



STATE OF ARKANSAS

ARKANSAS DEPARTMENT OF HEALTH (ADH)

NOTICE OF FUNDS AVAILABILITY (NOFA)

For

**Arkansas Stroke Registry (ASR)
Participation**

Date Issued:

May 2016

A. Overview

The purpose of this Notice of Funds Availability (NOFA) is to support ongoing participation in the Arkansas Stroke Registry. The ASR provides funds to cover the cost of American Heart Association's *Get With The Guidelines*®-Stroke Patient Management Tool (GWTG-SPMT) licenses for hospitals who meet eligibility criteria to participate in the program and submit stroke patient data for reporting to the State of Arkansas. Outcome Sciences (part of Quintiles, Inc.) is the software vendor for the GWTG-SPMT.

To help combat strokes and the related poor health outcomes, the Acute Stroke Care Task Force helped develop the ASR in 2011. The ASR functions to collect stroke data, monitor stroke trends, and evaluate stroke care performance and outcome measures from hospitals that deliver stroke care. The ASR collaborates closely with EMS and participating hospitals for timely data reporting, quality improvement, and training interventions to reduce stroke deaths and disability.

Funds will be awarded to eligible hospitals applying to the Arkansas Department of Health (ADH) based on criteria. This award is based on availability of state funding and is open for hospitals that provide stroke care for Arkansas residents.

B. Funding Availability

The ADH will notify qualified applicants of their awards. Upon receipt of the award, all grantees are required to sign an agreement with the ADH to be signed and returned to the ADH within 30 days of award notification.

NOTE: Reimbursements for GWTG-SPMT licenses will be made only on purchases dated after the final ADH agreement is executed and issued to the grantee.

C. Benefits of Participation

Benefits hospitals receive from participating in the ASR include the following:

- **Optimized delivery of stroke patient care** by tracking and improving key performance measures over time with ADH staff.
- **Comparison benchmark reports** for performance measures with other hospitals, which will be provided by the ADH.
- **Access to real-time stroke patient data and the ability create individualized reports** for participating hospitals to support quality improvement initiatives.
- **Quality improvement support and technical assistance** provided by ADH staff.
- **Value-oriented workshop training** by stroke experts to maximize patient care.
- **Use of new evidence-based best practices** for optimal stroke care.
- **Eligibility for recognition** and quality awards for stroke care by the ADH.
- **Preparation for Joint Commission Certification** by active participation in a Joint Commission-recognized stroke registry.
- **Improved documentation of stroke patient care** to minimize gaps in care and medical errors.

D. ASR Grantee Requirements

It is required that each hospital awarded funds have signed a Participating Hospital Agreement (PHA) with Quintiles giving ADH access to the hospital's stroke patient data set. If your hospital is already participating in the ASR this agreement is already in place. However, if your hospital is not currently participating in the ASR, please contact david.vrudny@arkansas.gov and request a copy of the PHA. This agreement needs to be in place before the ADH will be able to reimburse the cost of the GWTG-SPMT.

The ASR grantee is to ensure the following activities are completed during the grant period:

1. Designate a stroke care leader i.e. physician/nurse/coordinator to be the point of contact for the ADH-ASR to lead program efforts.
2. Abstract and enter 100% of stroke patient data within three (3) months following the patient's discharge date into the ADH-ASR database according to the ASR's coding instructions for inclusion/exclusion criteria and specified ICD-10-CM codes (see Appendix A).
3. Ensure that each stroke discharge record is saved as a completed record.
4. Ensure that five (5) stroke discharge records are re-abstracted for the current program year from July 2016-June 2017, i.e. the patient should have been discharged within this timeframe. The purpose of this process is to help ensure inter-rater reliability by having a secondary abstractor (different from the original abstractor) re-collect patient data on a spreadsheet to be provided by ADH to identify any variation. Re-abstractations can be performed either according to Joint Commission requirements for Primary Stroke Centers and Acute Stroke Ready Hospitals, or ASR Program Guide. Grantee hospitals that administer tissue plasminogen activator (tPA) need to include at least one tPA patient discharge record in the re-abstractation sample. The due date to receive these re-abstractations is July 31, 2017.
5. Provide at least one representative to participate in conference calls and workshops organized by the ADH.

E. Monitoring

The ASR program will review ASR grantee performance each quarter against requirements specified above in Section D. The results may be used to determine eligibility for future funding opportunities.

F. Eligibility Requirements

ASR awards are available to (a) hospitals already participating in the ASR and submitting stroke cases into the GWTG-SPMT and (b) hospitals wishing to participate in the ASR and intending on submitting stroke cases into the GWTG-SPMT.

Note that prioritization for applicant funding will be given to those sites currently participating in the ASR who have consistently input stroke patient records from July 2015 – present. We recognize some sites may not have stroke cases input each month due to relatively low patient volumes. A is

considered to be consistent with data entry if stroke cases are regularly input within 90 days of discharge.

G. Billing Cycles for Hospitals New to the ASR

If the award is approved for a hospital joining the ASR as a newly participating site, that applicant will be funded for the January 2017 – December 2017 billing cycle; while the applicant may utilize the GWTG-SPMT prior to this time period, reimbursement will be provided from this award only during the 12-month period of January 2017 – December 2017.

H. Submission Criteria

Applicants are to (1) complete the application form on page 5 including providing appropriate signatures and (2) scan copy of application into electronic format and (3) email application to David Vrudny at david.vrudny@arkansas.gov Once application is received the applicant will receive an email confirmation.

I. Type of Award/Reimbursement

Once awarded, funds will be distributed through a standard ADH reimbursement process. No funds will be advanced. Reimbursable expenditures will be reimbursed as long as expenditures follow the budget guidelines that were submitted in the grant application.

Note: Successful applicants will receive a grant agreement from ADH. After this agreement is signed and returned, a purchase order will be provided to the hospital. A purchase order must be created before any payment is to be made to Quintiles.

J. Ongoing Participation in ASR

Timely data collection and performance monitoring is a critical part of the quality improvement process. Hospitals will be notified if patient data has not been input into the ASR for more than 6 months, and will be given a chance to remediate and report the data. If the problem related to data entry cannot be resolved, the ASR shall terminate hospital participation after an additional 6 months waiting time.

Application Form: ASR Award

LEGAL APPLICATION					
Official Name of					
Address					
City					
State		Zip		County	

FIDUCIARY AGENT <i>Note: This person is the primary point of contact at your hospital for all matters related to distribution of funds and signing the ADH sub-grant</i>						
Name				Title		
E-mail				Department		
Phone				Fax		
Signature					Date	

PROJECT MANAGER <i>Note: This person is the stroke coordinator or other primary point of contact at your hospital for all program matters related to the ASR (i.e. data collection and program activities) all program matters related to the ASR</i>						
Name				Title		
E-mail				Department		
Phone				Fax		
Signature					Date	

- a. Are you a critical access site? Circle **Yes** or **No**
- b. What is your site's tax ID number? _____
- c. What is your site's business type? Circle **Governmental Agency** or **Non-Profit** or **Profit**
- d. What is your site's fiscal year start date?
- e. What is your site's fiscal year end date?
- f. What is your site's number of ischemic stroke cases in the last 12 months?
- g. What geographic county areas does your hospital cover?
- h. Pending funding availability, would you like to receive assistance at no cost from the ADH's contractor for completing the 5 re-abstracts? Circle **Yes** or **No**
- i. Check the box that applies for your hospital:
 - Current ASR Member* (July - June billing cycle for the GWTG-SPMT)
 - Current ASR Member* (January - December billing cycle)
 - New ASR Member** (approved hospitals to be placed on Jan. - Dec. cycle)

Authorized Signature (Ink)

Title

*If unsure of the correct billing cycle please contact Quintiles at (888) 526-6700 or infosariooutcomesupport@quintiles.com
 **If funding is approved for a hospital joining the ASR as a newly participating site, that newly joining applicant will be funded for the January 2017 – December 2017 billing cycle; while this applicant may utilize the GWTG-SPMT prior to this time period, reimbursement will be provided to only cover the 12-month period of January 2017 – December 2017.

Appendix A: Inclusion Criteria and ICD-10 Codes
(Get With the Guidelines® - Stroke PMT® Coding Instructions, March 2016)

Entry Criteria

Patients with a final/discharge diagnosis of stroke or transient ischemic attack can be included into the GWTG-Stroke® Registry. This includes cases with a principal/primary or secondary diagnosis of:

- Cerebral Infarction
- Intracerebral Hemorrhage (non-traumatic)
- Ischemic Stroke
- Stroke
- Subarachnoid Hemorrhage (non-traumatic)
- Transient Ischemic Attack (TIA)

Following is a list of the ICD-10-CM codes commonly used to describe these diagnoses. For discharges prior to October 1, 2015 ICD-9-CM diagnosis codes are used for reporting diagnosis and ICD-10-CM codes for discharges on or after October 1, 2015.

The following is a list of the common stroke-related diagnoses to be included:

ICD-10-CM (for discharges on or after October 1, 2015)

I60.00 - I60.9	Non-traumatic subarachnoid hemorrhage
I61.0 - I61.9	Non-traumatic intracerebral hemorrhage
I63.00 - I63.9	Cerebral Infarction (occlusion and stenosis of cerebral and precerebral arteries, resulting in cerebral infarction)
G45.0 - G45.2	TIA and related syndromes
G45.8-G45.9	
O99.411-O99.43	Diseases of the circulatory system complicating pregnancy, childbirth and puerperium

The following codes may also be used to screen additional cases for inclusion:

G97.31 – G97.32	Intraoperative hemorrhage and hematoma of a nervous system organ or structure complicating a procedure
G97.51 – G97.52	Post-procedural hemorrhage and hematoma of a nervous system organ or structure following a procedure
I97.810 - I97.821	Intraoperative and postoperative cerebrovascular infarction

Included:

- Patients initially admitted to the hospital for one of the diagnoses even if they later transfer or expire.
- Patients directly admitted to nursing units within the hospital without first being seen in the Emergency Department (ED). This includes patients with acute ischemic stroke who receive treatment at another hospital and are transferred to your hospital.
- Patients who refuse treatment or who have Do Not Resuscitate orders.
- Patients evaluated and treated in the ED with the intention of being admitted, even if they expire, leave against medical advice, or are subsequently transferred to another acute care hospital prior to being admitted to the hospital (this would include patients that receive IV tPA at your hospital and are then transferred for further management ("drip and ship" patients)).

Optional

- Patients who have an in-hospital stroke. Please note in-hospital strokes are excluded from all Achievement Measures, but are included in the GWTG Inpatient stroke measures.
- Patients who present with stroke-like symptoms but who do not end up being diagnosed with a stroke or TIA (stroke mimics).
- Patients evaluated, treated, and discharged from the ED (with no inpatient admission) to home or another location that is not an acute care hospital.
- Patients discharged from observation status with no inpatient admission.
- Patients admitted for the sole purpose of the performance of elective carotid endarterectomy or any revascularization. This type of patient would typically be excluded from GWTG-Stroke. Only enter this type of patient if needed to comply with TJC (or other) sampling plan or data entry requirements.

Exclude:

- Patients < 18 years of age.