

Senate Study Bill 3093 - Introduced

SENATE FILE _____
BY (PROPOSED COMMITTEE ON
HUMAN RESOURCES BILL BY
CHAIRPERSON RAGAN)

A BILL FOR

1 An Act relating to measuring and improving the quality of care
2 for stroke patients.
3 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF IOWA:

1 Section 1. NEW SECTION. 147A.30 Definitions.

2 As used in this subchapter, unless the context otherwise
3 requires:

4 1. "*Categorization*" means a determination by the department
5 that a hospital is capable of acting as a level 1, level 2,
6 or level 3 stroke center in accordance with criteria adopted
7 pursuant to chapter 17A for level 1, level 2, or level 3 stroke
8 care capabilities.

9 2. "*Department*" means the department of public health.

10 3. "*Hospital*" means a facility licensed under chapter 135B.

11 4. "*Stroke center*" means a hospital which provides stroke
12 care and has been verified by the department as having level 1,
13 level 2, or level 3 care capabilities and issued a certificate
14 of verification pursuant to this subchapter.

15 5. "*Stroke triage system*" means an organized approach to
16 providing personnel, facilities, and equipment for effective
17 and coordinated stroke care.

18 6. "*Verification*" means a formal process by which the
19 department certifies a hospital to provide stroke care in
20 accordance with criteria established for a level 1, level 2, or
21 level 3 stroke center.

22 Sec. 2. NEW SECTION. 147A.31 Stroke triage plan and system
23 development.

24 1. The department is designated as the lead agency in this
25 state responsible for the development of a statewide stroke
26 triage system.

27 2. The department, in consultation with the EMS advisory
28 council, shall develop, coordinate, and monitor a statewide
29 stroke triage plan and system.

30 a. The plan shall provide for a statewide prehospital
31 and interhospital stroke triage strategy to promote rapid
32 access for stroke patients to appropriate organized stroke
33 care through publication and regular updating of information
34 on resources for stroke care, and publication of generally
35 accepted criteria for stroke triage and appropriate transfer.

1 *b.* The system shall include but is not limited to the
2 following:

3 (1) The categorization of all hospitals as stroke centers
4 by the department in accordance with their capacity to provide
5 stroke care.

6 (2) The issuance of a certificate of verification for each
7 categorized hospital from the department at the level preferred
8 by the hospital. The standards and verification process shall
9 be established by rule and may vary as appropriate by level of
10 stroke care capability. To the extent possible, the standards
11 and verification process shall be coordinated with other
12 applicable accreditation and licensing standards.

13 (3) Upon verification and the issuance of a certificate of
14 verification, a hospital shall agree to maintain a level of
15 commitment and resources sufficient to meet responsibilities
16 and standards as required by the stroke care criteria
17 established by rule under this subchapter. Verifications are
18 valid for a period of three years or as determined by the
19 department and are renewable. As part of the verification and
20 renewal process, the department may conduct periodic on-site
21 reviews of the services and facilities of the hospital.

22 Sec. 3. NEW SECTION. **147A.32 Statewide stroke registry.**

23 1. The department shall maintain a statewide stroke
24 registry to compile information and statistics on stroke care
25 including prevalence, mortality, and performance metrics for
26 acute stroke patients. The purposes of the statewide stroke
27 registry are to monitor, evaluate, and provide guidance to
28 health care quality improvement efforts for the education,
29 diagnosis, and treatment of acute stroke; to facilitate the
30 implementation of quality of stroke care improvements in Iowa
31 hospitals; and to track the progress of Iowa hospitals in
32 meeting national benchmarks for stroke care.

33 2. The data collected by and furnished to the department
34 pursuant to this section are confidential records of the
35 condition, diagnosis, care, or treatment of patients or former

1 patients, including outpatients, pursuant to section 22.7,
2 subsection 2. Compilations of information prepared for release
3 or dissemination from the data collected are not confidential
4 under section 22.7, subsection 2. However, information which
5 individually identifies patients shall not be disclosed and
6 state and federal law regarding patient confidentiality shall
7 apply.

8 3. To the extent possible, activities under this section
9 shall be coordinated with other health data collection methods.

10 Sec. 4. NEW SECTION. 147A.33 **Adoption of rules.**

11 The department shall adopt rules to implement the stroke
12 triage system and statewide stroke registry under this
13 subchapter. The rules shall include designating stroke as a
14 reportable disease pursuant to chapter 139A.

15 Sec. 5. DIRECTIVE TO CODE EDITOR. The Code editor shall
16 codify sections 147A.30, 147A.31, 147A.32, and 147A.33, as
17 enacted in this Act, in a new subchapter in chapter 147A
18 entitled the "stroke triage plan and system".

19 EXPLANATION

20 This bill creates a new subchapter in Code chapter 147A
21 relating to the establishment by the department of public
22 health (DPH) of a stroke triage plan and system. The
23 department is designated as the lead agency responsible
24 for the development of a statewide stroke triage plan and
25 system. The plan is to provide for a statewide prehospital and
26 interhospital stroke triage strategy to promote rapid access
27 for stroke patients to appropriate organized stroke care.
28 The system is to include the categorization of all hospitals
29 as stroke centers by the department in accordance with their
30 capacity to provide stroke care, certification of verification
31 of all categorized hospitals by the department at the level
32 preferred by the hospital; and, upon issuance of a certificate
33 of verification, agreement of a hospital to maintain a level of
34 commitment and resources sufficient to meet responsibilities
35 and standards as required by the stroke care criteria.

1 The bill also directs DPH to maintain a statewide stroke
2 registry to compile information and statistics on stroke care
3 including prevalence, mortality, and performance metrics for
4 acute stroke patients. The purposes of the statewide stroke
5 registry are to monitor, evaluate, and provide guidance to
6 health care quality improvement efforts for the education,
7 diagnosis, and treatment of acute stroke; to facilitate the
8 implementation of quality of stroke care improvements in Iowa
9 hospitals; and to track the progress of Iowa hospitals in
10 meeting national benchmarks for stroke care.

11 The bill directs DPH to adopt rules to implement the stroke
12 triage plan and system and the statewide stroke registry. The
13 rules shall include designating stroke as a reportable disease
14 pursuant to Code chapter 139A.