.1	vtepropvenftpump	Please check all of the following regarding type of VTE prophylaxis provided:
SK10.4.1	vtepropaspirin	Please check all of the following regarding type of VTE prophylaxis provided:
SK10.4.1	vtepropnd	Please check all of the following regarding type of VTE prophylaxis provided:
SK10.4.1	vteproporalfactorxa	Please check all of the following regarding type of VTE prophylaxis provided:
SK10.4.10	vtedate	What date was the initial VTE prophylaxis administered
SK10.4.11	novteadmis	If not documented or none apply, why prophylaxis was not administered at hospital admission?
SK38.102	antiplateletadm	Antithrombotic end of day 2
SK38.149	antithrom2type	Antithrombotic If yes
SK38.309	rankindschscale	Modified Rankin Scale at Discharge Stroke
SK38.41	afibdischarge	If atrial fib/flutter or history of PAF documented, was patient discharged on anticoagulation?
SK36.73	ivthrodt	Time Administered
TR1.8	jc_firstname	Patient's FirstName
TR1.9	jc_lastname	Patient's LastName
TR17.61	Transferhosp:transfer_fac_hos_name	Hospital Transferred To
TR33.1	Transfername:transfer_fac_hos_name	Referring Facility Name
TR33.1	jc_referringFacility	Referring Facility Name
TR25.47	Hospital admission time	Hospital Admission Time
TR17.30	jc_directAdmit	Direct Admit
SK8.1.1	jc_reasonsNoTPA	Were the following reasons for not administering IV thrombolytic therapy explicitly documented?
SK44.1	thromticigrade	TICI Grade
SK45.10	firstpassdt	First Pass of a Clot Retrieval Device Date
SK45.10.1	firstpassdt	First Pass of a Clot Retrieval Device Time
TR17.25	jc_EDDischargeDate	ED Discharge Date
TR17.26	jc_EDDischargeTime	ED Discharge Time
SK38.94	jc_dysphagiaScreen	Prior screening for dysphagia

APPENDIX D: IMAGETREND IMPORT TOOL DATA ELEMENT MAPPING VALUES

ImageTrend Data Element	Element Description	Mapping Code	Mapping Description	Name
SK10.4.1	Please check all of the following regarding type of VTE prophylaxis provided: *Have submitted ticket to ImageTrend to understand and fix apparent mapping discrepancy.*	1	Low dose unfractionated heparin (LDUH)	Low dose unfractionated heparin (LDUH)
		2	Low molecular weight heparin	Low molecular weight heparin
		3	Intermittent pneumatic compression devices	Intermittent pneumatic compression devices
		4	Graduated compression stockings (GCS)	Graduated compression stockings (GCS)
		5	Factor Xa inhibitor	Factor Xa inhibitor
		6	Warfarin	Warfarin
		7	Not documented or none of the options	Not documented or none of the options
		8	Venous foot pumps	Venous foot pumps
		9	Oral factor Xa inhibitor	Oral factor Xa inhibitor
		10	Aspirin	Patient refused
SK10.4.11	If not documented or none apply, why prophylaxis was not administered at hospital admission?	1	Yes	Yes
		2	No	No
SK12.14	Stroke Discharge Disposition	1	Home	Home
		2	Hospice - Home	Hospice - Home
		3	Hospice - Health Care Facility	Hospice - Health Care Facility
		4	Acute Care Facility	Acute Care Facility
		5	Other Health Care Facility	Other Health Care Facility
		6	Expired	Expired
		7	Left Against Medical Advice/AMA	Left Against Medical Advice/AMA
		8	Not Documented or Unable to Determine (UTD)	Not Documented or Unable to Determine (UTD)

ImageTrend Data Element	Element Description	Mapping Code	Mapping Description	Name
SK12.14.1	Stroke Other Facility	1	Skilled Nursing Facility (SNF)	Skilled Nursing Facility (SNF)
		2	Inpatient Rehabilitation Facility (IRF)	Inpatient Rehabilitation Facility (IRF)
		3	Long Term Care Hospital (LTCH)	Long Term Care Hospital (LTCH)
		4	Intermediate Care Facility (ICF)	Intermediate Care Facility (ICF)
		5	Other	Other
SK36.71	Was TPA Drug Administered?	1	Yes	Yes
		2	No	No/Not Performed
SK36.97	Thrombolytic Used	1	Alteplase (Class 1 evidence)	t-PA (Tissue Plasminogen Activator)
		2	Tenecteplase (Class 2 evidence)	TNK (Tenecteplase)
SK38.102	Antithrombotic end of day 2	1	Yes	Yes
		2	No	No
		3	NC	No-Contraindications
SK38.12	Initial NIH Stroke Scale	1	Yes	Yes
		2	No/ND	No/ND
SK38.143	Hispanic Ethnicity	1	Yes	Yes
		2	No/UTD	No/UTD
SK38.149	Antithrombotic If yes	1	Antiplatelet	Antiplatelet
		2	Anticoagulant	Anticoagulant
SK38.238	Exclusion Criteria (contraindications) 0-3 hr treatment window	1	C1: Elevated blood pressure (systolic > 185 mm Hg or diastolic > 110 mm Hg) despite treatment	C1: Elevated blood pressure (systolic > 185 mm Hg or diastolic > 110 mm Hg) despite treatment
		2	C2: Recent intracranial or spinal surgery or significant head trauma, or prior stroke in previous 3 months	C2: Recent intracranial or spinal surgery or significant head trauma, or prior stroke in previous 3 months

ImageTrend Data Element	Element Description	Mapping Code	Mapping Description	Name
		3	C3: History of previous intracranial hemorrhage, intracranial neoplasm, arteriovenous malformation, or aneurysm	C3: History of previous intracranial hemorrhage, intracranial neoplasm, arteriovenous malformation, or aneurysm
		4	C4: Active internal bleeding	C4: Active internal bleeding
		5	C5: Acute bleeding diathesis (low platelet count, increased PTT, INR >= 1.7 or use of NOAC)	C5: Acute bleeding diathesis (low platelet count, increased PTT, INR >= 1.7 or use of NOAC)
		6	C6: Symptoms suggest subarachnoid hemorrhage	C6: Symptoms suggest subarachnoid hemorrhage
		7	C7: CT demonstrates multilobar infarction (hypodensity >1/3 cerebral hemisphere)	C7: CT demonstrates multilobar infarction (hypodensity >1/3 cerebral hemisphere)
		8	C8: Arterial puncture at noncompressible site in previous 7 days	C8: Arterial puncture at noncompressible site in previous 7 days
		9	C9: Blood glucose concentration <50 mg/dl (2.7 mmol/L)	C9: Blood glucose concentration <50 mg/dl (2.7 mmol/L)
SK38.241	Relative Exclusion Criteria (Warnings) 0-3 hr treatment window	1	W1: Care-team unable to determine eligibility	W1: Care-team unable to determine eligibility
		10	W10: Major surgery or serious trauma within previous 14 days	W10: Major surgery or serious trauma within previous 14 days
		11	W11: Recent gastrointestinal or urinary tract hemorrhage (within previous 21 days)	W11: Recent gastrointestinal or urinary tract hemorrhage (within previous 21 days)
		2	W2: IV or IA thrombolysis/thrombectomy at an outside hospital prior to arrival	W2: IV or IA thrombolysis/thrombectomy at an outside hospital prior to arrival
		3	W3: Life expectancy < 1 year or severe co-morbid illness or CMO on admission	W3: Life expectancy < 1 year or severe co-morbid illness or CMO on admission
		4	W4: Pregnancy	W4: Pregnancy
		5	W5: Patient/family refusal	W5: Patient/family refusal
		6	W6: Rapid improvement	W6: Rapid improvement
		7	W7: Stroke severity too mild	W7: Stroke severity too mild
		8	W8: Recent acute myocardial infarction (within previous 3 months)	W8: Recent acute myocardial infarction (within previous 3 months)
		9	W9: Seizure at onset with postictal residual neurological impairments	W9: Seizure at onset with postictal residual neurological impairments
SK38.309	Modified Rankin Scale at Discharge Stroke	0	No symptoms at all	No symptoms at all

ImageTrend Data Element	Element Description	Mapping Code	Mapping Description	Name
SK38.309	Modified Rankin Scale at Discharge Stroke	1	No significant disability despite symptoms: Able to carry out all usual activities	No significant disability despite symptoms: Able to carry out all usual activities
		2	Slight disability	Slight disability
		3	Moderate disability: Requiring some help but able to walk without assistance	Moderate disability: Requiring some help but able to walk without assistance
		4	Moderate to severe disability: Unable to walk without assistance and unable to attend to own bodily needs without assistance	Moderate to severe disability: Unable to walk without assistance and unable to attend to own bodily needs without assistance
		5	Severe disability: Bedridden, incontinent and requiring constant nursing care and attention	Severe disability: Bedridden, incontinent and requiring constant nursing care and attention
		6	Death	Death
SK38.4	Advanced Notification by EMS	1	Yes	Yes
		2	No/ND	No
SK38.41	If atrial fib/flutter or history of PAF documented, was patient discharged on anticoagulation?	1	Yes	Yes
		2	No/ND	Not Documented
		3	NC	No-Contraindications
SK38.5	Patient Not Admitted	1	Yes, not admitted	Yes, not admitted
		2	No, patient admitted as inpatient	No, patient admitted as inpatient
SK38.7	Reason Not Admitted	1	Transferred from your ED to another acute care hospital	Transferred from your ED to another acute care hospital
		2	Discharge directly from ED to home or other location that is not an acute care hospital	Discharge directly from ED to home or other location that is not an acute care hospital
		3	Left from ED AMA	Left from ED AMA
		4	Died in ED	Died in ED
		5	Discharged from observation status without an inpatient admission	Discharged from observation status without an inpatient admission
		6	Other	Other

ImageTrend Data Element	Element Description	Mapping Code	Mapping Description	Name
SK38.81	No IV thrombolytic in 60 minutes	1	Yes	Yes
		2	No	No
SK38.9	How Patient Arrived at Your Hospital	1	EMS from home/scene	EMS from home/scene
		10	Mobile Stroke Unit	Mobile Stroke Unit
		2	Private transportation/taxi/other from home/scene	Private transportation/taxi/other from home/scene
		3	Transfer from another hospital	Transfer from another hospital
		9	ND or Unknown	ND or Unknown
SK38.94	Prior screening for dysphagia	1	Yes	Yes
		2	NC	No-Contraindications
		3	No/ND	No/Not Documented
SK44.1	TICI Grade	1	Grade 0	Grade 0
		2	Grade 1	Grade 1
		3	Grade 2a	Grade 2a
		4	Grade 2b	Grade 2b
		5	Grade 3	Grade 3
		6	ND	Not Documented
SK8.1.1	Were the following reasons for not administering IV thrombolytic therapy explicitly documented?	0	Not Applicable	Not Applicable
		1	Contraindications	Contraindications
		10	IV or IA tPA given at outside hospital	Thrombolytics given at outside hospital
		11	Time Protocol Not Met (Out of Window)	Time Protocol Not Met (Out of Window)
		2	CT findings (ICH, SAH, or major infarct signs)	CT findings (ICH, SAH, or major infarct signs)
		3	Warnings: conditions that might lead to unfavorable outcomes	Warnings: conditions that might lead to unfavorable outcomes

ImageTrend Data Element	Element Description	Mapping Code	Mapping Description	Name
		4	Advanced Age	Advanced Age
		5	Stroke severity too mild	Stroke severity too mild
		6	Rapid Improvement	Rapid Improvement
		7	Life expectancy <1 year or severe co-morbid illness or CMO on admission	Life expectancy <1 year or severe co-morbid illness or CMO on admission
		8	Pt./Family refused	Pt./Family refused
		9	Care team unable to determine eligibility	Care team unable to determine eligibility
		99	No Contraindication Documented	Not known/not recorded
TR1.13	Alternate Home Residence	1	Homeless	Homeless
TR1.15	Gender	1	Male	Male
		2	Female	Female
		3	Not Known/Not Recorded	Not Known/Not Recorded
TR1.16	Race	1	White	White
		2	Black or African American	Black or African American
		3	Asian	Asian
		4	American Indian	American Indian
		5	Native Hawaiian or Other Pacific Islander	Native Hawaiian or Other Pacific Islander
		6	Unable To Determine	Unable To Determine
TR17.30	Direct Admit	1	No	No
		2	Yes	Yes
		3	Not Applicable	Not Applicable
		4	Not Known/Not Recorded	Not Known/Not Recorded
TR17.59	ED Destination Determination	1	Evaluation for IV tPA up to 4.5 hours	Evaluation for IV tPA up to 4.5 hours

ImageTrend Data Element	Element Description	Mapping Code	Mapping Description	Name
		2	Post Management of IV tPA (e.g. Drip and Ship)	Post Management of IV tPA (e.g. Drip and Ship)
		3	Evaluation for Endovascular thrombectomy	Evaluation for Endovascular thrombectomy
		4	Advanced stroke care (e.g., Neurocritical care, surgical or other time critical therapy)	Advanced stroke care (e.g., Neurocritical care, surgical or other time critical therapy)
		5	Patient/family request	Patient/family request
		6	Other advanced care (not stroke related)	Other advanced care (not stroke related)
TR18.165	Was a Target Lesion (Large Vessel Occlusion) Visualized	1	Yes	Yes
		2	No/ND	No/ND