

## CHAPTER 33

## ( SB 55 )

AN ACT relating to certified stroke centers.

Be it enacted by the General Assembly of the Commonwealth of Kentucky:

➔Section 1. KRS 216B.0425 is amended to read as follows:

- (1) Except as otherwise provided, for purposes of this section:
  - (a) "Acute care hospital" means a licensed facility providing inpatient and outpatient medical or surgical services to an individual that seeks care and treatment, regardless of the individual's ability to pay for services, on an immediate and emergent basis through an established emergency department and a continuous treatment basis on its premises for more than twenty-four (24) hours; and
  - (b) ~~["Primary stroke center certification,"]~~ "Acute stroke ready hospital certification," "**primary stroke center certification**," "**thrombectomy-capable stroke center certification**," and "comprehensive stroke center certification" mean certification for acute care hospitals issued by the Joint Commission, the American Heart Association, or another cabinet-approved nationally recognized organization that provides disease-specific certification for stroke care, that:
    1. Complies with census-based national standards and safety goals;
    2. Effectively uses evidence-based clinical practice guidelines to manage and optimize care; and
    3. Uses an organized approach to measure performance.
- (2) The secretary of the Cabinet for Health and Family Services shall designate as a **certified**~~primary~~ stroke center any acute care hospital which has received an acute stroke ready hospital certification, ~~a comprehensive stroke center certification, or~~ a primary stroke center certification, **a thrombectomy-capable stroke center, or a comprehensive stroke center certification**.
- (3) The secretary shall suspend or revoke an acute care hospital's designation as an acute stroke ready hospital, ~~a comprehensive stroke center, or~~ a primary stroke center, **a thrombectomy-capable stroke center, or a comprehensive stroke center** if certification is withdrawn by the Joint Commission, the American Heart Association, or another cabinet-approved certifying organization.
- (4)
  - (a) The cabinet shall maintain a list of certified acute stroke ready hospitals, ~~comprehensive stroke centers, and~~ primary stroke centers, **thrombectomy-capable stroke centers, and comprehensive stroke centers** and post the list on its Web site. The cabinet shall provide the list and periodic updates to the Kentucky Board of Emergency Medical Services.
  - (b) The Kentucky Board of Emergency Medical Services shall share the list with each local emergency medical services provider at least annually, and as new centers and hospitals are designated and certified.

➔Section 2. KRS 211.575 is amended to read as follows:

- (1) As used in this section, "department" means the Department for Public Health.
- (2) The Department for Public Health shall establish and implement a plan for achieving continuous quality improvement in the quality of care provided under a statewide system for stroke response and treatment. In implementing the plan, the department shall:
  - (a) Maintain a statewide stroke database to compile information and statistics on stroke care as follows:
    1. The database shall align with the stroke consensus metrics developed and approved by the American Heart Association, the American Stroke Association, the Centers for Disease Control and Prevention, and the Joint Commission;
    2. The department shall utilize the "Get With The Guidelines-Stroke" quality improvement program maintained by the American Heart Association and the American Stroke Association or another nationally recognized program that utilizes a data set platform with patient confidentiality standards no less secure than the statewide stroke database established in this paragraph; and

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3. Require ~~certified~~~~primary~~ stroke centers as established in KRS 216B.0425 to report to the database each case of stroke seen at the facility. The data shall be reported in a format consistent with nationally recognized guidelines on the treatment of individuals within the state with confirmed cases of stroke;
  - (b) To the extent possible, coordinate with national voluntary health organizations involved in stroke quality improvement to avoid duplication and redundancy;
  - (c) Encourage the sharing of information and data among health care providers on methods to improve the quality of care of stroke patients in the state;
  - (d) Facilitate communication about data trends and treatment developments among health care professionals involved in the care of individuals with stroke;
  - (e) Require the application of evidence-based treatment guidelines for the transition of stroke patients upon discharge from a hospital following acute treatment to community-based care provided in a hospital outpatient, physician office, or ambulatory clinic setting; and
  - (f) Establish a data oversight process and a plan for achieving continuous quality improvement in the quality of care provided under the statewide system for stroke response and treatment, which shall include:
    1. Analysis of the data included in the stroke database;
    2. Identification of potential interventions to improve stroke care in specific geographic regions of the state; and
    3. Recommendations to the department and the Kentucky General Assembly for improvement in the delivery of stroke care in the state.
- (3) All data reported under subsection (2)(a) of this section shall be made available to the department and all government agencies or contractors of government agencies which are responsible for the management and administration of emergency medical services throughout the state.
- (4) On June 1, 2013, and annually on June 1 thereafter, the department shall provide a report of its data and any related findings and recommendations to the Governor and to the Legislative Research Commission. The report also shall be made available on the department's Web site.
- (5) Nothing in this section shall be construed to require the disclosure of confidential information or data in violation of the federal Health Insurance Portability and Accountability Act of 1996.

**Signed by Governor March 25, 2022.**