



Department
of Health

NEW YORK STATE STROKE PROGRAMS UPDATES & ANNUAL SURVEY OVERVIEW

NEW YORK STATE STROKE DESIGNATION PROGRAM

APRIL 20, 2026

AGENDA

- Welcome & Introductions
- New York State Stroke Designation Program (5 min)
- Stroke Designation Program Reminders (5 min)
- HERDS Overview (25 min)
- Coverdell Overview (10 min)

NEW YORK STATE STROKE DESIGNATION PROGRAM

Eric Rowe-Jones, MA

Stroke Designation Program Manager



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NEW YORK STATE STROKE DESIGNATION PROGRAM

The goal of the New York State Stroke Designation Program is to recognize and treat stroke patients as quickly as possible at the right place.

On March 20, 2019, regulation 10 NYCRR 405.34: Stroke Services was adopted to allow the New York State Stroke Designation Program to transition to a three-tiered stroke system of care that recognizes the advanced capabilities of hospitals to treat stroke patients in a multi-tiered system. The Department recognizes and designates hospitals as:

- Primary Stroke Centers: Capable of treating acute ischemic stroke with IV thrombolytics and comprehensive supportive care.
- Thrombectomy Capable Stroke Centers: Capable of treating large vessel occlusions with intracranial endovascular intervention in addition to meeting Primary Stroke Center requirements.
- Comprehensive Stroke Centers: Capable of treating subarachnoid intracerebral hemorrhage with neurosurgical services in addition to meeting Primary Stroke and Thrombectomy Capable Stroke Center requirements.

For additional Program information, please see the Stroke Designation Program website here: <https://www.health.ny.gov/diseases/cardiovascular/stroke/designation/> and New York State stroke data here: <https://www.health.ny.gov/diseases/cardiovascular/stroke/designation/data.htm>

DESIGNATION PROCESS



The facility is surveyed by a State-approved certifying organization. After review, the hospital is certified as a Stroke Center at the Primary, Thrombectomy Capable, or Comprehensive Stroke Center level.



A request for designation form must be submitted with verification of stroke center certification. Form is available on the New York State Stroke Designation webpage.



The hospital gives the Department permission to access their stroke data.



The Department will review all materials and issue designation.



A hospital is only considered a designated stroke center for purposes of inclusion in the statewide system of care once they receive notification from the Department of designation.



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NEW YORK STATE STROKE DESIGNATION PROGRAM

Current Number of Stroke Designated Hospitals as of April 1, 2026

	Primary Stroke Center	Thrombectomy Capable Stroke Center	Comprehensive Stroke Center	Total
# of facilities	82	13	27	122



NEW YORK STATE STROKE DESIGNATION PROGRAM

NYS Stroke Designated Facilities by Designation Type

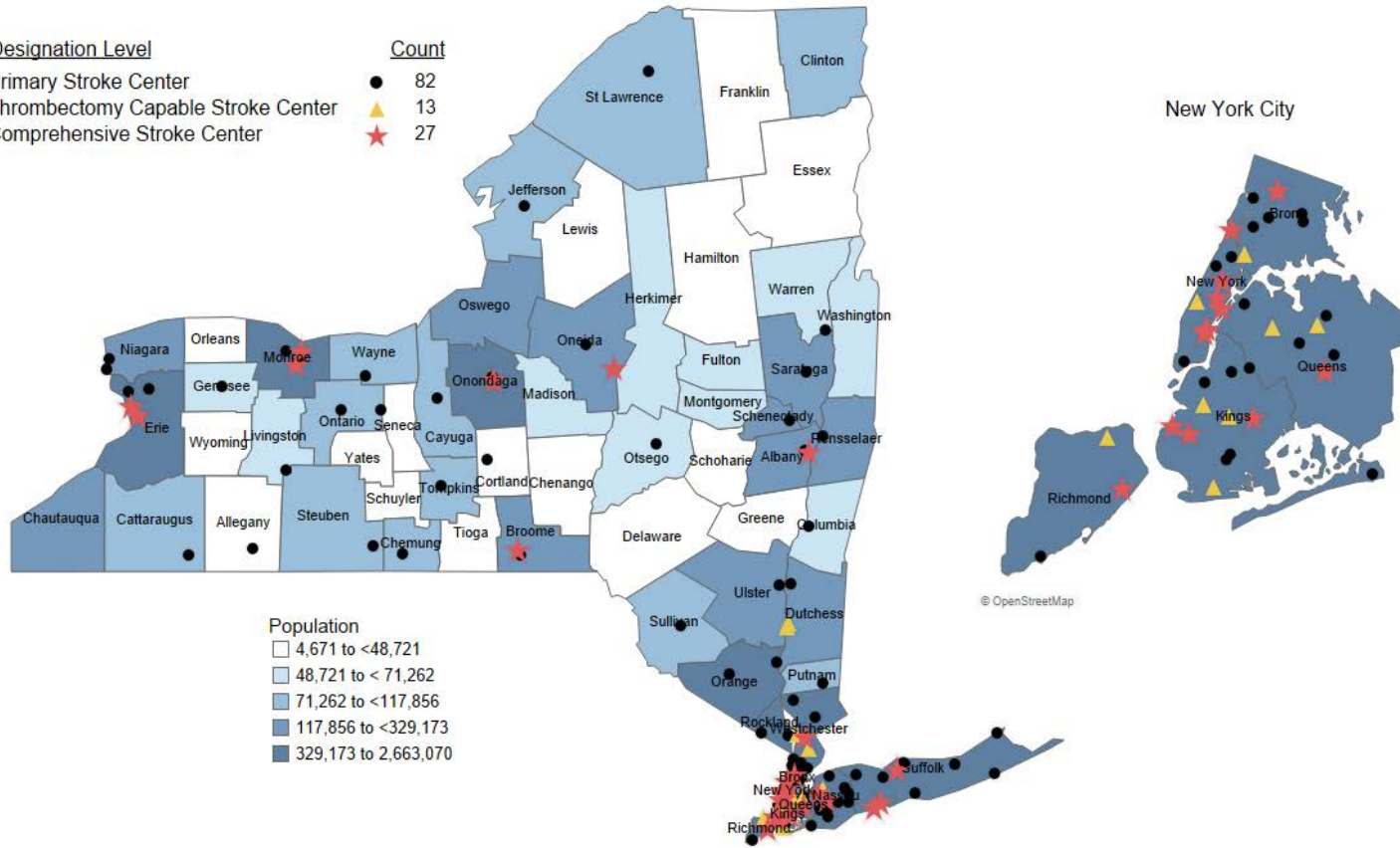
* Data Refresh Date March 31, 2026

Designation Level

- Primary Stroke Center
- Thrombectomy Capable Stroke Center
- Comprehensive Stroke Center

Count

- 82
- ▲ 13
- ★ 27



© OpenStreetMap ** Population Source: Claritas 2017



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STROKE DESIGNATION PROGRAM REMINDERS



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STROKE DESIGNATION PROGRAM REMINDERS

- The New York State Department of Health (the Department) has released an updated [Stroke Guidance Document, Version 26.1 \(PDF\)](#), which went into effect on January 1, 2026.
- For Stroke Centers seeking a different designation level or for those that will be certified by a different certifying organization, please submit a new [Application for Stroke Services](#).
- For any loss or lapse in stroke certification status, the Department must be notified by email within 3 business days at strokedesignation.clinical@health.ny.gov.
- Please continue to update the Department for any new stroke center contacts or changes in contact information.

HERDS OVERVIEW

Ariane Stark, MS

Research Scientist, Bureau of Healthcare Outcomes and Program Evaluation



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HERDS REPORTING TIMELINE

Survey Name	Survey Timeline	Reporting Period
Review Tool for Designated Stroke Centers 2026	Monday April 20, 2026- Friday May 29, 2026	Jan 1, 2025- Dec 31, 2025

- Length of time to complete survey: **Approximately 20-30 minutes**
- There are no technical webinars this year, however, a recording of this presentation will be available on the stroke designation website and questions can be sent to strokedocs@health.ny.gov

PURPOSE AND VALUE OF THE ANNUAL SURVEY

Monitor and improve the quality of care of designated stroke centers

- Contact Information
 - Record-keeping
 - Communicate performance reports, benchmarking
- Telestroke
 - Monitor use patterns and resource sharing/allocation
- Education
 - Trends in public stroke education efforts



REDUCING SURVEY BURDEN OVER TIME

2017 Data Year

~350 editable fields, ~80 required

- Contact Information
- Stroke Medical Director
- Stroke Team
- Education
- 24/7/365
- Quality Assurance / Data
- Time Targets
- Reporting Measures – EMS Initiative
- Performance Measures
- Diagnosis
- Patient Transfer
- Discharge Disposition
- Telestroke
- Informed Consent
- Observational Stay
- Computed Tomography Angiogram

2025 Data Year

~100 editable fields, ~25 required

- Contact Information
- Telestroke
- Education (Public education only)



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ACCESSING THE ANNUAL REVIEW TOOL

- Log into the Health Commerce System (HCS):
<https://commerce.health.state.ny.us/>
- Add the HERDS survey to your “My Applications” List
 - At the top of the HCS homepage, click on *My Content* → *All Applications*



- Click on the *H*
- Select the green plus sign next to HERDS for Hospitals (Health Electronic Response Data System)

The screenshot shows the 'Health Commerce System Applications' page. A yellow arrow points from the letter 'H' in the list item above to the 'H' in the 'Browse by' filter. The table below lists various applications, with the row for 'HERDS for Hospitals (Health Electronic Response Data System)' highlighted in yellow. A green plus sign is visible in the 'Add/Remove' column for this application.

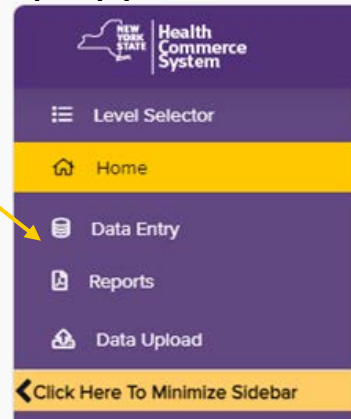
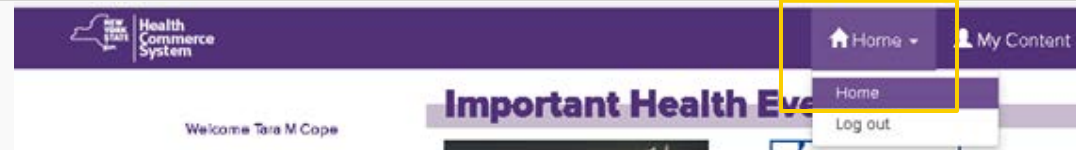
Application Name	Acronym	Profile	Restricted	Add/Remove
Health Care Facility Evacuation Center Application	HECAPP	1	Yes	
Health Facilities Information System	HFIS	1		+
Health Home CMART File Upload		1		+
Healthcare Financial Data Gateway	HFDS	1		+
Healthy Neighborhoods - No Access Form		1		+
Hepatitis C Rapid Testing		1	Yes	
HERDS for Hospitals (Health Electronic Response Data System)	HERDS	1		+

ACCESSING THE ANNUAL REVIEW TOOL (CONT.)

- Click on *Home* → *Home*

- Select *HERDS* from the “My Applications” Menu

- Click on *Data Entry*



- From the *Activity* Drop Down List select
 - Review Tool for Designated Stroke Centers 2025

- **Action: Set up HCS account and have access to HERDS**

ACCESSING THE ANNUAL REVIEW TOOL (CONT.)

Review Tool for Designated Stroke Centers

- No Updates to the Review Tool for 2026
- Three Sections
 - a. Contact Information
 - b. Telestroke
 - c. Education (Public education only)

Note that if your hospital uses Get With the Guidelines (GWTG), then you have completed the survey once you have reached the section titled: **Please read: Stop here**

The Department of Health will extract all required data elements after this section directly from GWTG.

STOP HERE (PLEASE READ)

Please note that at this time the fields in the Special Initiatives tab do not show up as required.

Please make sure that during data entry in Get With the Guidelines (GWTG) you are filling out the fields in the Special Initiatives tab.

For a complete list of required measures click [here](#).

If your facility uses GWTG to track the measures listed below then please stop here.

- Time Targets

- Performance Measures (includes EMS measures)

- Diagnosis

- Patient Transfer

- Discharge Disposition

- Observational Stay

The Department of Health will extract these measures directly from GWTG. If your facility uses a method other than GWTG to track these measures then please continue.



(A) CONTACT INFORMATION

- **HERDS Survey Completer**
 - Name & Title
 - Phone
 - Email
- **Stroke Medical Director(s)**
 - Name
 - Title
 - Specialty
 - Phone
 - Email
- **Stroke Coordinator**
 - Name
 - Title
 - Phone
 - Email
- **Additional Contact for Notification from New York State Department of Health Stroke Designation Program**
 - Name
 - Phone
 - Email
- **CEO**
 - Prefix (select Dr. or Blank)
 - First Name
 - Last Name
 - Email
 - Mailing Address

(B) TELESTROKE

B. TeleStroke

The answers to the following questions will not impact your stroke designation. The New York State Department of Health stroke designation program is collecting information on the current status of telestroke in New York State.

a. Does your facility use two way audio and visual communication (telestroke)? Yes No

b. If so, does your facility (check all that apply)... Provide services Receive services Provide and receive services

If for Telestroke subquestion b you selected "Provide services" or "Provide and receive services" then answer Telestroke subquestions c to h.

c. If your facility provides services, which services does it provide (select all that apply)? Assess suspected stroke patients Consultation for transporting patient to a higher level of care Administer IV Thrombolytics Other

d. If other, please explain

e. If your facility provides services, how many facilities does it provide for?

f. If your facility provides services, which facilities does it provide for? (check all that apply)

Albany Medical Center (000001 Albany County)

Arnot Ogden Medical Center (000116 Chemung County)

If the facility is not listed, please enter the facility name (and if known, the PFI and county).

h. If your facility provides telestroke services, how many did you provide in the data year? (the total number of claims that provided services)

m. If your facility receives telestroke services, how many did you receive during the data year? (the total number of claims that received services)

- Provide/Receive
- Which services provided/received
- How many facilities provide for
- Which facilities provide for/ receive from
- The total number of claims that provided/ received services



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(C) EDUCATION – PUBLIC

1. Was public education completed this year?
2. What is the known/estimated reach of all public education efforts for this year?
3. What outlets/venues were used for public education?

Public Education

Public education programs about stroke prevention, recognition of signs/symptoms, and diagnosis and treatment are conducted by the Stroke Center at least bi-annually. *

Yes
 No

Please provide the actual (if known) or estimated number of individuals educated via your hospital's stroke education efforts during the data year.

Actual if known: ?

Estimated if actual not known: ?



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(C) EDUCATION – PUBLIC

- What outlets/venues were used for public education? (Select all that apply)

Please select all educational outlet/venue categories used for public education by your hospital during the data year. For each educational outlet/venue selected, fill out the corresponding section below for number of times the educational outlet/venue was used (if known) and the education type(s) delivered.

Select all that apply:

- Traditional Print Media (Magazine, Newsletter, Newspaper)
- Traditional Audio/Visual Media (TV, Radio)
- Online Written Post (Social Network Post (Facebook/Twitter/Instagram etc.), Website Post, Blog)
- Online Audio/Visual Media (Podcast, Online Video (YouTube etc.))
- Live Stream Event (Facebook Live, YouTube Live Stream, Instagram Live etc.)
- Fitness related activity/gathering (e.g., Run/Walk, etc.)
- Meeting/Lecture/Conference (In-person, Webex/Zoom/Skype, etc.)
- Large Public Event (County/State Fair, Festival/Street Fair, College/Professional Sports Game)
- Small Public Venue (Shopping Center, Library)
- School-Based
- Other educational outlet/venue not listed
- None



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(C) EDUCATION – PUBLIC

- What outlets/venues were used for public education? (Select all that apply)
- Next, fill out the corresponding section for each education outlet/venue you selected.

Please select all educational outlet/venue categories used for public education by your hospital during the data year. For each educational outlet/venue selected, fill out the corresponding section below for number of times the educational outlet/venue was used (if known) and the education type(s) delivered.

- Select all that apply:
- Traditional Print Media (Magazine, Newsletter, Newspaper)
 - Traditional Audio/Visual Media (TV, Radio)
 - Online Written Post (Social Network Post (Facebook/Twitter/Instagram etc.), Website Post, Blog)
 - Online Audio/Visual Media (Podcast, Online Video (YouTube etc.))
 - Live Stream Event (Facebook Live, YouTube Live Stream, Instagram Live etc.)
 - Fitness related activity/gathering (e.g., Run/Walk, etc.)
 - Meeting/Lecture/Conference (In-person, Webex/Zoom/Skype, etc.)
 - Large Public Event (County/State Fair, Festival/Street Fair, College/Professional Sports Game)
 - Small Public Venue (Shopping Center, Library)
 - School-Based
 - Other educational outlet/venue not listed
 - None

Event counts are not required. Please provide them if you know them. If you don't know, enter 9999.

Online Written Post (Social Network Post (Facebook/Twitter/Instagram etc.), Website Post, Blog)

If you have an accurate count of Online Written Posts (Social Network Post (Facebook/Twitter/Instagram etc.), Website Post, Blog) events/messages, please provide the count. If you do not have accurate counts, please enter 9999.

- Select all education type(s) delivered
- Stroke signs/Symptoms
 - Stroke Recovery
 - Other

If you checked other, please provide details:



Large Public Event (County/State Fair, Festival/Street Fair, College/Professional Sports Game)

If you have an accurate count of Large Public Event (County/State Fair, Festival/Street Fair, College/Professional Sports Game) events/messages, please provide the count for each (virtual, in person, hybrid). If you do not have accurate counts, please enter 9999.

Virtual:

In Person:

Virtual and In Person (Hybrid):

- Select all education type(s) delivered
- Stroke Education Booth
 - Health Screening (Stroke screening, blood pressure screen, etc.)
 - Support Group
 - Hip Hop Stroke
 - Other

If you checked other, please provide details:



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SURVEY CONTENTS SUMMARY FOR 2025 DATA YEAR

Review Tool for Designated Stroke Centers

- **Sections**
 - a. Contact Information
 - b. Telestroke
 - c. Education (Public education only)

Note that if your hospital uses Get With the Guidelines (GWTG), then you have completed the survey once you have reached the section titled: **Please read: Stop here**

The Department of Health will extract all required data elements after this section directly from GWTG.

Annual Submission – Due Friday, May 29, 2026

QUESTIONS?

SURVEY QUESTIONS:
STROKEDOCS@HEALTH.NY.GOV

GENERAL PROGRAM QUESTIONS:
STROKEDESIGNATION.CLINICAL@HEALTH.NY.GOV



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COVERDELL STROKE PROGRAM OVERVIEW

Janet Campanella, PT
Stroke Program Coordinator



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PURPOSE

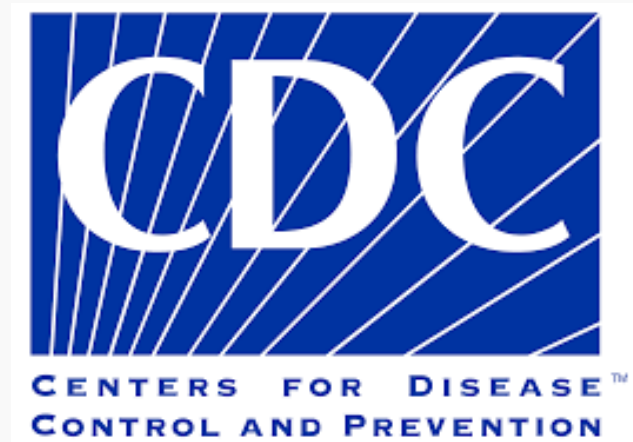
1) Provide information about the Coverdell Program:

- Background
- Focus Areas of CDC Cooperative Agreement
- Expectations of Participants
- Benefits of Participation
- How to Join



BACKGROUND

- [The Paul Coverdell National Acute Stroke Program](#) (Coverdell Program) is a CDC program that funds states to collect, measure and track data to improve stroke systems of care.
- Established by Congress in 2001 in recognition of US Senator Paul Coverdell.
- 3 or 5-year grant period during which states are charged to work with partners to pursue strategies to address and improve care for stroke.
- New York has been a recipient of Coverdell funding since 2012 and represents collaboration of different offices in the Department of Health, regional and local level partners.



COVERDELL PROGRAM: REACH

- The number of stroke centers participating in NY Coverdell Program has increased from 37 in March 2013 to 86 in March of 2026.
- Hospitals participating in NY Coverdell account for almost 90% of stroke admissions in the state.

(source: SPARCS, Get With the Guidelines, 2024)



FROM CDC COVERDELL PROGRAM

COVERDELL



Improve equity and quality in stroke prevention and care with a focus on those at highest risk of stroke across the stroke continuum of care.

DP24-0060 EXPECTATIONS:

- Prevent strokes through hypertension detection and control.
- Improve stroke care through enhanced data collection.
- Strengthen linkages between clinical and community resources.
- Create or align with a stroke coalition or learning collaborative.



NY COVERDELL TWO-PRONGED APPROACH

Statewide priority measures include:

- EMS prenotification, communication of stroke scale findings
- Patient triage including timely imaging
- Time-treatment measures;
- (door to treatment in < 1 hour; door to treatment in < 45 minutes)



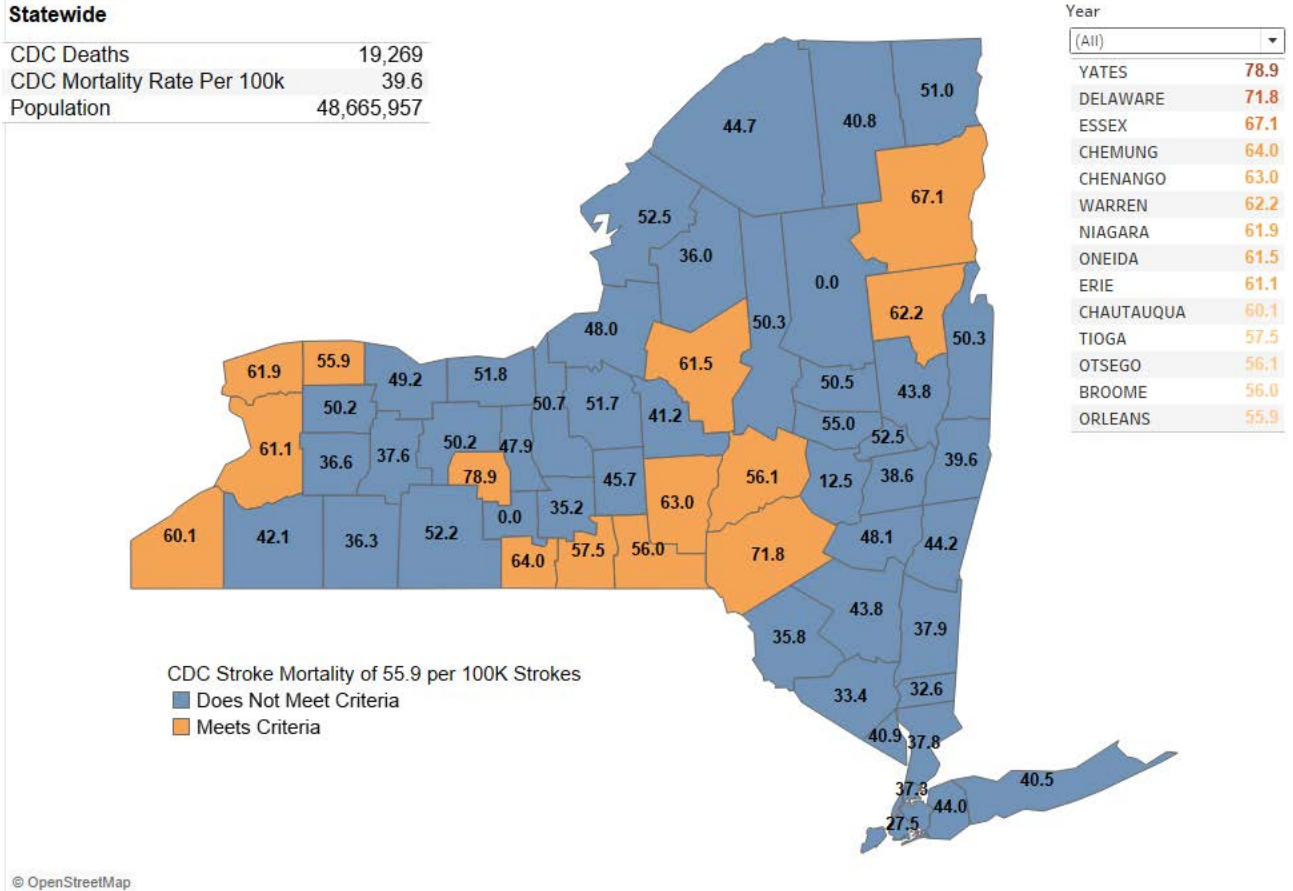
Regional Priorities

centers around regional stroke systems of care focused on improving processes related to EMS to hospital handoffs and hospital to community handoffs.

COUNTY-LEVEL CEREBROVASCULAR DISEASE MORTALITY

CDC WONDER, MORTALITY FOR 100K POPULATION AGES 15+, 2019-2021

CDC Cerebrovascular Diseases Mortality for 100K Population Ages 15+, All



Counties meeting criteria (N=14):

Of those 14 counties, 5 have tracts with crude stroke prevalence at least 1.5x the corresponding county rate

- Broome
- Chautauqua
- Chemung
- Chenango
- Delaware
- Erie
- Essex
- Niagara
- Oneida
- Orleans
- Otsego
- Tioga
- Warren
- Yates

BENEFITS OF PARTICIPATION

- Satisfies NY State Stroke Designation requirement of participating in a quality improvement program
- Access to data reports to assist with quality activities
- Opportunities for professional development, learning and networking
- Opportunity to work collaboratively with peers and DOH toward shared goals in improving stroke care
- Focus on health equity in the stroke care continuum

EXPECTATIONS OF COVERDELL PARTICIPANTS



Abstraction of Coverdell Data Elements in Get With the Guidelines.



Allow NY Coverdell Program to contribute record-level data to CDC.



Participate in data quality assurance activities.

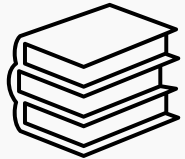


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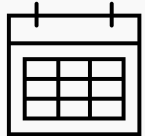
EXPECTATIONS OF COVERDELL PARTICIPANTS



Abstraction of Coverdell Data Elements in Get With the Guidelines.



A data dictionary with the Coverdell Elements will be shared with the participation agreement (all data elements already collected in GWTG)



CDC/Coverdell abides by GWTG guidance regarding the timing of abstraction



Coverdell piloting the use of unmet social needs and referral questions in GWTG to address health related social needs as part of our health equity work.

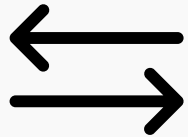


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EXPECTATIONS OF COVERDELL PARTICIPANTS



Allow NY Coverdell Program to contribute record-level data to CDC.



Data will be submitted to CDC twice a year



Hospital name is not included in the transmission



Data transmission is facilitated by IQVIA and requires no additional resources from hospital staff

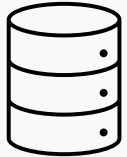


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EXPECTATIONS OF COVERDELL PARTICIPANTS



Participate in data quality assurance activities.



The Coverdell Program requires data re-abstraction on a sample of records (5-10 cases depending on # of discharges)



Reports from Coverdell include information about data concordance and achievement reports with quality metrics.



QA activities include a data deep dive.



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GWTG HEALTH-RELATED SOCIAL NEEDS PILOT

All Coverdell funded states are working to strengthen linkages between clinical and community resources. This includes work to identify patients' health-related social needs (HRSNs) and refer them to appropriate support services

Get with the Guidelines allows us to collect data on HRSNs identified, but does not include questions related to referrals to services to address unmet needs

New York State is a leader in the collection of data on HRSNs identified. As a result, the American Heart Association has given us the opportunity to pilot questions related to referral for HRSNs under our Special Initiatives Tab.



HOW TO JOIN

Step 1:

Notify the Coverdell@health.ny.gov inbox of your interest to join and provide:

- Your Name
- Your Stroke Center (if representing several hospitals, please list all hospitals interested in joining)
- If you have participated in Coverdell previously
- The point of contact to communicate about GWTG (if a new center)



HOW TO JOIN

Step 2:

For new Coverdell participants, we will work with IQVIA and AHA to activate the Coverdell layer.

There is no added costs to adding the Coverdell layer.
However, we do need to obtain appropriate institutional sign-off.

HOW TO JOIN

Step 3: All Coverdell hospitals will be asked to sign a non-binding hospital participation letter.

Signed by Stroke Coordinator and the Hospital CEO or other institutional official and the Coverdell Program.

Agreement outlines expectations, what is expected of stroke centers participating in Coverdell and what is expected of the Coverdell Program.

QUESTIONS?

PLEASE CONTACT:
COVERDELL@HEALTH.NY.GOV



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