



STATE OF HAWAII
DEPARTMENT OF HEALTH
P. O. Box 3378
Honolulu, HI 96801-3378
doh.testimony@doh.hawaii.gov

**Testimony in SUPPORT on HB0589, HD1
RELATING TO STROKE CARE**

SENATOR JOSH GREEN, CHAIR
SENATE COMMITTEE ON HEALTH

Hearing Date: March 18, 2015

Room Number: 414

Fiscal Implications: In the HD1 version there would be significant cost implications incurred from the yet to be quantified costs from establishing a stroke database and from costs to support a stroke coalition. In the proposed Senate Draft 1 version, cost items would be absorbed through existing departmental budgets and staffing.

Department Testimony: The Department of Health (DOH) supports the intent of HB0589, HD1 to improve stroke care in the state and to continue the collaborative process of the Stroke Task Force created by S.C.R. No. 155 S.D.1 (2013) and offers comments.

The Department has continued to participate with the Stroke Task Force, now known as the Stroke Coalition, in developing a framework to improve stroke care in the state and worked with stakeholders to propose an amended version of the bill (proposed Senate Draft 1). The amendments that are requested reflect the consensus of the public-private partnership efforts to improve the quality of stroke care. Also, the participation in the state quality improvement stroke database will position the Department for future competitive federal grants to improve the system of care given to patients experiencing a stroke from the onset of symptoms.

Offered Amendments: In order to be able to maintain the collaborative process among all participating hospitals in the state begun under S.C.R. No. 155, to prevent barriers for progress, and to provide ongoing support to the hospitals delivering stroke care, the DOH in partnership with Stroke Coalition Stakeholders respectfully offer an amended version of the bill. The proposed Senate Draft 1 more accurately reflects the responsibilities and capabilities of the Department as they apply to the stroke system of care, is consistent with existing statutes for Emergency Medical Services, identifies the collaboration with the Stroke Coalition, participation

1 in a stroke database, and providing reporting, analysis, and support for improving the quality of
2 care. The amendments also reflect that the Department will be participating with hospitals in an
3 existing nationally recognized stroke database registry, and not establishing a separate database
4 which significantly reduces the funding requirements.

5 Thank you for the opportunity to testify.

Wednesday – March 18, 2015 - 1:30 pm
Conference Room 414

SENATE COMMITTEE ON HEALTH

Senator Josh Green, Chair
Senator Glenn Wakai, Vice Chair

From: Michael Robinson
Executive Director, Government Relations & Community Partnerships
Hawai'i Pacific Health

Re: HB 589, HD 1 Relating To Stroke Care
Testimony in Support

My name is Michael Robinson, Executive Director for Government Relations & Community Partnerships for Hawai'i Pacific Health. Hawai'i Pacific Health is a not-for-profit health care system, and the state's largest health care provider and non-government employer. It is committed to providing the highest quality medical care and service to the people of Hawai'i and the Pacific Region through its four hospitals, more than 50 outpatient clinics and service sites, and over 1,600 affiliated physicians. Hawai'i Pacific Health's hospitals are Kapi'olani Medical Center for Women & Children, Pali Momi Medical Center, Straub Clinic & Hospital and Wilcox Memorial Hospital.

I am writing in support of HB 589, HD1, which creates a stroke coalition that will establish a system of care for stroke patients, and establish a stroke data base in the Department of Health. Stroke is the leading cause of death in Hawaii. Rapid identification, diagnosis and treatment of stroke are effective in saving lives and may reverse the associated neurological damage. Thus, a systematic process which is consistent among health care providers and hospitals to evaluate and improve stroke care will enhance outcomes for stroke patients.

While the importance of creating a stroke coalition is recognized, we are concerned that with the existing language, the coalition may be subject to the Sunshine Law. We understand that language has been developed by the Stroke Task Force to address this issue, and we are supportive of the proposed amendments.

Thank you for the opportunity to provide this testimony.



Wednesday, March 18, 2015 – 1:30 p.m.
Conference Room #414

Senate Committee on Health

To: Sen. Josh Green, MD, Chair
Sen. Glenn Wakai, Vice Chair

From: George Greene, President & CEO
Healthcare Association of Hawaii

Re: **Testimony in Support**
HB589 HD1— Relating to Stroke Care

The Healthcare Association of Hawaii's 160 member organizations include all of the acute care hospitals in Hawaii, all public and private skilled nursing facilities, all the Medicare-certified home health agencies, all hospices, all assisted living facilities, durable medical equipment suppliers and home infusion/pharmacies. Members also represent other healthcare providers from throughout the continuum including case management, air and ground ambulance, blood bank, dialysis, and more. In addition to providing quality care to all of Hawaii's residents, our members contribute significantly to Hawaii's economy by employing over 20,000 people statewide.

Thank you for the opportunity to testify in **support** of HB589 HD1, which establishes a stroke coalition and a stroke database in the Department of Health (DOH). We concur with the amendments being proposed by the DOH, American Heart Association and other members of the Stroke Coalition.

In many ways, this bill would formalize the task force that the DOH convened over a year ago to fulfill Senate Concurrent Resolution No. 155 SD1 (2013), which urged the DOH to develop a stroke system of care and, among other things, update the Department's *Hawaii Plan for the Prevention of Heart Disease and Stroke* (November 2011). The Healthcare Association of Hawaii and many of its members' clinical staff have been, and continue to be, very active participants in the task force. The passage of this bill would allow this coalition to build upon its progress to improve the overall treatment and outcomes of stroke patients throughout our state.

Thank you for the opportunity to testify in support of HB589 HD1.



REHABILITATION HOSPITAL

— OF THE PACIFIC —

Rebuilding Lives Together

March 17, 2015

HB 589 proposed SD1, Relating to Stroke Care
Senate Committee on Health
Hearing—March 18, 2015 at 1:30 PM

Dear Chair Green and Members of the Senate Committee on Health:

As President and CEO of The Rehabilitation Hospital of the Pacific, and as a physician, I am writing in support of HB 589 with amendments: Relating to Stroke Care.

Every year, REHAB treats hundreds of patients who have become disabled due to stroke. For the patients, the effects of stroke are life-changing and can be catastrophic for them and their families. Numerous studies have shown that timely, coordinated care can have a major impact on preventing some of the serious effects of stroke, reducing disability and increasing the ability of the patient to recover.

As a member of the Hawaii Stroke Coalition, I have seen numerous representatives from our community rally together in support of improving stroke care in our state. This includes representatives from public and private healthcare systems, public servants and key leaders in the nonprofit sector. Guided by industry standards from the American Heart Association and various professional societies, the Coalition has worked to develop a framework for an organized system of stroke care. Similar efforts in other states have been shown to significantly improve the care provided to stroke sufferers. This system for improving stroke care is codified in HB 589 with amendments.

The recommended amendments to HB 589 preserve the intent of the legislation and serve to better clarify the roles played by key stakeholders. These amendments strengthen the bill and improve the likelihood of the successful implementation of a coordinated stroke care system. I ask the Committee to carefully consider the amendments and to support the passage of HB 589 with amendments into law. Thank you for the opportunity provided to me to add my comments on this important legislation and mahalo nui loa for your public service.

Sincerely

Timothy J. Roe, MD MBA FAAPMR
President & CEO

March 16, 2015

Matthew A. Koenig, MD, FNCS
Chair, Hawaii Stroke Coalition
mkoenig@queens.org

HB 589 proposed SD1, Relating to Stroke Care
Senate Committee on Health
Hearing—March 18, 2015 at 1:30 PM

Dear Chair Green and Members of the Senate Committee on Health:

As chair of the Hawaii Stroke Coalition, I would like to thank Senator Green for supporting this important legislation to improve our state's stroke system of care. I would like to provide testimony in **support of HB 589 with amendments**. Please see the continuation of this testimony for the proposed SD1 version of HB589 which reflects the consensus of Hawaii Stroke Coalition members.

The Hawaii Stroke Coalition is a statewide community stakeholder organization focused on improving the quality of stroke care in Hawaii hospitals, increasing public knowledge and access to care, and improving outcomes. The coalition has representatives from all acute care hospitals in the state, the Hawaii Department of Health, Emergency Medical Services, the American Heart Association, and other organizations invested in improving stroke care. The Hawaii Stroke Coalition was recognized in SCR155 and tasked with making recommendations for legislation to improve stroke care in Hawaii.

Stroke is the leading cause of permanent adult disability and it remains the third leading cause of death in Hawaii. Only about 6% of stroke patients in Hawaii currently receive a thrombolytic (clot-buster) medication which is the only proven effective treatment that has been shown to reduce the burden of disability. In addition, stroke treatment rates range from 1% to 12% of stroke patients in different areas of the state, highlighting disparities in access to state-of-the-art care. Improving stroke treatment requires collaborative efforts in Hawaii, particularly for residents living on the neighbor islands.

HB589 will improve stroke care by establishing an organized system of care in Hawaii. Thirty-one states have already enacted similar legislation to establish regional stroke systems of care, following guidelines from the American Heart Association and other professional societies. This legislation codifies the roles of the Hawaii Department of Health and Hawaii Stroke Coalition in working together to share stroke quality improvement data, define best practices for stroke care based on current national guidelines, and advise Emergency Medical Services on treatment and triage guidelines. In addition, the legislation supports the creation of a statewide data registry to collect and analyze quality improvement data using the Get with the Guidelines – Stroke database, a national database for benchmarking stroke care.

As part of a consensus-based process, the Hawaii Stroke Coalition worked with members of the Department of Health, Emergency Medical Services, American Heart Association, and Hawaii Association of Hospitals to recommend amendments to the HD1 version of HB589 which was passed by the Hawaii House of Representatives. Please see the proposed SD1 document attached to this testimony for details. Although these recommended amendments will not change the spirit or goals of this legislation,

they define the roles of the Hawaii Department of Health and Hawaii Stroke Coalition within the stroke system of care in a manner that more accurately reflects this collaborative effort. We ask this committee to carefully consider adoption of these recommended amendments.

Thank you for your time and consideration of this important legislation.

Sincerely,

A handwritten signature in black ink, appearing to read "Matthew Koenig". The signature is fluid and cursive, with a large initial "M" and a stylized "K".

Matthew A. Koenig, MD, FNCS
Chair, Hawaii Stroke Coalition

A BILL FOR AN ACT

RELATING TO STROKE CARE.

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

SECTION 1. The legislature finds that the rapid identification, diagnosis, and treatment of strokes can save the lives of stroke patients and, in some cases, can reverse neurological damage such as speech and language impairments or paralysis, leaving stroke patients with few or no neurological deficits. Despite significant advances in diagnosis, treatment, and prevention, stroke is a leading cause of death nationally and in Hawaii. An estimated 795,000 new and recurrent strokes occur each year in this country. With the aging of the population, the number of persons who have strokes is projected to increase. Although treatments are available to improve the clinical outcomes of stroke, acute care hospitals need sufficient trained staff and equipment to optimally triage and treat stroke patients. A system is needed in our communities to ensure the provision of optimal, safe, and effective emergency care in a timely manner to improve the overall treatment of

stroke patients in order to increase survival and decrease incidents of disabilities associated with stroke. This system of care should include input and advice from national subject matter organizations such as the American Heart Association, American Stroke Association and the Brain Attack Coalition. The legislature further finds that the continuation of the stroke coalition and a stroke database will build on the work and infrastructure developed through S.C.R. No. 155 S.D. 1 (2013).

SECTION.2 Chapter 321, Hawaii Revised Statutes, is amended by adding a new part to be appropriately designated and to read as follows:

PART I

STROKE CARE

§ -1 Definitions. The following terms shall have the meanings:

"Department" means the department of health.

"Stroke coalition" means a multi-organizational process of public, private, and nonprofit organizations working together for a common purpose to improve stroke outcomes throughout the State.

"Stroke database" means a stroke coalition-approved, existing, nationally recognized, and validated data platform available to the department and all participating hospitals

statewide and that has features to maintain confidentiality standards and data security.

§ -2 Stroke system of care; department duties. The department shall participate in a systematic process to evaluate, improve, and sustain stroke care throughout the State to reduce death and disability from stroke. The stroke system of care shall include:

- (1) The requirement that hospitals meet specific stroke patient treatment capabilities that will ensure that stroke patients receive safe and effective care;
- (2) The coordination with the State's emergency medical services system to ensure that stroke patients are quickly identified, transported to, and treated in facilities that have specialized programs for providing timely and effective treatment for stroke patients to improve outcomes; and
- (3) The continuation of a statewide stroke coalition to provide a mechanism to evaluate and improve stroke care in the State. The department shall participate in the stroke coalition to:
 - (a) Provide agreed upon state level reports of de-identified and aggregated data to the stroke coalition, government agencies, or contractors of government agencies, hospitals, researchers, and other

interested parties that have a role in improving stroke care.

- (b) Analyze data generated by the stroke database to identify potential interventions to improve stroke response and treatment; and
- (c) Identify issues related to early identification, triage, treatment, and transport of possible acute stroke patients;
- (d) Encourage sharing of information and data among health care providers on ways to improve the quality of care of stroke patients in this State; and
- (e) Develop and implement strategies to improve stroke early identification and treatment, including identifying specific hospital capabilities to receive, treat, and transfer stroke patients.

§ -3 Stroke database. All acute care hospitals that receive stroke patients from emergency medical services shall report data consistent with requirements of the stroke database on the treatment of all individuals with a suspected or confirmed stroke. The department shall participate in a stroke database that compiles information and statistics on stroke care that aligns with the consensus stroke metrics developed and approved by national subject-matter organizations and utilize it

to support the coalition evaluation of stroke care in the State for performance improvement.

§ -4 Confidential information. The department and coalition shall not disclose any confidential information or other data in violation of the federal and state privacy regulations.

SECTION 3. This Act shall take effect upon approval.

Report Title:

Strokes; Coalition; Database

Description:

Establishes a stroke coalition and a stroke database in the Department of Health. (HB589 HD1)

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



THE QUEEN'S HEALTH SYSTEMS

To: Chair Josh Green
Vice Chair Glenn Wakai
Senate Committee on Health

From: Paula Yoshioka
Senior Vice President
The Queen's Health Systems

Re: HB 589, Relating to Stroke Care
Hearing—March 18, 2015 at 1:30 PM

The Queen's Health Systems would like to take this opportunity to provide our strong support for HB 589. We would also like to stand behind amendments submitted by Dr. Matthew Koenig on behalf of the Hawaii Stroke Coalition.

For more than a decade, QMC has maintained certification by The Joint Commission as the only Primary Stroke Center in Hawaii. This certification recognizes the “exceptional efforts” made at QMC to “foster better outcomes for stroke care.”ⁱ QMC has also worked closely with our partners at the American Heart Association, Hawaii Neurological Society, and Department of Health to strengthen stroke care in our state. Over the last two years, QMC partnered with a number of stakeholders in order to propose legislation necessary to support Hawaii's stroke care continuum.

Stroke is a major public health problem in Hawaii—it is the leading cause of chronic adult disability and the third leading cause of death. Access to appropriate stroke treatment requires a collaborative and organized system of care, particularly for patients on the neighbor islands and rural areas of the state. This legislation will help to address disparities in stroke care by establishing a stroke system of care in Hawaii.

The formation of a stroke system of care will help to better identify and coordinate appropriate services; improve access to treatment for patients; support providers on the front lines of stroke care; and ultimately improve outcomes. Establishing a strong stroke system of care will also help to bring Hawaii in line with the majority of states that have passed similar legislation and current guidelines from the American Heart Association, American Academy of Neurology, and other professional societies.

This bill will directly improve stroke care in our state and will provide a tremendous benefit to our families in Hawaii. We ask for your strong support in strengthening stroke care in Hawaii by voting favorably on this measure.

ⁱhttp://www.jointcommission.org/certification/primary_stroke_centers.aspx

Peter Rossi, MD, FAAN
President

Linda Chang, MD, FAAN, FANA
Past President

Monique Canonico, DO
Secretary

Todd Devere, MD
Treasurer

Matthew Koenig, MD, FNCS
Member at Large
Webmaster

Eliza Olaru, MD
Member at Large

Huidy Shu, MD
Member at Large
Conference Director

Doug Valenta, MD
Member at Large

Doug Miles, MD
Member at Large

Michael Russo, MD
Member at Large

March 16, 2015

**HB 589, Relating to Stroke Care
Senate Health Committee**

Chairman Green and Members of the Senate Health Committee:

On behalf of the Hawaii Neurological Society (HNS) Board of Directors, we would like to provide strong support for HB 589 with amendment to the SD1 version of the bill proposed by the Hawaii Stroke Coalition and other stakeholders.

The HNS is a professional organization for neurologists in the state of Hawaii. The purpose of the organization is to provide a venue to foster continued growth of neurology, increase clinical research, facilitate health literacy, improve patient outcomes, assure patient safety, and assist advocacy. The HNS was founded in 2006 and currently represents 40 neurologist members.

Stroke is the leading cause of chronic adult disability and it remains the third leading cause of death in Hawaii. As neurologists, we are on the front lines of stroke care in the state and we see the devastating disability that can result after stroke. Although effective medical and procedural treatment for stroke is available, only the minority (~6%) of stroke patients in Hawaii currently receive emergency treatments. Furthermore, geographic disparities in stroke treatment exist across the state. Access to appropriate stroke treatment requires a collaborative system of care, particularly for patients on the neighbor islands and rural areas of the state.

This legislation will help to address disparities in stroke care by supporting an organized stroke system of care in Hawaii that includes the public, paramedics, emergency physicians, neurologists, hospitals, and government agencies. The formation of a stroke system of care will improve public knowledge of stroke, access to rapid evaluation and treatment by stroke experts, and patient outcomes. Thirty-one states have already enacted legislation to support a statewide stroke system of care, following guidelines from the American Heart Association, American Academy of Neurology, and other professional societies. Stroke systems of care have been demonstrated to improve stroke treatment rates and outcomes in the medical literature.

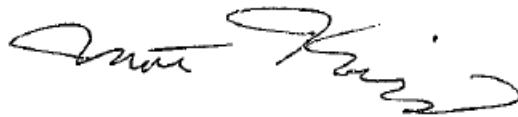
The current legislation recognizes an ongoing Stroke Coalition featuring representatives from the HNS, Department of Health, American Heart Association, hospitals, Emergency Medical Services, and other stakeholders to share best practices in stroke care. This coalition acts as a forum to

identify current gaps in stroke care and works together to address these deficiencies. The Stroke Coalition also includes important roles for the Department of Health and Emergency Medical Services division to participate in the coalition, review aggregate stroke data, and establish guidelines for patient triage to local hospitals. In addition, the legislation supports wider use of a statewide data registry to collect and analyze quality improvement data using the Get with the Guidelines – Stroke database, a national database for benchmarking stroke care.

This legislation will support the collaborative efforts of HNS members to improve stroke care in Hawaii and benefit our patients. We ask for your strong support by voting favorably on this measure.

Thank you for your time and consideration of this important legislation.

Respectfully,

A handwritten signature in dark ink, appearing to read "Matthew Koenig", written in a cursive style.

Matthew A. Koenig, MD
Board of Directors, Hawaii Neurological Society

**American Heart Association/American Stroke Association Testimony
in support of the intent of HB 589, HD1 “Relating to Stroke,”
with recommended SD1 amendment**

The American Heart Association/American Stroke Association supports the intent of HB 589, HD1 but **recommends the attached amended SD1** version of the bill.

In its ongoing collaborative effort, members of the State Stroke Task Force, established in 2013 through a State Legislative Resolution, met recently to discuss concerns with the HD1 version of the bill. Language in the bill was identified that would have the unintended consequence of placing the Task Force under Sunshine Law which could complicate its ability to meet, have open conversations, and impede its mutually agreed upon work to improve Hawaii stroke patient care. The proposed HD2 rewords the language of the HD1 version to recognize the existing Task Force, now being called a Coalition, rather than re-creating it under the Department of Health. The DOH is given more responsibility in the HD2 amendments to collect and share stroke data using a contracted database service, rather than building a new database. The DOH is also required to share the de-identified state stroke data with the Coalition and to work collaboratively to analyze the data with the goal of identifying and attempting to improve weaknesses in the State’s stroke system of care. The proposed HD2 contains a revised implementation date of January 1, 2016 to allow hospitals not already collecting data using the recommended tool to implement that process. It would also allow the DOH time to establish its database account to begin to process statewide data for sharing with members of the Coalition. Members of the Coalition and the DOH are in agreement on the proposed changes

This collaborative effort began when the American Heart Association/American Stroke Association (AHA/ASA) worked with the state’s major hospitals and its Department of Health to pass a resolution during the 2013 State Legislative Session that established a state stroke task force and that requested that task force to propose legislation necessary to support Hawaii’s stroke care continuum. That request included requirements for the measuring, reporting, and monitoring of stroke care performance through data collection, and that a statewide stroke database and registry be established in which all hospitals and healthcare facilities can participate. The resolution asked that the feasibility be considered of integrating the data registry component through an AHA/ASA Get With The Guidelines super-user account, and that the database and registry include performance measurements obtained using a standardized stroke measure set containing data that is consistent with nationally-recognized guidelines on the treatment of individuals with confirmed stroke within the State, such as the AHA’s Get With The Guidelines-Stroke or the Joint Commission’s Stroke Performance Measurement Implementation Guide. The legislature requested that an initial report to the legislature be made by Dec. 31, 2013, and that a final report be made prior to the legislature’s 2015 session. HB 589 is the culmination of the State Stroke Task Force’s work to meet the State Legislature’s request.

Stroke is Hawaii's third leading cause of death and a leading cause of disability. In an effort to reduce the burden of stroke by improving the quality of care delivered to stroke patients, stroke registries have been developed in other states to measure and track acute stroke care.

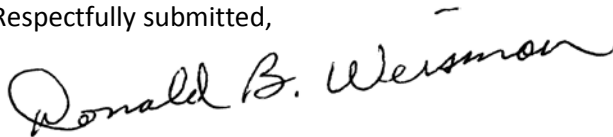
The registries collect patient level data on characteristics, diagnostic testing, treatments, adherence to quality measures, and in-hospital outcomes in patients hospitalized with stroke and transient ischemic attack (TIA). By providing timely feedback on hospitals' and EMS agencies' stroke care performance, a stroke registry supports stroke care quality improvement efforts.

Establishment of a State Stroke Registry in Hawaii could help illuminate problems that exist in the state's stroke system of care. For instance, data may show poor patient education about stroke symptoms, geographical differences in the quality of stroke care received, problems with adherence to stroke treatment guidelines, or the need to improve pre-hospital stroke response or treatment by our county EMS agencies. The data could then catalyze our state's stroke stakeholders to find solutions to the challenges encountered.

Through this legislative proposal to establish a State Stroke Data Registry the DOH would use State Neurotrauma Special Fund dollars to purchase a Get With The Guidelines-Stroke super-user account. Neurotrauma Fund dollars would also be used to cover the costs of hospitals not already using the tool to purchase Get With The Guidelines-Stroke accounts. Most of the state's private acute stroke care hospitals already use Get With The Guidelines-Stroke to collect data, but don't share the data collaboratively. Under the proposal, all acute stroke care hospitals would be required to collect mutually-agreed upon data sets, based on nationally-recognized medical guidelines, and share that data with the DOH, which would then share the de-identified data with the State Stroke Task Force. The Task Force members would then use the data to identify areas for improvement within the state's stroke system of care and develop additional proposals to work together toward improving stroke patient care in Hawaii.

The AHA/ASA believes that all policy should be based on sound science. The data provided by hospitals through their treatment of stroke patients will provide a science-based foundation on which future stroke care improvements can be made, and their effectiveness measured. The AHA/ASA strongly encourages legislators' to **support the intent of HB 589, HD1, but to substitute its language with the proposed HB 589, HD1, SD1 version which been developed and mutually agreed upon by acute stroke hospitals in the state, the DOH leadership and its EMS Division representatives, and the Healthcare Association of Hawaii.**

Respectfully submitted,

A handwritten signature in black ink that reads "Donald B. Weisman". The signature is written in a cursive, flowing style.

Donald B. Weisman
Hawaii Government Relations Director

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effective emergency care in a timely manner to improve the overall treatment of stroke patients in order to increase survival and decrease incidents of disabilities associated with stroke. This system of care should include input and advice from national subject matter organizations such as the American Heart Association, American Stroke Association and the Brain Attack Coalition. The legislature further finds that the continuation of the stroke coalition and a stroke database will build on the work and infrastructure developed through S.C.R. No. 155 S.D. 1 (2013).

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platform available to the department and all participating hospitals statewide and that has features to maintain confidentiality standards and data security.

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- (1) The requirement that hospitals meet specific stroke patient treatment capabilities that will ensure that stroke patients receive safe and effective care;
- (2) The coordination with the State's emergency medical services system to ensure that stroke patients are quickly identified, transported to, and treated in facilities that have specialized programs for providing timely and effective treatment for stroke patients to improve outcomes; and
- (3) The continuation of a statewide stroke coalition to provide a mechanism to evaluate and improve stroke care in the State. The department shall participate in the stroke coalition to:

- (a) Provide agreed upon state level reports of de-identified and aggregated data to the stroke coalition, government agencies, or contractors of government agencies, hospitals, researchers, and other interested parties that have a role in improving stroke care.
- (b) Analyze data generated by the stroke database to identify potential interventions to improve stroke response and treatment; and
- (c) Identify issues related to early identification, triage, treatment, and transport of possible acute stroke patients;
- (d) Encourage sharing of information and data among health care providers on ways to improve the quality of care of stroke patients in this State; and
- (e) Develop and implement strategies to improve stroke early identification and treatment, including identifying specific hospital capabilities to receive, treat, and transfer stroke patients.

§ -3 Stroke database. All acute care hospitals that receive stroke patients from emergency medical services shall report data consistent with requirements of the

stroke database on the treatment of all individuals with a suspected or confirmed stroke. The department shall participate in a stroke database that compiles information and statistics on stroke care that aligns with the consensus stroke metrics developed and approved by national subject-matter organizations and utilize it to support the coalition evaluation of stroke care in the State for performance improvement.

§ -4 Confidential information. The department and coalition shall not disclose any confidential information or other data in violation of the federal and state privacy regulations.

SECTION 3. This Act shall take effect upon approval.

Report Title:

Strokes; Coalition; Database

Description:

Establishes a stroke coalition and a stroke database in the Department of Health. (HB589 HD1)

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National Active and Retired Federal Employees Association (NARFE)
Hawaii State Federation of Chapters
e-mail: JMatsuo368@hawaii.rr.com

LEGISLATIVE TESTIMONY
IN SUPPORT OF
HB589, HD1, Relating to Stroke Care

Hearing, March 18, 2015, 1:30 p.m. Conference Room 414

Senator Josh Green, Chair
Senator Glenn Wakai, Vice Chair
Members, Committee on Health

Aloha

The National Active and Retired Federal Employees Association (NARFE), Hawaii State Federation of Chapters, is in support of HB589, HD1, Relating to Stroke Care, that formally establishes a stroke coalition and a stroke database in the Department of Health.

Stroke is a major public health problem in Hawaii—it is the leading cause of chronic adult disability and the third leading cause of death. As noted in HB589, HD1, the formal establishment of a stroke coalition and a stroke database will build on the work and infrastructure developed through S.C.R. No. 155 S.D.1 (2013). Especially, we concur that the establishment of a stroke database could help to identify trend problems and lead to improved education and treatment by our state's stroke stakeholders.

Respectfully

Joyce Matsuo
1st Vice President/Legislation

About NARFE

The National Active and Retired Federal Employees Association (NARFE) is dedicated to protecting and enhancing the earned pay, retirement and health care benefits of federal employees, retirees and their survivors. Founded in 1921, NARFE's legacy spans more than 90 years – working tirelessly in support of our members before Office of Personnel Management, members of Congress and the White House. The Hawaii State Federation of Chapters has 11 chapters that are located on Kauai, Hawaii, O'ahu and Maui.

From: mailinglist@capitol.hawaii.gov
To: [HTHTestimony](#)
Cc: lindaemsipsb@yahoo.com
Subject: Submitted testimony for HB589 on Mar 18, 2015 13:30PM
Date: Monday, March 16, 2015 12:26:46 PM

HB589

Submitted on: 3/16/2015

Testimony for HTH on Mar 18, 2015 13:30PM in Conference Room 414

Submitted By	Organization	Testifier Position	Present at Hearing
Linda Rosen	Individual	Support	No

Comments: I support this measure and any amendments proposed by the state stroke task force

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

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Cc: csmorimoto@aol.com
Subject: *Submitted testimony for HB589 on Mar 18, 2015 13:30PM*
Date: Monday, March 16, 2015 6:55:32 AM

HB589

Submitted on: 3/16/2015

Testimony for HTH on Mar 18, 2015 13:30PM in Conference Room 414

Submitted By	Organization	Testifier Position	Present at Hearing
Curt S. Morimoto	Individual	Support	No

Comments:

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

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