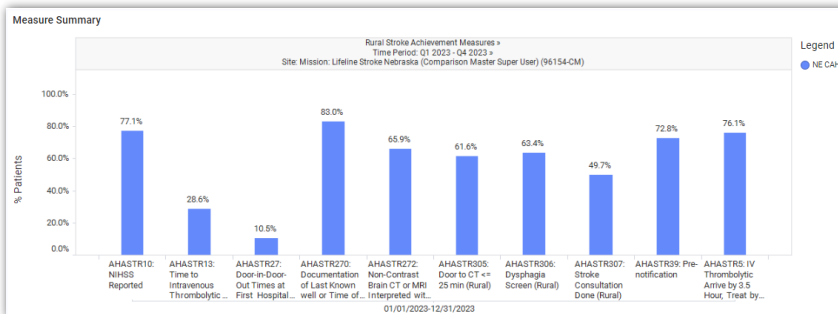
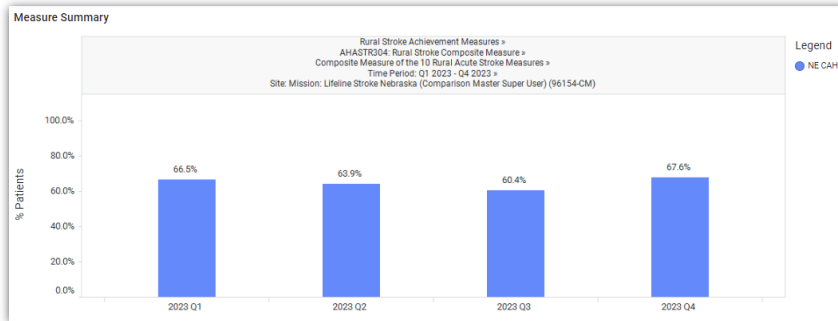


| Nebraska Stroke State Task Force Scorecard | | | | | | | | | | | | | | | | |
|--|--------|---------------|---------|---------|---------|------------------------------|-------------------|---------|---------|---------|---------|--------|---------|---------|---------|---------|
| Measure | Goal % | All Hospitals | | | | | Certified Centers | | | | | CAH | | | | |
| | | 2022 | 2023-Q1 | 2023-Q2 | 2023-Q3 | 2023-Q4 | 2022 | 2023-Q1 | 2023-Q2 | 2023-Q3 | 2023-Q4 | 2022 | 2023-Q1 | 2023-Q2 | 2023-Q3 | 2023-Q4 |
| Pre-Hospital | | | | | | | | | | | | | | | | |
| Evaluation of blood glucose | 50% | 59.10% | 60.60% | 57.40% | 58.40% | 66.40% | 62.90% | 62.00% | 61.00% | 60.50% | 69.20% | | | | | |
| Documentation of LKW | 50% | 52.80% | 42.70% | 35.70% | 34.50% | 44.10% | 55.50% | 43.30% | 37.80% | 35.90% | 45.10% | 37.50% | 46.90% | 21.70% | 8.30% | 30.80% |
| Prenotification to receiving hospital | 75% | 73.70% | 78.00% | 79.00% | 73.20% | 75.10% | 76.40% | 76.90% | 81.20% | 73.90% | 76.10% | 59.00% | 87.20% | 64.50% | 54.50% | 66.70% |
| In-Hospital | | | | | | | | | | | | | | | | |
| Anticoag for Afib/Aflutter | 85% | 95.20% | 91.70% | 93.80% | 88.10% | 93.00% | 96.70% | 94.40% | 94.70% | 91.30% | 92.90% | | | | | |
| Antithrombotics at D/C | 85% | 98.20% | 98.20% | 99.00% | 98.10% | 99.10% | 99.20% | 98.90% | 99.10% | 98.90% | 99.50% | | | | | |
| Early antithrombotics | 85% | 95.50% | 95.90% | 96.20% | 94.90% | 96.00% | 96.80% | 98.90% | 97.00% | 95.60% | 97.60% | | | | | |
| Intensive Statin at Discharge | 85% | 93.50% | 94.20% | 96.60% | 92.40% | 95.50% | 95.10% | 95.60% | 97.20% | 92.80% | 97.20% | | | | | |
| IV thrombolytic arrive by 3.5, treat by 4.5 | 85% | 90.10% | 86.60% | 88.60% | 88.20% | 89.90% | 97.80% | 98.20% | 91.50% | 94.00% | 92.80% | 57.80% | 41.20% | 40.00% | 53.80% | 75.00% |
| Smoking Cessation | 85% | 97.10% | 96.80% | 95.40% | 97.20% | 98.40% | 98.20% | 98.90% | 96.20% | 97.10% | 100.00% | | | | | |
| VTE prophylaxis | 85% | 96.70% | 95.90% | 95.80% | 92.20% | 96.30% | 97.50% | 96.90% | 96.60% | 93.10% | 97.60% | | | | | |
| NIHSS reported | 75% | 93.00% | 93.00% | 90.40% | 90.60% | 91.40% | 94.60% | 93.70% | 92.00% | 93.00% | 92.30% | 69.00% | 81.30% | 68.40% | 58.60% | 81.80% |
| Dysphagia screening | 85% | 86.50% | 83.30% | 87.10% | 80.70% | 83.60% | 88.70% | 85.90% | 88.70% | 82.50% | 84.50% | 40.20% | 45.50% | 43.50% | 36.40% | 72.40% |
| Rehabilitation considered | 85% | 99.30% | 99.70% | 99.40% | 96.10% | 99.00% | 99.60% | 100.00% | 99.30% | 96.50% | 99.50% | | | | | |
| Stroke Education | 85% | 92.20% | 93.50% | 90.70% | 89.30% | 88.60% | 92.50% | 93.30% | 91.20% | 90.00% | 88.70% | | | | | |
| Door-to-needle time < 60 minutes | 75% | 83.60% | 75.00% | 86.20% | 73.10% | 76.70% | 88.20% | 78.70% | 94.10% | 80.40% | 81.50% | 50.00% | 33.30% | 50.00% | 14.30% | 25.00% |
| Door-to-needle time < 45 minutes | 50% | 63.10% | 56.90% | 58.00% | 46.90% | 51.00% | 69.90% | 65.10% | 62.80% | 53.60% | 58.10% | | | | | |
| Door-In-Door Out for transfers < 90 min | 50% | 17.50% | 26.70% | 15.40% | 14.30% | 24.00% | 20.40% | 38.50% | 18.20% | 20.00% | 38.50% | 23.10% | 10.00% | 0.00% | 0.00% | 11.10% |
| Therapeutic lifestyle changes at D/C for Type 2 Diabetes | 70% | 88.00% | 70.80% | 75.40% | 80.20% | 89.50% | 91.70% | 79.80% | 78.50% | 81.20% | 92.10% | | | | | |
| NC CT Brain or MRI Interpretation in 45 min | | | | | | Rural Composite Measure Only | | | | | | | 56.50% | 66.70% | 57.10% | 70.60% |
| Door to CT < 25 | | | | | | Rural Composite Measure Only | | | | | | | 57.30% | 54.70% | 59.50% | 67.70% |
| Stroke Consultation Done | | | | | | Rural Composite Measure Only | | | | | | | 35.60% | 37.00% | 41.80% | 53.40% |



2024
HOSPITAL RECOGNITION CRITERIA
(based on 2023 data)

Rural Acute Stroke Composite Score
Criteria: At least 75% Compliance

Time to Intravenous Thrombolytic Therapy ≤ 60 minutes (AHASTR13)

Door-In/Door-Out Time at First Hospital Prior to Transfer for Acute Therapy ≤ 90 Minutes (AHASTR27)

National Institutes of Health Stroke Scale (NIHSS) Reported (AHASTR10)

Door to CT ≤ 25 min (AHASTR305)

Dysphagia Screen (AHASTR306)

Documentation of Last Known Well or Time of Discovery of Stroke Symptoms (AHASTR270)

IV Thrombolytic Therapy Arrive by 3.5 Hours Treat by 4.5 Hours (AHASTR5)

EMS Pre-notification (AHASTR39)

Non-Contrast Brain CT or MRI Interpreted Within 45 Minutes of Arrival (AHASTR272)

Stroke Consultation Done (AHASTR307)

Get With The Guidelines Stroke

2024 GET WITH THE GUIDELINES

GOLD **SILVER** **BRONZE**

Eligible Hospitals

Federally Designated Critical Access Hospitals

Short Term Acute Care Facility and Rural Hospital located within Rural Urban Commuting Area Codes (RUCA) indicating large rural, small rural and isolated geographic locations

GOLD

Four or more consecutive quarters and ≥2 stroke or TIA records annually

SILVER

Four consecutive quarters and ≥2 stroke or TIA records annually

BRONZE

One calendar quarter and ≥1 stroke or TIA record per quarter