STATE OF NEW YORK
PUBLIC HEALTH AND HEALTH PLANNING COUNCIL

HEALTH PLANNING COMMITTEE

AGENDA

November 29, 2018
Immediately following the Establishment and Project Review Committee
(which is scheduled to begin at 10:15 a.m.))

Empire State Plaza, Concourse Level, Meeting Room 6, Albany

I. COMMITTEE ON HEALTH PLANNING

John Rugge, M.D., Chair of the Health Planning Committee

A. Request for Stroke Center Designation

Applicant

Glens Falls Hospital

B. PCI Discussion

Daniel Sheppard, Deputy Commissioner, Office of Primary Care and Health Systems Management

New York State Department of Health Stroke Center Designation
Onsite Audit Tool

Hospital Name: Glens Falls Hospital Health Center (Glens Falls, New York)
Visit Date: November 1, 2018
Site Visit Participants: Gregory E. Young MD, Associate Commissioner & Medical Director/Western Region; Cindy S. Pullano RN, NH Regional Program Director/Central NY Regional Office

Elements	Mode of Validation	Yes	No	Comments:
1. Stroke Team: Acute Stroke team coverage 24/7 Team of Health Care Professionals available 24/7 Team arrives within 15 minutes of patient arrival	Review list of members of stroke team • Observe on call schedules/Evidence of drills • Ensure that drills have been practiced at least once	**X**		A member of the stroke team must be available within 15 minutes of patient arrival. Identify person on site and interview if possible, i.e. triage nurse, ED physician. Is the team knowledgeable re: stroke team members and system including activation of the stroke code. Determine continuity/coordination of members and services. **Registration staff is present 24/7 in the 46 bed ED; inservicing is being conducted to train the Patient Access staff in recognizing stroke symptoms and actions to take (immediate call to triage, patient not to sit in waiting room). ED practice is to place a stroke patient in a hall stroke bed with built-in bed scale. A MD determines if Code Stroke should be called. ED staff then call #5555 and inform the operator of onset time frame (<6 hours, >6 <24 hours, or >24 hours from Last Known Well) and room number, which are paged to stroke team staff. There have not been issues with neurology service availability.**

				ED staff interviewed were knowledgeable about the Code Stroke process, as per the stroke policies. Drills had been performed and are not currently needed, as actual Code Strokes are called daily. **Doses of tPA are maintained in pharmacy, and a pharmacist pre-mixes tPA, which is delivered to the bedside on day shift, or picked up by an ED tech on other shifts. Patient weight is not estimated – if one of the two weighted beds (1 in ED, 1 in CT) is not available upon patient arrival, the patient is transferred to a weighted bed. The tPA is administered by RNs.** **Labs are drawn in CT between CT and CTA. At times, labs are drawn prior to arrival by EMS; there have not been issues noted with specimens. Blood specimens are labeled Code Stroke and are sent via pneumatic tube system from ED, or hand-carried if obtained in imaging.** **Consent for tPA administration is sought if LKW is over 3 hours. If no consent is available, tPA is administered under emergency protocols.**
2. Protocols: Emergency care of patients with stroke • Ischemic, Hemorrhagic and tPA, blood pressure management	• Observe that protocols exist in Emergency Department.	**X**		Protocols must be in the ED at all times. They have been reviewed in detail by Central Office Reviewers. **The facility's stroke policies/protocols and order sets (3 order sets based on time elapsed since LKW) are available online and available to staff throughout the facility. They are also kept in binders in the ED and inpatient units. There is a down-time computer system where hard copies can be printed if needed.**

3. Facility Support Stroke Center Medical Director training **Medical Director** requirements**, 2 of the following** • Completion of stroke **fellowship** • Participation in at least 2 regional, national, or international **conferences** on stroke each year • Five or more peer-reviewed **publications** on stroke • Eight or more CME **credits** each year in the area of cerebrovascular disease **Clinicians' training must be one of the above or equivalency.**	Interview select stroke team staff members to assess knowledge of team function	**X**		Stroke team credentials have been submitted with application and reviewed by DOH staff prior to site visit. • Determine continuity of team credentials • Review schedule for ongoing training **Medical staff had completed more than the annual training required.** **Nursing and ancillary staff training was acceptable in both amount of hours and content. All stroke nursing staff are trained in NIHSS and dysphagia screening. Ancillary staff such as PT/OT/ST, EMS staff, and the community all received stroke education at least twice annually, with continuing plan for biannual training.**
4. Laboratory/Other Services: Lab work performed and reported within 45 minutes of being ordered 24/7	Documentation of lab reports with reports given to physician within 45 minutes of being ordered Observe CT/MRI unit and system for timely interpretation of diagnostic results	**X**		Laboratory and ED must have written agreement in application – previously reviewed by staff. **Blood work is sent to the lab either via pneumatic tube system from ED, or hand-carried from CT and announced upon arrival and handed off for immediate processing. Lab results are available in the EMR system (Cerner) with critical labs verified via phone calls. In the case of downtime, the results are called to ED.** **The hospital has a 64-slice CT scanner down the hall from the ED, and another 16-slice CT without perfusion capability. CT technicians are onsite 24/7. CT, CT angiography, and CT perfusion studies are performed on stroke patients. MRI is available**

				Monday- Friday 7am to 11pm, and on weekends 7am to 5pm. Facility radiologists perform readings during the day and evening hours, with readings done via vRAD at night.
5. Stroke Unit: Designated Stroke Beds Written Care Protocols on Unit including: • Ischemic Stroke • Hemorrhagic Stroke • tPA administration • Admission\Discharge criteria • Patient census and outcome data	• Observe Designated beds • Review bed assignment protocol: evidence that stroke patient is the priority for stroke unit beds • Observe written care protocols • Documentation is provided on unit: admission/discharge criteria, protocols, patient census • Evidence of monitoring capabilities, continuous non-invasive telemetry • Interview select staff: determine their familiarity with care protocols on unit • Ask about ongoing or planned training for staff in unit	**X**		Designated beds do not have to be a separate unit. However, specific beds do need to be a priority for post acute stroke patients. **Patients who received tPA or who have intracranial hemorrhages are admitted to T5, the 16-bed ICU, for at least 24 hours. All ICU nurses are stroke-trained. Safety rounds with the charge RN are conducted on each 12-hour shift. The bedside RN presents the patient during multidisciplinary rounds held daily at 10 AM with the intensivist, charge nurse, RD, RRT, dedicated pharmacist, and sometimes a PT. A telemed iPad is used for audiovisual communication with the Stroke Medical Director when he is off-site.** **The stroke unit is a 15-bed telemetry unit, T5, which has beds #1-8 used for stroke patients. The majority of T5 nurses are stroke-trained, with some nurses only providing care to cardiac patients in the other beds. Multidisciplinary rounds are held each morning on T5, with the case manager, PT, OT, and at times ST, RD, and RRT; the hospitalist comes afterward and discusses the patients with nursing. All stroke patients are admitted on the hospitalist service, and the neuro team rounds on them daily. Rehab staff come to the patients' bedsides, with PT available 7 days/week, and ST and OT available 6 days/week.** **All stroke-trained nurses in ICU and T6 have been trained in dysphagia screens. Stroke patients are kept NPO in the ED, and upon their arrival to ICU or T6,**

				a stroke-trained nurse performs a bedside swallow screen. **Interviewed staff on both units were knowledgeable about the stroke patient care protocols, which are available online and in binders. Staff had participated in drills or actual Code Strokes. Patient/family stroke education was comprehensive, including development of two brochures. Stroke support groups are held monthly.** **In the event of new-onset stroke symptoms in an inpatient, nursing staff call the Rapid Response Team, which consists of a respiratory therapist and a critical care RN. If indicated, Code FAST is called, to which a hospitalist responds who then determines to call a Code Stroke, if indicated.**
6. Neurosurgery Services Capability • Within 2 hours deemed necessary	• Observe that coverage exists as evidenced by call schedules	**X**		Transfer agreements have been reviewed in application. **The hospital has a transfer agreement with Albany Medical Center Hospital for neurosurgical services.**
7. Quality Improvement **The Stroke Center director has established quality assurance committees that meet regularly to review prepared reports, discuss opportunities for improvement.**	Observe minutes of quality assurance meetings or at a minimum the schedule of quality assurance activity	**X**		Discuss activity of quality assurance committee. **The stroke team committee monthly meeting minutes were reviewed and included appropriate topics and actions. Performance improvement focused work groups included tPA treatment times. The stroke program is active with GWTG, with improving metrics. October 2018 showed all 10 performance metrics above the NYS goal of 85% for the first time.** **Several case studies were reviewed for patients who**

				were administered tPA, with appropriate care provided. Medical staff records were reviewed. This included one ED physician, one neurologist, and one hospitalist. All met credentialing standards.
8. Conditions/Contingencies/Equiva -lencies noted in review • Review copy of staff report prior to onsite visit and attach to this validation tool. Note contingencies will require onsite verification.	Observe compliance of specific contingencies and conditions noted on the Staff Report for the SHRPC (State Hospital Review and Planning Council)	**X**		Address all contingencies/conditions/equivalencies in space below: **Improvement suggestions:** - **The multistep decision process required to call an inpatient stroke - floor RN calls the *Rapid Response Team* that brings in the ICU charge RN, who then calls a *Code Fast* that brings in the hospitalist, who then determines whether to call a *Code Stroke* needs to be streamlined by allowing the RRT (ICU charge nurse) to call the *Code Stroke* directly without needing to involve the hospitalist to save valuable time.** - **In similar fashion, to save time, the facility should immediately call a *Code Stroke* when EMS notifies them of a probable stroke as identified by use of a stroke scale, along with time of onset/last known well, being transported to the ED.** **Commendable:** - **They have conducted multiple community and EMS outreach sessions, far more than required.** - **The EMS feedback form they developed is one of the best we have seen, for data collection and EMS feedback.** - **ED and inpatient process flow-charts are excellent visual algorithms, and clearly define the steps to be followed in caring for stroke patients.** - **Their approach to obtaining first a CT, then CTP, then CTA on all acute stroke patients,**

				without delaying the CTA waiting for blood chemistries sets the bar all primary stroke centers should endeavor to achieve! **Contingencies:** - **None** **The onsite review team's strong recommendation is to approve Glens Falls hospital as NYS designated primary stroke center.**