

Legend: (Proposed New Rule)
Regular Print = Proposed new language

§157.133 Requirements for Stroke Facility Designation

(a) The Office of Emergency Medical Services (EMS)/Trauma Systems Coordination (office) shall recommend to the Commissioner of the Department of State Health Services (commissioner) the designation of an applicant/healthcare facility (facility) as a stroke facility at the level(s) for each location of a facility the office deems appropriate.

(b) Primary Stroke Facility designation--The facility, including a free-standing children's facility, meets the current Joint Commission essential criteria for an accredited primary stroke center; actively participates on the appropriate Regional Advisory Council (RAC); and submits data to the Texas Department of State Health Services (DSHS) as requested.

(c) A healthcare facility is defined under these rules as a single location where inpatients receive hospital services or each location if there are multiple buildings where inpatients receive hospital services and are covered under a single hospital license. Each location shall be considered separately for designation.

(d) The designation process shall consist of three phases.

(1) First phase. The application phase begins with submitting to the office a timely and sufficient application for designation as a stroke facility and ends when the survey report is received by the office.

(2) Second phase. The review phase begins with the office's review of the survey report and ends with its recommendation to the commissioner whether or not to designate the facility. This phase also includes an appeal procedure governed by the department's rules for a contested case hearing and by Government Code, Chapter 2001.

(3) Third phase. The final phase begins with the commissioner reviewing the recommendation and ends with his/her final decision.

(e) If the commissioner concurs with the recommendation to designate, the facility shall receive a letter and a certificate of designation valid for three years.

(f) It shall be necessary to repeat the stroke designation process as described in this section prior to expiration of a facility's designation or the designation expires.

(g) A designated stroke facility shall:

(1) comply with the provisions within these sections; all current state and system standards as described in this chapter; and all policies, protocols, and procedures as set forth in the system plan;

(2) continue its commitment to provide the resources, personnel, equipment, and response as required by its designation level;

(h) For a facility seeking initial designation, a timely and sufficient application shall include:

(1) the department's current "Complete Application" form for the appropriate level, with all fields correctly and legibly filled-in and all requested documents attached, hand-delivered or sent by postal services to the office;

(2) full payment of the \$100 designation fee enclosed with the submitted "Complete Application" form;

(3) any subsequent documents submitted by the date requested by the office;

(4) a stroke designation survey completed within one year of the date of the receipt of the application by the office; and

(5) a complete survey report, including patient care reviews, that is within 180 days of the date of the survey and is hand-delivered or sent by postal services to the office.

(i) If a hospital seeking initial designation fails to meet the requirements in subsection (h)(1) - (5) of this section, the application shall be denied.

(j) For a facility seeking re-designation, a timely and sufficient application shall include:

(1) the department's current "Complete Application" form for the appropriate level, with all fields correctly and legibly filled-in and all requested documents attached, hand-delivered or sent by postal services to the office one year or greater from the designation expiration date;

(2) full payment of the \$100 designation fee enclosed with the submitted "Complete Application" form;

(3) any subsequent documents submitted by the date requested by the office; and

(4) a complete survey report, including patient care reviews, that is within 180 days of the date of the survey and is hand-delivered or sent by postal services to the office no less than 60 days prior to the designation expiration date.

(k) If a healthcare facility seeking re-designation fails to meet the requirements outlined in subsection (j)(1) - (4) of this section, the original designation will expire on its expiration date.

(l) The office's analysis of the submitted "Complete Application" form may result in recommendations for corrective action when deficiencies are noted and shall also include a review of:

(1) evidence of current participation in RAC/regional system planning; and

(2) the completeness and appropriateness of the application materials submitted, including the submission of a non-refundable application fee of \$100.00.

(m) A RAC should develop a stroke system plan based on standard guidelines for comprehensive system development. The stroke system plan is subject to approval by DSHS.

(n) DSHS may review the plan to assure that:

(1) all counties within the TSA have been included unless a specific county, or portion thereof, has been aligned within an adjacent system;

(2) all health care entities and interested specialty centers have been given an opportunity to participate in the planning process; and

(3) the following components have been addressed:

(A) stroke prevention;

(B) access to the system;

(C) communications;

(D) medical oversight;

(E) pre-hospital triage criteria;

(F) diversion policies;

(G) bypass protocols;

(H) regional medical control;

(I) regional stroke treatment guidelines;

(i) Guidelines consistent with current standards shall be developed, implemented, and evaluated.

(ii) Individual agencies and medical directors may, and are encouraged, to exceed the minimum standards.

(iii) Stroke patients will be cared for by health professionals with documented education and skill in the assessment and care of stroke throughout their pre-hospital and hospital course.

(iv) Stroke patients will have their medical care, as documented by pre-hospital run forms and hospital charts, reviewed by the individual entity's medical director for appropriateness and quality of care.

(v) Stroke patients will have deviations from standard of care addressed through a documented stroke performance improvement process.

(J) facility triage criteria;

(K) inter-hospital transfers;

(L) planning for the designation of stroke facilities, including the identification of the comprehensive, primary, and support stroke facility(ies); and

(M) a performance improvement program that evaluates processes and outcomes from a system perspective.

(o) DSHS approval of the completed plan may qualify health care entities participating in the system to receive state funding for stroke care if funding is available.