**Please provide the following information on any comments provided on the published USCDI Version 2 data classes and data elements.**

**1. Data Class:** Encounter Information

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| **Data Element:** Encounter Time | |
| **Level of Data Element (Level 1 or Level 2):** Level 2 | |
| **URL link to the submission you are referencing:** <https://www.healthit.gov/isa/uscdi-data/encounter-time> | |
| **Applicable Standard(s):** SNOMED-CT, HCPCS, CPT, HL7, ICD-10-CM, HSLOC, VSAC  **Comments:**   * We would need to consider capturing this variable in order to support the following 6 domains related to Paul Coverdell National Acute Stroke Program/American Hospital Association’s (AHA) Get With The Guidelines (GTWG). * The goal is to reduce gaps in **stroke** care across the continuum of care in states with high **burden** populations. The information captured from stroke patients and those who encounter mobility related issues and are at risk of multiple hospitalizations due to post-discharge complications can help in reducing the gaps in care and to plan quality improvement efforts.  |  |  |  |  |  | | --- | --- | --- | --- | --- | | **#** | **Domain** | **# of Variables** | **Variable Details** | **Required or**  **Optional** | | 1 | Hospital Discharge Date | 1 | 1. date of hospital discharge | Required | | 2 | Hospital Admission Date | 1 | 1. hospital admission date | Optional | | 3 | Follow-up | 4 | 1. if follow-up phone call conducted, date 2. if in home follow up conducted, date 3. if chart review conducted, date 4. if follow-up conducted at a health facility, date | Required | | 4 | ED Visits | 2 | 1. if patient seen in the ED since discharge, date information about ED visits gathered if before 30 days 2. if yes, Date of first ED visit | Optional | | 5 | Follow Up Appointment | 1 | 1. date of first follow up appointment | Optional | | 6 | Readmissions | 1 | 1. if readmitted, date of first readmission | Optional |   Use-Case Justification: The most challenging part is capturing the information post-hospital discharge for acute stroke patients. A lot of the pre-hospital care is captured through National Emergency Medical Services Information System (NEMSIS), a national database that stores EMS data from the U.S. States and Territories). The follow-up elements proposed above have been developed as a part of the Paul Coverdell National Acute Stroke Program (*link provided below*) and captured within EHR for submission into American Heart Association’s (AHA) Get With The Guidelines (GTWG) module. The ability to extract the follow-up encounter related dates would help with the identification of gaps in post-hospital discharge date for stroke patients and plan strategies for Quality Improvement efforts.  <https://www.cdc.gov/dhdsp/programs/stroke_registry.htm> | |
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| **2. Data Class:** Patient Demographics   |  |  | | --- | --- | | **Data Element:** Deceased date | | | **Level of Data Element (Level 1 or Level 2):** Level 2 | | | **URL link to the submission you are referencing:** <https://www.healthit.gov/isa/uscdi-data/deceased-date-0> | | | **Applicable Standard(s):** Follow the DOB format  **Comments:**   * We would need to consider capturing this variable in order to support the following domain related to Paul Coverdell National Acute Stroke Program/American Hospital Association’s (AHA) Get With The Guidelines (GTWG). The goal is to reduce gaps in **stroke** care across the continuum of care in states with high **burden** populations. * The information captured from stroke patients and those who encounter mobility related issues and are at risk of multiple hospitalizations due to post-discharge complications can help in reducing the gaps in care and to plan quality improvement efforts.  |  |  |  |  |  | | --- | --- | --- | --- | --- | | **#** | **Domain** | **# of Variables** | **Variable Details** | **Required or Optional** | | 1 | Death | 1 | 1. if patient died, date of death | Required |   Use-Case Justification: The most challenging part is capturing the information post-hospital discharge for acute stroke patients. A lot of the pre-hospital care is captured through National Emergency Medical Services Information System (NEMSIS), a national database that stores EMS data from the U.S. States and Territories). The follow-up elements proposed above have been developed as a part of the Paul Coverdell National Acute Stroke Program (*link provided below*) and captured within EHR for submission into American Heart Association’s (AHA) Get With The Guidelines (GTWG) module. The ability to extract the follow-up encounter related dates would help with the identification of gaps in post-hospital discharge date for stroke patients and plan strategies for Quality Improvement efforts.  <https://www.cdc.gov/dhdsp/programs/stroke_registry.htm> | | |  | | |  | | | |

**3. Data Class:** Encounter Information

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| **Data Element:** Encounter Disposition |
| **Level of Data Element (Level 1 or Level 2):** Level 2 |
| **URL link to the submission you are referencing:** <https://www.healthit.gov/isa/uscdi-data/encounter-disposition> |
| **Applicable Standard(s):** SNOMED-CT, HCPCS, CPT, HL7, ICD-10-CM, HSLOC, VSAC  **Comments:**   * We would need to consider capturing this variable in order to support the following domain related to Paul Coverdell National Acute Stroke Program/American Hospital Association’s (AHA) Get With The Guidelines (GTWG). The goal is to reduce gaps in **stroke** care across the continuum of care in states with high **burden** populations. * The information captured from stroke patients and those who encounter mobility related issues and are at risk of multiple hospitalizations due to post-discharge complications can help in reducing the gaps in care and to plan quality improvement efforts.  |  |  |  |  |  | | --- | --- | --- | --- | --- | | **#** | **Domain** | **# of Variables** | **Variable Details** | **Required or Optional** | | 1 | ED Visits | 1 | 1. Was the patient admitted to hospital, discharged to home, discharged to SNF or other institutional long term care, or held for observation and then discharged? | Optional |  * Currently the options displayed for “Encounter Disposition” data element are: discharged to home, discharged against medical advice, and or expired. We request the options to be expanded by including: admitted to hospital, discharged to SNF or other institutional long term care, held for observation, unknown/ND   Use-Case Justification: The most challenging part is capturing the information post-hospital discharge for acute stroke patients. A lot of the pre-hospital care is captured through National Emergency Medical Services Information System (NEMSIS), a national database that stores EMS data from the U.S. States and Territories). The follow-up elements proposed above have been developed as a part of the Paul Coverdell National Acute Stroke Program (*link provided below*) and captured within EHR for submission into American Heart Association’s (AHA) Get With The Guidelines (GTWG) module. The ability to extract the follow-up encounter related dates would help with the identification of gaps in post-hospital discharge date for stroke patients and plan strategies for Quality Improvement efforts.  <https://www.cdc.gov/dhdsp/programs/stroke_registry.htm> |

**4. Data Class: Encounter Information**

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| **Data Element:** Encounter Diagnosis | |
| **Level of Data Element (Level 1 or Level 2):** Level 2 | |
| **URL link to the submission you are referencing:** <https://www.healthit.gov/isa/uscdi-data/encounter-diagnosis> | |
| **Applicable Standard(s):** SNOMED-CT, HCPCS, CPT, HL7, ICD-10-CM, HSLOC, VSAC  **Comments:**   * We would need to consider capturing this variable in order to support the following domain related to Paul Coverdell National Acute Stroke Program/American Hospital Association’s (AHA) Get With The Guidelines (GTWG). The goal is to reduce gaps in **stroke** care across the continuum of care in states with high **burden** populations. * The information captured from stroke patients and those who encounter mobility related issues and are at risk of multiple hospitalizations due to post-discharge complications can help in reducing the gaps in care and to plan quality improvement efforts.  |  |  |  |  |  | | --- | --- | --- | --- | --- | | **#** | **Domain** | **# of Variables** | **Variable Details** | **Required or Optional** | | 1 | Readmissions | 1 | 1. If readmitted, were any of readmissions due to: 1. Fall, 2. Deep vein thrombosis/pulmonary embolism/blood clot, 3. Carotid Intervention, 4. Acute Myocardial Infarction, 5. Heart Failure, 6. Infection/Sepsis, 7. Blood pressure, 8. Pneumonia, 9. Trans Ischemic Attack, 10. Atrial Fibrillation, 11. Other cardiac survey event, 12. Other surgical procedure, 13. Urinary tract infection, 14. Unknown, 15= Other) | Optional |   Use-Case Justification: The most challenging part is capturing the information post-hospital discharge for acute stroke patients. A lot of the pre-hospital care is captured through National Emergency Medical Services Information System (NEMSIS), a national database that stores EMS data from the U.S. States and Territories). The follow-up elements proposed above have been developed as a part of the Paul Coverdell National Acute Stroke Program (*link provided below*) and captured within EHR for submission into American Heart Association’s (AHA) Get With The Guidelines (GTWG) module. The ability to extract the follow-up encounter related dates would help with the identification of gaps in post-hospital discharge date for stroke patients and plan strategies for Quality Improvement efforts.  <https://www.cdc.gov/dhdsp/programs/stroke_registry.htm> | |
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| **5. Data Class:** Medications   |  |  | | --- | --- | | **Data Element:** Discharge Medications | | | **Level of Data Element (Level 1 or Level 2):** Level 2 | | | **URL link to the submission you are referencing:** <https://www.healthit.gov/isa/uscdi-data/discharge-medications> | | | **Applicable Standard(s):** RxNORM, SNOMED, VSAC  **Comments:**   * We would need to consider capturing this variable in order to support the following domain related to Paul Coverdell National Acute Stroke Program/American Hospital Association’s (AHA) Get With The Guidelines (GTWG). The goal is to reduce gaps in **stroke** care across the continuum of care in states with high **burden** populations. * The information captured from stroke patients and those who encounter mobility related issues and are at risk of multiple hospitalizations due to post-discharge complications can help in reducing the gaps in care and to plan quality improvement efforts.  |  |  |  |  |  | | --- | --- | --- | --- | --- | | **#** | **Domain** | **# of Variables** | **Variable Details** | **Required or Optional** | | 1 | Medication | 1 | 1. Medications prescribed at discharge | Optional |   Use-Case Justification: The most challenging part is capturing the information post-hospital discharge for acute stroke patients. A lot of the pre-hospital care is captured through National Emergency Medical Services Information System (NEMSIS), a national database that stores EMS data from the U.S. States and Territories). The follow-up elements proposed above have been developed as a part of the Paul Coverdell National Acute Stroke Program (*link provided below*) and captured within EHR for submission into American Heart Association’s (AHA) Get With The Guidelines (GTWG) module. The ability to extract the follow-up encounter related dates would help with the identification of gaps in post-hospital discharge date for stroke patients and plan strategies for Quality Improvement efforts.  <https://www.cdc.gov/dhdsp/programs/stroke_registry.htm> | | |  | | |  | | | |

**6. Data Class:** Smoking Status

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| **Data Element:** Tobacco/Nicotine Product Type |
| **Level of Data Element (Level 1 or Level 2):** Draft USCDI V2 - Comment |
| **URL link to the submission you are referencing:** <https://www.healthit.gov/isa/uscdi-data/tobacconicotine-product-type> |
| **Applicable Standard(s):** There are SNOMED and LOINC Codes for most of the data elements but new codes will be requested for eCigarette use.  **Comments:**   * We would need to consider capturing this variable in order to support the following domain related to Paul Coverdell National Acute Stroke Program/American Hospital Association’s (AHA) Get With The Guidelines (GTWG). The goal is to reduce gaps in **stroke** care across the continuum of care in states with high **burden** populations. * The information captured from stroke patients and those who encounter mobility related issues and are at risk of multiple hospitalizations due to post-discharge complications can help in reducing the gaps in care and to plan quality improvement efforts.  |  |  |  |  |  | | --- | --- | --- | --- | --- | | **#** | **Domain** | **# of Variables** | **Variable Details** | **Required or Optional** | | 1 | Tobacco | 1 | 1. Is the patient using tobacco products (cigarettes, cigars/cigarillos, little cigars, pipes, smokeless tobacco (chew, dip, snuff, snus), hookah/water pipe, and electronic vapor products (e-cigarettes, e-hookah, vape pens) every day or some days?). | Optional |   Use-Case Justification: The most challenging part is capturing the information post-hospital discharge for acute stroke patients. A lot of the pre-hospital care is captured through National Emergency Medical Services Information System (NEMSIS), a national database that stores EMS data from the U.S. States and Territories). The follow-up elements proposed above have been developed as a part of the Paul Coverdell National Acute Stroke Program (*link provided below*) and captured within EHR for submission into American Heart Association’s (AHA) Get With The Guidelines (GTWG) module. The ability to extract the follow-up encounter related dates would help with the identification of gaps in post-hospital discharge date for stroke patients and plan strategies for Quality Improvement efforts.  <https://www.cdc.gov/dhdsp/programs/stroke_registry.htm> |

**7. Data Class:** Smoking Status

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| **Data Element:** Tobacco/Nicotine Product Type |
| **Level of Data Element (Level 1 or Level 2):** Draft USCDI V2 - Comment |
| **URL link to the submission you are referencing:** <https://www.healthit.gov/isa/uscdi-data/tobacconicotine-product-type> |
| **Applicable Standard(s):** There are SNOMED and LOINC Codes for most of the data elements but new codes will be requested for eCigarette use.  **Comments:**   * We would need to consider capturing this variable in order to support the following domain related to Paul Coverdell National Acute Stroke Program/American Hospital Association’s (AHA) Get With The Guidelines (GTWG). The goal is to reduce gaps in **stroke** care across the continuum of care in states with high **burden** populations. * The information captured from stroke patients and those who encounter mobility related issues and are at risk of multiple hospitalizations due to post-discharge complications can help in reducing the gaps in care and to plan quality improvement efforts.  |  |  |  |  |  | | --- | --- | --- | --- | --- | | **#** | **Domain** | **# of Variables** | **Variable Details** | **Required or Optional** | | 1 | Tobacco | 1 | 1. Was patient identified as a tobacco user at time of stroke? (Tobacco use includes: cigarettes, cigars/cigarillos, little cigars, pipes, smokeless tobacco (chew, dip, snuff, and snus), hookah/water pipe, and electronic vapor products (e-cigarettes, e-hookah, vape pens). | Required |   Use-Case Justification: The most challenging part is capturing the information post-hospital discharge for acute stroke patients. A lot of the pre-hospital care is captured through National Emergency Medical Services Information System (NEMSIS), a national database that stores EMS data from the U.S. States and Territories). The follow-up elements proposed above have been developed as a part of the Paul Coverdell National Acute Stroke Program (*link provided below*) and captured within EHR for submission into American Heart Association’s (AHA) Get With The Guidelines (GTWG) module. The ability to extract the follow-up encounter related dates would help with the identification of gaps in post-hospital discharge date for stroke patients and plan strategies for Quality Improvement efforts.  <https://www.cdc.gov/dhdsp/programs/stroke_registry.htm> |

**8. Data Class:** Clinical Notes

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| **Data Element:** Cause of Death Information |
| **Level of Data Element (Level 1 or Level 2):** Draft USCDI V2 - Comment |
| **URL link to the submission you are referencing:** <https://www.healthit.gov/isa/uscdi-data/cause-death-information> |
| **Applicable Standard(s):** LOINC, US Standard Certificate of Death, Hepatitis C Case Report Form  **Comments:**   * We would need to consider capturing this variable in order to support the following domain related to Paul Coverdell National Acute Stroke Program/American Hospital Association’s (AHA) Get With The Guidelines (GTWG). The goal is to reduce gaps in **stroke** care across the continuum of care in states with high **burden** populations. * The information captured from stroke patients and those who encounter mobility related issues and are at risk of multiple hospitalizations due to post-discharge complications can help in reducing the gaps in care and to plan quality improvement efforts.  |  |  |  |  |  | | --- | --- | --- | --- | --- | | **#** | **Domain** | **# of Variables** | **Variable Details** | **Required or Optional** | | 1 | Death | 1 | 1. If patient died, cause of death. | Required |   Use-Case Justification: The most challenging part is capturing the information post-hospital discharge for acute stroke patients. A lot of the pre-hospital care is captured through National Emergency Medical Services Information System (NEMSIS), a national database that stores EMS data from the U.S. States and Territories). The follow-up elements proposed above have been developed as a part of the Paul Coverdell National Acute Stroke Program (*link provided below*) and captured within EHR for submission into American Heart Association’s (AHA) Get With The Guidelines (GTWG) module. The ability to extract the follow-up encounter related dates would help with the identification of gaps in post-hospital discharge date for stroke patients and plan strategies for Quality Improvement efforts.  <https://www.cdc.gov/dhdsp/programs/stroke_registry.htm> |

**9. Data Class:** Encounter Information

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| **Data Element:** Reason for the encounter |
| **Level of Data Element (Level 1 or Level 2):** Draft USCDI V2 - Comment |
| **URL link to the submission you are referencing:** <https://www.healthit.gov/isa/uscdi-data/reason-encounter> |
| **Applicable Standard(s):**   * Encounter Status: FHIR Encounter Status * Classification of Encounter: V3 Value SetActEncounterCode * Encounter Type: FHIR Encounter type * Encounter participant type: FHIR Participant type * Reason for the encounter: FHIR Encounter Reason Codes * Hospital encounter discharge disposition: FHIR Discharge disposition: * Expected source(s) of payment for this encounter: FHIR Coverage Type and Self-Pay Codes: * Encounter chief complaint: FHIR DiagnosisRole * Classification of Encounter * Encounter Type   **Comments:**   * We would need to consider capturing this variable in order to support the following domain related to Paul Coverdell National Acute Stroke Program/American Hospital Association’s (AHA) Get With The Guidelines (GTWG). The goal is to reduce gaps in **stroke** care across the continuum of care in states with high **burden** populations. * The information captured from stroke patients and those who encounter mobility related issues and are at risk of multiple hospitalizations due to post-discharge complications can help in reducing the gaps in care and to plan quality improvement efforts.  |  |  |  |  |  | | --- | --- | --- | --- | --- | | **#** | **Domain** | **# of Variables** | **Variable Details** | **Required or Optional** | | 1 | ED Visits | 1 | 1. If patient had ED visit, was reason for first ED visit: 1. Fall, 2. Trans-ischemic attack, 3. Stroke, 4. Pneumonia, 5. urinary tract infection, 6. Deep venous thrombosis/Pulmonary embolism/blood clot, 7. Acute Myocardial Infarction, 8. Heart Failure, 9. Infection/sepsis, 10. Pneumonia, 11. Surgery, 12. Other | Optional |   Use-Case Justification: The most challenging part is capturing the information post-hospital discharge for acute stroke patients. A lot of the pre-hospital care is captured through National Emergency Medical Services Information System (NEMSIS), a national database that stores EMS data from the U.S. States and Territories). The follow-up elements proposed above have been developed as a part of the Paul Coverdell National Acute Stroke Program (*link provided below*) and captured within EHR for submission into American Heart Association’s (AHA) Get With The Guidelines (GTWG) module. The ability to extract the follow-up encounter related dates would help with the identification of gaps in post-hospital discharge date for stroke patients and plan strategies for Quality Improvement efforts.  <https://www.cdc.gov/dhdsp/programs/stroke_registry.htm> |