



AUTHORITY: section 190.618, RSMo Supp. 2008. Original rule filed Jan. 9, 2009, effective Aug. 30, 2009.*

**Original authority: 190.618, RSMo 2007.*

19 CSR 30-40.710 Definitions and Abbreviations Relating to Stroke Centers

PURPOSE: This rule defines terminology related to stroke centers.

(1) As used in 19 CSR 30-40.720 and 19 CSR 30-40.730, the following terms shall mean:

(A) Acute—an injury or illness that happens or appears quickly and can be serious or life threatening;

(B) Anesthesiologist assistant (AA)—a person who—

1. Has graduated from an anesthesiologist assistant program accredited by the American Medical Association's Committee on Allied Health Education and Accreditation or by its successor agency;

2. Has passed the certifying examination administered by the National Commission on Certification of Anesthesiologist Assistants;

3. Has active certification by the National Commission on Certification of Anesthesiologist Assistants;

4. Is currently licensed as an anesthesiologist assistant in the state of Missouri; and

5. Provides health care services delegated by a licensed anesthesiologist;

(C) Board-admissible/board-eligible—a physician who is eligible to apply or has applied to a specialty board of the American Board of Medical Specialties, the American Osteopathic Association Board of Osteopathic Specialists, or the Royal College of Physicians and Surgeons of Canada and has received a ruling that he or she has fulfilled the requirements to take the examinations. Board certification is generally obtained within five (5) years of the first appointment;

(D) Board-certified—a physician who has fulfilled all requirements, has satisfactorily completed the written and oral examinations, and has been awarded a board diploma in a specialty field by the American Board of Medical Specialties, the American Osteopathic Association Board of Osteopathic Specialists, or the Royal College of Physicians and Surgeons of Canada;

(E) Catchment area—the surrounding area served by the institution (the stroke center);

(F) Certified registered nurse anesthetist (CRNA)—a registered nurse who—

1. Has graduated from a school of nurse anesthesia accredited by the Council on

Accreditation of Education Programs of Nurse Anesthesia or its predecessor;

2. Has been certified as a nurse anesthetist by the Council on Certification of Nurse Anesthetists; and

3. Has been licensed in Missouri pursuant to Chapter 335, RSMo;

(G) Clinical staff—an individual that has specific training and experience in the treatment and management of stroke patients. Examples include: physicians, registered nurses, advanced practice nurses, physician assistants, pharmacists, and technologists;

(H) Clinical team—a team of healthcare professionals involved in the care of the stroke patient and may include, but not be limited to, neurologists, neuro-interventionalists, neurosurgeons, anesthesiologists, emergency medicine, and other stroke center clinical staff. The clinical team is part of the hospital program's stroke team;

(I) Continuing education—education approved or recognized by a national and/or state professional organization and/or stroke medical director;

(J) Continuing medical education (CME)—the highest level of continuing education for physicians that is approved or recognized by a national and/or state professional organization and/or stroke medical director;

(K) Core team—a subunit of the hospital stroke team consisting of a physician experienced in diagnosing and treating cerebrovascular disease (usually the stroke medical director) and at least one (1) other health care professional or qualified individual competent in stroke care as determined by the hospital (usually the stroke program manager/coordinator);

(L) Credentialed or credentialing—a hospital-specific system of documenting and recognizing the qualifications of medical staff and nurses and authorizing the performance of certain procedures and establishing clinical privileges in the hospital setting;

(M) Department—the Missouri Department of Health and Senior Services;

(N) Door-to-needle time—the time from arrival at the hospital door to initiation of lytic therapy to restore blood flow in an obstructed blood vessel;

(O) Emergency medical service regions—the six (6) regions in the state of Missouri that are defined in 19 CSR 30-40.302;

(P) Hospital—an establishment as defined by section 197.020.2, RSMo, or a hospital operated by the state;

(Q) Immediately available (IA)—being present at the bedside at the time of the patient's arrival at the hospital when prior notification is possible and no more than twenty (20) minutes from the hospital under normal driving and weather conditions;

(R) In-house (IH)—being on the hospital premises twenty-four (24) hours a day;

(S) Lytic therapy (also known as fibrinolysis/thrombolysis)—a drug therapy used to dissolve clots blocking flow in a blood vessel. It refers to drugs used for that purpose, including recombinant tissue plasminogen activator. This type of therapy can be used in the treatment of acute ischemic stroke and acute myocardial infarction;

(T) Missouri stroke registry—a statewide data collection system comprised of key data elements as defined in 19 CSR 30-40.730 that are used to compile and trend statistics of stroke patients in both pre-hospital and hospital settings, using a coordinated electronic reporting method provided by the department;

(U) Multidisciplinary team—a team of appropriate representatives of hospital units involved in the care of the stroke patient. This team supports the care of the stroke patient with the stroke team;

(V) Neurologist—a licensed physician with the appropriate specialty training;

(W) Neuro-interventionalist—a licensed physician with the appropriate specialty training;

(X) Neuro-interventional team—a team of physicians, nurses, and other clinical staff, and technical support that perform the neuro-interventions and who are part of the stroke clinical team;

(Y) Neurology service—an organizational component of the hospital specializing in the care of patients who have had strokes or some other neurological condition or disorder;

(Z) Patient—an individual who is sick, injured, wounded, diseased, or otherwise incapacitated or helpless, or dead, excluding deceased individuals being transported from or between private or public institutions, homes, or cemeteries, and individuals declared dead prior to the time an ambulance is called for assistance;

(AA) Peer review system—the process the stroke center establishes for physicians to review stroke cases on patients who are admitted to the stroke center, transferred out of the stroke center, or die as a result of the stroke (independent of hospital admission or hospital transfer status);

(BB) Physician—a person licensed as a physician pursuant to Chapter 334, RSMo;

(CC) Promptly available (PA)—arrival at the hospital at the patient's bedside within thirty (30) minutes after notification of a patient's arrival at the hospital;

(DD) Protocol—a predetermined, written medical care guideline, which may include standing orders;



(EE) Qualified individual—a physician, registered nurse, advanced practice nurse, and/or physician assistant licensed in the state of Missouri who demonstrates administrative ability and shows evidence of educational and clinical experience in the care of cerebrovascular patients;

(FF) Regional outcome data—data used to assess the regional process for pre-hospital, hospital, and regional patient outcomes;

(GG) Repatriation—the process used to return a stroke patient to his or her home community from a level I or level II stroke center after his or her acute treatment for stroke has been completed. This allows the patient to be closer to home for continued hospitalization or rehabilitation and follow-up care as indicated by the patient's condition;

(HH) Reperfusion—the process of restoring normal blood flow to an organ or tissue that has had its blood supply cut off, such as after an ischemic stroke or myocardial infarction;

(II) Requirement (R)—a symbol used to indicate that a standard is a requirement for stroke center designation at a particular level;

(JJ) Review—the inspection of a hospital to determine compliance with the rules of this chapter;

(KK) Stroke—a sudden brain dysfunction due to a disturbance of cerebral circulation. The resulting impairments include, but are not limited to, paralysis, slurred speech, and/or vision loss. Ischemic strokes are typically caused by the obstruction of a cerebral blood vessel. Hemorrhagic strokes are typically caused by rupture of a cerebral artery;

(LL) Stroke call roster—a schedule that provides twenty-four (24) hours a day, seven (7) days a week neurology service coverage. The call roster identifies the physicians or qualified individuals on the schedule that are available to manage and coordinate emergent, urgent, and routine assessment, diagnosis, and treatment of the stroke patients;

(MM) Stroke care—emergency transport, triage and acute intervention, and other acute care services for strokes that potentially require immediate medical or surgical intervention or treatment, and may include education, primary prevention, acute intervention, acute and sub-acute management, prevention of complications, secondary stroke prevention, and rehabilitative services;

(NN) Stroke center—a hospital that is currently designated as such by the department to care for patients with a stroke.

1. A level I stroke center is a receiving center staffed and equipped to provide total care for every aspect of stroke care, including care for those patients with complications, that also functions as a resource center for the

hospitals within that region, and conducts research.

2. A level II stroke center is a receiving center staffed and equipped to provide care for a large number of stroke patients within the region.

3. A level III stroke center is a referral center staffed and equipped to initiate lytic therapy and initiate timely transfer to a higher level of care. The level III stroke center also provides prompt assessment, indicated resuscitation, and appropriate emergency intervention for stroke patients. A level III stroke center may admit and monitor patients as in-patients if there are designated stroke beds and an established relationship exists with a level I or level II stroke center through which the level I or level II stroke center provides medical direction and oversight for those stroke patients kept at the level III stroke center under that relationship.

4. A level IV stroke center is a referral center in an area considered rural or where there are insufficient hospital resources to serve the patient population requiring stroke care. A level IV stroke center provides prompt assessment, indicated resuscitation, appropriate emergency intervention, and arranges and expedites transfer to a higher level stroke center as needed;

(OO) Stroke medical director—a physician designated by the hospital who is responsible for the stroke service and performance improvement and patient safety programs related to stroke care;

(PP) Stroke program—an organizational component of the hospital specializing in the care of stroke patients;

(QQ) Stroke program manager/coordinator—a qualified individual designated by the hospital with responsibility for monitoring and evaluating the care of stroke patients and the coordination of performance improvement and patient safety programs for the stroke center in conjunction with the stroke medical director;

(RR) Stroke team—a component of the hospital stroke program consisting of the core stroke team and the clinical stroke team;

(SS) Stroke unit—the functional division or facility of the hospital that provides care for stroke patients admitted to the stroke center;

(TT) Symptom onset-to-treatment time—the time from symptom onset to initiation of therapy to restore blood flow in an obstructed blood vessel;

(UU) Telemedicine—the use of medical information exchanged from one (1) site to another via electronic communications to improve patient's health status. A neurology specialist will assist the physician in the center in rendering a diagnosis. This may involve

a patient "seeing" a specialist over a live, remote consult or the transmission of diagnostic images and/or video along with patient data to the specialist;

(VV) Thrombolytics—drugs, including recombinant tissue plasminogen activator, used to dissolve clots blocking flow in a blood vessel. These thrombolytic drugs are used in the treatment of acute ischemic stroke and acute myocardial infarction; and

(WW) Transfer agreement—a document which sets forth the rights and responsibilities of two (2) hospitals regarding the inter-hospital transfer of patients.

AUTHORITY: section 192.006, RSMo 2000, and sections 190.185 and 190.241, RSMo Supp. 2012. Original rule filed Nov. 15, 2012, effective June 30, 2013.*

**Original authority: 192.006, RSMo 1993, amended 1995; 190.185, RSMo 1973, amended 1989, 1993, 1995, 1998, 2002; and 190.241, RSMo 1987, amended 1998, 2008.*

19 CSR 30-40.720 Stroke Center Designation Application and Review

PURPOSE: This rule establishes the requirements for participation in Missouri's stroke center program.

(1) Participation in Missouri's stroke center program is voluntary and no hospital shall be required to participate. No hospital shall hold itself out to the public as a state-designated stroke center unless it is designated as such by the Department of Health and Senior Services (department). Hospitals desiring stroke center designation shall apply to the department. Only those hospitals found by review to be in compliance with the requirements of the rules of this chapter shall be designated by the department as stroke centers.

(A) An application for stroke center designation shall be made upon forms prepared or prescribed by the department and shall contain information the department deems necessary to make a fair determination of eligibility for review and designation in accordance with the rules of this chapter. The stroke center review and designation application form, included herein, is available at the Health Standards and Licensure (HSL) office, or online at the department's website at www.health.mo.gov, or may be obtained by mailing a written request to the Missouri Department of Health and Senior Services, HSL, PO Box 570, Jefferson City, MO 65102-0570. The application for stroke center designation shall be submitted to the department no less than sixty (60) days and