

State Cardiac Registry FAQ

1. What is the statewide cardiac registry?
 - a. According to the North Dakota Acute Cardiovascular Emergency System Century Code Chapter 23-47-02-1.d.(1), “the department shall maintain a statewide STEMI heart attack database that aggregates information and statistics on heart attack care.”
2. What is the purpose of having a statewide registry?
 - a. According to the Century Code, a statewide registry collects cardiovascular emergency performance data for “achieving continuous quality improvement in the quality of care provided under the statewide system, including for STEMI response and treatment” (23-47-02-1.d).
3. What database or registry did Emergency Medical Systems choose as the North Dakota statewide cardiac registry?
 - a. The American Heart Association’s Get with the Guidelines: Coronary Artery Disease (GWTG: CAD) was selected.
4. When will the registry be up for discussion again?
 - a. The registry will be up for discussion before the beginning of the next biennium.
5. Why was the GWTG: CAD chosen as the state registry?
 - a. Cost: The American College of Cardiology (NCDR) charges all participants a flat rate of \$5,000 per year. AHA fees vary based on total hospital discharges, which results in a more equitable cost for critical access hospitals.
 - b. Flexibility: The AHA option allows tertiary centers using the NCDR registry to continue using it. However, they must share their data with the state.
 - c. Quality Measures: AHA offers tailored quality measures and benchmarking for rural referring hospitals aimed at evidence-based cares provided prior to transfer for Chest Pain, Acute Coronary Syndrome, NSTEMI, and STEMI, as well as cardiac quality measures appropriate for tertiary centers with full cardiology services and PCI capabilities.

- d. Task Force Recommendation: After reviewing presentations from The American College of Cardiology (NCDR) and the American Heart Association (AHA), the Cardiac Task Force recommended that the State utilize AHA's GWTG: CAD platform.
6. Is participation in the statewide registry mandatory?
 - a. No. However, if your facility would like to be designated by the state as a STEMI referring or receiving center, contribution to the statewide registry is required.
7. How do I share the data if I use a registry other than GWTG: CAD?
 - a. Sharing the data should be done quarterly and involves exporting the data collected in your chosen registry, removing individually identifiable health information, and submitting it for upload.
8. How is the registry paid for?
 - a. The facility will pay for the registry and chart entry time, and the state will subsidize the cost as the legislature allows. Currently, the state pays for 100 percent of GWTG: CAD.
9. What is the Rural Health Care Outcomes Accelerator Program?
 - a. A new AHA three-year initiative aims to eliminate rural health disparities by providing new enroller rural hospitals free access to GWTG programs, including GWTG: CAD. All ND critical access hospitals are eligible.
10. What is required by the state to be designated a STEMI referring or STEMI receiving center?
 - a. The facility must be certified/accredited/verified by the state or one of the ND Approved Cardiac Certification Programs for STEMI Receiving Center Designation.
 - b. The facility must participate in the statewide cardiac registry.

If you have questions regarding this FAQ, please contact Christine Greff at (701) 328-4577 or at cgreff@nd.gov.