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**Circular Letter: DHCQ #14-10-620**

**TO:** Chief Executive Officers  
Acute Care Hospitals

**FROM:** Madeleine Biondolillo, MD *MB*  
Associate Commissioner, Department of Public Health

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Director, Bureau of Health Care Safety and Quality

**DATE:** October 1, 2014

**RE:** Primary Stroke Services

The purpose of this memo is to provide an update on Primary Stroke Service (PSS) regulations and interpretive guidance. The Department of Public Health (DPH or the Department) notified hospitals via Circular Letter DHCQ #14-6-616, dated June 26, 2014, that effective October 1, 2014, the Department will require the National Institutes of Health Stroke Scale (NIHSS) to be performed as part of an acute stroke patient's initial assessment in the Emergency Department. See link to the circular letter below. <http://www.mass.gov/eohhs/docs/dph/quality/hcq-circular-letters/2014/dhcq-1406616.pdf>. In the interim, the Department recommended hospitals take the opportunity to develop protocols and processes for staff training on the NIHSS, including documentation and reporting of the NIHSS data.

Following distribution of the circular letter, DPH received a number of questions from hospitals (e.g., data definitions, NIHSS assessments). In response, the Department has produced a Frequently Asked Questions (FAQ) document, which is attached to this letter, and is extending the effective date of implementation of the NIHSS to December 1, 2014, to ensure hospitals have sufficient time to review the FAQ document and incorporate it into existing hospital stroke protocols.

The NIHSS is a systematic assessment tool<sup>1</sup> that provides a quantitative measure of stroke-related neurologic deficit. Use of a standardized assessment and stroke severity scale, such as the NIHSS, is a recommended clinical guideline<sup>2</sup> (Class I, Level of Evidence B). The NIHSS is considered one of the most reliable and valid instruments as a clinical measurement of stroke severity and is endorsed in national guidelines including the American Heart Association/ American Stroke Association.<sup>3</sup>

<sup>1</sup> [http://www.ninds.nih.gov/doctors/stroke\\_scale\\_training.htm](http://www.ninds.nih.gov/doctors/stroke_scale_training.htm)

<sup>2</sup> <http://stroke.ahajournals.org/content/38/5/1655.full.pdf>

<sup>3</sup> <http://stroke.ahajournals.org/content/early/2014/02/11/STR.000000000000014.full.pdf>

As stated in Circular Letter DHCQ #14-6-616, it is highly recommended that the NIHSS be performed by a practitioner who has been certified to perform the NIHSS (see links to online training resources below). If a comprehensive neurological examination has been performed that includes all components of the NIHSS, then the NIHSS score may be extracted from the record by the abstractor in lieu of the scale being performed separately.

Online Training Resources for NIHSS:

<http://nihss-english.trainingcampus.net/uas/modules/trees/windex.aspx>

<http://www.stroke.org/site/PageServer?pagename=nihss&gclid=COuXiLGU5sACFSgV7AodOBIAxQ>.

The existing Primary Stroke Service Patient Management Tool™ (PMT) was revised to include the following NIHSS data elements:

- Was the NIHSS performed as part of the initial evaluation? (yes, no/not documented)
- If the NIHSS is recorded on the PSS PMT, what method was used to obtain the NIHSS score recorded? (actual, estimated, not documented)
- Total Score – if the initial NIHSS was performed, what is the first NIHSS total score recorded by hospital personnel? (A drop-down menu will display sub-questions from the NIHSS. The total will be computed automatically from the answers to the sub-questions. Completing the sub-questions is optional).

For more detailed guidance, please refer to the PSS Stroke Patient Management Tool Coding Instructions, including Notes for Abstraction. Additionally, PSS Frequently Asked Questions (FAQs) is attached for your information.

If you have questions about access to your hospital's data or data entry issues, please contact [Quintiles Real-World & Late Phase Support](mailto:Quintiles Real-World & Late Phase Support) at 888-526-6700 or [InfosarioOutcomeSupport@quintiles.com](mailto:InfosarioOutcomeSupport@quintiles.com) (formerly known as Outcome Sciences). For questions about information in this letter please contact Gail Palmeri at [gail.palmeri@state.ma.us](mailto:gail.palmeri@state.ma.us).

**We request that you forward this circular letter and the attached PSS FAQs to the following staff at your hospital, and any others, as appropriate: Chief Medical Officer, Chief of Emergency Services, Chief of Neurology, Chief Nursing Officer, Stroke Coordinator and QA Director/Risk Manager.**

Attachment: Frequently Asked Questions