
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 Hawaii 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 rural areas of
15 Hawaii because of 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 in
21 rural areas should be encouraged through the establishment of



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

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

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

15 The purpose of this Act is to:

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



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

4 "PART . TREATMENT OF STROKE

5 §323- Interpretation. This part is not a medical
6 practice guideline and shall not be used to restrict the
7 authority of a hospital to provide services for which it has
8 received a license under state law. This part shall be
9 construed to effectuate patient care based on each individual
10 patient's needs and circumstances.

11 §323- Definitions. As used in this part:

12 "Department" means the department of health.

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), that 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 shall designate
21 hospitals that meet the criteria set forth in this part as
22 primary stroke centers or acute stroke capable centers.



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

5 (c) The department shall designate as primary stroke
6 centers accredited hospitals that are certified as a primary
7 stroke center by the Joint Commission on Accreditation of
8 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 may suspend or revoke a hospital's
13 designation as a primary stroke center, after notice and
14 hearing, if the department determines that the hospital is not
15 in compliance with the requirements of this part.

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

20 (1) Acute stroke capable center certifications and
21 identifications by the department to those hospitals
22 that use current and acceptable telemedicine protocols



1 relative to acute stroke treatment as defined by the
2 department;

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

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

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

20 (1) Transfer agreements for the transport and acceptance
21 of stroke patients seen by the acute stroke capable
22 center for stroke treatment therapies that are not



1 capable of being provided by the acute stroke capable
2 center; and

3 (2) Communication criteria and protocols.

4 (g) No person shall advertise to the public, through any
5 means, that a hospital is a primary stroke center or acute
6 stroke capable center unless the hospital has been designated as
7 such by the department pursuant to this part.

8 **§323- Hospitals; assessment and transportation of stroke**
9 **patients to a primary stroke center.** (a) By June 1 of each
10 year, the department shall:

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

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

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

19 (b) The department shall adopt and distribute a nationally
20 recognized standardized stroke-triage assessment tool. The
21 department and emergency medical services and injury prevention
22 system branch shall post the stroke assessment tool on their

1 respective websites and shall provide a copy of the assessment
2 tool to each licensed hospital no later than January 1, 2013.
3 Each licensed hospital shall use a stroke-triage assessment tool
4 adopted by the department.

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

12 (d) The department shall establish, as part of current
13 training requirements, protocols to assure that emergency
14 services providers and 911 dispatch personnel receive regular
15 training on the assessment and treatment of stroke patients.

16 **§323- Continuous improvement of quality of care for**
17 **individuals with stroke.** (a) The department shall establish
18 and implement a plan for achieving continuous quality
19 improvement in the care provided under the statewide system for
20 stroke response and treatment. In implementing this plan, the
21 department shall:



- 1 (1) Maintain a statewide stroke database that compiles
2 information and statistics on stroke care that align
3 with the stroke consensus metrics developed and
4 approved by the American Heart Association/American
5 Stroke Association, Centers for Disease Control and
6 Prevention, and the Joint Commission on Accreditation
7 of Healthcare Organizations. The department shall use
8 "Get with the Guidelines - Stroke", or another
9 nationally recognized data set platform with
10 confidentiality standards no less secure, as the
11 stroke registry data platform. To the greatest extent
12 possible, the department shall coordinate with
13 national voluntary health organizations involved in
14 stroke quality improvement to avoid duplication and
15 redundancy;
- 16 (2) Require primary stroke centers, acute stroke capable
17 centers, and emergency services providers to report
18 data consistent with nationally recognized guidelines
19 on the treatment of individuals with confirmed stroke
20 within the State;



1 (3) Encourage sharing of information and data among health
2 care providers on ways to improve the quality of care
3 of stroke patients in this State;

4 (4) Facilitate the communication and analysis of health
5 information and data among the health care
6 professionals providing care for individuals with
7 stroke;

8 (5) Require the application of evidence-based treatment
9 guidelines regarding the transitioning of patients to
10 community-based follow-up care in hospital-outpatient,
11 physician-office, and ambulatory-clinic settings for
12 ongoing care after hospital discharge following acute
13 treatment for stroke; and

14 (6) Establish a stroke registry working group to provide
15 recommendations for a plan that achieves continuous
16 quality improvement in the care provided under the
17 statewide system for stroke response and treatment.

18 The working group shall:

19 (A) Analyze data generated by the stroke database on
20 response and treatment;



1 (B) Identify potential interventions to improve
2 stroke care in the various geographic areas or
3 regions of the State; and

4 (C) Provide recommendations to the department and the
5 legislature by a specific deadline for the
6 improvement of stroke care and delivery in the
7 State.

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

- 11 (1) Chief of the emergency medical services and injury
12 prevention system branch;
- 13 (2) Director of the city and county of Honolulu emergency
14 services department;
- 15 (3) Director of the Hawaii state office of rural health
16 and primary care;
- 17 (4) A representative of the American Stroke Association;
- 18 (5) Two representatives each from primary stroke centers
19 and acute stroke capable centers;
- 20 (6) Two representatives from rural hospitals;
- 21 (7) Two physicians; and
- 22 (8) Two emergency medical service providers.



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

5 (c) All data reported under this section shall be made
6 available to the department and to any and all other government
7 agencies or contractors of government agencies that have
8 responsibility for the management and administration of
9 emergency services throughout the State.

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

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

21 **§323- Rules.** The department may adopt rules, pursuant
22 to chapter 91, to effectuate the purposes of this part."



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

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

6 (1) Triage;

7 (2) Treatment; and

8 (3) Transport of possible acute stroke patients.

9 (c) The task force shall also provide recommendations to
10 establish an effective stroke system of care in Hawaii,
11 particularly in rural areas. The recommendations shall include:

12 (1) Protocols for the assessment, stabilization, and
13 appropriate routing of stroke patients by emergency
14 service providers, particularly in rural areas; and

15 (2) Coordination and communication among hospitals,
16 primary stroke centers, acute stroke capable centers,
17 and other support services necessary to ensure that
18 all Hawaii residents have access to effective and
19 efficient stroke care.

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



- 1 (1) Chief of the emergency medical services and injury
2 prevention system branch;
- 3 (2) Director of the city and county of Honolulu emergency
4 services department;
- 5 (3) Director of the Hawaii state office of rural health
6 and primary care;
- 7 (4) A representative from the American Stroke Association;
- 8 (5) Two representatives each from primary stroke centers
9 and acute stroke capable centers;
- 10 (6) Two representatives from rural hospitals;
- 11 (7) Two physicians; and
- 12 (8) Two emergency service providers.

13 A simple majority of the members of the task force shall
14 constitute a quorum for the transaction of business, and all
15 actions of the task force shall require the affirmative vote of
16 a majority of the members present.

17 The members of the task force shall serve without
18 compensation and shall not be reimbursed for their expenses. No
19 member shall be made subject to chapter 84, Hawaii Revised
20 Statutes, solely because of that member's participation as a
21 member of the task force.



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

5 (f) The task force shall cease to exist on June 30, 2013.

6 SECTION 4. This Act shall take effect on July 1, 3000.



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. Effective July 1, 3000. (HB2665 HD2)

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