IDAHO TIME-SENSITIVE EMERGENCY REGISTRY – STROKE REPORTING STANDARDS

Version 2026 – 01.0

Applicable to reportable strokes occurring during 2026.

A Publication of the
Idaho Time-Sensitive Emergency Registry

Idaho TSE Registry
Trauma, Stroke, STEMI

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IDAHO TIME-SENSITIVE EMERGENCY REGISTRY
Boise, Idaho
https://healthandwelfare.idaho.gov/providers/idaho-time-sensitive-emergency/education-and-resources

Idaho Hospital Association

IDAHO TIME SENSITIVE EMERGENCY SYSTEM
TRAUMA | STROKE | STEMI

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VERSION INFORMATION

Version	Date	Change
2026 – v1.0	2026-02-02	None. Date released.

PREFACE

The Idaho “Time-Sensitive Emergency Registry – Stroke Reporting Standards” outlines data reporting and submission standards for reportable strokes, including state inclusion/exclusion criteria, for all facilities in Idaho that participate in the TSE Registry.

The Time-Sensitive Emergency Registry, a program of the Idaho Hospital Association, collects and analyzes data describing incidence, severity, causes and outcomes of reportable traumatic injury, stroke, and ST-elevation myocardial infarction (STEMI) (time-sensitive emergencies). The TSE Registry also collects data elements required to evaluate the health system’s response to time-sensitive emergencies.

Per Title 46, Chapter 9 of Idaho code, the Time-Sensitive Emergency Registry is also responsible for:

1. Establishing the data elements and data dictionary, including child-specific data elements that hospitals must report, and the time frame and format for reporting; and
2. Supporting data collection and abstraction by providing a data collection system and technical assistance to each hospital.

Additional information about Title 46, Chapter 9 may be found here: https://legislature.idaho.gov/statutesrules/idstat/Title46/T46CH9/.

The Idaho Military Division, Office of Emergency Management contracts with, and provides funding to, the Idaho Hospital Association (IHA) to maintain a statewide time-sensitive emergency registry.

SUGGESTED CITATION: Morawski BM, Le BE. Time-Sensitive Emergency Registry – Stroke Reporting Standards, Version 2026 – 01.0. Boise, ID: Idaho Hospital Association Time- Sensitive Emergency Registry; February 2026.

SUBMISSION GUIDANCE

Idaho code requires that each licensed hospital report qualifying instances of stroke to the Time-Sensitive Emergency (TSE) Registry within 180 days of treatment.

However, to improve the timeliness and overall utility of time-sensitive emergency data, the TSE Registry requests that licensed hospitals report qualifying cases of stroke to the TSE Registry **within 90 days of treatment**, i.e., on a quarterly basis. Facilities are responsible for entering all required and appliable data on reportable cases of stroke in ImageTrend. There are two primary mechanisms by which to report stroke data to the TSE Registry in ImageTrend: one at a time (manually) or in bulk using pre-formatted import (uploading). NB: the bulk upload is only available for cases treated/admitted in 2024 and forward.

MANUALLY ENTERING DATA IN IMAGETREND

For reportable stroke cases treated in an Idaho facility in 2024 and forward, facilities should complete information on the "Required Stroke Form (v2024 AHA aligned)" form. Data elements for the "Required Stroke Form (v2024 AHA aligned)" are described in the sections below.

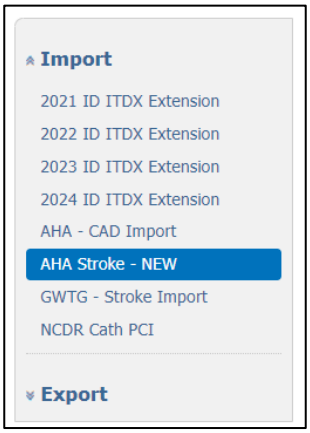
For cases treated in an Idaho facility during 2019–2023, facilities should complete information on the "Required Stroke Form (2023 and earlier cases)" form.

UPLOADING STROKE DATA IN IMAGETREND

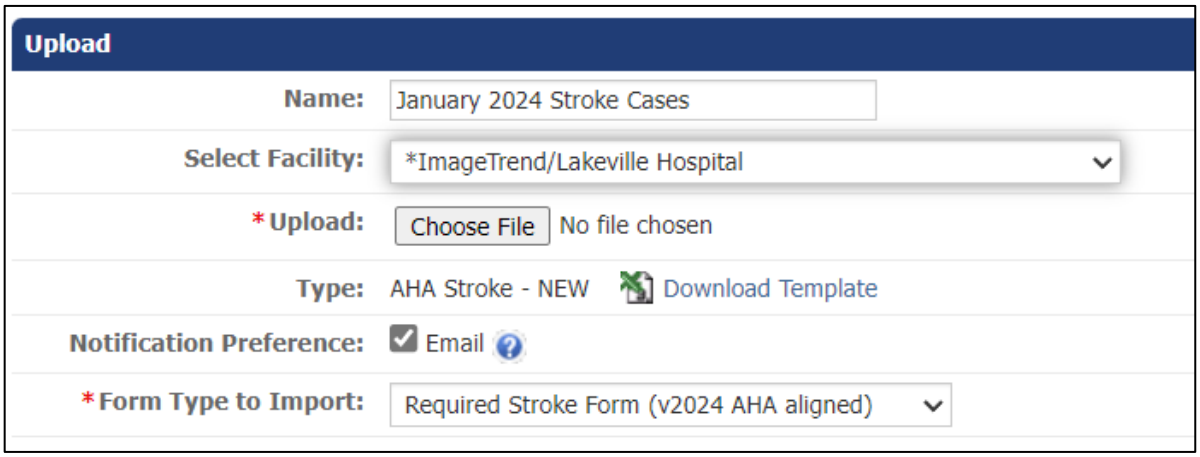
All information included in the "Manually Entering Data in ImageTrend" section also applies when facilities are bulk uploading cases. For bulk uploads, facilities may use the "Data Exchange" tool in ImageTrend to upload a file that conforms with the "aha_stroke_new_template.csv" format, which can be found the TSE Registry website: https://healthandwelfare.idaho.gov/providers/idaho-time-sensitive-emergency/education-and-resources.

To use this tool in ImageTrend, facilities should click on "Data Exchange" as pictured below.

They should then select "AHA Stroke – NEW" from the "Import" drop-down menu (pictured at right).



The import screen should be configured to import to the “Required Stroke Form (v2024 AHA aligned); and we recommend that entrants select an email notification preference to alert them when the imported file is finished processing.



For facilities participating in the American Heart Association’s Get With The Guidelines program, a “DDR” file may be exported that conforms to the import requirements and nearly satisfies reporting requirements for the Idaho TSE Registry. For hospitals that do not participate in Get With The Guidelines, you may wish to work with your Health Information Management or other appropriate department to generate a CSV from your medical record that conforms with the ImageTrend “AHA Stroke – NEW” import specifications. You do not need to have a Get With The Guidelines license to use the ImageTrend import tool. If you have questions about the stroke import tool, please contact the general TSE Registry mailbox at IdahoTSE@teamiha.org.

SHARING CONFIDENTIAL DATA WITH THE TSE REGISTRY

For any data transfer outside of ImageTrend that includes PHI/PII, files must be shared via secure means. The TSE Registry prefers that data are shared via the TSE Registry’s secure email service NeoCertified, but you may also use your facility’s secure email service. Please contact IdahoTSE@teamiha.org with any questions about establishing a NeoCertified account. More information regarding NeoCertified can be found at https://neocertified.com/sso/.

INCLUSION/EXCLUSION CRITERIA

Effective for cases 01/01/2026 (unchanged since 01/01/2024)

As part of requirements from the Idaho Department of Health and Welfare, the TSE Registry collects data on two types of stroke or acute stroke care-related events:

1. Data on patients diagnosed with a stroke as described below in the "Stroke Patients Treated in an Idaho Acute Care Facility" box.
    a. These cases are included in data characterizing stroke burden in Idaho, and in TSE Metrics that characterize stroke care in Idaho. (See "Metrics" section below.)

2. Data on patients treated for acute stroke based on clinical presentation that ultimately received another diagnosis, i.e., "stroke mimics," as described below in the "Stroke Mimic Patients Treated in an Idaho Acute Care Facility" box.
    a. These cases are ONLY included in TSE Metrics that characterize stroke care in Idaho. (See "Metrics" section below.)

Stroke Patients Treated in an Idaho Acute Care Facility	
Patient has a final discharge diagnosis of at least one of the following stroke diagnosis codes:[***]	**ICD-10-CM**
Nontraumatic subarachnoid hemorrhage (SAH)	I60.00–I60.9
Nontraumatic intracerebral hemorrhage	I61.0–I61.9
Nontraumatic intracranial hemorrhage, unspecified	I62.9
Cerebral infarction	I63.00–I63.9
And	
	Was admitted to your facility (includes patients transferred in by ground or air ambulance)
OR	Died
OR	Was transferred out by ground or air ambulance

Stroke Mimic Patients Treated in an Idaho Acute Care Facility	
The patient has received thrombolytics as part of treatment for a presumed acute stroke based on clinical presentation of stroke-like neurologic deficits. However, upon additional diagnostics, clinical findings, discovery of additional medical history unknown at time of treatment, or because the patient has received thrombolytics aborting the stroke/prevented infarction of cerebral tissue, none of the above qualifying stroke ICD-10-CM codes are assigned to the patient.	
And	
Patient medical record documents receipt of thrombolytics. Below we have listed some of the primary thrombolytics codes, but this list may not be exhaustive. **Please consult with your medical coders to identify thrombolytics and/or "stroke mimic" codes that are most appropriate for your facility.**	
CPT Code Description	**CPT Code**
Alteplase recombinant (tPA)	J2997
Tenecteplase injection	J3101
PCS Code Description	**ICD-10-PCS**
Introduction of Other Thrombolytic into Peripheral Vein, Open Approach	3E03017

Introduction of Other Thrombolytic into Peripheral Vein, Percutaneous Approach	3E03317
Introduction of Other Thrombolytic into Central Vein, Open Approach	3E04017
Introduction of Other Thrombolytic into Central Vein, Percutaneous Approach	3E04317
Introduction of Other Thrombolytic into Peripheral Artery, Open Approach	3E05017
Introduction of Other Thrombolytic into Peripheral Artery, Percutaneous Approach	3E05317
Introduction of Other Thrombolytic into Central Artery, Open Approach	3E06017
Introduction of Other Thrombolytic into Central Artery, Percutaneous Approach	3E06317
Introduction of Other Thrombolytic into Coronary Artery, Open Approach	3E07017
Introduction of Other Thrombolytic into Coronary Artery, Percutaneous Approach	3E07317
Introduction of Other Thrombolytic into Heart, Open Approach	3E08017
Introduction of Other Thrombolytic into Heart, Percutaneous Approach	3E08317
ICD-10-CM Code Description	**ICD-10-CM**
Status post administration of tPA (rtPA) in a different facility within the last 24 hours prior to admission to current facility	Z92.82
And	
	Was admitted to your facility (includes patients transferred in by ground or air ambulance)
OR	Died
OR	Was transferred out by ground or air ambulance

***Patients who meet inclusion criteria and require acute stroke treatment/therapy but for whom stroke is not their primary reason for admission/acute care, i.e., non-reportable stroke primary diagnosis code with secondary reportable stroke diagnosis code(s), are reportable to the TSE Registry.**

As of 8/27/2021, admissions with the following ICD-10-CM codes are no longer reportable:

Nontraumatic subdural hemorrhage***	I62.00 - I62.03
Nontraumatic extradural hemorrhage***	I62.1
Traumatic subarachnoid hemorrhage	S06.6X0A
Traumatic intracranial hemorrhage	S06.360A

However, we recommend that these codes be included in database/medical record queries for the purposes of case finding. Review any cases that are coded as I62.XX or I62.1 to make sure these are not actually reportable strokes that have been miscoded. Facilities may enter encounters with the following ICD-10-CM codes into the state stroke database if desired, but they are not reportable.

Non-STROKE diagnosis code descriptions reported by some facilities (Optional)	**ICD-10**
Transient cerebral ischemic attack, unspecified (TIA)	G45.9
Patients who are admitted for other clinical conditions and subsequently develop a stroke during their hospitalization are not reportable to the TSE Registry. You may, however, enter and track these patients in ImageTrend if your facility wishes to do so.	In-house strokes, any ICD-10-CM

DESCRIPTION OF TSE REQUIREMENT DESIGNATION VALUES FOR TSE STROKE DATA ELEMENTS

The table below describes how data elements or fields are to be reported to the Time-Sensitive Emergency Registry. The reporting requirements for trauma data elements range from "required," i.e., those that must be completed for each reportable stroke event submitted to the Time-Sensitive Emergency Registry, to "optional" elements that are provided in the XML specification only. The "TSE Requirement" is reflected in the "DATA ELEMENTS TABLE" and in the "DESCRIPTION OF INDIVIDUAL DATA ELEMENTS" in the description of each element. All possible requirements are listed in the **first column** of the table below. The **second column** of the table below describes each "TSE Requirement" designation in detail.

TSE Requirement	Designation Description
Required	Fields that are required to calculate programmatic metrics and to conduct population-level trauma surveillance, including linking patient events across data sources, e.g., linking stroke data reported by a facility with death certificate data. Examples of these fields include patient name, injury date and time and arrival date and time, and patient date of birth. **Note on Conditional Applicability**: Certain required fields are only applicable in specific situations, e.g., linking stroke data from a single stroke event for a patient transferred between facilities, BUT that are only applicable in specific situations. These include fields such as facility transfer name, which would only be reported when a patient is transferred in or out of a facility, and thrombolytics given activation date/time, which would only be reported if a patient received thrombolytics.
Optional	Optional fields are elements that are on the State of Idaho's stroke form but are not required. Facilities can complete these fields if they want to provide additional data to the TSE Registry or track these items for their facility.
Calculated	Calculated fields are populated using values provided in other fields, e.g., the field "age" will be calculated from required fields DOB and arrival date if age is not entered manually. Some calculated fields may be overwritten or populated manually, e.g., age when date of birth is unknown or unavailable.
Assigned	Assigned fields are those that are populated by the database or data entry system and cannot be overwritten manually, e.g., date and time the record was last updated.

DATA ELEMENTS TABLE

ImageTrend Data Element	Element Name	Required Status
TR1.9	Patient's Last Name	Required
TR1.8	First Name	Required
TR1.10	Middle Initial	Optional
N/A	Favorite Locations	N/A
TR1.19	Country	Assigned/Calculated
TR1.20	Postal Code	Required
TR1.21	City	Assigned/Calculated
TR1.22	County	Assigned/Calculated
TR1.23	State	Assigned/Calculated
TR1.13	Alternate Residence	Optional
TR1.7	Birthdate	Required
TR1.15	Patient's Sex	Required
TR1.16	Race - Select all that apply	Required
TR1.28	Other Race	Optional
SK38.143	Hispanic Ethnicity	Required
TR1.12	Age (at date of incident)	Required
TR1.14	Age Units	Required
tr33.1	Referring Facility	Required
SK36.36	Date Discovery of Stroke	Required
SK36.35	Time of Discovery of Stroke Symptoms	Required
TR38.20.1	Last Known Well Date	Required
TR38.20.2	Last Known Well Time	Required
SK38.9	How Patient Arrived at Your Hospital	Required
SK38.4	Pre-arrival Stroke Notification	Required
TR18.55	Date Arrived at your Facility	Required
TR18.56	Time [Arrived at your Facility]	Required
TR17.30	Direct Admit/Bypassed ED	Required
TR17.25	Transferred out of Emergency Department Date	Required
TR17.26	ED Discharge Time	Required
TR17.99	Length of Stay in ED	Assigned/Calculated
SK38.5	Patient Not Admitted	Required
SK38.7	Reason Not Admitted	Required
SK36.66	Stroke ED Discharge Disposition for Admitted Patients	Required
TR17.59	Destination Determination	Optional
TR17.61	Hospital Transferred To	Required
TR17.60	Transport Mode	Required
SK36.57	Level of Stroke Team Activated	Optional
SK36.58	Stroke Team Activated Date	Optional
SK36.59	Stroke Team Activated Time	Optional
TR17.9	Team Member	Optional
TR17.13	Service Type	Optional

ImageTrend Data Element	Element Name	Required Status
TR17.10	Date Called	Optional
TR17.14	Time Called	Optional
TR17.15	Date Arrived	Optional
TR17.11	Time Arrived	Optional
TR17.12	Timely Arrival	Optional
TR17.29	Consulting Services?	Optional
TR17.32	Consulting Service Type	Optional
TR17.33	Consulting Staff	Optional
TR17.7	Date [Consulting Practitioner Requested]	Optional
TR17.8	Time [Consulting Practitioner Requested]	Optional
SK38.12	Was NIH Stroke Scale score performed as part of the initial evaluation of the patient?	Required
SK38.12.date	Initial NIHSS Score Date	Required
SK38.12.time	Initial NIHSS Score Time	Required
SK38.50	Initial NIH Stroke Scale total score	Required
SK3.81	Date Additional NIH Stroke Scale	Optional
SK3.82	Time Additional NIH Stroke Scale	Optional
SK3.80	Additional NIH Stroke Scale Score (Manual entry)	Optional
SK38.68	Date of Brain Imaging	Required
SK38.69	Time of Brain Imaging	Required
TR18.124	Date Brain Imaging results were read	Required
TR18.125	Time Brain Imaging results read	Required
SK38.lvo_documented	Was a target lesion (Large Vessel Occlusion) visualized	Optional
TR17.ED_Date	Date of Initial Assessment	Optional
TR17.ED_Time	Time [Initial Assessment]	Optional
TR25.33	Admission Date	Optional
TR25.47	[Admission] Time	Optional
SK38.210	Hospital Discharge Date	Optional
SK38.210.5	Hospital Discharge Time	Optional
SK12.14	Hospital Discharge Disposition	Required
SK12.14.1	Other Facility Type	Optional
TR25.36	Date Death Occurred	Optional
TR25.36.1	Time [Death Occurred]	Optional
TR25.30	Location of Death	Optional
TR25.32	Death Circumstance	Optional
TR25.53	Circumstances of Death	Optional
TR25.29	Organ Donation	Optional
TR25.37	Autopsy Performed	Optional
TR25.28	DNR	Optional
SK36.71	Thrombolytics initiated at this hospital?	Required
SK36.72	Date Thrombolytics Administered	Required
SK36.73	Time Thrombolytics Administered	Required
SK36.97	Type Thrombolytic Used	Required
TR22.41	Date artery puncture to access arterial site	Required

ImageTrend Data Element	Element Name	Required Status
TR22.42	Time artery puncture to access arterial site	Required
SK8.1.1	If thrombolytics not given, exclusion criteria (Check all that apply)	Required
SK38.238	Exclusion Criteria (contraindications) 0-3 hr treatment window	Required
SK38.241	Relative Exclusion Criteria (Warnings) 0-3 hr treatment window	Required
SK15.1	Door to Needle Time	Assigned/Calculated
SK44.1	TICI Grade	Required
SK45.10	What is the date of the first pass of a clot retrieval device at this hospital?	Required
SK45.10.1	Time of the first pass of a clot retrieval device at this hospital	Required
TR200.1	ICD 10 Diagnosis code	Required
SK38.309	Modified Rankin Scale at Discharge Stroke	Required
SK11.2	Modified Rankin Scale Date	Optional
SK11.3	Modified Rankin Scale Time	Optional
SK11.4	Modified Rankin Scale	Optional
TR18.104*	Initial Vitals Signs Date	Optional
TR18.110*	Initial Vital Signs Time	Optional
TR18.11*	Sys. BP	Optional
TR18.13*	Dia. BP	Optional
TR18.2*	Pulse Rate	Optional
TR18.30*	Temperature [Celsius]	Optional
TR18.30.1*	Temperature [Fahrenheit]	Optional
TR18.31*	O2Sat	Optional
TR18.7*	Resp. Rate	Optional
TR38.7*	INR	Optional
ST13.43*	INR Date	Optional
ST13.44*	INR Time	Optional
TR18.130*	Blood Glucose	Optional
ST13.labcpdate*	Date Lab Tests Completed	Optional
ST13.labcptime*	Time Lab Tests Completed	Optional
TR38.11*	LDL	Optional
SK38.ldlmeas_documented*	LDL-cholesterol (LDL-c) measured within the first 48 hours or 30 days prior to hospital arrival	Optional
SK38.102*	Antithrombotic Therapy By Day 2	Optional
SK38.149*	Antithrombotic Medication	Optional
SK38.232*	Antithrombotic at Discharge	Optional
SK38.41*	Anticoagulant at Discharge	Optional
SK43.4*	Statin at Discharge	Optional
ST14.106*	Statin at Discharge Dose	Optional
SK10.4.1*	VTE Prophylaxis Administered (Check all that apply)	Optional
SK10.4.10*	Initial VTE prophylaxis administered Date	Optional

ImageTrend Data Element	Element Name	Required Status
SK10.4.10.1*	[Initial VTE prophylaxis Administered]Time	Optional
SK10.4.11*	Documentation why VTE Prophylaxis not Administered?	Optional
SK38.81*	If t-PA delay was > 60 min., was a medical reason documented?	Optional
SK.38.MedicalReason*	Medical Reason(s)	Optional
SK38.94*	Dysphagia Screening Prior to any Oral Intake?	Optional
SK38.95*	Dysphagia screening results (If screening = Yes)	Optional
SK38.31*	Assessed for Rehabilitation Services?	Optional
TR200.2*	ICD-10 PCS Procedure code	Optional
TR200.8*	Date Performed	Optional
TR200.9*	Time [Performed]	Optional
SK36.23*	Stroke Education or Resource Material?	Optional
SK36.49*	Smoking Cessation Education	Optional
* Fields denoted with an * are found on the “OPTIONAL STROKE INFORMATION” tab of the “REQUIRED STROKE FORM (v2024 AHA aligned)” form. These fields are included herein for facilities that wish to track these data elements for their programmatic needs.		

DESCRIPTION OF INDIVIDUAL DATA ELEMENTS

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Patient's Last Name

Item #	Element Name	AHA GWTG / Idaho Mapping	Version Control Year	Required Status
TR1.9	Patient's LastName	jc_lastname	2026	Required

Description

Patient's Last Name.

Coding Instructions

Cannot be blank.
Hyphenated names should be recorded with hyphen.

Format or Allowable Values

[Last Name]

Used in Metrics

No

Notes

This field is not included in GWTG data specification.

Added to support Idaho-specific reporting.

First Name

Item #	Element Name	AHA GWTG / Idaho Mapping	Version Control Year	Required Status
TR1.8	Patient's FirstName	jc_firstname	2026	Required

Description
Patient's First Name.

Coding Instructions
Cannot be blank.

Format or Allowable Values
[First Name]

Used in Metrics
No

Notes
This field is not included in GWTG data specification.

Added to support Idaho-specific reporting.

Middle Initial

Item #	Element Name	AHA GWTG / Idaho Mapping	Version Control Year	Required Status
TR1.10	Patient's Middle Initial	jc_middleinitial	2026	Required

Description
Patient's Middle Initial.

Coding Instructions
Required only when patient provides middle name/initial.

Format or Allowable Values
[Middle Initial]

Used in Metrics
No

Notes
This response shows up conditionally.

This field is not included in GWTG data specification.

Added to support Idaho-specific reporting.

Favorite Locations

Item #	Element Name	AHA GWTG / Idaho Mapping	Version Control Year	Required Status
N/A	Favorite Locations	N/A	2026	N/A

Description
This feature of the software is optional to use.

Coding Instructions
Can be documented at your discretion using the drop-down menu.

Format or Allowable Values

Used in Metrics
No

Notes
Saved frequently used location(s) if desired.

Country

Item #	Element Name	AHA GWTG / Idaho Mapping	Version Control Year	Required Status
TR1.19	Patient's Home Country	N/A	2026	Assigned/ Calculated

Description

The patient's home country where he/she resides.

Coding Instructions

Format or Allowable Values

Derived from zip code

Used in Metrics

No

Notes

Postal Code

Item #	Element Name	AHA GWTG / Idaho Mapping	Version Control Year	Required Status
TR1.20	Patient's Zip Code	zip	2026	Required

Description

The patient's home zip code of primary residence.

Coding Instructions

Cannot be blank.
Zip code must be 5 digits long.

Format or Allowable Values

[#####]

Used in Metrics

No

Notes

Zip code of primary residence at the time of the stroke.

City

Item #	Element Name	AHA GWTG / Idaho Mapping	Version Control Year	Required Status
TR1.21	Patient's City	N/A	2026	Assigned/ Calculated

Description

The patient's home city (or township, village) of primary residence.

Coding Instructions

Derived from ZIP code; manual override possible if needed.

Format or Allowable Values

Derived from zip code

Used in Metrics

No

Notes

County

Item #	Element Name	AHA GWTG / Idaho Mapping	Version Control Year	Required Status
TR1.22	Patient's County	N/A	2026	Assigned/ Calculated

Description
The patient's home county (or parish) of primary residence.

Coding Instructions

Format or Allowable Values
Derived from zip code

Used in Metrics
No

Notes

State

Item #	Element Name	AHA GWTG / Idaho Mapping	Version Control Year	Required Status
TR1.23	Patient's State	N/A	2026	Assigned/ Calculated

Description

The patient's home state (territory, province or District of Columbia) of primary residence.

Coding Instructions

Format or Allowable Values

Derived from zip code

Used in Metrics

No

Notes

Alternate Residence

Item #	Element Name	AHA GWTG / Idaho Mapping	Version Control Year	Required Status
TR1.13	Alternate Home Residence	homeless	2026	Optional

Description

Reason why no city, state, ZIP code and/or country of residence is provided.

Coding Instructions

Documentation of the type of patient without a home zip code.

Format or Allowable Values

Not Recorded
Not Applicable
Undocumented Citizen
Migrant
Homeless
Foreign Visitor
Not Known/Not Recorded

Used in Metrics

No

Notes

Birthdate

Item #	Element Name	AHA GWTG / Idaho Mapping	Version Control Year	Required Status
TR1.7	PatientDateofBirth	dob	2026	Required

Description

The Patient's date of birth.

Coding Instructions

Cannot be blank.
If birthdate not known, estimate Age and Age Units below.

Format or Allowable Values

MM/DD/YYYY

Used in Metrics

Yes

Notes

Patient's Sex

Item #	Element Name	AHA GWTG / Idaho Mapping	Version Control Year	Required Status
TR1.15	Gender	sex	2026	Required

Description

The Patient's sex.

Coding Instructions

Cannot be blank.
Document the biological sex assigned at birth or the current sex assignment for patients who have undergone a surgical and/or hormonal sex reassignment.

Format or Allowable Values

Male
Female
Non-binary (Intersex or Indeterminate)
Not recorded
Not known

Used in Metrics

No

Notes

Race - Select all that apply

Item #	Element Name	AHA GWTG / Idaho Mapping	Version Control Year	Required Status
TR1.16	Race	race	2026	Required

Description

The patient's race.

Coding Instructions

Cannot be blank.

Format or Allowable Values

American Indian
Asian
Black or African American
Native Hawaiian or Other Pacific Islander
Other Race
White
Patient Refused
Unable To Determine
Not Collected
Not Known

Used in Metrics

No

Notes

If "Other Race" is chosen you will have a box open up that you can type in the Race.

You can select more than one category by clicking CTRL and holding the left mouse button.

Other Race

Item #	Element Name	AHA GWTG / Idaho Mapping	Version Control Year	Required Status
TR1.28	Other Race	N/A	2026	Optional

Description
Patient race that is not specified in the race drop down.

Coding Instructions

Format or Allowable Values
[Other Race]

Used in Metrics

Notes
Only opens up if “Other Race” is selected for “Race”.

Hispanic Ethnicity

Item #	Element Name	AHA GWTG / Idaho Mapping	Version Control Year	Required Status
SK38.143	Hispanic Ethnicity	hisethni	2026	Required

Description

The patient's Ethnicity.
Indicate if the patient is of Hispanic or Latino ethnicity.

Coding Instructions

Cannot be blank.

Format or Allowable Values

No/UTD
Yes

Used in Metrics

No

Notes

Age (at date of incident)

Item #	Element Name	AHA GWTG / Idaho Mapping	Version Control Year	Required Status
TR1.12	Patient's Age	age	2026	Required

Description

The patient's age at the time of injury.

Coding Instructions

Required only when birthdate is not known.
If "Birthdate" is not known you can manually enter an approximated age here.

Format or Allowable Values

0-120

Used in Metrics

No

Notes

This is auto-calculated based on "Birthdate".

Age Units

Item #	Element Name	AHA GWTG / Idaho Mapping	Version Control Year	Required Status
TR1.14	Age Units	N/A	2026	Required

Description

The units used to document the patient's age.

Coding Instructions

Required only when birthdate is not known.
Populate by choosing the unit from the drop-down list.
Otherwise this will autofill based on “Birthdate”.

Format or Allowable Values

Years
Days
Hours
Months
Not Known

Used in Metrics

No

Notes

This response shows up conditionally.

Referring Facility

Item #	Element Name	AHA GWTG / Idaho Mapping	Version Control Year	Required Status
TR33.1	Referring Hospital Name	jc_referringFacility	2026	Required

Description

This is the name of the referring health care facility (acute care) in which the patient originated from PRIOR to arrival at YOUR facility.

Coding Instructions

Required only when patient is a transfer from another facility.

Format or Allowable Values

Favorites
All Facilities
ID
MT
NV
OR
UT
WA
WY
CA
Other…

[Referring Facility Name]

Used in Metrics

Yes

Notes

This response shows up conditionally.

This field is not included in GWTG data specification.

Added to support Idaho-specific reporting.

Could also use header: Transfername:transfer_fac_hos_name (*Follow up*)

Date Discovery of Stroke

Item #	Element Name	AHA GWTG / Idaho Mapping	Version Control Year	Required Status
SK36.36	Date Stroke discovered	symptomdt	2026	Required

Description
Date of Discovery of Stroke Symptoms.

Coding Instructions
Required if known.

Format or Allowable Values
MM/DD/YYYY

Used in Metrics
Yes

Notes

Time of Discovery of Stroke Symptoms

Item #	Element Name	AHA GWTG / Idaho Mapping	Version Control Year	Required Status
SK36.35	Time Stroke Discovered	symptomdt	2026	Required

Description
Time Stroke Discovered.

Coding Instructions
Required if known.

Format or Allowable Values
HH:MM (military time)

Used in Metrics
Yes

Notes

Last Known Well Date

Item #	Element Name	AHA GWTG / Idaho Mapping	Version Control Year	Required Status
TR38.20.1	Last Known Well Date	lastknownwell	2026	Required

Description

The date prior to hospital arrival at which the patient was last known to be without the signs and symptoms of the current stroke or at his or her baseline state of health.

Coding Instructions

Required if known.

Format or Allowable Values

MM/DD/YYYY

Used in Metrics

Yes

Notes

Last Known Well Time

Item #	Element Name	AHA GWTG / Idaho Mapping	Version Control Year	Required Status
TR38.20.2	Last Known Well Time	lastknownwell	2026	Required

Description

The time prior to hospital arrival at which the patient was last known to be without the signs and symptoms of the current stroke or at his or her baseline state of health.

Coding Instructions

Required if known.

Format or Allowable Values

HH:MM (military time)

Used in Metrics

Yes

Notes

How Patient Arrived at Your Hospital

Item #	Element Name	AHA GWTG / Idaho Mapping	Version Control Year	Required Status
SK38.9	How Patient Arrived at Your Hospital	patientarrival	2026	Required

Description

The mode of transportation to your facility.

Coding Instructions

Cannot be blank.

Format or Allowable Values

EMS from home/scene
Not-applicable - in house stroke
Private transportation/taxi/other from home/scene
Transfer from another hospital
Mobile Stroke Unit
ND or Unknown

Used in Metrics

Yes

Notes

Pre-arrival Stroke Notification

Item #	Element Name	AHA GWTG / Idaho Mapping	Version Control Year	Required Status
SK38.4	Advanced Notification by EMS	advnotice	2026	Required

Description

Did the transporting EMS agency notify the emergency department of an incoming stroke patient?

Coding Instructions

Required only when patient is transported by EMS.

Format or Allowable Values

Yes
No
NA
Not Known/Not Recorded

Used in Metrics

No

Notes

This response shows up conditionally.

Date Arrived at your Facility

Item #	Element Name	AHA GWTG / Idaho Mapping	Version Control Year	Required Status
TR18.55	ED Admission Date	arrdt	2026	Required

Description

The date the patient arrived at your facility.

Coding Instructions

Cannot be blank.

Format or Allowable Values

MM/DD/YYYY

Used in Metrics

Yes

Notes

Time [Arrived at your Facility]

Item #	Element Name	AHA GWTG / Idaho Mapping	Version Control Year	Required Status
TR18.56	ED Admission Time	arrdt	2026	Required

Description

The time the patient arrived at your facility.

Coding Instructions

Cannot be blank.

Format or Allowable Values

HH:MM (Military Time)

Used in Metrics

Yes

Notes

Direct Admit/Bypassed ED

Item #	Element Name	AHA GWTG / Idaho Mapping	Version Control Year	Required Status
TR17.30	Direct Admit	jc_directAdmit	2026	Required

Description

Was the patient admitted to hospital directly (Bypassed ED)?

Coding Instructions

Cannot be blank.

Format or Allowable Values

No
Yes
Not Applicable
Not Known
Not Known/Not Recorded

Used in Metrics

Yes

Notes

This field is not included in GWTG data specification.

Added to support Idaho-specific reporting.

Transferred out of Emergency Department Date

Item #	Element Name	AHA GWTG / Idaho Mapping	Version Control Year	Required Status
TR17.25	ED Discharge Date	jc_EDDischargeDate	2026	Required

Description

The date the patient was moved out of the emergency department, either to another location within your facility (i.e. IR suite) or to another acute care center.

Coding Instructions

Required only for patients that do not bypass the ED.

Format or Allowable Values

MM/DD/YYYY

Used in Metrics

Yes

Notes

This response shows up conditionally.

This field is not included in GWTG data specification.

Added to support Idaho-specific reporting.

ED Discharge Time

Item #	Element Name	AHA GWTG / Idaho Mapping	Version Control Year	Required Status
TR17.26	ED Discharge Time	jc_EDDischargeTime	2026	Required

Description

The time the patient was moved out of the emergency deparment, either to another location within your facility (i.e. IR suite) or to another acute care center.

Coding Instructions

Required only for patients that do not bypass the ED.

Format or Allowable Values

HH:MM (military time)

Used in Metrics

Yes

Notes

This response shows up conditionally.

Length of Stay in ED

Item #	Element Name	AHA GWTG / Idaho Mapping	Version Control Year	Required Status
TR17.99	Length of Stay in ED (Total Minutes) (Physical D/C)	N/A	2026	Assigned/ Calculated

Description

Length of Stay in ED.

This is auto-calculated and is based on the date/time transferred out of ED - Date/time arrive at your facility.

Coding Instructions

Required only for patients that do not bypass the ED.

Format or Allowable Values

[Day/Hours/Total Minutes]

Used in Metrics

No

Notes

Patient Not Admitted

Item #	Element Name	AHA GWTG / Idaho Mapping	Version Control Year	Required Status
SK38.5	Patient Not Admitted	notadm	2026	Required

Description

Patient Not Admitted.

Coding Instructions

Format or Allowable Values

Yes, not admitted
No, patient admitted as inpatient

Used in Metrics

No

Notes

Reason Not Admitted

Item #	Element Name	AHA GWTG / Idaho Mapping	Version Control Year	Required Status
SK38.7	Reason Not Admitted	notadmreas	2026	Required

Description

Reason Not Admitted.

Coding Instructions

Required for patients who did not bypass ED but were not admitted to hospital.

Format or Allowable Values

Transferred from your ED to another acute care hospital
Discharge directly from ED to home or other location that is not an acute care hospital
Left from ED AMA
Died in ED
Discharged from observation status without an inpatient admission
Other

Used in Metrics

Yes

Notes

This response shows up conditionally.

Stroke ED Discharge Disposition for Admitted Patients

Item #	Element Name	AHA GWTG / Idaho Mapping	Version Control Year	Required Status
SK36.66	Stroke ED Discharge Disposition	jc_ED_Discharge_Disposition	2026	Required

Description

Indicate where admitted patients went from the Emergency Department.

Coding Instructions

Only applicable if patient admitted to your facility from ED.

Format or Allowable Values

Operating Room
Floor bed (general admission, non speciality unit bed)
Observation unit (unit that provides < 24 hour stays)
Interventional Radiology
Telemetry/step-down unit (less acuity than ICU)
Cath Lab
Intensive Care Unit
Floor (Labor & Delivery)
Not Known/Not Recorded

Used in Metrics

Yes

Notes

This response shows up conditionally.

Destination Determination

Item #	Element Name	AHA GWTG / Idaho Mapping	Version Control Year	Required Status
TR17.59	ED Destination Determination	reastransfer	2026	Optional

Description

The reason the facility was chosen as the destination.

Coding Instructions

Only applicable when "Reason Not Admitted" is "Transferred from your ED to another acute care hospital".

Format or Allowable Values

Not Applicable
Advanced stroke care (e.g., Neurocritical care, surgical or other time critical therapy)
Evaluation for Endovascular thrombectomy
Evaluation for IV tPA up to 4.5 hours
Other advanced care (not stroke related)
Patient/family request
Post management of IV tPA (e.g. Drip and Ship)
Not Known/Not Recorded

Used in Metrics

No

Notes

Hospital Transferred To

Item #	Element Name	AHA GWTG / Idaho Mapping	Version Control Year	Required Status
TR17.61	Hospital Transferred To	N/A	2026	Required

Description

The name of the facility to which the patient was transferred to after receiving initial hospital care at your facility.

Coding Instructions

Required only when patient is transferred out of ED to another facility.

Choose the state patient is transferring to.

After state selection, choose the specific facility.

Format or Allowable Values

ID
MT
NV
OR
UT
WA
WY
CA
Other…

[Facility Name]

Used in Metrics

Notes

This response shows up conditionally.

Located under Destination Determination.

Only opens up if “Transferred from your ED to another acute care hospital” is selected for “Reason Not Admitted”.

Transport Mode

Item #	Element Name	AHA GWTG / Idaho Mapping	Version Control Year	Required Status
TR17.60	Discharge Transport Mode	jc_ED_mode_transport	2026	Required

Description

The type of transportation used to transfer the patient.

Coding Instructions

Required only when patient is transferred out of ED to another facility.

Format or Allowable Values

Ambulance
Fixed Wing
Helicopter
Other
Private Vehicle
Not Known/Not Recorded

Used in Metrics

No

Notes

This response shows up conditionally.

Located under Hospital Transferred To.

Only opens up if “Transferred from your ED to another acute care hospital” is selected for “Reason Not Admitted”.

Patient who are transferred by private vehicle are considered to have been discharged and referred. These cases need not be reported.

Level of Stroke Team Activated

Item #	Element Name	AHA GWTG / Idaho Mapping	Version Control Year	Required Status
SK36.57	Level of Stroke Team Activated	StrokeTeamLevel	2026	Optional

Description

At what level was stroke team activated?

Coding Instructions

Format or Allowable Values

Not activated
Level 1
Level 2
Level 3

Used in Metrics

No

Notes

Stroke Team Activated Date

Item #	Element Name	AHA GWTG / Idaho Mapping	Version Control Year	Required Status
SK36.58	Stroke Team Activated Date	teamactivatedt	2026	Optional

Description

Coding Instructions

Format or Allowable Values

MM/DD/YYYY

Used in Metrics

No

Notes

Stroke Team Activated Time

Item #	Element Name	AHA GWTG / Idaho Mapping	Version Control Year	Required Status
SK36.59	Stroke Team Activated Time	teamactivatedt	2026	Optional

Description

Coding Instructions

Format or Allowable Values

HH:MM (military time)

Used in Metrics

No

Notes

Team Member

Item #	Element Name	AHA GWTG / Idaho Mapping	Version Control Year	Required Status
TR17.9	ED Physician	N/A	2026	Optional

Description

Name of physician or nurse.

Coding Instructions

Enter name of physician or nurse by clicking on people icon to enter data and search or look in drop down to see if it's already been added.

Format or Allowable Values

[Team Member Name]

Used in Metrics

No

Notes

To the right there is a box icon to add a staff.

Service Type

Item #	Element Name	AHA GWTG / Idaho Mapping	Version Control Year	Required Status
TR17.13	ED Physician Service Type	N/A	2026	Optional

Description

Select from drop down the service type the team member is from.

Coding Instructions

Format or Allowable Values

RN - Registered Nurse
Internal Medicine
Nephrologist
Nephrology
Neuro-Service
Pulmonology
Surgery/Trauma
Surgery Senior Resident
Neurosurgery
Orthopedic Surgery
Emergency Medicine
Anesthesia
Family Practice
Nurse Practitioner
Physician Assistant
Laboratory
Radiology
ED Physician
Cardiologist
Not Known/Not Recorded

Used in Metrics

No

Notes

Date Called

Item #	Element Name	AHA GWTG / Idaho Mapping	Version Control Year	Required Status
TR17.10	Date Physician Called	N/A	2026	Optional

Description

The date that the physician or nurse was called.

Coding Instructions

Format or Allowable Values

MM/DD/YYYY

Used in Metrics

No

Notes

Time Called

Item #	Element Name	AHA GWTG / Idaho Mapping	Version Control Year	Required Status
TR17.14	Time Physician Called	N/A	2026	Optional

Description

The time that the physician or nurse was called.

Coding Instructions

Format or Allowable Values

HH:MM (military time)

Used in Metrics

No

Notes

Date Arrived

Item #	Element Name	AHA GWTG / Idaho Mapping	Version Control Year	Required Status
TR17.15	Date Physician Arrived	teamarrivedt	2026	Optional

Description
Date physician or nurse arrived.

Coding Instructions

Format or Allowable Values
MM/DD/YYYY

Used in Metrics
No

Notes

Time Arrived

Item #	Element Name	AHA GWTG / Idaho Mapping	Version Control Year	Required Status
TR17.11	Time Physician Arrived	N/A	2026	Optional

Description

Time physician or nurse arrived.

Coding Instructions

Format or Allowable Values

HH:MM (military time)

Used in Metrics

No

Notes

Timely Arrival

Item #	Element Name	AHA GWTG / Idaho Mapping	Version Control Year	Required Status
TR17.12	Was Trauma Surgeon Arrival in ED Timely	N/A	2026	Optional

Description

Was the physician or nurse arrival timely?

Coding Instructions

Format or Allowable Values

N/A
Yes
No
Pending
Not Applicable
Not Known
Not Known/Not Recorded

Used in Metrics

No

Notes

Consulting Services?

Item #	Element Name	AHA GWTG / Idaho Mapping	Version Control Year	Required Status
TR17.29	Consulting Service	N/A	2026	Optional

Description

Were consulting services needed for this patient?

Coding Instructions

Format or Allowable Values

Not applicable
Yes
No
Not Known/Not Recorded

Used in Metrics

No

Notes

Consulting Service Type

Item #	Element Name	AHA GWTG / Idaho Mapping	Version Control Year	Required Status
TR17.32	Consulting Service Type	N/A	2026	Optional

Description
Type of the consulting service.

Coding Instructions
Select 1 of the 59 Consulting Service Types the corresponding team member is from.

Format or Allowable Values
[Consulting Service Type]

Used in Metrics
No

Notes
Only opens up if “Yes” is selected for “Consulting Services”.

Consulting Staff

Item #	Element Name	AHA GWTG / Idaho Mapping	Version Control Year	Required Status
TR17.33	Consulting Staff	N/A	2026	Optional

Description

Staff consulted for the service.

Coding Instructions

Enter name of staff consulted by clicking on people icon to enter data and search or look in drop down to see if it's already been added.

Format or Allowable Values

[Consulting Staff Name]

Used in Metrics

No

Notes

To the right there is a box icon to add a staff.

Only opens up if “Yes” is selected for “Consulting Services”.

Date [Consulting Practitioner Requested]

Item #	Element Name	AHA GWTG / Idaho Mapping	Version Control Year	Required Status
TR17.7	Date Consulting Practitioner Requested	N/A	2026	Optional

Description
Date Consulting Practitioner Requested.

Coding Instructions

Format or Allowable Values
MM/DD/YYYY

Used in Metrics
No

Notes
Only opens up if “Yes” is selected for “Consulting Services”.

Time [Consulting Practitioner Requested]

Item #	Element Name	AHA GWTG / Idaho Mapping	Version Control Year	Required Status
TR17.8	Time Consulting Practitioner Requested	neuroassessdt	2026	Optional

Description
Time Consulting Practitioner Requested.

Coding Instructions

Format or Allowable Values
HH:MM (military time)

Used in Metrics
No

Notes
Only opens up if “Yes” is selected for “Consulting Services”.

Was NIH Stroke Scale score performed as part of the initial evaluation of the patient?

Item #	Element Name	AHA GWTG / Idaho Mapping	Version Control Year	Required Status
SK38.12	Initial NIH Stroke Scale	nihssperf	2026	Required

Description

Was NIH Stroke Scale score performed as part of the initial evaluation of the patient?

Coding Instructions

Indicate if it is before any recanalization therapy OR performed within 12 hours of arrival for patients not undergoing recanalization therapy.

Format or Allowable Values

Yes
No/ND

Used in Metrics

No

Notes

Initial Stroke Scale for GWTG.

During 2022 Idaho Stroke Manager Workgroup meeting, "initial evaluation" was defined as within 12 hours of arrival.

For additional information, refer to Joint Commission core measure CSTK-01.

Initial NIHSS Score Date

Item #	Element Name	AHA GWTG / Idaho Mapping	Version Control Year	Required Status
SK38.12.date	Initial NIHSS Score Date	nihssdt	2026	Required

Description

Initial National Institute of Health Stroke Scale Date.

Coding Instructions

Format or Allowable Values

MM/DD/YYYY

Used in Metrics

No

Notes

This response shows up conditionally.

Initial NIHSS Score Time

Item #	Element Name	AHA GWTG / Idaho Mapping	Version Control Year	Required Status
SK38.12.time	Initial NIHSS Score Time	nihssdt	2026	Required

Description

Initial National Institute of Health Stroke Scale Time.

Coding Instructions

Format or Allowable Values

HH:MM (Military Time)

Used in Metrics

No

Notes

This response shows up conditionally.

Initial NIH Stroke Scale total score

Item #	Element Name	AHA GWTG / Idaho Mapping	Version Control Year	Required Status
SK38.50	Total Score	nihssscore	2026	Required

Description

If performed, what is the first NIH Stroke Scale total score recorded by hospital personnel?

Coding Instructions

A numeric score is manually entered in.

Must collect one score at initial presentation (before any recanalization therapy OR performed within 12 hours of arrival for patients not undergoing recanalization therapy).

Each record must include date, time, score.

Format or Allowable Values

0-42

Used in Metrics

No

Notes

This response shows up conditionally.

Feedback from meeting was to define the initial evaluation portion of this definition to within 12 hours of arrival.

For additional information, refer to Joint Commission core measure CSTK-01.

Date Additional NIH Stroke Scale

Item #	Element Name	AHA GWTG / Idaho Mapping	Version Control Year	Required Status
SK3.81	NIH Stroke Scale Date	N/A	2026	Optional

Description
Date of any additional NIH Stroke Scale measures (after initial).

Coding Instructions
Optional entry for NIH stroke scale score measures taken after initial measure.

Format or Allowable Values
MM/DD/YYYY

Used in Metrics
No

Notes
Additional NIH Stroke Scale measurements not required.

Time Additional NIH Stroke Scale

Item #	Element Name	AHA GWTG / Idaho Mapping	Version Control Year	Required Status
SK3.82	NIH Stroke Scale Time	N/A	2026	Optional

Description

Time of any additional NIH Stroke Scale measures (after initial).

Coding Instructions

Optional entry for NIH stroke scale score measures taken after initial measure.

Format or Allowable Values

HH:MM (military time)

Used in Metrics

No

Notes

Additional NIH Stroke Scale Score (Manual entry)

Item #	Element Name	AHA GWTG / Idaho Mapping	Version Control Year	Required Status
SK3.80	NIH Stroke Scale Score Manual	N/A	2026	Optional

Description

Multiple NIHSS score records can be reported.

Coding Instructions

A numeric score is manually entered in.

Must collect one score at initial presentation (before any recanalization therapy OR performed within 12 hours of arrival for patients not undergoing recanalization therapy).

Each record must include date, time, score.

Format or Allowable Values

0-42

Used in Metrics

No

Notes

Date of Brain Imaging

Item #	Element Name	AHA GWTG / Idaho Mapping	Version Control Year	Required Status
SK38.68	Brain Imaging Initiation Date	ctcompdt	2026	Required

Description

The date patient first received brain imaging (CT or MRI) (date of first image, not date of entry to room, etc.).

Coding Instructions

Required only when your facility performs the first head CT or MRI AND if last known well time to time arrived at first facility is <=24 hours.

Format or Allowable Values

MM/DD/YYYY

Used in Metrics

Yes

Notes

This response shows up conditionally.

Time of Brain Imaging

Item #	Element Name	AHA GWTG / Idaho Mapping	Version Control Year	Required Status
SK38.69	Brain Imaging Initiation Time	ctcompdt	2026	Required

Description

The time patient first received brain imaging (CT or MRI) (time of first image, not time of entry to room, etc.).

Coding Instructions

Required only when your facility performs the first head CT or MRI AND If last known well time to time arrived at first facility is <=24 hours.

Format or Allowable Values

HH:MM (military time)

Used in Metrics

Yes

Notes

This response shows up conditionally.

Date Brain Imaging results were read

Item #	Element Name	AHA GWTG / Idaho Mapping	Version Control Year	Required Status
TR18.124	Date CT Results Read	ctrepdt	2026	Required

Description
The date on which the patient's Brain Imaging results were read by provider.

Coding Instructions
Required when your facility performs the first head CT or MRI.

Format or Allowable Values
MM/DD/YYYY

Used in Metrics
Yes

Notes
This response shows up conditionally.

“1st axial image time” and “first image available/SCOUT time in PACS” are not appropriate for radiologist read timestamps.

Time Brain Imaging results read

Item #	Element Name	AHA GWTG / Idaho Mapping	Version Control Year	Required Status
TR18.125	Time Results Read	ctrepdt	2026	Required

Description

The time at which the pateint's Brain Imaging results were read by provider.

Coding Instructions

Required when your facility performs the first head CT or MRI.

Format or Allowable Values

HH:MM (military time)

Used in Metrics

Yes

Notes

This response shows up conditionally.

“1st axial image time” and “first image available/SCOUT time in PACS” are not appropriate for radiologist read timestamps.

Was a target lesion (Large Vessel Occlusion) visualized

Item #	Element Name	AHA GWTG / Idaho Mapping	Version Control Year	Required Status
SK38.lvo_documented	Documentation of Large Vessel Occlusion (LVO) in the Medical Record	targles	2026	Optional

Description

Is there documentation of Large Vessel Occlusion (LVO) in the medical record?
Is it effecting a vessel that can be reached by thrombectomy?

Coding Instructions

Required only when your facility performs the first head CT or MRI AND If last known well time to time arrived at first facility is <=24 hours.

Format or Allowable Values

No
Yes

Used in Metrics

Yes

Notes

Ischemic stroke patients with a large vessel cerebral occlusion (i.e., internal carotid artery (ICA) or ICA terminus (T-lesion; T-occlusion), middle cerebral artery (MCA) M1 or M2, basilar artery) or PCA.

Date of Initial Assessment

Item #	Element Name	AHA GWTG / Idaho Mapping	Version Control Year	Required Status
TR17.ED_ Date	Date of ED Physician Assessment	edassessdt	2026	Optional

Description

Date of initial provider evaluation (ED physician, Physician assistant, Nurse Practitioner, Neurologist, etc.).

Coding Instructions

Required if you are the first receiving facility (not required if you are receiving a patient from a transferring facility) AND if last known well time is <= 24 hours from time arrived at first facility.

Format or Allowable Values

MM/DD/YYYY

Used in Metrics

No

Notes

Time [Initial Assessment]

Item #	Element Name	AHA GWTG / Idaho Mapping	Version Control Year	Required Status
TR17 .ED_ Time	Time of ED Physician Assessment	edassessdt	2026	Optional

Description

Time of initial provider evaluation (ED physician, Physician assistant, Nurse Practitioner, Neurologist, etc.).

Coding Instructions

Required if you are the first receiving facility (not required if you are receiving a patient from a transferring facility) AND if last known well time is <= 24 hours from time arrived at first facility.

Format or Allowable Values

HH:MM (military time)

Used in Metrics

No

Notes

Admission Date

Item #	Element Name	AHA GWTG / Idaho Mapping	Version Control Year	Required Status
TR25.33	Hospital Admission Date	admdt	2026	Optional

Description

The date on which the patient was admitted as an inpatient to the hospital.

Coding Instructions

Required only when patient is admitted to your facility.

Format or Allowable Values

MM/DD/YYYY

Used in Metrics

No

Notes

[Admission] Time

Item #	Element Name	AHA GWTG / Idaho Mapping	Version Control Year	Required Status
TR25.47	Hospital Admission Time	admdt	2026	Optional

Description

The time at which the patient was admitted as an inpatient to the hospital.

Coding Instructions

Required only when patient is admitted to your facility.

Format or Allowable Values

HH:MM (military time)

Used in Metrics

No

Notes

Hospital Discharge Date

Item #	Element Name	AHA GWTG / Idaho Mapping	Version Control Year	Required Status
SK38.210	Discharge Date	disdate	2026	Optional

Description

The date on which the patient was discharged as an inpatient from the hospital for stroke symptoms.

Coding Instructions

Required only when patient is admitted to your facility.

Format or Allowable Values

MM/DD/YYYY

Used in Metrics

No

Notes

Hospital Discharge Time

Item #	Element Name	AHA GWTG / Idaho Mapping	Version Control Year	Required Status
SK38.210.5	[Hospital Discharge] Time	disdate	2026	Optional

Description

The time at which the patient was discharged as an inpatient from the hospital for stroke symptoms.

Coding Instructions

Required only when patient is admitted to your facility.

Format or Allowable Values

HH:MM (military time)

Used in Metrics

No

Notes

Hospital Discharge Disposition

Item #	Element Name	AHA GWTG / Idaho Mapping	Version Control Year	Required Status
SK12.14	Stroke Discharge Disposition	dschstat	2026	Required

Description

Stroke Hosptial Discharge Disposition.

Coding Instructions

Required only when patient is admitted to your facility.

Format or Allowable Values

Acute Care Facility
Expired
Home
Hospice - Health Care Facility
Hospice - Home
Left Against Medical Advice/AMA
Not Documented or Unable to Determine (UTD)
Not Known
Other Health Care Facility

Used in Metrics

No

Notes

This response shows up conditionally.

Other Facility Type

Item #	Element Name	AHA GWTG / Idaho Mapping	Version Control Year	Required Status
SK12.14.1	Stroke Other Facility	dschothfac	2026	Optional

Description

Other Facility Type when discharged from hospital to another facility.

Coding Instructions

Only entered when hospital discharge disposition is "Other Health Care Facility".

Format or Allowable Values

Inpatient Rehabilitation Facility (IRF)
Intermediate Care Facility (ICF)
Long Term Care Hospital (LTCH)
Other
Skilled Nursing Facility (SNF)
Not Known

Used in Metrics

Notes

Date Death Occurred

Item #	Element Name	AHA GWTG / Idaho Mapping	Version Control Year	Required Status
TR25.36	Date of Death	N/A	2026	Optional

Description
Date the patient died.

Coding Instructions
Only applicable if Hospital D/C disposition is "Expired".

Format or Allowable Values
MM/DD/YYYY

Used in Metrics
No

Notes

Time [Death Occurred]

Item #	Element Name	AHA GWTG / Idaho Mapping	Version Control Year	Required Status
TR25.36.1	Time of Death	N/A	2026	Optional

Description
Time of Death.

Coding Instructions
Only applicable if Hospital D/C disposition is "Expired".

Format or Allowable Values
HH:MM (military time)

Used in Metrics
No

Notes

Location of Death

Item #	Element Name	AHA GWTG / Idaho Mapping	Version Control Year	Required Status
TR25.30	Location of Death	N/A	2026	Optional

Description

The location where the patient died.

Coding Instructions

Only applicable if Hospital D/C disposition is "Expired".

Format or Allowable Values

Not Applicable
ICU
Operating Room
Floor
Prior to Arrival
ED
PICU
Not Known
Not Known/Not Recorded

Used in Metrics

No

Notes

Death Circumstance

Item #	Element Name	AHA GWTG / Idaho Mapping	Version Control Year	Required Status
TR25.32	Death Circumstance	N/A	2026	Optional

Description

The circumstance under which the patient died.

Coding Instructions

Only applicable if Hospital D/C disposition is "Expired".

Format or Allowable Values

Not Known
Not Known/Not Recorded
Treatment Withheld
Burn Shock
Pulmonary Failure/Sepsis
Cardiovascular Failure
Multiple Organ Failure/Metabolic
Pre-existing Illness
Trauma Shock
Sepsis
Pulmonary Failure
Brain Injury
Thoracic aortic transection
Drowning
Heart Laceration
Liver laceration
Electrocution
Other
Cardiac Arrest due to strangulation
Code 99
Family D/C life support
Medical
Multisystem trauma
Trauma Wound
Brain Death
Gastrointestinal
Neurologic
Renal

Used in Metrics

No

Notes

Circumstances of Death

Item #	Element Name	AHA GWTG / Idaho Mapping	Version Control Year	Required Status
TR25.53	Circumstances of Death	N/A	2026	Optional

Description
Circumstances of Death Comment.

Coding Instructions
Only applicable if Hospital D/C disposition is "Expired".

Format or Allowable Values
[Circumstances of Death Comment]

Used in Metrics
No

Notes

Organ Donation

Item #	Element Name	AHA GWTG / Idaho Mapping	Version Control Year	Required Status
TR25.29	Organ Donation	N/A	2026	Optional

Description

Organ Donation.

Coding Instructions

Only applicable if Hospital D/C disposition is "Expired".

Format or Allowable Values

Not Applicable
Yes
No
Tissue Donation
Not Known
Not known/Not Recorded

Used in Metrics

No

Notes

Autopsy Performed

Item #	Element Name	AHA GWTG / Idaho Mapping	Version Control Year	Required Status
TR25.37	Autopsy Performed	N/A	2026	Optional

Description

Was autopsy performed?

Coding Instructions

Only applicable if Hospital D/C disposition is "Expired".

Format or Allowable Values

Not Applicable
Yes
No
Not Known
Not Known/Not Recorded

Used in Metrics

No

Notes

DNR

Item #	Element Name	AHA GWTG / Idaho Mapping	Version Control Year	Required Status
TR25.28	Advanced Directive	N/A	2026	Optional

Description

Is the patient Do Not Resuscitate status?

Coding Instructions

Format or Allowable Values

Yes
No
Not Known/Not Recorded

Used in Metrics

No

Notes

Thrombolytics initiated at this hospital?

Item #	Element Name	AHA GWTG / Idaho Mapping	Version Control Year	Required Status
SK36.71	Was TPA Drug Administered?	ivthroinit	2026	Required

Description

Was a thrombolytic Drug Administered at this hospital?

Coding Instructions

Format or Allowable Values

Yes
Yes - stroke mimic
Yes - delayed due to initial symptom resolution
No/Not Performed
No-Contraindications - Documented reason exists for not giving thrombolytics
Not applicable
Not Known/Not Recorded

Used in Metrics

Yes

Notes

Date Thrombolytics Administered

Item #	Element Name	AHA GWTG / Idaho Mapping	Version Control Year	Required Status
SK36.72	Date Administered	ivthrodt	2026	Required

Description
The date on which thrombolytic was administered to the patient.

Coding Instructions
Required only if thrombolytic was administered.

Format or Allowable Values
MM/DD/YYYY

Used in Metrics
Yes

Notes
This response shows up conditionally.

Time Thrombolytics Administered

Item #	Element Name	AHA GWTG / Idaho Mapping	Version Control Year	Required Status
SK36.73	Time Administered	ivthrodt	2026	Required

Description

The time at which t-PA (Tissue Plasminogen Activator) was administered to the patient.

Coding Instructions

Required only if t-PA was administered.

Format or Allowable Values

HH:MM (military time)

Used in Metrics

Yes

Notes

This response shows up conditionally.

Type Thrombolytic Used

Item #	Element Name	AHA GWTG / Idaho Mapping	Version Control Year	Required Status
SK36.97	Thrombolytic Used	thromboused	2026	Required

Description

Specifies which thrombolytic was administered.

Coding Instructions

Required only if a thrombolytic was administered.

Format or Allowable Values

TNK (Tenecteplase)
t-PA (Tissue Plasminogen Activator)

Used in Metrics

No

Notes

This response shows up conditionally.

If thrombolytic initiated at this hospital = yes, then thrombolytic used is required.

Date artery puncture to access arterial site

Item #	Element Name	AHA GWTG / Idaho Mapping	Version Control Year	Required Status
TR22.41	Date Artery Puncture	artpuncdt	2026	Required

Description

What is the date of skin puncture at this hospital to access the arterial site selected for endovascular treatment of the cerebral artery occlusion?

Coding Instructions

Required only when endovascular procedure performed.

Format or Allowable Values

MM/DD/YYYY

Used in Metrics

Yes

Notes

This response shows up conditionally.

Only opens up if “Yes” is selected for “Catheter-based stroke treatment”.

Time artery puncture to access arterial site

Item #	Element Name	AHA GWTG / Idaho Mapping	Version Control Year	Required Status
TR22.42	Time Artery Puncture	artpuncdt	2026	Required

Description

What is the time of skin puncture at this hospital to access the arterial site selected for endovascular treatment of the cerebral artery occlusion?

Coding Instructions

Required only when endovascular procedure performed.

Format or Allowable Values

HH:MM (military time)

Used in Metrics

Yes

Notes

This response shows up conditionally.

Only opens up if “Yes” is selected for “Catheter-based stroke treatment”.

If thrombolytics not given, exclusion criteria (Check all that apply)

Item #	Element Name	AHA GWTG / Idaho Mapping	Version Control Year	Required Status
SK8.1.1	Were the following reasons for not administering IV thrombolytic therapy explicitly documented?	jc_reasonsNoTPA	2026	Required

Description

The reason(s) for not administering IV thrombolytic therapy at this hospital as explicitly documented by a physician, advanced practice nurse, or physician assistant's notes in the chart.

Coding Instructions

Required only when question was thrombolytics administered is answered "No".

Format or Allowable Values

Not Applicable
Advanced Age
CT findings (ICH, SAH, or major infarct signs)
Care team unable to determine eligibility
Contraindications
Life expectancy <1 year or severe co-morbid illness or CMO on admission
Not known/not recorded
Pt./Family refused
Rapid Improvement
Stroke severity too mild
Thrombolytics given at outside hospital
Time Protocol Not Met (Out of Window)
Warnings: conditions that might lead to unfavorable outcomes

Used in Metrics

No

Notes

This response shows up conditionally.

This field is not included in GWTG data specification.

Added to support Idaho-specific reporting.

Exclusion Criteria (contraindications) 0-3 hr treatment window

Item #	Element Name	AHA GWTG / Idaho Mapping	Version Control Year	Required Status
SK38.238	Exclusion Criteria (contraindications) 0-3 hr treatment window	exclusion	2026	Required

Description

Documented exclusions (Contraindications) for not initiating IV thrombolytics in the 0-3 hr treatment window.

Coding Instructions

Check all that apply.
Multiple selections can be made by holding down the <Control> key while selecting.

Format or Allowable Values

C1: Elevated blood pressure (systolic > 185 mm Hg or diastolic > 110 mm Hg) despite treatment
C2: Recent intracranial or spinal surgery or significant head trauma, or prior stroke in previous 3 months
C3: History of previous intracranial hemorrhage, intracranial neoplasm, arteriovenous malformation, or aneurysm
C4: Active internal bleeding
C5: Acute bleeding diathesis (low platelet count, increased PTT, INR >= 1.7 or use of NOAC)
C6: Symptoms suggest subarachnoid hemorrhage
C7: CT demonstrates multilobar infarction (hypodensity >1/3 cerebral hemisphere)
C8: Arterial puncture at noncompressible site in previous 7 days
C9: Blood glucose concentration <50 mg/dl (2.7 mmol/L)

Used in Metrics

Yes

Notes

Relative Exclusion Criteria (Warnings) 0-3 hr treatment window

Item #	Element Name	AHA GWTG / Idaho Mapping	Version Control Year	Required Status
SK38.241	Relative Exclusion Criteria (Warnings) 0-3 hr treatment window	relexclusion	2026	Required

Description

Documented exclusions (Warnings) for not initiating IV thrombolytics in the 0-3 hr treatment window.

Coding Instructions

Format or Allowable Values

W1: Care-team unable to determine eligibility
W2: IV or IA thrombolysis/thrombectomy at an outside hospital prior to arrival
W3: Life expectancy <1 year or severe co-morbid illness or CMO on admission
W4: Pregnancy
W5: Patient/family refusal
W6: Rapid improvement
W7: Stroke severity too mild
W8: Recent acute myocardial infarction (within previous 3 months)
W9: Seizure at onset with postictal residual neurological impairments
W10: Major surgery or serious trauma within previous 14 days
W11: Recent gastrointestinal or urinary tract hemorrhage (within previous 21 days)

Used in Metrics

Yes

Notes

Door to Needle Time

Item #	Element Name	AHA GWTG / Idaho Mapping	Version Control Year	Required Status
SK15.1	Door to Needle Interval	N/A	2026	Assigned/ Calculated

Description

Time difference between the "Date/Time Arrived at your facility" and the "Date/Time thrombolytic Administered".

Coding Instructions

Required only when patient receives thrombolytic.

Format or Allowable Values

Auto-calculated (Minutes)

Used in Metrics

No

Notes

TICI Grade

Item #	Element Name	AHA GWTG / Idaho Mapping	Version Control Year	Required Status
SK44.1	TICI Grade	thromticigrade	2026	Required

Description

Thrombolysis in cerebral infarction (TICI) score.

Coding Instructions

Required only if endovascular intervention was performed.

Format or Allowable Values

Grade 0
Grade 1
Grade 2a
Grade 2b
Grade 2c
Grade 3
Not Documented
Not Applicable
Not Known/Not Recorded

Used in Metrics

No

Notes

This response shows up conditionally.

What is the date of the first pass of a clot retrieval device at this hospital?

Item #	Element Name	AHA GWTG / Idaho Mapping	Version Control Year	Required Status
SK45.10	First Pass of a Clot Retrieval Device Date	firstpassdt	2026	Required

Description

The date the first device was activated regardless of type of device used.

Including but not limited to:

1) Time of first balloon inflation

2) Time of first stent deployment

3) Time of the first treatment of lesion (AngjoJet or other thrombectomy/aspiration device, laser, rotational atherectomy).

When the lesion is unable to be crossed with a guidewire or device, time of guidewire introduction is not an allowable date/time for this field.

Coding Instructions

Required if applicable.

Format or Allowable Values

MM/DD/YYYY

Used in Metrics

Yes

Notes

This response shows up conditionally.

Time of the first pass of a clot retrieval device at this hospital

Item #	Element Name	AHA GWTG / Idaho Mapping	Version Control Year	Required Status
SK45.10.1	First Pass of a Clot Retrieval Device Time	firstpassdt	2026	Required

Description

The time the first device was activated regardless of type of device used.

Including but not limited to:

1) Time of first balloon inflation

2) Time of first stent deployment

3) Time of the first treatment of lesion (AngjoJet or other thrombectomy/aspiration device, laser, rotational atherectomy).

When the lesion is unable to be crossed with a guidewire or device, time of guidewire introduction is not an allowable date/time for this field.

Coding Instructions

Required if applicable.

Format or Allowable Values

HH:MM (24-hr time)

Used in Metrics

Yes

Notes

This response shows up conditionally.

ICD 10 Diagnosis code

Item #	Element Name	AHA GWTG / Idaho Mapping	Version Control Year	Required Status
TR200.1	ICD 10 Diagnosis	I10dschstkdx I10prindx I10otherdx	2026	Required

Description

ICD-10 stroke diagnosis codes included in the Idaho TSE Registry Stroke Inclusion Criteria: I60.00-I60.9, I61.0-I61.9, I62.9, I63.00-I63.9.

Coding Instructions

Cannot be blank.
At least one code is required but multiple codes may be captured.

Format or Allowable Values

Used in Metrics

Yes

Notes

Note - Any cases recorded with I62.00-I62.03 or I62.1 are no longer reportable and should be reviewed for miscoding.

After review, please leave these codes in the data query for casefinding.

Optional Non-Stroke Dx code G45.9 can be entered in ImageTrend but are not reportable.

See inclusion criteria on page 12-13.

Modified Rankin Scale at Discharge Stroke

Item #	Element Name	AHA GWTG / Idaho Mapping	Version Control Year	Required Status
SK38.309	Modified Rankin Scale at Discharge Stroke	rankindschscale	2026	Required

Description

Rankin Scale Score at Time of Discharge as collected in AHA GWTG and required by Idaho TSE Registry.

Modified Rankin Scale is a 6-point disability scale for stroke patients.

Coding Instructions

Other dates/time can be captured as well (Optional), but the discharge score is mandatory. Additional optional Rankin Scale measurements may be entered below.

Format or Allowable Values

0 = No symptoms at all
1 = No significant disability despite symptoms: Able to carry out all usual duties and activities
2 = Slight disability; unable to carry out all previous activities but able to look after own affairs without assistance
3 = Moderate disability: Requiring some help but able to walk without assistance
4 = Moderate to severe disability: Unable to walk without assistance and unable to attend to own bodily needs without assistance
5 = Severe disability: Bedridden, incontinent and requiring constant nursing care and attention
6 = Dead - The patient has expired
Not Applicable
Not Available
Not Known / Not Recorded

Used in Metrics

No

Notes

This response shows up conditionally. *Follow up – score mandatory, but conditionally required*

Modified Rankin Scale Date

Item #	Element Name	AHA GWTG / Idaho Mapping	Version Control Year	Required Status
SK11.2	Modified Rankin Scale Date	jc_additionalModRankinDate	2026	Optional

Description

Date of Modified Rankin Scale Score for measurements *besides* Rankin Scale at time of discharge.

Coding Instructions

Only additional optional measurements are captured here.
Record this only when your facility provided the stroke treatment.
Do not capture this if you are triage and transfer.
Does not apply to initial facility if patient transfers to a higher level of care.

Format or Allowable Values

MM/DD/YYYY

Used in Metrics

No

Notes

Score at discharge is captured in SK38.309.

Modified Rankin Scale Time

Item #	Element Name	AHA GWTG / Idaho Mapping	Version Control Year	Required Status
SK11.3	Modified Rankin Scale Time	jc_additionalModRankinTime	2026	Optional

Description

Time of Modified Rankin Scale Score for measurements *besides* Rankin Scale at time of discharge.

Coding Instructions

Only additional optional measurements are captured here.
Record this only when your facility provided the stroke treatment.
Do not capture this if you are triage and transfer.
Does not apply to initial facility if patient transfers to a higher level of care.

Format or Allowable Values

HH:MM (military time)

Used in Metrics

No

Notes

Score at discharge is captured in SK38.309.

Modified Rankin Scale

Item #	Element Name	AHA GWTG / Idaho Mapping	Version Control Year	Required Status
SK11.4	Modified Rankin Scale	jc_additionalModRankinScale	2026	Optional

Description

Rankin Scale Scores entered here are for measurements *besides* Rankin Scale at time of discharge.

Modified Rankin Scale Score (0-6).

Coding Instructions

This is auto-calculated based on which selection the user chooses for the “Modified Rankin Scale” drop down menu.
Does not apply to initial facility if patient transfers to a higher level of care.

Format or Allowable Values

0 = No symptoms at all
1 = No significant disability despite symptoms; able to carry out all usual duties and activities
2 = Slight disability; unable to carry out all previous activities, but able to look after own affairs without assistance
3 = Moderate disability; requiring some help, but able to walk without assistance
4 = Moderately severe disability; unable to walk without assistance and unable to attend to own bodily needs without assistance
5 = Severe disability; bedridden, incontinent and requiring constant nursing care and attention
6 = Dead - The patient has expired
Not Applicable
Not Available
Not Known/Not Recorded

Used in Metrics

No

Notes

The patient's Rankin Score at the time of his or her discharge is autocalculated in the "Modified Rankin Scale" field based on one of the selections the user chooses from the drop down menu.

Upon field population, triggers auto-population of read-only variable SK11.1 (per TSE Registry discussion, 02/09/2026).

Initial Vitals Signs Date

Item #	Element Name	AHA GWTG / Idaho Mapping	Version Control Year	Required Status
TR18.104	Vitals Date	N/A	2026	Optional

Description

The Date the Initial Vital Signs were Performed.

Coding Instructions

You can also capture other additional Vital Dates.

Format or Allowable Values

MM/DD/YYYY

Used in Metrics

No

Notes

Initial Vital Signs Time

Item #	Element Name	AHA GWTG / Idaho Mapping	Version Control Year	Required Status
TR18.110	Vitals Time	N/A	2026	Optional

Description
The Time the Initial Vital Signs were Performed.

Coding Instructions
You can also capture other additional Vital Times.

Format or Allowable Values
HH:MM (military time)

Used in Metrics
No

Notes

Sys. BP

Item #	Element Name	AHA GWTG / Idaho Mapping	Version Control Year	Required Status
TR18.11	Initial Assessment Systolic Blood Pressure	N/A	2026	Optional

Description

First recorded Systolic Blood Pressure in ED/hospital.

Coding Instructions

You can also capture other additional BP measurements.

Format or Allowable Values

[Systolic Blood Pressure Value]

Used in Metrics

No

Notes

Dia. BP

Item #	Element Name	AHA GWTG / Idaho Mapping	Version Control Year	Required Status
TR18.13	Initial Assessment Diastolic Blood Pressure	N/A	2026	Optional

Description

First recorded Diastolic Blood Pressure in ED/hospital.

Coding Instructions

You can also capture other additional BP measurements.

Format or Allowable Values

[Diastolic Blood Pressure Value]

Used in Metrics

No

Notes

Pulse Rate

Item #	Element Name	AHA GWTG / Idaho Mapping	Version Control Year	Required Status
TR18.2	Initial ED/Hospital Pulse Rate	N/A	2026	Optional

Description

First recorded pulse rate in ED/hospital (palpated or auscultated, expressed as a number per minute).

Coding Instructions

You can also capture other additional Pulse Rates.

Format or Allowable Values

[Number per minute]

Used in Metrics

No

Notes

Temperature [Celsius]

Item #	Element Name	AHA GWTG / Idaho Mapping	Version Control Year	Required Status
TR18.30	Initial Assessment Temperature Celsius	N/A	2026	Optional

Description

First recorded Temperature (Celsius) in the ED/Hospital.

Coding Instructions

You can also capture other additional Temperature measurements.

Format or Allowable Values

[Degrees in Celsius]

Used in Metrics

No

Notes

Temperature [Fahrenheit]

Item #	Element Name	AHA GWTG / Idaho Mapping	Version Control Year	Required Status
TR18.30.1	Initial ED/Hospital Temperature in Fahrenheit	N/A	2026	Optional

Description

First recorded Temperature (Fahrenheit) in the ED/Hospital.

Coding Instructions

You can also capture other additional Temperature measurements.

Format or Allowable Values

[Degrees in Fahrenheit]

Used in Metrics

No

Notes

O2Sat

Item #	Element Name	AHA GWTG / Idaho Mapping	Version Control Year	Required Status
TR18.31	Initial Assessment Oxygen Saturation	N/A	2026	Optional

Description

First recorded Oxygen Saturation in the ED/Hospital.

Coding Instructions

You can also capture other additional Oxygen Saturation rates.

Format or Allowable Values

[Percentage]

Used in Metrics

No

Notes

Resp. Rate

Item #	Element Name	AHA GWTG / Idaho Mapping	Version Control Year	Required Status
TR18.7	Initial ED/Hospital Respiratory Rate	N/A	2026	Optional

Description

First recorded respiratory rate in the ED/hospital.

Coding Instructions

You can also capture other additional Respiratory Rates.

Format or Allowable Values

[Number per minute]

Used in Metrics

No

Notes

INR

Item #	Element Name	AHA GWTG / Idaho Mapping	Version Control Year	Required Status
TR38.7	International Normalized Ratio	N/A	2026	Optional

Description

Measured INR (International Normalized Ratio) Lab Value.

Coding Instructions

Format or Allowable Values

[Numeric value]

Used in Metrics

No

Notes

INR Date

Item #	Element Name	AHA GWTG / Idaho Mapping	Version Control Year	Required Status
ST13.43	INR Date	N/A	2026	Optional

Description

The date the international normalized ratio (INR) sample was resulted.

Coding Instructions

Format or Allowable Values

MM/DD/YYYY

Used in Metrics

No

Notes

INR Time

Item #	Element Name	AHA GWTG / Idaho Mapping	Version Control Year	Required Status
ST13.44	INR Time	N/A	2026	Optional

Description

The time the international normalized ratio (INR) sample was resulted.

Coding Instructions

Format or Allowable Values

HH:MM (military time)

Used in Metrics

No

Notes

Blood Glucose

Item #	Element Name	AHA GWTG / Idaho Mapping	Version Control Year	Required Status
TR18.130	Blood Glucose	N/A	2026	Optional

Description
Measured Blood Glucose Lab Value.

Coding Instructions

Format or Allowable Values
[Numeric value]

Used in Metrics
No

Notes

Date Lab Tests Completed

Item #	Element Name	AHA GWTG / Idaho Mapping	Version Control Year	Required Status
ST13.labcpdate	Date Lab Tests Completed	N/A	2026	Optional

Description
Date Lab Test Completed.

Coding Instructions

Format or Allowable Values
MM/DD/YYYY

Used in Metrics
No

Notes

Time Lab Tests Completed

Item #	Element Name	AHA GWTG / Idaho Mapping	Version Control Year	Required Status
ST13.labcptime	Time Lab Tests Completed	labcompdt	2026	Optional

Description

Time Lab Tests Completed.

Coding Instructions

Format or Allowable Values

HH:MM (military time)

Used in Metrics

No

Notes

LDL

Item #	Element Name	AHA GWTG / Idaho Mapping	Version Control Year	Required Status
TR38.11	Low Density Lipoprotein cholesterol	N/A	2026	Optional

Description

Measured LDL (Low-Density Lipoprotein) cholesterol.

Coding Instructions

Format or Allowable Values

Numeric value mg/dL

Used in Metrics

No

Notes

LDL-cholesterol (LDL-c) measured within the first 48 hours or 30 days prior to hospital arrival

Item #	Element Name	AHA GWTG / Idaho Mapping	Version Control Year	Required Status
SK38.ldlmeas_documented	LDL-cholesterol (LDL-c) measured within the first 48 hours or 30 days prior to hospital arrival	N/A	2026	Optional

Description

Was the LDL-cholesterol (LDL-c) measured within the first 48 hours or 30 days prior to hospital arrival?

Coding Instructions

Format or Allowable Values

No
Yes

Used in Metrics

No

Notes

Antithrombotic Therapy By Day 2

Item #	Element Name	AHA GWTG / Idaho Mapping	Version Control Year	Required Status
SK38.102	Antithrombotic end of day 2	antiplateletadm	2026	Optional

Description

Was patient administered antithrombotic therapy by the end of day 2 (excludes patients that were discharged to “other acute care hospital”, left AMA, receive hospice, or deceased/expired)?

Coding Instructions

Format or Allowable Values

Yes
No
No-Contraindications

Used in Metrics

No

Notes

Antithrombotic Medication

Item #	Element Name	AHA GWTG / Idaho Mapping	Version Control Year	Required Status
SK38.149	Antithrombotic If yes	antithrom2type	2026	Optional

Description

If Antithrombotic Therapy by Day 2 = Yes, then select all that apply.

Coding Instructions

Format or Allowable Values

Antiplatelet
Anticoagulant

Used in Metrics

No

Notes

Antithrombotic at Discharge

Item #	Element Name	AHA GWTG / Idaho Mapping	Version Control Year	Required Status
SK38.232	Antithrombotic Medication(s) at Discharge	N/A	2026	Optional

Description

Was antithrombotic (antiplatelet or anticoagulant) medication prescribed at discharge (excludes patients that were discharged to “other acute care hospital”, left AMA, receive hospice, or deceased/expired)?

Coding Instructions

Format or Allowable Values

Yes
No
Not Known/Not Recorded
Not Applicable

Used in Metrics

No

Notes

Anticoagulant at Discharge

Item #	Element Name	AHA GWTG / Idaho Mapping	Version Control Year	Required Status
SK38.41	If atrial fib/flutter or history of PAF documented, was patient discharged on anticoagulation?	N/A	2026	Optional

Description

If patient has atrial fib/flutter or history of PAF documented, were they discharged on anticoagulation (excludes patients that were discharged to “other acute care hospital”, left AMA, receive hospice, or deceased/expired)?

Coding Instructions

Format or Allowable Values

No-Contraindications
Yes
No
Not Documented

Used in Metrics

No

Notes

Statin at Discharge

Item #	Element Name	AHA GWTG / Idaho Mapping	Version Control Year	Required Status
SK43.4	Whether or not the patient was prescribed a Statin medication at discharge.	N/A	2026	Optional

Description

Was patient prescribed a Statin at discharge (excludes patients that were discharged to “other acute care hospital”, left AMA, receive hospice, or deceased/expired)?

Coding Instructions

Format or Allowable Values

Yes
No
No-contraindications (i.e. allergy)
Not Known/Not Recorded
Not Applicable

Used in Metrics

No

Notes

Statin at Discharge Dose

Item #	Element Name	AHA GWTG / Idaho Mapping	Version Control Year	Required Status
ST14.106	Statin at Discharge Dose	N/A	2026	Optional

Description

The dose of statin prescribed at discharge.

Coding Instructions

Format or Allowable Values

Intensive Statin Therapy
Less Than Intensive Statin Therapy

Used in Metrics

No

Notes

VTE Prophylaxis Administered (Check all that apply)

Item #	Element Name	AHA GWTG / Idaho Mapping	Version Control Year	Required Status
SK10.4.1	Please check all of the following regarding type of VTE prophylaxis provided	N/A	2026	Optional

Description

Please check all of the following regarding the type(s) of Venous Thromboembolism (VTE) Prophylaxis administered.

Coding Instructions

Format or Allowable Values

Not Applicable
Refused
Low dose unfractionated heparin (LDUH)
Low molecular weight heparin
Intermittent pneumatic compression devices
Graduated compression stockings (GCS)
Factor Xa inhibitor
Warfarin
Venous foot pumps
Oral factor Xa inhibitor
Not documented or none of the options
Aspirin

Used in Metrics

No

Notes

Initial VTE prophylaxis administered Date

Item #	Element Name	AHA GWTG / Idaho Mapping	Version Control Year	Required Status
SK10.4.10	What date was the initial VTE prophylaxis administered	vtedate	2026	Optional

Description

The Date the patient's initial VTE prophylaxis was administered.

Coding Instructions

Format or Allowable Values

MM/DD/YYYY

Used in Metrics

No

Notes

[Initial VTE prophylaxis Administered] Time

Item #	Element Name	AHA GWTG / Idaho Mapping	Version Control Year	Required Status
SK10.4.10.1	VTE prophylaxis Time	N/A	2026	Optional

Description

The Time the patient's initial VTE prophylaxis was administered.

Coding Instructions

Format or Allowable Values

HH:MM (military time)

Used in Metrics

No

Notes

Documentation why VTE Prophylaxis not Administered?

Item #	Element Name	AHA GWTG / Idaho Mapping	Version Control Year	Required Status
SK10.4.11	If not documented or none apply, why prophylaxis was not administered at hospital admission?	novteadmis	2026	Optional

Description

If not documented or none of the above types of prophylaxis apply, is there documentation as to why prophylaxis was not administered at hospital admission?

Coding Instructions

Format or Allowable Values

N/A
Yes
No

Used in Metrics

No

Notes

If t-PA delay was > 60 min., was a medical reason documented?

Item #	Element Name	AHA GWTG / Idaho Mapping	Version Control Year	Required Status
SK38.81	No IV thrombolytic in 60 minutes	ivtpadelay	2026	Optional

Description

Was there a documented medical delay of initiation greater than 60 minutes for an IV Tissue Plasminogen Activator (t-PA)?

Coding Instructions

Format or Allowable Values

Yes
No

Used in Metrics

No

Notes

Medical Reason(s)

Item #	Element Name	AHA GWTG / Idaho Mapping	Version Control Year	Required Status
SK.38.Medical Reason	Medical Reason for tPA administered >60 minutes after arrival	ivtpadelay_mr	2026	Optional

Description

Medical Reason for tPA administered > 60 minutes after arrival.

Coding Instructions

Check all that apply.

Format or Allowable Values

Further diagnostic evaluation to confirm stroke for patients with hypoglycemia (blood glucose <50), seizures, or major metabolic disorders

Hypertension requiring aggressive control with IV medications

Investigational or experimental protocol for thrombolysis

Management of concomitant emergent/acute conditions such as cardiopulmonary arrest, respiratory failure (requiring intubation)

Need for additional PPE for suspected/confirmed infectious disease

Specify medical reason

Used in Metrics

No

Notes

Dysphagia Screening Prior to any Oral Intake?

Item #	Element Name	AHA GWTG / Idaho Mapping	Version Control Year	Required Status
SK38.94	Prior screening for dysphagia	jc_dysphagiaScreen	2026	Optional

Description

Did your facility perform a screening of patient for dysphagia prior to oral intake of anything (Medication, Food, Liquid, etc.)?

Coding Instructions

Format or Allowable Values

Yes
No/Not Documented
No-Contraindications

Used in Metrics

No

Notes

Dysphagia screening results (If screening = Yes)

Item #	Element Name	AHA GWTG / Idaho Mapping	Version Control Year	Required Status
SK38.95	Dysphagia screening results	N/A	2026	Optional

Description

If patient had a Dysphagia screening, what were the results.

Coding Instructions

Record only when question "Dysphagia screening prior to any oral intake (med, food, liquid)" = "YES".

Format or Allowable Values

Pass
Fail
Not Documented

Used in Metrics

No

Notes

Assessed for Rehabilitation Services?

Item #	Element Name	AHA GWTG / Idaho Mapping	Version Control Year	Required Status
SK38.31	Patient assessed for and/or received rehabilitation services during this hospitalization?	N/A	2026	Optional

Description

Patient was Assessed for and/or Received Rehabilitation Services During this Hospitalization?

Coding Instructions

Format or Allowable Values

No
Not Applicable
Yes

Used in Metrics

No

Notes

ICD-10 PCS Procedure code

Item #	Element Name	AHA GWTG / Idaho Mapping	Version Control Year	Required Status
TR200.2	ICD 10 Procedure	N/A	2026	Optional

Description
ICD-10 PCS (Procedural Coding System) code.

Coding Instructions
Indicate the Procedure performed using the ICD-10 PCS coding system.

Format or Allowable Values
[7 alpha-numeric characters]

Used in Metrics
No

Notes

Date Performed

Item #	Element Name	AHA GWTG / Idaho Mapping	Version Control Year	Required Status
TR200.8	The date Procedure Performed	N/A	2026	Optional

Description

The Date in which the Procedure was Performed.

Coding Instructions

Format or Allowable Values

MM/DD/YYYY

Used in Metrics

No

Notes

Time [Performed]

Item #	Element Name	AHA GWTG / Idaho Mapping	Version Control Year	Required Status
TR200.9	Time Procedure Performed	N/A	2026	Optional

Description

The Time at which the Procedure was Performed.

Coding Instructions

Format or Allowable Values

HH:MM (military time)

Used in Metrics

No

Notes

Stroke Education or Resource Material?

Item #	Element Name	AHA GWTG / Idaho Mapping	Version Control Year	Required Status
SK36.23	Educational Material	N/A	2026	Optional

Description

Did the Patient or Care Giver Receive Stroke Educational or Resource Material?

Coding Instructions

Format or Allowable Values

Yes
No / Not documented
Not Applicable
Not Performed
Not Known/Not Recorded

Used in Metrics

No

Notes

Smoking Cessation Education

Item #	Element Name	AHA GWTG / Idaho Mapping	Version Control Year	Required Status
SK36.49	Smoking Counseling	N/A	2026	Optional

Description

Was smoking cessation education provided?

Coding Instructions

Format or Allowable Values

Yes
No/Not Documented
NC-A documented reason exists for not performing counseling
Not Applicable
Not Known
Not performed

Used in Metrics

No

Notes

2026 Data Dictionary Change Log Notes

General changes in 2026

- None noted.

Element specific changes in 2026

- SK36.66 – Added “Interventional Radiology” choice to allowable values.
- TR25.29 – Added “Not Known” choice to allowable values.
- TR25.37 – Added “Not Applicable” and “Not Known” choices to allowable values.
- SK8.1.1 – Added “Not Applicable” choice to allowable values.
- SK44.1 – Added “Grade 2c”, “Not Documented”, “Not Applicable”, and “Not Known/Not Recorded” choices to allowable values.
- SK38.41 – Added “No-Contraindications” choice to allowable values.
- SK43.4 – Added “No-contraindications (i.e. allergy)” choice to allowable values.
- SK10.4.1 – Added “Aspirin” choice to allowable values.
- SK10.4.11 – Added “N/A”, “Yes”, “No” choices to allowable values.
- SK38.31 – Added “Not Applicable” choice to allowable values.
- SK36.49 – Added “NC-A documented reason exists for not performing counseling” choice to allowable values.

New elements added in 2026

- TR18.124 – Date Brain Imaging results were read
- TR18.125 – Time Brain Imaging results read
- SK38.lvo_documented – Was a target lesion (Large Vessel Occlusion) visualized
- TR22.41 – Date artery puncture to access arterial site
- TR22.42 – Time artery puncture to access arterial site

Retired elements in 2026

- TR18.164 – Date BI Results Interpreted
- TR18.164.1 – Time BI Results Interpreted
- TR18.165 – Was a Target Lesion (Large Vessel Occlusion) Visualized
- SK36.29 – In Hospital IA catheter-based reperfusion Date
- SK36.30 – In Hospital IA catheter-based reperfusion time

Legacy Change Log Notes

General changes in 2024

- Multiple changes made to fields to accommodate AHA GWTG import tool.

Element specific changes in 2024

- None noted.

New elements added in 2024

- SK38.143 – Hispanic Ethnicity
- SK36.36 – Date Stroke discovered
- SK36.35 – Time Stroke Discovered
- SK38.9 – How Patient Arrived at Your Hospital
- SK38.5 – Not Admitted
- SK38.7 – Reason Not Admitted
- SK36.66 – Stroke ED Discharge Disposition for Admitted Patients
- SK36.57 – Level of Stroke Team Activated
- SK38.12.date – Initial NIHSS Score Date
- SK38.12.time – Initial NIHSS Score Time
- SK38.50 – Initial NIH Stroke Scale total score
- TR18.164 – Date BI Results Interpreted
- TR18.164.1 – Time BI Results Interpreted
- TR18.165 – Was a Target Lesion (Large Vessel Occlusion) Visualized
- SK38.210 – Hospital Discharge Date
- SK38.210.5 – Hospital Discharge Time
- SK12.14 – Stroke Discharge Disposition
- TR25.28 – Advanced Directive Details
- SK36.29 – In Hospital IA catheter-based reperfusion Date:
- SK36.30 – In Hospital IA catheter-based reperfusion time:
- SK38.238 – Exclusion Criteria (contraindications) 0-3 hr treatment window
- SK38.241 – Relative Exclusion Criteria (Warnings) 0-3 hr treatment window

Retired elements in 2024

- TR1.17 – Hispanic Ethnicity
- SK38.63 – Symptom Discovery Date
- SK38.64 – Symptom Discovery Time
- TR8.8 – EMS Transport Party
- TR17.27 – ED Discharge Disposition
- SK3.81 – NIH Stroke Scale Date
- SK3.82 – NIH Stroke Scale Time
- SK3.17 - NIH Stroke Scale Score
- TR18.124 – Date Brain Imaging Reported
- TR18.125 – Time Brain Imaging Reported
- SK38.lvo_documented – Was a Target Lesion (Large Vessel Occlusion) Visualized?
- TR25.27 – Hospital discharge disposition
- TR25.42 – Hospital Discharge Destination Determination
- SK38.85 – IA catheter date
- SK38.86 – IA catheter time
- SK38.77.1 – Reasons for not administering IV tPA in the 0 to 3-hour window

Elements not changed beyond general changes in 2024

- None noted.

Element specific changes made from Jan 2019 through December 2023

- TR1.13 – Addition of alternate residence in the demographics section. (Required data element)
- SK38.50, SK38.12.date, SK38.12.time – Changed NIH stroke scale to only require date, time, and a manual score. Only score at the initial presentation is required. (Required data element)
- TR18.165 – Updated 'Was a target lesion (Large Vessel Occlusion) Visualized?' definition. (See above.) (Required data element)
- SK44.1 – Added TICI grade element. (Required data element)
- SK45.10, SK45.10.1 – Added First Device Activation date and time elements. (Required data element)
- ST13.labcpdate, ST13.labcptime - Added "Date/Time Lab Test Completed" elements under blood glucose in optional tab. (Optional data element)
- SK38.ldlmeasdocumented - Added "LDL-cholesterol (LDL-c) measured within the first 48 hours or 30 days prior to hospital arrival" element in optional tab. (Optional data element)
- SK36.49 – Added "Smoking Cessation Education" element in optional tab.

General changes made from Jan 2019 through December 2023

- Changed abbreviations from NC to No-Contraindications and ND to Not Documented.

DESCRIPTION OF METRICS CALCULATIONS

The table below describes metrics calculations as of December 31, 2025. Equivalent metrics are also calculated by hospital type and are denoted as “Bch_” or benchmarking data.

Workbook sheet name	Metric
‘Fac_Imaging’	Time from ED arrival to brain imaging among non-transfer patients by facility and year (tdoor2BI_min)
'Fac_ImageRead'	Time from ED arrival to brain imaging read among non-transfer patients by facility and year (tdoor2Read_min)
‘Fac_t2Thrombolytics’	Time from ED arrival to thrombolytics administration, excluding “non-hospital delays” ('Care-team unable to determine','Pending,Stroke severity too mild','Pt./Family refused',‘Stroke severity too mild') by facility and year (tdoor2tPA_min)
‘Fac_t2DC_LVO’	Time from arrival to ED discharge among patients transferred out of CAH and Community care hospitals OR time from arrival at first facility to ED discharge at 2nd facility for patients transferred within hospital system who have an LVO by facility and year (tdoor2DC_LVO_min)
‘Fac_t2DC_nLVO’	Time from arrival to ED discharge among patients transferred out of CAH and Community care hospitals OR time from arrival at first facility to ED discharge for transferred out (different hospital system) or transferred elsewhere in facility for non-LVO LVO patients by facility and year (tdoor2DC_nonLVO_min)
‘Fac_NonThrom_t2IACath’	Time from ED arrival to groin puncture in facilities that are *not* thrombectomy ready 24/7 by facility and year (tdoor2IACathNT_min)
‘Fac_ThromR_t2IACath’	Time from ED arrival to groin puncture in facilities that are thrombectomy ready 24/7 by facility and year (tdoor2IACathT_min)
‘Fac_Stroke_Type’	Counts of stroke type (hemorrhagic, ischemic, mixed, I62.9) by facility and year
‘Fac_Volumes’	Overall reportable stroke volumes by facility and year
‘Fac_Sex’	Overall reportable stroke volumes by sex facility and year
‘Fac_Age_Cat’	Overall reportable stroke volumes by age category, facility, and year

APPENDIX A: AHA ID/CMS IDENTIFIER

The table below describes Facility AHA ID/CMS Identifiers as of March 5, 2026 and may not be comprehensive. Please contact the Idaho TSE team at IdahoTSE@teamiha.org if a hospital needs to be referenced but it is not listed to have it added to the database.

Facility Name	State	AHA ID/CMS Identifier
Adams County Health Center	ID	131827
Barrett Memorial Hospital	MT	271318
Bear Lake Memorial Hospital	ID	131316
Benewah Community Hospital	ID	131317
Bingham Memorial Hospital	ID	131325
Blue Mountain Hospital	OR	381305
Bonner General Hospital	ID	131328
Boundary Community Hospital and Nursing Home	ID	131301
Bozeman Health Deaconess Hospital	MT	270057
Brigham City Community Hospital	UT	460017
Cache Valley Hospital	UT	460054
Caribou Medical Center	ID	131309
Cascade Medical Center	ID	130779
Cassia Regional Medical Center	ID	131326
Confluence Health Hospital Central Campus	WA	500016
Cheyenne Regional Medical Center	WY	530014
Clark Fork Valley Hospital	MT	271323
Clearwater Valley Health	ID	131320
Community Medical Center	MT	270023
Davis Hospital and Medical Center	UT	460041
Dayton General Hospital	WA	501302
Eastern Idaho Regional Medical Center	ID	130018
Ferry County Health	WA	501322
Franklin County Medical Center	ID	131322
Garfield County Hospital	WA	501301
Good Shepherd Healthcare System	OR	381325
Grande Ronde Hospital	OR	381321
Gritman Medical Center	ID	131327
Harborview Medical Center	WA	500064
Harney District Hospital	OR	381307
Holy Family Hospital	WA	500077
Humboldt General Hospital	NV	291308
Idaho Falls Community Hospital	ID	130074
Idaho State Hospital North	ID	134019
Idaho State Hospital South	ID	134010
Intermountain Hospital	ID	134002
Intermountain Medical Center	UT	460010
Kadlec Regional Medical Center	WA	500058

Facility Name	State	AHA ID/CMS Identifier
Kootenai Health	ID	130049
LDS Hospital	UT	460006
Legacy Emanuel Hospital and Health Center	OR	380007
Lincoln County Hospital	WA	501305
Logan Health	MT	270051
Logan Regional Hospital	UT	460015
Lost Rivers Medical Center	ID	131324
Madison Health	ID	130025
McKay-Dee Hospital	UT	460004
Minidoka Memorial Hospital	ID	131319
Mountain View Hospital	ID	130065
MultiCare Deaconess Hospital	WA	500044
MultiCare Valley Hospital	WA	500119
Nell J. Redfield Memorial Hospital	ID	131303
Newport Community Hospital	WA	501310
North Canyon Medical Center	ID	131302
North Idaho Advanced Care Hospital	ID	132001
North Idaho Falls ER	ID	1300181
Northeastern Nevada Regional Hospital	NV	290008
Northwest Specialty Hospital	ID	130066
Ogden Regional Medical Center	UT	460005
Oregon Health and Science University Hospital	OR	380009
Pinedale Medical Center	WY	530038
Portneuf Medical Center	ID	130028
Post Falls ER & Hospital	ID	1300001
Power County Hospital District	ID	131304
Primary Children's Medical Center	UT	463301
Providence Sacred Heart	WA	509804
Pullman Regional Hospital	WA	501331
Saint Alphonsus Medical Center-Baker City, OR	OR	381315
Saint Alphonsus Medical Center-Nampa	ID	130013
Saint Alphonsus Medical Center-Ontario	OR	380052
Saint Alphonsus Regional Medical Center	ID	130007
Saint Alphonsus Regional Rehabilitation Hospital	ID	133028
Saint Alphonsus-Eagle Emergency Department	ID	1300071
Saint Alphonsus-South Nampa Emergency Department	ID	1300131
SARMC IRF	ID	130007
Seattle Children's Hospital	WA	503300
Shoshone Medical Center	ID	131314
Shriner's Hospital for Children	WA	503302
St. Anthony Hospital	OR	381319
St. Charles Medical Center	OR	380047
St. Elizabeth Health Services	OR	381315
St. James Healthcare	MT	270017

Facility Name	State	AHA ID/CMS Identifier
Cabinet Peaks Medical Center	MT	271320
St. John's Medical Center	WY	530015
St. Joseph Regional Medical Center	ID	130003
St. Luke's Boise Regional Medical Center	ID	130006
St. Luke's Elmore Medical Center	ID	131311
St. Luke's Fruitland Medical Plaza	ID	1300712
St. Luke's Jerome Medical Center	ID	131310
St. Luke's Magic Valley Medical Center	ID	130002
St. Luke's McCall Medical Center	ID	131312
St. Luke's Meridian Medical Center	ID	1300062
St. Luke's Nampa Medical Center	ID	130071
St. Luke's Rehabilitation Hospital (Elks)	ID	133025
St. Luke's Wood River Medical Center	ID	131323
St. Mark's Hospital	UT	460047
St. Mary's Health	ID	131321
St. Patrick Hospital	MT	270014
St. Vincent Healthcare	MT	270049
Star Valley Medical Center	WY	531313
Steele Memorial Medical Center	ID	131305
Syringa General Hospital	ID	131315
Tacoma General Hospital	WA	500129
Teton Valley Hospital	ID	131313
Tri-State Memorial Hospital	WA	501332
UCSF Health	CA	50454
University of Utah Hospital	UT	460009
George E. Wahlen Department of Veterans Affairs Medical Center	UT	46002F
Valor Health	ID	131318
Boise VA Medical Center	ID	13003F
Spokane VA Medical Center	WA	50011F
Virginia Mason Medical Center	WA	509800
Wallowa Memorial Hospital	OR	381306
Weiser Memorial Hospital	ID	131307
Confluence Health Hospital Mares Campus	WA	503938
West Valley Medical Center	ID	130014
Whitman Hospital & Medical Clinics	WA	501327
William Bee Ririe Hospital	NV	291302