

DESIGNATION OF HEART ATTACK AND STROKE CENTERS  
CHAPTER 13

Section 1. Authority.

(a) This Chapter is promulgated by the Department of Health pursuant to W.S. §§ 35-2-1001 and the Wyoming Administrative Procedure Act at W.S. §§ 16-3-101 through 16-3-115.

(b) The Department may issue manuals, bulletins, or both to interpret the provisions of this rule. Such manuals and bulletins shall be consistent with and reflect the policies contained in this rule and regulation. The provisions contained in manuals or bulletins shall be subordinate to the provisions of this rule and regulation.

Section 2. Definitions. The following definitions shall apply in the interpretation and enforcement of this chapter. Except as otherwise specified, the terminology used in this chapter is intended to have the standard meaning used in healthcare.

(a) “Accreditation” means the recognition or certification made by an independent agency establishing that a hospital has met the criteria specified by that agency for recognition as outlined in this chapter.

(b) “Accrediting agency” means the American Heart Association, the Society for Cardiovascular Patient Care or the Joint Commission.

(c) “Heart Attack Receiving Center” means a hospital that has applied for and received designation as a Heart Attack Receiving Center under the provisions of this chapter. Heart Attack Receiving Centers shall be considered a higher level of care than Heart Attack Referring Centers.

(d) “Heart Attack Referring Center” means a hospital that has applied for and received designation as a Heart Attack Referring Center under the provisions of this chapter.

(e) “Higher level of care” means a hospital capable of providing diagnostic, interventional or tertiary care beyond the capacity of the hospital from which a patient originates.

(f) “Comprehensive Stroke Center” means a hospital that has applied for and received designation as a Comprehensive Stroke Center under the provisions of this chapter. Comprehensive Stroke Centers shall be considered a higher level of care than Primary Stroke Centers.

(g) “Department” means the Wyoming Department of Health.

(h) "Designated hospital" means a hospital designated under the provisions of this chapter.

(i) "OEMS" means the Wyoming Office of Emergency Medical Services.

(j) "Primary Stroke Center" means a hospital that has applied for and received designation as a Primary Stroke Center under the provisions of this chapter.

(k) "The Joint Commission" means the not-for-profit organization known until January 1, 2007 as the "Joint Commission on Accreditation of Healthcare Organizations" (JCAHO).

Section 3. Severability. If any portion of this Chapter is found to be invalid or unenforceable, the remainder shall continue in full force and effect.

Section 4. Categories of Recognition and Accrediting Agencies.

(a) Hospitals may apply for and receive designation under this chapter as one of the following:

(i) Heart Attack Receiving Center

(ii) Heart Attack Referring Center

(iii) Comprehensive Stroke Center

(iv) Primary Stroke Center

(b) Designation of hospitals under the provisions of this chapter shall be contingent on the accreditation of the facility by an accrediting agency as specified by this chapter.

Section 5. Application, Recognition and Renewal Process. Any hospital desiring recognition under the provisions of this chapter shall complete the following application process:

(a) Prior to the initiation of an accreditation process with an independent agency, hospitals will submit a Letter of Intent to the OEMS declaring the following:

(i) The category of accreditation and recognition being sought;

(ii) The anticipated accrediting agency;

(iii) The expected timeframe of completion;

(iv) Contact information for the designated person with oversight of the hospital's accreditation process.

(b) Upon receiving recognition by an accrediting agency the hospital will provide to the OEMS:

(i) A Letter of Completion of the Accreditation Process from the facility to the Department;

(ii) A completed Facility Designation Application;

(iii) Copies of documentation establishing the successful completion of the accreditation process and recognition by the accrediting agency, to include but not limited to, certificates, letters or other means provided by the accrediting agency;

(iv) Copies of agreements required under Section 7 of this chapter;

(v) Other documentation as may be required by the OEMS.

(c) Within thirty (30) days of receipt of the materials specified under paragraph (b) of this section, the OEMS will provide a letter of recognition stating that the hospital is duly recognized under the requirements of this chapter or a request for further documentation in support of the application.

(d) Hospitals already accredited or certified according to the provisions of this chapter prior to the effective date of these rules may submit documentation as specified in paragraph (b) of this section and request recognition under this chapter.

(e) No less than ninety (90) days prior to the expiration of an accreditation as outlined in Section 6 of this chapter, a hospital designated under the provisions of this chapter will submit the following to the OEMS:

(i) A Letter of Intent to Renew Accreditation; or

(ii) A Notice of Voluntary Withdrawal pursuant to Section 6(a) of this chapter.

Section 6. Withdrawal of designation. Hospitals designated under the provisions of this chapter may have the designation withdrawn under the following provisions:

(a) Voluntary Withdrawal. If a hospital designated under the provisions of this chapter chooses to withdraw designation under this chapter, the hospital shall provide a letter stating its intent to withdraw from these provisions, and the reason(s) for withdrawal.

(b) Involuntary Withdrawal. The OEMS shall provide a written Notice of Involuntary Withdrawal when it determines that any of the following conditions exist:

(i) The receipt of notice by the OEMS from the accrediting agency that the hospital is no longer compliant with the agency's criteria.

(ii) The suspension, revocation or denial of accreditation or renewal of accreditation by the accrediting agency.

(iii) Failure to comply with the provisions of this chapter.

(c) Declaration of action. Hospitals designated under the provisions of this chapter shall provide written notice of suspension, revocation, denial of accreditation or any other disciplinary, corrective, or administrative action taken by the accrediting agency to the OEMS within ten (10) days of receipt of such action.

Section 7. Coordination among designated hospitals. Hospitals designated under the provisions of this chapter will provide for the coordination of the referral and transfer of acute heart attack and stroke patients by ensuring the following:

(a) The establishment of written agreement(s) with a facility or facilities determined to be the next higher level of care whether such facility exists within the state or outside of the state.

(b) The establishment of written agreement(s) with Wyoming licensed ambulance services, both ground and air ambulance, to provide for the timely transfer of patients to the next higher level of care.