



**Department
of Health**

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

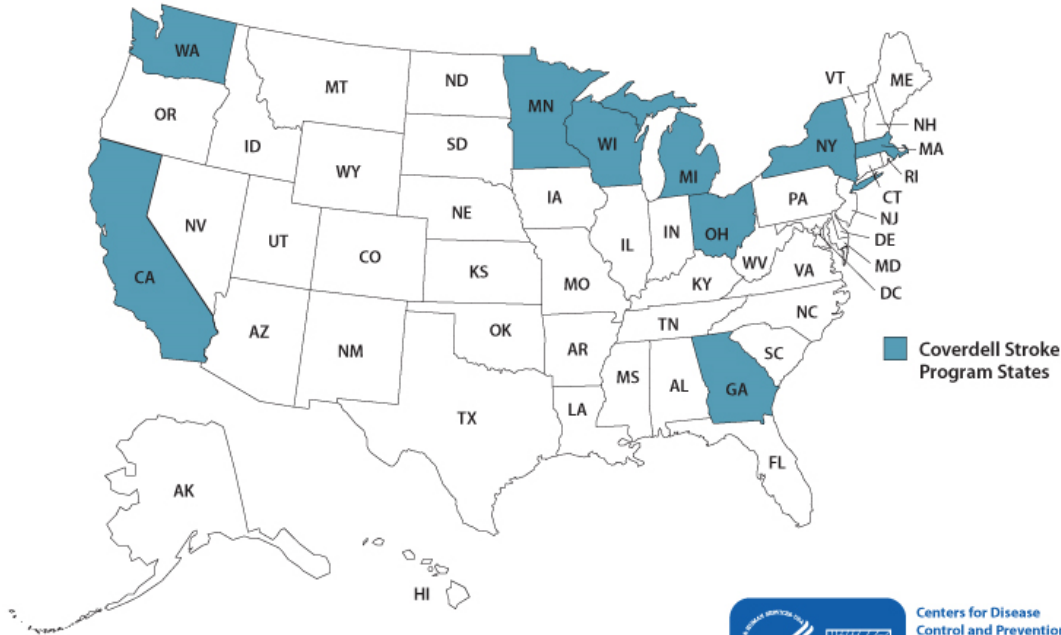
Survey Name	Reporting Timeline
HERDS 2020 (CY 2019)	April 2020-June 2021
HERDS 2021 (CY 2020)	April 5, 2021-July 30, 2021

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.

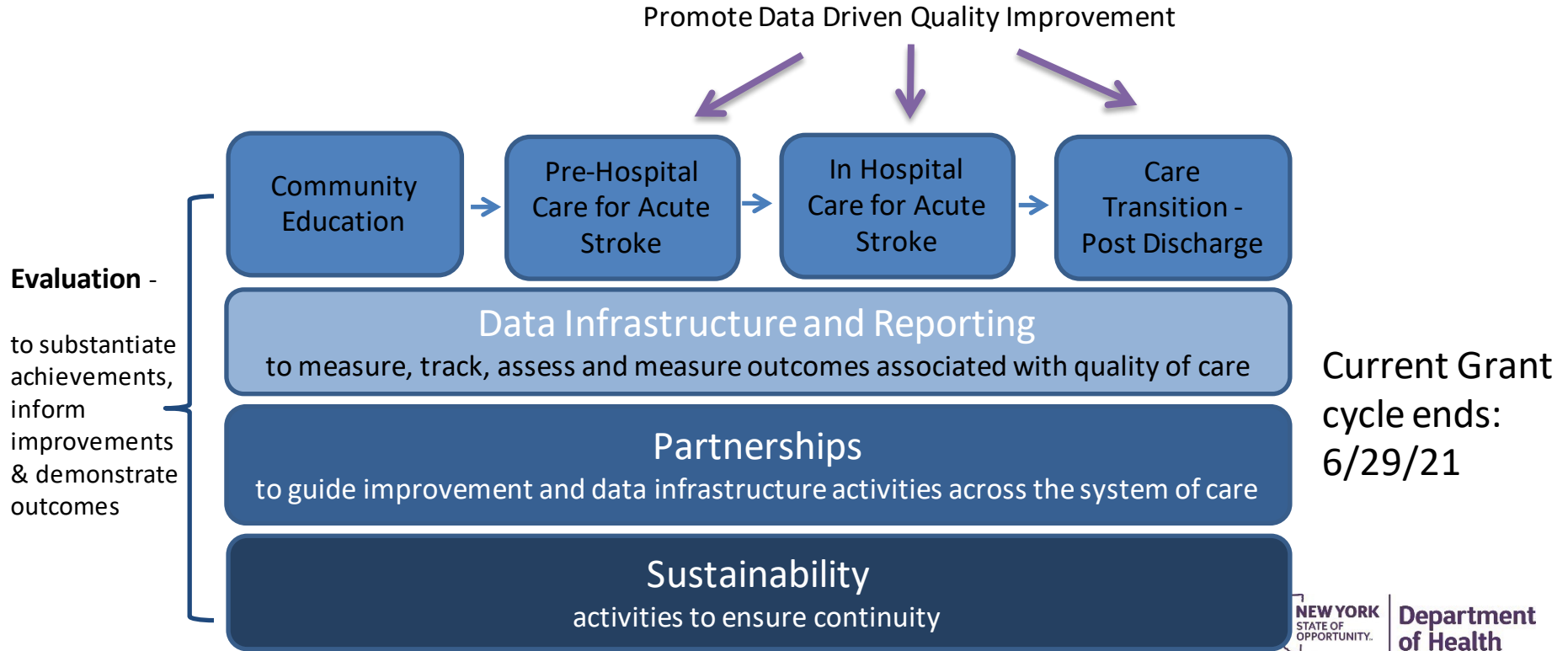
New York State Coverdell Stroke Program



**Statewide, Data-Driven
Quality Improvement
across the
Stroke Care Continuum
for Better Patient Outcomes
Est. 2001**



Current Components of New York Coverdell Program



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 (Cont.)

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

The screenshot shows the Health Commerce System interface. At the top, there is a navigation bar with 'Home' and 'My Content' buttons. Below this, a 'My Applications' menu is visible, listing various tools. The 'HERDS' application is highlighted with a blue box. An arrow points from the 'HERDS' application in the menu to a detailed view of the HERDS interface. In this view, the 'Data Entry' tab is selected, and an arrow points to the 'Activity' dropdown menu, which currently shows 'Please Select Activity'.

- 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)

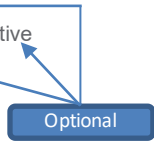


Versions of the Survey:

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. 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. 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

Please read: Stop here

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

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

DOH will extract data elements directly from GWTG for facilities that have granted the DOH access

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



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

Optional

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

Please read: Stop here

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)

- 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 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.

CEO Attestation

Required for
A, B

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.

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

Signature

Date

Typed or Printed Name

Title

Stroke Education Attestation

Required for
A, B

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 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.

HERDS 2021 NYSDOH Stroke Designation Survey
CY 2020 Education Requirements – Attestation

In response to the COVID-19 pandemic the Department is accepting an attestation as verification that the stroke center has completed all education requirements that are mandated to retain stroke designation status for CY 2020. This requirement only applies to stroke centers that are not yet designated under 10 NYCRR 405.34. The following education requirements are mandated for continued participation in the NYSDOH stroke designation program:

1. Eight (8) or more Category 1 CME credits for all clinicians (MD/DO/PA/RN/NP) who are members of the stroke team in their first year.
2. Four (4) or more Category 1 CME credits for all clinicians (MD/DO/PA/RN/NP) who are members of the stroke team in each subsequent year.

By completing this form, the Chief Executive Officer or Chief Medical Officer attest that the education requirements for Stroke Designation as outlined above have been fulfilled for CY 2020.

Chief Executive Officer or Chief Medical Officer	
Signature	
Print Name:	
Title:	
Organization:	
Date:	
Comments (optional):	

Required for
A, B, C

(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



(b) Certifying Organization Engagement

Required for
A, B

■ [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](#)

Link to
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

- Plan to become designated?
- Conversation with approved certifying organizations



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(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. **



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(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).

- Provide/Receive
- Which services provided/received
- How many facilities provide for
- Which facilities provide for/ receive from

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.

Required for
A, B

(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
- Acceptable Training Dates: January 1, 2020 to December 31, 2020.
- 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

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

Required for
A, B

(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

How many new stroke team members did your stroke center have

How many of the new stroke team members completed 8 CME/hrs of training specifically related to cerebrovascular disease

How many returning stroke team members did you have

How many of the returning stroke team members completed 4 CME/hours of training specifically related to cerebrovascular disease

Breaking out education by new and returning stroke team members

- The DOH is **NOT** collecting the stroke team documentation form. You should maintain it on site.



Required for
A, B

(g) Education – PT, OT, ST

- **This section is removed for Data Year 2020.**

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

- Changes: Q5 is optional for Data Year 2020.

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



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(g) Education – EMS (Continued)

Required for
A, B

- **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? *

Yes No Unknown



Required for
A, B

(g) Education – Public

- Changes: Q6 is optional for Data Year 2020.

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 2018, 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.

(h) 24/7/365 Section

Required for
A, B

- **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

- **This section is optional for Data Year 2020.**
 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.



Required for

A

(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.



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Required for
A

(I) Performance Measures

- **This section is optional for Data Year 2020.**

1. IV t-PA Arrive by 2 Hour, Treat by 3 Hour ← Replaced with:
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.



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Required for

A

(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.



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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.



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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 ****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.



Required for
A

(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

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)



Department
of Health

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 “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