



دائرة الصحة
DEPARTMENT OF HEALTH

JAWDA Quarterly Guidelines for Stroke (STK) Service Care Providers

Issue: July 2019

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Executive Summary

The Department of Health– Abu Dhabi (DOH) is the regulatory body of the healthcare sector in the Emirate of Abu Dhabi and ensures excellence in healthcare for the community by monitoring the health status of its population.

The Emirate of Abu Dhabi is experiencing a substantial growth in the number of hospitals, centers and clinics. This is ranging from school clinics and mobile units to internationally renowned specialist and tertiary academic centers. Although, access and quality of care has improved dramatically over the last couple of decades, mirroring the economic upturn and population boom of Emirate of Abu Dhabi, however challenges remain in addressing further improvements.

The main challenges that are presented with increasingly dynamic population include an aging population with increased expectation for treatment, utilization of technology and diverse workforce leading to increased complexity of healthcare provision in Abu Dhabi. All of this results in an increased and inherent risk to quality and patient safety.

DOH has developed dynamic and comprehensive quality framework in order to bring about improvements across the health sector. This guidance relates to the quality indicators that DOH is mandating the quarterly reporting against by the operating general and specialist hospitals in Abu Dhabi.

The guidance sets out the full definition and method of calculation for patient safety and clinical effectiveness indicators. For enquiries about this guidance, please contact jawda@doh.gov.ae

This document is subject for review and therefore it is advisable to utilize online versions available on the DOH website at all times.

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About this Guidance

The guidance sets out the definitions and reporting frequency of JAWDA Stroke (STK) performance indicators. Department of Health (DoH) with consultation of local and international cardiovascular diseases and stroke quality of care expertise developed stroke performance indicators that are aimed for assessing the degree to which a provider competently and safely delivers the appropriate clinical services to the patient within the optimal time period.

The stroke performance indicators in this guidance include measures to monitor morbidity and mortality among stroke patients i.e., (acute treatment, prevention of recurrence, prevention and treatment of common medical complications, rehabilitation, and patient education, and counseling). Healthcare providers are the most qualified professionals to develop and evaluate quality of care measures for adults hospitalized with Acute Ischemic Stroke. Therefore, it is crucial that clinicians retain a leadership position in defining Stroke quality of care.

Who is this guidance for?

All DoH licensed healthcare facilities providing care for stroke services (general and specialist hospitals) in the Emirate of Abu Dhabi.

How do I follow this guidance?

Each provider will nominate one member of staff to coordinate, collect, monitor and report stroke quality performance indicators data as per communicated dates. The nominated healthcare facility lead must in the first instance e-mail their contact details (if different from previous submission) to jawda@doh.gov.ae and submit the required quarterly quality performance indicators through Jawda online portal.

What are the Regulation related to this guidance?

- Legislation establishing the Health Sector
- As per [DoH Policy for Quality and Patient Safety](#) issued January 15th 2017, this guidance applies to all DOH Licensed Hospital Healthcare Facilities in the Emirate of Abu Dhabi in accordance with the requirements set out in this Standard.

Stroke Performance Indicators

Type Quality Indicator

Indicator Number: STK001

KPI Description (title):	Stroke (STK): Time to intravenous thrombolytic therapy (door-to-needle time) of ≤60 min
Domain	Process
Sub-Domain	Timeliness
Definition:	Ischemic stroke patients receiving intravenous tPA therapy ≤60 min of emergency department arrival.
Calculation	<p>Numerator: Total number of ischemic stroke patients (18 years or older) for whom IV thrombolytic therapy was initiated within ≤60 minutes of arrival.</p> <p>Denominator: Total adult patients with a principal discharge diagnosis of ischemic stroke whose time of arrival is within 3.5 hours (less than or equal to 210 minutes) of time last known well (See Appendix- A for stroke ICD_10 Diagnosis Codes)</p> <p>Denominator Exclusions:</p> <ul style="list-style-type: none"> • Patients less than 18 years of age • Length of stay >120 days • Patients admitted for Elective Carotid Intervention • Time Last Known Well to arrival in the Emergency Department greater than 3.5 hours • Patients with a documented Reason For Extending the Initiation of IV Thrombolytic • Patients with a documented Reason For Not Initiating IV Thrombolytic
Reporting Frequency:	Quarterly
Unit of Measure:	% of initiated IV thrombolytic therapy within target time.
International comparison if available	The Joint Commission European Stroke Organization
Desired direction:	Higher is better
Notes for all providers	
Data sources and guidance:	<ul style="list-style-type: none"> - Patient's records - Claim data

Department of Health JAWDA Stroke Quality Performance Indicators

Type: Quality Indicator

Indicator Number: STK002

KPI Description (title):	Stroke (STK): Admission to the Stroke Unit within 3 hours of arrival at hospital
Domain	Process
Sub-Domain	Timeliness
Definition:	Patients presenting with acute stroke symptoms admitted to stroke care bed within 3 hours of arrival at hospital emergency department.
Calculation	<p>Numerator: Total number of adult 18 years or older presenting with acute stroke symptoms who were admitted to a designated stroke care bed within 3 hours of arrival at hospital emergency department.</p> <p>Acute Stroke: Patients with acute onset of a focal neurological deficit within ≤24 hours</p> <p>Denominator: Total adult 18 years or older with a principal discharge diagnosis of ischemic or hemorrhagic stroke who were admitted via the hospital emergency department. (See Appendix- A- for stroke ICD_10 Diagnosis Codes)</p> <p>Denominator Exclusions:</p> <ul style="list-style-type: none"> • Patients who left against medical advice • Patients less than 18 years of age • Patient who present with non-stroke related symptoms • Patients who are admitted to procedural area for stroke intervention prior to transfer to hospital bed • Episodes with a discharge of death
Reporting Frequency:	Quarterly
Unit of Measure:	% of discharged with Stroke unit
International comparison if available	The Joint Commission European Stroke Organization
Desired direction:	Higher is better
Notes for all providers	
Data sources and guidance:	<ul style="list-style-type: none"> - Patient's records - Claim data

Department of Health JAWDA Stroke Quality Performance Indicators

Type: Quality Indicator

Indicator Number: STK003

KPI Description (title):	Stroke (STK): Venous Thromboembolism (VTE) Prophylaxis
Domain	Process
Sub-Domain	Prevention
Definition:	Ischemic and hemorrhagic stroke patients who received VTE prophylaxis the day of or the day after hospital admission.
Calculation	<p>Numerator: Total number of ischemic and hemorrhagic stroke patients (18 years or older) who received VTE prophylaxis or have a documented reason for not ordering both mechanical and pharmacologic prophylaxis the day of or the day after hospital admission.</p> <p>Denominator: Total adult patients with a principal discharge diagnosis of ischemic or hemorrhagic stroke. (See Appendix-A for stroke ICD_10 Diagnosis Codes)</p> <p>Denominator Exclusions:</p> <ul style="list-style-type: none"> • Patients less than 18 years of age • Patients with length of stay <2 days • Patient with length of stay >120 days • Patients admitted for an elective carotid intervention • Patients with documented reason for not ordering both mechanical and pharmacologic VTE prophylaxis the day of or the day after hospital admission. For example, <ul style="list-style-type: none"> ○ On anticoagulation therapy ○ Low risk for VTE, no prophylaxis needed ○ Patient/family refused pharmacological and/or mechanical prophylaxis ○ Supratherapeutic INR
Reporting Frequency:	Quarterly
Unit of Measure:	% of VTE prophylaxis
International comparison if available	The Joint Commission European Stroke Organization
Desired direction:	Higher is better
Notes for all providers	
Data sources and guidance:	<ul style="list-style-type: none"> - Patient's records - Claim data

Type: Quality Indicator

Indicator Number: STK004

KPI Description (title):	Stroke (STK): Discharged on Antithrombotic Therapy
Domain	Process
Sub-Domain	Prevention
Definition:	Ischemic stroke patients prescribed antithrombotic therapy at hospital discharge.
Calculation	<p>Numerator: Total number of ischemic stroke patients (18 years or older) who were prescribed antithrombotic therapy at hospital discharge.</p> <p>Denominator: Total adult patients with a principal discharge diagnosis of Ischemic stroke. (See Appendix- A for stroke ICD_10 Diagnosis Codes)</p> <p>Denominator Exclusions:</p> <ul style="list-style-type: none"> • Less than 18 years of age • Length of stay >120 days • Patients who left against medical advice • Patients discharged to another acute care hospital • Patients who deceased • Patients discharged on hospice care • Patients admitted for an elective carotid intervention • Patients with documented reason for not prescribing antithrombotic therapy at discharge. (examples include): <ul style="list-style-type: none"> ○ Allergy to all antithrombotic medications ○ Aortic dissection ○ At increased risk of bleeding ○ Hemorrhage any type ○ Extensive/metastatic cancer ○ Unrepaired intracranial aneurysm ○ Planned surgery within 7 days of discharge ○ Patient/family refusal of antithrombotic medication ○ Peptic ulcer
Reporting Frequency:	Quarterly
Unit of Measure:	% of discharged on antithrombotic therapy
International comparison if available	The Joint Commission European Stroke Organization
Desired direction:	Higher is better
Notes for all providers	
Data sources and guidance:	<ul style="list-style-type: none"> - Patient's records - Claim data

Type: Quality Indicator

Indicator Number: STK005

KPI Description (title):	Stroke (STK): Antithrombotic Therapy by End of Hospital Day Two
Domain	Process
Sub-Domain	Prevention
Definition:	Ischemic stroke patients who received antithrombotic therapy by the end of hospital day two.
Calculation	<p>Numerator: Total number of ischemic stroke patients (18 years or older) who received antithrombotic therapy by the end of hospital day two.</p> <p>Denominator: Total adult patients with a principal discharge diagnosis of ischemic stroke. (See Appendix- A-for stroke ICD_10 Diagnosis Codes)</p> <p>Denominator Exclusions:</p> <ul style="list-style-type: none"> • Patients less than 18 years of age • Length of stay <2 days • Length of stay >120 days • Patients discharged prior to the end of hospital day 2 • Admitted for Elective Carotid Intervention • IV or IA Thrombolytic (t-PA) therapy administered during this admission or within 24 hours of admission • Patients with documented reason for not prescribing antithrombotic therapy prior to end of hospital day two (examples include): <ul style="list-style-type: none"> ○ Allergy to all antithrombotic medications ○ Aortic dissection ○ At increased risk of bleeding ○ Extensive/metastatic cancer ○ Hemorrhage, any type ○ Unrepaired intracranial aneurysm ○ Peptic ulcer
Reporting Frequency:	Quarterly
Unit of Measure:	% Antithrombotic Therapy
International comparison if available	The Joint Commission European Stroke Organization
Desired direction:	Higher is better
Notes for all providers	
Data sources and guidance:	<ul style="list-style-type: none"> - Patient's records - Claim data

Department of Health JAWDA Stroke Quality Performance Indicators

Type: Quality Indicator

Indicator Number: STK006

KPI Description (title):	Stroke (STK): Discharged on Statin Medication
Domain	Process
Sub-Domain	Prevention
Definition:	Ischemic stroke patients who are prescribed statin medication at hospital discharge
Calculation	<p>Numerator: Total number of Ischemic stroke patients (18 years or older) who are prescribed statin medication at hospital discharge.</p> <p>Denominator: Total adult patients with a principal discharge diagnosis of Ischemic stroke. (See Appendix- A for stroke ICD_10 Diagnosis Codes)</p> <p>Denominator Inclusions: <i>Pa</i></p> <p>Denominator Exclusions:</p> <ul style="list-style-type: none"> • Less than 18 years of age • Length of stay >120 days • Patients who deceased • Patients who left against medical advice • Patients discharged to another acute care hospital • Patients admitted for Elective Carotid Intervention • Patients with documented reason for not prescribing statin medications at discharge (examples include): <ul style="list-style-type: none"> ○ Documentation of an allergy/sensitivity ○ Chronic liver failure • Patient/family refusal of statin medications
Reporting Frequency:	Quarterly
Unit of Measure:	% of discharged statin medication
International comparison if available	The Joint Commission European Stroke Organization
Desired direction:	Higher is better
Notes for all providers	
Data sources and guidance:	<ul style="list-style-type: none"> - Patient's records - Claim data

Department of Health JAWDA Stroke Quality Performance Indicators

Type: Quality Indicator

Indicator Number: STK007

KPI Description (title):	Stroke (STK): Stroke Education
Domain	Process
Sub-Domain	Prevention
Definition:	Ischemic or Hemorrhagic stroke patients or their caregiver were given education and/or educational materials during the hospital stay addressing the five elements of stroke education
Calculation	<p>Numerator: Total number of ischemic and hemorrhagic stroke patients (18 years or older) or their caregiver who were given or have documentation of refusal of the written educational material addressing the following risk factors for stroke.</p> <p>Activation of emergency medical system (999)</p> <ol style="list-style-type: none"> 1. Follow-up after discharge 2. Medications prescribed at discharge 3. Risk factors for stroke 4. Warning signs and symptoms of stroke <p>Denominator: Total adult patients with a principal discharge diagnosis of ischemic or hemorrhagic stroke. (See Appendix- A for stroke ICD_10 Diagnosis Codes)</p> <p>Denominator Exclusions:</p> <ul style="list-style-type: none"> • Patients who deceased • Patients who left against medical advice • Patients discharged to another acute care hospital • Patients discharged to another healthcare facility (long-term care, transitional care unit, rehabilitation center). • Patients less than 18 years of age • Length of stay >120 days • Admitted for Elective Carotid Intervention
Reporting Frequency:	Quarterly
Unit of Measure:	% of Stroke Education
International comparison if available	The Joint Commission European Stroke Organization
Desired direction:	Higher is better
Notes for all providers	
Data sources and guidance:	<ul style="list-style-type: none"> - Patient's records - Claim data

Type: Quality Indicator

Indicator Number: STK008

KPI Description (title):	Stroke (STK): Assessed for Rehabilitation
Domain	Process
Sub-Domain	Clinical effectiveness
Definition:	Ischemic and Hemorrhagic stroke patients who were assessed for or received rehabilitation services.
Calculation	<p>Numerator: Total number of ischemic and hemorrhagic stroke patients (18 years or older) who were assessed for/received, or there is documentation of refusal of rehabilitation services.</p> <p>Denominator: Total adult patients with a principal discharge diagnosis of ischemic or hemorrhagic stroke. (See Appendix- A for stroke ICD_10 Diagnosis Codes)</p> <p>Denominator Exclusions:</p> <ul style="list-style-type: none"> • Patients less than 18 years of age • Length of stay >120 days • Admitted for Elective Carotid Intervention • Patients who deceased • Patients who left against medical advice • Patients discharged on hospice care • Patients discharged to another acute care hospital
Reporting Frequency:	Quarterly
Unit of Measure:	% of assessed rehabilitation
International comparison if available	The Joint Commission European Stroke Organization
Desired direction:	Higher is better
Notes for all providers	
Data sources and guidance:	<ul style="list-style-type: none"> - Patient's records - Claim data

Department of Health JAWDA Stroke Quality Performance Indicators

Type: Quality Indicator

Indicator Number: STK009

KPI Description (title):	Stroke (STK): All cause 30-day Unplanned Hospital Readmissions After Ischemic Stroke
Domain	Outcome
Sub-Domain	Complications
Definition:	Ischemic stroke patients (18 years or older) re-admitted unplanned to the hospital within 30 days of discharge from index stroke discharge.
Calculation	<p>Numerator: Total number of ischemic stroke patients (18 years or older) with unplanned readmission to the hospital within 30 days of discharge from index ischemic stroke encounter.</p> <p>Numerator guidance: If patient has multiple readmissions within 30 days of index discharge, only count as a single readmission.</p> <p>Denominator: Total number of patients (18 years or older) with principal discharge diagnosis of ischemic stroke during index admission. (See Appendix- A for stroke ICD_10 Diagnosis Codes)</p> <p>Denominator Exclusions:</p> <ul style="list-style-type: none"> • Patients who deceased • Patients who left against medical advice • Patients less than 18 years of age • Length of stay >120 days • Patients that were transferred to another acute care facility
Reporting Frequency:	Quarterly
Unit of Measure:	% of stroke readmission
International comparison if available	The Joint Commission European Stroke Organization
Desired direction:	Lower is better
Notes for all providers	
Data sources and guidance:	<ul style="list-style-type: none"> - Patient's records - Claim data

Type: Quality Indicator

Indicator Number: STK010

KPI Description (title):	Stroke Level Disability Assessment on discharge
Domain	Outcome
Sub-Domain	Recovery and Disability
Definition:	Stroke patients who are assessed their functional outcome status and have a follow up plan prior to hospital discharge
Calculation	<p>Numerator: Total number of stroke patients for whom a Modified Rankin Scale (mRS) is taken prior to hospital discharge.</p> <p>Denominator: Total adult patients with a diagnosis of ischemic or hemorrhagic stroke.(See Appendix- A for stroke ICD_10 Diagnosis Code)</p> <p>Denominator Exclusions:</p> <ul style="list-style-type: none"> • Patients who deceased • Patients less than 18 years of age • Length of stay >120 days • Patients admitted for Elective Carotid Intervention
Reporting Frequency:	Quarterly
Unit of Measure:	% of patients with mRS taken prior to discharge.
International comparison if available	The Joint Commission European Stroke Organization
Desired direction:	Higher percentage is better
Notes for all providers	
Data sources and guidance:	<ul style="list-style-type: none"> - Patient's records - Claim data

Type: Quality Indicator

Indicator Number: STK011

KPI Description (title):	Rate of death occurring within 30 days of stroke Diagnosis
Domain	Outcome
Sub-domain	Mortality
Definition:	Rate of death occurring within 30 days of first admission to an acute care hospital with a diagnosis of Intracerebral hemorrhage and Ischemic stroke.
Calculation:	<p><i>Numerator:</i> Number of deaths occurring among adult stroke patients (18 years or older) within 30 days of first admission to an acute care hospital with a diagnosis of Intracerebral hemorrhage and Ischemic stroke.</p> <p><i>Denominator:</i> Total adult patients admitted with stroke episodes Ischemic or Intracerebral Hemorrhage during a reporting period. (See Appendix- A for stroke ICD_10 Diagnosis Codes)</p>
Reporting Frequency:	Quarterly
Unit of Measure:	Rate per 100 deaths
International comparison if available	<i>OECD, AHRQ</i>
Desired direction:	Lower is better
Notes for all facilities	
Data Source/ Report Name:	<ul style="list-style-type: none"> - Patient's records - Claim data

Type: Quality Indicator

Indicator Number: STK012

KPI Description (title):	Symptomatic intracranial hemorrhage after IV thrombolysis
Domain	Outcome
Sub-domain	Complication
Definition:	Ischemic stroke patients who develop a symptomatic intracranial hemorrhage (i.e., clinical deterioration ≥ 4 point increase on NIHSS and brain image finding of parenchymal hematoma, or subarachnoid hemorrhage, or intraventricular hemorrhage) within (\leq) 36 hours after the onset of treatment with intra-venous (IV) thrombolytic (t-PA) therapy only
Calculation:	<p><i>Numerator:</i> Total number of Ischemic stroke patients (18 years and older) who develop a symptomatic intracranial hemorrhage \leq 36 hours after the onset of treatment with IV thrombolytic (t-PA) therapy only (IVO)</p> <p><i>Denominator:</i> Total number of adult (18 years or older) with principal discharge diagnosis of ischemic stroke patients who received IV thrombolysis treatment during a reporting period.</p> <p><i>Denominator Exclusions:</i></p> <ul style="list-style-type: none"> • Patients less than 18 years of age • Patients with length of stay 120 days • Patients admitted for Elective Carotid Intervention • Patients transferred to this hospital following treatment with IV thrombolytic therapy or mechanical endovascular reperfusion therapy initiated prior to arrival • Patients who hemorrhage prior to onset of therapy
Reporting Frequency:	Quarterly
Unit of Measure:	% of Symptomatic intracranial hemorrhage after IV thrombolysis
International comparison if available	<i>OECD, AHRQ</i>
Desired direction:	Lower is better
Notes for all facilities	
Data Source/ Report Name:	<ul style="list-style-type: none"> - Patient's records - Claim data

Appendix- A (Stroke ICD_10 Diagnosis Codes)

Ischemic Stroke ICD-10 Diagnosis Codes:

Code	Shortened Description
I6300	Cerebral infarction due to thrombosis of unspecified precerebral artery
I63011	Cerebral infarction due to thrombosis of right vertebral artery
I63012	Cerebral infarction due to thrombosis of left vertebral artery
I63019	Cerebral infarction due to thrombosis of unspecified vertebral artery
I6302	Cerebral infarction due to thrombosis of basilar artery
I63031	Cerebral infarction due to thrombosis of right carotid artery
I63032	Cerebral infarction due to thrombosis of left carotid artery
I63039	Cerebral infarction due to thrombosis of unspecified carotid artery
I6309	Cerebral infarction due to thrombosis of other precerebral artery
I6310	Cerebral infarction due to embolism of unspecified precerebral artery
I63111	Cerebral infarction due to embolism of right vertebral artery
I63112	Cerebral infarction due to embolism of left vertebral artery
I63119	Cerebral infarction due to embolism of unspecified vertebral artery
I6312	Cerebral infarction due to embolism of basilar artery
I63131	Cerebral infarction due to embolism of right carotid artery
I63132	Cerebral infarction due to embolism of left carotid artery
I63139	Cerebral infarction due to embolism of unspecified carotid artery
I6319	Cerebral infarction due to embolism of other precerebral artery
I6320	Cerebral infarction due to unspecified occlusion or stenosis of unspecified precerebral arteries
I63211	Cerebral infarction due to unspecified occlusion or stenosis of right vertebral arteries
I63212	Cerebral infarction due to unspecified occlusion or stenosis of left vertebral arteries
I63219	Cerebral infarction due to unspecified occlusion or stenosis of unspecified vertebral arteries
I6322	Cerebral infarction due to unspecified occlusion or stenosis of basilar arteries
I63231	Cerebral infarction due to unspecified occlusion or stenosis of right carotid arteries
I63232	Cerebral infarction due to unspecified occlusion or stenosis of left carotid arteries
I63239	Cerebral infarction due to unspecified occlusion or stenosis of unspecified carotid arteries
I6329	Cerebral infarction due to unspecified occlusion or stenosis of other precerebral arteries
I6330	Cerebral infarction due to thrombosis of unspecified cerebral artery
I63311	Cerebral infarction due to thrombosis of right middle cerebral artery
I63312	Cerebral infarction due to thrombosis of left middle cerebral artery
I63319	Cerebral infarction due to thrombosis of unspecified middle cerebral artery
I63321	Cerebral infarction due to thrombosis of right anterior cerebral artery
I63322	Cerebral infarction due to thrombosis of left anterior cerebral artery
I63329	Cerebral infarction due to thrombosis of unspecified anterior cerebral artery
I63331	Cerebral infarction due to thrombosis of right posterior cerebral artery
I63332	Cerebral infarction due to thrombosis of left posterior cerebral artery
I63339	Cerebral infarction due to thrombosis of unspecified posterior cerebral artery
I63341	Cerebral infarction due to thrombosis of right cerebellar artery
I63342	Cerebral infarction due to thrombosis of left cerebellar artery

Department of Health JAWDA Stroke Quality Performance Indicators

Code	Shortened Description
I63349	Cerebral infarction due to thrombosis of unspecified cerebellar artery
I6339	Cerebral infarction due to thrombosis of other cerebral artery
I6340	Cerebral infarction due to embolism of unspecified cerebral artery
I63411	Cerebral infarction due to embolism of right middle cerebral artery
I63412	Cerebral infarction due to embolism of left middle cerebral artery
I63419	Cerebral infarction due to embolism of unspecified middle cerebral artery
I63421	Cerebral infarction due to embolism of right anterior cerebral artery
I63422	Cerebral infarction due to embolism of left anterior cerebral artery
I63429	Cerebral infarction due to embolism of unspecified anterior cerebral artery
I63431	Cerebral infarction due to embolism of right posterior cerebral artery
I63432	Cerebral infarction due to embolism of left posterior cerebral artery
I63439	Cerebral infarction due to embolism of unspecified posterior cerebral artery
I63441	Cerebral infarction due to embolism of right cerebellar artery
I63442	Cerebral infarction due to embolism of left cerebellar artery
I63449	Cerebral infarction due to embolism of unspecified cerebellar artery
I6350	Cerebral infarction due to unspecified occlusion or stenosis of unspecified cerebral artery
I63511	Cerebral infarction due to unspecified occlusion or stenosis of right middle cerebral artery
I63512	Cerebral infarction due to unspecified occlusion or stenosis of left middle cerebral artery
I63519	Cerebral infarction due to unspecified occlusion or stenosis of unspecified middle cerebral artery
I63521	Cerebral infarction due to unspecified occlusion or stenosis of right anterior cerebral artery
I63522	Cerebral infarction due to unspecified occlusion or stenosis of left anterior cerebral artery
I63529	Cerebral infarction due to unspecified occlusion or stenosis of unspecified anterior cerebral artery
I63531	Cerebral infarction due to unspecified occlusion or stenosis of right posterior cerebral artery
I63532	Cerebral infarction due to unspecified occlusion or stenosis of left posterior cerebral artery
I63539	Cerebral infarction due to unspecified occlusion or stenosis of unspecified posterior cerebral artery
I63541	Cerebral infarction due to unspecified occlusion or stenosis of right cerebellar artery
I63542	Cerebral infarction due to unspecified occlusion or stenosis of left cerebellar artery
I63549	Cerebral infarction due to unspecified occlusion or stenosis of unspecified cerebellar artery
I6359	Cerebral infarction due to unspecified occlusion or stenosis of other cerebral artery
I636	Cerebral infarction due to cerebral venous thrombosis, nonpyogenic
I638	Other cerebral infarction
I639	Cerebral infarction, unspecified

Department of Health JAWDA Stroke Quality Performance Indicators

Hemorrhagic Stroke ICD-10 Diagnosis Codes:

Code	Shortened Description
I6000	Nontraumatic subarachnoid hemorrhage from unspecified carotid siphon and bifurcation
I6001	Nontraumatic subarachnoid hemorrhage from right carotid siphon and bifurcation
I6002	Nontraumatic subarachnoid hemorrhage from left carotid siphon and bifurcation
I6010	Nontraumatic subarachnoid hemorrhage from unspecified middle cerebral artery
I6011	Nontraumatic subarachnoid hemorrhage from right middle cerebral artery
I6012	Nontraumatic subarachnoid hemorrhage from left middle cerebral artery
I6020	Nontraumatic subarachnoid hemorrhage from unspecified anterior communicating artery
I6021	Nontraumatic subarachnoid hemorrhage from right anterior communicating artery
I6022	Nontraumatic subarachnoid hemorrhage from left anterior communicating artery
I6030	Nontraumatic subarachnoid hemorrhage from unspecified posterior communicating artery
I6031	Nontraumatic subarachnoid hemorrhage from right posterior communicating artery
I6032	Nontraumatic subarachnoid hemorrhage from left posterior communicating artery
I604	Nontraumatic subarachnoid hemorrhage from basilar artery
I6050	Nontraumatic subarachnoid hemorrhage from unspecified vertebral artery
I6051	Nontraumatic subarachnoid hemorrhage from right vertebral artery
I6052	Nontraumatic subarachnoid hemorrhage from left vertebral artery
I606	Nontraumatic subarachnoid hemorrhage from other intracranial arteries
I607	Nontraumatic subarachnoid hemorrhage from unspecified intracranial artery
I608	Other nontraumatic subarachnoid hemorrhage
I609	Nontraumatic subarachnoid hemorrhage, unspecified
I610	Nontraumatic intracerebral hemorrhage in hemisphere, subcortical
I611	Nontraumatic intracerebral hemorrhage in hemisphere, cortical
I612	Nontraumatic intracerebral hemorrhage in hemisphere, unspecified
I613	Nontraumatic intracerebral hemorrhage in brain stem
I614	Nontraumatic intracerebral hemorrhage in cerebellum
I615	Nontraumatic intracerebral hemorrhage, intraventricular
I616	Nontraumatic intracerebral hemorrhage, multiple localized
I618	Other nontraumatic intracerebral hemorrhage
I619	Nontraumatic intracerebral hemorrhage, unspecified