

## **ARTICLE 6 Stroke System of Care Act of 2011**

### **SECTION 44-61-610.** Short title.

This article may be cited as the "Stroke System of Care Act of 2011" and is based on recommendations of the Stroke System of Care Study Committee provided for in Act 121 of 2009.

HISTORY: 2011 Act No. 62, Section 1, eff June 21, 2011.

### **SECTION 44-61-620.** Legislative findings.

The General Assembly finds that:

(1) An effective system to support optimal stroke care is needed in our communities in order to treat stroke patients in a timely manner, improve the overall treatment of stroke patients, increase survival, and decrease the disabilities associated with stroke.

(2) There is a public health need for acute care hospitals in this State to become primary stroke centers to ensure the rapid triage, diagnostic evaluation, and treatment of patients suffering a stroke. There is also a need for a pre-hospital emergency transport system that identifies and transports potential stroke patients as quickly as possible to the most appropriate facility for stroke treatment.

(3) Primary stroke centers for the treatment of acute stroke should be established in as many acute care hospitals as possible. In addition, hospitals that do not have primary stroke center certification but use telemedicine or other means to facilitate acute or early stroke treatment should be integrated, along with primary stroke centers, within a system of care to evaluate, stabilize, and provide emergency and inpatient care to patients with acute stroke.

(4) It is in the best interest of the residents of South Carolina to establish a program to facilitate identification and development of stroke treatment capabilities throughout the State. This program will provide a system of stroke care that will include specific patient care and support services criteria that will ensure stroke patients receive safe and effective care in stroke care centers statewide.

(5) It is also in the best interest of the people of South Carolina to modify the state's emergency medical response system to ensure that potential stroke patients are quickly identified and transported to and treated in facilities that have the capability for providing timely and effective treatment for stroke patients.

HISTORY: 2011 Act No. 62, Section 1, eff June 21, 2011.

### **SECTION 44-61-630.** Definitions.

As used in this article:

- (1) "Department" means the South Carolina Department of Health and Environmental Control.
- (2) "Director" means the Director of the South Carolina Department of Health and Environmental Control.
- (3) "Joint Commission" means the Joint Commission, formerly known as the Joint Commission on Accreditation of Healthcare Organizations, a not-for-profit organization that accredits hospitals and other health care organizations.

HISTORY: 2011 Act No. 62, Section 1, eff June 21, 2011.

**SECTION 44-61-640.** Identification of hospitals as primary stroke centers and stroke enabled centers; certification by nationally recognized organizations; designation of acute stroke capable centers; notification of loss of recognition.

(A) The director shall identify hospitals that meet the criteria set forth in this article as primary stroke centers and stroke enabled centers through telemedicine.

(B) The department shall establish a process to recognize as "primary stroke centers" as many accredited acute care hospitals as apply and are certified as primary stroke centers by the Joint Commission or another nationally recognized organization that provides disease-specific certification or accreditation for stroke care, provided that each applicant continues to maintain this certification or accreditation and notifies the department in a timely manner of initial and subsequent certification or accreditation.

(C) As nationally recognized, disease-specific certification or accreditation programs become available at more comprehensive and less comprehensive levels, including, but not limited to, a designation for "acute stroke capable centers", the department may adopt and recognize those hospitals that have achieved the certification or accreditation.

(D) A hospital that no longer meets nationally recognized, evidenced-based standards for primary stroke centers, or other programs as they become recognized by the department, shall notify the department and the Stroke System of Care Advisory Council within thirty days.

HISTORY: 2011 Act No. 62, Section 1, eff June 21, 2011.

**SECTION 44-61-650.** Stroke System of Care Advisory Council; members; terms; responsibility; service without compensation; progress report.

(A) There is established a Stroke System of Care Advisory Council to be appointed by the director of the department. Representation on the council must be as geographically diverse as

possible and composed of, but not limited to, knowledgeable and experienced individuals from the following areas:

(1) a hospital administrator, or designee, from a primary stroke center, upon the recommendation of the South Carolina Hospital Association;

(2) a hospital administrator, or designee, from a hospital with a stroke telemedicine program that is not a primary stroke center upon the recommendation of the South Carolina Hospital Association;

(3) a hospital administrator, or designee, from a hospital capable of providing emergent stroke care as levels of nationally recognized, disease-specific certification or accreditation programs become available, upon the recommendation of the South Carolina Hospital Association;

(4) a licensed neurologist from a primary stroke center, upon the recommendation of the South Carolina Medical Association;

(5) a licensed emergency department physician who also serves as an emergency medical services medical director from a hospital capable of providing emergent stroke care, upon the recommendation of the South Carolina Chapter of the College of Emergency Physicians;

(6) a licensed emergency medical services agency representative, upon the recommendation of the South Carolina Emergency Medical Services Advisory Council of the Department of Health and Environmental Control;

(7) a licensed emergency medical services agency representative, upon the recommendation of the South Carolina Emergency Medical Services Association;

(8) a licensed air ambulance representative, upon the recommendation of the South Carolina Association of Air Medical Services;

(9) a representative from a rehabilitation facility that provides comprehensive inpatient post-acute stroke services, upon the recommendation of the South Carolina Hospital Association;

(10) an acute stroke patient advocate; and

(11) a representative from the American Stroke Association.

(B) Members shall serve terms of three years and may be reappointed. Vacancies must be filled in the manner of the original appointment for the unexpired portion of the term. The director shall appoint the chairman of the council from the membership of the council, and council members may select a vice chairman from their membership. The council shall meet at least twice a year or at the call of the chairman.

(C) The Stroke Advisory Council is responsible for advising the department on the development and implementation of a statewide system of stroke care in accordance with this article.

(D) Members of the council shall serve without compensation, mileage, per diem, or subsistence.

(E) The director shall provide a formal progress report of the status of this statewide system of stroke care to the General Assembly no later than January 15, 2014.

HISTORY: 2011 Act No. 62, Section 1, eff June 21, 2011.

**SECTION 44-61-660.** List of stroke centers to be posted on website; distribution of standardized stroke-triage assessment tool; implementation of statewide system of stroke care.

(A)(1) The department, before June first of each year, shall distribute the list of primary stroke centers, stroke enabled centers through telemedicine, and other centers that meet the criteria for disease-specific certification or accreditation programs as they become available to each licensed emergency medical services provider in this State. This list must be posted on the department website and be continuously updated.

(2) For the purposes of this article, the department may include on its distribution list pursuant to subsection (A)(1) primary stroke centers in North Carolina and Georgia that are certified by the Joint Commission or are otherwise designated by those states' departments of public health as meeting the criteria for primary stroke centers.

(B) The department, in consultation with the Stroke System of Care Advisory Council, shall adopt and distribute a nationally recognized, standardized stroke-triage assessment tool. The department must post the stroke-triage assessment tool on its website and provide a copy, which may be an electronic copy, of the stroke-triage assessment tool to each licensed emergency medical services provider before January 31, 2012. Each licensed emergency medical services provider must establish a stroke assessment and triage system that incorporates the department approved stroke-triage assessment tool.

(C) The department, through the Division of Heart Disease and Stroke Prevention and the Division of Emergency Medical Services, shall develop and implement the statewide system of stroke care in accordance with this article and shall give consideration to recommendations submitted by the Stroke Advisory Council.

(D) Each licensed emergency medical services provider must comply with all sections of this article before June 1, 2012.

HISTORY: 2011 Act No. 62, Section 1, eff June 21, 2011.

**SECTION 44-61-670.** Duties of department; confidentiality of health care information.

(A) The department, in consultation with the Stroke System of Care Advisory Council, shall:

(1) provide assistance for sharing information and data among health care providers on ways to improve the quality of care;

(2) facilitate the communication and analysis of health information and data among health care professionals providing care for individuals with stroke;

(3) collect data regarding the transition of care to community-based follow-up care in hospital outpatient, physician office, and ambulatory clinic settings for ongoing care after hospital discharge following acute treatment for a stroke;

(4) set expectations for hospitals and emergency medical services agencies to report data on the treatment of individuals with suspected stroke within the statewide system of stroke care; and

(5) establish a Stroke Registry Task Force, as a subcommittee of the Stroke System of Care Advisory Council, which shall maintain a statewide stroke registry database that compiles information and statistics on stroke care that align with the stroke consensus metrics developed and approved by the American Heart Association, American Stroke Association, Centers for Disease Control and Prevention, and the Joint Commission. The department shall utilize the stroke registry data platform of "Get With The Guidelines-Stroke" or another nationally recognized data set platform with confidentiality standards no less secure. To every extent possible, the department shall coordinate with national voluntary health organizations involved in stroke quality improvement to avoid duplication and redundancy.

(6) The Stroke Registry Task Force shall:

(a) analyze data generated by the statewide stroke registry database on stroke care;

(b) identify potential interventions to improve stroke care in geographic areas or regions of the State; and

(c) provide recommendations to the department and the General Assembly for the improvement of stroke care in the State.

(B) Except to the extent necessary to address continuity of care issues, health care information must not be provided in a format that contains individually identifiable information about a patient. The sharing of health care information containing individually identifiable information about patients must be limited to that information necessary to address continuity of care issues, and otherwise must be in accordance with, and subject to, the confidentiality provisions required by applicable state and federal law, including, but not limited to, the federal Health Insurance Portability and Accountability Act and regulations pursuant to that act.

HISTORY: 2011 Act No. 62, Section 1, eff June 21, 2011.