



Brian Sandoval
Governor



Richard Whitley
Director

State of Nevada
Department of Health and Human Services
Division of Public and Behavioral Health

Stroke Registry Report

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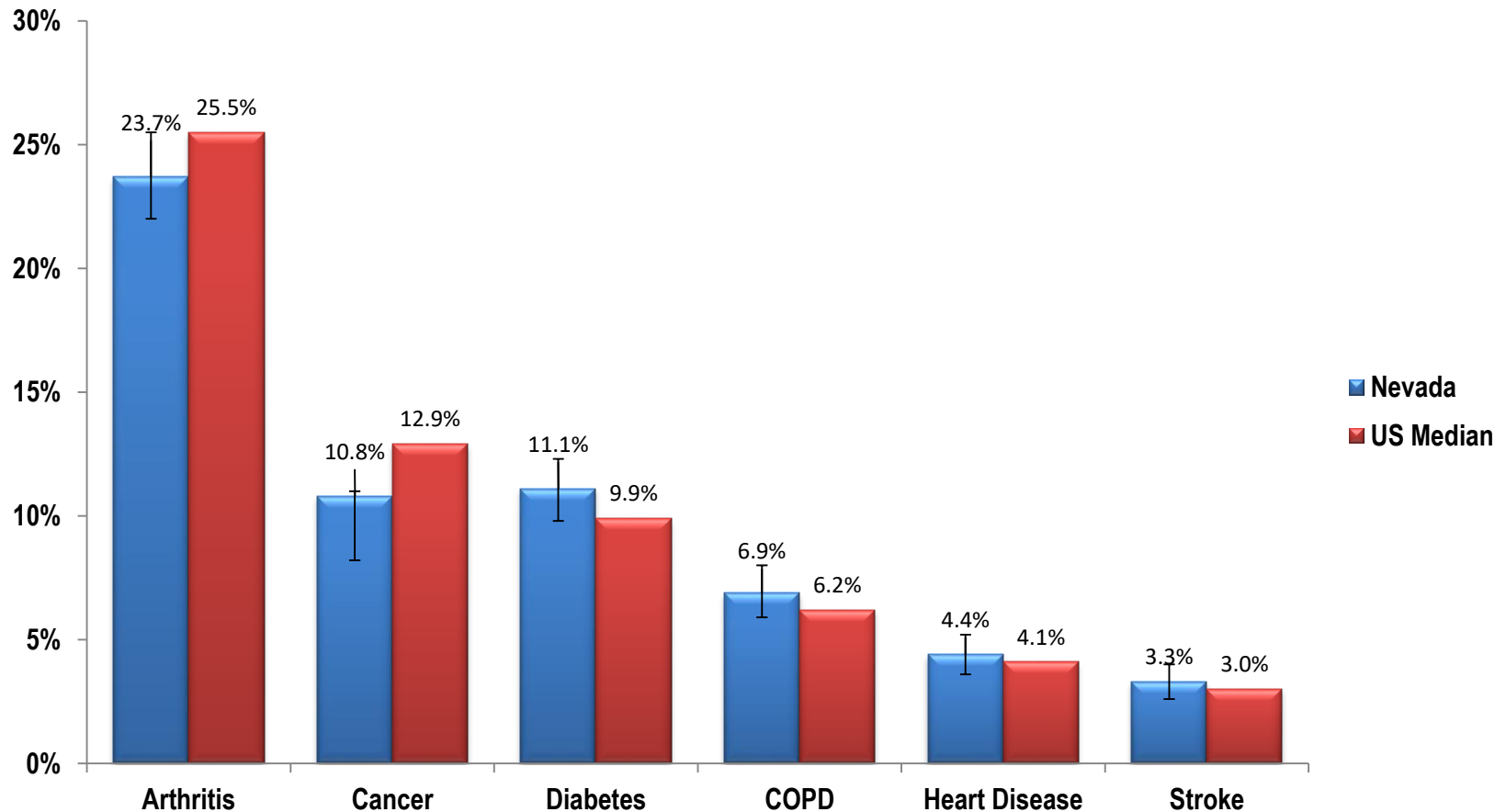


Background

- In 2015, in the 78th Session of the Nevada legislature, Senate Bill 196 (SB196) passed.
- The bill required Division of Public and Behavioral Health to establish a Stroke Registry.
- The provisions of SB 196 requires that only the certified stroke centers are to report data to the Nevada Stroke Registry.

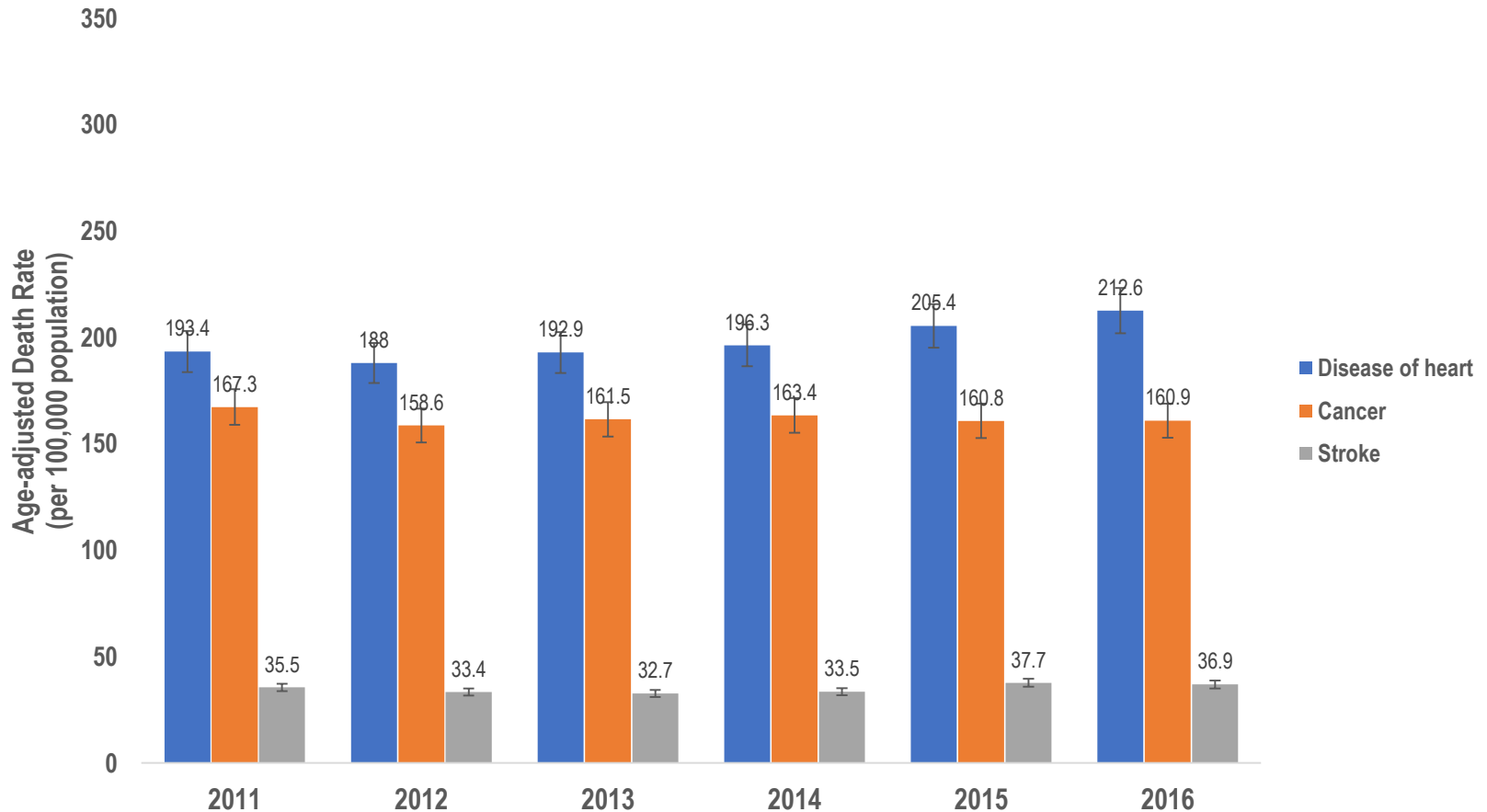


Prevalence of Chronic Diseases



Source: Centers for Disease Control and Prevention (CDC). *Behavioral Risk Factor Surveillance System Survey Data*. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2016

Chronic Disease Mortality Rate



Source: Nevada Division of Public and Behavioral Health. Office of Public Health Informatics and Epidemiology, 2018.

Nevada Stroke Centers/Get With The Guidelines®-Stroke (GWTG-Stroke)

- The American Heart Association/American Stroke Association (AHA/ASA) developed the GWTG®-Stroke Registry program focused on the redesign of hospital systems of care to improve the quality of care for patients with stroke.
- Currently, 16 Stroke Centers in Nevada are participating in the GWTG®-Stroke Registry program and submit performance measures.
- 38 hospitals are not participating in the GWTG®-Stroke Registry program. The most common barrier is that these hospitals do not have the bandwidth to add more data abstraction.
- In 2016 and 2017, the participating stroke centers treated nearly 80% of all stroke visits.

Participating Stroke Centers in GWTG®-Stroke

- **Centennial Hills Hospital**
- **Desert Springs Hospital**
- **Henderson Hospital**
- **Mountain View Hospital**
- **Northern Nevada Medical Center**
- **Renown Regional Medical Center**
- **St. Rose Dominican Hospital - Rose de Lima**
- **St. Rose Dominican Hospital - San Martin**
- **St. Rose Dominican Hospital - Siena**
- **Southern Hills Hospital and Medical Center**
- **Spring Valley Hospital Medical Center**
- **Summerlin Hospital Medical Center**
- **Sunrise Hospital**
- **University Medical Center-Las Vegas**
- **Valley Hospital Medical Center**



**The Joint
Commission**



**American Heart
Association**
**American Stroke
Association**

CERTIFICATION

Meets standards for

Comprehensive Stroke Center

GWTG®-Stroke Performance Measure Platform

Configurable Measure Reports

Generate Report

TIME PERIOD

Interval:	Monthly <input type="checkbox"/> Aggregate
From:	2018 <input type="checkbox"/> Apr <input type="checkbox"/>
To:	2018 <input type="checkbox"/> Jun <input type="checkbox"/>

REPORT 1

GWTG Standard Measures:	Select Measure <input type="checkbox"/>	Select Measure
GWTG Enhanced Version & Special Initiative Measures:	Select Measure <input type="checkbox"/>	
GWTG Additional Patient Population Measures:	Select Measure <input type="checkbox"/>	
Historic Measures:	Select Measure <input type="checkbox"/>	
Format:	<input type="checkbox"/>	
Compare to: (ctrl-click to select multiple)	<ul style="list-style-type: none"> My Hospital All Hospitals All NV Hospitals Centennial Hills Hospital Desert Springs Hospital Henderson Hospital Mountain View Hospital Nevada DPBH Northern Nevada Medical Center Renown Regional Medical Center Southern Hills Hosp. and MC (HCA) Spring Valley Hospital Medical Center Summerlin Hospital Medical Center Sunrise Hospital University Medical Center - Las Vegas Valley Hospital Medical Center West Region Hospitals 	

- Measure Descriptions - Achievement
- Measure Descriptions - Quality
- Measure Descriptions - Reporting
- Measure Descriptions - Descriptive and Data Quality
- Measure Descriptions - Observation Status Only
- Measure Descriptions - Inpatient Stroke
- Measure Descriptions - Historic
- Stroke Measure Logic and Rationale
- Measure Descriptions - EMS/ML

Add Another Report

Performance Measure Results

Acute

- IV t-tissue plasminogen activator by 2 hour, treat by 3 hour: 93.8%
- VTE prophylaxis the day or the day after admission: 96.9%
- Early antithrombotics by the end of day two: 95.9%
- Dysphagia screening before given any food, fluids, or medication by mouth: 85.8%

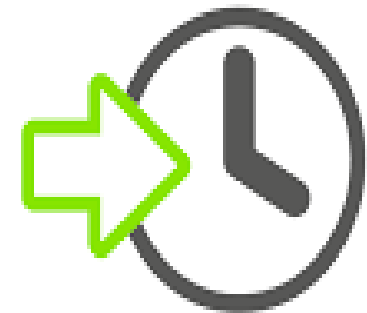
At or by discharge

- Antithrombotics: 99.1%
- Anticoagulation for atrial fibrillation/flutter: 96.7%
- Smoking cessation advice or counseling: 96.6%
- Stroke education during hospital stay: 94%
- Low density lipoprotein=100 or discharged on statin (if on cholesterol-reducer prior to admission): 97.7%
- Rehabilitation considered (assess for rehabilitation services): 98.8%

The percent shows the percent of the stroke patients who received the service.

Performance Measure Results

- Arrival time to stroke centers
- Almost one third arrived at the stroke center more than one (1) day or unknown amount of time
- The “golden window” is 3 hours to minimize or prevent permanent damage.

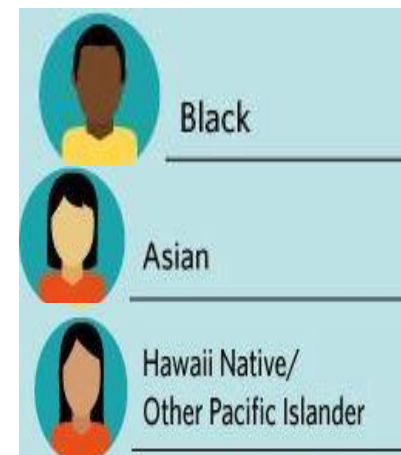
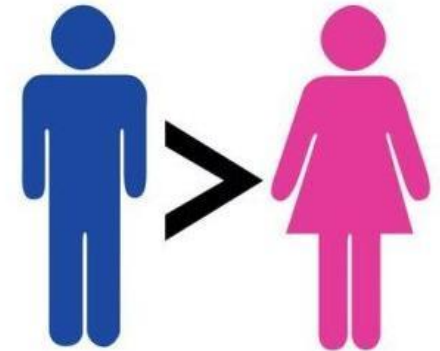


ARRIVAL
TIME

Source: 2018 Guidelines for the Early Management of Patients With Acute Ischemic Stroke: A Guideline for Healthcare Professionals From American Heart Association/American Stroke Association. Stroke 2018; 49:e46-e110.

GWTG-Stroke Data/Who is Affected?

- Stroke affects more males (185)* than females (166).
- Older age groups (66+) experience higher rates* of stroke than younger age groups (18-45, 46-65).
- African Americans (288), Asians (180), and Native Hawaiian/Pacific Islanders (112) experience higher rates* of stroke.



Rate (number of stroke cases per 100,000 population)

Recommendations



- Increase number of stroke centers with Memorandum of Agreement for data sharing
- Use aggregate data to address health disparities in stroke by race, gender.



*Thank
you*