

Stroke Designation FAQ:

Standards and Requirement Questions

- 1. If my hospital utilizes midlevel providers (Nurse Practitioners and Physician Assistants) as the first evaluator for stroke patients, can the time from patient arrival to assessment by a midlevel be used for the Door to MD assessment time?**

Yes, the door to MD measure can include assessment time by MD, DO, NP or PAs.

- 2. Can you please clarify the Neurologist requirement?**

The Primary Stroke Center (PSC), Thrombectomy Capable Stroke Center (TSC) and Comprehensive Stroke Center (CSC) must have a neurologist available in person or via telemedicine within 15 minutes of the request for initial assessment and/or for treatment decisions. The New York State Department of Health (NYSDOH) understands that not every suspected or confirmed stroke patient will require a Neurology consult but when a consult is requested it should be available within 15 minutes. Primary Stroke Centers may designate a physician who has experience in the treatment and diagnosis of ischemic stroke when a board-certified neurologist is not available

- 3. Can you please clarify what “Equivalent Residency in Neurosurgery” refers to?**

Neurologists, Neurosurgeons, and Radiologists must have completed a required residency or fellowship governed by a specific oversight body, such as the Accreditation Council for Graduate Medical Education (ACGME), the United Council of Neurologic Subspecialties (UNCS), or the Committee of Advanced Subspecialty Training (CAST). Residencies and fellowships governed by other organizations are also acceptable, as long as they meet the standards set by the accrediting organizations.

- 4. What is the composition of the acute stroke team?**

The acute stroke team composition should be determined by the hospital. However, at a minimum, the acute stroke team must: include an individual who is privileged to make treatment decisions for suspected stroke patients; be available 24/7 and at the bedside within 15 minutes of patient arrival; and all members of the acute stroke team must complete 8 hours of continuing education on an annual basis.

- 5. Must the Stroke Coordinator’s office be located in the facility’s Emergency Department?**

The NYSDOH’s requirements do not currently specify that the Stroke Coordinator’s office be in a specific location. Please check with your certifying organization to determine if they have additional requirements.

- 6. Must the Primary Stroke Center have a diagnostic radiologist available 24/7?**

The PSC must have either a diagnostic radiologist or a physician privileged in interpreting required imaging available 24/7. The interpretation of images can be completed via tele-radiology.

7. Is it a requirement for a designated stroke center to complete all laboratory testing listed in the guidance document for every suspected stroke patient?

The guidance document is not meant to dictate care at your facility. Your laboratory must have the ability to perform the tests listed in the laboratory section, but that does not mean that you must complete these tests for every suspected stroke patient. Your hospital should have policies to address when you should perform these tests and the specifications around when it is appropriate to do so.

8. Are stroke centers expected to meet all New York State Department of Health criteria as well as accrediting organization survey criteria?

The NYSDOH's criteria were developed as a baseline expectation. The requirements outlined in the guidance document are meant to ensure that all accrediting organizations that are certifying stroke centers in NYS utilize the same minimum set of standards when surveying for stroke center certification. The NYSDOH's criteria is embedded into your survey with your chosen accrediting organization. Where there are discrepancies between the NYSDOH's criteria and the national standards set forth by your accrediting organization, the more stringent requirement should be met. Questions related to how your hospital will be surveyed should be directed to your chosen accrediting organization.

9. Where can we address questions on measure specifications?

Questions regarding the content of the measures can be answered by the measure steward. If the measures are Get with the Guidelines, the measure steward is the American Heart Association. If the measures are STK/CSTK, the measure steward is The Joint Commission. If the measures are through New York State, the measure steward is New York State.

Certifying Organization Questions

1. Will the NYSDOH be doing any onsite visits or will that default to the certifying organization?

There is no requirement for the NYSDOH to conduct onsite visits to confirm adherence to standards and criteria. This will be the responsibility of the approved certifying agency. However, the regulations at 10 NYCRR 405.34 (d)(1) permit the NYSDOH to participate in any onsite visits conducted by the certifying organization.

2. What are the approved certifying organizations?

Hospitals have a choice of certifying organizations. The following are approved by the NYSDOH as certifying organizations with authority to certify stroke centers in NYS:

Certifying Organization	PSC Level	TSC Level	CSC Level
Accreditation Commission for Health Care (ACHC)	x	x	x
The Joint Commission (TJC)	x	x	x
Center for Improvement in Healthcare Quality (CIHQ)	x		
Det Norske Veritas Healthcare (DNV-GL)	x	x	x

The [New York State Stroke Designation Program webpage](#) contains contact information for each of these approved certifying organizations.

3. Does the New York State Department of Health recognize Acute Stroke Ready certification?

No, the NYSDOH does not currently recognize Acute Stroke Ready certification for stroke center designation.

Transfer Agreement Questions

1. Does a hospital need a written transfer agreement when it is part of a health system that has a comprehensive stroke center designation by an approved certifying organization?

The regulations at 10 NYCRR 405.34 (h) require designated stroke centers to have policies and procedures in place for timely transfer and receipt of stroke patients to and from other hospitals and as outlined in the [NYS Guidance Document](#). Please note that transfer agreement requirements vary based on the stroke center level.

2. If a Transfer Agreement is already in place prior to re-designation, will that contract have to be renewed?

Certifying organizations will review and confirm that transfer agreements are in place and that they include all elements described in the [NYS Guidance Document](#) when they survey your organization for certification.

Financial Questions

1. Is there a cost associated with these new regulatory changes? If there is one, what is the projected cost for Primary Stroke Centers?

Each certifying organization has a fee for stroke center certification. Please speak with all organizations to determine their fee structure as costs vary among organizations. The NYSDOH will accept a certification from any of the approved certifying organizations after the regulation effective date of March 20, 2019.

General Questions

1. How will the Hospital Guidance Document be disseminated to hospitals?

The [NYS Guidance Document](#) is available on the [New York State Stroke Designation Program webpage](#).

2. Are there any restrictions on the number of higher-level designations in a region?

There are no restrictions on the number of higher-level designations in a region.

3. Is designation voluntary or mandatory for NYS hospitals?

The regulation creates a tiered voluntary stroke designation program, but hospitals must comply with the changes to the certification process to be designated by the NYSDOH as a NYS stroke center, and thereby become part of the stroke system.

Data/Reporting Questions

1. Are there currently any other electronic stroke registries besides GWTG?

The NYSDOH is aware that most hospitals utilize Get with the Guidelines (GWTG). The NYSDOH is not mandating use of GWTG. Any stroke registry that meets the requirements in the guidance document may be utilized by a designated hospital to collect and report data for this program.

2. Is the HERDS information and a stroke registry the same thing or are they separate?

They are separate. HERDS is a survey platform that the NYSDOH utilizes to collect data beyond performance measures. Once designated under the regulated program, a hospital will report all performance measures and time targets to their stroke registry. HERDS will remain for the collection of other pertinent information.