

## TITLE 310. OKLAHOMA STATE DEPARTMENT OF HEALTH

## CHAPTER 667. HOSPITAL STANDARDS

## SUBCHAPTER 59. CLASSIFICATION OF HOSPITAL EMERGENCY SERVICES

**310:667-59-20. Classification of emergency stroke services**

(a) **Secondary Stroke Facility.** A Secondary Stroke Facility shall provide services with at least a licensed independent practitioner, registered nurse, licensed practical nurse, or intermediate or paramedic level emergency medical technician on site twenty-four (24) hours a day. A hospital shall be classified as a Secondary Stroke Facility if it meets the following requirements:

(1) **Clinical services and resources.** No diagnostic, surgical, or medical specialty services are required.

(2) **Personnel.** A physician, licensed independent practitioner, registered nurse, licensed practical nurse, or intermediate or paramedic level emergency medical technician shall be on site twenty-four (24) hours a day. In the absence of a physician, licensed independent practitioner, registered nurse, or paramedic level emergency medical technician, at least one of the practitioners on duty shall have received training in advanced life support techniques and be deemed competent to initiate treatment of the emergency stroke patient.

(A) If the facility is licensed as a General-Medical Surgical Hospital it shall also meet the personnel and staffing requirements at OAC 310:667-29-1 (relating to emergency service or department) and any other applicable parts of this Chapter.

(B) If the facility provides emergency medical services and is licensed as a Specialized Hospital: Psychiatric, it shall also meet the personnel and staffing requirements at OAC 310:667-33-2 (relating to services) and any other applicable parts of this Chapter.

(C) If the facility provides emergency medical services and is licensed as a Specialized Hospital: Rehabilitation, it shall also meet the personnel and staffing requirements at OAC 310:667-35-3 (relating to specialized requirements - policy and personnel) and any other applicable parts of this Chapter.

(D) If the facility provides emergency medical services and is licensed as a Critical Access Hospital, it shall also meet the personnel and staffing requirements at OAC 310:667-39-14 (relating to emergency services) and any other applicable parts of this Chapter.

(3) **Supplies and equipment.** In addition to the requirements at OAC 310:667-59-9(a)(3) (relating to classification of trauma and emergency operative services at Level IV), the hospital shall have the following equipment and supplies on site, functional, and immediately available:

(A) Seizure control agents;

(B) Thiamine and glucose for intravenous administration; and

(C) Antipyretics and procedures for reducing body temperature when necessary.

(4) **Agreements and policies on transfers.**

(A) The hospital shall have written policies defining the medical conditions and circumstances for those emergency patients which may be retained for treatment in-house, and for those who require stabilizing treatment and transfer to another facility.

(B) The facility shall have a written agreement with a hospital classified as a Primary Stroke Center, or with a board certified, board eligible, or residency trained neurologist, or group of neurologists to provide immediate consultative services for stroke patients twenty-four (24) hours a day. Such services shall include providing instructions for the initiation of appropriate therapy and/or patient transfer.

(b) **Primary Stroke Center.** A Primary Stroke Center shall provide emergency medical services with an organized emergency department. A physician shall be on call and immediately available to respond to the emergency department and nursing staff with special capability in emergent stroke care shall be on site twenty-four (24) hours a day. A hospital shall be classified as a Primary Stroke Center if it meets the following requirements:

(1) **Clinical services and resources.**

(A) **Emergency services.** A physician deemed competent in the care of the emergent stroke patient and credentialed by the hospital to provide emergency medical services shall be on call and immediately available to respond to the emergency department. Nursing personnel with special capability in emergent stroke care shall be on site twenty-four (24) hours a day.

(i) For a hospital licensed as a general medical surgical hospital or specialty hospital, emergency services shall also comply with the requirements of OAC 310:667-29-1 through OAC 310:667-29-2 (relating to emergency service or department and patient transfers.)

(ii) For a hospital licensed as a critical access hospital, emergency services shall also comply with OAC 310:667-39-14 (relating to emergency services.)

(B) **Stroke Team.** A stroke team shall be identified in writing and shall be on site or immediately available to respond to the emergency department:

(i) Stroke team members shall have at least annual training in the care of the stroke patient;

(ii) Response time standards for the stroke team shall be established and monitored;

(iii) Standard practice protocols for the care of the stroke patient shall be in place, including appropriate administration of an FDA-approved thrombolytic agent within sixty (60) minutes of the arrival of the patient at the emergency department.

(C) **Diagnostic imaging.** The hospital shall have diagnostic x-ray and computerized tomography services available twenty-four (24) hours a day. A radiologic technologist and computerized tomography technologist shall be on duty or on call and immediately available twenty-four (24) hours a day. A single technologist designated as qualified in both diagnostic x-ray and computerized tomography procedures by the radiologist may be used to meet this requirement if an on call schedule of additional diagnostic imaging personnel is maintained.

- (i) For a hospital licensed as a general medical surgical hospital or specialty hospital, diagnostic imaging services shall also comply with the applicable requirements in Subchapter 23 of this Chapter (relating to diagnostic and treatment services.)
  - (ii) For a hospital licensed as a critical access hospital, diagnostic imaging services shall also comply with the applicable requirements in Subchapter 39 of this Chapter (relating to critical access hospitals.)
- (D) **Clinical laboratory service.** The hospital shall have clinical laboratory services available twenty-four (24) hours a day. All or part of these services may be provided by arrangements with certified reference laboratories provided these services are available on an emergency basis twenty-four (24) hours a day. At least the following shall be available:
- (i) Standard analysis of blood, urine, and other body fluids to include routine chemistry and hematology testing;
  - (ii) Cerebrospinal fluid, cell count, white blood cell differential, protein, glucose, Gram stain, and antigen testing when appropriate;
  - (iii) Coagulation studies;
  - (iv) Blood gas/pH analysis; and
  - (v) Drug and alcohol screening.
  - (vi) For a hospital licensed as a general medical surgical hospital or specialty hospital, clinical laboratory services shall also comply with the applicable requirements in Subchapter 23 of this Chapter (relating to diagnostic and treatment services.)
  - (vi) For a hospital licensed as a critical access hospital, clinical laboratory services shall also comply with the applicable requirements in Subchapter 39 of this Chapter (relating to critical access hospitals.)
- (2) **Personnel.**
- (A) **Emergency services director.** The medical staff shall designate a physician credentialed to provide emergency medical care as emergency services director.
  - (B) **Neurologist.** A physician board certified, board eligible, or residency trained, in neurology shall be available for consultation on site or immediately available by telephone or other electronic means twenty-four (24) hours a day.
- (3) **Supplies and equipment.** In addition to the requirements at OAC 310:667-59-9(a)(3) (relating to classification of trauma and emergency operative services at Level IV), the hospital shall have the following equipment and supplies on site, functional, and immediately available:
- (A) Seizure control agents;
  - (B) Thiamine and glucose for intravenous administration;
  - (C) Antipyretics and procedures for reducing body temperature when necessary;
  - (D) Sterile procedure trays for lumbar puncture and measurement of intracranial pressure; and
  - (E) Thrombolytic agents for treatment of acute nonhemorrhagic stroke.
- (4) **Agreements and policies on transfers.**

(A) The hospital shall have written policies defining the medical conditions and circumstances for those emergency patients, which may be retained for treatment in-house, and for those who require stabilizing treatment and transfer to another facility.

(B) If the facility does not have a neurologist, either board certified, board eligible, or residency trained, or group of neurologists similarly qualified, on staff to provide immediate consultative services for emergent stroke patients twenty-four (24) hours a day, the facility shall have a written agreement with a hospital, or a neurologist, either board certified, board eligible, or residency trained, or group of neurologists similarly qualified, to provide such services for emergent stroke patients on a twenty-four (24) hour basis. Such services shall include providing instructions for the initiation of appropriate therapy and/or patient transfer.

(5) **Quality Improvement.** The hospital shall ensure an appropriate quality improvement process is in place to monitor and evaluate the care provided to the critically ill stroke patient, and to provide regular feedback to emergency medical service agencies and referring hospitals on the optimal care of the critically ill stroke patient.