New York State Stroke Designation Program - Updates

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Background
History of NYS Stroke Designation

- Voluntary Program initiated in 2004
  - 120 hospitals currently designated as NYS stroke centers
  - One additional hospital expected to be designated in early 2018

Application Process

- NYS Stroke Designation Center (SDC) criteria are based on the Brain Attack Coalition Guidelines for Primary Stroke Centers (Alberts et al, 2011)
NYS Stroke Center Designation Quality Metrics

**Time Targets**

1. Door to MD (10 min)
2. Door to Stroke Team (15 min)
3. Door to Brain Image Completed (25 min)
4. Door to Brain Image Read (45 min)
5. Door to tPA (60 min)
6. tPA within 60 minutes for inpatient stroke

**Performance Measures**

1. IV-tpA arrive by 2 treat by 3
2. Early anti-thrombotics
3. VTE Prophylaxis
4. Anti-thrombotics at discharge
5. Anticoag for AFIB/Aflutter
6. LDL 100 or ND-Statin
7. Smoking Cessation
8. Dysphagia Screening
9. Stroke Education
10. Rehabilitation Considered
11. NIHSS on Admission
12. Modified Rankin Scale on Discharge

**EMS Initiative Measures**

1. Pre-notification of suspected stroke cases
2. Cincinnati stroke scale by EMS
3. Pre-notification content – patient's last known well
4. Pre-notification content – stroke scale findings
5. Stroke team activated prior to arrival

**Benchmark:**
- 75% of all patients meet time target
- At least 85% on all measures

Continuing Designation

- **Annual Review Tool in Health Electronic Data System (HERDS)**
  - Yes/No questions related to the key criteria.
  - Collect key dates / type of event for required training.
  - Submit aggregate data on all quality measures for the previous calendar year.
  - Hospitals that fail to meet the state target on more than three performance measures and the door-to-needle time target submit improvement plans.

- **NYSDOH has been collecting quality of care and time target measures from stroke centers for over 10 years.**
  - The information helps the stroke centers improve treatment.
  - Data collection and review of quality measures have helped NYS have low mortality rates associated with strokes.
Risk Adjusted Mortality Rates, by Volume and Designation, 2013

![Graph showing risk adjusted mortality rates for stroke designated and not designated centers, comparing all hospitals and those with 30+ stroke discharges.]

Limitations of NYS Stroke Designation Program

- Challenges to alignment with evolving stroke guidelines and evidence
- Lack of regulation to guide the Department in administering the current program
- Lack of State designation of higher levels of care and consequent hospital pursuit of external accreditation
- Voluntary program, does not give the State the authority to designate
- Process might be insufficient to ensure program integrity
Problem Statement:

NYSDOH requires regulations for Stroke Program enhancement to

• Incorporate designation of tiered levels of centers (primary stroke centers, comprehensive stroke centers) with regular re-designation

• Remain up-to-date with stroke guidelines and recommended treatment

• Require approval of accrediting organizations in NYS to ensure the criteria used for accreditation meet the requirements of NYS.

NY State DOH Goal:

• Ensure access to quality, evidence based stroke care to all patients across all level of stroke center designation

• Continued full reporting of data for evaluation and monitoring of systems of stroke care.
Proposal

NY State Stroke Center Designation Regulation

- NYSDOH criteria for stroke center designation are part of an accrediting process for certification by outside agencies in NYS.

- Require that NYSDOH be given access to comprehensive data from the designated stroke centers (performance measures and time targets).

- Require designated stroke centers to participate in quality initiatives.

- Establish processes for withdrawing designation from the hospitals

- Recognition of a transition period
Accrediting Organizations

- Can apply to NY State for a time-limited license to certify primary and comprehensive stroke centers in NY State.
- Application and approval process will include DOH review of applications to ensure the organization’s designation program includes the criteria determined by the Stroke Advisory Committee.
- Re-designation reviews.

NYS Approval Might Depend On:

Main considerations might include:
- Agency experience
- Application process for accreditation of stroke centers
- Review process for hospitals’ applications
- Actions against accredited hospitals
- Re-accreditation process
- Agency staff education and credentials
- Evidence of the ability to provide the data that NYSDOH requires to calculate quality metrics plus any other data and reporting requirements specified by NYSDOH
Data Collection

- Accrediting organizations will agree to collect all required data and measures and allow facilities to submit the required data to NYSDOH.
- For evaluation and comparison of results, all hospitals with any level of stroke designation will provide data so NYSDOH can monitor treatment and outcomes for patients experiencing strokes.
- Stroke Advisory Group input on data requirements.

Time Frame for Stroke Centers to Transition

- NYS Stroke Centers have two years to initiate the accreditation process with an external agency licensed by NYS to accredit stroke centers.
- Once the process is initiated, existing stroke centers have two years to complete the accreditation process with the licensed external agency and receive DOH designation.
- Existing stroke centers that have not initiated the accreditation process with a licensed external agency within two years of the regulations being approved will lose designation as a NYS stroke center.
Questions