

## **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 PSC, TSC and CSC must have a neurologist available within 15 minutes of a request for neurology consultation. The Department 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. The consult should be available either in person or via telemedicine (two-way audio and visual communication) when the consultation requires that the Neurologist see the patients to make treatment decisions. In other circumstances audio communication is adequate.

- 3. 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.

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

The Primary Stroke Center 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.

- 5. 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.

- 6. Are stroke centers expected to meet all DOH criteria as well as accrediting organization survey criteria?**

The DOH criteria was 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

November 25, 2019

center certification. The DOH criteria will be embedded into your survey with your chosen accrediting organization. Where there are discrepancies between the DOH 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.

### **Stroke Designation Process Transition and Timeline Questions**

- 1. If my hospital achieved NYSDOH designation as a stroke center prior to March 20, 2019, do we have to do anything? Do we need to do anything if we have already received stroke program certification prior to March 20, 2019?**

All hospitals who achieved a NYSDOH Designation as a Stroke Center prior to March 20, 2019 will need to act to comply with the regulation at 10 NYCRR 405.34 by the end of the transition period if they wish to remain in the New York State Stroke Designation Program. The regulation requires hospitals seeking to maintain or achieve stroke designation to work with an approved certifying organization to demonstrate adherence to standards and criteria developed by NYS.

This regulation impacts all hospitals in New York State that wish to be recognized as a stroke center, regardless of location, participation in local/regional pilot programs, previous certification/accreditation or previous designation.

A hospital must first be certified using the standards and criteria in the [NYS Guidance Document](#) on or after March 20, 2019. Once a hospital is certified by an approved certifying organization at one of the three available levels (Primary, Thrombectomy Capable or Comprehensive Stroke Center), the hospital must apply for NYSDOH designation using the [Request for Designation](#) form on the NYSDOH [Stroke Designation webpage](#).

- 2. What is the transition time frame?**

The transition process begins on the regulation effective date, March 20, 2019. This gives hospitals wishing to maintain current NYSDOH designation until March 2021 to initiate the certification process with a certifying organization approved by New York State and until March 2022 to achieve certification and request designation from New York State. Hospitals are encouraged to engage with an approved certifying organization as early as possible. A hospital can become certified and request designation after the transition period but will lose existing designation if this is not done within the transition period.

- 3. What is to be completed during the transition timeframe?**

Hospitals that are already designated by NYSDOH have two years from the regulation effective date (March 20, 2019) to initiate the certification process with an approved certifying organization. They then have one year to complete the certification process and receive NYSDOH designation. A list of approved certifying organizations and additional information on

November 25, 2019

the Transition Period may be found on the [New York State Stroke Designation Program webpage](#).

Hospitals who did not receive NYSDOH designation prior to March 20, 2019 can become designated whenever they complete the process, and the transition timeline does not apply to these hospitals.

**4. If my hospital received certification or recertification in March of 2019 (before the regulations are passed), will we need to wait until March 2021 to apply for NYS designation?**

Hospitals who received certification from an approved certifying organization at any level prior to March 20, 2019, and who want to remain a NYS Stroke Center, must be certified using the NYS standards and criteria outlined in the [NYS Guidance Document](#). This means a hospital must be recertified using this criterion after March 20, 2019. Please speak with an approved certifying organization to determine what your hospital will need to do to achieve this certification before applying for designation with the NYSDOH.

**5. Is there a deadline for these designations?**

The regulations at 10 NYCRR 405.34 (g)(1) state, stroke centers that have been approved by NYS before March 20, 2019 that have not initiated the stroke center certification process with a certifying organization within two years of the effective date shall no longer maintain a stroke center designation and may no longer hold themselves out as a designated stroke center.

**6. Should the hospital get certification from a certifying organization and apply for DOH stroke designation within two years?**

A hospital will have two years to initiate the certification process with a certifying organization. Stroke centers will then have one year to complete the certification process with the approved certifying organization and receive NYSDOH designation. This allows for a three-year transition process to receive DOH stroke designation.

### **Certifying Organization Questions**

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

There is no requirement for 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?**

November 25, 2019

Hospitals have a choice in certifying organizations. The following are Department approved certifying organizations with authority to certify all levels of stroke centers in NYS:

1. Healthcare Facilities Accreditation Program (HFAP)
2. The Joint Commission (TJC)
3. Center for Improvement in Healthcare Quality (CIHQ)
4. Det Norske Veritas Healthcare (DNV-GL)

Each of these organizations is approved to certify stroke hospitals at the Primary, Thrombectomy Capable and Comprehensive levels. The [New York State Stroke Designation Program webpage](#) contains contact information for each of these approved certifying organizations.

### **Transfer Agreement Questions**

- 1. Do we need a written transfer agreement when we are 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 be aware 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 be looking to see that transfer agreements are in place and that they have all elements that are described in the 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?**

November 25, 2019

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 regulation voluntary or mandatory for NY hospitals?**

The regulation creates a tiered voluntary stroke designation program, but hospitals must comply with the changes to the certification process to be designated 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 Department is aware that most hospitals utilize Get with the Guidelines (GWTG). The Department 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 Department 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 may still remain for the collection of other pertinent information.