TITLE 48. PUBLIC HEALTH - GENERAL
PART I. General Administration
Subpart 15. Louisiana Emergency Response Network Board

Chapter 187.   Requirements for Louisiana Stroke Center Recognition

§18701.Stroke Center Recognition

A.   The Louisiana Emergency Response Network Board (LERN) and the Louisiana Department of Health ~~and Hospitals~~ recognize the following <u>six</u> ~~four~~ levels of stroke facilities:

1.   <u>CSC</u>~~level 1~~: comprehensive stroke center <u>(formerly designated as level 1)</u>;

2.   ~~level 2: primary stroke center~~<u>TSC: thrombectomy capable stroke center</u>;

3.   ~~level 3: acute stroke ready hospital~~<u>PSC-E: primary stroke center with endovascular capability</u>; and

4.   ~~level 4: non-stroke hospital~~<u>PSC: primary stroke center (formerly designated as level 2)</u>~~.~~<u>;</u>

5.   <u>ASRH: acute stroke ready hospital (formerly designated as level 3); and</u>

6.   <u>Stroke bypass hospital (formerly designated as level 4).</u>

B.   Participation in Louisiana stroke center recognition is voluntary and no hospital shall be required to participate.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2846(A) and 48:2845(A)(7).

HISTORICAL NOTE: Promulgated by the Department of ~~Hospitals~~<u>Health</u>, Emergency Response Network, LR 40:2590 (December 2014). Amended by the Department of Health, Emergency Response Network _____ (_____).

§18703.Stroke Center Criteria

A.   Each facility participating in stroke center recognition shall meet the following criteria.

1.   ~~Level 1~~<u>CSC</u>: A comprehensive stroke center (CSC) will meet the requirements specified by the joint commission or other board approved accrediting/certification body approved by LERN for comprehensive stroke center certification. Attestation as a CSC is only allowed after verification by the joint commission or other LERN approved accrediting/certification body that the facility meets all requirements set forth in the CSC standards.

2.   <u>TSC: A thrombectomy capable stroke center (TSC) will meet the requirements specified by the joint commission or other board approved accrediting/certification body approved by LERN for thrombectomy capable stroke center certification. Attestation as a TSC is only allowed after verification</u>

by the joint commission or other LERN approved accrediting/certification body that the facility meets all requirements set forth in the TSC standards.

3. ~~Level 2~~PSC-E: A primary stroke center (PSC-E) shall meet the requirements specified by the joint commission, healthcare facilities accreditation program (HFAP), or other LERN approved accrediting/certification body for Primary Stroke Center verification. Attestation as a PSC-E is only allowed after verification by the joint commission, HFAP, or other LERN approved accrediting/certification body that the facility meets all requirements set forth in the PSC standards. In addition to PSC requirements, a PSC-E must have physician(s) credentialed to perform mechanical thrombectomy and must update resource management portal of endovascular availability at all times. If a physician credentialed to perform endovascular capability is not available, the PSC-E must notify all EMS providers in the region when endovascular resources are not available. The PSC-E must collect and submit quarterly to LERN the same data the joint commission requires the thrombectomy stroke capable centers to collect.

4. PSC: A primary stroke center (PSC) shall meet the requirements specified by the joint commission, healthcare facilities accreditation program (HFAP), or other LERN approved accrediting/certification body for primary stroke center verification. Attestation as a PSC is only allowed after verification by the joint commission, HFAP, or other LERN approved accrediting/certification body that the facility meets all requirements set forth in the PSC standards.

~~3~~5. ~~Level 3~~ASRH: An acute stroke ready hospital (AS~~C~~RH) will provide timely access to stroke care but may not meet all criteria for a ~~Level 1~~CSC, TSC, or a ~~Level 2~~PSC or a PSC-E facility. An AS~~C~~RH will provide acute stroke care in urban and rural areas where transportation and access are limited. An A~~C~~SRH is intended to recognize models of care delivery that have shown utility, including "drip-and-ship" and telemedicine. An A~~C~~SRH must meet requirements adopted by LERN and submit quarterly data as required by LERN. LERN approved requirements are based on national best practice guidelines.

~~4~~6. ~~Level 4~~Stroke bypass hospital: A ~~non stroke hospital (NSH)~~stroke bypass hospital should not receive patients exhibiting signs or symptoms of stroke except for instances when the clinical situation requires stopping at the closest emergency department. A ~~non~~ stroke bypass hospital must have:

a. ~~physician staffed ER 24/7;~~

b. ~~CT scan available within 12 hours; and~~

~~c.~~transfer protocol in place for transfer to higher levels of care through ~~with~~ a written and agreed upon relationship with a ~~level I, II, or III~~CSC, TSC, PSC, PSC-E or ASRH stroke center.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2846(A) and 48:2845(A)(7).

HISTORICAL NOTE: Promulgated by the Department of Health ~~and Hospitals~~, Emergency Response Network, LR 40:2590 (December 2014). Amended by the Department of Health, Emergency Response Network _____ (_____).

**§18705.	Attestation for Stroke Center Recognition**

A.	A hospital seeking ~~level 1, level 2, level 3 or level 4~~ CSC, TSC, PSC-E, ASRH or stroke bypass ~~stroke center~~ recognition will submit an affidavit of the hospital CEO to LERN detailing compliance with the requirements designated herein.

1.	A center or hospital seeking ~~level 1~~CSC recognition which submits a copy of that level of

certification by a LERN-recognized organization, such as the joint commission or other LERN approved accrediting/certification body, shall be assumed to meet the requirements for recognition.

2.	A center or hospital seeking ~~level 2 PSC~~TSC stroke center recognition which submits a copy of that level of certification by a LERN-recognized organization, such as the joint commission, HFAP, or other LERN approved accrediting/certification body, shall be assumed to meet the requirements for recognition.

3.	A center or hospital seeking PSC-E stroke center recognition which submits a copy of PSC certification by a LERN-recognized organization, such as the joint commission, HFAP, or other LERN approved accrediting/certification body, shall be assumed to meet the requirements for recognition. In addition to a copy of the certification, the CEO must also attest to meeting the additional board approved requirements.

4.	A center or hospital seeking PSC stroke center recognition which submits a copy of that level of certification by a LERN-recognized organization, such as the joint commission, HFAP, or other LERN approved accrediting/certification body, shall be assumed to meet the requirements for recognition.

5.	Although a center or hospital seeking ~~level 3~~ASRH stroke center recognition is not required to obtain certification by an external certifying body, ~~a level 3 center~~a hospital which submits a copy of ~~that level of~~ ASRH certification by a LERN-recognized organization, such as the joint commission, HFAP or other LERN approved accrediting/certification body, shall be assumed to meet the requirements for recognition. Hospitals must all meet LERN ASRH requirements and approved data submission requirements.

~~4~~6.	Each center or hospital shall submit proof of continued compliance every two years by submission of an affidavit by its CEO.

B.	A hospital or center which fails to meet the ~~criteria for a Stroke Facility level~~ requirements as attested, or which no longer choose~~s~~ to maintain state Stroke Facility level recognition, shall immediately notify LERN and local EMS.

AUTHORITY NOTE:	Promulgated in accordance with R.S. 40:2846(A) and 48:2845(A)(7).

HISTORICAL NOTE: Promulgated by the Department of Health ~~and Hospitals~~, Emergency Response Network, LR 40:2590 (December 2014). Amended by the Department of Health, Emergency Response Network _____ (_____).

§18706.Stroke Center Data Submission Requirements

A.	All stroke centers, whether CSC, TSC, PSC-E, PSC or ASRH are required to submit certain data to the board on a quarterly basis.

B.	The requirements of and for data submission are posted on the LERN website, http://lern.la.gov/lern-stroke-system/stroke-data-collection.

AUTHORITY NOTE:	Promulgated in accordance with R.S. 40:2846(A) and 48:2845(A)(7).

HISTORICAL NOTE: Promulgated by the Department of Health, Emergency Response Network _____ (_____).

§18707.Stroke Center Listing

A.   …

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2846(A) and 48:2845(A)(7).

HISTORICAL NOTE: Promulgated by the Department of Health ~~and Hospitals~~, Emergency Response Network, LR 40:2591 (December 2014).

§18708.Failure to Submit Stroke Data To LERN

A.   Acute stroke read hospitals not submitting data for one quarter or not submitting the required action plan and/or mock code, if applicable, will result in automatic probation, which will generate a warning letter to the CEO. The letter will communicate LERN board expectation for data and (action plan and/or mock code, if applicable) submission for the missed quarter and the following quarter.

B.   For a hospital not submitting data to the board for two consecutive quarters, the hospital will automatically be demoted to a stroke bypass hospital.

C.   Once an ASRH demotes to a stroke bypass hospital for non-adherence with submission requirement, the hospital CEO cannot re-attest until the hospital has submitted two consecutive quarters of data meeting standards.

D.   If an ASRH fails to meet the performance metrics after two quarters of participation in data review, the board appointed stroke subcommittee will present the blinded data to the board for a vote on demotion to stroke bypass hospital versus continued remediation.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2846(A) and 48:2845(A)(7).

HISTORICAL NOTE: Promulgated by the Department of Health, Emergency Response Network _____(_____).