

HTH-WAM HEARING

HCR216

TESTIMONY



STATE OF HAWAII
DEPARTMENT OF HEALTH
P.O. Box 3378
HONOLULU, HAWAII 96801-3378

In reply, please refer to:
File:

**Senate Committee on Health
Senate Committee on Ways and Means**

**HCR 216, HD1, Urging the Convening of a Task Force to Establish a Stroke System
of Care in the State.**

**Testimony of Loretta J. Fuddy, A.C.S.W., M.P.H.
Director of Health**

Tuesday, April 23, 2013 9:45am

1 **Department's Position:** The Department supports this measure to establish a stroke system of care in
2 Hawaii.

3 **Fiscal Implications:** While resources will be needed to support a Task Force and begin work on a
4 stroke system of care, the Department will begin this work using existing resources.

5 **Purpose and Justification:** As outlined in this Resolution, there are compelling reasons to establish a
6 stroke system of care to enable patients across the state timely access to organized medical care that can

7 successfully treat an evolving stroke. The American Heart Association/American Stroke Association

8 Guidelines for the Early Management of Patients with Acute Ischemic Stroke, published on January 31,

9 2013, provides information on the important elements of stroke systems that will guide the Task Force's
10 work.

11 The Department hopes to use existing medical leadership and involve all acute care hospitals in
12 building the stroke system.

13 Thank you for the opportunity to testify.



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Testimony on HCR 216, HD1 “Urging The Convening Of A Task Force To Establish A Stroke System Of Care In The State”

The American Heart Association/American Stroke Association supports HCR 216, HD1 “Urging The Convening Of A Task Force To Establish A Stroke System Of Care In The State.”

The resolution would bring stroke stakeholders together to lay the foundation needed to address improvements in the stroke system of care in Hawaii.

Among other things, the task force would work to collect and compile stroke patient data from hospitals in the state and compile it into a registry. Using that data, it would examine and identify barriers to quality care for Hawaii stroke patients. It would also help to establish better emergency response to stroke since the one of the keys to better outcomes in stroke care is how quickly stroke is diagnosed and provided appropriate treatment based on current best practices.

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

- 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 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 work toward the common good of patients.

The American Heart Association/American Stroke Association urges your support of HCR 216, HD1 as a way to begin improving 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,

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

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H.C.R. 216, H.D.1
URGING THE CONVENING OF A TASK FORCE
TO ESTABLISH A STROKE SYSTEM OF CARE IN THE STATE
Senate Committee on Health
Senate Committee on Ways and Means
April 23, 2013 – 9:45 a.m.
Room 211

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 H.C.R. 216, H.D.1.

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."(1)

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 moved to establish coordinated statewide stroke system of care.

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. The task force that HCR 216 enables will provide a framework for hospitals in the state to work 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. These will be major steps 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



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Tuesday, April 23, 2013 – 9:45 am
Conference Room 211

The Senate Committee on Health

To: Senator Josh Green, Chair
Senator Rosalyn Baker, Vice Chair

The Senate Committee on Ways and Means

To: Senator David Ige, Chair
Senator Michelle Kidani, Vice chair

From: Michael Robinson
Executive Director of Government Relations

Re: HCR 216, HD1 Urging The Convening Of A Task Force To Establish A Stroke System Of Care In The State

Testimony in Strong Support

My name is Michael Robinson, and I am the Executive Director of Government Relations 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 HCR 216, HD1 which seeks the convening of a task force to establish a stroke system of care in the State of Hawaii, including requirements for the measuring, reporting and monitoring of stroke care performance through data collection of a stroke database and registry.

This resolution 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. It will be useful toward creating an effective system to support the rapid assessment and triage of stroke patients so that patients are treated in a timely manner. Further, this 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 ask for your assistance in passing this important measure.

Thank you for the opportunity to provide this testimony.

