



**Department
of Health**

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



PAUL
Coverdell
NATIONAL ACUTE 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

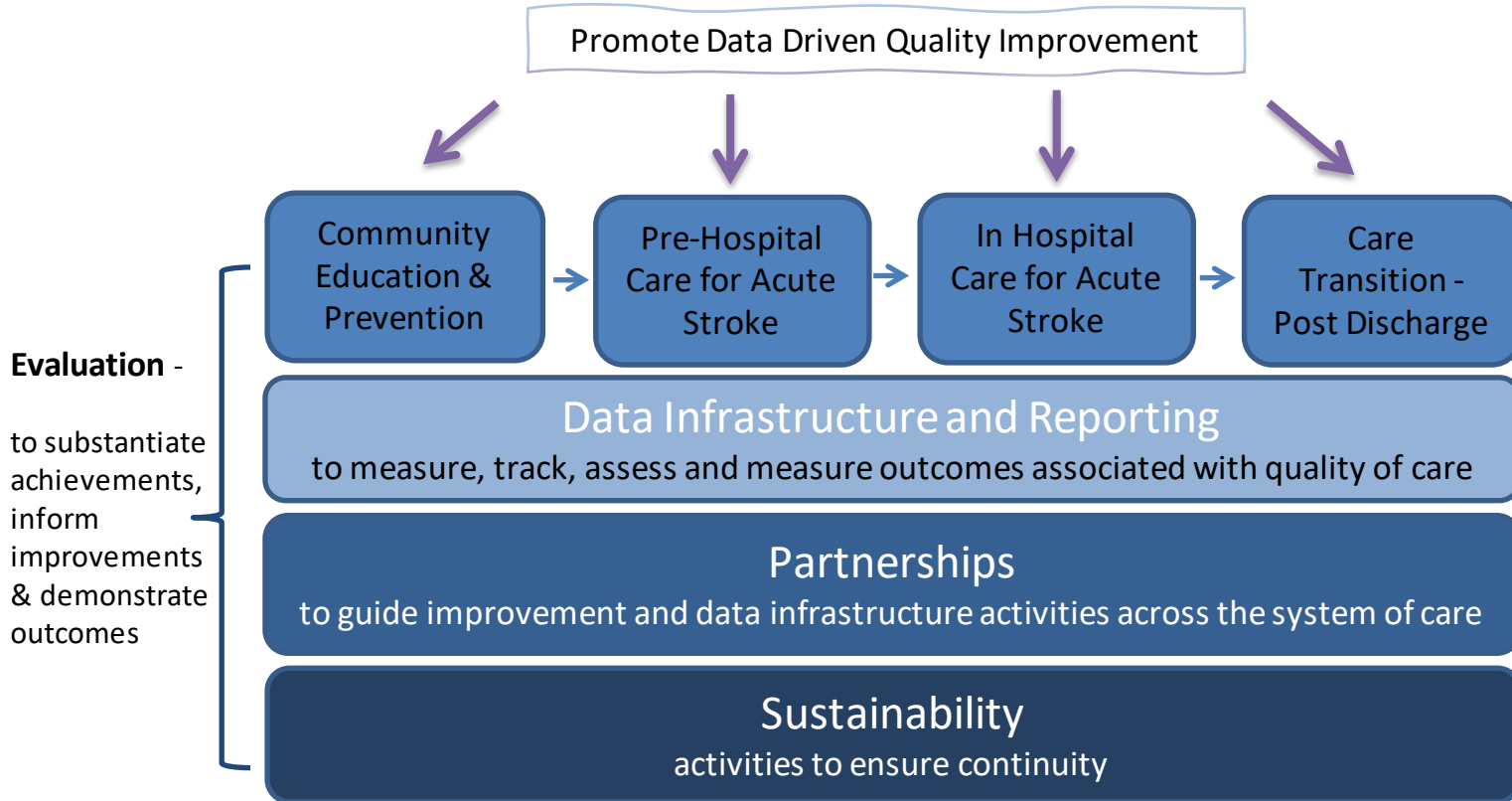
CDC Strategy Areas

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



What does participation look like?



Hospitals

- Stroke designated hospital
- Enter data into GWTG – allow Coverdell access to send deidentified 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

Survey Name	Survey Timeline	Reporting Period
HERDS 2022 (CY 2021)	Mar 7, 2022- May 9, 2022	Jan 1, 2021- Dec 31, 2021

- 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*



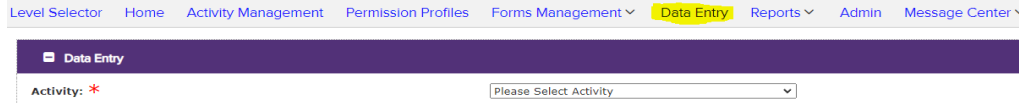
- Click on the *H*
- Select the green plus sign next to HERDS for Hospitals (Health Electronic Response Data System)

Application Name	Acronym	Profile	Restricted	Add/Remove
Health Care Facility Evaluation Center Application	HECAPP	(i)	Yes	
Health Facilities Information System	HFIS	(i)		(-)
Health Home CMART File Upload		(i)		(+)
Healthcare Financial Data Gateway	HFDS	(i)		(+)
Healthy Neighborhoods - No Access Form		(i)		(+)
HERDS for Hospitals (Health Electronic Response Data System)	HERDS	(i)		(+)

Accessing the Annual Review Tool (Cont.)

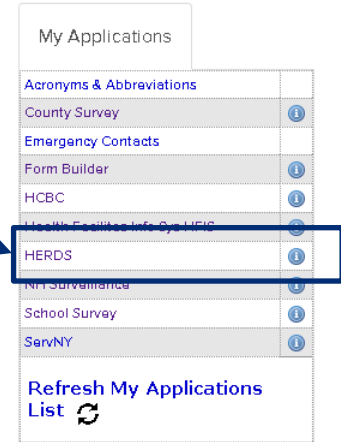
- Click on *Home* → *Home*
- Select *HERDS* from the “My Applications” Menu
- Click on *Data Entry*

Health Emergency Response Data System (HERDS)



- From the *Activity* Drop Down List select
 - 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

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

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. 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

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)

- Contact Information
- Certifying Organization Engagement
- Computed Tomography Angiogram
- Telestroke
- Stroke Medical Director
- Stroke Team
- Education
- 24/7/365
- Quality Assurance / Data

Please read: Stop here

Submit Supporting Documentation

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

Review Tool for Designated Stroke Centers 2022 (C)

- Contact Information
- Computed Tomography Angiogram
- 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.

CEO Attestation

Required for
A, B

Instructions / Document Submission Info

This is a two-step process NYS designated stroke centers must complete on an annual basis. The process includes:

1. Completion of the survey in HERDS.
2. Submission of the signed CEO Attestation via email to the NYSDOH stroke documents mailbox.

A copy of the CEO Attestation form is available here:

[CEO Attestation](#)



To send The CEO Attestation via email, click on the link below. Note: The name of the facility and PFI number **must be included in the Subject line** of the email. Send to strokedocs@health.ny.gov

New York State Department of Health
Application for Designation of Stroke Center

Certificate of information

I attest that the following document is true and accurate to the best of my knowledge, and that the medical director has met the criteria

_____ Date

_____ Signature

_____ Typed or Printed Name

_____ Title

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.

Required for
A, B, C

(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

(b) Certifying Organization Engagement

Required for
A, B

In response to the COVID-19 pandemic the NYSDOH has made the following updates to the Stroke Designation Program Requirements: The transition timeline in the Stroke Services Regulations (NYCRR 405.34) has been extended for one year following the adoption of an amendment.

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](#)

Link to
Guidance
Document

- **Plan to become designated?**
- **Conversation with approved certifying organizations**
- **FYI: websites listed.**

Your hospital is not designated under NYCRR 405.34, does your hospital plan to continue as a designated stroke center under NYCRR 405.34? Yes No Unknown

For the information about stroke designation program, please refer to this page:
<https://health.ny.gov/diseases/cardiovascular/stroke/designation/index.htm>

If so, have you engaged in conversation or contract with an approved certifying organization?

Here are the links to approved certifying organizations:
www.cihq.org; Yes No
www.dnvgthealthcare.com;
www.hfap.org/accreditation;
www.jointcommission.org.

(c) Computed Tomography Angiogram

Required for
A, B, C

- No changes

☐ [Computed Tomography Angiogram](#)

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 Computed Tomography Angiogram (CTA) capabilities in NYS.

Does your hospital currently have the ability to perform Computed Tomography Angiogram (CTA)? * Yes No Other

If other, please explain:

If yes, is imaging and interpretation available 24/7? Yes No Other

If other, please explain:

**Please note that your answers to these questions will not impact your stroke designation. **

(d) Telestroke

Required for
A, B, C

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.

Does your facility use two way audio and visual communication (telestroke)? * Yes No

If so, does your facility (check all that apply)... Provide services Receive services Provide and receive services

If your facility provides services, which services does it provide (select all that apply)? Assess suspected stroke patients Consultation for transporting patient to a higher level of care Administer IV tPA Other

If other, please explain

If your facility provides services, how many facilities does it provide for?

If your facility provides services, which facilities does it provide for? (check all that apply) Albany Medical Center (0001 Albany County) Arnot Ogden Medical Center (0116 Chemung County) Auburn Community Hospital (0085 Cayuga County) Bellevue Hospital Center (1438 New York County) BronxCare Health Systems (1178 Bronx County) Brookdale Hospital Medical Center (1286 Kings County) Brooklyn Hospital Center (1288 Kings County) Buffalo General Medical Center (0207 Erie County) Catskill Regional

If the facility is not listed, please enter the facilities name (and if known, the PFI and county).

If your facility provides telestroke services, how many did you provide in 2021? (the total number of claims that provided services)

If your facility receives telestroke services, how many did you receive in 2021? (the total number of claims that received services)

- 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

Required for
A, B

- 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

Required for
A, B

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

Required for
A, B

- 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

Required for
A, B

(g) Education – PT, OT, ST

- **This section has returned for Data Year 2021.**

Education

4. Physical, Occupational, Speech Therapists

Those treating stroke who are NOT part of the stroke team (PT, OT and Speech) are required to participate in cerebrovascular disease educational activities at least bi-annually (twice a year).

How many physical therapists treat stroke patients at your stroke center? *

How many of these physical therapists received training specifically related to stroke on two different occasions between January 1, 2019 and December 31, 2019? *

How many speech therapists treat stroke patients at your stroke center? *

How many of these speech therapists received training specifically related to stroke on two different occasions between January 1, 2019 and December 31, 2019? *

How many occupational therapists treat stroke patients at your stroke center? *

How many of these occupational therapists received training specifically related to cerebrovascular disease on two different occasions between January 1, 2019 and December 31, 2019? *

Breaking out education by type of therapist

- The DOH is **NOT** collecting any supplemental documentation.
- Maintain dates of education and sign-in sheets on-site

(g) Education – EMS

Required for
A, B

5. Emergency Medical Services (EMS)

The stroke center supports and/or participates in educational activities developed for EMS personnel, conducted at least bi-annually. * Yes No

Please enter the date of the 1st EMS training (MM/DD/YYYY): *

Please enter the date of the 2nd EMS training (MM/DD/YYYY): *

Collecting two dates of EMS education directly in survey

- 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.

Required for
A, B

(g) Education – Public

6. Public Education

Public education programs about stroke prevention, recognition of signs/symptoms, and diagnosis and treatment are conducted by the Stroke Center at least bi-annually. * Yes No

Please enter the date of your 1st public education event (MM/DD/YYYY) *

Please select the type of event (check all that apply)... Health Fair / Screening On-Site Community Lecture/Event Off-Site Community Lecture/Event

If your public education event did not fall under one of the types listed above, please describe the event below. (limited to 100 characters)

Please enter the date of your 2nd public education event (MM/DD/YYYY) *

Please select the type of event (check all that apply)... Health Fair / Screening On-Site Community Lecture/Event Off-Site Community Lecture/Event

If your public education event did not fall under one of the types listed above, please describe the event below. (limited to 100 characters)

- 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

Required for
A, B

- No changes
- Confirm patients and family receive education on prevention and risk factors for stroke
- The DOH is **NOT** collecting any supplemental documentation.

Required for
A, B

(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)

Required for
A, B

(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)

Required for

A

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

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

(k) EMS Initiative Measures

Required for
A

(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.

Required for

A

(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.

Required for

A

(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.

Required for

A

(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.

Required for

A

(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

Required for

A

(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)

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 GW TG report specifications for details)

Required for

A

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)

- a. Contact Information
- b. Certifying Organization Engagement
- c. Computed Tomography Angiogram
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- g. Education
- h. 24/7/365
- i. Quality Assurance / Data
- j. Time Targets
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- 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
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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
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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