

Stroke Performance Improvement Form

~ Hospital ~

Date: _____

Name of Entity: _____

Person
Completing Report: _____

Reporting Period	Due Date
___ (Jan → Mar)	April 30
___ (Apr → Jun)	July 31
___ (Jul → Sep)	Oct 31
___ (Oct → Dec)	Jan 31

Performance Improvement Criteria / Indicators		
1	Total number of stroke patients treated at your facility	
2	Total number of stroke patients transferred to hospitals WITHIN RAC-K this quarter	
3	Total number of stroke patients transferred to hospitals OUTSIDE RAC-K this quarter	
4	Total number of non-traumatic hemorrhages	
5	Number of Transient Ischemic Attacks (TIA) with symptom onset < 8 hours prior to ED arrival	
6	Number of non-traumatic hemorrhages with symptom onset < 8 hours prior to ED arrival	
7	Number of ischemic stroke (infarcts) with symptom onset < 8 hours prior to ED arrival	
	7a How many infarcts had symptom onset > 3 hours but < 4½ hours prior to ED arrival	
	7b How many infarcts had symptom onset < 3 hours prior to ED arrival?	
	7c How many infarcts received tPA within > 3 hours but < 4½ hours of symptom onset?	
	7d How many symptomatic hemorrhages occurred with tPA use?	
	7e How many infarcts with symptom onset < 4½ hours prior to ED arrival met EXCLUSION CRITERIA FOR tPA?	
8	How many infarcts or hemorrhages were transferred to a comprehensive or primary stroke center?	
	8a Of the number in 8, how many received tPA before transfer?	
9	Intrafacility time > 90 minutes prior to transfer to higher level of care	
10	Total number of deaths due to stroke	

Specific Occurrence Report		
Age: _____	Gender: _____	Chart Identification #: _____
Type of Stroke:		
<input type="checkbox"/> Transient Ischemic Attack (TIA) <input type="checkbox"/> Hemorrhagic <input type="checkbox"/> Ischemic		
Occurrence:		
<input type="checkbox"/> Transfer outside RAC-K <input type="checkbox"/> Transfer declined by patient / family <input type="checkbox"/> tPA declined by patient / family <input type="checkbox"/> Transfer denied <input type="checkbox"/> Transfer > 90 post arrival to ED <input type="checkbox"/> Symptomatic hemorrhage with tPA <input type="checkbox"/> Death due to stroke		
Patient Outcome:		
Provider Discussion:		
Contributing Factors: <input type="checkbox"/> Inadequate system guidelines/ protocols <input type="checkbox"/> Patient left AMA <input type="checkbox"/> Documented DNR <input type="checkbox"/> Hospital diversion <input type="checkbox"/> Other: _____		

Please do not fill in this section – For RAC-K PI Committee Review	
___ No negative outcome ___ Minor Negative outcome ___ Significant system performance error ___ Major deviation from desired system performance ___ Unable to determine	Standard of Care Met? Yes / No ___ RAC-K guidelines followed ___ Minor deviation from RAC-K guidelines ___ Significant deviation from RAC-K guidelines ___ Major deviation from RAC-K guidelines ___ Unable to determine
Action Plan	
<input type="checkbox"/> No action needed <input type="checkbox"/> Hospital / EMS action plan requested <input type="checkbox"/> Review with hospital or EMS provider <input type="checkbox"/> Refer to Texas DSHS <input type="checkbox"/> Track and Trend <input type="checkbox"/> Assign to workgroup <input type="checkbox"/> Education <input type="checkbox"/> Request closed Executive Committee review <input type="checkbox"/> RAC-K guideline review <input type="checkbox"/> Other: _____	