

COMFORT (STK)

When is the earliest physician, APN, or PA documentation of comfort measures only?

- Day of arrival (day 0) or day after arrival (day 1)
- Two or more days after arrival (day 2 or greater)
- 3. Comfort measures only documented during hospital stay, but timing unclear
- 99. Comfort measures only was not documented by the physician/APN/PA or unable to determine

CLNTRIAL (STK)

During this hospital stay, was the patient enrolled in a clinical trial in which patients with stroke were being studied?

- 1. Yes
- 2. No

ECARINTV (STK)

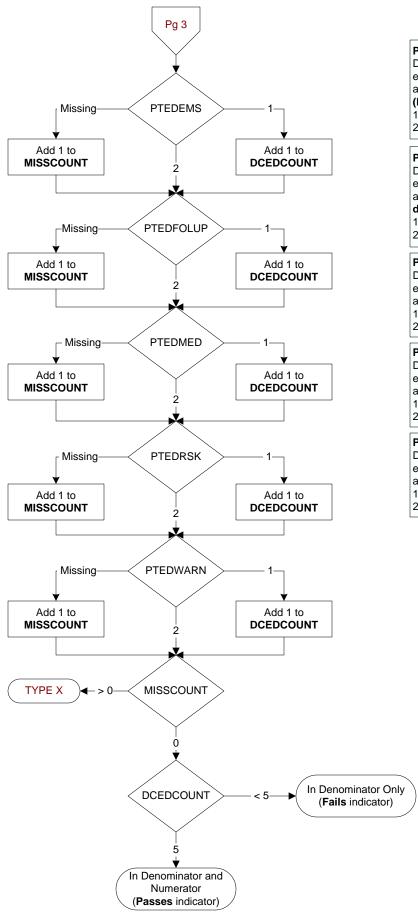
Is there documentation that this admission was for the sole purpose of performance of an elective carotid intervention procedure (e.g., elective carotid endarterectomy, carotid angioplasty, carotid stenting)?

- 1. Yes
- 2. No

DCDISPO (STK)

What was the patient's discharge disposition on the day of discharge?

- 1. Home
- -- Assisted Living Facilities (ALFs) includes assisted living care at nursing home/facility
- -- Court/Law Enforcement includes detention facilities, jails, and prison
- -- Home includes board and care, domiciliary, foster or residential care, group or personal care homes, retirement communities, and homeless shelters -- Home with Home Health Services
- -- Outpatient Services including outpatient procedures at another hospital, outpatient Chemical Dependency Programs and Partial Hospitalization
- 2. Hospice Home (or other home setting as listed in #1 above)
- 3. Hospice Health Care Facility
- -- General Inpatient and Respite, Residential and Skilled Facilities, and Other Health Care Facilities
- 4. Acute Care Facility
- -- Acute Short Term General and Critical Access Hospitals
- -- Cancer and Children's Hospitals
- -- Department of Defense and Veteran's Administration Hospitals
- 5. Other Health Care Facility
- -- Extended or Immediate Care Facility (ECF/ICF)
- -- Long Term Acute Care Hospital (LTACH)
- -- Nursing Home or Facility including Veteran's Administration Nursing Facility
- -- Psychiatric Hospital or Psychiatric Unit of a Hospital
- -- Rehabilitation Facility including Inpatient Rehabilitation Facility/Hospital or Rehabilitation Unit of a Hospital
- -- Skilled Nursing Facility (SNF), Sub-Acute Care or Swing Bed
- -- Transitional Care Unit (TCU)
- -- Veteran's Home
- 6. Expired
- 7. Left Against Medical Advice/AMA
- 99. Not documented or unable to determine



PTEDEMS (STK)

Did the WRITTEN discharge instructions or other educational material given to the patient/caregiver address activation of the emergency medical system (EMS) if signs or symptoms of stroke occur?

- 1. Yes
- 2. No

PTEDFOLUP (STK)

Did the WRITTEN discharge instructions or other educational material given to the patient/caregiver address follow-up with a physician/APN/PA after discharge?

- 1. Yes
- 2. No

PTEDMED (STK)

Did the WRITTEN discharge instructions or other educational material given to the patient/caregiver address all discharge medications?

- 1. Yes
- 2. No

PTEDRSK (STK)

Did the WRITTEN discharge instructions or other educational material given to the patient/caregiver address **risk factors for stroke**?

- 1. Yes
- 2. No

PTEDWARN (STK)

Did the WRITTEN discharge instructions or other educational material given to the patient/caregiver address warning signs and symptoms of stroke?

- 1. Yes
- 2. No