



New York's Progress to reaching the NECC Recommendations

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Six Major Areas of Stroke System of Care

- Primordial and Primary Prevention
- Community Education
- Emergency Medical Response
- Acute Stroke Treatment
- Subacute Stroke treatment and Secondary Prevention
- Rehabilitation

NYS Prevention Agenda

- NYS Prevention Agenda indentifies ten priorities for improving health of all NYers

Chronic Disease priority

- “ By the year 2013 reduce New York’s age adjusted cerebrovascular disease (stroke) mortality rate to no more than 24 per 100,000
Baseline 32.6 per 100,000 (V.S. 2003-2005)

Primordial and Primary Prevention

- Designated stroke centers are required to outreach to primary care providers that are affiliated with their hospitals.
- State is considering enhancing the requirements/measurement associated with outreach to primary care providers and the community in general.
- Public Policies:
 - Smoking: Clean In-door Act is in place & NY has the highest tax on cigarettes in the nation.
 - Nutrition: Menu labeling laws require chain restaurants to list the Fat content and Calories of the food on their menus.
 - Physical Activity: NY State has legislation that requires schools to offer a minimum amount of PE per week at school.
 - Disease Prevention: NYS DOH sponsors programs that prevent disease like cancer, diabetes and heart disease.

Community Education

- NYS requires that Designated Stroke Centers provide the following as part of their Stroke Center Designation.
 - Hospital Prevention Messaging
 - Stroke community education
- The State is considering further enhancement/evaluation of each hospital's community education efforts

Collaborations

- Designated Stroke Centers collaborated and provided funds for regional media message
- Telemedicine Initiative – Hubs provide remote neurology consult for spokes
- DSC joined in creating program for regional EMS education night
- DOH will be disseminating stroke training module to dispatchers statewide

Emergency Medical Response

- **Areas for Improvement (not consistent across state):**
 - Linguistic Services available as part of EMSS (EMS#4)
 - Systems in place to ensure all Emergency Department personnel receiving EMS pre-arrival patient reports obtain copies of stroke screening tool used on suspected stroke patients (EMS#6)
 - Minimum of two hours training in stroke assessment and care required annually for EMS certification and re-licensure (EMS#7)
 - EMSS response time monitored (EMS#8)
 - EMSS response time goal established (EMS#8)
 - NEMESIS data collected (EMS#9)

Acute Stroke Treatment

- **Area for Improvement:**
 - Facilities without stroke center status should have pre-specified inter-hospital transfer protocols, and state-approved action plans for the triage and treatment or transport of stroke patients as appropriate. (AST#2)

Subacute Stroke Treatment and Secondary Prevention

- **Areas for Consideration:**
 - Web based mechanism for sharing “best practices” established (SSP#2)
 - Pilot programs should be developed to explore the feasibility of secondary stroke prevention clinics in the delivery of comprehensive services, provider education and as a resource for the management of complex or unusual cases. (SSP#5)

Rehabilitation

- Currently DSCs perform NIHSS on admission and discharge as a measure of patient improvement
- NYS DOH requests discharge destination information on annual audit tool

Rehabilitation

- **Areas for Consideration:**

- Rehabilitation services consistent with JCAHO and/or CARF guideline required as part of Stroke Center Designation (R#1)
- Every stroke patient's functional status should be assessed during inpatient hospitalization with a standardized screening and assessment tool. (R#2)
- Uniform stroke rehabilitation measures established and pilot tested (R3#)
- Adequate insurance benefits exist to fairly compensate for the cost of this post-acute care (R#4)

Overarching Recommendations

- Systems established to ensure that intermediate and long term outcomes after stroke are collected on patients and made available to all providers across the continuum of care for stroke patients
- EMS/Stroke Center Emergency Department collaborations to study interventions to improve stroke care
- Local, State and Federal barriers preventing the exchange of information between providers eliminated
- Atlas of EMS stroke related services (dispatch, POE, diversion, hospital-to-hospital triage and transfer protocols)
- Atlas of stroke centers and services
- Atlas of Stroke rehabilitation facilities created to assist in transfer of patients from the inpatient to appropriate subsequent care settings
- Atlas of post stroke care resources and services are identified and shared.

**in process or in existence*

Group Discussion

- **Identify gaps**
- **Discuss strategies to reach gaps**
- **Identify additional partners needed**