New York State Stroke Designation Program Updates and HERDS Overview

April 5, 2021
Agenda

- Welcome and Introductions
- Stroke Designation Program Overview and Updates
- Coverdell Program Updates
- HERDS Overview
  - Annual Submission – Due Monday, July 30, 2021
  - Submission Changes and Requirements
- Patient Inclusion Criteria
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

• The Department has amended NYCRR 405.34 to extend the transition timeline.
• The Department has moved forward with the transition timeline extension ahead of the adoption of the amendment.
• The new transition timeline will give hospitals an additional year to enter into a contract with an accrediting organization and an additional year to complete their certification and request designation from the Department.
• The new timelines is as follows:
  – Hospitals must be contracted with an approved certifying organization by March 2022
  – Hospitals must have completed and received certification by an approved certifying organization and applied to the Department for Stroke Designation by March 2023.
NYSDOH Stroke Designation Program
Modification to Requirements
Program Requirements and HERDS Reporting

- HERDS 2020 (CY 2019):
  - Reporting deadline for submission of HERDS 2020 was extended until June 2021.

- HERDS 2021 (CY 2020):
  - Reporting of quality metrics and time targets is optional.
  - EMS education requirement is not required to maintain designation
  - Stroke team and staff education requirements are still required but a hospital attestation of completion will suffice as verification.
  - Length of time to complete limited survey is approximately 30 minutes
  - Timeline for submission.
    - Survey opens April 5, 2021 and closes July 30, 2021
### HERDS Reporting Timeline

<table>
<thead>
<tr>
<th>Survey Name</th>
<th>Reporting Timeline</th>
</tr>
</thead>
<tbody>
<tr>
<td>HERDS 2020 (CY 2019)</td>
<td>April 2020-June 2021</td>
</tr>
<tr>
<td>HERDS 2021 (CY 2020)</td>
<td>April 5, 2021-July 30, 2021</td>
</tr>
</tbody>
</table>
Temporary Reduction in Volume Requirements
Temporary Reduction in Volume Requirements

• Due to reduction in stroke volumes at NYS hospitals, NYSDOH is implementing a temporary reduction in eligibility volume requirements for organizations that are applying for Thrombectomy Capable or Comprehensive Stroke Center recertification or initial certification but have not undergone their review.

  – Organizations seeking recertification for TSC and CSC must meet 50% of the current procedure volume eligibility for mechanical thrombectomy and CSCs must meet 75% of the current volume eligibility for subarachnoid hemorrhage (SAH) care and aneurysm clipping/coiling.
  – Organizations seeking initial certification for TSC and CSC will be required to meet 80% of the current eligibility volumes.

• These temporary reductions to volume eligibility will be in place until May 31, 2021 or longer depending on the NY State response to the COVID-19 pandemic.
New York State Coverdell Stroke Program
Statewide, Data-Driven Quality Improvement across the Stroke Care Continuum for Better Patient Outcomes

Est. 2001
April 5, 2021

Current Components of New York Coverdell Program

Promote Data Driven Quality Improvement

Community Education

Pre-Hospital Care for Acute Stroke

In Hospital Care for Acute Stroke

Care Transition - Post Discharge

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

Current Grant cycle ends: 6/29/21
Competitive Grant Cycle

Submitted application
Effective: June 30, 2021 – June 29, 2024

Risk Factor Management & Stroke Prevention

Acute Stroke Care Continuum with focus on post stroke
HERDS Overview
Important Dates

Reporting Period:
January 01, 2020 through December 31, 2020

Date Submission Tool Available in Health Electronic Response Data System (HERDS):
Monday, April 5, 2021

Annual Submission Due Date:
Friday, July 30, 2021
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, May 18th, 2021 from 11-12PM
- Mon, July 12th, 2021 from 2-3PM
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
  - Review Tool for Designated Stroke Centers 2021
  - Note: You will see version A, B, or C
- **Action:** Set up HCS account and have access to HERDS
Updates for the 2021 Annual Review Tool

1. Removed Questions:
   - Informed consent
   - SPARCS hospital feedback
   - Education: Clinician Training
   - Education: Physical, Occupational, Speech Therapists

2. The Education Attestation Form will be accepted in place of
   - Clinician Training
   - Physical, Occupational, Speech Therapists

3. Optional Questions:
   - The following questions are optional in this survey:
     - Section G Education
       - 5. Emergency Medical Services
       - 6. Public Education
     - Time Targets (Section J)
     - Reporting Measures – EMS Initiative (Section K)
     - Performance Measures (Section L)
Versions of the Survey:

Review Tool for Designated Stroke Centers 2021 (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. Telesstroke
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. Education Attestation Form
c. Organizational Chart - if there were changes
d. New Stroke Medical Director Documentation - if not submitted at time of appointment

Review Tool for Designated Stroke Centers 2021 (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. Education Attestation Form
c. Organizational Chart - if there were changes
d. New Stroke Medical Director Documentation - if not submitted at time of appointment

Review Tool for Designated Stroke Centers 2021 (C)
(Stroke centers designated under 405.34 tiered designation program)

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

Please read: Stop here

Optional
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
     - Education Attestation Form
     - 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
     - Education Attestation Form
     - 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 2021 (A)

a. Contact Information
b. Certifying Organization Engagement
c. Computed Tomography Angiogram
d. Telestroke
e. Stroke Medical Director
f. Stroke Team
g. Education (Q5,Q6)
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. CY 2020 Education Requirements Attestation
c. Organizational Chart - if there were changes
d. 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 “2021 Stroke Review” in Subject Line
Annual Review Process

Review Tool for Designated Stroke Centers 2021 (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. Education Attestation Form
c. Organizational Chart - if there were changes
d. New Stroke Medical Director Documentation - if not submitted at time of appointment

Please read: Stop here

Review Tool for Designated Stroke Centers 2021 (C)

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

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):

If your facility uses GWTG to record stroke discharges, then **please stop here**. The NYS DOH will extract the measures listed below directly from GWTG for your facility.

- Time Targets
- Performance Measures (includes EMS measures)
- Diagnosis
- Patient Transfer
- Discharge Disposition
- Observational Stay

If your facility uses GWTG to record stroke discharges, then you have completed the survey. Please save and submit the survey. Thank you for your time and effort.

If your facility uses another method to record stroke discharges, then please continue.
April 5, 2021

CEO Attestation

Review Tool for Designated Stroke Centers

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

A copy of the Stroke Education Attestation Form form is available here:

Stroke Education Attestation

Action:

Send CEO Attestation Form as an attachment to strokedocs@health.ny.gov after the 2021 Annual Review Tool is completed and submitted in Health Commerce System.
April 5, 2021

Stroke Education Attestation

Review Tool for Designated Stroke Centers

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:

A copy of the Stroke Education Attestation Form form is available here:

Action:
- Send Stroke Education Attestation Form as an attachment to strokedocs@health.ny.gov after the 2021 Annual Review Tool is completed and submitted in Health Commerce System.
(a) Contact Information

- No changes

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

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

- Stroke Coordinator(s)
  - Name
  - Phone
  - Email

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

Required for A, B, C
Certifying Organization Engagement

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 the tiered stroke designation program in NYS.

On March 20, 2019 regulations were added at 10 NYCRR 405.34 that established a tiered stroke designation program in NYS. The NYS DOH recognizes advance capabilities of hospitals to care for complex stroke patients through Primary, Thrombectomy Capable and Comprehensive stroke certification and designation. Title 10 NYCRR 405.34, part (g) allows for a three-year transition period to phase out the current stroke designation program. Hospitals that do not receive designation within the three-year transition time period will no longer maintain stroke designation and will not be recognized within the New York State stroke system of care by EMS as a destination for suspected stroke patients.

More information can be found here:
Guidance Document

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

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

- Yes
- No
(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.

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

If so, does your facility provide services, which services does it provide (select all that apply)?
- Provide services [ ] Receive services [ ] Provide and receive services [ ]

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 (0603 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 FPI and county):

Enter:

Required for A, B, C
Informed Consent

- This section is removed for Data Year 2020.
Feedback: Acute Stroke Discharges (SPARCS) Hospital Reports

- This section is removed for Data Year 2020.
(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
  ➢ Stroke Fellowship
  ➢ 5 or More Peer-Reviewed Publications on Stroke
  ➢ 8 or More CME Credits in Area of Cerebrovascular Disease

• Minimum: Two Criteria for New Directors; One for Returning Directors


• A Conference Counts as a Conference or CMEs (Not Both)

• Do not report fellowships and publications if they have 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
(g) Education – Clinician Training

- This section is removed for Data Year 2020.

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 - in the area of cerebrovascular disease

<table>
<thead>
<tr>
<th>How many new stroke team members did your stroke center have</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>How many of the new stroke team members completed 8 CME/hrs.</td>
<td></td>
</tr>
<tr>
<td>of training specifically related to cerebrovascular disease</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>How many returning stroke team members did you have</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>How many of the returning stroke team members completed</td>
<td></td>
</tr>
<tr>
<td>4 CME/hours of training specifically related to cerebrovascular disease</td>
<td></td>
</tr>
</tbody>
</table>

- The DOH is **NOT** collecting the stroke team documentation form. You should maintain it on site.
(g) Education – PT, OT, ST

- This section is removed for Data Year 2020.

- The DOH is NOT collecting any supplemental documentation. Maintain dates of education and sign-in sheets on-site.
(g) Education – EMS

• Changes: Q5 is optional for Data Year 2020.

• 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 2019, please enter 99/99/9999 on the required date lines.

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

- Changes: Q5 is optional for Data Year 2020.

The NYS DOH Stroke Designation Program requires that hospitals provide feedback to EMS. This requirement was added to the stroke program in order to satisfy the NY Code of Regulations Section 405.19. Is your stroke center currently providing feedback to EMS? *
(g) Education – Public

- Changes: Q6 is optional for Data Year 2020.

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

- If you did not complete two public education events in 2018, 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 (strokedsoc@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)

This section is optional for Data Year 2020.

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

• This section is optional for Data Year 2020.

(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

• This section is optional for Data Year 2020.

1. IV t-PA Arrive by 2 Hour, Treat by 3 Hour
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

Replaced with:
IV Thrombolytic Arrive by 3.5 Hours, Treat by 4.5 Hours

(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 2019

- 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 **Categories Combined**
  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
  ➢ 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)

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 “2021 Stroke Review” in subject line.
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, May 18th, 2021 from 11-12PM
- Mon, July 12th, 2021 from 2-3PM