

## ILLINOIS STROKE SYSTEMS OF CARE

### DEVELOPMENT AND IMPLEMENTATION OF ILLINOIS STROKE SYSTEM POLICY

P.A. 98-1001, effective January 1, 2015, updates the 2009 Primary Stroke Center Law via provisions recommended by the official State Stroke Advisory Committee

- Allows the Illinois Department of Public Health (IDPH) to designate hospitals as Comprehensive Stroke Centers, a designation that did not exist when the 2009 PSC Law passed
- Changes IDPH's current use of "Emergent Stroke Ready Hospital" terminology to match the newer and nationally accepted "Acute Stroke Ready Hospital" terminology
- Allows Emergent Stroke Ready/Acute Stroke Ready Hospitals to receive IDPH designation based on either the current process of self-attestation, or via proof of national certification as Acute Stroke Ready (such certification didn't exist when the 2009 Primary Stroke Center Law was passed)
- Authorizes IDPH to collect a stroke center designation fee of between \$100 – \$500 from all CSC's, PSC's, and ASRH's
  - The funds collected would be used to administer a state stroke registry, a key quality improvement tool, and for other IDPH stroke-related initiatives.

#### WHERE ARE WE NOW?

- HB 5742 passed both chambers and was signed into law in August, 2014. An update to the administrative code was necessary to reflect the new law, that update comes in the form of rules via the Joint Commission on Administrative Rule. The State Stroke Advisory Subcommittee wrote the rules in collaboration with IDPH.
- The Stroke Rules were unanimously approved by the JCAR in April 2016. The final draft reflects the updates and minor changes made after the initial public comment period.
- Rules can be viewed here:  
<http://www.ilga.gov/commission/jcar/admincode/077/07700515sections.html>.
- **Next steps:** new stroke designation applications are available here: <http://dph.illinois.gov/topics-services/emergency-preparedness-response/ems/stroke-program>. IDPH will collect fees from new designations and begin the process for creation of a registry.
- **What this means:** hospitals may apply for the state designations; respective Regional Stroke Advisory Subcommittees, if not already, should be meeting to update protocols in recognition of three tiers of stroke care and to reflect the capabilities and best interests of your specific EMS Region. Regions differ drastically around the state, it is imperative that any triage and transport protocols are established locally.
- **For more information, please contact Julie Mirostaw, Government Relations Director for the American Heart Association at [julie.mirostaw@heart.org](mailto:julie.mirostaw@heart.org) or 312-476-6657.**