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June 22, 2009

MEMORANDUM

TO: Chief Executive Officers
Chief Medical Officers
Chief Nursing Officers
Emergency Department Managers

FROM: Bridget McCarte, Policy Analyst, Health Policy & Regulation

SUBJECT: Stroke Center Legislation (HB2244) Passes

On May 19, the General Assembly unanimously approved legislation allowing the creation of stroke systems of care in Illinois. The legislation was a result of efforts to reduce the debilitating effects of stroke by getting stroke patients to the right hospital, with the right care, at the right time. Following the recommendations of the IHA Board of Trustees, IHA staff successfully worked with the American Stroke Association, the Illinois Department of Public Health (IDPH), EMS providers, and others, to incorporate member recommendations into HB2244.

HB2244 creates a stroke system of care in each of the 11 EMS Regions by identifying hospitals capable of providing emergent stroke care and directing EMS providers to transport possible acute stroke patients to these hospitals. Specifically, the Act sets up a mechanism for hospitals to pursue voluntary IDPH designation as a Primary Stroke Center (PSC) or Emergent Stroke Ready Hospital (ESRH). The Act then requires EMS providers to transport possible acute stroke patients to a PSC or an ESRH.

Other key provisions of HB2244 include:

- Creation of advisory hospital committees in each of the 11 EMS Regions and a mandated statewide advisory committee with hospital representation to assist with stroke patient transport decisions and other ongoing activities of the Act.
- After three years, publication of any data the Department collects from PSCs with an opportunity for hospitals to check the data for accuracy.
- Identification of stroke center hospitals on the Department website.
- Subject to appropriation, matching grants available to PSCs, ESRHs, and hospitals seeking stroke center certification or designation.

The legislation is effective January 1, 2010, but full implementation is unlikely until the rulemaking process is complete. IHA will continue to work closely with the Department as rules are developed.

Stroke Center Requirements

Hospitals must meet criteria as outlined in the law to be eligible for State PSC or ESRH designation. The substance of the requirements for PSCs and ESRHs originates from the American Stroke Association and the Brain Attack Coalition. To become a PSC or an ESRH, hospitals will need to review and adjust their emergent stroke care policies and procedures to better align with these nationally recognized, evidence-based standards.

Primary Stroke Centers

To date, Illinois has 29 PSCs certified by The Joint Commission (TJC) and the Health Facilities Accreditation Program (HFAP). Under the new law, these hospitals, and others, will have the opportunity to become State-designated PSCs. Any hospital certified a PSC by an organization such as TJC or HFAP may automatically qualify for voluntary State PSC designation by submitting a copy of their PSC certification certificate to IDPH.

State PSC designation does not require hospitals to meet additional criteria or make changes to their internal policies and procedures; the Department cannot certify hospitals as PSCs or ensure they meet certification criteria. IDPH does retain the ability to suspend or revoke a hospital's State PSC designation in extenuating circumstances, but it does not have authority over a hospital's PSC certification, as that is obtained through an outside organization.

Emergent Stroke Ready Hospitals

Illinois is one of the first states in the nation to incorporate another level of stroke center into its stroke system of care. ESRHs, hospitals that diagnose, treat, and transport acute stroke patients to a higher level of care as warranted, are likely to be located in communities throughout Illinois. Some hospitals, particularly small and rural hospitals, may find that joining a stroke network may present additional resources to help meet necessary criteria.

Under the new law, ESRHs must annually attest to IDPH their continued compliance with criteria outlined in HB2244, which may be clarified during the rulemaking process. ESRHs must comply with these criteria 24 hours a day, 365 days a year. The Department retains the ability to suspend or revoke ESRH designation for noncompliance or for extenuating circumstances.

ESRH designation criteria include:

- Written emergent stroke care protocols;
- Written transfer agreement with a hospital with neurosurgical expertise;
- Director of stroke care to oversee hospital stroke policies and procedures. This may be a clinical staff member or the designee of the hospital administrator;
- Administration of thrombolytic therapy (e.g. tPA);
- Ability to conduct brain image tests (e.g. CT scan) at all times;
- Ability to conduct blood coagulation studies at all times; and
- Maintenance of a stroke patient log, available for review by IDPH or any hospital with a written transfer agreement.

EMS & Stroke Patient Transport

The new Act requires the creation of EMS protocols to transport possible acute stroke patients to PSCs and ESRHs, unless circumstances warrant otherwise. Under existing law, EMS Regions retain autonomy over transport protocols. HB2244 mandates that each region adopt protocols specifically for patients experiencing stroke symptoms, and directs these patients to PSCs or ESRHs. Region XI (Chicago), with five certified PSCs, is therefore allowed to create different transport protocols than Region V (Carbondale), which does not currently have a PSC. EMS Regions may incorporate additional stroke centers into regional plans as they are designated by IDPH.

HB2244 creates hospital advisory committees in each EMS Region, and a statewide advisory committee with hospital representation to assist with the ongoing implementation of the Act. The regional committees will assist IDPH and EMS decision makers in each of Illinois' 11 EMS Regions with transport protocols for acute stroke patients and with the ongoing implementation of the Act. Statewide, the advisory committee will advise IDPH and EMS on the triage, treatment, and transport of acute stroke patients, and on other statewide stroke projects.

Lastly, the stroke legislation mandates EMS use a uniform stroke assessment tool (like the Cincinnati Prehospital or F.A.S.T. Stroke Scale) to clinically evaluate possible acute stroke patients in the field. The statewide stroke advisory committee will develop this tool, and following IDPH approval, the tool will be distributed to each EMS System for adoption. Having a uniform assessment tool is intended to add clarity for both hospital and prehospital personnel who may currently be exposed to many different stroke assessment tools.

Resources

- The full text of HB2244 is available [here](#).
- IHA will keep members apprised of developments and will conduct educational programs this summer and fall.

Conclusion

Although the Act becomes effective 1/1/2010, it is not practically feasible for IDPH to implement it without adopting new rules. EMS Regions, however, retain the ability to alter their transport protocols and may begin transporting stroke patients to PSCs or other hospitals at any time.

IHA will continue to work with the Department and other stakeholders through the rulemaking process and will be forming a membership group to work on the rules. If you would like to participate or if you have questions, please contact me at (630) 276-5843 or bmccarte@ihastaff.org.