

Stroke System of Care Task Force

BYLAWS

Revised March 2025

Article I. Authority

The Stroke System of Care Task Force is established pursuant to § 23-43-01 of the *North Dakota Century Code*.

Article II. Task Force Responsibilities

The purpose of the Stroke System of Care Task Force is to address matters of triage, treatment, and transport of possible acute stroke patients. The task force shall:

- a. Implement the regulations necessary to establish an effective stroke system of care in the state, with a focus on serving rural areas. The regulations must include protocols for the assessment, stabilization, and appropriate routing of stroke patients by emergency medical services operations and for coordination and communication between hospitals, comprehensive stroke centers, primary stroke centers, and other support services necessary to assure all residents have access to effective and efficient stroke care.
- b. Make recommendations to the department of health and human services and health council. Upon receiving such recommendations, the health council may adopt rules implementing the recommendations.
- c. Recommend eligible essential health care services for acute stroke care provided through telemedicine services. As used in this subsection, "telemedicine services" means the use of interactive audio, video, and other electronic media used for the purpose of diagnosis, consultation, or treatment of acute stroke.

Article III. Membership

The Department of Health and Human Services shall establish a Stroke System of Care Task Force to address matters of triage, treatment, and transport of possible acute stroke patients. The Stroke System of Care Task Force must include representation from the Department of Health and Human Services, the Emergency Medical Services Advisory Council, the University of North Dakota's Center for Rural Health, the American Stroke Association or similar entity, comprehensive stroke centers, primary stroke centers, rural hospitals, physicians, and emergency medical services operations.

Section A. Voting

1. Each member will have one (1) vote. Proxy votes and voting by email are not permitted.
2. Each stroke coordinator from the tertiary hospitals is considered a task force member with voting rights.

Section B. Attendance

1. Members who are unable to attend a meeting of the task force, a committee or subcommittee will notify the respective chair of the task force or the Department of Health and Human Services/Emergency Medical Systems office.

The respective chair will determine whether the absence is excused based on the reasons indicated by the member. The chair will note members with two (2) consecutive unexcused absences of regular meetings of such board, committee or subcommittee and notify the organization the individual represents, where applicable. A new task force member will be appointed if more than two absences are unexcused.

2. To accommodate providers on the task force, adjusting the agenda towards provider schedules in order to have the provider present for a portion of the meeting is acceptable. These accommodations to the agenda must be presented prior to the meeting.
3. All task force members must be present for at least 2 of the 4 task force meetings unless excused prior to the meeting.

Section C. Member Information

A member of the stroke system of care task force serving on the task force in the member's capacity as a department employee is entitled to receive reimbursement of mileage and expenses from the department. A member of the advisory committee serves with compensation or reimbursement of mileage and expenses from the department or may receive compensation and reimbursement from the task force member's employer or sponsoring entity. Each member is responsible for maintaining current contact information with the Department of Health and Human Services (HHS)/Emergency Medical Systems. Annually, each member will receive a copy of the task force roster from HHS/Emergency Medical Systems and any corrections/changes to it.

- a. If a Task Force member no longer wants to be on the task force, they must contact the chair and/or HHS/Emergency Medical Systems representative.

Section D. Fiscal Year Definition

The fiscal year of the task force will begin on July 1 and end on June 30 the following calendar year.

Article IV. Officers

The officers will be a chair and vice-chair. Any member is eligible to be an officer.

Section A. Duties of the Chair

1. The chair will preside over all task force meetings.
2. The chair will preserve order and regulate debate according to parliamentary procedure.
3. The chair will establish subcommittees necessary to perform the work of the task force.
4. The chair will be an ex-officio member of all committees and subcommittees.
5. The chair will interact with outside agencies or entities on behalf of the task force.
6. In the absence of the chair and vice chair, a task force member selected by the task force members present shall discharge all of the duties of the chair.

Section B. Duties of the Vice-Chair

1. The vice-chair, in the absence of the chair, will discharge all of the duties of the chair.
2. The vice-chair, upon the direction of the chair, will serve as liaison to outside agencies or entities and perform other duties as assigned by the chair.

Section C. Elections and Term of Office

Election of officers will occur at the last regular meeting of each calendar year. One-year term of office with the option to be reelected to serve two consecutive years.

Article V. HHS/Emergency Medical Systems

The HHS/Emergency Medical Systems will provide staff support to the Task Force in the performance of its duties, which will include but is not limited to:

1. Recording and publishing the official minutes of all task force meetings.
2. Maintaining the rosters of the task force and subcommittees.
3. Posting notices of all scheduled meetings of the task force on the Secretary of State website and other appropriate sites.

4. Identify hospitals that meet the criteria as a comprehensive stroke center, primary stroke center, or acute stroke-ready hospital.
5. Before June first of each year, the Department of Health and Human Services shall send the list of comprehensive stroke centers, primary stroke centers, and acute stroke-ready hospitals to the medical director of each licensed emergency medical services operation in this state. The Department of Health and Human Services shall maintain a copy of the list and shall post a list of comprehensive stroke centers, primary stroke centers, and acute stroke-ready hospitals to the Department of Health and Human Services website.
6. Adopt and distribute a nationally recognized, standardized stroke triage assessment tool. The department shall post this stroke triage assessment tool on the department's website and provide a copy of the assessment tool to each licensed emergency medical services operation.
7. Establish and implement a plan for achieving continuous quality improvement in the quality of care provided under the state comprehensive stroke system for stroke response and treatment. In implementing this plan, the Department of Health and Human Services shall:
 - a. Maintain a statewide stroke database that compiles information and statistics on stroke care which align with nationally recognized stroke consensus metrics. The Department of Health and Human Services shall utilize a nationally recognized data set platform with confidentiality standards no less secure than the stroke registry data platform. The Department of Health and Human Services shall coordinate with national voluntary health organizations involved in stroke quality improvement to avoid duplication and redundancy.
 - b. Require comprehensive stroke centers and primary stroke centers and encourage acute stroke-ready hospitals and emergency medical services operations to report data consistent with nationally recognized guidelines on the treatment of individuals with confirmed stroke within the state.
 - c. Encourage sharing of information and data among health care providers on ways to improve the quality of care of stroke patients in this state.
 - d. Facilitate the communication and analysis of health information and data among the health care professionals providing care for the individuals with stroke.
 - e. Require the application of evidence-based treatment guidelines regarding the transitioning of patients to community-based follow-up care in hospital outpatient, physician office, and ambulatory clinic settings for ongoing care after hospital discharge following acute treatment for stroke.

8. Establish a data oversight process and implement a plan for achieving continuous quality improvement in the quality of care provided under the state comprehensive stroke system for stroke response and treatment which must:

- a. Analyze data generated by the stroke registry on stroke response and treatment;
- b. Identify potential interventions to improve stroke care in geographic areas or regions of the state; and
- c. Provide recommendations to the Department of Health and Human Services, Emergency Medical Services Advisory Council, and legislative assembly for the improvement of stroke care and delivery in the state.

9. Before June first of each even-numbered year, the Department of Health and Human Services shall provide a report to the legislative management regarding progress made toward the recommendations provided in this chapter and any recommendations for future legislation.

Article VI. Meetings

Section A. Meetings

1. The task force will meet in public session as frequently as required to perform its duties, but not less than four (4) times per year. A special meeting may be convened at the request of the Task Force Chair, HHS/Emergency Medical Systems Director, EPR Section Chief, State Health Officer, or the executive director of the department of health and human services, by one-third (1/3) of the members.
2. Written notice will be given for all meetings of the task force. For all regularly scheduled meetings, at least ten (10) days notice is required.
3. A majority (one-half) of the members of the task force will constitute a quorum. A quorum is required to take any formal action. If a quorum is not present, a majority vote via email is not acceptable.
4. A majority vote will be required to take formal action. Such majority is determined by the number of members present and voting at the time of the vote.
5. With permission of the chair, non-committee members may address the Task Force.

Section B. Minutes of Meetings

The HHS/Emergency Medical Systems will be responsible for maintaining an official copy of the approved task force minutes. Their representative shall be designated the recording secretary.

The chair of each subcommittee is responsible for maintaining an official copy of the approved minutes of their respective meetings.

Section C. Attendance

The HHS/Emergency Medical Systems will record the attendance of all members at each task force meeting. The chair of each subcommittee is responsible for recording attendance at their respective meetings.

Article VII. Subcommittees

Section A. General Subcommittee Responsibilities

The task force chair may appoint subcommittees to accomplish specific designated functions. All subcommittees shall meet as necessary to perform the duties and responsibilities of the subcommittee.

Section B. Ad Hoc Subcommittees

1. Nominating Subcommittee

The nominating subcommittee shall present a slate of nominations to the task force prior to the election.

2. Bylaws Subcommittee

The bylaws subcommittee shall be responsible for review of the bylaws and considering amendments to the bylaws.

Section E. Subcommittee Management

The chair of each subcommittee will be elected from the membership of the task force. The members of the subcommittees may be appointed from among the task force members or from other qualified citizens of the state of North Dakota.

1. The chair of each subcommittee will appoint the membership of the subcommittee. Consideration shall be given to diverse geographic representation from the entire state, to inclusion of the system's stakeholders, and to the continuity of the subcommittee. Alternates are not permitted.

2. The subcommittee chair is responsible for maintaining minutes and an attendance roster for each meeting and forwarding them to the HHS/Emergency Medical Systems following the meeting.

3. In general, all issues brought before the task force may be referred to an appropriate subcommittee for review and recommendation before the task force takes action.

4. The chair of each subcommittee will report the subcommittee's activities to the task force.

Article VIII. Parliamentary Procedure

All meetings of the task force and its associated subcommittees shall be conducted in accordance with the latest edition of Roberts Rules of Order. The chair may appoint a parliamentarian.

Article IX. Amendment of Bylaws

Any proposed change to the existing bylaws shall be submitted in writing to the task force members at least ten (10) days prior to a scheduled meeting. The proposed change(s) and substantiation will be reviewed during the next scheduled meeting. The minutes of that meeting will include the proposed change(s) and any pertinent discussion information. The vote to effect the change can then be taken at the next scheduled meeting. A quorum is needed to pass the proposed amendment.

Article X. Agenda

An agenda will be published by the HHS/Emergency Medical Systems and provided to the task force members for all task force meetings.

Article XI. Conflict of Interest

All members of the task force and its subcommittees are required to adhere to the laws of the state of North Dakota regarding conflicts of interest.

Article XII. North Dakota Open Meetings Statute

All members of the task force and its subcommittees are required to adhere to the laws of the state of North Dakota regarding open meetings that are detailed in § 44-04-19 et seq. of the *North Dakota Century Code*.

Article XIII. North Dakota Open Records Statute

All members of the task force and its subcommittees are required to adhere to the laws of the state of North Dakota regarding open records that are detailed in § 44-04-18 et seq. of the *North Dakota Century Code*.

Approved by the task force on June 5, 2025.