

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

SUBCHAPTER 14L – STROKE CENTER DESIGNATION

SECTION .0100 – DEFINITIONS

10A NCAC 14L .0101 DEFINITIONS

The following definitions apply throughout this Subchapter:

- (1) “Acute Stroke Care” means the process for the ~~rapid~~ assessment and treatment of patients experiencing an acute cerebrovascular accident.
- (2) “Acute Stroke Ready” means a hospital that has satisfied all requirements for certification as an acute stroke ready hospital from a nationally recognized hospital accrediting organization.
- ~~(2)~~ (3) “Catchment Area” means the geographical area from which a hospital's patients are drawn.
- ~~(3)~~ (4) “Comprehensive Stroke Care” means ~~state-of-the-art~~ care provided by hospitals that meet or exceed the requirements put forward by nationally-recognized hospital accrediting organizations and have developed the infrastructure, ~~staff~~ staff, and training necessary to receive and treat patients with the most complex stroke cases, including advanced imaging capabilities, 24 hours per day, seven days per ~~week~~ week, with availability of specialized treatments, and staff with the unique education and competencies to care for complex stroke ~~patients.~~ patients through the certification process required by accrediting organizations.
- ~~(4)~~ (5) “Comprehensive Stroke Center” means a hospital that has satisfied all requirements for certification from a nationally recognized hospital certifying organization for the provision of comprehensive stroke care.
- ~~(5)~~ (6) “Conditional Designation” means a hospital that is pursuing certification but has not satisfied all certification requirements of the national accrediting body to qualify for ~~Primary Stroke Center or Comprehensive Stroke Center~~ Center or Primary Stroke Center or Acute Stroke Ready Hospital designation.
- ~~(6)~~ (7) “Department” means the Department of Health and Human Services.
- ~~(7)~~ (8) “Designated Stroke Center” means a hospital that has presented evidence to the Department of current certification by a national accrediting organization as a Comprehensive Stoke Center or Primary Stroke ~~Center.~~ Center or Acute Stroke Ready Hospital.
- ~~(8)~~ (9) “Designation” means the recognition by the Department of a hospital’s certification by a nationally recognized hospital certifying organization for the provision of ~~comprehensive or acute stroke care.~~ stroke care as set forth in (2), (5), and (13) of this Rule.
- ~~(9)~~ (10) “EMS System” means ~~a coordinated arrangement of local resources under the authority of the county government (including all agencies, personnel, equipment, and facilities) organized to respond to medical emergencies and integrated with other health care providers and networks~~

1 including public health, community health monitoring activities, and special needs populations,
2 those entities that are approved by the Department in accordance with 10A NCAC 13P .0201 of
3 the EMS and Trauma ~~Rules of the North Carolina Medical Care Commission 10A NCAC 13P~~
4 ~~.0201. Rules.~~

5 ~~(10)~~ (11) “EMS Provider” means those entities defined in G.S. 131E-155(13a) that hold a current license
6 issued by the Department pursuant to G.S. 131E-155.1.

7 ~~(11)~~ (12) “Office of Emergency Medical Services (OEMS)” means a section of the Division of Health
8 Service Regulation of the North Carolina Department of Health and Human Services located at
9 1201 Umstead Drive, Raleigh, North Carolina 27603.

10 ~~(12)~~ (13) “Primary Stroke Center” means a hospital that has satisfied all requirements for certification from
11 a nationally recognized hospital accrediting organization for the provision of acute stroke care.

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13 *History Note:* Authority G.S. 143B-10; 131E-78.5;
14 Eff. February 1, 2015.

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

SECTION .0200 –STROKE CENTER DESIGNATION

10A NCAC 14L .0201 STROKE CENTER DESIGNATION REQUIREMENTS

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

- (1) ~~the “Joint Commission”~~ “The Joint Commission” (TJC), “American Heart Association,”
Association” (AHA), and “American Stroke Association” Association” (ASA) Comprehensive
Stroke Center, Disease Specific Certification Program; ~~“Healthcare Facilities Accreditation~~
~~Program” (HFAP);~~
- (2) “Healthcare Facilities Accreditation Program” (HFAP);
- ~~(2)~~ (3) “Det Norske Veritas” (DNV); or
- ~~(3)~~ (4) other nationally recognized hospital-certifying body as determined by the Department; accrediting
body that requires conformance to best practices for stroke care.

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

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

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

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

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

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

4 (f) Hospitals shall notify the Office of Emergency Medical Services in writing within 30 days of any change to the
5 hospital's Primary Stroke Center or Comprehensive Stroke Center or Acute Stroke Ready certification.

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

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

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

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

18 *Eff. February 1, 2015.*