

Arizona Quality Assurance Tool Box

Stroke



Notes for EMS Agency PI Coordinator:

The following data element list originates from the [Arizona Data Dictionary](#) that was developed by the [EMS Registry Users Group](#). While each agency may review additional data, we encourage you to analyze these measures on a quarterly basis. Additionally, [state reports](#) allow EMS agencies the opportunity to benchmark their performance against the aggregate.

This report analyzes the following four performance measures:

- 1) Reduce the length of time between important time intervals following dispatch,
- 2) Increase the frequency that patients with signs and symptoms of Stroke have the following documented:
 - a) Stroke assessment,
 - b) Time patient was last known well, or if unknown, the time signs and symptoms were identified,
 - c) Blood glucose, End Tidal CO₂ (ETCO₂), Systolic Blood Pressure (SBP), and Pulse Oximetry.
- 3) Increase the frequency that the receiving hospital was pre-notified of a possible stroke patient, and
- 4) Transportation to a stroke center when appropriate.

Stroke Data Set	The time intervals of unit notification, unit en route, unit arrival on scene, and unit transfer of care	E05_04: Unit Notified by Dispatch Date/Time E05_06: Patient Contact Date/Time E05_09: Unit Left Scene Date/Time E05_08: Transfer of Patient Care Date/Time
	Documentation of the time that the patient was last known to be well, or if this is unknown, the time that the signs or symptoms of stroke were identified.	E05_01: Incident or Onset Date/Time
	Documentation that a stroke assessment was performed	E14_24: Stroke Scale IT13_11: Stroke Scale Speech IT13_12: Stroke Scale Facial Droop IT13_13: Stroke Scale Arm Drift
	The date and time that the facility was notified following a positive stroke assessment	IT5_71: Receiving Hospital Contacted Date/Time (for STEMI or STROKE)
	Determination of three hour therapeutic time window by measuring the difference between: <ul style="list-style-type: none"> • Time the patient was last known well, or if this is unknown, the time that the signs and symptoms were identified, and • The time the hospital was notified of a positive stroke assessment. 	E05_01: Incident or Onset Date/Time IT5_71: Receiving Hospital Contacted Date/Time (for STEMI or STROKE)
	For suspected stroke patients, document a Blood Glucose Level, ETCO ₂ , a Systolic Blood Pressure and Pulse Oximetry.	E14_01: Date/Time Vital Signs Taken E14_14: Blood Glucose Level E14_13: End Tidal or Other CO₂ Level E14_04: SBP (Systolic Blood Pressure) E14_09: Pulse Oximetry
	Is the receiving hospital a stroke receiving center?	E20_01: Destination/Transferred to, Name E20_16: Reason for Choosing Destination 4990 to 5040, Select One