

Arkansas Department of Health

Annual Stroke Program Review Guidance FY2023-2024

The Annual Stroke Program Review requirements are summarized below. Changes have been made in FY 2023. All hospitals in the Arkansas Stroke Registry will continue to receive annual contact from the Arkansas Department of Health (ADH) regarding their stroke program. Some hospitals will continue to receive an annual review meeting either virtually or in-person. Other hospitals, based on criteria, will have a written report sent, but are exempt from an annual review meeting. Exempt hospitals will receive a cover letter noting adherence strengths and challenges, a graph of the CDC consensus measures adherence, and their annual review report to share within their organization. The criteria used to determine the hospitals that are exempt from an annual review meeting are described below.

1. Hospitals accredited by the Joint Commission (TJC) as Primary Stroke Centers or Comprehensive Stroke Centers
2. Hospitals that achieve at least 70% adherence in defect-free care **and** at least 70% in 4 of following measures:
 - Pre-notification
 - Stroke Band ID
 - Door to CT <25 minutes filtered by 24 hours from LKW
 - IV Thrombolytic Therapy: Arrive by 2 hours, treat by 3 hours
 - IV Thrombolytic Therapy: Arrive by 3.5 hours, treat by 4.2 hours
 - Door to IV thrombolytic <60 minutes

If the stroke coordinator is new to their role at the facility, an annual review meeting will be provided regardless of measure adherence. Stroke coordinators that wish to continue to have an annual review meeting for their facility, even if the facility meets exempt status, may request a meeting after receiving their annual report summary and review documents.

A corrective action plan (CAP) is required for all hospitals, regardless of the type of review completed, for any measure listed above not meeting at least 70%. The CAP (attachment 1) must be updated and re-submitted to ADH every 6 months until the hospital is able to achieve at least 70% on the measure. Additionally, QI support documents are attached (attachment 2). As always, ADH staff are available for QI support. As a reminder, another option for QI support is the newly implemented Regional Meetings. All coordinators are encouraged to actively participate in the Regional Meetings.