



Minnesota Stroke Registry Tool (MSRT)

Registration form

Minnesota Statewide Quality and Reporting Measurement System

For the stroke registry indicators, select one of the three data submission options described below based on your hospital's data submission preference. Please note that every hospital must complete this registration form, even those currently participating in the Minnesota Stroke Registry (MSR) program. Please also review and sign the authorization statement on page two.

- MSR:** By selecting this option your hospital is indicating your intention to join the MSR program. Your hospital will enter individual data elements and the MSRT will calculate the rate. Hospitals currently participating in the MSR program should select this option. Hospitals participating in the American Heart Association's Get With The Guidelines-Stroke (GWTG-S) quality improvement program AND the MSR should select this option as well.
- MSRT Quality:** By selecting this option your hospital will be able to enter individual data elements and the MSRT will calculate the rate.
- MSRT Summary:** By selecting this option your hospital will need to calculate the summary level measure data and enter this summary information into the MSRT.

Fill in the information for the appropriate data submission contact at your hospital.

First and last name of data submitter (including professional credentials):		
Hospital name:		
Street address (please provide the address where you prefer to receive correspondence):		
City:	State:	Zip:
Work phone:	Fax:	
Data submitter e-mail address:		

Authorization Statement: (Please sign and date the appropriate statement below.)

For MSR Participating Hospitals:

I attest that our hospital currently participates in the Minnesota Stroke Registry (MSR) program or is planning to do so. I authorize the MSR program to calculate and submit summary data on behalf of _____ for the Minnesota Stroke Registry
(insert hospital name)

Indicators reporting requirement to the Minnesota Statewide Quality Reporting and Measurement System (*Minnesota Rules*, Chapter 4654).

Signature

Date

For MSRT Quality Users:

I attest that our hospital plans to participate in the MSRT Quality data submission process. I authorize the MSR program to calculate and submit summary data on behalf of _____ for the Minnesota Stroke Registry
(insert hospital name)

Indicators reporting requirement to the Minnesota Statewide Quality Reporting and Measurement System (*Minnesota Rules*, Chapter 4654).

Signature

Date

For MSRT Summary Users:

I attest that our hospital plans to participate in the MSRT Summary data submission process. I authorize the MSR program to submit summary data on behalf of _____ for the Minnesota Stroke Registry Indicators
(insert hospital name)

reporting requirement to the Minnesota Statewide Quality Reporting and Measurement System (*Minnesota Rules*, Chapter 4654).

Signature

Date

Submitting the Registration Form:

You may submit your completed registration form in one of three methods:

Mail: Jacob Zdon, Minnesota Department of Health, P.O. Box 64882, St. Paul, MN 55164-0882

Fax: Attention: Jacob Zdon, (651) 201-5800

Scan/Email: Jacob.Zdon@state.mn.us

If you need assistance completing this registration form, please contact Jacob Zdon at 651-201-5436 or Jacob.Zdon@state.mn.us.