

# New York | RECIPIENT PROFILE (2019-2020)

The New York State Department of Health is a state recipient of the Centers for Disease Control and Prevention (CDC)'s Paul Coverdell National Acute Stroke Program, which aims to improve the quality of stroke care and stroke outcomes. This profile summarizes program activities and outcomes in Program Year 5 (June 30, 2019 - June 29, 2020).



## Implementation Partners

- American Heart Association (AHA)
- Blue Cross/Blue Shield of Western NY
- Columbia University
- Greater New York Hospital Association
- Healthcare Association of NYS
- IPRO Quality Improvement Organization
- North East Cerebrovascular Consortium
- State and Regional EMS Council (REMAC)
- Visiting Nurses Association

## State Prevalence of Stroke

3% of adults aged 18 and older report having had a stroke (Source: Behavioral Risk Factor Surveillance System, 2019)

## Award Amount

\$750,000 (Program Year 5 Award Amount)

## Complementary CDC-Funded Cardiovascular Disease Programs

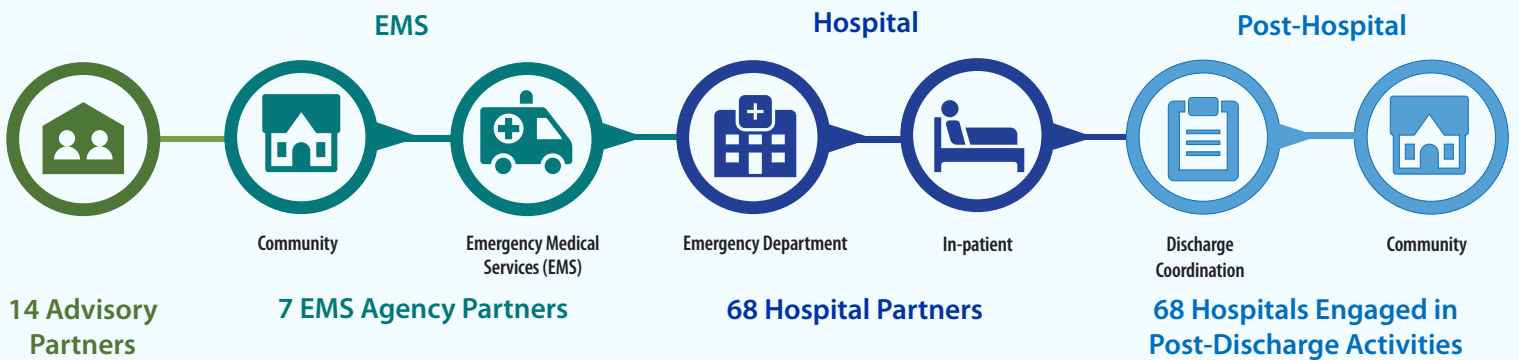
DP18-1815 - Improving the Health of Americans through Prevention and Management of Diabetes and Heart Disease and Stroke

## Background of the New York Coverdell Program (NYCP)

New York State Department of Health (NYSDOH) first received CDC funding in 2012 to implement the New York Coverdell Program (NYCP). NYCP is a data-driven quality improvement project to monitor the quality of acute stroke care across clinical settings, including emergency medical services (EMS) care, hospital care, and care after hospital discharge. In 2015, CDC funded NYSDOH through the Paul Coverdell National Acute Stroke Program (DP15-1514) to improve the quality of care for patients across the continuum of care. Program activities address stroke care from the time a patient has a stroke at home or in the community until after they are discharged and follow up with their doctor.



## Program Implementation



By the end of Program Year 5, NYCP recruited 14 advisory organizations, 7 regional EMS agencies, and 68 hospitals. EMS agencies participated in NYCP-led data collection and quality improvement activities and expanded statewide reach of the Coverdell program to transport and treat stroke patients. Hospital partners entered data in the state stroke registry and participated in NYCP-led quality improvement activities. All 68 hospitals participate in post-hospital data collection and receive technical assistance. Of the 68, 18 are participating in a pilot program involving additional data collection and quality improvement efforts.

## Program Reach



Patients with acute stroke in New York who were transported by New York Coverdell-participating EMS to Coverdell-participating hospitals (1,764 patients transported)



Acute stroke patients in New York admitted to New York Coverdell-participating hospitals (27,962 patients admitted)

## EMS to Hospital Transitions of Care

### Key Activities

The NYCP worked with EMS agencies and hospitals through an EMS Stroke Pilot to improve data sharing and communication that happened while a stroke patient was being transported to the hospital. EMS and hospitals aimed to improve pre-notifications so that these communications included the most important information needed to initiate care for a stroke patient. There continues to be adoption and participation in the two pilot regions.

### Performance Measures

EMS agencies called in **5,241** pre-alert notifications for suspected stroke patients in Program Year 5.\*



**82%** of EMS-hospital teams reported use of feedback from hospital to EMS in Program Year 5, allowing EMS to improve identification and treatment of acute stroke patients



## Quality Improvement (QI)

### Key Activities

The NYCP partnered with AHA to provide technical assistance to hospitals to improve the time it takes for a stroke patient to receive diagnostic imaging and the proportion of stroke patients that received the clot busting drug, IV Alteplase treatment within 60 minutes. NYCP also implemented a pilot project focused on transitions of care post-discharge, created transitions of care profile reports, and initiated on-going data collection on the health status of stroke patients. NYCP implemented an EMS Vital Signs conference and regional stroke meetings to improve EMS notification to the hospital of a suspected stroke, completing and documenting a stroke screening, and documenting the time the patient was last known to be without symptoms of stroke.

### Performance Measures

QI initiatives include workshops and trainings implemented by Coverdell recipients and their partners to improve implementation and focus of stroke care. These initiatives are implemented for EMS, hospital, and discharge hospital staff. NYCP implemented **8** initiatives for EMS staff, **22** initiatives for hospital staff, and **22** initiatives for discharge hospital staff in Program Year 5.

## Data Linkages

### Key Activities

NYCP developed a systematic method to link hospital patient records from Get with the Guidelines -Stroke and the Statewide Research and Cooperative System with EMS patient care records from the New York State Emergency Medicine Information System. They also worked with two regions to pilot the use of Hospital Hub, a software application and repository for EMS and hospital data, to improve data linkage and communication between EMS and hospitals.

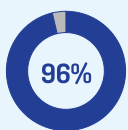
### Performance Measures

**100%** of EMS agencies (n=7) had data linked to in-hospital data in Program Year 5.

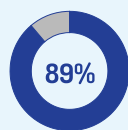


## Stroke Quality of Care Outcomes Among NYCP-participating Hospitals

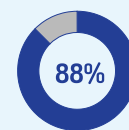
Activities contributed to performance in stroke quality of care as reflected in the following stroke outcomes:



of patient/caregivers received stroke education materials during their hospital stay



of acute ischemic stroke patients who were eligible for treatment received IV Alteplase, a clot busting drug, within 60 minutes of hospital arrival



of ischemic stroke patients received all available care for which they were eligible\*\*

For more information, please visit [https://www.cdc.gov/dhdsp/programs/stroke\\_registry.htm](https://www.cdc.gov/dhdsp/programs/stroke_registry.htm)

Data sources: Year 5 recipient-reported performance measure data, hospital and patient level data, evaluation reports, and annual performance reports

\*Advanced notification by EMS is under the condition of arrival by EMS. Percentage represents those stroke patients that were called in out of the total number that arrived via EMS.

\*\*Please see Overwyk, et. al., Defect-free care trends in the Paul Coverdell National Acute Stroke Program, 2008-2018, American Heart Journal for included measures.

