

**SUBMISSION DEADLINE FOR 2014 Data:** The New York State Department of Health anticipates that the submission tool will be available in HERDS on February 2, 2015. The submission date for 2014 data is March 2, 2015.

For any additional clarification, please e-mail: [telemed@health.ny.gov](mailto:telemed@health.ny.gov)

**FAQs by Topic**

ANNUAL SUBMISSION

SUBMISSION CHANGES FOR 2014

NIHSS

COVERDELL REQUIREMENTS

TIME TARGETS

EDUCATION REQUIREMENTS

GET WITH THE GUIDELINES (GWTG)

**Annual Submission:**

**1) Is the annual designation submission a two part process? What are the two parts of the submission process?**

There are two parts to the designation submission process:

- i.* Complete the HERDS Survey through the Health Commerce System. This is a compliance questionnaire that tracks the requirements for stroke designation on an annual basis to ensure that your hospital is still compliant with all designation requirements.
- ii.* Submit the correct supporting documentation to the [strokedocs@health.ny.gov](mailto:strokedocs@health.ny.gov) mailbox. The required supporting documentation is indicated throughout the HERDS questionnaire and listed in the table below.
  - The email sent to [strokedocs@health.ny.gov](mailto:strokedocs@health.ny.gov) providing the required supporting documents must include “2014 Stroke Review” and the name of your hospital in the subject line of the email.

Form Section	Question Number	When?	Required Documentation
1. CEO Attestation	N/A	Annually	* Signed CEO Attestation
2. Medical Director	1 - Medical Director	If different from last submission	* CV * Proof of meeting 2 criteria
3. Stroke Team	2 - Stroke Team	Upon addition of new members	*Organizational Chart
		Annually for Trainings	*CVs of new members *Clinician Training
	3 – Staff Training	Annually	*Documentation of CMEs
4. Education	4 – PT/OT/Speech	Annually	*Dates of bi-annual education for non-stroke team care-givers
	5 – EMS	Annually	*Dates of bi-annual education for EMS
	6 – Public Education	Annually	*Dates of bi-annual public education (sign-in sheets if requested)
5. 24/7/365	11 – Written Agreement	If terms/agreement have changed since last review	*Electronic copy of transfer agreement
6. Quality Assurance/Data	12 – ED/ICU/Stroke Unit Protocols	Annually	*Date of reviews & names of reviewers
	16 - Performance Improvement Plan	Annually	*Completed Performance Improvement Plan Form

**Submission Changes for 2014:**

**2) Have any new questions been added to this year’s submission?**

Yes, a new question has been added that asks “Is the NIHSS always performed by a properly certified member on your stroke team? Yes/No” Although this is not a new requirement, it has always been required that the person performing the NIHSS be certified, we are now documenting the answer to this question.

**3) Have there been any changes to the time target definitions?**

Yes, changes have been made to the denominators of several time targets in order to more accurately reflect the wording and data collected in Get With The Guidelines (GWTG).

- **Additional Time Target time ranges for Door to MD, Door to Brain Image Complete and Door to Brain Image Reported/Read** – Added “missing or negative times”
- **Denominators for Door to Brain Image Complete and Door to Brain Image Reported/Read:** INCLUDES patients arriving within 6 hours of Last Known Well, EXCLUDES patients whose symptoms have resolved prior to arrival and NIHSS=0, patients with brain imaging at an outside facility prior to arrival (brain imaging completed at your hospital for this episode of care = NC)

**4) Have any of the time targets changed?**

Yes, two changes have been made to the time target measures. These have been made to accurately reflect the date submitted through GWTG.

- **Door to IV-tPA NOW → Time to Intravenous Thrombolytic Therapy Times (for ED):** INCLUDES patients with a primary stroke diagnosis of ischemic stroke who received IV t-PA at your hospital, EXCLUDES in-hospital strokes and ischemic stroke patients with documented reason for delay
- **Time to Intravenous Thrombolytic Therapy Times – Inpatient:** INCLUDES patients with a primary stroke diagnosis of ischemic stroke who received IV t-PA at my hospital AND stroke occurred after hospital arrival (in ED/Obs/inpatient)

**5) What will be used to replace the outlier reports?**

NYS DOH has selected a time target measure on which hospitals should focus. Hospitals will also select one of three performance measures to work on in the upcoming year:

- **Time Target:** Reduce time to Intravenous Thrombolytic Therapy to 60 minutes or less
- **Performance Measures (Select one):**
  1. Arrive by 2 hours, treat by 3 hours
  2. Dysphagia screening
  3. Stroke education

**6) For the performance measures, can I pick VTE prophylaxis intervention as our performance measure? We are not part of Coverdell.**

No. It was decided that for 2014 all hospitals would be required to focus on the same time target (door to tPA) and required to pick from the 3 performance measures listed below:

1. Arrive by 2 hours, treat by 3 hours
2. Dysphagia screening

### 3. Stroke education

- 7) **The letter circulated on October 28, 2014 says to choose a performance measure to improve on, but in this recent PowerPoint, hospitals are asked to choose from three performance measures (dysphagia, stroke education, and arrive by 2 treat by 3). Are hospitals permitted to select a performance measure not listed?**

No. In order to allow for appropriate consideration of the improvement plans we are choosing the three performance measures that allow for the greatest amount of improvement across all hospitals. We may consider allowing hospitals to choose other performance measures in the future.

- 8) **Which patients should we be capturing in the time targets?**

Each year we receive a lot of questions about the NYSDOH requirement to enter data on all presumptive stroke patients until they are ruled out. We understand this can present a significant burden to hospitals. If you have been entering all presumptive patients into GWTG in 2014, please report these numbers to NYSDOH. If you have not been entering these patients into GWTG, please enter the data that you are capturing in GWTG. We are interested in learning what you did in 2014, so we added two questions to the HERDS Designation Form. These questions will appear in the Time Targets section of the HERDS Designation form. In 2015 you are only required to enter patients arriving within 6 hours of symptom onset who receive a final diagnosis of stroke or TIA.

- ▶ Did you enter **all** presumptive stroke patients into GWTG to track time targets?
  - Yes
  - No
- ▶ If no, is this information captured somewhere else? **(Please select all that apply)**
  - No
  - Paper log
  - Excel spreadsheet
  - Discussed at QI meetings
  - Other, please specify

- 9) **Are there any exceptions to the annual submission for Coverdell Hospitals?**

Yes, submissions for Coverdell Hospitals will be the same as last year.

- There will be two different HERDS forms – One for stroke designated centers, and one for Coverdell hospitals (you will only have access to the form in HERDS that you are required to complete).
- Most of the submission data will be pulled from GWTG for you:
  - Coverdell Form will not include Time Targets or Performance Measures
  - Coverdell Form will include Diagnosis, Patient Transfers, and Discharge Disposition
- Coverdell Hospitals are not required to submit plans for improvement for the time target and a selected performance measure

- Data will be pulled from GWTG on March 2, 2015

**NIHSS:**

**10) Are there any changes to the NIH Stroke Scale (NIHSS) and No Deficit measure?**

There are no changes to this measure. NYS DOH determined, after discussion with the Stroke Physician Advisory Group, that both an NIHSS of 0 and no deficit is required to rule out a stroke patient and remove them from the remaining time targets. So, an NIHSS must be performed and an ED physician or neurologist must make the determination that there is no deficit before removing the patient from the fast track. The only change being made to the NIHSS measure is that **this year** we are adding a question that documents that the individual performing the NIHSS is certified. This has always been the requirement, but we have not asked this question in previous years.

**11) Are there any performance measures besides NIHSS at discharge that are no longer required?**

No.

**12) Which patients require an NIHSS be performed?**

The NIHSS should be performed on all suspected ischemic, TIA, Intracerebral hemorrhage, and stroke not otherwise specified patients. The NIHSS should always be performed by a medical professional certified to perform the NIHSS including a Physician, Physician Assistant, Nurse Practitioner or Registered Nurse.

Measure Name	Ischemic	TIA	Intracerebral Hemorrhage	Subarachnoid Hemorrhage	Stroke Not Otherwise Specified
NIHSS	x	x	x		x

**13) Does subarachnoid hemorrhage (SAH) count as a stroke? E.g. if the NIHSS > 0 for suspected SAH, and patient only has a severe headache, are we held to all of the same time targets and activations as for stroke?**

Yes, it is important to remember that stroke designation is not just about ischemic stroke patients, you must have a system in place that applies to all strokes. Time targets apply to all presumptive stroke patients. There are some performance measures however that may not apply to SAH. For example, for NIHSS on arrival as assessment, the physician workgroup has indicated while the NIHSS is appropriate for all suspected ischemic, TIA, Intracerebral hemorrhage, and stroke not otherwise specified patients, it not an appropriate tool for SAH. For NIHSS on admission, SAH are excluded from that measure, but a subarachnoid stroke is included equally in the time targets as every other stroke diagnosis.

**14) If a patient has residual deficits from a previous stroke, and hence NIHSS > 0 at baseline and symptoms have been noted to resolve, the patient and family reports that its symptoms are back to baseline, is that equivalent to NIHSS = 0?**

If the patient has a NIHSS score > 0, even if it is from residual deficit, they still have an NIHSS score and they should be treated as anyone with a NIHSS score would be treated.

**15) If a patient has a residual deficit from a previous stroke, will this deficit be reflected in the Modified Rankin Score (mRS) at discharge?**

The mRS is a functional assessment of the patient's deficit at discharge. The score will reflect the patient's total deficit. Therefore, the final total score will include both the previous deficit and the deficit resulting from their current stroke.

**16) How is the "NIHSS on Admission" measure reported in GWTG?**

All except the NIHSS on Admission are Standard GWTG-Stroke Measures – this is a custom New York State Measure. Do not run the standard GWTG measure for this measure. Under the "GWTG Enhanced Version & Special Initiative Measures," you need to run the NYS NIHSS reported NYS measure.

#### **Coverdell Requirements:**

**17) What are the exceptions for Coverdell Hospitals?**

- ▶ There will be two different HERDS forms – One for stroke designated centers, and one for Coverdell hospitals. We have sorted hospitals by participation status to give you access to only the appropriate HERDS tool.
- ▶ Most of the submission data will be pulled from GWTG for you:
  - Coverdell Form will not include Time Targets or Performance Measures
  - Coverdell Form will include Diagnosis, Patient Transfers, and Discharge Disposition
- ▶ Coverdell participation requires attending monthly calls and submitting progress reports through the extranet, therefore, Coverdell hospitals are not required to submit plans for improvement for the time target and a selected performance measure.
- ▶ Data will be pulled from GWTG on March 2, 2015

#### **Time Targets:**

**18) Are we still required to report reasons for delay in treatment of IV-tPA?**

Yes. The NYS measure and the GWTG measure for reasons for delay are now aligned, so although we no longer use the NYS custom measure when reporting reasons for delay in delivery of IV/tPA, this information is still collected using the standard GWTG field.

**19) Can an NP or PA be used to meet the "Door to Stroke Team" time target?**

In hospitals with greater than 15,000 ED visits per year, a physician is the only clinician that qualifies as the appropriate decision maker. At hospitals with less than 15,000 ED visits per year,

an NP or PA may assume this role. (Previously answered in the June 16, 2011 Training Webinar FAQs.)

**20) Which patients are included for time targets?**

- ▶ All patients arriving within 6 hours of symptom onset.
- ▶ Should include all TIA/stroke patients and all patients who are missed in the ED (for atypical symptoms, etc.) but later have a final diagnosis of stroke.
- ▶ Each year we receive a lot of questions about the NYSDOH requirement to enter data on all presumptive stroke patients until they are ruled out. We understand this can present a significant burden to hospitals. If you have been entering all presumptive patients into GWTG in 2014, please report these numbers to NYSDOH. If you have not been entering these patients into GWTG, please enter the data that you are capturing in GWTG. We are interested in learning what you did in 2014, so we added two questions to the HERDS Designation Form These questions will appear in the Time Targets section of the HERDS Designation form. In 2015 you are only required to enter patients arriving within 6 hours of symptom onset who receive a final diagnosis of stroke or TIA.
- ▶ Did you enter all presumptive stroke patients into GWTG to track time targets?
  - Yes
  - No
- ▶ If no, is this information captured somewhere else? **(Please select all that apply)**
  - No
  - Paper log
  - Excel spreadsheet
  - Discussed at QI meetings
  - Other, please specify

**21) If someone arrives, for example, at 10 p.m., and the only information we get is that the last known well was in the AM, which is clearly outside the 6 hour “acute” window, will we be penalized and this will show as the measure as not met?**

No, this patient will be excluded from the time target measures due to the time difference between Last Known Well and arrival being greater than 6 hours. In order to be included in the measure the patient must have last known well date/time and arrival date/time to determine if they are “acute”. (Acute strokes are defined as those for which symptom onset occurred within six (6) hours or less of the arrival time at the ED.)

**22) For Time to Intravenous Thrombolytic Therapy – Inpatient, what is the door time?**

The door time for inpatient stroke is the time that symptoms were identified.

**Education Requirements:**

**23) How much time do new stroke team members have to complete their education requirements?**

Individuals joining the stroke team less than 60 days prior to the end of the yearly designation period (12/31) must complete the educational requirements within 60 days of their hire date.

For example, if someone is hired in December, they are allowed 60 days to complete their education requirements. However, education completed in early 2015 for 2014, will not count for 2015 compliance. Anyone hired more than 60 days before the end of the designation year must complete their education requirements before the end of that designation year. **(Revised January 12, 2010)**

**24) Our electronic medical care record does not always include a time stamp for all patient care activities. This means that records look like care was not received in a timely manner. Is there a physician order that can be used as a proxy for the door to MD or door to stroke team time targets?**

You cannot use an order as a substitute for documenting any time targets. If your EMR does not help you capture this information, or does not allow you to report this time, you will need to create a process that includes physicians documenting the actual time that they are assessing the patient. We do not, nor does GWTG, allow order sets as a stand-in because they do not necessarily represent a clinical assessment.

**GWTG:**

**25) Should all patients that enter the ED with symptoms within 6 hours be entered into GWTG even if stroke is ruled out?**

Each year we receive a lot of questions about the NYSDOH requirement to enter data on all presumptive stroke patients until they are ruled out. We understand this can present a significant burden to hospitals. If you have been entering all presumptive patients into GWTG in 2014, please report these numbers to NYSDOH. If you have not been entering these patients into GWTG, please enter the data that you are capturing in GWTG. We are interested in learning what you did in 2014, so we added two questions to the HERDS Designation Form. These questions will appear in the Time Targets section of the HERDS Designation form. In 2015 you are only required to enter patients arriving within 6 hours of symptom onset who receive a final diagnosis of stroke or TIA.

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