

BACKGROUND: Designation of primary stroke centers in New York State began in 2004. To date, 116 hospitals have been designated. We describe the criteria, methodology and model used to designate and continuously monitor designated stroke centers. Annual audit findings and preliminary data on stroke process measures are shown.

METHODOLOGY:

The Designation Program relies on four key components:

- 1. Program Director & Regional Medical Directors:** one program director oversees the program and designation and audit/site visits are conducted by 3 regional medical directors. Out of the 4 staff, only one medical director is devoted to the program full time, all others have other DOH responsibilities as well. The Designation Program requests input from the DOH Healthy Heart program as necessary.
- 2. Physician Advisory Workgroup:** made up of neurologists and emergency medicine physicians throughout the state that meet on a regular basis to make recommendations to the Commissioner.
- 3. Partner Organizations:** the DOH works with a variety of partners to hold trainings & conferences and collect data. These partners are the Hospital Association of NYS (HANYS) and the American Heart/Stroke Association (AHA/ASA). Telemedicine has also played a role and the vendor, REACHCALL, has provided data to DOH.
- 4. Partnership with Hospitals:** the designation program is a partnership between the state & the NYS hospitals.

EVALUATION: Starting in 2006, NYSDOH has audited designated stroke centers using an annual Audit Tool. The tool requires documentation of: acute stroke team, medical director's training & CME's obtained, performance on identified measures, identified stroke related issues, how issues were addressed, & process improvements.

Figure 1:

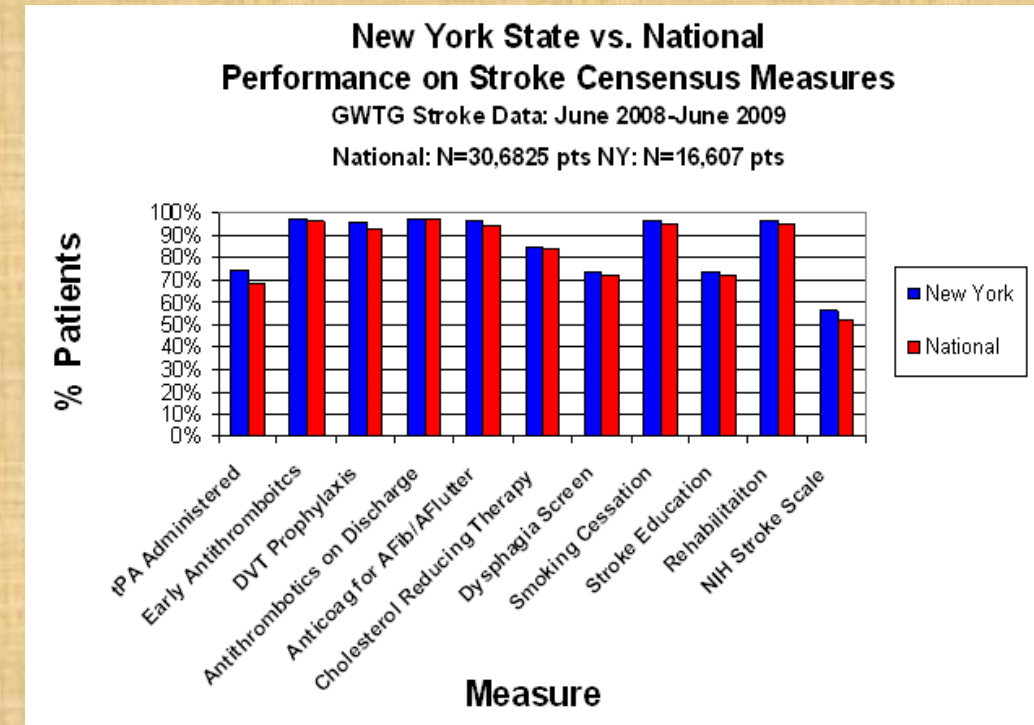
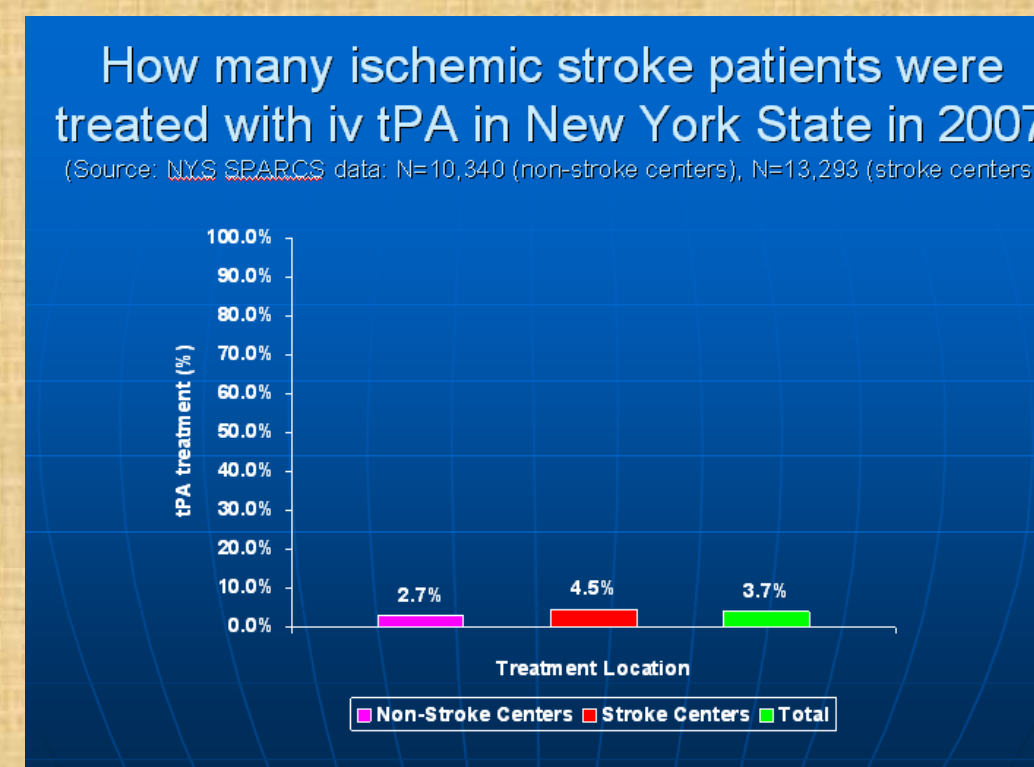


Figure 2:



RESULTS:

- In 2008 hospitals reported on the 10 stroke consensus measures as well as NIH stroke scale on admission, discharge destination and five NINDS time targets: Door to MD assessment, Door to Stroke Team Arrival, Door to CT performed, Door to CT reported/read, Door to treatment
- The 2008 audit data showed that hospitals were not consistently collecting the NINDS time targets. These have since been added to the GWTG, which most hospitals are using
- 2008-9 data shows that hospitals in NYS perform better than the national average on 10/11 NYS Performance Measures (see Figure 1)
- State data from 2007 shows that stroke centers have a higher rate of treating patients with iv tPA than non-stroke centers, but there is still much room for improvement (see Figure 2)
- A statewide conference was held in May 2009 in conjunction with the ASA to review all these results and future direction

CONCLUSIONS:

- Given that most states have limited resources, working with partners namely a MD advisory workgroup and partner organizations with similar missions is key to sustaining a state designation program
- Annual audits of data are needed to ensure compliance and quality at hospitals
- Reliance on DOH medical directors (even if part time) to conduct audits/site visits is an important piece to ensuring quality of care

FUTURE DIRECTION:

- Audit tool training for hospitals in conjunction with HANYS
- Statewide conference in May 2010 in partnership with the ASA
- DOH and the MD Advisory Workgroup exploring the realm of comprehensive stroke centers