

December 11, 2017

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

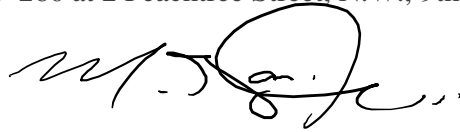
The Department of Public Health, through its Office of Emergency Medical Services and Trauma, proposes the attached amendments to DPH Regulations Chapter 511-9-2-.04 pursuant to its authority under O.C.G.A. Sections 31-2A-6 and 31-11-139.

Senate Bill 102 (2017) creates Article 7 under Chapter 11, Title 31 of the Official Code of Georgia Annotated, to establish the Office of Cardiac Care (OCC) within the Department of Public Health. More specifically, the amendment authorizes the Department to promulgate rules and regulations to carry out the purposes of Article 7. These purposes include establishing a three-level designation system of emergency cardiac care centers and the criteria for hospitals to meet to be recognized as an emergency cardiac care in this state. They also authorize the Department to establish an application process for designation and re-designation of hospitals, to establish the requirement for data reporting to maintain designation, and to provide for the suspension or revocation of designation.

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

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Comments may also be presented in person at a public meeting scheduled for **11 a.m., 10 January, 2018**, in Room 9-260 at 2 Peachtree Street, N.W., 9th Floor, Atlanta, GA 30303.



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Georgia Department of Public Health



**RULES OF THE
DEPARTMENT OF PUBLIC HEALTH**

**CHAPTER 511-9-2
Emergency Medical Services**

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 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) Designation of Nationally Accredited Stroke Centers.

1. Any hospital seeking designation and identification by the department as a comprehensive, 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 must include adequate documentation of the hospital's valid certification as either a comprehensive or primary stroke center by a national 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.

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

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

(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.

(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.

2. Each hospital seeking designation as a remote treatment stroke center under subsection (2)(c) 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:

(i) Date of admission and discharge;

(ii) Patient disposition at discharge;

(iii) Patient identifier, currently known as "Georgia LONGID," that consists of elements as defined by the department;

(iv) Patient age, gender, and race;

(v) Location where stroke occurred;

(vi) Patient arrival mode;

(vii) Patient's past medical and medication history;

(viii) Clinical diagnosis of type of stroke or transient ischemic attack;

- (ix) The National Institutes of Health stroke scale score;
- (x) Serum low density lipoprotein level;
- (xi) Whether stroke symptoms were resolved at time of presentation;
- (xii) Earliest time patient placed on comfort measure only;
- (xiii) Whether patient was admitted for elective carotid intervention;
- (xiv) Whether patient was participating in a stroke related clinical trial;
- (xv) 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;
- (xvi) Date and time of last known well visit, hospital arrival, imaging, and treatment administration;
- (xvii) Whether dysphagia screen had been completed;
- (xviii) Whether treatment at discharge with antithrombotic, anticoagulant, or statin (lipid-lowering medication) was provided, or reason for not providing each treatment;
- ~~(xix)~~(xxx) Whether smoking cessation advice or counseling was provided;
- (xx) Whether stroke education was provided;
- (xxi) Whether rehabilitation services was provided; and
- (xxii) Modified Rankin Scale score at discharge.

(e) The department may suspend or revoke a hospital's designation as a 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.

(3) Emergency Cardiac Care Centers.

(a) Applicability.

1. This section is not intended to prevent any hospital or medical facility from providing medical care to any cardiac patient.
2. No hospital or medical facility shall hold itself out as or advertise to the public that it is designated by the department as a Level I, Level II, or Level III emergency cardiac care center without first meeting the requirements of these rules and obtaining approval from the department.
3. The department may establish additional levels of emergency cardiac care centers as necessary based on advancements in medicine and patient care.

(b) Designation of Emergency Cardiac Care Centers

1. Any hospital seeking designation or re-designation by the department as an emergency cardiac care center must submit a written application to the department in a manner and on forms as determined by the department.
2. The department's review of applications for designation and re-designation as an emergency cardiac care center may include an on-site inspection of the hospital.

(c) Designation Criteria

1. Applicants for designation as an emergency cardiac care center shall meet, at a minimum, the following criteria:

(i) Level I:

(a) Cardiac catheterization and angioplasty facilities available 24 hours, seven days per week, 365 days per year;

(b) On-site cardiothoracic surgery capability available 24 hours, seven days per week, 365 days per year;

(c) Established protocols for therapeutic hypothermia for out-of-hospital cardiac arrest patients;

(d) The ability to implant percutaneous left ventricular assist devices for support of hemodynamically unstable patients;

(e) Neurologic protocols to measure functional status at hospital discharge; and

(f) The ability to implant automatic implantable cardioverter defibrillators.

(ii) Level II:

(a) Cardiac catheterization and angioplasty facilities available 24 hours, seven days per week, 365 days per year, but no on-site cardiothoracic surgery capability;

(b) Established protocols for therapeutic hypothermia for out-of-hospital cardiac arrest patients;

(c) Neurologic protocols to measure functional status at hospital discharge; and

(d) A written transfer plan with one or more Level I emergency cardiac care centers for patients who need left ventricular assist devices, implantable cardioverter defibrillators, or cardiothoracic surgery.

(iii) Level III:

(a) Established protocols for therapeutic hypothermia for out-of-hospital cardiac arrest patients; and

(b) A written plan for systematic transfer of patients to a Level I or Level II facility.

2 Coordinating agreements established between cardiac care centers shall be in writing and shall include at a minimum:

(a) Transfer agreements for the transport and acceptance of:

i. Cardiac patients seen by a Level I emergency cardiac care center for care which a Level II or III emergency cardiac care center does not provide; or

ii. Cardiac patients seen by a Level II emergency cardiac care center for care which a Level III emergency cardiac care center does not provide; and

(b) Communications criteria and protocols between the emergency cardiac care centers.

(d) Data Reporting

1. Each hospital designated and identified by the department as an emergency cardiac care center must report the following to designated registries as determined by the department in accordance with time frame requirements established by the department:

(i) Required data elements on all out-of-hospital cardiac arrest patients as determined by the department; and

(ii) Required data elements on all heart attack patients as determined by the department.

2. Each emergency cardiac care center shall have a written system describing the timely submission of all data described in subsection (i) and (ii) of this section.

(e) The department may suspend or revoke a hospital's designation as an emergency cardiac care center, after notice and hearing, if the department determines that the hospital is not in compliance with the requirements or criteria of these rules or applicable statutes. In lieu of suspending or revoking a hospital's designation, the department may re-designate a hospital at another level of emergency cardiac care if it is determined that a hospital does not meet the criteria for a hospital's current level of designation.

Authority: O.C.G.A. §§ 31-2A-6, 31-11-110 through 31-11-119, and 31-11-130 through 31-11-139.

History. Original Rule entitled "Designation of Specialty Care Centers" adopted. F. December 14, 2011; eff. January 3, 2012.

Amended: F. Apr. 2, 2015; eff. Apr. 22, 2015. Note: Correction of non-substantive typographical error in, original Rule title "Licensure of Air Ambulance Services" corrected to "Designation of Specialty Care Centers." Effective May 17, 2016.