STATE OF NEW YORK
PUBLIC HEALTH AND HEALTH PLANNING COUNCIL

HEALTH PLANNING COMMITTEE

AGENDA

February 14, 2019
Immediately following the Committee on Codes, Regulations and Legislation Meeting
(which is scheduled to begin at 9:30 a.m.)

- ***Main Meeting Site - 90 Church Street 4th Floor, Room 4A & 4B, New York City***
- ***Via Video Conference - New York State Department of Health Offices at 584 Delaware Avenue, 2nd Floor Video Conference Room, Buffalo, NY 14202***
- ***Via Video Conference - New York State Department of Health Offices at the Triangle Building, 335 East Main Street, 1st Floor Conference Room, Rochester, New York 14604***

I. COMMITTEE ON HEALTH PLANNING

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

Exhibit # 1

A. Request for Stroke Center Designation

Applicant

Olean General Hospital

MEMORANDUM

TO: Members of the Health Planning Committee

FROM: George Macko
Director Division of Planning and Licensure, Office of Primary Care and Health Systems Management

DATE: February 7, 2019

SUBJECT: **Application for Designation as Hospital Stroke Center –Olean General Hospital (Olean, New York)**

Enclosed is the staff recommendation requesting support to designate Olean General Hospital in Olean, New York as a NYS Designated Stroke Center

Olean General Hospitals application has been reviewed by staff in the Western Regional and Albany Offices, and they have found the application to be acceptable. Following the application review, a site visit was conducted by staff from the Western Office on January 17, 2019. This visit confirmed that the facility satisfies all the key elements of a NYS Designated Stroke Center.

The NYS Stroke Designation Program recommends designating this facility as a stroke center. The Department is seeking the Council's endorsement of this recommendation.

Olean General Hospital will be the 122nd designated stroke center in the state.

Once designated, the regional emergency medical services council will be notified and local EMS can begin directing patients with signs and symptoms of stroke to Olean General Hospital Center. EMS protocol provides for bypass of hospitals which are not stroke designated.

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

Hospital Name: Olean General Hospital (Olean, New York)
Visit Date: January 17, 2019
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. **A Code Stroke is paged overhead, and stroke team members (throughout all departments) reported no issues with audibility. Code strokes are called upon EMS notification prior to arrival. There have not been issues with on-call neurology service availability.** **ED registration staff is present 24/7 and is trained in recognizing acute stroke symptoms and the actions to take (immediate call to triage, patient not to sit in waiting room). EMS staff stop at the door, and if labs were not already drawn by them, ED staff draws labs there before the patient is brought to CT. There have not been any issues noted with EMS-drawn**

				specimens. Blood specimens are labeled Code Stroke and are sent via a pneumatic tube system from ED to the lab. **The 20-bed ED which evaluates approximately 33,000 patients annually, has three weighted beds. If the patient has not already been placed on one, a weighted bed is brought to CT.** **ED staff interviewed were knowledgeable about the Code Stroke process, as per the stroke policies. Drills had been performed for three months in 2017 with mock Code Strokes still being called, and actual Code Strokes are called daily given the volume they see.** **Doses of tPA are maintained in ED and pharmacy. A pharmacist pre-mixes tPA, or on the night shift a trained ED nurse mixes the tPA. The tPA is checked by two RNs and administered by RNs. ED nurses are Stroke Champions, and respond to inpatient Code Strokes, mixing tPA if indicated. The decision for tPA use can be made by Neurology, an ED physician, a hospitalist, or an intensivist.**
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 are online and available to staff throughout the facility. Yellow folders that are maintained in the ED and inpatient units contain stroke protocols, tools, and lab stickers; a yellow folder is pulled on every Code Stroke patient.**
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 have all completed the full amount of required stroke specific annual training.** **Nursing and ancillary staff training was acceptable in both the amount of required hours and its content. All stroke nursing staff (ED, ICU and stroke unit) 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 a 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 arrives from the ED to the lab via a pneumatic tube system having an audible and visual alarm upon its arrival and is retrieved for immediate processing. Laboratory staff can hear the overhead code stroke page allowing them to anticipate the blood samples arriving. Lab results are available in the EMR system with critical labs verified via phone calls. In the case of downtime, the results are called to ED.** **The hospital has a 128-slice CT scanner in the imaging department off the ED. CT technicians are onsite 24/7. CT, CT angiography, and CT perfusion studies are performed. MRI is available day/evening hours 7 days/week, with MRI technicians on-call at night. Facility radiologists do readings 7am to 8pm, with readings done via NightHawk from 8pm to 7am.**

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 are admitted to their 14 bed ICU for at least 24 hours, with two beds being designated for stroke patients. All ICU nurses are stroke-trained. Multidisciplinary rounds are held each morning and include the intensivist, hospitalist, RN, RD, RT, pharmacist, and PT. Intensivists serve as the attending physician, with hospitalist staff following along, and then becoming the attending once the patient is transferred out of the ICU. Neurology follows throughout the hospitalization.** **The stroke unit is a PCU (Progressive Care Unit), a 35 bed telemetry unit that has 8 hard-wired beds used for stroke patients. All rooms have telemetry. All PCU nurses are stroke-trained. Multidisciplinary rounds are held each afternoon Monday through Friday with the RN, RT, RD, pharmacy, the hospitalist, a cardiologist, a discharge planner, and sometimes an NP. These occur in the afternoon to avoid conflicting with the multidisciplinary rounds in the ICU held in the mornings. Observation rounds are held on the weekends. All stroke patients are on the hospitalist service, with neurology consulting. Rehab staff come to the patients' bedsides as needed, and there is both a rehab gym and an apartment in the sub-acute rehab unit for use as needed.** **All hospital nurses are trained in dysphagia screens and a bedside swallow test is conducted for all stroke patients.** **Interviewed staff on both units were knowledgeable**

				about the stroke patient care protocols, which are available online and in folders. Staff have participated in drills or actual Code Strokes. Patient/family stroke education was comprehensive, with a discharge packet being provided the family. **In the event of new-onset stroke symptoms in an inpatient, nursing staff call the Immediate Response Team, which consists of a respiratory therapist, a critical care RN, a hospitalist, and a phlebotomist. If indicated, Code Stroke is then called and the patient is brought to CT, and then sent to ICU if tPA is needed. Pharmacy will mix tPA, or if this occurs on the night shift, an ED RN will mix the tPA.**
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 Kaleida Health 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 program was developed and achieved as an A3 Lean project. The stroke team committee monthly meeting minutes were reviewed and included appropriate topics and actions.** **The stroke program is active with GWTG, with improving metrics. Their December 21, 2018 meeting minutes documented multiple metrics were at 100% (Stroke Education, Rehabilitation Considered, IV tPA**

				Arrive by 3.5 hours treat by 4.5 hours, IV tPA Arrive by 2 hours treat by 3 hours, Antithrombotic, Anticoagulation for AFib/Aflutter, and Smoking Cessation). **2 acute stroke patients' records were reviewed for appropriate acute stroke care. One received tPA, the other could not due to delayed presentation to the hospital.** **2 medical staff files, one an ED physician, the other a hospitalist were reviewed and found to be complete.**
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: **Commendable:** - **Their application was thorough with no issues identified prior to the onsite survey.** - **All medical staff credential files reviewed were very well laid out, thorough, and up to date.** - **Their staff educational program is very robust, and inclusive.** - **The EMS feedback form they developed, which is mailed out to EMS agencies for every stroke patient transported to their facility, is detailed with case-specific times included and is one of the best we have seen.** - **Their A3 Lean stroke project resulted in a robust acute stroke response system, with documentation that demonstrated consistently improving outcomes.** **Contingencies:** - **None** **Recommendation is to approve this hospital as a NYS**

				designated Primary Stroke Center.