NEW YORK STATE DEPARTMENT OF HEALTH
Office of Quality and Patient Safety

Application for Stroke Services Designation

BACKGROUND

Section 405.34 of Title 10 NYCRR (Health) of the Official Compilation of Codes, Rules and Regulations of the State of New York created a tiered system of designation for stroke care at acute care hospitals in New York State. The Stroke Services program allows a hospital to be designated as a Primary Stroke Center, Thrombectomy Capable Stroke Center or Comprehensive Stroke Center following certification by an approved Certifying Organization and subsequent submission of this application demonstrating that the hospital is certified by one of the approved Certifying Organizations. Requests for New York State designation will only be accepted for Certifying Organization certifications based on the New York State Stroke Services criteria after the regulation effective date of March 20, 2019. This application should be used by a hospital to request stroke center designation from the Department after completion of the certification process by an approved Certifying Organization.

Facility Name _____

Facility Address _____

_____

Facility PFI _____

Facility Operating Certificate Number _____

Facility CEO _____

Facility Phone _____

Facility Fax _____

Facility Stroke Coordinator _____

Stroke Coordinator Phone _____

Email Address _____

Please note that the designation shall last as long as the hospital remains certified by the Certifying Organization, unless the designation is suspended or revoked by the Department. Future changes to certification, including change of level of certification, must be submitted to the Department via this application. Failure to notify the Department of these changes may result in the facility being removed from the approved list of stroke treatment facilities pursuant to 10 NYCRR 405.34 (f).

Upon approval of this application, the Department will notify EMS Program Agency Directors of this designation. The hospital is expected to notify local EMS providers of your designation.

Designation as a stroke center is effective upon receipt of a letter from the Department stating that your facility has been designated. A copy of the facility's Stroke Center Certification by a NYS approved certifying organization must be submitted with this application.

Please indicate the reason for submitting this application:

- ☐ Request for designation in Stroke Services Program (Use this for initial application)
- ☐ Request for change in designation level

Please select the certifying organization you have received your Stroke Center certification from and the level at which you are certified:

- ☐ TJC
- ☐ CIHQ
- ☐ DNV-GL
- ☐ HFAP

- ☐ Primary Stroke Center (PSC)
- ☐ Thrombectomy-Capable Stroke Center (TSC)
- ☐ Comprehensive Stroke Center (CSC)

Please identify the Stroke Registry your hospital is utilizing to collect and report performance data:

_____

ATTESTATION

I certify that I am the Chief Executive Officer of the above-named facility or the individual authorized to bind the organization, and I attest that the facility is in good standing with the Department and has been certified by a Department approved certifying organization as a Primary Stroke Center, Thrombectomy Capable Stroke Center, or a Comprehensive Stroke Center, in accordance with Section 405.34. I am requesting this facility be recognized by the Department as a designated stroke center pursuant to Section 405.34 which establishes a statewide stroke system of care through emergency medical services training and transport protocols. I acknowledge that Part k of Section 405.34 requires my hospital to report specified performance data to the Department and I hereby give the Department express permission to access this data through the stroke registry identified above. I also verify that the statements made in this form are true and correct to the best of my knowledge.

Printed name of CEO _____

Signature of CEO _____ Date _____

Application should be submitted to:
The Office of Quality and Patient Safety, The New York State Department of Health via email at
OQPS-OMD@health.ny.gov