
A BILL FOR AN ACT

RELATING TO STROKE TREATMENT.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF HAWAII:

1 SECTION 1. The legislature finds that rapid
2 identification, diagnosis, and treatment of stroke can save the
3 lives of stroke patients and in some cases can reverse
4 neurological damage such as paralysis or speech and language
5 impairments, leaving stroke patients with few or no neurological
6 deficits.

7 Despite significant advances in diagnosis, treatment, and
8 prevention, stroke is the third leading cause of death and a
9 leading cause of disability in the United States. An estimated
10 seven hundred eighty thousand new and recurrent strokes occur
11 each year in this country. With the aging of the population,
12 the number of persons who have strokes is projected to increase.

13 Although new treatments are available to improve the
14 clinical outcomes of stroke, many acute care hospitals lack the
15 necessary staff and equipment to optimally triage and treat
16 stroke patients by providing optimal, safe, and effective
17 emergency care for these patients.



1 The legislature finds that Hawaii's communities need an
2 effective system to support stroke survival, to treat stroke
3 patients in a timely manner, and to improve the overall
4 treatment of stroke patients to increase survival and decrease
5 the disabilities associated with stroke. There is a public
6 health need for acute care hospitals in this State to establish
7 primary stroke centers to ensure the rapid triage, diagnostic
8 evaluation, and treatment of patients suffering a stroke.

9 Primary stroke centers should be established for the
10 treatment of acute stroke, and these centers should be
11 established in as many acute care hospitals as possible. These
12 centers would evaluate, stabilize, and provide emergency and
13 inpatient care to patients with acute stroke.

14 Because access to stroke care is limited in the rural areas
15 of the State due to the limited availability of professional
16 specialists, high-tech imaging equipment, and transportation
17 services, stroke centers in rural areas should be established to
18 evaluate, stabilize, and provide treatment to patients diagnosed
19 with acute stroke in rural parts of the State.

20 Coordination between primary stroke centers and centers
21 that are in rural areas should be encouraged through the



1 establishment of coordinated stroke care agreements between
2 primary stroke centers and those centers in rural areas.

3 Therefore, the legislature finds it is in the best interest
4 of the residents of this State to establish a program to
5 facilitate development of stroke treatment capabilities
6 throughout the State. This program will establish specific
7 patient care and support services criteria that stroke centers
8 must meet to ensure that stroke patients receive safe and
9 effective care.

10 Further, it is in the best interest of the people of this
11 State to modify the State's emergency medical response system to
12 ensure that stroke patients may be quickly identified,
13 transported, and treated in facilities that have specialized
14 programs for providing timely and effective treatment for stroke
15 patients.

16 The purpose of this Act is to:

- 17 (1) Establish a statewide stroke system of care by
18 designating primary stroke centers and acute stroke
19 capable centers;
- 20 (2) Define emergency services training and transport
21 protocols;
- 22 (3) Establish a stroke registry working group; and



1 (4) Establish a stroke system of care task force.

2 SECTION 2. Chapter 323, Hawaii Revised Statutes, is
3 amended by adding a new part to be appropriately designated and
4 to read as follows:

5 "PART . TREATMENT OF STROKE

6 §323- Interpretation. This part is not a medical
7 practice guideline and shall not be used to restrict the
8 authority of a hospital to provide services for which it has
9 received a license under state law. This part shall be
10 construed to effectuate patient care based on each individual
11 patient's needs and circumstances.

12 §323- Definitions. As used in this part:

13 "Emergency services provider" means any public employer
14 that employs persons to provide firefighting, water safety, or
15 emergency medical services.

16 "Hospital" means an institution with an organized medical
17 staff, regulated under section 321-11(10) which admits patients
18 for inpatient care, diagnosis, observation, and treatment.

19 §323- Designation of primary stroke centers and acute
20 stroke capable centers. (a) The department of health shall
21 designate hospitals that meet the criteria set forth in this
22 part as primary stroke centers or acute stroke capable centers.



1 (b) A hospital shall apply to the department of health for
2 such designation and shall demonstrate to the satisfaction of
3 the department that the hospital meets the applicable criteria
4 set forth in this part.

5 (c) The department of health shall designate as primary
6 stroke centers accredited hospitals that are certified as a
7 primary stroke center by the Joint Commission on Accreditation
8 of Healthcare Organizations, or any nationally recognized
9 organization approved by the United States Department of Health
10 and Human Services that provides disease specific certification
11 for stroke care.

12 (d) The department of health may suspend or revoke a
13 hospital's designation as a primary stroke center, after notice
14 and hearing, if the department of health determines that the
15 hospital is not in compliance with the requirements of this
16 part.

17 (e) Acute stroke capable centers shall be certified and
18 identified by the department of health through an application
19 process to be determined by the department. The process shall
20 contain, at minimum, the following requirements:

21 (1) Acute stroke capable center certifications and
22 identifications by the department to those hospitals



1 that use current and acceptable telemedicine protocols
2 relative to acute stroke treatment as defined by the
3 department of health;

4 (2) Upon receipt of complete and proper application for
5 certification as an acute stroke capable center, the
6 department shall schedule and conduct an inspection of
7 the applicant's facility no later than ninety days
8 after receipt of the application and every two years
9 thereafter to verify continued adherence to criteria;
10 and

11 (3) Any hospital, upon certification by the department as
12 an acute stroke capable center, shall automatically be
13 identified as an acute stroke capable center and shall
14 be added to the list of such hospitals as defined in
15 this part.

16 (f) Primary stroke centers are encouraged to coordinate,
17 through agreement, with acute stroke capable centers throughout
18 the State to provide appropriate access to care for acute stroke
19 patients. The coordinating stroke care agreements shall be in
20 writing and include, at a minimum:

21 (1) Transfer agreements for the transport and acceptance
22 of stroke patients seen by the acute stroke capable



1 center for stroke treatment therapies which are not
2 capable of being provided by the acute stroke capable
3 center; and

4 (2) Communication criteria and protocols.

5 (g) A person shall not advertise to the public, by way of
6 any medium whatsoever, that a hospital is a primary stroke
7 center or acute stroke capable center unless the hospital has
8 been designated as such by the department of health pursuant to
9 this part.

10 **§323- Hospitals; assessment and transportation of stroke**
11 **patients to a primary stroke center.** (a) By June 1 of each
12 year, the department of health shall:

13 (1) Send the list of primary stroke centers and acute
14 stroke capable centers to the medical director of each
15 licensed hospital in the State;

16 (2) Maintain a copy of the list in the office designated
17 by the emergency medical services and injury
18 prevention system branch of the department of health;
19 and

20 (3) Post a list of primary stroke centers and acute stroke
21 capable centers to the department of health's website.



1 (b) The department of health shall adopt and distribute a
2 nationally recognized standardized stroke-triage assessment
3 tool. The department of health and emergency medical services
4 and injury prevention system branch shall post the stroke
5 assessment tool on their respective websites and shall provide a
6 copy of the assessment tool to each licensed hospital no later
7 than January 1, 2013. Each licensed hospital shall use a
8 stroke-triage assessment tool adopted by the department of
9 health.

10 (c) The department of health shall establish pre-hospital
11 care protocols related to the assessment, treatment, and
12 transport of stroke patients by emergency services providers in
13 this State. Such protocols shall include plans for the triage
14 and transport of acute stroke patients to the closest primary
15 stroke center or acute stroke capable center, as appropriate and
16 within a specified timeframe of onset of symptoms.

17 (d) The department of health shall establish, as part of
18 current training requirements, protocols to assure that
19 emergency services providers and 911 dispatch personnel receive
20 regular training on the assessment and treatment of stroke
21 patients.



1 **§323- Continuous improvement of quality of care for**
2 **individuals with stroke.** (a) The department of health shall
3 establish and implement a plan for achieving continuous quality
4 improvement in the quality of care provided under the statewide
5 system for stroke response and treatment. In implementing this
6 plan, the department of health shall:

7 (1) Maintain a statewide stroke database that compiles
8 information and statistics on stroke care that align
9 with the stroke consensus metrics developed and
10 approved by the American Heart Association/American
11 Stroke Association, Centers for Disease Control and
12 Prevention and the Joint Commission on Accreditation
13 of Healthcare Organizations. The department of health
14 shall use, "Get With The Guidelines - Stroke," or
15 another nationally recognized data set platform with
16 confidentiality standards no less secure, as the
17 stroke registry data platform. To every extent
18 possible, the department of health shall coordinate
19 with national voluntary health organizations involved
20 in stroke quality improvement to avoid duplication and
21 redundancy;



- 1 (2) Require primary stroke centers, acute stroke capable
2 centers, and emergency services providers to report
3 data consistent with nationally recognized guidelines
4 on the treatment of individuals with confirmed stroke
5 within the State;
- 6 (3) Encourage sharing of information and data among health
7 care providers on ways to improve the quality of care
8 of stroke patients in this State;
- 9 (4) Facilitate the communication and analysis of health
10 information and data among the health care
11 professionals providing care for individuals with
12 stroke;
- 13 (5) Require the application of evidenced-based treatment
14 guidelines regarding the transitioning of patients to
15 community-based follow-up care in hospital outpatient,
16 physician office, and ambulatory clinic settings for
17 ongoing care after hospital discharge following acute
18 treatment for stroke; and
- 19 (6) Establish a stroke registry working group to provide
20 recommendations for a plan that achieves continuous
21 quality improvement in the quality of care provided



1 under the statewide system for stroke response and
2 treatment. The working group shall:
3 (A) Analyze data generated by the stroke database on
4 response and treatment;
5 (B) Identify potential interventions to improve
6 stroke care in the various geographic areas or
7 regions of the State; and
8 (C) Provide recommendations to the department of
9 health and the legislature by a specific deadline
10 for the improvement of stroke care and delivery
11 in the State.

12 (b) The director of health shall be the chairperson of and
13 shall convene the stroke registry working group. The working
14 group shall include the following members or their designees:

- 15 (1) Chief of the emergency medical services and injury
16 prevention system branch;
- 17 (2) Director of the city and county of Honolulu emergency
18 services department;
- 19 (3) Director of the Hawaii state office of rural health
20 and primary care;
- 21 (4) A representative of the American Stroke Association;



- 1 (5) Two representatives each from primary stroke centers
2 and acute stroke capable centers;
3 (6) Two representatives from rural hospitals;
4 (7) Two physicians; and
5 (8) Two emergency medical service providers.

6 The members of the working group shall serve without
7 compensation, and shall not be reimbursed for their expenses.
8 No member shall be made subject to chapter 84, solely because of
9 that member's participation as a member of the working group.

10 (c) All data reported under this section shall be made
11 available to the department of health and to any and all other
12 government agencies or contractors of government agencies that
13 have responsibility for the management and administration of
14 emergency services throughout the State.

15 (d) On June 1 and annually thereafter, the department of
16 health shall provide a summary report of the data collected
17 pursuant to subsection (a)(1). All data shall be reported in
18 the aggregate form and shall be posted on the department of
19 health's website and presented to the governor, the president of
20 the senate, and the speaker of the house of representatives to
21 show statewide progress toward improving quality of care and
22 patient outcomes.



1 (e) This part shall not be construed to require disclosure
2 of any confidential information or other data in violation of
3 the federal Health Insurance Portability and Accountability Act
4 of 1996, P.L. 104-191.

5 **§323- Rules.** The department of health is authorized to
6 adopt rules, pursuant to chapter 91, to effectuate the purposes
7 of this part."

8 SECTION 3. **Stroke system of care task force.** (a) There
9 is established within the department of health a stroke system
10 of care task force.

11 (b) To ensure the implementation of a strong statewide
12 stroke system of care, the task force shall address:

- 13 (1) Triage;
- 14 (2) Treatment; and
- 15 (3) Transport of possible acute stroke patients.

16 (c) The task force shall also provide recommendations to
17 establish an effective stroke system of care in the State,
18 particularly in rural areas. The recommendations shall include:

- 19 (1) Protocols for the assessment, stabilization, and
20 appropriate routing of stroke patients by emergency
21 service providers, particularly in rural areas; and



1 (2) Coordination and communication among hospitals,
2 primary stroke centers, acute stroke capable centers,
3 and other support services necessary to assure that
4 all Hawaii residents have access to effective and
5 efficient stroke care.

6 (d) The director of health shall be the chairperson of and
7 shall convene the stroke system of care task force. The task
8 force shall include the following members or their designees:

9 (1) Chief of the emergency medical services and injury
10 prevention system branch;

11 (2) Director of the city and county of Honolulu emergency
12 services department;

13 (3) Director of the Hawaii state office of rural health
14 and primary care;

15 (4) A representative from the American Stroke Association;

16 (5) Two representatives each from primary stroke centers
17 and acute stroke capable centers;

18 (6) Two representatives from rural hospitals;

19 (7) Two physicians; and

20 (8) Two emergency service providers.

21 A simple majority of the members of the task force shall
22 constitute a quorum for the transaction of business and all



1 actions of the task force shall require the affirmative vote of
2 a majority of the members present.

3 The members of the task force shall serve without
4 compensation, and shall not be reimbursed for their expenses.
5 No member shall be made subject to chapter 84, Hawaii Revised
6 Statutes, solely because of that member's participation as a
7 member of the task force.

8 (e) The task force shall submit a report that recommends
9 measures and strategies to establish an effective stroke system
10 of care in the State to the legislature no later than twenty
11 days prior to the convening of the regular session of 2013.

12 The task force shall cease to exist on June 30, 2013.

13 SECTION 4. This Act shall take effect upon its approval.



Report Title:

Statewide Stroke System of Care; Primary Stroke Center; Acute Stroke Capable Center; Training and Transport Protocol

Description:

Establishes a statewide stroke system of care by designating primary stroke centers and acute stroke capable centers. Defines emergency services training and transport protocols. Establishes a stroke registry working group. Establishes a stroke system of care task force. (HB2665 HD1)

The summary description of legislation appearing on this page is for informational purposes only and is not legislation or evidence of legislative intent.

