



STATE OF ARKANSAS

ARKANSAS DEPARTMENT OF HEALTH (ADH)

NOTICE OF FUNDS AVAILABILITY (NOFA)

For

**Arkansas Stroke Registry (ASR)
Participation**

Date Issued:

August 21, 2015

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 mini-grant award is based on availability of funding 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 mini-grant award, all grantees are required to sign a mini-grant 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 mini-grant agreement award is executed and issued to the grantee.

C. Benefits of Participation

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

- **Optimized stroke patient care** by tracking and improving key performance measures over time with ADH staff.
- **Comparison benchmark reports** for performance measures with other hospitals will be provided by the ADH.
- **Access to real-time stroke patient data** 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.
- **Preparation for Joint Commission Certification** by active participation in a Joint Commission-recognized stroke registry.
- **Improved documentation of stroke patient care** to minimize medical errors.

D. ASR Mini-grantee Requirements

Each ASR hospital awarded funds needs to sign an authorized Participating Hospital Agreement with Quintiles, Inc. authorizing the ADH to access the hospital's stroke patient data set. Note that if your hospital is already participating in the ASR program this agreement is already in place. However, if your hospital has been using the GWTG-SPMT to collect stroke patient data but has not been a member of the ASR, a signed amendment to the Participating Hospital Agreement authorizing ADH data access is required.

The ASR grantee is to ensure the following activities are completed during their grantee period of the ASR mini-grant:

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-9-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 2015-June 2016, i.e. the patient should have been discharged within this timeframe. Re-abstractions 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-abstractions is July 31, 2016.
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

The following criteria are required in order for an applicant to be eligible to apply for the funds available through this NOFA. Applicants must:

1. Treat acute stroke patients residing in Arkansas.
2. Have entered stroke patient charts into GWTG-SPMT consistently for the years 2014-2015. This is subject to review based on past performance with GWTG-SPMT.
3. Have an active Participating Hospital Agreement (PHA) for GWTG-SPMT in place with Quintiles.

G. Submission Criteria

Applicants are to complete the application form on page 5.

Mail application to:

Arkansas Department of Health (NOFA-ASR2014)
Attention: David Vrudny
4815 W. Markham Street
Slot # 6
Little Rock, AR 72205

H. Number of Copies and Application Format

Applicants must provide one (1) ink-signed original.

I. Type of Award/Reimbursement

Once awarded, funds will be distributed through a standard Arkansas Department of Health 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.

Application Form

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)</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. If you have been a previous ASR grantee, then 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 for the GWTG-SPMT)

Authorized Signature (Ink)

Title

Appendix A: Inclusion Criteria and ICD-9 Codes
(Get With the Guidelines ® - Stroke PMT® Coding Instructions, May 2015)

Inclusion Criteria

All patients with a **primary discharge diagnosis** of stroke or transient ischemic attack (TIA) qualify for inclusion in the database. Typically coding is used to identify a list of possible patients for entry into the database, the physician's documentation of diagnosis and treatment supersedes coding. It is the responsibility of the stroke coordinator or staff handling patient discharge to confirm the final stroke diagnosis with the treating physician at discharge and ensure the entry of a ICD-9-CM stroke discharge code. Stroke patient records may be entered into GWTG-SPMT during hospital stay or retrospectively within 90 days after discharge.

Patients with a primary diagnosis of the following are to be included in the GWTG-SPMT within 90 days of patient discharge:

- Ischemic Stroke
- Transient Ischemic Attack (TIA)
- Hemorrhagic strokes
- Stroke not otherwise specified

ICD-9-CM Stroke Diagnosis Codes for GWGT-SPMT entry at discharge

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

- 430 (SUBARACHNOID HEMORRHAGE)
- 431 (INTRACEREBRAL HEMORRHAGE)
- 432.9 (UNSPECIFIED INTRACRANIAL HEMORRHAGE)
- 433.00 (OCL PRECEREBRAL ART)
- 433.01 (OCL BSLR ART W INFRCT)
- 433.10 (OCL CRTD ART WO INFRCT)
- 433.11 (OCL CRTD ART W INFRCT)
- 433.20 (OCL VRTB ART WO INFRCT)
- 433.21 (OCL VRTB ART W INFRCT)
- 433.30 (OCL MLT BI ART WO INFRCT)
- 433.31 (OCL MLT BI ART W INFRCT)
- 433.80 (OCL SPCF ART WO INFRCT)
- 433.81 (OCL SPCF ART W INFRCT)
- 433.90 (OCL ART NOS WO INFRCT)
- 433.91 (OCL ART NOS W INFRCT)
- 434.00 (CEREBRAL THROMBOSIS W/O INFARCTION)
- 434.01 (THROMBOSIS WITH CEREBRAL INFARCTION)
- 434.10 (CEREBRAL EMBOLISM W/O INFARCTION)
- 434.11 (CEREBRAL EMBOLISM WITH INFARCTION)
- 434.90 (CRBL ART OC NOS WO INFRC)
- 434.91 (CRBL ART OCL NOS W INFRC)
- 435.0 (BASILAR ARTERY SYNDROME)
- 435.1 (VERTEBRAL ARTERY SYNDROME)
- 435.2 (SUBCLAVIAN STEAL SYNDROM)
- 435.3 (VERTEBROBASILAR ARTERY SYNDROME)

- 435.8 (TRANS CEREB ISCHEMIA NEC)
- 435.9 (TRANS CEREB ISCHEMIA NOS)
- 436 (ACUTE, BUT ILL-DEFINED, CEREBROVASCULAR DISEASE)
- 671.50 (OTHER PHLEBITIS AND THROMBOSIS COMPLICATING PREGNANCY AND THE PUERPERIUM UNSPECIFIED AS TO EPISODE OF CARE)
- 671.51 (OTHER PHLEBITIS AND THROMBOSIS WITH DELIVERY WITH OR WITHOUT ANTEPARTUM CONDITION)
- 671.52 (OTHER PHLEBITIS AND THROMBOSIS WITH DELIVERY WITH POSTPARTUM COMPLICATION)
- 671.53 (OTHER ANTEPARTUM PHLEBITIS AND THROMBOSIS)
- 671.54 (OTHER POSTPARTUM PHLEBITIS AND THROMBOSIS)
- 674.00 (CEREBROVASCULAR DISORDERS OCCURRING IN PREGNANCY CHILDBIRTH OR THE PUERPERIUM UNSPECIFIED AS TO EPISODE OF CARE)
- 674.01 (CEREBROVASCULAR DISORDERS WITH DELIVERY WITH OR WITHOUT ANTEPARTUM CONDITION)
- 674.02 (CEREBROVASCULAR DISORDERS WITH DELIVERY WITH POSTPARTUM COMPLICATION)
- 674.03 (ANTEPARTUM CEREBROVASCULAR DISORDERS)
- 674.04 (POSTPARTUM CEREBROVASCULAR DISORDERS)
- 997.02 (IATROGEN CV INFARC/HMRHG)

Include:

- 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.
- 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.