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# Stroke Registry and Report Card Profile

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Division of Public and Behavioral Health

Department of Health and Human Services

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# The Nevada Stroke Registry

- SB 196 instituting the Nevada Stroke Registry was adopted last legislative session
  - Adopted a statewide Nevada Stroke Registry to become effective January 1, 2106
  - Primary Care Stroke Centers are required to report
  - Critical Access facilities, rural hospitals, are encouraged to report
- The Stroke Registry was incorporated into the Heart Disease and Stroke Strategic Plan
  - **Goal 1:** *Improve access to effective care*
  - *Target 1.3(4) Increase reporting into the State of Nevada Stroke Registry, including rural facilities*
- Heart Disease and Stroke Task Force adopted this target for an activity to address including implementation, increase reporting, and report production within the clinical workgroup.

# Stroke Registry Updates

- Currently, 9 of the 15 Primary Care Stroke Centers have returned their agreements and are in compliance.
  - A letter was sent in the beginning of August requesting the Super User agreements for *Get With the Guidelines* be returned for remaining facilities.
  - An email requesting more information and follow-up phone calls were completed for each non-compliant agency.
    - Non-compliant facilities: (July 2016)
      - St. Mary's Regional Medical Center
      - St. Rose Dominican Hospital- Rosa de Lima
      - St. Rose Dominican Hospital- San Martin
      - St. Rose Dominican Hospital- Siena
      - University Medical Center
      - Valley Hospital Medical Center
- Semi-Annual reports will be submitted to the Heart Disease and Stroke Task Force in November and May to continue to support quality improvement efforts, elicit feedback, edits, and recommendations.

# 2015 Stroke Registry Report

The Initial Stroke Registry Report was submitted to the Governor and LCB in late May.

- The draft report was submitted to the Heart Disease and Stroke Task Force to provide feedback, recommendations, and edits.
- Several agencies worked with the program to compose the report including the Office of Public Health Informatics and Epidemiology (OPHIE), the American Heart Association/American Stroke Association, and Local Health Authorities

## *Nevada Stroke Registry: 2015 Data Summary*

*May 2016 | Edition 0.3*



*Office of Public Health Informatics and  
Epidemiology*

*Division of Public and Behavioral Health  
Department of Health and Human Services*

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*Governor  
State of Nevada*

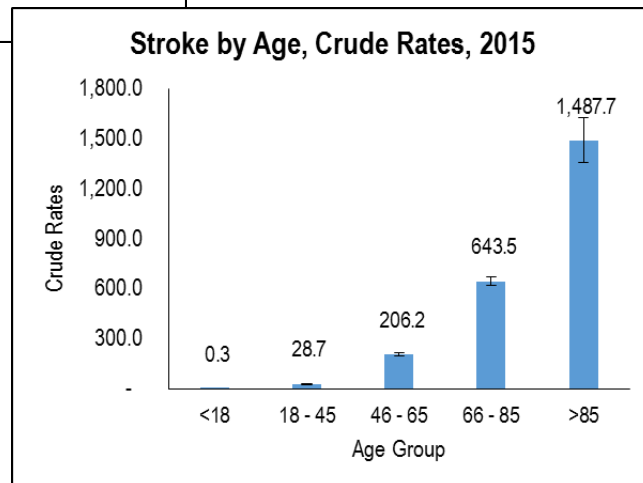
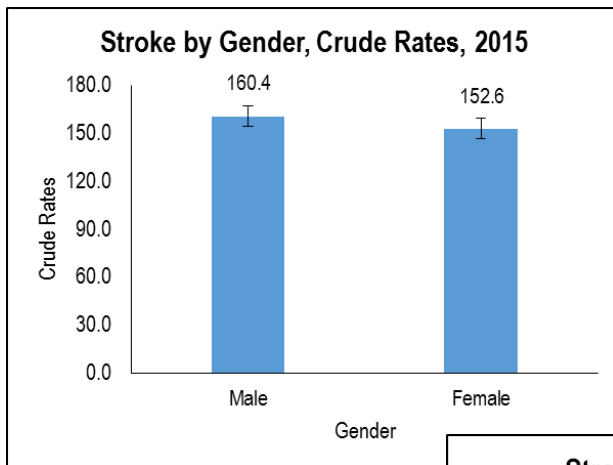
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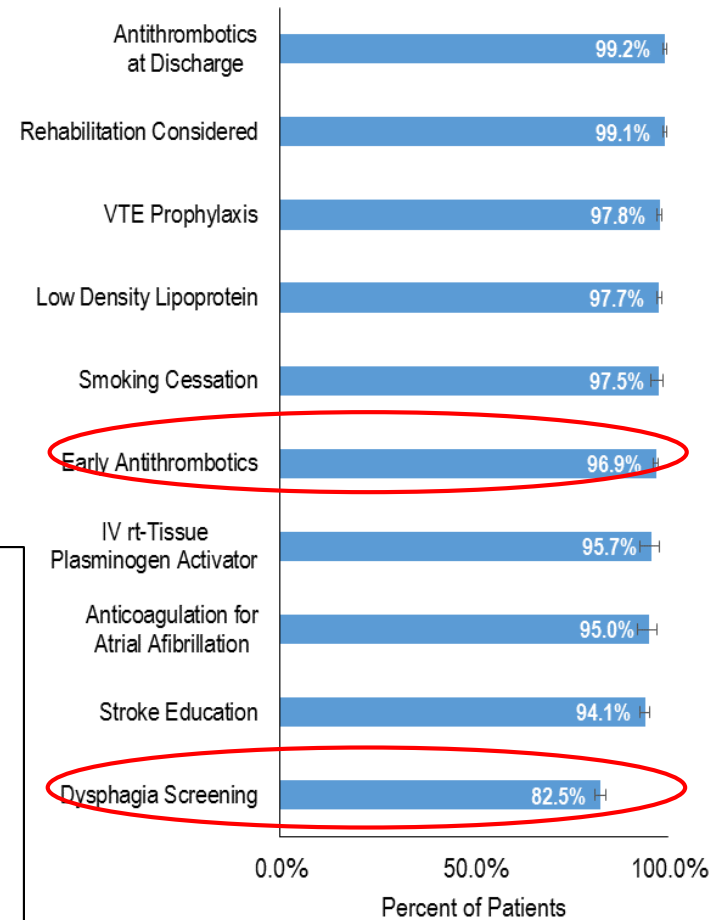
**Leon Ravin, MD**  
*Acting Chief Medical Officer  
Division of Public and Behavioral Health*

## The initial report helped to establish

- baselines
- will facilitate measuring improvements
- identified areas to focus quality improvement efforts



## Performance Measures, 2015



# Registry Barriers

- De-identified data
  - Unable to focus to geographical areas for targeted prevention and awareness campaigns
  - Doesn't currently allow for incident track including EMS treatment and pre-hospital interventions, facility transfers and critical access facility interventions, and 30-day readmissions
- Currently limited to AHA and Quintiles, third party vendor of *Get With the Guidelines*, access and initiatives
  - *Get With the Guidelines* was chosen because all 15 Primary Stroke Centers (PSC) were already utilizing this platform
- Cost inhibitive
- Unable to add or change measures for increased meaningful tracking
- Limits reporting to acute events and enrolled facilities excluding EMS, primary care, and specialty care that could provide valuable alerting information and acute event prevention

# Federally Qualified Health Centers Report Cards

In continuous efforts to establish baselines and build ground work to identify and facilitate quality improvements, the program developed UDS report cards for the FQHCs in Nevada, and as outlined in the 1305 annual workplan.

- Initial report cards were done for the four facilities with UDS data reporting in 2014-2015
- We compared the individual facilities data to others facilities within the state and national measures for UDS
- The report cards will be reviewed with administrators and quality improvement teams at the FQHCs to determine areas to target for improvement for the next year
- The report cards will also be shared with the Heart Disease and Stroke Task Force and Local Health Authorities to further support quality improvement activities

# Thank You!



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