



THA TAKEAWAYS

Key Takeaways From TDSHS' New Requirements Governing Stroke Facility Designation

In July, the Texas Department of State Health Services distributed new [proposed requirements for stroke facility designation](#) to begin discussions around amending the state's existing stroke facility designation requirements. In July and August, TDSHS held stakeholder meetings in select cities to review the proposed stroke facility designation criteria and will continue meeting with stakeholders across the state through September and October. The current stroke facility designation criteria are in place until the Texas Health and Human Services Commission adopts the new proposed requirements, which TDSHS anticipates will take up two years.

The Texas Hospital Association seeks member feedback on the proposed changes and will discuss the implications of the proposed changes to determine if a change to THA's policy position on stroke facility designation is warranted.

If adopted, the following would be among the new stroke facility designation requirements:

1. Stroke designation would not include off-campus provider-based departments of the hospital. For instance, a hospital-owned off-campus emergency department would not fall under the main hospital's stroke designation.
2. A stroke designation could not be transferred or assigned upon a hospital's change of ownership or change of location.
3. Stroke facility designation would be valid for three years instead of two years.
4. If TDSHS finds deficiencies during the application process for new stroke designation, the hospital must implement a plan of correction. The current stroke rules state that TDSHS may require a plan of correction, but the proposed stroke requirements set out the structure in more detail. In addition, under the proposed requirements, TDSHS may appoint an observer (at TDSHS' cost) to monitor the survey process.
5. Hospitals seeking to renew stroke designation would need to submit completed applications and documents 90 days prior to the expiration date for the current designation instead of the 60-day deadline under the current stroke rules.
6. Facilities would need to notify EMS and TDSHS if they do not meet two additional services: 24/7 procedural capabilities for Level I facilities and neuro-critical care services for Level I and Level II facilities. The current rules include eight services, and the total would be ten if the proposed requirements are adopted.

For more information, contact:

Cameron Duncan, III, J.D.
Assistant General Counsel
Texas Hospital Association
cduncan@tha.org

Carrie Kroll
Vice President for Advocacy and Public Policy
Texas Hospital Association
ckroll@tha.org