Title 19—DEPARTMENT OF HEALTH AND SENIOR SERVICES
Division 30—Division of Regulation and Licensure
Chapter 40—Comprehensive Emergency Medical Services Systems Regulations

PROPOSED AMENDMENT

19 CSR 30-40.730 Standards for Stroke Center Designation. The department is amending sections (1), (3), and (4) and renumbering throughout section (4).

PURPOSE: *This amendment changes continuing education hours to be consistent with required continuing education requirements by national designating or verifying bodies of stroke centers, removes continuing medical education requirements for physicians who are emergency medicine board certified or board eligible through the American Board of Emergency Medicine or the American Osteopathic Board of Emergency Medicine and who are practicing in the emergency department of a stroke center, removes requirements relating to the operation or construction of a helipad at stroke centers and adds an option for stroke centers to enter stroke data into an national data registry or databank that will allow the stroke center to perform its performance improvement and patient safety program requirements.*

AGENCY NOTE:
I-R, II-R, III-R, or IV-R after a standard indicates a requirement for level I, II, III, or IV stroke centers respectively.
I-IH, II-IH, III-IH, or IV-IH after a standard indicates an in-house requirement for level I, II, III, or IV stroke centers respectively.
I-IA, II-IA, III-IA, or IV-IA indicates an immediately available requirement for level I, II, III, or IV stroke centers respectively.
I-PA, II-PA, III-PA, or IV-PA indicates a promptly available requirement for level I, II, III, or IV stroke centers respectively.

PUBLISHER'S NOTE: The secretary of state has determined that the publication of the entire text of the material which is incorporated by reference as a portion of this rule would be unduly cumbersome and expensive. This material as incorporated by reference in this rule shall be maintained by the agency at its headquarters and shall be made available to the public for inspection and copying at no more than the actual cost of reproduction. This note applies only to the reference material. The entire text of the rule is printed here.

(1) General Standards for Stroke Center Designation.

(F) The stroke center shall appoint a physician to serve as the stroke medical director. A stroke medical director shall be appointed at all times with no lapses. (I-R, II-R, III-R, IV-R)

1. A level I stroke medical director shall have appropriate qualifications, experience, and training. A board-certified or board-admissible neurologist or other neuro-specialty trained physician is recommended. If the stroke medical director is board-certified or board-admissible, then one (1) of the following additional qualifications shall be met and documented. If the stroke medical director is not board-certified, then two (2) of the following additional qualifications shall be met and documented:

A. Completion of a stroke fellowship; (I-R)

B. Participation (as an attendee or faculty) in one (1) national or international stroke course or conference each year or two (2) regional or state stroke courses or conferences each year; or (I-R)

C. Five (5) or more peer-reviewed publications on stroke. (I-R)

2. A level II stroke medical director shall have appropriate qualifications, experience, and training. A board-certified or board-admissible physician with training and expertise in cerebrovascular disease is recommended. If the stroke medical director is board-certified or board-admissible, then one (1) of the following additional qualifications shall be met. If the stroke medical director is not board-certified, then two (2) of the following additional qualifications shall be met and documented:

A. Completion of a stroke fellowship; (II-R)

B. Participation (as an attendee or faculty) in one (1) national or international stroke course or conference each year or two (2) regional or state stroke courses or conferences each year; or (II-R)

C. Five (5) or more peer-reviewed publications on stroke. (II-R)

3. A level III and IV stroke medical director shall have the appropriate qualifications, experience, and training. A board-certified or board-admissible physician is recommended. If the stroke medical director is not board-certified or board-admissible, then the following additional qualifications shall be met and documented:

A. Complete a minimum of [*ten (10)*] **four (4)** hours of continuing medical education (CME) in the area of cerebrovascular disease every [*other*] year; and (III-R*[, IV-R*])

B. Attend one (1) national, regional, or state meeting every three (3) years in cerebrovascular disease. Continuing medical education hours earned at these meetings can count toward the [*ten (10)*] **four (4)** required continuing medical education hours **for Level III stroke medical directors**. (III-R[*, IV-R*])

4. The stroke medical director shall meet the department's continuing medical education requirements for stroke medical directors as set forth in section (4) of this rule. (I-R, II-R, III-R[*, IV-R*])

5. The stroke center shall have a job description and organizational chart depicting the relationship between the stroke medical director and the stroke center services. (I-R, II-R, III-R, IV-R)

6. The stroke medical director is encouraged to be a member of the stroke call roster. (I-R, II-R, III-R, IV-R)

7. The stroke medical director shall be responsible for the oversight of the education and training of the medical and clinical staff in stroke care. This includes a review of the appropriateness of the education and training for the practitioner's level of responsibility. (I-R, II-R, III-R, IV-R)

8. The stroke medical director shall participate in the stroke center's research and publication projects. (I-R)

(P) The stroke center shall have a helicopter landing area. (I-R, II-R, III-R, IV-R)

[*1. Level I and II stroke centers shall have a lighted designated helicopter landing area at the stroke center to accommodate incoming medical helicopters. (I-R, II-R)*

A. The landing area shall serve solely as the receiving and take-off area for medical helicopters and shall be cordoned off at all times from the general public to assure its continual availability and safe operation. (I-R, II-R)

B. The landing area shall be on the hospital premises no more than three (3) minutes from the emergency room. (I-R, II-R)

2. Level III and IV stroke centers shall have a lighted designated helicopter landing area that meets the following requirements:

A. Accommodates incoming medical helicopters; (III-R, IV-R)

B. Serves as the receiving and take-off area for medical helicopters; (III-R, IV-R)

C. Be cordoned off when in use from the general public; (III-R, IV-R)

D. Be managed to assure its continual availability and safe operation; and (III-R, IV-R)

E. Though not required, it is recommended the landing area be no more than three (3) minutes from the emergency department. (III-R, IV-R)]

(Q) Stroke centers shall enter data into [*the Missouri*] a stroke registry as follows:

1. [*All*] [*s*] **S**troke centers shall submit data into the department's Missouri stroke registry on each stroke patient who is admitted to the stroke center, transferred out of the stroke center, or dies as a result of the stroke (independent of hospital admission or hospital transfer status). The data required to be submitted into the Missouri stroke registry by the stroke centers is listed and explained in the document entitled "Time Critical Diagnosis Stroke Center Registry Data Elements" dated March 1, 2012, which is incorporated by reference in this rule and is available at the Missouri Department of Health and Senior Services, PO Box 570, Jefferson City, MO 65102-0570 or on the department's website at www.health.mo.gov. This rule does not incorporate any subsequent amendments or additions**.** [*; (I-R, II-R, III-R, IV-R*)

2] The data [*required in paragraph (1)(Q)1. above]* shall be submitted electronically into the Missouri stroke registry via the department's website at www.health.mo.gov; **or** (I-R, II-R, III-R, IV-R)

2. Stroke centers shall submit data into a national data registry or data bank capable of being used by the stroke center to perform its ongoing performance improvement and patient safety program requirements for its stroke patients. The stroke center shall submit data for each data element included in the national data registry or data bank's data system; (I-R, II-R, III-R, IV-R)

3. The data required in paragraph (1)(Q)1. **and 2**. above shall be submitted electronically into the [*Missouri*] stroke registry on at least a quarterly basis for that calendar year. Stroke centers have ninety (90) days after the quarter ends to submit the data electronically into the [*Missouri*] stroke registry; (I-R, II-R, III-R, IV-R)

4. The data submitted by the stroke centers shall be complete and current; and (I-R, II-R, III-R, IV-R)

5. The data shall be managed in compliance with the confidentiality requirements and procedures contained in section 192.067, RSMo. (I-R, II-R, III-R, IV-R)

(3) Standards for Hospital Resources and Capabilities for Stroke Center Designation.

(A) The stroke center shall meet emergency department standards listed below. (I-R, II-R, III-R, IV-R)

1. The emergency department staffing shall meet the following requirements:

A. The emergency department in the stroke center shall provide immediate and appropriate care for the stroke patient; (I-R, II-R, III-R, IV-R)

B. A level I stroke center shall have a medical director of the emergency department who shall be board-certified or board-admissible in emergency medicine 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; (I-R)

C. A level II stroke center shall have a medical director of the emergency department who shall be a board-certified or board-admissible physician; (II-R)

D. A level III and IV stroke center shall have a medical director of the emergency department who is recommended to be a board-certified or board-admissible physician; (III-R, IV-R)

E. There shall be an emergency department physician credentialed for stroke care by the stroke center covering the emergency department twenty-four (24) hours a day, seven (7) days a week; (I-R/IH, II-R/IH, III-R/IH, IV-R/IA)

F. The emergency department physician who provides coverage shall be current in continuing medical education in the area of cerebrovascular disease; (I-R[*, II-R, III-R, IV-R*])

G. There shall be a written policy defining the relationship of the emergency department physicians to other physician members of the stroke team; (I-R, II-R, III-R, IV-R)

H. Registered nurses in the emergency department shall be current in continuing education requirements as set forth in section (4) of this rule; (I-R[*, II-R, III-R, IV-R*])

I. All registered nurses assigned to the emergency department shall be determined to be credentialed in the care of the stroke patient by the stroke center within one (1) year of assignment and remain current in continuing education requirements as set forth in section (4) of this rule; and (I-R, II-R, III-R, IV-R)

J. The emergency department in stroke centers shall have written care protocols for identification, triage, and treatment of acute stroke patients that are available to emergency department personnel, reviewed annually, and revised as needed. (I-R, II-R, III-R, IV-R)

2. Nursing documentation for the stroke patient shall be on a stroke flow sheet approved by the stroke medical director and the stroke program coordinator/manager. (I-R, II-R, III-R, IV-R)

3. The emergency department shall have at least the following equipment for resuscitation and life support available to the unit:

A. Airway control and ventilation equipment including:

(I) Laryngoscopes; (I-R, II-R, III-R, IV-R)

(II) Endotracheal tubes; (I-R, II-R, III-R, IV-R)

(III) Bag-mask resuscitator; (I-R, II-R, III-R, IV-R)

(IV) Sources of oxygen; and (I-R, II-R, III-R, IV-R)

(V) Mechanical ventilator; (I-R, II-R, III-R)

B. Suction devices; (I-R, II-R, III-R, IV-R)

C. Electrocardiograph (ECG), cardiac monitor, and defibrillator; (I-R, II-R, III-R, IV-R)

D. Central line insertion equipment; (I-R, II-R, III-R)

E. All standard intravenous fluids and administration devices including intravenous catheters and intraosseous devices; (I-R, II-R, III-R, IV-R)

F. Drugs and supplies necessary for emergency care; (I-R, II-R, III-R, IV-R)

G. Two- (2-) way communication link with emergency medical service (EMS) vehicles; (I-R, II-R, III-R, IV-R)

H. End-tidal carbon dioxide monitor; and (I-R, II-R, III-R, IV-R)

I. Temperature control devices for patient and resuscitation fluids. (I-R, II-R, III-R IV-R)

4. The stroke center emergency department shall maintain equipment following the hospital's preventive maintenance schedule and document when this equipment is checked. (I-R, II-R, III-R, IV-R)

(4) Continuing Medical Education (CME) and Continuing Education Standards for Stroke Center Designation.

(A) The stroke center shall ensure that staff providing services to stroke patients receives required continuing medical education and continuing education and document this continuing medical education and continuing education for each staff member. The department shall allow up to one (1) year from the date of the hospital's initial stroke center designation for stroke center staff members to complete all of the required continuing medical education and continuing education if the stroke center staff complete and document that at least half of the required continuing medical education and/or continuing education hours have been completed for each stroke center staff member at the time of on-site initial application review. The stroke center shall submit documentation to the department within one (1) year of the initial designation date that all continuing medical education and continuing education requirements for stroke center staff members have been met in order to maintain the stroke center's designation. (I-R, II-R, III-R, [*IV-R*])

(B) The stroke call roster members shall complete the following continuing education requirements:

1. Level I core team members of the stroke call roster shall complete a minimum of [*ten (10)*] **eight (8)** hours of continuing education in cerebrovascular disease every year, and it is recommended that a portion of those hours shall be on stroke care. All other members of the stroke call roster in level I stroke centers shall complete a minimum average of [*ten (10)*] **eight (8)** hours of continuing education in cerebrovascular disease every year**, except for physicians who are emergency medicine board certified or board eligible through the American Board of Emergency Medicine (ABEM) or the American Osteopathic Board of Emergency Medicine (AOBEM) and who are practicing in the emergency department**. This continuing education shall be reviewed for appropriateness to the practitioner's level of responsibility by the stroke medical director; **and** (I-R)

2. Level II core team members of the stroke call roster shall complete a minimum of eight (8) hours of continuing education in cerebrovascular disease every year, and it is recommended that a portion of those hours be in stroke care. *[All other members of the stroke call roster in level II stroke centers shall complete a minimum average of eight (8) hours of continuing education in cerebrovascular disease every year. This continuing education shall be reviewed for appropriateness to the practitioner's level of responsibility by the stroke medical director*; *and]* (II-R)

3. Level III and IV stroke call roster members shall complete a minimum average of eight (8) hours of continuing education in cerebrovascular disease every two (2) years. This continuing education shall be reviewed for appropriateness to the practitioner's level of responsibility by the stroke medical director. (III-R, IV-R)]

(C) The stroke medical director shall complete the following continuing medical education requirements:

1. Level I **and Level II** stroke medical directors shall complete a minimum of [*twelve (12)]* **eight (8)** hours of continuing medical education every year in the area of cerebrovascular disease; **and** (I-R**, II-R**)

2. Level II**I** stroke medical directors shall complete a minimum of [*eight (8)*] **four (4)** hours of continuing medical education every year in the area of cerebrovascular disease**.** [*; and*] (II**I**-R)

[*3. Level III and IV stroke medical directors shall complete a minimum of eight (8) hours of continuing medical education every two (2) years in the area of cerebrovascular disease. (III-R, IV-R)*]

(D) The stroke center's stroke program manager/coordinator shall complete the following continuing education requirements:

1. Level I program managers/coordinators shall:

A. Complete a minimum of [*ten (10)*] **eight (8)** hours of continuing education every year in cerebrovascular disease. This continuing education shall be reviewed by the stroke medical director for appropriateness to the stroke program manager/coordinator's level of responsibility; and (I-R)

B. Attend one (1) national, regional, or state meeting every two (2) years focused on the area of cerebrovascular disease. If the national or regional meeting provides continuing education, then that continuing education may count toward the annual requirement; (I-R)

2. Level II program managers/coordinators shall—

A. Complete a minimum average of eight (8) hours of continuing education every year in cerebrovascular disease. This continuing education shall be reviewed for appropriateness by the stroke medical director to the stroke program manager/coordinator's level of responsibility; and (II-R)

B. Attend one (1) national, regional, or state meeting every three (3) years focused on the area of cerebrovascular disease. If the national, regional, or state meeting provides continuing education, then that continuing education may count toward the annual requirement; and (II-R)

3. Level III [*and IV*] center program managers/coordinators shall complete a minimum average of [*eight (8)*] **four (4)** hours of continuing education in cerebrovascular disease every [*two (2)*] year[*s*]. This continuing education shall be reviewed by the stroke medical director for appropriateness to the stroke program manager/coordinator's level of responsibility. (III-R[*, IV-R*])

(E) Emergency department personnel in stroke centers shall complete the following continuing education requirements:

1. Emergency department physicians in stroke centers shall complete—

A. Level I [*and II*] emergency department physicians providing stroke coverage shall complete a minimum [*average*] of *[four (4)]* **two (2)** hours of continuing medical education in cerebrovascular disease every year**, except for physicians who are emergency medicine board certified or board eligible through the American Board of Emergency Medicine (ABEM) or the American Osteopathic Board of Emergency Medicine (AOBEM) and who are practicing in the emergency department.** [*; or*] (I-R*[, II-R*])

[B. Level III and IV emergency department physicians providing stroke coverage shall complete a minimum average of six (6) hours of continuing medical education in cerebrovascular disease every two (2) years; and (III-R, IV-R)]

2. Registered nurses assigned to the emergency departments in stroke centers shall complete—

A. Level I [*and II*] registered nurses shall complete a minimum of [*four (4)*] **two (2)** hours of cerebrovascular disease continuing education every year; **and** (I-R*[, II-R)*

B. Level III and IV registered nurses shall complete a minimum of six (6) hours of cerebrovascular disease continuing education every two (2) years; and (III-R, IV-R)]

C.] **B.** Registered nurses shall maintain core competencies in the care of the stroke patient annually as determined by the stroke center. Training to maintain these competencies may count toward continuing education requirements. (I-R, II-R, III-R, IV-R)

(F) Registered nurses assigned to the intensive care unit in the stroke centers who care for stroke patients shall complete the following continuing education requirements:

1. Level I intensive care unit registered nurses shall complete a minimum of [*ten (10)*] **eight (8)** hours of cerebrovascular related continuing education every year; **and** (I-R)

[*2. Level II intensive care unit registered nurses shall complete a minimum of eight (8) hours of cerebrovascular related continuing education every year; and (II-R)*

3] **2**. The stroke medical director shall review the continuing education for appropriateness to the practitioner's level of responsibility. (I-R[*, II-R*])

(G) Stroke unit registered nurses in the stroke centers shall complete the following continuing education requirements:

1. All level I stroke unit registered nurses shall complete a minimum of [*ten (10)*] **eight (8)** hours of cerebrovascular disease continuing education every year; **and** (I-R)

[*2. All level II stroke unit registered nurses shall complete a minimum of eight (8) hours of cerebrovascular disease continuing education every year; (II-R)*

3. All level III stroke centers caring for stroke patients under an established plan for admitting and caring for stroke patients under a supervised relationship with a physician affiliated with a level I or II stroke center shall require registered nurses in the stroke unit complete a minimum of eight (8) hours of cerebrovascular disease continuing education every two (2) years; and (III-R)

4] **2**. The stroke medical director shall review the continuing education for appropriateness to the practitioner's level of responsibility. (I-R[*, II-R, III-R*])

*AUTHORITY: section**s** 192.006 **and 190.185**, RSMo 20[00]**16**, and section[s 190.185 and] 190.241, RSMo Supp. 20[12]**22**.* Original rule filed Nov. 15, 2012, effective June 30, 2013. Emergency amendment filed November 21, 2022, effective December 7, 2022, expires June 4, 2023.*

**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.*

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars ($500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars ($500) in the aggregate.

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with Nicole Gamm at Nicole.Gamm@health.mo.gov or Missouri Department of Health and Senior Services, P.O. Box 570, Jefferson City, Missouri 65101-0570. To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.*