

GENERAL ASSEMBLY OF NORTH CAROLINA
SESSION 2005

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HOUSE DRH30242-LY-234 (02/28)

Short Title: Statewide Stroke Care System. (Public)

Sponsors: Representatives Faison, Wright, B. Allen, and England (Primary Sponsors).

Referred to:

A BILL TO BE ENTITLED

1
2 AN ACT TO PROVIDE FOR THE IDENTIFICATION OF PRIMARY STROKE
3 CENTERS; TO DISSEMINATE INFORMATION TO THE GENERAL PUBLIC
4 AND EMERGENCY CARE PROVIDERS ABOUT THE LOCATION OF
5 PRIMARY STROKE CENTERS; AND TO FACILITATE APPROPRIATE
6 EMERGENT STROKE CARE.

7 Whereas, stroke is one of the leading causes of long-term disability; and

8 Whereas, as many as twenty-five percent of stroke survivors are permanently
9 disabled; and

10 Whereas, stroke is the third leading cause of death in North Carolina; and

11 Whereas, North Carolina is situated in the country's "Stroke Belt," with North
12 Carolina ranking fourth in the nation for stroke-related death; and

13 Whereas, 5,000 North Carolinians die of stroke each year; and

14 Whereas, nearly thirty percent of all people who have strokes are younger
15 than 65 years of age; and

16 Whereas, as the population of North Carolina ages, death and disability from
17 stroke will increase dramatically if this State does not implement strategies based on
18 sound research that will improve the outcomes of stroke victims across this State; and

19 Whereas, the Institute of Medicine of the National Academy of Science has
20 recommended the establishment of coordinated systems of care as a means of improving
21 the level of medical treatment that patients receive; and

22 Whereas, in agreement with the Institute of Medicine report, national medical
23 experts from a wide range of disciplines have concluded that improving the organization
24 of stroke care through the development of statewide stroke care systems offers one
25 means of reducing the burden of stroke on a community basis; and

1 on its Web Site, then the Department shall also publish a list of all hospitals in the State
2 that have an established stroke plan as provided in G.S. 131E-320, but that are not
3 primary stroke centers and notify all hospitals in the State:

4 (1) Of the qualifications necessary for a hospital to be identified as a
5 primary stroke center;

6 (2) Of the procedure for applying for identification as a primary stroke
7 center; and

8 (3) That the identified hospital has a right but is not required to be listed
9 on the Department's Web Site as a primary stroke center.

10 (d) The Department shall send a list of primary stroke centers and their locations
11 to all emergency medical services providers.

12 (e) Except as otherwise provided in this subsection, identification of a hospital as
13 a primary stroke center terminates on the date the hospital ceases to qualify for the
14 identification in accordance with rules adopted by the Department. A hospital identified
15 as a primary stroke center that ceases to qualify for identification may continue to use
16 the identification if the hospital:

17 (1) Reasonably expects to qualify for the identification within six months
18 after the date the hospital ceases to qualify for identification; and

19 (2) Notifies the Department and each emergency medical services
20 provider located in the region for which the hospital provides primary
21 stroke services of the temporary lapse in qualification and the expected
22 date of qualification as a primary stroke center.

23 (f) A hospital whose identification as a primary stroke center has terminated
24 shall notify the Department and each emergency medical services provider in the region
25 that the hospital serves that the hospital's qualification as a primary stroke center has
26 terminated. A hospital that loses identification as a primary stroke center may reapply
27 for identification.

28 **"§ 131E-320. Hospitals not identified as primary stroke centers.**

29 A hospital that is not identified as a primary stroke center shall develop a plan
30 indicating the hospital's procedures for providing emergent care for stroke patients. The
31 plan shall include the circumstances under which a stroke patient may be transferred to
32 a primary stroke center for emergent care, and shall identify primary stroke centers
33 available to advise the hospital upon its request regarding stroke patient management.

34 **"§ 131E-321. Prehospital medical services for stroke victims.**

35 (a) Emergency medical services systems that utilize emergency medical
36 dispatchers shall use written diagnostic algorithms and protocols to facilitate the rapid
37 identification of possible stroke victims and the rapid dispatch of appropriate
38 prehospital providers.

39 (b) Emergency medical services systems shall adopt written policies and
40 procedures to facilitate the identification and transport of suspected stroke victims to an
41 appropriate health care facility. To the extent possible, development of the policies and
42 procedures should include input and assistance from a primary stroke center. The
43 policies and procedures shall provide for, at a minimum:

- 1 (1) Training of first responders on stroke recognition and treatment,
2 including emergency screening procedures, per certification cycle or
3 per another period based upon recommendations by the peer review
4 committee;
5 (2) Protocols for rapid transport to a primary stroke center when rapid
6 transport to a primary stroke center is appropriate; and
7 (3) Response, on site, and transport times should be monitored to
8 minimize delays in the initiation of hospital-based treatment.

9 "**§ 131E-322. Rule-making authority.**

10 The Department may adopt rules to implement this Article."

11 **SECTION 2.** This act becomes effective January 1, 2007.