

REQUEST FOR TECHNICAL CHANGE

AGENCY: DHHS, Secretary

RULE CITATION: 10A NCAC 14L .0101

DEADLINE FOR RECEIPT: Friday, January 9, 2015

NOTE WELL: This request when viewed on computer extends several pages. Please be sure you have reached the end of the document.

The Rules Review Commission staff has completed its review of this rule prior to the Commission's next meeting. The Commission has not yet reviewed this rule and therefore there has not been a determination as to whether the rule will be approved. You may call this office to inquire concerning the staff recommendation.

In reviewing these rules, the staff determined that the following technical changes need to be made:

In (1), line 9, delete or define "rapid."

I assume that (2) Acute Stroke Ready, (5) Comprehensive Stroke Center, and (13) Primary Stroke Center" are all designations? The wording is inconsistent for the designations and creates some confusion as to whether they are all in fact designations for a stroke center.

The wording of (4) Comprehensive Stroke Care is awkward. Please consider revising to make the definition more clear. Also what do you mean by "state of the art"?

The wording in (6) Conditional designation and (8) Designated Stroke Center is the same but not in the same order. Please make consistent. Also, please delete the word "or" after "Primary Stroke Center" in (6) and "Comprehensive Stroke Center" in (8).

In (9), did you intend to exclude "Primary Stroke Center"?

In (10), the language behind including in lines 32 and 34 is inconsistent in that in line 32 it is in parenthesis and in line 34 it is not. Parenthesis do not appear to be necessary.

In (10), did you mean 10A NCAC 13P .0201. This Rule pertains to EMS System Requirements. If this is what you intended to include please revise the language regarding the Rule.

Please retype the rule accordingly and resubmit it to our office at 1711 New Hope Church Road, Raleigh, North Carolina 27609.

Of course, this will also require conforming changes to the attached copies of the rule. Please check to see that this paperwork is in order and is returned along with the revised rule.

Amber Cronk May
Commission Counsel
December 29, 2014

1 10A NCAC 14L .0101 is adopted with changes as published in 29:07 NCR, pp. 733-735 as follows:

2
3 **SUBCHAPTER 14L – STROKE CENTER DESIGNATION**

4
5 **SECTION .0100 – DEFINITIONS**

6
7 **10A NCAC 14L .0101 DEFINITIONS**

8 The following definitions apply throughout this Subchapter:

- 9 (1) “Acute Stroke Care” means the process for the rapid assessment and treatment of patients
10 experiencing an acute cerebrovascular accident.
- 11 ~~(2)~~ (3) “Acute Stroke Ready” means a hospital that has satisfied all requirements for certification as an
12 acute stroke ready hospital from a nationally recognized hospital accrediting organization.
- 13 ~~(2)~~ (3) “Catchment Area” means the geographical area from which a hospital’s patients are drawn.
- 14 ~~(3)~~ (4) “Comprehensive Stroke Care” means state-of-the-art infrastructure, staff and training to receive
15 and treat patients with the most complex stroke cases, including advanced imaging capabilities, 24
16 hours per day, seven days per week availability of specialized treatments, and staff with the unique
17 education and competencies to care for complex stroke patients.
- 18 ~~(4)~~ (5) “Comprehensive Stroke Center” means a hospital that has satisfied all requirements for
19 certification from a nationally recognized hospital certifying organization for the provision of
20 comprehensive stroke care.
- 21 ~~(5)~~ (6) “Conditional Designation” means a hospital that is pursuing certification but has not satisfied all
22 certification requirements of the national accrediting body to qualify for Primary Stroke Center or
23 Comprehensive Stroke ~~Center~~ Center, or Acute Stroke Ready Hospital designation.
- 24 ~~(6)~~ (7) “Department” means the Department of Health and Human Services.
- 25 ~~(7)~~ (8) “Designated Stroke Center” means a hospital that has presented evidence to the Department of
26 current certification by a national accrediting organization as a Comprehensive Stoke Center or
27 Primary Stroke ~~Center~~ Center, or Acute Stroke Ready Hospital.
- 28 ~~(8)~~ (9) “Designation” means the recognition by the Department of a hospital’s certification by a
29 nationally recognized hospital certifying organization for the provision of comprehensive or acute
30 stroke care.
- 31 ~~(9)~~ (10) “EMS System” means a coordinated arrangement of local resources under the authority of the
32 county government (including all agencies, personnel, equipment, and facilities) organized to
33 respond to medical emergencies and integrated with other health care providers and networks
34 including public health, community health monitoring activities, and special needs populations,
35 that are approved by the Department in accordance with the EMS and Trauma Rules of the North
36 Carolina Medical Care Commission 10A NCAC 13P .0201.

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In reviewing these rules, the staff determined that the following technical changes need to be made:

In (a)(4), how are other nationally recognized hospitals determined by the Department?

In (d)(2), are all hospitals not designated as a Primary or Comprehensive Stroke Center or an Acute Stroke Ready Hospital incapable or providing appropriate management? What is considered appropriate?

In (f), how shall the hospitals notify the Office of Emergency Medical Services of any changes? Does it need to be in writing? By email?

In (g) are the accrediting bodies those referenced in (a)?

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Amber Cronk May
Commission Counsel
December 29, 2014

1 10A NCAC 14L .0201 is adopted with changes as published in 29:07 NCR, pp. 733-735 as follows:

2
3 **SECTION .0200 –STROKE CENTER DESIGNATION**

4
5 **10A NCAC 14L .0201 STROKE CENTER DESIGNATION REQUIREMENTS**

6 (a) The Department shall designate hospitals licensed by the Division of Health Service Regulation pursuant to G.S.
7 131E-78.5 as certified “Designated Stroke Centers,” as defined in Rule ~~.0101(7)~~ .0101(8) of this ~~Section,~~
8 Subchapter, upon receipt of evidence provided by the hospital as defined in Paragraph (b) of this Rule that the
9 hospital has received Primary or Comprehensive Stroke ~~Center~~ Center, or Acute Stroke Ready certification or by
10 any of the following:

- 11 (1) the “Joint Commission,” “American Heart Association,” and “American Stroke Association”
12 Comprehensive Stroke Center, Disease Specific Certification Program; ~~“Healthcare Facilities~~
13 ~~Accreditation Program” (HFAP);~~
14 (2) “Healthcare Facilities Accreditation Program” (HFAP);
15 ~~(2) (3)~~ “Det Norske Veritas” (DNV); or
16 ~~(3) (4)~~ other nationally recognized hospital certifying body as determined by the Department.

17 (b) Hospitals designated as a Primary or Comprehensive Stroke ~~Center~~ Center, or Acute Stroke Ready shall notify
18 the Office of Emergency Medical Services within 90 days of certification of the following information:

- 19 (1) the name of the accrediting organization issuing certification to the hospital;
20 (2) the date of certification;
21 (3) the level of certification (~~Primary or Comprehensive~~); (Primary, Comprehensive, or Acute Stroke
22 Ready);
23 (4) the date of renewal of the certification; and
24 (5) the name and phone number of the primary contact person at the hospital who is responsible for
25 obtaining the certification.

26 (c) The Department shall maintain a list of all Primary and Comprehensive Stroke ~~Centers~~ Centers, and Acute
27 Stroke Ready Hospitals on its ~~Internet~~ website at ~~http://www.ncdhhs.nc.gov.~~ http://www.ncdhhs.gov.

28 (d) Each designated Primary or Comprehensive Stroke ~~Center~~ Center, or Acute Stroke Ready Hospital shall
29 coordinate the provision of acute stroke care with other hospitals in their catchment area through written agreements
30 that address the following minimum requirements:

- 31 (1) transportation of acute stroke patients to the designated Primary or Comprehensive Stroke ~~Center;~~
32 Center, or Acute Stroke Ready Hospital; and
33 (2) acceptance of patients initially treated at hospitals incapable of providing appropriate management
34 of the acute stroke patient.

35 (e) The Office of Emergency Medical Services shall provide written notification annually through email to the
36 medical directors of each EMS system and EMS provider a list of all Primary and Comprehensive Stroke ~~Centers~~
37 Centers, and Acute Stroke Ready Hospitals contained on the Department’s ~~Internet~~ website.

1 (f) Hospitals shall notify the Office of Emergency Medical Services within 30 days of any change to the hospital's
2 Primary or Comprehensive Stroke ~~Center~~ Center, or Acute Stroke Ready certification.

3 (g) Hospitals that have received a conditional certification are ineligible for designation by the Department as a
4 Primary or Comprehensive Stroke ~~Center~~ Center, or Acute Stroke Ready Hospital until the hospital receives Primary
5 or Comprehensive Stroke ~~Center~~ Center, or Acute Stroke Ready certification by the accrediting body issuing the
6 certification.

7 (h) Hospitals that fail to maintain certification shall be removed from the Department's ~~Internet~~ website by the
8 Office of Emergency Medical Services within 30 days following receipt of written notification from the affected
9 hospital.

10 (i) Non-certified hospitals shall not advertise or utilize signage representing the hospital as a Primary or
11 Comprehensive Stroke ~~Center~~ Center, or Acute Stroke Ready Hospital if the hospital has not received that
12 designation by the Department.

13

14 *History Note: Authority 143B-10; 131E-78.5;*

15 *Eff. February 1, 2015.*