

GTWG Stroke PMT (Standard and Coverdell) Crosswalk with MSRT

Line	PMT Data Element Name	X	GTWG	MSRT	TJC	MSRT Data Element Name
1	Patient ID		Required	Required	Required	Patient ID
2	Final clinical diagnosis related to stroke		Required	Required	NA	Final hospital diagnosis related to stroke that was ultimately responsible for this admission
3	ICD-9-CM Principal Diagnosis Code		Required	Required	Required	Principal ICD-9 discharge diagnosis
4	When is the earliest documentation of comfort measures only?		Required	Required	Required	When is the earliest documented time that patient was on CMO?
5	Discharge Status		Required	Required	Required	Discharge destination
6	ARRIVAL AND ADMISSION INFORMATION					
7	During this hospital stay, was the patient enrolled in a clinical trial in which patients with the same condition as the measure set were being studied?	JC,@	NA	Optional	Required	Was this patient in a stroke-related clinical trial?
8	Was this patient admitted for the sole purpose of performance of elective carotid intervention?	JC,@	NA	Optional	Required	Elective Carotid intervention the sole purpose for admission?
9	Patient location when stroke symptoms discovered		Required	Required	NA	Place of occurrence
10	How patient arrived at your hospital		Required	Required	NA	Arrival mode
11	Was the patient an ED patient at the facility?	JC	NA	NA	Required	NA
12	Where patient first received care at your hospital		Required	Required	NA	Where patient was first evaluated
13	Advanced notification by EMS?	@	Optional	Optional	NA	EMS notification
14	Arrival Date		Required	Required	Required	Arrival date
15	Arrival Time		Required	Required	Required	Arrival time
16	Admit Date		Required	Required	Required	Admission date
17	Not admitted, Transferred from your ED	X	Required	Required	NA	If not admitted to this hospital, where was patient transferred/released?
18	Where was the patient cared for and by whom? Admission type	@	Optional	NA	NA	Admit type (Where patient care occurred)
19	Where was the patient cared for and by whom? Stroke Consult	@	Optional	NA	NA	Consult type (Where patient care occurred)
20	Where was the patient cared for and by whom? Unit Location	@	Optional	Optional	NA	Unit type (Where patient care occurred)
21	Physician/Provider NPI:		Optional	NA	NA	Position
22	DEMOGRAPHICS					
23	Birth Date	JC	NA	NA	Required	NA
24	Age		Required	Required	Required	Age
25	Gender		Required	Required	Required	Gender
26	Hispanic Ethnicity		Required	Required	Required	Ethnicity
27	Race		Required	Required	Required	Race
28	Specify other race	@	Optional	NA	NA	NA
29	Health Insurance Status		Required	Required	NA	Health insurance
30	MEDICAL HISTORY					
31	Atrial fibrillation/flutter		Required	Required	Required	Atrial fibrillation/flutter
32	CAD/Prior MI		Required	Required	NA	MI or CAD
33	Carotid stenosis		Required	Required	NA	Carotid stenosis
34	Currently pregnant or within 6 weeks postpartum		Required	Required	NA	Currently pregnant or within 6 weeks postpartum
35	Diabetes mellitus (DM)		Required	Required	NA	Diabetes mellitus (DM)
36	Dyslipidemia		Required	Required	NA	Dyslipidemia
37	Heart Failure		Required	Required	NA	Heart Failure

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38	Hypertension		Required	Required	NA	Hypertension
39	Previous stroke		Required	Required	NA	Stroke
40	Previous TIA		Required	Required	NA	TIA/VBI
41	PVD		Required	Required	NA	Peripheral arterial disease (PAD)
42	Prosthetic heart valve		Required	Required	NA	Valve prosthesis
43	Sickle cell disease/ anemia		Required	Required	NA	Sickle cell disease/ anemia
44	Smoker		Required	Required	NA	Documented past medical history of smoking (patient smoked at least one cigarette during the prior year)?
45	Ambulatory status prior to current event?		Optional	Required	NA	Ambulation status prior to the current event
46	DIAGNOSIS & EVALUATION					
47	Symptom duration if diagnosis of transient ischemic attack (<24 hours)		Optional	NA	NA	NA
48	Initial exam findings: Weakness/Paresis		Required	Required	NA	Weakness or paresis (Initial Exam Findings)
49	Initial exam findings: Altered level of consciousness		Required	Required	NA	Level of consciousness (Initial Exam Findings)
50	Initial exam findings: Aphasia		Required	Required	NA	Aphasia (Initial Exam Findings)
51	Had stroke symptoms resolved at time of presentation?		Required	Required	NA	Stroke symptoms resolve prior to presentation?
52	Initial NIH Stroke Scale		Required	Required	NA	Was the NIH stroke scale performed?
53	If Yes (NIHSS) - Actual, Estimated, or ND		Optional	NA	NA	NA
54	Total Score		Required	Required	NA	Total NIHSS score
55	First Glasgow Coma Scale (GCS) in ICH patients		Required	Required	NA	GCS score
56	Ambulatory status on admission		Optional	NA	NA	NA
57	MEDICATIONS PRIOR TO ADMISSION					
58	No medications prior to admission		Optional	NA	NA	NA
59	Antiplatelet	X	Required	NA	NA	Antithrombotic medications (antiplatelet or anticoagulant)
60	Anticoagulation	X	Required	Required	NA	Antithrombotic medications (antiplatelet or anticoagulant) prior to admission
61	Cholesterol-Reducer		Required	Required	Required	Cholesterol reducing/ controlling medication
62	Antihypertensive		Required	Required	NA	Antihypertensive medications
63	Diabetic Medication		Optional	NA	NA	NA
64	SYMPTOM TIMELINE					
65	Date patient Last Known to be Well		Required	Required	Required	Last Known Well date
66	Time patient Last Known to be Well		Required	Required	Required	Last Known Well time
67	Time of Discovery same as Last Known Well		Optional	Optional	NA	NA
68	Date of discovery of stroke symptoms?		Required	Required	NA	Discovery date
69	Time of discovery of stroke symptoms?		Required	Required	NA	Discovery time
70	Comments		Optional	NA	NA	NA
71	BRAIN IMAGING					
72	Brain imaging completed at your hospital for this episode of care?		Required	Required	NA	Was brain imaging performed at your hospital after arrival as part of the initial evaluation for this episode of care or this event?
73	Date/Time Brain Imaging Completed		Required	Required	NA	Imaging date
74	Date/Time Brain Imaging Completed		Required	Required	NA	Imaging time
75	Interpretation of first brain image after symptom onset, done at any facility		Required	Required	NA	Initial brain imaging findings
76	IV THROMBOLYTIC THERAPY					
77	IV tPA initiated at this hospital?		Required	Required	Required	IV-tPA initiated at this hospital
78	Date IV tPA initiated		Required	Required	Required	Date that IV tPA was initiated

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79	Time IV tPA initiated		Required	Required	Required	Time that IV-tPA was initiated
80	Documented contraindications or warnings for not initiating IV thrombolytic in the 0-3 hr treatment window?		Required	Required	Required	
81	Reasons	X	Required	Required	NA	
82	Documented contraindications or warnings for not initiating IV thrombolytic in the 3-4.5 hr treatment window?		Optional	NA	NA	
83	Delay in Stroke Diagnosis	X	Response	Response	NA	Unable to diagnose or did not diagnose in 3 hour time frame
84	In-hospital time delay	X	Response	Response	NA	In-hospital time delay
85	Delay in patient arrival	X	Response	Response	NA	Delay in patient arrival
86	No IV access	X	Response	Response	NA	No IV access
87	Other	X	Response	Response	NA	Other
88	WAS OTHER THROMBOLYTIC/REPERFUSION THERAPY ADMINISTERED?					
89	IV tPA at an outside hospital?		Required	Required	Required	Was IV-tPA initiated at an outside hospital?
90	IA catheter-based reperfusion at this hospital?		Required	Required	Required	Was IA catheter based reperfusion initiated at this hospital?
91	Date of IA catheter based reperfusion	X	Required	Required	Required	Date of IA catheter based reperfusion
92	Time of IA catheter based reperfusion	X	Required	Required	Required	Time of IA catheter based reperfusion
93	IA catheter-based reperfusion at outside hospital?	@	Optional	NA	NA	Was IA catheter based reperfusion initiated at outside hospital?
94	Investigational or experimental protocol for thrombolysis?	@	Optional	NA	NA	Investigational or experimental protocol for thrombolysis
95	Investigational protocol specify	@	Optional	NA	NA	Specify the investigational or experimental protocol for thrombolysis
96	IN-HOSPITAL TREATMENT AND COMPLICATIONS					
97	Symptomatic intracranial hemorrhage within 36 hours of tPA		Required	Required	NA	Symptomatic intracranial hemorrhage within 36 hours of tPA
98	Life-threatening, serious systemic hemorrhage within 36 hours of tPA		Required	Required	NA	Life-threatening, serious systemic hemorrhage within 36 hours of tPA
99	If bleeding complications occur in patient transferred after IV-tPA		Required	NA	NA	NA
100	Patient NPO throughout the entire hospital stay?		Required	Required	NA	No oral intake of medications, fluids, food throughout the entire hospital stay
101	Was patient screened for dysphagia prior to any oral intake including water or medications?		Required	Required	NA	Was patient screened for dysphagia prior to any oral intake, including food, fluids or medications?
102	If Yes, Dysphagia screening results		Required	Required	NA	Results of dysphagia screen
103	Treatment for Hospital- Acquired Pneumonia		Required	Required	NA	Was there documentation that the patient was treated for hospital acquired pneumonia (pneumonia not present on admission) during this admission?
104	Was patient ambulating at the end of hospital day 2?		Required	Required	NA	Was patient ambulating the day of admission or the day after admission?

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105	Was DVT prophylaxis initiated by the end of hospital day 2?		Required	NA	NA	VTE prophylaxis
106	Is there documentation why prophylaxis was not administered at hospital admission?	X	Required	Required	Required	
107	Low dose unfractionated heparin (LDUH)		Response	Response	Response	
108	Low molecular weight heparin (LMWH)		Response	Response	Response	
109	Intermittent pneumatic compression devices (IPC)		Response	Response	Response	
110	Graduated compression stockings?		Response	Response	Response	Was graduated compression stockings provided to the patient?
111	Factor Xa Inhibitor		Response	Response	Response	
112	Warfarin		Response	Response	Response	
113	Venous foot pumps (VFP)		Response	Response	Response	
114	Oral Factor Xa Inhibitor		Response	Response	Response	
115	None of the above or ND		Response	Response	Response	
116	What date was the initial VTE prophylaxis administered?	#	Required	Required	Required	What date was the initial VTE prophylaxis administered?
117	Was DVT or PE documented?		Required	Required	NA	Did patient experience a DVT or pulmonary embolus (PE) during the admission?
118	Was antithrombotic therapy administered by the end of hospital day 2?		Required	Required	Required	
119	If yes, antiplatelet or anticoagulant		Optional	NA	NA	
120	Is there documentation by a physician/advanced practice nurse/physician assistant or pharmacist in the medical record of a reason for not administering antithrombotic therapy by end of hospital day 2?		Required	Required	Required	
121	Was patient treated for a urinary tract infection (UTI) during this admission?		Required	Required	NA	Was the patient treated for a urinary tract infection (UTI) during this admission?
122	If patient was treated for a UTI, did the patient have a Foley catheter during this admission?		Required	Required	NA	If patient was treated for a UTI, did the patient have a Foley catheter during this admission?
123	MEASUREMENTS					
124	Total Chol		Optional	Required	NA	Total cholesterol
125	Triglycerides	@	Optional	NA	NA	Triglycerides
126	HDL	@	Optional	NA	NA	HDL
127	LDL		Required	Required	Required	LDL
128	A1C	@	Optional	NA	NA	Glycosylated Hgb
129	Blood Glucose		Optional	NA	NA	NA
130	Serum Creatinine		Optional	NA	NA	NA
131	INR		Optional	NA	NA	NA
132	Vital Signs		Optional	NA	NA	NA
133	Waist Circumference		Optional	NA	NA	NA
134	BMI		Optional	NA	NA	NA
135	Height		Optional	NA	NA	Height
136	Weight		Optional	NA	NA	Weight

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137	DISCHARGE INFORMATION					
138	Discharge Date		Required	Required	Required	Discharge date
139	GTWG Ischemic Stroke-Only Estimated Mortality Rate		Optional	NA	NA	NA
140	GTWG Global Stroke Estimated Mortality Rate		Optional	NA	NA	NA
141	Ambulatory status at discharge?		Optional	Required	NA	Ambulation status at discharge
142	Discharge Blood Pressure (Measurement closest to discharge)		Optional	NA	NA	NA
143	DISCHARGE DIAGNOSIS					
144	ICD-9-CM Other Diagnosis Codes	X-JC	NA	NA	Required	NA
145	ICD-9-CM Other Procedure Codes	X-JC	NA	NA	Required	NA
146	ICD-9-CM Discharge Diagnosis related to stroke		Required	Required	NA	ICD-9 discharge diagnosis related to stroke
147	No Stroke or TIA Related ICD-9 Code Present	X	Required	Required	NA	NA
148	DISCHARGE TREATMENTS					
149	Antithrombotic Medication at Discharge		Required	Required	Required	Antithrombotic medication prescribed at hospital discharge
150	Antiplatelet		Required	NA	NA	
151	Anticoagulant		Required	NA	NA	
152	Aspirin		Optional	NA	NA	
153	Aspirin/Dipyridamole (Aggrenox)		Optional	NA	NA	
154	Clopidogrel (Plavix)		Optional	NA	NA	
155	Ticlopidine (Ticlid)		Optional	NA	NA	
156	Other antiplatelet		Optional	NA	NA	
157	Unfractionated heparin IV		Optional	NA	NA	
158	Full dose LMW heparin (Enoxaparin, Others)		Optional	NA	NA	
159	Warfarin (Coumadin)		Optional	NA	NA	
160	Fondaparinux (Arixtra)		Optional	NA	NA	
161	Other anticoagulant		Optional	NA	NA	
162	Dosages		Optional	NA	NA	
163	If no, documented reasons for no antithrombotic therapy at discharge	X	Required	Required	Required	Documented reason for not prescribing antithrombotic medication at discharge
164	Persistent or Paroxysmal Atrial Fibrillation/Flutter		Required	Required	NA	Atrial or paroxysmal fibrillation/flutter during this admission?
165	If atrial fib/flutter or history of PAF documented, was patient discharged on anticoagulation?		Required	Required	NA	Anticoagulation medication prescribed at hospital discharge?
166	If NC, documented reasons for no anticoagulation		Required	Required	Required	Documented reason for not prescribing anticoagulation therapy at discharge
167	Antihypertensive Treatment		Required	Required	NA	Antihypertensive medication prescribed at hospital discharge
168	Cholesterol Reducing Treatment		Required	Required	Required	Cholesterol reducing/controlling treatment
169	Documented reason for not prescribing a statin medication at discharge?		Required	Required	Required	Documented reason for not prescribing statins at discharge
170	Documentation that the patient has evidence of atherosclerosis?	@	NA	NA	NA	Evidence of atherosclerosis
171	Intensive Statin Therapy		Optional	NA	NA	NA
172	New Diagnosis of Diabetes		Optional	NA	NA	NA
173	Basis for Diagnosis		Optional	NA	NA	NA
174	Diabetic Treatment		Optional	NA	NA	NA
175	Anti-Smoking Treatment		Required	Required	NA	Patient/Caregiver was given smoking cessation advice or counseling during the hospital stay

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176	OTHER LIFESTYLE INTERVENTIONS					
177	Reducing weight and/or increasing activity recommendations		Optional	NA	NA	NA
178	TLC Diet or Equivalent		Optional	NA	NA	NA
179	Antihypertensive Diet		Optional	NA	NA	NA
180	Was diabetes teaching provided?		Optional	NA	NA	NA
181	STROKE EDUCATION					
182	Personable Modifiable Risk Factors for Stroke		Required	Required	Required	Risk factors for stroke
183	Stroke Warning Signs and Symptoms		Required	Required	Required	Stroke warning signs and symptoms
184	How to Activate EMS for Stroke		Required	Required	Required	How to activate EMS for stroke
185	Need for Follow-Up After Discharge		Required	Required	Required	Need for follow-up after discharge
186	Their Prescribed Medications		Required	Required	Required	Medications prescribed at discharge
187	STROKE REHABILITATION					
188	Patient was assessed for and/ or received rehabilitation services?		Required	Required	Required	Patient assessed for rehab services
189	Patient received rehabilitation services during hospitalization	@	Optional	NA	NA	Patient received rehab services during hospitalization
190	Patient transferred to rehabilitation facility	@	Optional	NA	NA	Patient transferred to rehab
191	Patient referred to rehabilitation services following discharge	X	Required	Required	NA	Patient referred to rehab
192	Patient ineligible to receive rehabilitation services because symptoms resolved	X	Required	Required	NA	Patient ineligible to receive rehab services
193	Patient ineligible to receive rehabilitation services due to impairment (i.e., poor prognosis, patient unable to tolerate rehabilitation therapeutic regimen)	X	Required	NA	NA	Patient ineligible to receive rehab services
194	OPTIONAL FIELDS					
195	Field 1		Optional	NA	NA	
196	Field 2		Optional	NA	NA	
197	Field 3		Optional	NA	NA	
198	Field 4		Optional	NA	NA	
199	Field 5		Optional	NA	NA	
200	Field 6		Optional	NA	NA	
201	Field 7		Optional	NA	NA	
202	Field 8		Optional	NA	NA	
203	Field 9		Optional	NA	NA	
204	Field 10		Optional	NA	NA	
205	Field 11		Optional	NA	NA	
206	Field 12		Optional	NA	NA	
207	Field 13		Optional	NA	NA	
208	Field 14		Optional	NA	NA	
209	Additional Comments		Optional	NA	NA	
210	Administrative		Optional	NA	NA	
211	PMT used concurrently or retrospectively or combination?		Optional	NA	NA	
212	Was a stroke admission order set used in this patient?		Optional	NA	NA	
213	Was a stroke discharge checklist used in this patient?		Optional	NA	NA	
214	Patient adherence contract/compact used?		Optional	NA	NA	
215	ARRIVAL INFORMATION					
216	Check if patient is part of a sample	X-JC	Optional	NA	Required	
217	Zip Code	JC	Optional	NA	NA	
218	Homeless	JC	Optional	NA	NA	
219	What is the patient's source of payment for this episode of care?	X-JC	Optional	NA	Required	

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220	HIC Number	JC	Optional	NA	NA	
221	Point of Origin for Admission Visit	JC,@	Optional	NA	Required	Admission source
222	PSC OPTIONAL FIELDS					
223	Date/Time stroke team activated	JC	NA	NA	Optional	
224	Date/Time stroke team arrived	JC	NA	NA	Optional	
225	Date/Time neurosurgical services consulted	JC	NA	NA	Optional	
226	Date/Time brain imaging ordered	JC	NA	NA	Optional	
227	Date/Time brain imaging reported	JC	NA	NA	Optional	
228	Date/Time lab tests ordered	JC	NA	NA	Optional	
229	Date/Time lab tests completed	JC	NA	NA	Optional	
230	Date/Time ECG ordered	JC	NA	NA	Optional	
231	Date/Time ECG completed	JC	NA	NA	Optional	
232	Date/Time Chest X-ray ordered	JC	NA	NA	Optional	
233	Date/Time Chest X-ray completed	JC	NA	NA	Optional	
234	Additional Comments on PSC fields	JC	NA	NA	Optional	
235						
236	CODING KEY VARIABLES					
237	IV THROMBOLYTIC THERAPY					
238	Contraindications		Required	Required		Contraindications
239	SBP > 185 or DBP > 110 mmHg despite treatment		Response	Response	NA	Contraindications
240	Seizure at onset		Response	Response	NA	Contraindications
241	Recent surgery/trauma (<15 days)		Response	Response	NA	Contraindications
242	Recent intracranial or spinal surgery, head trauma, or stroke (<3 mo.)		Response	Response	NA	Contraindications
243	History of intracranial hemorrhage or brain aneurysm or vascular malformation or brain tumor		Response	Response	NA	Contraindications
244	Active internal bleeding (<22 days)		Response	Response	NA	Contraindications
245	Platelets <100,000, PTT> 40 sec after heparin use, or PT > 15 or INR > 1.7, or known bleeding diathesis		Response	Response	NA	Contraindications
246	Suspicion of subarachnoid hemorrhage		Response	Response	NA	Contraindications
247	CT Findings		Response	Response	NA	CT findings
248	Warnings		Required	Required		Warnings
249	Advanced Age		Response	Response	NA	Advanced age
250	Care-team unable to determine eligibility		Response	Response	NA	Care team unable to determine
251	Glucose < 50 or > 400 mg/dl		Response	Response	NA	Warnings

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252	Increased risk of bleeding due to comorbid conditions		Response	Response	NA	Warnings
253	IV or IA tPA given at outside hospital		Response	Response	NA	IV or IA tPA at outside hospital
254	Left heart thrombus		Response	Response	NA	Warnings
255	Life expectancy < 1 year or severe co-morbid illness or CMO on admission		Response	Response	NA	Life expectancy
256	Pregnancy		Response	Response	NA	Warnings
257	Pt./Family refused		Response	Response	NA	Patient refusal
258	Rapid Improvement		Response	Response	NA	Rapid improvement
259	Stroke Severity Too Mild		Response	Response	NA	Stroke severity too mild
260	Stroke Severity - Too Severe (NIHSS)		Response	Response	NA	Warnings
261	Additional Warnings		Required	Required		Additional Warnings
262	Age > 80		Response	Response	NA	Age greater than 80
263	Prior Stroke and Diabetes		Response	Response	NA	Prior stroke and presence or history of diabetes
264	Any anticoagulant use prior to admission (even if INR < 1.7)		Response	Response	NA	Any anticoagulant use prior to admission
265	NIHSS score >25		Response	Response	NA	NIHSS score >25
266	CT findings of >1/3 MCA		Response	Response	NA	CT findings of stroke involving more than 1/3 of middle carotid artery
267						
268	MSRT ONLY FIELDS		GWTC	MSR	TJC	
269	Was patient placed on observation status or in an observation unit at this hospital?		NA	Optional	NA	
270	Was patient admitted to this hospital?		NA	Optional	NA	
271	If not admitted to this hospital, where was patient transferred/released?		NA	Optional	NA	
272	First PO medication date and time		NA	Optional	NA	
273	Earliest liquid/food date and time		NA	Optional	NA	
274	Was a stroke order set used?		NA	Optional	NA	

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