New York State Stroke Designation Program Updates and HERDS Overview

March 7, 2022
Agenda

• Welcome and Introductions
• Stroke Designation Program Overview and Updates
• Coverdell Program Updates
• HERDS Overview
  • Annual Submission – Due Monday, May 9th, 2022
Background
Stroke Designation Program
Updates and Reminders

On March 20, 2019 NYSDOH enacted Stroke Center regulations.

Highlights of the Regulations:
• Establishes a three-tiered stroke center system of care.
• Voluntary
• Requires hospitals seeking stroke center designation to be certified by an approved accrediting organization.
• Reporting of specified performance measures and time targets through a stroke registry.
• Requires designated stroke centers to participate in QI activities of the DOH.
• Framework to support regional operationalization of transport processes for suspected stroke patients.
• Three-year transition period for existing stroke centers.

NYSDOH Stroke Designation Webpage
10 NYCRR 405.34 (g): Transition Timeline

(g) Transition Period.

(1) Hospitals designated as stroke centers by the Department prior to the effective date of this section shall have two years from the effective date of this section to initiate the stroke center certification process with a certifying organization approved by the Department. The process is initiated when a hospital enters into a contractual agreement with a certifying organization. Once the hospital has entered into a contractual agreement with a certifying organization, the hospital shall have one year to complete the certification process.

(2) Any hospital that does not initiate the stroke center certification process with a certifying organization within two years of the effective date of this section shall no longer maintain a stroke center designation and may no longer hold themselves out as a designated stroke center.
Transition Timeline for Stroke Designated Centers

- In response to the COVID-19 pandemic, the transition timeline in the Stroke Services Regulations (NYCRR 405.34) has been extended for one year following the adoption of an amendment to NYCRR 405.34.

- The new timelines is as follows:
  - Hospitals must have completed and received certification by an approved certifying organization and applied to the Department for Stroke Designation by March 19, 2023.
New York State
Coverdell Stroke Program
Statewide, Data-Driven
Quality Improvement
across the
Stroke Care Continuum
for Better Patient Outcomes
Est. 2001

13 Funded States:

Arkansas
Florida
Georgia
Hawaii
Massachusetts
Michigan
Minnesota
North Carolina
New York
Ohio
University of Kentucky
Virginia
Wisconsin
# Coverdell Stroke Program

Grant Cycle 3 years:
June 30, 2021 – June 29, 2024

**CDC Strategy Areas**

| 1. Track and monitor clinical measures to improve data infrastructure across stroke systems of care | 2. Implement a team-based approach to enhance quality of care for those at highest risk for stroke events and stroke patients across systems of care | 3. Link community resources and clinical services that support those at highest risk for stroke events and stroke patients across systems of care. |
Components of New York Coverdell Program

- Community Education & Prevention
- Pre-Hospital Care for Acute Stroke
- In Hospital Care for Acute Stroke
- Care Transition - Post Discharge

Promote Data Driven Quality Improvement

Data Infrastructure and Reporting
- to measure, track, assess and measure outcomes associated with quality of care

Partnerships
- to guide improvement and data infrastructure activities across the system of care

Sustainability
- activities to ensure continuity

Evaluation -
- to substantiate achievements, inform improvements & demonstrate outcomes
What does participation look like?

**Hospitals**

- Stroke designated hospital
- Enter data into GWTG – allow Coverdell access to send de-identified data to CDC
- Attend learning sessions
- Re-abstraction 5-10 cases
- Hospital survey
- Engage in QI activities and best practices to address gaps

**Benefits**

- Satisfies NY State Stroke Designation requirement of participating in a statewide quality improvement program/activities
- Access to hospital specific data reports to assist with quality improvement activities
- Participation in routine learning sessions on priority measures for improvements
- Opportunities for professional development, learning and networking
- Opportunity to work collaboratively with peers and DOH toward shared goals in improving stroke care

For more information contact: Coverdell@health.ny.gov
HERDS
Overview
Important Dates

Reporting Period:
January 01, 2021 through December 31, 2021

Date Submission Tool Available in Health Electronic Response Data System (HERDS):
Monday, March 7, 2022

Annual Submission Due Date:
Monday, May 9, 2022
# HERDS Reporting Timeline

<table>
<thead>
<tr>
<th>Survey Name</th>
<th>Survey Timeline</th>
<th>Reporting Period</th>
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- Length of time to complete survey:
  - approximately **45 minutes - 1 hour** (for Survey A).
Accessing the Annual Review Tool

• Log into the Health Commerce System (HCS):
  https://commerce.health.state.ny.us/

• Add the HERDS survey to your “My Applications” List
  ➢ At the top of the HCS homepage, click on My Content → All Applications
  ➢ Click on the H
  ➢ Select the green plus sign next to HERDS for Hospitals (Health Electronic Response Data System)
Accessing the Annual Review Tool (Cont.)

• Click on Home → Home

• Select HERDS from the “My Applications” Menu

• Click on Data Entry

  ➢ From the Activity Drop Down List select
    o Review Tool for Designated Stroke Centers 2022

  Note: You will see version A, B, or C

• **Action:** Set up HCS account and have access to HERDS
Major Updates for the 2022 Annual Review Tool

1. Returned Questions:
   • Education: Clinician Training
   • Education: Physical, Occupational, Speech Therapists

2. Questions from optional to normal:
   • Education (Section G)
     • 5. Emergency Medical Services
     • 6. Public Education
   • Time Targets (Section J)
   • Reporting Measures – EMS Initiative (Section K)
   • Performance Measures (Section L)

3. Two questions added for the telestroke section
   • the total number of claims that provided services
   • the total number of claims that received services

4. The Education Attestation Form will NOT be collected
Versions of the Survey:

Review Tool for Designated Stroke Centers 2022 (A)
(Stroke centers not designated under 405.34 and have not granted the DOH access to GWTG)

- a. Contact Information
- b. Certifying Organization Engagement
- c. Computed Tomography Angiogram
- d. Telestroke
- e. Stroke Medical Director
- f. Stroke Team
- g. Education
- h. 24/7/365
- i. Quality Assurance / Data
- j. Time Targets
- k. Reporting Measures – EMS Initiative
- l. Performance Measures
- m. Diagnosis
- n. Patient Transfer
- o. Discharge Disposition
- p. Observational Stay

Submit Supporting Documentation

- a. CEO Attestation
- b. Organizational Chart - if there were changes
- c. New Stroke Medical Director Documentation - if not submitted at time of appointment

Review Tool for Designated Stroke Centers 2022 (B)
(Stroke centers not designated under 405.34 but have granted the DOH access to GWTG)

- a. Contact Information
- b. Certifying Organization Engagement
- c. Computed Tomography Angiogram
- d. Telestroke
- e. Stroke Medical Director
- f. Stroke Team
- g. Education
- h. 24/7/365
- i. Quality Assurance / Data

Submit Supporting Documentation

- a. CEO Attestation
- b. Organizational Chart - if there were changes
- c. New Stroke Medical Director Documentation - if not submitted at time of appointment

Review Tool for Designated Stroke Centers 2022 (C)
(Stroke centers designated under 405.34 tiered designation program)

- a. Contact Information
- c. Computed Tomography Angiogram
- d. Telestroke

Please read: Stop here
Survey Versions:

1. **Review Tool for Designated Stroke Centers 2021 A**
   (Stroke centers not designated under 405.34 and have not granted the DOH access to GWTG)
   - **Full survey**
   - **Submit Supporting Documentation**
     - CEO Attestation
     - Organizational Chart - if there were changes
     - New Stroke Medical Director Documentation - if not submitted at time of appointment

2. **Review Tool for Designated Stroke Centers 2021 B**
   (Stroke centers not designated under 405.34 but have granted the DOH access to GWTG)
   - **Partial Survey**
     - DOH will extract data elements from GWTG
   - **Submit Supporting Documentation**
     - CEO Attestation
     - Organizational Chart - if there were changes
     - New Stroke Medical Director Documentation - if not submitted at time of appointment

3. **Review Tool for Designated Stroke Centers 2021 C**
   (Stroke centers designated under 405.34 tiered designation program)
   - **Partial Survey**
     - DOH will extract data elements from GWTG
     - Survey does not contain sections that are already collected by certifying organizations

DOH will extract data elements directly from GWTG for facilities that have granted the DOH access.
Annual Review Process

Review Tool for Designated Stroke Centers 2022 (A)

a. Contact Information
b. Certifying Organization Engagement
c. Computed Tomography Angiogram
d. Telesroke
e. Stroke Medical Director
f. Stroke Team
g. Education
h. 24/7/365
i. Quality Assurance / Data
j. Time Targets
k. Reporting Measures – EMS Initiative
l. Performance Measures
m. Diagnosis
n. Patient Transfer
o. Discharge Disposition
p. Observational Stay

Submit Supporting Documentation

a. CEO Attestation
b. Organizational Chart - if there were changes
c. New Stroke Medical Director Documentation - if not submitted at time of appointment

Email Supporting Documentation to strokedocs@health.ny.gov. Include Hospital Name, PFI, and “2022 Stroke Review” in Subject Line
Annual Review Process

Review Tool for Designated Stroke Centers 2022 (B)
- a. Contact Information
- b. Certifying Organization Engagement
- c. Computed Tomography Angiogram
- d. Telestroke
- e. Stroke Medical Director
- f. Stroke Team
- g. Education
- h. 24/7/365
- i. Quality Assurance / Data

Submit Supporting Documentation
- a. CEO Attestation
- b. Organizational Chart - if there were changes
- c. New Stroke Medical Director Documentation - if not submitted at time of appointment

Review Tool for Designated Stroke Centers 2022 (C)
- a. Contact Information
- c. Computed Tomography Angiogram
- d. Telestroke

Please read: Stop here

If your facility uses GWTG to record stroke discharges, then you have completed the survey. The DOH will extract data directly from GWTG.
Versions of the Survey (Please Read):

Please Read

If your facility uses GWTG to track the measures listed below then please stop here.
- Time Targets
- Reporting Measures
- Performance Measures (includes EMS measures)
- Diagnosis
- Patient Transfer
- Discharge Disposition
- Observational Stay

The NYS DOH will extract these measures directly from GWTG. If your facility uses a method other than GWTG to track these measures then please continue.
March 4, 2022

CEO Attestation

Action:
• Send CEO Attestation Form as an attachment to strokedocs@health.ny.gov after the 2022 Annual Review Tool is completed and submitted in Health Commerce System.
(a) Contact Information

- HERDS Survey Completer
  - Name & Title
  - Phone
  - Email

- Stroke Medical Director(s)
  - Name
  - Title
  - Specialty
  - Phone
  - Email

- Stroke Coordinator
  - Name
  - Title
  - Phone
  - Email

- Stroke Coordinator (2) → Additional Contact for Notification from NYSDOH Stroke Designation Program
  - Name
  - Phone
  - Email

- CEO (For Completion Letter)
  - Prefix
  - Name
  - Email
  - Mailing Address

Required for A, B, C
(b) Certifying Organization Engagement

In response to the COVID-19 pandemic the NYSDOH has made the following updates to the Stroke Designation Program Requirements:

1. Hospitals must be contracted with an approved certifying organization by March 2022.
2. Hospitals must have completed and received certification by an approved certifying organization and applied to the Department for Stroke Designation.

More information can be found here:

Guidance Document

- Plan to become designated?
- Conversation with approved certifying organizations?
- FYI: websites listed.
(c) Computed Tomography Angiogram

- No changes

**Please note that your answers to these questions will not impact your stroke designation.**
(d) Telestroke

The answers to the following questions will not impact your stroke designation. The NYS DOH stroke designation program is collecting information on the current status of telestroke in NYS.

- **Provide/Receive**
- **Which services provided/received**
- **How many facilities provide for**
- **Which facilities provide for/ receive from**
- **The total number of claims that provided/ received services**
(e) Stroke Medical Director

- No changes
- Check Box to Indicate a New Stroke Medical Director
- Report on the Stroke and Co-Stroke Medical Directors’ Training
  - 2 or More Conferences
  - 8 or More CME Credits in Area of Cerebrovascular Disease
  - Stroke Fellowship
  - 5 or More Peer-Reviewed Publications on Stroke
- **Minimum:** Two Criteria for New Directors; One for Returning Directors
- Acceptable Training Dates: January 1, 2021 to December 31, 2021. (except for fellowship and publications)
- A Conference Counts as a Conference or CMEs (Not Both)
- Do not report fellowships and publications if they have been previously reported.
(e) Stroke Medical Director Documentation

If the medical director has changed since the last review, please submit the following documents to the strokedocs@health.ny.gov mailbox

1. CV for the new stroke medical director
2. Board Certification (if not included on the CV)
3. Current license to practice medicine in NYS
4. Evidence of completion of two of the four training requirements listed previously

Please note:
This information is required to be sent to the DOH as soon as a change of Medical Director occurs.
(f) Stroke Team

- No changes
- Confirm acute stroke team continues to be staffed by qualified care professionals

3. Clinician Training

The training for all clinicians (MD/DO/PA/RN/NP) who are stroke team members includes:
Eight (8) or more category 1 CME credits the first year, with 4 credits annually in subsequent years.

- How many new stroke team members did your stroke center have in 2021? *
- How many of the new stroke team members completed 8 CME/hrs of training specifically related to cerebrovascular disease between January 1, 2021 and December 31, 2021? *

- How many returning stroke team members did you have in 2021? *
- How many of the returning stroke team members completed at least 4 CME/hrs of training specifically related to cerebrovascular disease between January 1, 2021 and December 31, 2021? *

Breaking out education by new and returning stroke team members
(g) Education – PT, OT, ST

- This section has returned for Data Year 2021.

The DOH is **NOT** collecting any supplemental documentation.

- Maintain dates of education and sign-in sheets on-site
(g) Education – EMS

- The DOH is NOT collecting any supplemental documentation. Maintain dates of education and sign-in sheets on-site.
- If you did not complete at least two trainings in 2021, please enter 99/99/9999 on the required date lines.

Collecting two dates of EMS education directly in survey
(g) Education – Public

- The DOH is **NOT** collecting any supplemental documentation.
- If you did not complete two public education events in 2021, please enter 99/99/9999 in the required date field.
(g) Education – Patient and Family

• No changes

• Confirm patients and family receive education on prevention and risk factors for stroke

• The DOH is **NOT** collecting any supplemental documentation.
(h) **24/7/365 Section**

- **No changes**
- **Neuro-Imaging Services** – Confirm: ability to perform CT or MRI scans and read them
- **Laboratory Services** – Confirm: ability to turn labs around within 45 minutes
- **Neurosurgery Services** – Confirm: services available on-site or through agreement with another hospital
- Confirmation of **written agreement for neurosurgical procedures** within two hours of when deemed necessary
- **Note:** Updated neurosurgical agreements should be sent to NYS DOH (strokedocs@health.ny.gov)
(i) Quality Assurance and Data

- No changes
- Protocols reviewed and updated
- Functions of stroke unit documented including admissions and discharge criteria, patient care protocols, census and outcomes data
- Stroke log maintained including response times, diagnoses, treatments, and outcomes
- In compliance with performance measures
- Established QA Groups
(j) Time Targets  

( Goal: 75% of patients meet target )

1. Door to MD Assessment (Goal: ≤ 10 minutes)
2. Door to Stroke Team Assessment (Goal: ≤ 15 minutes)
3. Door to Brain Imaging Initiated (Goal: ≤ 25 minutes)
4. Door to Brain Imaging Reported/Read (Goal: ≤ 45 minutes)
5. Time to Intravenous Thrombolytic Therapy (Goal: ≤ 60 minutes)
6. Time to Intravenous Thrombolytic Therapy – Inpatient (Goal: ≤ 60 minutes)

Note: The name of the GWTG report that should be used is listed for each section.
(k) EMS Initiative Measures

(Goal: No target percentages established at this time)

• No changes

1. EMS Pre-Notification **Run with filter – within 6 hours of last known well**
2. EMS Pre-Hospital Stroke Scale
3. EMS Pre-Notification Content
4. Stroke Team Activated Prior to Arrival

Note: The name of the GWTG report that should be used is listed for each section.
(I) Performance Measures

1. IV Thrombolytic Arrive by 3.5 Hours, Treat by 4.5 Hours
2. Early Anti-thrombotics
3. VTE Prophylaxis
4. Anti-thrombotics at Discharge
5. Anti-coagulants for Afib/Aflutter
6. Statin Prescribed at Discharge **Located under GWTG Standard Measures**
7. Smoking Cessation
8. Dysphagia Screening
9. Stroke Education
10. Rehabilitation Considered
11. NIHSS on Admission
12. Modified Ranking Scale (mRS) at Discharge

(Goal: 85% of patients meet target)

Note: The name of the GWTG report that should be used is listed for each section.
(m) Diagnosis

• No changes

Number of Patients with the Following Diagnoses in 2021

• Ischemic Stroke
• Transient Ischemic Attack (<24 hr)
• Subarachnoid Hemorrhage
• Intracerebral Hemorrhage
• Stroke Not Otherwise Specified
• No Stroke Related Diagnosis
• Blank (Missing Diagnosis)

Note: The name of the GWTG report that should be used is listed for each section.
(n) Patient Transfer

• No changes

Reasons for Transfer (‘Not Admitted’ and ‘Admitted Before Transfer’ Sections)

• Ischemic Stroke (for IV tPA within 3 hr)
• Ischemic Stroke (for IV tPA within 3 – 4.5 hr)
• Ischemic Stroke (reperfusion interventions only)
• Ischemic Stroke neurocritical care
• ICH Interventional procedure
• SAH interventional procedure
• Patient/family request to transfer
• Transferred for a procedure not related to stroke
• Reason for transfer not documented
• Other

Note: The name of the GWTG report that should be used is listed for each section.
(o) Discharge Disposition

• No changes
  1. Home
  2. Hospice – Home
  3. Hospice – Health Care Facility
  4. Acute Care Facility
  5. Other Health Care Facility
     a. Skilled Nursing Facility (SNF)
     b. Inpatient Rehabilitation Facility (IRF)
     c. Long Term Care Hospital (LTCH)
     d. Intermediate Care Facility (ICF)
     e. Other / Unspecified
  6. Expired
  7. Left Against Medical Advice / AMA
  8. Not Documented or Unable to Determine (UTD)

Note: The name of the GWTG report that should be used is listed for each section.
(p) Observational Stay

• No changes

• Observational Stays
  - In GWTG, go to Configurable Measure Reports,
  - Then go to GWTG Standard Measures, under the Reporting list, run the ‘Not Admitted’ report
  - Report the number of patients who were discharged from observation status without an inpatient admission
  - Report the total number of patients
  - Report the percentage of patients discharged from observation status
(p) Observational Stay

- No changes

**Observational Stay**

The answers to the following will not impact your stroke designation. The NYS DOH stroke designation program is collecting information on the current status of observational stays in NYS.

**GWTG Report:** Not Admitted under GWTG Standard Measures Reports (Reporting). If you are not using GWTG and require additional information about who to include in the numerator and denominator for this measure, please email strokedocs@health.ny.gov

(Enter '0' for None)

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Check this box if you did not have any eligible patients who were discharged from observation status without an inpatient admission.

Only answer the following questions if you did not check the box above, i.e. if you had patients who met the denominator criteria.

- Number of patients who were discharged from observation status without an inpatient admission (Numerator)
- Total number of patients with final diagnosis of stroke (ischemic stroke or transient ischemic attack or subarachnoid hemorrhage or intracerebral hemorrhage or stroke not otherwise specified) (Denominator)
- Percentage of patients who were discharged from observation status without an inpatient admission (Percentage)
Which Patients are Included?

• No changes

➢ Time Targets and EMS Measures
  • Acute Stroke = within 6 hours of last known well
    (except for Time Target: Time to Intravenous Thrombolytic Therapy = within 4.5 hours of last known well)

➢ Performance Measures
  • All Stroke Patients (see GWTG report specifications for details)
The Data Collection Portion of the Survey

• Same as last year

• When Should You Check Box: ‘No Eligible Patients For Measure’?
  ➢ Use when denominator is zero
  ➢ Leave rest of question blank when box is checked

• Please Do Not Submit Protected Health Information (PHI)
Supporting Documents

- Email supporting documentation to strokedocs@health.ny.gov. Include Hospital Name, PFI, and “2022 Stroke Review” in subject line.
Versions of the Survey:

Review Tool for Designated Stroke Centers 2022 (A)
(Stroke centers not designated under 405.34 and have not granted the DOH access to GWTG)

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Submit Supporting Documentation

- a. CEO Attestation
- b. Organizational Chart - if there were changes
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Review Tool for Designated Stroke Centers 2022 (B)
(Stroke centers not designated under 405.34 but have granted the DOH access to GWTG)

- a. Contact Information
- b. Certifying Organization Engagement
- c. Computed Tomography Angiogram
- d. Telestroke
- e. Stroke Medical Director
- f. Stroke Team
- g. Education
- h. 24/7/365
- i. Quality Assurance / Data

Please read: Stop here

Submit Supporting Documentation

- a. CEO Attestation
- b. Organizational Chart - if there were changes
- c. New Stroke Medical Director Documentation - if not submitted at time of appointment

Review Tool for Designated Stroke Centers 2022 (C)
(Stroke centers designated under 405.34 tiered designation program)

- a. Contact Information
- c. Computed Tomography Angiogram
- d. Telestroke

Please read: Stop here
Questions?

All questions related to the HERDS survey can be directed to the stroke docs email address monitored by the stroke designation program team:

strokedocs@health.ny.gov

We will be hosting two technical help session webinars. The purpose of these webinars is to answer questions that you may have on the Annual Review Tool submission. These webinars are optional and for those who need assistance with the HERDS submission.

Technical webinar dates:

- Tuesday, March 22, 2022, 1:00-2:00 PM
- Thursday, April 14, 2022, 11:00am-12:00 PM