

**HOSPITAL ADVISORY COUNCIL
Regular Quarterly Meeting
Wednesday, August 19, 2015 at 2:30 p.m.**

Location: Oklahoma State Department of Health building
1000 NE 10th Street, Room 307
Oklahoma City, OK 73117
Telephone: 405-271-6576

Meeting Minutes

The Hospital Advisory Council Regular Meeting Notices for the calendar year 2015 were filed with the Oklahoma Secretary of State's (SOS) website located at www.sos.state.ok.us/meetings.htm and the Oklahoma State Department of Health's (OSDH) website located at www.mfs.health.ok.gov on December 10, 2014.

The agenda for this regular meeting was posted on the OSDH website and at the OSDH building's front entrance on August 17, 2015.

1. Call to Order

Dr. Bell, Chair called the meeting to order at approximately 2:32 p.m.

2. Roll Call

Devyn Tillman called roll. The following members were present when roll was called: Stanley Alexander; Heather Bell, DO; Dale Bratzler, DO; Tricia Horn; Darin Smith. A quorum was present.

The following member arrived at 2:40 p.m.: Dave Wallace.

The following members were absent: Susan Dragoo; Jay Gregory, MD.

Identified OSDH staff members present were: Brandon Bowen, Assistant Service Director; Dr. Tim Cathey, MD, PHS Medical Director; Harriet Cooper, Administrative Programs Manager; Nena West, Administrative Program Manager; Terri Cook, Administrative Program Manager; Devyn Tillman, Administrative Assistant II.

Identified guests: LaWanna Halstead, Oklahoma Hospital Association; Gwen Harrington, Integris Health-IBMC; Jonathan Rule, Integris.

3. Approval of the May 20, 2015 Regular Meeting Minutes.

Dr. Dale Bratzler made a motion to approve the May 20, 2015 regular meeting minutes. Tricia Horn seconded the motion. The motion carried.

Ayes:	Nays: 0	Abstain: 0	Absent:	Motion Carried:
Stanley Alexander		Aye	Jay Gregory, MD	Absent
Heather Bell, DO		Aye	Darin Smith	Aye
Dale Bratzler, DO		Aye	Dave Wallace	Absent
Susan Dragoo		Absent		
Tricia Horn		Aye		

4. Update: Good Samaritan Workgroup meeting Held on July 16, 2015

Dr. Bell reported that this meeting was very productive. The group discovered a lot of the issues they had struggled with previously were definable. The group also determined the different levels of good Samaritans as: off duty EMT's, hospital workers (Nurses, Doctors, etc.). This group of good samaritans will need an off duty form that will allow them access to information. The form will allow a tiered standard, for those off-duty healthcare/emergency workers as well as the 'General Public Good Samaritans'. The workgroup will meet one more time and will have a draft document to present to this Council at the November meeting.

5. Update: OTERAC/Stroke Workgroup Meeting held on August 3, 2015

Dr. Cathey reported the workgroup are working on developing EMS protocols for stabilization of patients. This group is continuing to work on improving the quality of care during inter-facility transport. There will be five (5) 3-5 minute U-Tube videos developed for education of EMT's statewide. The rules (Oklahoma Administrative Code) reported September 11, 2015 is the date when the rules go into effect. Stroke classification surveys conducted by the state are unannounced.

6. Update: Quality Plan Review Process Committee

Ms. Terri Cook, Administrative Programs Manager of Facility Services Division, reported on the progress of the Medical Facilities Service Plan Review Process Development Meeting. She reported Medical Facilities' staff members are working on a process improvement plan with the Oklahoma Hospital Association. This group is looking at combing the Functional Program review with the stage 1 submittal into one submittal procedure. The group is working to develop a frequently asked questions guide to be published on the agency's website to assist facilities in submitting plans to the agency. The Department is also developing an online program which will allow facilities to submit their licensing and plan review submittal fees online. This program will not be available for at least two years. Ms. Cook also reported the Department is working to publish all Medicare surveys on the Agency's website in the near future. Staff is presently working to scan all files to an electronic format. The next meeting of this group will be on September 11, 2015.

7. Future Meeting Dates:

- **Wednesday, November 18, 2015 @2:30 p.m. in Room 307**

8. Public Comment

There was a discussion regarding the content of the current Council's meetings and questions regarding the type of surveys that have been currently conducted in Oklahoma and the impact this is having on these small rural hospitals.

9. Adjourn

This meeting adjourned at approximately 3:44 p.m.

Approved on the 18th of November, 2015

Dr. Heather Bell, D.O.

STATE OF OKLAHOMA

1st Session of the 55th Legislature (2015)

ENROLLED HOUSE
BILL NO. 1463

By: Hall and Wallace of the House
and
Smalley and Pittman of the Senate

[An Act relating to stroke prevention; amending 63 O.S. 2011, Section 1-270, which relates to the coordination of a statewide system of care; directing State Department of Health to implement certain standards; requiring inclusion of recommendations from medical experts; directing certain collaboration with certain entities; removing provisions relating to certain guidelines; requiring use of certain state-recognized classifications and protocols for certain purposes; permitting State Board of Health to promulgate rules; clarifying language; and providing an effective date.]

SUBJECT: Statewide system of care
BE IT ENACTED BY THE PEOPLE OF THE STATE OF OKLAHOMA:

1. AMENDATORY 63 O.S. 2011, Section 1-270, is amended to read as follows:

Section 1-270. A. As funding permits, the State Department of Health shall foster and coordinate implementation of a plan for a statewide coordinated system of care for stroke, which shall include special focus and attention on evidence-based treatment for stroke.

Such system shall include, but shall not be limited to:

1. Recommendations from the Oklahoma Hospital Advisory Council and medical experts in stroke care;

1 2. Collaboration and partnerships with relevant professional
2 organizations and associations advocating for evidence-based
3 treatment for stroke patients;

4 3. Measures to raise awareness and promote preventative medical
5 care regarding risk factors for stroke; and

6 4. Utilization of state-recognized stroke hospital
7 classification; and

8 5. Protocols for evidence-based pre-hospital and inter-facility
9 assessment, treatment and transport of stroke patients by emergency
10 medical responders and agencies licensed pursuant to the Oklahoma
11 Emergency Response Systems Development Act.

12 B. The State Board of Health may promulgate rules as necessary
13 to implement the provisions of this section.

14 SECTION 1. This act shall become effective November 1, 2015.

15
16 55-1-1648

AM

7/26/2015 9:50:27 AM 7/26/2015 9:43:27 AM

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

(a) **Level I Stroke Center.** A Level I Stroke Center shall be deemed to adhere to primary and secondary stroke recognition and prevention guidelines as required by state law and serve as a resource center for other hospitals in the region and be a comprehensive receiving facility staffed and equipped to provide total care for all major needs of the stroke patient as determined by:

(1) An up-to-date certification as a Comprehensive Stroke Center from a Centers for Medicare and Medicaid Systems deemed accrediting agency or a Department approved organization that uses a nationally recognized set of guidelines; and

(2) Providing quality assurance information, including benchmark tracking and other data to the department upon request.

(b) **Level II Stroke Center.** A Level II Stroke Center shall be deemed to adhere to primary and secondary stroke recognition and prevention guidelines as required by state law and be a receiving center staffed by in-patient stroke services staff and be equipped to provide definitive care for a major proportion of stroke patients within the region as determined by:

(1) An up-to-date certification as a Primary Stroke Center from a Centers for Medicare and Medicaid Systems deemed accrediting agency or a Department approved organization that uses a nationally recognized set of guidelines; and

(2) Providing quality assurance information, including benchmark tracking and other data to the department upon request.

(c) **Level III Stroke Center.** A Level III Stroke Center shall be deemed to adhere to secondary stroke recognition and prevention guidelines as required by state law and be staffed and equipped to provide initial diagnostic services, stabilization, thrombolytic therapy, emergency care to patients who have suffered an acute stroke (which is a stroke wherein symptoms have on-set within the immediately preceding twelve (12) hours). They shall have an up-to-date certification as an Acute Stroke Ready Hospital from a Centers for Medicare and Medicaid Systems deemed accrediting agency or from a department approved organization that uses a nationally recognized set of guidelines or from the department for a period not to exceed three years and meet the following requirements:

(1) Stroke Team:

(A) Having a stroke team available twenty-four (24) hours a day, seven (7) days a week;

(B) Having a licensed physician trained in the care of the emergent stroke patient and credentialed by the hospital to provide emergency medical service for stroke patients, including the ability to administer thrombolytic agents

(C) Having designated stroke team(s) that are identified in writing, which is either on-site or each member is able to respond to the hospital within twenty (20) minutes to the emergency department of the Stroke Center;

(D) Having members trained in the care of a stroke patient, with said training updated annually;

(E) Having response times of the stroke team established and tracked in writing;

(F) Adoption of standard practice protocols for the care of a stroke patient in writing, which shall include the appropriate administration of an FDA-approved thrombolytic agent within sixty (60) minutes following the arrival of a patient who has suffered a stroke at the emergency department at least fifty percent (50%) of the time; and

(G) Written emergency stroke care protocols adopted;

(H) A licensed nurse or other health professional designated as the stroke coordinator

(2) Emergency Department:

(A) A licensed independent practitioner able to recognize, assess and if indicated administer thrombolytic therapy to stroke patients and

(B) A licensed independent practitioner will assess potential stroke patients within 15 minutes of arrival

(C) Having nursing personnel available on-site twenty-four (24) hours a day, seven (7) days a week who are trained in emergent stroke care, which is demonstrated at least every two (2) years through evidence of competency;

(D) For a hospital, licensed as a general medical surgical hospital or a specialty hospital, all emergency services shall meet the requirements of Oklahoma Administrative Code (OAC) 310:667-29-1 and 310:667-29-2;

(E) For a hospital, licensed as critical access hospital, all emergency services shall meet the requirements of OAC 310:667-39-14;

(F) Adopt written comprehensive stroke protocols for the treatment and stabilization of a stroke patient, which shall include, but not be limited to:

(i) detailed instructions on IV thrombolytic

- use;
 - (ii) reversal of anticoagulation in patients with hemorrhagic stroke,
 - (iii) a standardized stroke assessment scale;
 - (iv) protocols for the control of seizures;
 - (v) blood pressure management; and
 - (vi) care for patients, who have suffered a stroke, but are not eligible to receive thrombolytic agents; and
 - (G) Collaborate with emergency medical service agencies to develop inter-facility transfer protocols for stroke patients and will only use those emergency medical service agencies that have a Department approved protocol for the inter-facility transfer of stroke patients;
- (3) Supplies and equipment:
- (A) All equipment and supplies shall meet the requirements of OAC 310:667-59-9 (a);
 - (B) Have available on-site, twenty-four (24) hours a day, seven (7) days a week, thrombolytic agents, which are FDA approved for the treatment of acute non-hemorrhagic stroke;
 - (C) Have available on-site, twenty-four (24) hours a day, seven (7) days a week, seizure control agents;
 - (D) Have available on-site, twenty-four (24) hours a day, seven (7) days a week, thiamine and glucose for intravenous administration;
- (4) Neuroimaging services:
- (A) Have available on-site, twenty-four (24) hours a day, seven (7) days a week diagnostic x-ray and computerized tomography (CT) services;
 - (B) Have on duty or on call with a twenty (20) minute response time, twenty-four (24) hours a day, seven (7) days a week radiologic technologist and CT technologist. A single technologist designated as qualified in both diagnostic x-ray and CT procedures by the radiologist may be used to meet this requirement if an on-call schedule of additional diagnostic imaging personnel is maintained;
 - (C) For a hospital licensed as a general medical surgical hospital or specialty hospital, diagnostic imaging services shall also comply with the applicable requirements in OAC 310:667-23 of this Chapter; and
 - (D) For a hospital licensed as a critical access hospital, diagnostic imaging services shall also comply with the applicable requirements in OAC 310:667-39;

(5) Laboratory services:

(A) Laboratory services shall be provided on-site and available twenty-four (24) hours a day, seven (7) days a week, and a minimum provide the following:

- (i) A complete blood count;
- (ii) Metabolic profile;
- (iii) Coagulation studies (prothrombin time, international normalized ratio);
- (iv) Pregnancy testing; and
- (v) Troponin I;

(B) For a hospital licensed as a general medical surgical hospital or specialty hospital, clinical laboratory services shall also comply with the applicable requirements in OAC 310:667-23; and

(C) For a hospital licensed as a critical access hospital, clinical laboratory services shall also comply with the applicable requirements in OAC 301:667-39;

(6) Outcome and quality improvement:

Outcome and quality improvement activities shall include the tracking of all stroke patients, appropriate use of thrombolytic therapy, performance measures and at a minimum the following steps shall be accomplished, which shall be verifiable and made available upon request by the Department:

(A) The facility will track the number of stroke and acute stroke patients, the number treated with thrombolytic therapy, including how soon after hospital presentation (arrival to needle time), the number of acute stroke patients not treated and indications for why they were not treated;

(B) There will be an official policy to review the care of all acute stroke patients that were eligible for thrombolytics and did not receive them;

(C) There will be a policy for and review of all patients who received thrombolytics more than 60 minutes after hospital presentation;

(D) If a facility fails to provide thrombolytics within 60 minutes to at least 50% of eligible patients for two consecutive quarters, they will develop and implement an internal plan of corrections;

(E) Provide no less than quarterly feedback to:

- (i) Hospital physicians and other health professionals;
- (ii) Emergency medical service agencies; and
- (iii) Referring hospitals;

- (F) There will be a review of all acute stroke patients who require more than 2 hours to be transferred (arrival-to-departure time);
- (G) The time from ordering to interpretation of a head CT or MRI will be tracked; and
- (H) Door-to-computer link time for cases where a tele-technology is used;

(7) Agreements and policies:

(A) The stroke center shall develop and implement a written plan for transfer of patients to a Level I or Level II stroke facility as appropriate, defining medical conditions and circumstances for those emergency patients who:

- (i) May be retained for treatment in-house;
- (ii) Require stabilizing treatment; and
- (iii) Require transfer to another facility; and

(B) If a stroke telemedicine program is utilized, there will be a written, contractual agreement addressing, at a minimum, performance standards, legal issues and reimbursement.

(d) **Level IV Stroke Center.** A level IV stroke center shall be deemed to adhere to secondary stroke recognition and prevention guidelines as required by state law and is a referral center lacking sufficient resources to provide definitive care for stroke patients. A Level IV Stroke Center shall provide prompt assessment, indicated resuscitation and appropriate emergency intervention. The Level IV Stroke Center shall arrange and expedite transfer to a higher level stroke center as appropriate. A hospital shall receive a Level IV Stroke Center designation by the Department, which shall be renewed in three (3) year intervals, providing the hospital is not certified as a level I, II or III stroke center and meets the following requirements:

(1) Emergency Department:

(A) For a hospital licensed as a general medical surgical hospital or specialty hospital, emergency services shall comply with the requirements of OAC 310:667-29-1 and OAC 310:667-29-2;

(B) For a hospital licensed as a critical access hospital, emergency services shall comply with OAC 310:667-39-14;

(C) For acute stroke patients requiring transfer by emergency medical services, said services will be contacted and emergently requested no more than 20 minutes after patient arrival;

(D) Enter into transfer agreements for expeditious transfer of acute stroke patients to stroke centers able to provide a higher level of care; and

(E) Have a comprehensive plan for the prompt transfer of acute stroke patients to higher level stroke centers which includes an expected arrival-to-departure time of < 60 minutes, with the ability to provide documentation demonstrating the ability to meet this requirement at least 65% of the time on a quarterly basis;

(F) A health care professional able to recognize stroke patients will assess the patient within 15 minutes of arrival

(G) Collaborate with emergency medical service agencies to develop inter-facility transfer protocols for stroke patients and will only use those emergency medical service agencies that have a Department approved protocol for the inter-facility transfer of stroke patients;

(2) Supplies and equipment:

All Level IV Stroke Centers shall meet the requirements of OAC 310:667-59-9(a) (3);

(3) Laboratory services:

(A) For a hospital licensed as a general medical surgical hospital or specialty hospital, clinical laboratory services shall also comply with the applicable requirements in OAC 310:667-23; and

(B) For a hospital licensed as a critical access hospital, clinical laboratory services shall also comply with the applicable requirements in OAC 310:667-39;

(4) Outcome and quality improvement:

The following outcome and quality improvement requirements are applicable to Level IV Stroke Centers, which include tracking of all patients seen with acute stroke:

(A) A facility will meet the applicable outcome and quality measures listed in section 310:667-59-20(G); and

(B) Track and review all acute stroke transfer cases requiring longer than an arrival-to-departure time of > 60 minutes. If over two consecutive quarters inter-facility transfers (arrival-to-departure) exceeds > 60 minutes more than 35% of the time the facility will create and implement an internal plan of correction; and

(5) Agreements and policies:

(A) A Level IV Stroke Center shall develop and implement a written plan for transfer of patients to a Level I, II or III Stroke Center. The written plan shall establish medical conditions and circumstances to determine:

(i) Which patients may be retained or referred for palliative or end-of-life care

(ii) Which patients shall require stabilizing treatment; and

(iii) Which patients shall require transfer to a Level I, II or III Stroke Center;

(B) Development and implementation of policy and transfer agreements directing transfer of acute stroke patients to the closest appropriate higher level facility. Patient preference may be taken into consideration when making this decision; and

Approved November 20, 2015

Emergency Stroke Services Update

- ### Emergency Stroke Services Update
- * Background
 - * Important dates
 - * Early principle goals
 - * Survey process
 - * Statute changes
 - * Hospital classification
 - * Stroke Registry
 - * Further Goals

- ### Background
- * "Time to Treat with Intravenous tissue Plasminogen Activator and Outcome from Acute Ischemic Stroke"
 - * JAMA June 19, 2013—vol 309, No.23
 - * Regional systems of stroke care improve outcomes!!!

Each 15 minute reduction in time to clot lysis is associated with significant improvement

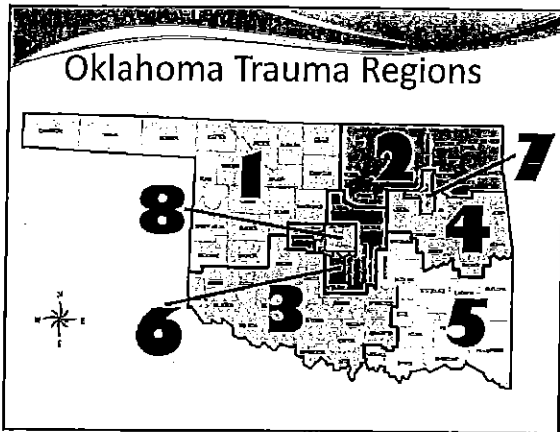
- 4% greater odds of walking independently
- 3% greater odds of being discharged to home rather than an institution
- 4% lower odds of death before discharge
- 4% lower odds of hemorrhagic transformation of the infarct

Important Dates

- * July 31, 2015
- * September 1, 2015
- * September 11, 2015
- * November 1, 2015

Early Principle Goals

- * Increased tPA availability across Oklahoma
- * More providers educated and willing to use tPA
- * Stop use of inappropriate lytics for acute stroke
- * More eligible patients receiving tPA within their window
- * Early identification and appropriate mgt of severe strokes
- * Increased quality of care during inter-facility transport
- * Local and regional destination protocol development



Hospital Survey Process

- * National standards and current certification for level I and II facilities
- * State survey process for level III and IV facilities
- * eventual optional national survey track for level III facilities

HB 1463

- * 2008 references to primary and secondary facilities removed
- * OSDH fosters and coordinates statewide coordinated system for stroke
- * Take into consideration recommendations from Oklahoma Hospital Advisory Counsel and others
- * Stroke hospital classification
- * Develop EMS related stroke protocols
- * State Board of Health may promulgate rules

Hospital Classification

- * Level I Comprehensive
- * Level II Primary
- * Level III ASRH
- * Level IV non-ASRH

* ***all state licensed hospitals must attest to one of these levels

Level I Stroke Center

- * (1) An up-to-date certification as a Comprehensive Stroke Center from a Centers for Medicare and Medicaid Systems deemed accrediting agency or a Department approved organization that uses a nationally recognized set of guidelines; and
- * (2) Providing quality assurance information, including benchmark tracking and other data to the department upon request.

Level II Stroke Center

- * (1) An up-to-date certification as a Primary Stroke Center from a Centers for Medicare and Medicaid Systems deemed accrediting agency or a Department approved organization that uses a nationally recognized set of guidelines; and
- * (2) Providing quality assurance information, including benchmark tracking and other data to the department upon request.

Level III Stroke Center

* An Acute Stroke-Ready Hospital can provide timely, evidence-based care to most patients with an acute stroke. The vision and intent of the ASRH is to provide initial diagnostic services, stabilization, emergent care and therapies to patients with an acute stroke who are seen in their emergency department (ED). They would then arrange for appropriate patients to be transferred to another hospital, a PSC or CSC, that would provide ongoing, definitive care.

Level IV Hospital

- * Limited resources for stroke patients
- * Appropriate stabilization and prompt transfer
- * No tPA availability
- * Less than 24/7 tPA availability
- * Telestroke Issues

Stroke Registry

- * Stakeholder input
- * Web based portal
- * IT bridge compatibility
- * Affordable
- * sustainable

Further Goals

- * A fully integrated system of acute stroke care
- * A statewide referral center for unassigned patients
- * Early identification and transport of time-critical patients who may benefit from intravascular procedures
- * Seamless, Standardized high quality care across the system

Contact Information

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