

Brenda Fitzgerald, MD, Commissioner | Nathan Deal, Governor

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April 11, 2017

NOTICE OF PROPOSED RULEMAKING "Emergency Medical Services" Revision to Regulation Chapter 511-9-2


The Department of Public Health, through its Office of Emergency Medical Services and Trauma (OEMS), proposes the attached amendments to DPH Regulations Chapter 511-9-2-.04, pursuant to its authority under O.C.G.A. Sections 31-2A-6 and 31-11-119.

During the 2015-2016 legislative session of the Georgia General Assembly, Article 6 of Chapter 11 of Title 31 of the Official Code of Georgia Annotated, related to the "Coverdell-Murphy Act," was amended to update the current system of levels of certified stroke centers in this state, and to permit the Department to require certain information to be reported to the Georgia Coverdell Acute Registry in order to maintain identification as a stroke center. The Department proposes amendments to its regulations to reflect these legislative changes,

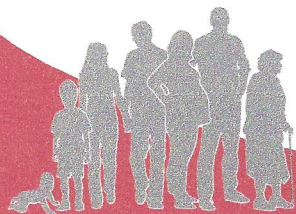
Interested persons may submit comments on these proposed revisions in writing addressed to:

M. Zain Farooqui
Associate General Counsel
Georgia Department of Public Health
2 Peachtree Street, NW, 15th Floor
Atlanta, GA 30303

Comments may also be presented in person at a public meeting scheduled for **10:30 a.m., May 12, 2017**, in Room 9-260 at 2 Peachtree Street, N.W., 9th Floor, Atlanta, GA 30303.



M. Zain Farooqui
Associate General Counsel
Georgia Department of Public Health



We Protect Lives.

511-9-2-.04 Designation of Specialty Care Centers.

(1) Trauma Centers.

(a) Applicability.

1. This section is not intended to prevent any hospital or medical facility from providing medical care to any trauma patient.

2. No hospital or medical facility shall hold itself out or advertise to be a designated trauma center without first meeting the requirements of these rules.

(b) Designation.

1. The department shall define the process for trauma center designation and re-designation.

2. The department has the authority to review, enforce, and recommend removal of trauma center designation for trauma centers failing to comply with applicable statutes, Rules and Regulations, and department policy.

3. Designation will be for a period of three years.

4. Each designated trauma center will be subject to periodic review.

5. Each designated trauma center shall submit data to the state trauma registry in a manner and frequency as prescribed by the department.

(2) Stroke Centers

(a) Applicability.

1. This section is not intended to prevent any hospital or medical facility from providing medical care to any stroke patient.

2. No hospital or medical facility shall hold itself out as or advertise to the public that it to be a is designated by the department as a comprehensive, primary, remote treatment, or any other level of stroke center without first meeting the requirements of these rules.

3. The department, in consultation with the Georgia Coverdell Acute Stroke Registry, may establish additional levels of stroke centers as necessary based on advancements in medicine and patient care.

(b) ~~Standards for~~ Designation of Nationally Accredited Stroke Centers.

1. Any hospital seeking designation and identification by the department as a comprehensive, a primary, or remote treatment stroke center must submit a written application to the department.

2. Hospitals seeking designation as either a comprehensive or primary stroke center ~~The application must include adequate documentation of the hospital's valid certification as either a comprehensive or a primary stroke center by a nationally recognized healthcare accreditation body~~

recognized by the department.

3. Hospitals seeking designation as a remote treatment stroke center must include adequate documentation of the hospital's valid certification as an acute stroke-ready hospital by a national healthcare accreditation body recognized by the department.

~~3. — Each designated primary stroke center must participate in the Georgia Coverdell Acute Stroke Registry and must submit data to the department annually accordance with the requirements established in O.C.G.A. §31-11-116.~~

~~4. — The department may suspend or revoke a hospital's designation as a primary stroke center, after notice and hearing, if the department determines that the hospital is not in compliance with the requirement of these rules or applicable statutes.~~

(c) Standards for Designation of Non-Nationally Accredited Remote Treatment Stroke Centers.

1. Hospitals that are not nationally accredited as an acute stroke-ready hospital may seeking designation and identification as a remote treatment stroke center through an application process as determined by must submit a written application to the department.

~~2. The department shall define in policy the application process and establish a remote stroke center checklist outlining the requirements.~~

3. (i) Upon receipt of a completed application, the department shall schedule and conduct an inspection of the applicant's facility no later than ninety days after receipt of the application.

4. (ii) Hospitals will be evaluated on the standards and clinical practice guidelines established by the American Heart Association and American Stroke Association and must utilize current and acceptable telemedicine protocols relative to acute stroke treatment.

~~5. Each hospital seeking designation as a remote treatment stroke center under subsection (2)(c) must participate in the Georgia Coverdell Acute Stroke Registry prior to making application for designation and following designation, must submit data to the department on an annual basis in accordance with the requirements established in O.C.G.A. § 31-11-116, and must establish cooperating stroke care agreements with designated comprehensive or primary stroke centers.~~

(d). In order to assure that patients are receiving the appropriate level of care and treatment at each level of stroke center in the state, each hospital designated and identified by the department as a stroke center must participate in the Georgia Coverdell Acute Stroke Registry, and shall submit data to the Registry as required by the department including, but not limited to, the following information:

1. Date of admission and discharge;
2. Patient disposition at discharge;
3. Patient identifier, currently known as "Georgia LONGID," that consists of elements as defined by the department;
4. Patient age, gender, and race;
5. Location where stroke occurred;
6. Patient arrival mode;
7. Patient's past medical and medication history;
8. Clinical diagnosis of type of stroke or transient ischemic attack;

9. The National Institutes of Health stroke scale score;
10. Serum low density lipoprotein level;
11. Whether stroke symptoms were resolved at time of presentation;
12. Earliest time patient placed on comfort measure only;
13. Whether patient was admitted for elective carotid intervention;
14. Whether patient was participating in a stroke related clinical trial;
15. Whether in-hospital treatment with intravenous or intra-arterial thrombotic or mechanical clot removal, antithrombotic, or venous thromboembolism prophylaxis was provided, or reason for not providing each treatment;
16. Date and time of last known well visit, hospital arrival, imaging, and treatment administration;
17. Whether dysphagia screen had been completed;
18. Whether treatment at discharge with antithrombotic, anticoagulant, or statin (lipid-lowering medication) was provided, or reason for not providing each treatment;
19. Whether smoking cessation advice or counseling was provided;
20. Whether stroke education was provided;
21. Whether rehabilitation services was provided; and
22. Modified Rankin Scale score at discharge.

6(e). The department may suspend or revoke a hospital's designation as a ~~remote-treatment~~ stroke center, after notice and hearing, if the department determines that the hospital is not in compliance with the requirements of these rules or applicable statutes.

Authority: O.C.G.A. §§ 31-2A-6, 31-11-110 through 31-11-119.