**North Carolina Department of Health and Human Services**
**Division of Health Service Regulation**
**Office of the Director**

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Division Director

# MINUTES OF PUBLIC HEARING
# NOVEMBER 18, 2014
# 10:00 A.M.

## Division Staff Present:

Nadine Pfeiffer, Rule-making Coordinator
Donnie Sides, OEMS
Amy Douglas, OEMS
Diana Barbry, Division Office

## Others Present:

Peg O'Connell, American Heart Association /American Stroke Association
Betsy Vetter, American Heart Association /American Stroke Association
Mike Vicario, NC Hospital Association

## 1. Purpose of Hearing

The purpose of this public hearing was to solicit verbal and/or written comments from the public on the proposed permanent rule adoptions for 10A NCAC 14L .0101 and .0201, as published in the NC Register, Volume 29, Issue 7, issued on October 1, 2014.

## 2. Hearing Summary

The Public Hearing was opened by Nadine Pfeiffer at 10:00 a.m. Attending were representatives from the American Heart Association /American Stroke Association and the NC Hospital Association. A total of one oral comment was recorded in support the rules. (See attached comment). This comment will be taken into consideration by the Agency. The hearing was adjourned at 10:23 a.m.

Respectfully Submitted,

Nadine Pfeiffer, Rule-making Coordinator
November 18, 2014

American Heart Association | American Stroke Association

**Mid-Atlantic Affiliate**
3131 RDU Center Drive, Suite 100
Morrisville, NC 27560

Good morning. Thank you for this opportunity to provide oral testimony for the stroke center designation proposed rules. My name is Peg O'Connell and I am here today representing the American Heart Association/American Stroke Association. I also serve as the co-chair of the Stroke Advisory Council.

The mission of the American Heart Association is to build healthier lives free of cardiovascular diseases and stroke. The Association has been helping individuals and communities improve their health and reduce the risk of heart disease and stroke since 1924. Over the past decade, the organization of acute stroke care in the United States has moved in the direction of stroke centers. The AHA/ASA advocates for improving the stroke care infrastructure and one approach is through the establishment of stroke centers – hospitals that have the expertise and infrastructure to deliver high quality stroke care.

North Carolina has the ninth highest stroke death rate in the nation among the 50 states and Washington, DC. It is part of the Stroke Belt, an 8- to 12-state region that historically has had substantially higher stroke death rates than the rest of the nation. In addition, the eastern counties of NC are part of what is known as the Stroke Buckle located in the coastal plains region of Ga., SC, and NC. This region has had the highest stroke death rates in the nation for at least the past 30 years. The heavy toll of stroke emphasizes the need to have strong stroke systems of care in the state.

The proposed rules as written provide solid guidance for both Comprehensive and Primary Stroke Centers. The AHA/ASA recommends that Acute Stroke Ready Hospitals be added to the proposed rules. In November 2013 the Stroke Journal published: *Formation and Function of Acute Stroke-Ready Hospitals Within a Stroke System of Care Recommendations From the Brain Attack Coalition*[i]. The article concluded that Acute Stroke Ready Hospitals (ASRH) will form the foundation for acute stroke care in many settings. Recommended elements of ASRH build on those proven to improve care and outcomes at Primary Stroke Centers and ASRH will be a key component for patient care within an evolving stroke system of care. These ASRHs will join the already defined Primary Stroke Centers (PSCs) and Comprehensive Stroke Centers (CSCs) as the important elements in delivering high quality care to stroke patients.

Currently there is an Acute Stroke Ready accreditation available from the Healthcare Facilities Accreditation Program (HFAP). In addition, the Joint Commission is currently in the process of taking public comments on their ASRH certification recommendations. It is anticipated that this certification will be available within the next year. Now is the time for NC to add ASRHs to its rules for stroke center designation.

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Specifically we recommend the following additions:

- In Section .0100 Definitions 10A NCAC 14L.0101 add the following definition:
  - Acute Stroke Ready hospital means a hospital that has satisfied all requirements for certification as an acute stroke ready hospital from a nationally recognized hospital accrediting organization.
- In Section .0200 Stroke Center Designation 10A NCAC 14L .0201 Stroke Center Designation Requirements:
  - Add "acute stroke ready hospital" into the definition of "designated stroke center" and throughout the document whenever comprehensive or primary stroke centers are listed.

The NC Stroke Advisory Council has worked for nearly a decade on the concept of an organized stroke system of care. The addition of ASRHs to the designation of stroke centers in NC will help increase the chances that patients will receive appropriate acute care in a timely and effective manner, this increasing their chances of having a better outcome. The AHA/ASA believes that all North Carolinians should be able to access high quality stroke care. Recognition of the three tiers of stroke hospital care, ASRH, PSC, and CSC will serve to strengthen the state's stroke systems of care providing important information to communities about stroke care.

The American Heart Association/American Stroke Association urges North Carolina to adopt the proposed rules for stroke center designation with the additions for Acute Stroke Ready Hospitals as previously described. These rules will be a strong component of the state's stroke systems of care.

Thank you for this opportunity to provide comments for consideration.

Peg Powell
AHA/ASA Volunteer

[i] Stroke: Journal of the American Heart Association. November 12, 2013. http://stroke.ahajournals.org/content/early/2013/11/12/STROKEAHA.113.002285.full.pdf?ijkey=wpgAxtowkzO7C0a&keytype=ref