



## THE QUEEN'S HEALTH SYSTEMS

1301 Punchbowl Street • Honolulu, Hawaii 96813 • Phone (808) 691-5900

**H.B. 1482, Relating to Health  
House Committee on Health  
February 8, 2013 – 8:30 a.m.  
Room 329**

We are Matthew Koenig, M.D., stroke neurologist and Associate Medical Director of Neurocritical Care, Karen Seth, Director, Neuroscience Institute and Ancillary Services, and Cherylee Chang, M.D., Director of the Stroke Center and Medical Director of the Neuroscience Institute/Neurocritical Care, all of The Queen's Medical Center. We would like to provide testimony in **support** of SB 1348, Relating to Health.

The Stroke Center at The Queen's Medical Center has been the only hospital certified by The Joint Commission (TJC) as a Primary Stroke Center in the State of Hawaii since 2004. Currently, TJC Primary Stroke Center certification is the most widely recognized process for medical centers seeking certification nationally. "The Joint Commission's Certificate of Distinction for Primary Stroke Centers recognizes centers that make exceptional efforts to foster better outcomes for stroke care."<sup>(1)</sup>

Queen's has also been instrumental in working with the American Stroke Association, the Hawaii State Department of Health (DOH), the Hawaii Neurological Society, and other hospitals and local organizations over the last sixteen years to strengthen the State's stroke system of care, including actively participating in a stroke coordinator collaborative established by the American Stroke Association. We have been heavily involved with professional and community stroke education and outreach efforts, such as sharing best practices at workshops about how other hospitals can become certified as a TJC Primary Stroke Center. Queen's is also the hub hospital for the **The Hawaiian Islands Regional Stroke Network**, which is funded by a grant from the DOH Neurotrauma Supports Fund. This network increases patient access to expert stroke consultation through the establishment of a telemedicine-based regional stroke network and increases public education about the recognition of stroke symptoms and the need to call 911.

As such, The Queen's Stroke Center has been working to strengthen the system of stroke care throughout all areas of the state. There is indeed a need to facilitate the development of stroke treatment capabilities and improve the access to emergency stroke care across the state. As the leading cause of chronic adult disability and the third leading cause of death, stroke is a major public health problem in Hawaii. Reliable data regarding the incidence of stroke, access to acute stroke expertise, and utilization of alteplase (tPA) – the only FDA-approved treatment for acute stroke – are currently lacking in the state. Based on our best estimate, however, alteplase (tPA) utilization rates are currently around one-third of the national average. The major barrier to acute stroke treatment in Hawaii is the lack of a coordinated system of stroke care whereby patients with acute stroke symptoms are rapidly triaged to centers with rapid, on-site stroke expertise. Without such a system, emergency physicians in the state are often hesitant to treat patients with acute stroke at smaller hospitals where coordinated post-treatment care pathways and other safety measures are lacking. In order to successfully address these problems, the majority of U.S. states have passed similar legislation to adopt a coordinated statewide stroke system of care. If the current bill passes, Hawaii will join more than thirty states that have enacted similar legislation.

*The mission of The Queen's Health Systems is to fulfill the intent of Queen Emma and King Kamehameha IV to provide in perpetuity quality health care services to improve the well-being of Native Hawaiians and all of the people of Hawai'i.*

The current bill has several merits that will directly improve acute stroke care in the state.

- 1) The bill outlines a recognition program for three tiers of acute stroke care: comprehensive stroke center, primary stroke center, and stroke support facility. This recognition program provides an aspirational framework for hospitals in the state to raise the level of stroke care we provide to meet current national standards. It also provides a platform for appropriate pre-hospital triage by EMS and inter-hospital collaborative care and transfer agreements so state hospitals can better work together to share stroke expertise.
- 2) The bill supports efforts by EMS providers to establish a uniform tool for pre-hospital recognition of stroke symptoms and early notification of emergency physicians so patients can be evaluated more efficiently and receive treatment more rapidly.
- 3) The bill creates a statewide registry of stroke data overseen by the DOH, which will provide much needed data about the incidence of acute stroke, alteplase (tPA) treatment rates, and quality-of-care indicators. Importantly, these data will be collected and analyzed by the DOH without having to create a freestanding registry or requiring hospitals to report redundant data. In Hawaii, hospitals already submit data through the American Heart Association-sponsored database Get With The Guidelines – Stroke. By customizing the Get With The Guidelines – Stroke database for Hawaii hospitals and allowing the DOH “super-user” access to the existing database, the DOH will be able to evaluate the quality of stroke care without significant additional expenses.

As stroke providers, we see a tremendous need for a coordinated stroke system of care to address disparities in access to stroke expertise throughout the state and reduce the chronic disability caused by stroke. This legislation is a major step forward in advancing stroke care in the state and will directly benefit the people of Hawaii.

Thank you for the opportunity to testify.

Literature cited:

1. [http://www.jointcommission.org/certification/primary\\_stroke\\_centers.aspx](http://www.jointcommission.org/certification/primary_stroke_centers.aspx)



AMERICAN OSTEOPATHIC ASSOCIATION

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February 6, 2013

The Honorable Della Au Belatti  
Chair, House Health Committee  
Hawaii State Capitol, Room 331  
Honolulu, HI 96813

Dear Chairwoman Au Belatti:

**The American Osteopathic Association (AOA) is writing to urge you to amend the statutory language of § 323-B(c) within HB 1482.** The amendment would enumerate the AOA's Healthcare Facilities Accreditation Program (AOA/HFAP) as an accrediting body deemed sufficient for providing hospitals accreditation status as a level I comprehensive stroke center, level II primary stroke center or level III stroke support facility. The bill as currently written fails to recognize the AOA/HFAP certification for stroke centers, which are in line with both the American Heart Association and the Brain Attack Coalition's criterion at each level. Excluding an accrediting organization equipped to license hospital stroke centers in a user-friendly and cost-effective manner is providing a disservice to health care facilities within Hawaii and an indirect detriment to the patients within them.

AOA/HFAP is a nationally recognized accreditation organization conducting accreditation surveys for more than 65 years. AOA/HFAP meets or exceeds all standards required by the Centers for Medicare and Medicaid Services (CMS) to provide accreditation to hospitals, ambulatory care/surgical facilities, mental health facilities, physical rehabilitation facilities, clinical laboratories and critical access hospitals, and has maintained its deeming authority continuously since the inception of CMS. AOA/HFAP is also recognized by the National Committee for Quality Assurance (NCQA), Accreditation Council for Graduate Medical Education (ACGME) and 38 State Departments of Public Health.

The AOA/HFAP requests that § 323-B(c) (in approximate wording) be amended to the following:

“Hospitals or health care facilities that submit documentation showing accreditation or certification from the American Heart Association, American Stroke Association, or Brain Attack Coalition as a comprehensive stroke center, primary stroke center, or stroke support facility shall be presumed to meet the criteria in subsection (a) for recognition as a level I comprehensive stroke center, level II primary stroke center, or level III stroke support facility, as applicable. The department may accept and consider an accreditation or certification from The Joint Commission, Healthcare Facilities Accreditation Program, or other nationally recognized organizations that use criteria consistent with the American Heart Association, American Stroke Association, or Brain Attack Coalition's criteria...”

The Honorable Della Au Belatti

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AOA/HFAP accreditation is equivalent to the accreditation recognized under the current agencies enumerated in the statutory language of § 323-B(c). HFAP has been certifying primary stroke centers since 2006, and as standards and market demand have evolved, so has the program into three types of certification: stroke ready center certification (level III), primary stroke center certification (level II) and comprehensive stroke center certification (level I). The foundation of the AOA/HFAP stroke center certification standards are built on the American Heart Association guidelines, as well as the Brain Attack Coalition's criteria. Stroke centers certified by AOA/HFAP are also required to submit clinical performance measures to HFAP, the American Heart Association 'Get with the Guidelines' and CMS on a quarterly basis, as per best practice guidelines and the 2013 CMS directive.

Survey standards focus on the same core areas as the Joint Commission and similarly are guided by recommendations set forth from the Brain Attack Coalition and American Heart Association/American Stroke Association. These include (but are not limited to) organization support, service infrastructure, treatment protocols for diagnosis, assessment, clinical care, rehabilitative referrals and discharge preparation. Recognizing the equivalency of AOA/HFAP is consistent with the purpose of § 323-B(c) in establishing a stroke system of care in Hawaii by recognizing three levels of care and establishing requirements for the measuring, reporting and monitoring of stroke care performance.

**We urge you to recognize AOA/HFAP's equivalent certification survey standards by amending HB 1482.** Should you need any additional information, please feel free to contact Joseph L. Cappiello, BSN, MA, HFAP Chief Operating Officer, at (800) 621-1773, ext. 8072.

Sincerely,



Ray E. Stowers, DO, FACOFP *dist.*, AOA President

CC: Norman E. Vinn, DO, AOA President-elect  
Mark A. Baker, DO, Chair, AOA Department of Governmental Affairs  
Joseph A. Giaimo, DO, Chair, AOA Bureau of State Government Affairs  
Les Barrickman, DO, President, Hawaii Association of Osteopathic Physicians and Surgeons  
John B. Crosby, JD, AOA Executive Director  
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Linda Mascheri, Director, AOA Department of State, Affiliate and International Affairs  
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Amy Bolivar, Manager, Executive Projects and Communications  
Marcia Batchelder, Executive Director, Hawaii Association of Osteopathic Physicians and Surgeons



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HOUSE COMMITTEE ON HEALTH  
Rep. Della Au Belatti, Chair

February 8, 2013 at 8:30 a.m.  
Conference Room 329

**Supporting HB 1482: Relating to Health**

The Healthcare Association of Hawaii advocates for its member organizations that span the entire spectrum of health care, including all acute care hospitals, as well as long term care facilities, home care agencies, and hospices. In addition to providing quality care to all of Hawaii's residents, our members contribute significantly to Hawaii's economy by employing over 40,000 people. Thank you for this opportunity to testify in support of HB 1482, which creates an infrastructure for the classification of three levels of stroke hospitals that is designed to improve the care of stroke patients.

Each year more than 700,000 Americans have a stroke, with about 160,000 dying from stroke-related causes (National Institute of Neurological Disorders and Stroke website, National Institutes of Health). Stroke is the third leading cause of death in the United States when considered independently of other cardiovascular diseases. Stroke also remains a leading cause of serious, long-term disability in the United States.

Major advances have been made in the past several decades regarding stroke prevention, treatment, and rehabilitation. However, significant obstacles remain in ensuring that scientific advances are consistently translated into clinical practice.

The American Heart Association, the American Stroke Association, and the Brain Attack Coalition have performed extensive research on stroke care and have compiled the most effective evidence-based practices in organized formats that can be adopted by hospitals. This bill requires hospitals in each of the three levels to adopt the appropriate set of practices. This bill is part of a national effort to ensure that stroke patients receive the best possible care.

Thank you for the opportunity to testify in support of HB 1482.



American Heart Association | American Stroke Association

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## Testimony on HB 1482, "RELATING TO HEALTH"

The American Heart Association/American Stroke Association strongly supports HB 1482, "Relating to Health," but recommends several amendments.

Sections 323-G Reporting Requirements, and 323 I Enforcement Requirements were added to the bill during the drafting process. The American Heart Association feels that those sections are unnecessary to achieving the purpose of improving stroke systems of care in our state and could add unneeded costs, so it recommends their deletion. Hospitals providing acute stroke care are already required to meet accreditation standards set by The Joint Commission and hospitals' ability to receive Medicaid reimbursements is based on maintaining that accreditation. Therefore, The Joint Commission already performs enforcement of hospital quality care guidelines and this bill would as one of its requirements have hospitals submit documentation showing that they have achieved that level of accreditation.

The AHA/ASA collaborated with hospitals throughout the state and with representatives of the Department of Health to reach consensus of agreement on the proposal. The bill is designed to lay the foundation needed to address improvements in the stroke system of care in Hawaii.

### Serving Hawaii since 1948

For information on the AHA's educational or research programs, contact your nearest AHA office, or visit our web site at [www.americanheart.org](http://www.americanheart.org) or e-mail us at [hawaii@heart.org](mailto:hawaii@heart.org)

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***"Building healthier lives,  
free of cardiovascular  
diseases and stroke."***

Among other things, the bill would require the DOH to collect and compile stroke patient data from hospitals in the state and compile it into a registry. Since funding might be an issue for the DOH, the AHA has identified that the DOH could accomplish that requirement by becoming a "super-user" account under the AHA's Get With The Guidelines-Stroke program (at an annual cost of less than \$2,000). All acute stroke care hospitals in Hawaii use the Get With The Guidelines-Stroke quality improvement program as both a way to optimize patient care and also as a way to qualify for Medicaid reimbursement. As a super-user account, the DOH would have access to a systematic collection and recording of data pertaining to stroke patients treated at a given hospitals throughout the state. It would include data that ranges from length of time taken to transport patients by ambulance to the emergency room, to the final outcome of treatments provided by the hospital. Quality Improvement strategies could focus on improvement in: Emergency Medical Services (EMS) care, rapid diagnosis and treatment in the Emergency Department, prevention of stroke complications, and prevention of a secondary stroke. The stroke registry could assist hospitals and the State in their initiatives to provide professional and public education, improve documentation practices, modify or introduce stroke standing orders, and create other systems and policy changes within their institutions. The DOH would serve as a neutral entity housing the registry.

Other possible goals that could be achieved through a data registry include:

Please remember the American Heart Association in your will or estate plan.

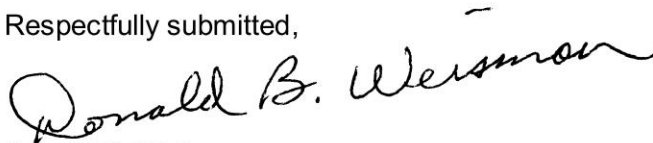
- Increase quality improvement through collaborative efforts among participant hospitals.
- Lower the stroke morbidity experienced in Hawaii.
- Enhance the effectiveness of secondary care and prevent recurrent strokes.
- Develop protocols to guide physician care with effective stroke management.
- Develop effective methods to care for acute stroke patients.

The bills would also require the DOH to use nationally-recognized criteria to designate hospitals by the level of stroke care that they are capable of achieving. That would help the State EMS Department to develop stroke patient transfer protocols to insure that patients are delivered to hospitals that can deliver the optimal care depending on factors including geographic location, transport time, CT scan availability, etc.

The AHA/ASA supports the establishment of a state stroke data registry, and of designation of primary stroke centers as two of its national policy priorities. The AHA serves as a neutral party in bringing together sometimes competing hospitals and other business entities to agree on legislation such as the bill being considered.

The American Heart Association urges your strong support of HB 1482 as a way to improve Hawaii stroke system of care, and to insure that all Hawaii stroke patients, despite their geographical location, are provided access to optimal stroke care.

Respectfully submitted,

A handwritten signature in black ink that reads "Donald B. Weisman". The signature is written in a cursive style with a horizontal line above the name.

Donald B. Weisman  
Hawaii Government Relations/Mission:Lifeline Director



## HAWAII PACIFIC HEALTH

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**Friday, February 8, 2013 – 8:30 am**  
**Conference Room 329**

### The House Committee on Health

To: Representative Della Au Belatti, Chair  
Representative Dee Morikawa, Vice Chair

From: Celeste Mausolf, RN, BSN, MBA  
Executive Director, Cardiovascular Service Line

### **Re: HB 1482 RELATING TO HEALTH – Testimony in Strong Support**

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My name is Celeste Mausolf and I am the Executive Director of the Cardiovascular Service Line for Hawaii Pacific Health (HPH). HPH is a nonprofit health care system and the state's largest health care provider anchored by its four nonprofit hospitals: Kapi'olani Medical Center for Women & Children, Pali Momi Medical Center, Straub Clinic & Hospital and Wilcox Memorial Hospital on Kauai. HPH is committed to providing the highest quality medical care and service to the people of Hawai'i and the Pacific Region through its four affiliated hospitals, 49 outpatient clinics and service sites, more than 5,400 employees and 1,300 physicians on staff.

We are writing in **strong support** of HB 1482 which establishes a stroke system of care in the State of Hawaii as well as requirements for the measuring, reporting and monitoring of stroke care performance through data collection of a stroke database.

HB 1482 represents the collaborative efforts of the American Heart Association, Department of Health, and various health care providers including Pali Momi Medical Center and Straub Clinic & Hospital. This bill will help to create an effective system to support the rapid assessment and triage of stroke patients so that they are treated in a timely manner. The creation of this legislation will lead to greater collaboration and coordination among health care providers, and most importantly facilitate better data collection to guide efforts to better patient outcomes.

We respectfully suggest an amendment to the bill with the deletion of Section 323-I on page 11, lines 8-15 regarding the enforcement and penalty provision. This provision is not consistent with the basic intent of the bill which is to create a collaborative partnership among the Department of Health, hospitals and health care providers and minimize any burden on the Department of Health. JACHO already provides regulatory oversight.

The bill is also drafted with sensitivity to the Department of Health's budget considerations by leveraging existing data collection and benchmarking activities to develop the much needed data registry.

We ask that this Committee pass the bill with our suggested amendment. Thank you for the opportunity to provide this testimony.

